The Experiences of Foster Parents who have been through Therapeutic Training.

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Abstract

The Experiences of Foster Parents who have been through a therapeutic Training.

The purpose of this qualitative research study was to understand the experiences of foster parents, who had undertaken training in therapeutic fostering. All the foster parents who took part were taking care of looked after children (LAC) with highly complex needs who had been placed in foster care by the state for their own safety and protection when care in the birth family had failed. The project also aimed to contribute to the development of foster parent training, specifically by discussing what is relevant and useful to those who are classed as therapeutic or specialist foster parents. I was interested in any changes that took place in relation to themselves, their relationship with the foster children and the professional network of social workers and Independent Reviewing Officers following therapeutic training.

There are many reasons why 75,420 children are in care in England with 55,200 being in a foster placement (Department of Education (DofE), 2018). According to government statistics (DofE, 2018) 62% of those children are in care due to abuse or neglect, which can have a lasting impact on their mental health and emotional wellbeing. Foster children are four times more likely to suffer mental health problems than other children in the population and there is strong evidence that child abuse and neglect is a leading cause of those problems according to Bazalgette, Rahilly & Trevelyan (2015) authors of a National Society for the Prevention of Cruelty to Children (NSPCC) report. Currently half of all children in care meet the criteria for a possible mental health disorder, compared to one in ten children outside the care system (DofE, 2018).

Given that foster children are vulnerable because of their experiences, training for foster parents is potentially one way of helping to support the children. The aim of this study was to see how foster parents experienced therapeutic training. Key skills and qualities from psychotherapy training had been applied in a fostering setting and the research helped to evaluate the usefulness of combining the two disciplines.

Research methods used were semi-structured interviews lasting up to 90 minutes conducted with 10 foster parents individually over the course of a year and 17 foster parents divided between three focus group interviews. The individual interviews took place in the English counties of Kent, Essex, West Midlands, East Midlands, Cheshire, and West Sussex with participants from groups that had all been through one year of training in therapeutic fostering. Additionally, interviews were held with three focus groups made up of foster parents who had just completed a year of therapeutic training, two of which were in the Midlands and one in Kent. The data from the individual interviews and focus group interviews was analysed using thematic analysis.

Participants spoke of the personal challenges they had faced in fostering, including the impact on their families, what therapeutic knowledge had helped them with and some of the behaviour they had dealt with. The behaviour included examples of self-harm, soiling, trauma, attachment difficulties, dissociation, dissociative identity disorder, aggression, destruction of property, executive functioning difficulties and the dynamics of abuse being brought into their homes. Participants also talked about why they had become foster parents and their relationships with other

professionals in the care system. Some reflected on their own childhood experiences and how that had influenced their motivation to foster.

The study found that foster parents generally felt more professional and knowledgeable in their role, they learnt how to stand back and be more objective. This reflective skill improved relationships with children and helped foster parents to feel more competent overall. Foster parents began to reflect also on their parenting style and how repeating the style of their own parents, was not sufficient for a child who was not attached to them and who may also have suffered relational trauma and abuse. Another major finding was that a taught course that did not have sufficient time for processing how participants are relating to the material may have had very different results.

The data from the interviews and focus groups with therapeutic foster parents prompts questions about this section of the children's workforce and whether their role needs more recognition and reward. Should fostering, for example, be a profession? Should there be more extensive training for people looking after the children in the community with some of the most severe mental health issues?

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4 Introduction and background

This project aims to contribute to the development of training for foster parents, specifically by discussing with those who are classed as therapeutic foster parents what is relevant and useful to their training. I wanted to learn what happens for foster parents when they embark on therapeutic training and any impact it may have on:

- Their relationship to themselves

- Their relationship to foster children

- The relationship between them and the professional network of social workers and Independent Reviewing Officers

This doctoral study is a first step towards evaluating a therapeutic training intervention for foster parents working with children classed as Tier 3 by the UK's Child and Adolescent Mental Health Service (CAMHS). Tier 3 refers to the most severe category outside of residential units, as a result of their complex needs and behavioural/emotional difficulties. This study seeks to describe and understand what is useful from the foster parents' perspective.

4.1 Personal Context

In writing my Record of Reflective Practice and Learning (RRPL) after the first year of the Doctorate programme, I gained new insight into the fact that as a therapist in a fostering setting, my research interests and motivations stemmed from my own

personal life experiences. The RRPL (Douglas, 2012: p.3) helped me to comprehend and unify aspects of myself that I had previously thought of as diffuse and separate:

> *Reflecting on my early life from an adult perspective, I could see that I was a child with an avoidant attachment style. I appeared to be very self-sufficient and did not allow my needs and emotions to be seen at home. My attachment behaviour was de-activated as a way of increasing parental acceptance. In short I was a good girl who made no demands. This contrasted with, and was maybe a reaction to, having a brother with severe attachment difficulty who was sent to a specialist residential school. My childhood was good enough but a couple of identified deficits, that would have made a huge difference [had they been addressed], were attention and encouragement. I am convinced that my early experience, and that of my brother, has been part of the psychology of why I have chosen to do the kind of work I do now. That is partly why I am passionate about the quality of care that foster children receive and why I have an interest in helping foster parents to be the best that they can be.*

The thread that connects the above story to what I do now as a psychotherapist and trainer is about facilitating the potential that lies within myself and other people. Two or three very kind people helped me to develop my potential at crucial stages in my life and career. I will never forget what those people did, through their unsolicited encouragement that opened doors to knowledge, self-awareness and belief in myself. I did not know it at the time, but developing potential was going to be a very important quality in my subsequent work, leading ultimately to developing a similar potential in foster parents. As part of my strong humanistic philosophy, I have a passionate belief that we all have more potential than we are aware of and it takes the right conditions to help that potential flourish. It is important to know our

limitations too but, in my experience, many people have no difficulty holding themselves back. Noticeably, in both the Certificate in Therapeutic Fostering (CTF) and the Master of Arts in Therapeutic Fostering and Adoption (MATFA) courses that I offer, foster parents will often say that they are afraid to do the course because of the essays required. I encourage them to attend anyway and just try writing the first essay, with lots of guidance. When they achieve that and subsequently pass, they have already discovered more of their potential.

This study also brings together the various strands of my careers since leaving school. I began working life as a journalist, later retraining to be a social worker and then trained to be a psychotherapist. My work has always straddled these three passions and skills, and upon reflection, it is no accident that this study is a combination of all three.

The work comprised within this brings together the separate cultures of social work and therapy in a combination that is accessible to both qualified social workers and to foster parents who may not have any qualifications. My strength lies in applied theory and that is exactly what the courses described above are intended to provide. The courses developed make the theory comprehensible and teach people how to apply it to their individual circumstances.

Anecdotally, I am confident that the applied theory I am teaching to foster parents is both currently relevant and sought after. Evidence for this has come from presenting at various conferences over the last decade including the International Foster Carer's Conference in New Zealand in 2007, the United Kingdom Fostering Network

Conferences in Belfast (2010) and London (2011) and a previous research project that I had been involved in, which is summarised below.

4.2 Practitioner-Led Research

My views were partly informed by a research project undertaken with funding from the Children's Workforce Development Council (CWDC) in 2007. That practitioner-led research was a pilot project comprising a small scale mixed methods study. The qualitative element of the study was a co-operative inquiry (Heron, 1996; Reason & Bradbury, 2006) with a group of 14 foster parents embarking on the CTF course. The group inquired into what they were learning and how they were changing their practice and themselves over the year of the course. Co-operative inquiry was used as the main method for qualitative research because it was important to explore the personal meaning, beliefs and learning of the participants. Co-operative inquiry seemed distinctively appropriate as it facilitated an open space for sharing experiences, exploring insights and the tacit expertise of the group. Members of the group brought a rich variety of situational knowledge, which allowed for an increasingly comprehensive perspective when combined with other group members' experiences.

Learning was gathered through self-reports, questionnaires on the development of new strategies, evidence of integration of theory and anecdotal evidence offered in structured co-operative inquiry group discussions. Validation of what was reported was available through self, peer and tutor assessment, essay work and end of year presentations.

Quantitative results were obtained through a comparative questionnaire devised by me and a research analyst, using a scale to ask before and after questions about the training on the following topics:

- Self-awareness;

- behaviours common to foster children such as lying, stealing, soiling, defiance, aggression;

- transitions – beginnings, endings and changes;

- attachment;

- emotional resilience;

- incidence of breakdown.

The research results highlighted that the course provided a personal and professional development pathway for foster parents, which gave them the confidence to see themselves as therapeutic foster carers. One unintended consequence of the course was that six participants used the course as a launch pad for other careers. The course also seemed to provide the skills and knowledge to create genuinely therapeutic placements for foster children, where the foster parent could set the emotional tone of the household and provide a therapeutic environment without needing to be therapists themselves.

On the important issue of foster placement success, 59% of participants reported that they had fewer placement breakdowns because of the course and described how the learning from it helped them to not give up on children. In addition to the co-operative inquiry, foster parents were given a questionnaire to fill in at the start and

end of the course. Interestingly, every participant believed that their abilities had increased in each area of behaviour common to foster children. There were no incidences of skills decreasing or staying the same. This study was very encouraging and led to my desire to research further into therapeutic fostering. I wanted to understand from a qualitative perspective what made a difference for foster parents and the children they looked after.

4.3 Knowledge Transfer Partnership

In 2009 a Knowledge Transfer Partnership (KTP) was undertaken between Kent University and an independent fostering organisation that I worked for to design and establish a research project to discover measurable qualities that are deemed necessary for people wishing to become a therapeutic foster parent. The KTP ran from 2009-2011. My role in that project was to liaise, on behalf of the company, with the post-graduate psychology student undertaking the research and the university professor overseeing the project. I was a member of the Local Membership Committee, supervisor of the project and partnership facilitator, with my role being to provide:

a. line responsibility for the associate
b. day-to-day management of the project and supervision of the associate
c. report on progress towards company partners' objectives
d. proposals for amendments to partnership plan
e. nature and extent of project support

The rational for the project was that foster parent recruitment, assessment and selection in fostering had remained under-researched and yet there was a need for

relevant empirical research in this area. Most of the existing research at the time was from abroad where fostering was markedly different from the UK, and not directly comparable.

The aim of the project was to provide vital knowledge and tools, not available within the company's own resources, through the development of a foster parent assessment tool which would improve selection and ultimately increases the rate of success for children placed in foster families. An extensive literature review was undertaken on the qualities that helped in looking after traumatised children. A total of 79 common qualities were identified and then distilled into 25-30 that could be measured using scales and sub-scales from tried and tested psychometric instruments that contained questions relevant to the qualities. The variables were reduced through a process of eliminating ones that could be used as screening variables and those that focused on areas that were similar to ones already identified.

Participants in the KTP study were drawn from foster parents (*n.*= 205) recruited from within the fostering organisation and a control group of first year University of Kent psychology students (*n.*= 97). The foster parent sample consisted of main foster parents (*n.*= 136) and foster parents' spouses or partners – secondary foster parents (*n.*= 69).

Participants completed a questionnaire consisting of 16 subscales. The questionnaire was approved by the University of Kent Ethics Committee and the study was conducted according to the standard University research protocol regarding confidentiality, voluntary participation and participants' consent for using

the data. Foster parents had a choice to complete the questionnaire in three ways: during monthly group supervision meetings; through the post; and through the internet. Students completed the questionnaire through the University's research online system.

This was a fascinating research project and the first time that I had been at close quarters with a quantitative study. The KTP study was awarded 'outstanding' and the research student and I went to a Fostering Network Conference in Belfast in 2010 to present the findings. Unfortunately, papers that were planned for writing up the study were not completed, primarily because the professor overseeing the project moved abroad.

I used the research findings on qualities that were needed to foster children with complex needs to inform some of the content of the two therapeutic courses I had developed for foster parents. The first course, the Certificate in Therapeutic Fostering, had been running for five years by the time the KTP project was concluded, but I would regularly update course material. I also began to design an MA in Therapeutic Fostering and Adoption in 2010 that received credit rating from Middlesex University. I will say more about these courses later.

4.4 Outline of Thesis

An overview of the current research study follows to offer a summary of what is to come in this thesis. In Chapter two I offer a context to fostering, and a literature review of several different elements, including a review of what children need, what foster parents need and a review of training for foster parents.

In Chapter three I detail the methodology and methods used in this study. I look at some of the ethical questions in Chapter 4 that were considered both in advance and over the course of the research study. In Chapter five I discuss findings from the data. The study is concluded in Chapter six with a discussion and personal reflections about the findings and the project.

Stages of the research are listed in Table. 1 Key Dates below, to give an overview of the progress of the study and some personal reflections from my journal at the time.

4.5 Key dates

Key Dates	Method & Process	Key Journal Note
2012 - 2015 ☐ RRPL passed 2012 ☐ Research Challenges passed 2013 ☐ RAL 7 passed 2015 ☐ Programme Planning passed 2015 ☐ Final recruitment and selection of interviewees	Arrange dates of interviews grouping them into regional areas	Begin reflexive research journal "This is a slow, painstaking process that is difficult to fit around a very full job. It is swallowing me." Begin reflexive fieldwork journal
January – October 2016 ☐ Conducted 10 individual interviews in total (then reached saturation point) ☐ Conducted focus group interviews	☐ Semi-structured interviews conducted in various counties of the UK ☐ Became familiar with MaxQdata	☐ Transcription work slow and fascinating. ☐ Fully immersed in each participant and find they are alive within me as I go about daily life. ☐ "Thank goodness for supervision"
November – December 2016 ☐ Immersion in material ☐ Uploading transcripts to MaxQdata	☐ Reading and re-reading the transcripts ☐ Share transcripts with interviewees	"Excited and fearful about this stage: what will I find, will it be anything meaningful, can I do it justice? Is there anything meaningful?"
January – May 2017 ☐ Work on transcripts	☐ Categorise the transcripts ☐ Begin thematic analysis	"I veer between wanting to be a researcher all the time and feeling as though everything is dragging on. The ambivalence of dipping in and out of this work because life has to be lived too! Or is this limbo my life now?"
June 2017 – February 2018 ☐ Write up the research ☐ Professional Knowledge Paper passed January 2018	☐ Data organised using software ☐ Identify thematic content areas ☐ Summarise and interpret the results	Writing 65K feels insurmountable, despair takes hold. Become ill and take time out of the project. Enjoying deeper reading into ethics. My teaching on research is sharper and more congruent as a result
July 2018 – July 2019 Re-write findings and literature review Share research findings with participants	☐ Begin work on wider dissemination through articles, conference speaking & improved training materials	☐ Had an article accepted in TAJ – products underway! ☐ Proposal to expand the reach of CTF course ☐ Investment in a value-based therapeutic fostering organisation

Table 1: Stages of Research and Key Dates

5 Literature Review

The focus of this study is on the experiences of foster parents who have undertaken in-depth training in therapeutic fostering. By concentrating on the experiences of the participants, I have tried to make meaning from the interviews by using particular examples given to illustrate a more general point in the world of fostering. This chapter explores the results of previous research into fostering and, in particular, focuses on the needs of children in care, the support and training that foster parents may need, and what is available at the moment. This review concludes by exploring the research focusing on the training offered, and exclusively includes literature written within the past 20 years in the English language. It is important to examine these topics in order to establish a context for the training that foster parents in this study are discussing, and why it is deemed necessary.

Initially, Google Scholar was searched with the words: 'Foster Care Training' and found 136,000 results. This was a large amount of literature so the scope of the review was narrowed to look at the last 20 years (1999-2019). Various articles were sorted by relevance to this study and all articles that were not pertinent to what I was looking for were excluded. Due to the number of results, the impact score was used to identify the most seminal works. Within the time frame, the history of the development of training in fostering is shown as well as the issues being addressed.

Computer databases, websites, government reports, reports from other bodies,

such as the NSPCC were also searched along with peer reviewed journal articles in

Summon, EBSCO, Pep Web, Psych Info and PsycArticles. The search terms I used

were:

- Training in foster care – which has the most relevance to this study
- Children in care – a general overview of the reasons children went into
  care and their needs
- Fostering – a generic term to provide background information on the
  subject

This work yielded results in terms of research materials and journal articles from

Europe, United States of America, New Zealand, Australia and Canada. I also

undertook a search of the back catalogue of British Association of Adoption and

Fostering's (BAAF) Adoption and Fostering Journal and subscribed to the Social

Care Excellence (SCIE) website and Fostering Network, for up to date information

on fostering within the UK.

5.1 What are the needs of children

The fundamental goal in fostering is to provide an alternative home for children who

cannot live with their birth parents, for whatever reason, and help them to feel safe

enough to be cared for. This then extends to their ability to build new, more positive

relationships in all areas of their life, such as school, home, friendships and hobbies.

Therapeutic fostering is usually the provision of foster parents with additional

training who take referrals for children who have suffered significant harm, often

over a long period of time, and are deemed hard to place in a regular foster home.

Therapeutic Fostering aims to offer children in care a reparative experience of family life and, if the child is there long enough, begin to change their early blueprint of relationships. This is a complex task and not easy to accomplish, as the literature demonstrates.

Literature on fostering talks extensively about how the early experiences of children are characterised by abuse, neglect, domestic violence, parental substance abuse and parental mental health problems (Osborn, Delfabbro & Barber, 2008; Pecora, *et al.,* 2009; Golding, 2007, 2008). As Hughes (2004: p.263) said:

> *They [maltreated children] are not likely to view caregivers as being a source of safety, with whom they can relax and whose direction they can comfortably follow. Instead, caregivers are more likely to be seen as the source of terror in their lives, and the children also believe that the caregivers must by controlled if the children are to keep themselves safe. They [the children] are likely to try to control them through manipulation, overcompliance, intimidation or role reversal.*

The quote above sums up the dilemma of fostering: it is the very trauma and abuse suffered by the child that then stops the child from trusting the foster family and being emotionally equipped for settling into the home they offer. The trauma and abuse suffered also leads to difficulties in behaviour and emotional problems that foster parents find hard to deal with, because they do not usually occur in their own children. Their own children are more likely to feel secure and attached because they have been brought up in a non-abusive environment by loving parents. Wilson (2006: p.998) sums up the needs of children in care when she suggests:

Children in foster care are likely to have difficulties in three main areas: attachment as they have frequently suffered multiple rejections and losses; behaviour is frequently difficult for those who live with them; and self-esteem (they typically lack the skills and success on which a sense of worth is built and have suffered numerous assaults on their picture of themselves).

There was general agreement within the literature that the damaging impact of developmental trauma on fostered children and their foster families is far-reaching (Hughes, 1998; Howe, 2005; Golding, 2006; Perry, 2006; Van der Kolk, 2005). The areas of divergence were in the approach to dealing with difficulties raised for fostered and adopted children and where to focus attention. For example Hughes (2004), Golding (2006, 2007, 2014) and Schofield and Beek (2006) all primarily focus on attachment theory and their interventions are largely based on developing secure attachments between caregivers and children in the care system. Whereas Perry (2006) and Van der Kolk (2005) focus on trauma and how that impacts on all areas of the child's development and needs attending to first and foremost. As Van der Kolk (2005: p.12) states:

Before addressing anything else these children need to be helped how to react differently from their habitual fight/flight/freeze reactions.

Trauma specialist Van der Kolk (2005) describes the imprint of trauma becoming lodged in many aspects of the abused child's make-up. This is then manifested in multiple ways, for example, fearful reactions, aggressive and sexual acting out, avoidance and uncontrolled emotional reactions. He describes traumatic re-enactments that can be triggered by anything novel in a new environment, such as different rules and protective interventions; traumatised children may regard people

who try to establish safety as perpetrators.

Van der Kolk (2007: p.186) continues to describe how abusive early experiences impact on the child's ability to control impulses including: aggression towards self and others; insecurity and mistrustfulness in relationships; disturbances in the sense of self; and trouble functioning in social settings. When such behaviour occurs regularly in the safe, caring environment of a foster family, it is understandable that foster parents become frustrated, disillusioned and sometimes begin to believe that they are ineffective in their role.

This view chimes with other authors, such as, David Howe (2005), Archer and Gordon (2006) and Archer and Burnell (2005) who believe that children who have experienced neglect and/or abuse often adapt to their experience by trying to stay in control at all costs. This is arguably due to these children having great difficulty trusting new caregivers and accepting their authority, based on the child's previous experience of having to care for themselves as no one else will; or that they must control adults to prevent them from doing the abusive or neglectful things they fear or expect. As Golding (2007: p.41) suggests:

> *This means that children bring the grief and anxiety of loss and separation, alongside the traumatising effects of their early experience, into the new home. The parent may need a good understanding of attachment and neurodevelopmental theory, the impact of traumatic experience and the influence of loss and grief to help them make sense of the child's adjustment, or lack of it, into the family, the behavioural and emotional manifestations of this and the developmental trajectory that the child is following.*

In summary, the literature shows that children in the care system are likely to present with attachment difficulties, may be traumatised, are likely to be grieving for the only family that they have known, and need to feel safe. These difficulties often mean that children are moved from one foster home to another as and when the carers feel they cannot cope or the child's difficulties go beyond their regular parenting skills.

Another major difficulty for children in care is the prevalence of mental health issues and I will look at what the literature says about this difficulty in the next section.

5.2 Mental health difficulties

Currently half of all children in care meet the criteria for a possible mental health disorder, compared to one in ten children outside the care system (DofE, 2018). This rate is much higher than for children raised in birth families (Ford *et al.,* 2007; Meltzer *et al.,* 2003). A more recent study by the Anna Freud centre (Luyten *et al.,* 2016) concluded that being taken into care was a highly stressful experience for the child. Luyten *et al.* (2016), suggest that the risk of mental health disorders in looked after children derives from a wide range of factors that cannot be solely attributed to their experiences of maltreatment and neglect within birth families. They suggest that each child has a unique response to their circumstances and experiences and develops their own ways of managing or accounting for what has happened, through a mixture of temperament and resilience.

Potentially It is true that each child will respond to what has happened to them in a unique way because how they make sense of what has happened to them will play a part in their responses. That idea may account for why siblings who have been abused, often present in very different ways even though they have suffered similar kinds of significant harm. The age of the child, how long they have been abused for, where they are in terms of eldest, youngest or middle child are all factors that will play a part in a child's responses to what has happened to them. There are also some very common symptoms that occur in children when attachment difficulties and abuse have been present in their early years. Research by Felitti (1998) that led to understanding today of the impact of Adverse Childhood Experiences (ACEs) showed that four or more of these experiences significantly increased poor physical and mental health outcomes over a lifetime. The experiences are: Domestic Violence, Sexual Abuse, Physical Abuse, Emotional Abuse, Neglect, Parental Substance Abuse, Parental Mental Health Problems, Parental Criminality, Separation and Loss of a Parent.

This view is supported in the NSPCC report by Bazalgette *et al.* (2015: p.6) that claims Adverse Childhood Experiences can lead to long term problems:

> *Experiencing abuse, exploitation or neglect has a major impact on the developing child and is linked to long term chronic problems into adulthood. Many mental health service users of all ages have problems directly attributable to severe neglect and/or trauma in the early years. Further an extensive body of research provides evidence that exposure to childhood adversity such as abuse increases the risk of developing mental illness.*

Another study by Bebbington *et al*. (2011) in their survey on *Sexual Abuse and Psychiatric Disorder in England*, claimed that sexual abuse in childhood has been attributed to 11% of all common mental disorders in England, along with 7% of alcohol dependence disorders, 10% of drug dependence disorders, 15% of eating disorders and 17% of post-traumatic stress disorders.

Studies of this kind, with compelling evidence of the impact of abuse in childhood, provide an empirical base for the argument in this study that those looking after children in care need specialist training to support them in that task. The NSPCC (2015) briefing on the impact of abuse on mental health urged therapeutic support services to take into account that the trauma of abuse or neglect is often the underlying cause of poor psychological wellbeing in many young people. Left unattended, this has an impact on emotional development, feelings of shame, self-blame, powerlessness and an inability to form and maintain intimate relationships and may lead to some of the aforementioned problems described by Bebbington *et al.* (2011).

A seminal work by Sempik *et al* (2008) suggested there have been 18 studies since 1954, which provides data on the prevalence of mental health and behaviour disorders, difficulties and problems in looked after children in the UK. That report states that an abusive, neglectful or traumatic background experience puts the child at increased risk of developing mental health problems such as anxiety or depression (internalising) or aggressive or antisocial (externalising) difficulties. Children with this kind of background can also commonly experience physiological,

emotional and cognitive problems, such as dysregulation, impulse control and learning difficulties. Sempik's report has now been superseded by those from the NSPCC (2015), DofH (2015) and Luke et al (2014) yet the messages are still very similar.

The studies discussed by Sempik *et al* (2008) represent data from 3,807 children and whilst there are differences in the levels of mental health problems according to age, gender and placement type, the results show that a large proportion of looked after children have mental health problems severe enough to be noticed by their carers, teachers and social workers, and which may affect their ability to function alongside their peers. The overall conclusion reached by Sempik is that around 45% of looked after children in the UK have a diagnosable disorder and that up to 70-80% have recognisable problems. It is disheartening to see that, even 12 years later, the numbers of children in care meeting the criteria for a mental health disorder is 50% (DofH, 2015). This would indicate to me that there are structural issues in the whole approach to the mental health of children, especially those in care, that has been ignored for too long. The government has been responding to this need in recent years through DofH (2015: p.4) reports such as, Future in Mind, which acknowledges that a whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery. To this end the report urges all those involved in the care of children, such as, teachers, social workers, health professionals, carers to identify children with mental health difficulties as soon as possible and referred for assessment as soon as possible. This is to ensure that mental health problems do not go undiagnosed and untreated as this might impact on placement stability, educational progress and general wellbeing and happiness.

To support more looked after children at a local level, given that Child and Adolescent Mental Health Services, are acknowledge by government as being short on capacity and having lengthy waiting lists, the government provided additional funding so that mental health partners within other agencies, such as schools, could provide services.

In addition the National Institute for Clinical Excellence (NICE) is also currently developing guidelines for Looked After Children and Young People due to be published in 2021.

Research from Australia undertaken by Tarren-Sweeney and Vetere (2014) shows that foster children are just over three times more likely to have a diagnosed mental health disorder than children in the general population. At the same time, child behavioural problems put pressure on relationships, and are one of the most prominent factors associated with placement changes. This would indicate that foster parents need some basic mental health training as well as social learning theory, which helps them with behaviour management. Therapeutic training that is described in this thesis equips foster parents to be able to recognise mental health difficulties and understand their own limitations in terms of what they can deal with in the home and when to refer to on to other professionals for help. For example, foster parents following training can deal with a child's dysregulation and have well thought through strategies for enabling the child to regain control of their behaviour and emotions. Similarly they understand trauma and, in particular, how not to re-traumatise a child. Interventions that promote soothing, regulation, mindfulness and safe relationships are all ways of dealing with some of the mental health problems caused through previous relational trauma. In that sense therapeutic fostering can

revisit some of the developmental gaps that may occur when a child has not had parenting that helped them develop their social and emotional abilities in the early years . As Triesman (2017; p. 17) states children who have experienced relational trauma have often been under-socialised and starved of rich relationships, which can lead to an array of possible implications. Triesman advocates for relationships to be at the heart of any intervention with children who have suffered relational trauma, whilst attending also to their developmental stage and needs. I would contend that Fostering has the potential to be a full-time therapeutic environment where relational-trauma can be healed if the foster parents have good levels of support and the kind of training outlined in this study.

In Fostering Network's State of the Nation's Fostering: summary Report (2019) it was reported that 48% of the 4,037 foster parents who responded to the survey said that they were looking after children with mental health issues, without support.

These reports imply that there is a lack of overlap between the medical model of mental health and the social care model of mental health. The medical model tends to see things in terms of psychiatric diagnosis, whereas from a social care perspective, these are children with complex needs, which cannot necessarily be captured by psychiatric diagnostic models. As identified by the NSPCC (2015) report and the House of Commons Select Committee report, (2014) there are many vulnerable children and young people needing emotional support in order to maintain their mental health but most services are only available once mental health is severely compromised and meets the threshold for a medical diagnosis. Children who have experienced early adversity necessitating alternative care often struggle

to get appropriate help. A survey by Holland *et al.* (2005) investigating placement stability for looked after children revealed high levels of concern from local authorities and independent agencies about the availability of mental health services. This is also noted in a Scottish study (Minnis *et al.,* 2001) and in Tarren-Sweeney's review (2011: p.482); the latter concluding:

> *That sizeable proportions of children in public care who manifest mental health problems do not receive adequate clinical assessment or access to mental health services.*

This issue is also acknowledged within key publications: *Every Child Matters* (DFES, 2004), *Care Matters* (DCSF 2007), *Promoting the Health and Well-being of Looked After Children* (DCSF, 2009) and *Promoting the Quality of Life of Looked After Children and Young People* (National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute of Exellence (SCIE) (2010).

The knowledge and the extent of mental health issues in foster children poses some interesting questions for what foster parents may need to support them in looking after children in the care system. It also poses interesting questions for what psychotherapists have to offer the social care sector in terms of helping foster parents to think therapeutically about children in their care and to develop or adopt some of the qualities that therapists learn in order to understand the internal world of the other, such as mentalisation, empathy, transference, listening skills and reflective capacity.

The following section looks at the importance of placement stability and then at what the foster parent needs.

5.3 The Importance of Placement Stability

Placement stability and the quality of care received has been the subject of two reports, one under the auspices of NICE/SCIE (NICE/SCIE Review, 2010) and the other a Care Inquiry sponsored by a group of eight charities (Care Inquiry, 2013). The Care Inquiry (2013) argues that all children should achieve 'permanence', where children can experience living for many years with a family in relationships defined in terms of "security, stability, love and a strong sense of identity and belonging". Gauthier *et al.* (2004) conducted research into placement stability in foster care and demonstrated that when a foster child keeps being moved by families who feel they cannot manage; the damage is twofold:

a. The child may begin to view themselves as somebody that nobody can care for and may see their problems as 'too big' for anyone to handle.
b. Placement moves are linked to poorer outcomes for foster children.

As Gauthier *et al.* (2004) stated, foster children frequently suffer from developmental delays and severe behavioural problems, often leading to repeated displacements that in turn increase the risk for attachment disorders.

Inevitably the literature began to focus on how foster parents could be helped to work with the difficulties seen in foster children and secure longer-term placements.

There was agreement in two studies, undertaken by Dozier and Lindheim (2006) and Milan and Pinderhughes (2000), that one important dimension of placement stability is the quality of the relationship between foster carers and foster children. Brown (2008) also supported the view that when the relationship is secure, valued and mutually satisfying, placements are less likely to be disrupted. Similar support came from more recent studies by Luke *et al.* (2014) and the NSPCC (2015). This would seem to be common sense; the difficulty comes in that achieving secure and satisfying relationships in fostering requires an enormous amount of skill, compassion and knowledge in parenting abused children, as Wilson (2006) highlights in her research.

Wilson (2006), drawing upon a large longitudinal study (Sinclair, Baker, Wilson & Gibbs, 2005; Sinclair, Gibbs & Wilson, 2004; Sinclair, Wilson & Gibbs, 2005) looking at the strengths and limitations of foster care, consistently identified three aspects of the placement as being important and contributing to success.

1) **Children's characteristics**. Children who wanted to be fostered, had attractive characteristics and low levels of disturbance did better.

2) **Qualities of the foster carer.** Placements with warm, child-oriented carers were more successful. Wilson described malign or positive spirals of interaction that could occur so that rejection led to rejection in return or love elicited love. These spirals were not, however, inevitable. For example, overtures for love could be met with an embarrassed response, or difficult behaviour on the part of

the child might not be interpreted as rejection but rather as a signal of distress: "These carers have bags of patience and tenacity" she said. They could interpret the child's behaviour as communication" (p.498).

3) **Responsive parenting.** Responsive parenting is a necessary condition of a successful placement (p.501).

Wilson (2006) claimed that on the one hand, carer responses of warmth and refusal to respond to bad behaviour with rejection is in keeping with attachment theory, and on the other, firmness and reinforcement of positive behaviour fit with ideas from learning theory. Wilson also stated that foster care is rarely seen as a place where change takes place yet her study found that skilled foster care could make a difference. This study is testament to Wilson's statement that skilled foster care could make a difference and discusses how that skill can be developed. Her evidence came from a study of support for foster carers carried out in different areas of the UK following up 472 foster children after an interval of 14 months. Questionnaires were sent to social workers and foster carers reporting on disruptions and the reasons for placement success or lack of it. Children were also asked to comment. The results were analysed in addition to 24 detailed case studies; 12 that were deemed to be successful and 12 that were less successful. Wilson's work sheds some light in defining the qualities needed in foster carers to promote positive relationships with foster children and develop attachments. However, she has not gone far enough in championing the changes that can be achieved when foster carers have the right level of support and the qualities that make a difference to children. Her statement that foster care is rarely seen as a place where change takes place refers to 'fostering being rarely conceived of as a

place where the children are helped to address their emotional difficulties and modify their often difficult behaviour'. She has picked up in her research that, in spite of the popular perception, some foster carers do make a difference to successful outcomes and she has looked at what those carers did that helped. This led her to the three aspects outlined above as being instrumental to success.

The foster parents interviewed in this study were all fostering children who are classed as 'difficult to place' meaning they have more complex emotional and behavioural difficulties and, from that point of view, would not meet the first of Wilson's criteria. They would, however, meet Wilson's criterion of 2 and 3 particularly after the therapeutic training that focused on self-awareness and looking behind the behaviour of the child. I would add that they also need insight into those 'spirals of interaction that could occur so that rejection led to rejection in return or love elicited love'. In my experience when foster parents have understood some of that unconscious and reactive behaviour, they are more able to manage their own expectations of foster children's behaviour and gain enough self-awareness to understand how they may react unhelpfully and contribute to a negative spiral.

Wilson concludes her research paper by saying that there are compelling arguments for changing perceptions of foster care so that it is conceived of as an environment in which children's difficult behaviour, poor social skills and problems with relationships can be addressed. She also concludes that if foster carers can themselves help to change their children's behaviour and emotional responses, then these children can be sustained and strengthened within a secure setting, rather than being further taxed by therapeutic help from sources external to the environment of the foster placement, which was largely found to be ineffective in its impact (2006, p. 509). This conclusion concurs with my view that the foster home potentially can be a therapeutic environment for children if training focuses less on

practical subjects and more on the internal world of the foster parent.

Another study undertaken by Luke *et al.* (2014) on behalf of the NSPCC and the Rees Centre at Oxford University evaluated 106 studies looking at what works in preventing and treating poor mental health in children in care. Their report and the NSPCC (2015) study both suggest that placement disruption and multiple moves for foster children are linked with poor outcomes in areas such as educational attainment, social relationships and mental health issues. One of their conclusions (2014: p. 67) was:

> *Above all, there needs to be recognition that the key to the well-being of children in care lies in their relationships with those with whom they live. Training, supervision and quality assurance must, in the end, be the keys to producing – as opposed to simply profiting from – this high-quality day-to-day care.*

There is agreement for that view in this study backed up by the strong narratives of participants who evaluated their experiences of training in therapeutic fostering and the positive changes made to their relationships with children in care.

As previously discussed, when foster parents do not feel competent enough for the task they are undertaking or feel they cannot manage the behaviour displayed by the child, they may end a child's placement. Menzies Lyth (1988, quoted in Stott, 2006) discusses anxiety in organisations and describes how nursing staff would distance themselves from patients as a defence against strong feelings being stirred up by being in close contact with dependent adults in pain. Similarly Stott (2006) believes that when a child is strongly challenging the resources of a foster parent, defences may be activated and, rather than stay with the pain and the anxiety being generated, it can become imperative to remove the source of the anxiety; the child.

This means that the child will have to move on to a different family, which may have devastating consequences. There was general agreement in the literature that placement moves were highly negative for the child except in some cases where a placement move may be what a child needs, for example, if there is a poor fit with a particular carer. The agreement was generally that every time a placement move happens to a child it strengthens their defences and makes it harder for them to attach in the next foster home they go to. Emanuel (2006: p.239) writes about the contribution of organisational dynamics to the triple deprivation of looked after children quoting Henry who wrote a seminal article on the topic:

> *The first deprivation is inflicted by external circumstances and is out of the child's control; the second derives from internal sources as the child develops "crippling defences" (Henry, 1974) that prevent him from making use of subsequent offers of support, for example, by foster carers or adoptive parents (or a psychotherapist). The third refers to the ways in which, as Britton (1981) writes, "the profoundly disturbing primitive mechanisms and defences against anxiety" used by children and families get '"re-enacted" in the system by care professionals, who are the recipients of powerful projections.*

It is sad to say that Henry's (1974) original article on double deprivation in the care system is still relevant and it's message pertains today. But now let us look at the needs of foster parents and what would support them.

5.4 What are the needs of Foster Parents?

It is well recognised that caring for children who may be disturbed requires extra support, and that carers who are prepared, trained and supported are more likely to succeed (Triseliotis *et al.*, 1995; Sinclair *et al.,* 2004 and Kazdin, 1997). In the State of the Nation's Fostering Report Summary (2019), foster parents said that they needed more training to help them with their task. The report had recommended that:

- ☐ A learning and development framework for foster carers should be implemented in all four countries of the UK, covering accredited and standardised pre- and post-approval training.
- ☐ The support and training for foster carers should be tailored to the individual needs of the child they are caring for and matched to the developmental stages of the child.

Fostering Network (2019) reported that they were encouraged by Westminster Education Committee's fostering inquiry report, which acknowledged their concerns over the standard amount and content of training currently on offer to foster carers in England. The committee recommended that the Government works with experts and organisations in the sector to develop high-quality training resources for foster carers; and make them available nationwide. Disappointingly, however, the stock take did not recommend a learning and development framework. Additionally, the NICE guidelines for Looked After Children (LAC) (NICE, 2013: p86) states: 'there is a lack of robust, adequately controlled, studies completed to a high standard – the UK evidence base does not serve the needs of LAC and young people as well as it might'.

NICE guidelines (2006) on parent training and education courses in the management of children under 12 years of age with conduct disorders recommended group-based parent training/education. These recommendations have proved effective, based on Randomised Controlled Trial evidence or alternative robust outcome evaluation undertaken independently of the programme providers. NICE recommend a formula for psycho-education with parents or carers that consists of 10-18 sessions involving social learning. Some of the programmes are for parents and their children and others just for parents or carers.

NICE recommendations create a strong argument for psycho-education and suggest that foster parent training may be an appropriate response to this need. However, one of the limitations of these guidelines is that they do not take into account the level of complexity that foster parents are experiencing. Their recommendations for groups were to help behaviour management in children under 12. This is a wholly insufficient response for the level of complexity that foster parents are experiencing in their homes from children and young people of all ages who have been abused and neglected.

According to both the NSPCC (2015) and Luke *et al.* (2014), there is a need for interventions that target both the child and the family system. Luke *et al.* (2014) argue that focusing on both the carer and the child, with emphasis on the quality of the child's relationship with the carer – is the most promising avenue for future interventions. The NSPCC report called for foster parents to have training that helped them to communicate with young people about their feelings and that shows

them how to apply the theory they are learning in, for example, child development courses. Access to consultation with someone from a therapeutic background was considered to be helpful on-going support to address issues as they occur and would support placement stability.

Luke et al (2014, p.6) stated that effective foster placements depend on the quality of the carers and how far they can establish warm, sensitive relationships with children. Their report also states that there is a lack of proven models for selecting, training, supervising and quality-assuring carers and staff in such a way that the quality of care is enhanced. They also suggest that foster carer training should also be complemented by ongoing consultation in order to: 'ensure that carers can generalize what they have learned in the context of a specific carer-child relationship and apply this to working with other children.

Both of the above-mentioned report and the points made by Emanuel (2006: p.239) in the aforementioned quotation are referring to the holding and containment that needs to take place in the wider system around the child in care. Emmanuel describes drift in the care plans for children who have suffered serious abuse and have been neglected, leading to what Britton (1981) described as a "collapse of strategy". This phenomenon affects everyone in the system and both the child and the foster parents are let down by lack of support. Some of the recommendations in the research from the NSPCC and Luke et al support a more holistic and systemic approach with therapeutic consultants being involved as part of the social work team supporting the child and foster parents. This is generally the approach in many of the therapeutic fostering organisations that I am familiar with and there is now an emphasis on reflective practice for social workers as outlined by Ruch (2012).

Since 2006 there has been recognition that putting reflection into social work systems, particularly in fostering and adoption, may help to alleviate some of the unconscious parallel processes and projections. Ruch (2012) discusses putting reflection into social work systems and challenging the prevailing culture of professionals not creating a space to process their feelings and make sense of the work they are engaged in. A space for reflecting, and the provision of containment for carers and workers, would increase the capacity for reverie and emotional availability, as well as increase awareness of the emotional impact of this work.

Pain and distress interfere with the caring role and can lead to the construction of unhelpful defences. Ironside (2004) suggested that awareness and use of countertransference would be a valuable part of a reflective, thinking space. Such a space might serve to contain the 'destructive forces that may abound within the fostering experience' (Ironside, 2004: p.48); to think therapeutically about the meaning of a child's communications (Emanuel, 2002); and awareness of how 'one's sense of competence can be threatened' (Miller, 2002: p.58).

Without this kind of reflection, it is more likely that foster parents will react and maybe give notice on the child's placement. Other literature on training for foster parents also has an emphasis on developing reflection. There has been recognition amongst authors and trainers in the field of fostering and adoption that self-awareness and reflection are skills that are supportive of positive interactions with children in the care system. Gerhardt (2004) describes reflective parenting as a key to mental health.

More recently, this trend was demonstrated by Redfern *et al.* (2018) in the *Reflective Fostering Programme, a* training that focuses on developing a reflective style of parenting. It is a model derived from the principles of mentalisation (Fonagy, 1989) and uses this theory to develop an applied training programme for foster parents that builds on their reflective capacity.

Mentalisation is the ability to reflect on the needs, desires, feelings, beliefs, goals, purposes and reasons of others (Fonagy *et al.,* 2002). It is an ability linked to the security of attachment as an infant and when mentalisation occurs 'we recognise that others have emotions but we also understand and respond to these emotions' (Cooper and Redfern, 2016: p9).

Mentalisation has been supported by empirical research and Mentalisation-based Treatment (MBT) is now an evidence-based approach for working with people diagnosed with borderline personality disorder (Fonagy & Moran, 1990). Midgley and Vrouva (2012) claim that to date there has been less attention paid to the implications of the concept of mentalisation for work with children and young people. Consequentially, this is being addressed by the Anna Freud Centre who recently researched a mentalisation-based therapy for families in post-adoption support that helped participants to reflect on the impact of trauma and attachment difficulties on their children (Midgley, Alayza, Lawrence & Bellew, 2018). Families that had completed that study reported positive outcomes in mental health and parental self-efficacy, they found the sessions a non-judgemental, containing space and could link the struggles they were facing to their own as well as their child's past

experiences. They would also have preferred a longer-term intervention rather than the six sessions offered (2018: p.23).

Midgley and Vrouva (2012) describe mentalisation as a rich set of ideas about the development of the self and the ability to relate with others. They state that they want to make a case for the relevance of mentalization work with children, young people and argue that (2012: p.2): 'mentalisation can be adapted outside the clinical setting and may be of relevance to those with no prior mental health training, but with a real commitment to supporting children's development through paying attention to their minds'.

This is highly relevant to foster parents as the ability to think flexibly about thoughts, feelings and motivations in self and others, demonstrates reflective capacity and is a world away from defensiveness and reactivity. With this capacity, foster parents have a foundation for deciding to respond sensitively to help children to manage their feelings, emotions and behaviours. These most recent developments in fostering literature demonstrate that therapeutic skills are a key element in promoting positive relationships. Transference and projections are also important elements to consider in fostering as the child may have projected into foster parents their own feelings of chaos and powerlessness. For example, Ironside (2004: p.39) describes emotions evoked in foster parents through the child's projection of intolerable feelings. He suggests:

> *The foster carer may then become filled with the very feelings that the child cannot deal with and the foster carer's emotional reaction can be understood in terms of the child successfully imparting his or her feelings to those who are charged with their care.*

The foster parent is not usually perceived to be an agent of change who could have an informed, therapeutic approach to the child in their care because they are not usually perceived to be qualified professionals working with children, they are care-takers. This means that children living in foster homes can present a considerable challenge to the parents looking after them. Many interventions aimed at helping foster children to recover emotionally, behaviourally and developmentally are, therefore, focused on providing help to the carers and parents through consultation, psycho-education and parent training (Hart and Luckock, 2004; Dent and Golding, 2006; Golding, 2006). Given what has been said, it would seem logical that Van der Kolk's (2005) assertion is correct: unless caregivers understand the nature of trauma re- enactments, they are liable to label the child as "oppositional", "rebellious", "unmotivated", and "antisocial" (2005: p.5).

This makes the communication between the parent and child almost impossible, as the messages from the parent are based on wrong premises. This is also the necessary ground for reflective function being a key skill in foster parent training and support. The effects of trauma are significant to the fostering relationship as the child who has experienced trauma may continue to behave as though under threat of danger, even when they are in a safe place. They are less able to trust that an adult can provide safe and predictable care and more likely to rely on themselves than look to others for care. Osofsky (2004: p.125) suggested that: '"typical traumatic stress responses – numbing, avoidance and hyper-arousal – interfere with the ability to rely on others for help". Normally an attachment relationship would suffice in trying to help any child in distress, but in the case of foster children who

have had disrupted attachments and then have an overlay of trauma, the child may not be able to take from the caregiver what is on offer.

Van der Kolk (2005) points out that trauma-induced somatic problems cause inability to relax along with high degree of irritability; these are tiring, disturbing, unpleasant and pervasive states that can be a source of constant psychological pain. Understanding the child and helping them to become calm when hyper-aroused, enabling them to come back to the world when dissociated is crucial in taking care of traumatized children, says van der Kolk. His sentiments are supported by the work of Perry (2002) who is very keen for foster parents to know how to live with children who are traumatised and by Porges (2011), who has provided a theory about the polyvagal nerve that helps understanding of behaviours that may occur in the context of trauma.

In exploring the research that has been done on the needs of children generally, Sroufe's (1996) research work said the attachment system is first and foremost a regulator of emotional experience. None of us can regulate ourselves without help from caregivers who can be responsive to the babies' signals of changing emotional states. In turn that responsiveness to the baby helps the baby to learn that the caregiver will be there to help them with whatever feels unmanageable. By the time a baby is at the end of their first year of life, they have a blueprint for relationships in what Bowlby (1973) called working models. Bowlby's work on attachment and the empirical evidence that he gathered led him to conclude that if an infant was to grow up mentally healthy: "the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (Bowlby 1951: p.13). Attachment theory is the joint work of Bowlby and Ainsworth (Ainsworth & Bowlby, 1991). Bowlby had

developed the basic tenets of the theory and Ainsworth's research tested some of

Bowlby's ideas empirically and helped to expand the theory itself. She discovered

that secure attachment was significantly correlated with maternal sensitivity

(Ainsworth, 1963). Longitudinal studies of infants assessed in the Strange Situation

(Ainsworth *et al.,* 1978) and followed up in adolescence with the Adult Attachment

Interview (George *et al.,* 1985), demonstrated the stability of attachment.

For children who have not had an opportunity to develop a secure attachment and

who may have suffered relational trauma - where the person caring for them was

also the person that represented a threat to the young child - something more is

needed. Mentalisation has provided some of the answers to what else is needed; it

is the capacity to imagine, perceive and interpret human behaviour in terms of our

own and another's needs, desires, feelings beliefs, goals, purpose and reason

Mentalisation is developed through early experiences that help children acquire the

capacity of "social intelligence…affect regulation and attention control" (Fonagy &

Allison, 2012). Mentalisation is a central component of reflective fostering (Cooper

and Redfern, 2016).

In the literature nobody argues for foster parents to become clinicians, but they

make a compelling case for foster parents being trauma-informed and having some

knowledge to help them feel empowered in their own homes with foster children.

Wilson (2006) argued that there were compelling arguments for changing

perceptions of foster care so that it is conceived of as an environment in which

children's difficult behaviour, poor social skills and problems with relationships can

be addressed. She believed that this would ameliorate some difficulties and prevent

some of the negative spirals (where difficult behaviour prompts rejection and rejection further difficult behaviour), of which both are identified as a powerful contributing factor in placement breakdown (2006: p.509):

> *It seems that the more carers feel skilled and confident in their ability to care for their foster child, the more they are able to invest in a stronger, enduring relationship. Although no causal pathway can be determined from this association, foster parent training is based on the premise that increasing carers' skills and knowledge will enhance the quality of the carer-child relationship.*

In fostering, the work is a very particular combination of family culture combined with professional task, and the two are synthesised through the quality of the relationships that can be entered into between the foster child and foster parent. Wilson's implication is that if foster carers were equipped for the task they are undertaking, then the quality of the relationship with the child could be enhanced and subsequently the quality of care experience for all parties. One of the reasons for the inconsistent approach to foster parent training is that there is no firm expectation from Government and OFSTED of the level of training thought of as necessary apart from very basic levels of training that are essential for safety in the home and safe caring of children. These brief training courses do not generally develop the skills of communicating with children or understanding their internal world. Where such courses are included in a training curriculum it is at the discretion of the fostering organization or Local Authority.

This premise has not been specifically tested through research, although some research implies that. For example, research (Linares, Montalto, Li, & Oza, 2006; MacDonald & Turner, 2005) has shown that training and support in fostering is

effective in increasing the ability of foster parents to manage emotional and behavioural difficulties of children in their care. From this finding it could be inferred that this would improve the quality of the carer-child relationship as a result of increase skills and qualities in the foster parent.

Whenan *et al.* (2009) continued this research theme when they investigated the relationships of child behavioural and emotional problems, parenting self-efficacy and the foster carer-child relationship, to foster carer well-being, satisfaction with fostering and intention to continue providing care. They concluded that training supports foster parents to develop the skills necessary to care for a foster child and to develop realistic expectations in dealing with emotional and behavioural difficulties (2009: p.759). Whenan *et al.* (2009) go on to suggest that future research could explore what the most critical aspects are of training by examining the specific type, frequency, amount, and components of the training; and perceptions of foster parents as to the usefulness of such training. As a result of the research they did, Whenan *et al*. (2009: p.759) suggested that foster carers may well benefit from additional training, and such training should be strongly encouraged.

Reviews by Luke *et al.* (2014), and Kerr and Cossar (2014) have indicated that interventions for foster children should be rooted in a developmental psychopathology approach that integrates attachments with social learning theory. The mentalisation offered by Cooper and Redfern (2016) in their Reflective Parenting Programme is centred on social learning, attachment and mentalization. Results of evaluation (Midgley, 2019) indicate that foster parents who received the reflective function programme showed decreased levels of parenting stress on the

Parenting Index Scale (Abidin, 1995) and the control group did not show any improvements. However, the evaluation also showed that there were no statistically significant changes in carers' reflective functioning, although some foster carers reported on changes in reflective capacity during focus groups. The latter may be an indication that the participants in the study still needed other people's minds to help with their mentalisation, which may raise questions about the length of the training. The literature over the past 20 years clearly demonstrates a movement from training focused on behaviour and social learning theory (Minnis and Devine, 2001; Hill-Tout, Pithouse and Lowe, 2003) to that based on attachment, social learning theory and emotional availability (Allen and Vostanis, 2005; Warman *et al.,* 2006; Golding, 2006, 2014; Hughes, 2003, 2004; Schofield and Beek, 2009), trauma (Van der Kolk, 2005; Perry, 2006) and more recently reflective parenting (Redfern *et al.,* 2018).

Now we are going to take a look at training in fostering to see what kind of training is offered and consider the difference it may make.

5.5 Training in fostering

In this section of the literature review, I discuss past and recent literature which focuses on the type of training offered in fostering, alongside who offered it, why, and any outcomes or evaluations of said training. This will show the seminal works over the past 20 years that have been presented within the UK, North America, Australia, and New Zealand. Training generally in fostering is a range of one or two day courses recommended by Fostering Regulations, such as first aid, safeguarding, health and safety and behaviour management, an example of which

is found in (Appendix 1). For the purposes of this study I have focused specifically on training courses that have been researched and offered with a view to helping foster parents understanding of foster children go deeper.

Tapsfield and Collier (2005) called for improved training to address the complex needs of children. In most other professions where a skills shortage is identified, a logical conclusion would be to provide training to fill that gap. There is disagreement in the literature about the value of training. According to Sinclair *et al.,* (2004, 2005) controlled observational studies of foster carers do not suggest that their success, in terms of placement longevity, increases with training, although this may affect their retention and satisfaction.

According to other research studies, many foster parents still feel inadequately prepared for the tasks of foster parenting after participating in these programs (Cuddeback & Orme, 2002; MacGregor *et al.,* 2006).

In a Texas evaluation of four different training courses run for foster parents, Whiting, Huber, and Koech (2007) used grounded theory and content analysis research to evaluate core curricula used across several USA states. They recommend from their study that some of the benefits from training can be reduced placement disruption, connecting with other foster families, reduced foster parent burn-out, improved child-placement matching, and better foster parent-foster child relationships. They recommend that those who train foster parents have a well-though out strategy for choosing the training materials and topics they use.

Festinger and Barker (2013) undertook an evaluation of training for foster parents because lack of training has been identified as one of the reasons foster parents

leave the job. They found that one cause of foster parent dissatisfaction is lack of preparation for the type and severity of problems presented by the children in their care, and their lack of ability to effectively manage those problems. As Festinger and Barker (2013: p. 2152) state:

> *There is still somewhat of a disconnection between the field's emphasis on the importance of training of foster parents and the lack of sufficient evidence-based knowledge about the effectiveness of the programs offered.*

They looked at 29 training interventions within the USA and assessed the evaluation findings. It was interesting to note that of all the programmes they looked at the longest was 32 hours: 16 x 2-hour sessions. Festinger & Barker recognised that multi-session training was more effective at providing evaluation than single session trainings although they acknowledge that that is the kind of training foster parents are least likely to receive. They recommended foster parents having more than one session of training on a given subject and results being evaluated from a variety of perspectives, such as, staff, foster parents, children and teachers. Festinger and Barker also suggested 'that randomised controlled trials with fidelity assessments and validated instruments measuring meaningful outcomes, should be conducted' in order to identify effective trainings (2013: p.2152).

Evidence submitted to the NICE/SCIE inquiry suggested that – in England at least – randomised controlled trials (RCTs) of enhanced training for foster carers suggested there was no clear evidence that they work (NICE/SCIE Review E2, 2010). There were mixed results when looking at whether or not there was evidence to show that training offered to foster parents made any difference, in terms of placement

stability. Controlled observational studies of foster carers do not suggest that their success with placement stability increases with training, although this may affect their retention and satisfaction (Sinclair *et al.,* 2004; 2005).

In the Rees Report (2010: p.61), in evidence submitted to the NICE/SCIE inquiry, it was suggested three experiments in the USA were identified that initially seemed to work but longer term did not. Of the three, only one had a positive effect, one had no effect and the other had a negative one in terms of outcomes for children and placement longevity. Moreover, all three tested their effects during or very shortly after training, raising the issue of whether what was being observed was in fact a sustaining effect or the result of long-term change. By contrast, a British research typically used a longer follow-up and in the opinion of the NICE/SCIE reviewer provided no solid evidence that the training had had any effect.

A systematic review of foster parent training (Ogilvy *et al.,* 2006) showed that very few fostering providers had a clear training strategy. Their study examined key aspects of training for foster carers, using quantitative and qualitative data from a study of remuneration and performance in foster care. Three main issues were discussed: the training undertaken by foster carers and whether it is thought to be adequate; foster carer and supervising social worker views on National Vocational Qualifications (NVQ) level 3 training and payment for skills schemes; and how foster carers can be encouraged to attend training regularly. The study found fairly high levels of participation in training amongst foster carers who generally expressed satisfaction with its quality. However, very few agencies had clear training strategies. The government has minimum standards of training for fostering outlined in the Training, Support and Development Standards (TSDS, 2012), which is very

basic. Since 1997 training for foster parents has become more prominent with government policy and emphasis has been given to improving training for the children's workforce in the UK. There was encouragement for foster parents to complete NVQ qualification, but no targets were set, and funding was withdrawn in 2002 with guidance being amended to say that councils should ensure that foster carers have adequate induction and training. The reasons given for not having targets for foster carers was poor status and marginal position in the social care workforce (DFES, 2002).

The study by Ogilvy et al. showed that NVQ training was broadly welcomed but concern was expressed regarding its suitability for all foster carers and its relationship to high- quality foster care. Generally NVQ is a way of evidencing practical skills but is wholly insufficient for demonstrating a deeper understanding of emotional and behavioural difficulties in foster children. According to Ogilvy *et al.* (2006: p.9*)*, when interviewed about training, foster parents stated that:

> *Child care is a very specialist job and we should get specialist training.*

> *We don't get the proper training. We're offered odd days' training, but we're not offered training which is adequate.*

Those who had been foster parents for several years felt that the training they were offered was not meeting their needs (2006: p.9):

> *There comes a point where you can't progress any more . . . the training courses don't actually meet the needs of the more advanced carers.*

Ogilvy et al's research also highlighted a shortfall in appropriate training for more experienced foster carers with many suggesting that they had already completed all

the training courses on offer. This indicates an appetite for training that goes beyond the basic requirements of an NVQ. Participants in this study had all been searching for some training that could equip them to feel more competent in the role of foster parent to children with complex needs. They found and paid for their own training in order to satisfy that need.

The development of therapeutic fostering attempted to make training more meaningful and acknowledge that more was needed if foster parents were going to be able to manage the complex presentations of foster children, especially for those independent organisations who specialised in working with hard to place children. Most of the recognised training on offer in the USA and the UK provides short bursts of training for foster parents and there are no longer-term trainings on offer. The lengthiest training is that of Golding (2014) with 18 weekly sessions of three hours duration (54 hours in total). The therapeutic fostering training discussed in this study by the participants was considerably longer with the Certificate in Therapeutic Fostering (CTF) being run for two days each month over a year (140 taught hours) with essay assignments integrating the learning between sessions. The MA in Therapeutic Fostering and Adoption was run on a similar format to the CTF but over two taught years (280 taught hours) plus a dissertation year. Those courses have not been formally evaluated through a research study but the evaluations of those courses by the participants in this study speak for themselves.

So what can we surmise from the results of research mentioned above? It would seem that foster parents are keen to have more specialist training yet research overall shows that training does not have a huge impact on outcomes for children, it is just something that foster parents enjoy and fostering organisations provide,

without any clear strategy. I think this mixed result may be because the training

provided for foster parents is ad hoc without a clear pathway of progression and is

not catering to specific individual needs. Training options need to be extended so

that experienced foster parents feel they have more choice and that training is

relevant to their needs. The Certificate in Therapeutic Fostering and the MA in

Therapeutic Fostering and Adoption were clear, strategic training interventions of

the kind that foster parents not only needed but revelled in. The findings from this

study leave us in no doubt about that.

There have been several attempts to influence outcomes for children with

researched training packages, such as Nurturing Attachments (Golding, 2014);

Fostering Changes (Warman *et al.,* 2006), and the Reflective Fostering Programme

from the Anna Freud Centre (2016), which is currently researching and rolling out a

Reflective Parenting training programme with foster parents and children. This

section will review training from the last 20 years that has been most influential in

the UK, so far, in fostering

5.5.1 Secure Base

A government report from the Department for Children, Schools and Families

(DCSF), *Care Matters: A Time for Change* (2007: p.46) suggested that the more

engaged carers are in all aspects of the child's life and the greater their role in

decision-making, the more likely they are to develop that close bond which will lead

to a successful outcome for the child. The report stated that the child and carer must

be at the centre of all the activity and the work of the wider team around the child, in

a way which strengthens and supports the role of the carer rather than taking away responsibility. The DCSF (2007: p.47) recommended the Secure Base Model (Schofield and Beek, 2009), which is an attachment-based training for social workers and foster parents. The DCSF stated:

> *[Secure Base] sets out the dimensions of parenting needed to help children become more confident and competent. Training and support services for carers should aim to develop and sustain these capacities, which increase the likelihood of appropriate attachments developing.*

One suggestion the Department makes for how to do that is training in the Secure Base model developed by Schofield and Beek (2009). Schofield and Beek used Bowlby's research and also drew on theory and practice to develop a model at the University of East Anglia that promotes security and resilience. Through close observation of the intimate interactions between a child and their main caregiver, Bowlby could identify the essential elements of a successful relationship. In such a relationship, a child experiences stability, consistency, and availability. This enables them to venture into the wider world and explore it, knowing that they can return to their caregiver for reassurance in times of stress.

Schofield and Beek built upon the research into attachment theory to develop their Secure Base model. Their work arose out of a longitudinal study called *Growing up in Foster Care* (1997-2009), funded by the Nuffield Foundation, which was a study of pathways taken by young people growing up in planned long-term care as they moved through adolescence towards adulthood.

In Phase 1 (1997-1999) a sample of 53 children (age range 4-11) were identified and base line data was collected, through questionnaires and interviews, regarding the children, the foster and birth families and the social work practice. The children were almost all from backgrounds of abuse and neglect and presented a range of emotional, behavioural and educational difficulties. Phase 2 was used to develop a) an attachment theory-based understanding of children's different styles of coping and how this affected their progress b) an attachment theory-based model of parenting using Ainsworth's dimensions associated with secure attachment – availability, sensitivity, acceptance and co-operation – to which was added 'family membership', which is at the heart of permanence c) an understanding of the role of the different contexts of the placement e.g. social work practice in relation to contact.

The approach of Schofield and Beek (2006: p.256) is that:

> *It takes an attachment and resilience-based model of parenting (Schofield & Beek 2005b, 2006) that draws on four dimensions of caregiving (availability, sensitivity, acceptance and co-operation) identified by Ainsworth et al. (1978) as likely to promote secure attachments in infancy and applies these dimensions to caring for fostered adolescents.*

Their model forms part of the revised *Skills to Foster* UK training programme produced by the Fostering Network (2014) and has also recently been incorporated into training for foster carers in Norway.

From the seminal works in attachment of Bowlby (1969/1982), Ainsworth *et al.*

(1978), Main (1990) and later Fonagy *et al.* (1991a) there has always been research

into attachment patterns and how they work. Early theorists such as Bowlby and

Ainsworth used research to look at the behaviour of infants and extrapolate theory

based on their observations. It was Main (1995) who began to look more closely at

what had been achieved already and worked out a measure for the internal

experience of attachment with the Adult Attachment Interview (AAI).

The Secure Base training is a way of summarising the work of original attachment

theorists into easy, accessible language covering the four dimensions of caregiving

that make up Schofield and Beek's model: availability, sensitivity, acceptance and

co-operation.

Interestingly, foster parents do not need to attend training to work with the secure

base model, as Schofield and Beek believe that if the fostering social workers are

using the model to evaluate where foster parents need support in terms of the

dimensions of caregiving, then that will be sufficient. This relies on the fostering

social workers having attended training themselves and then being capable of

assessing the dimensions in foster parents and knowing how to support foster

parents if they have an area of limitation within the four dimensions.

5.5.2 Nurturing Attachments

Dan Hughes, (2004, 2007, 2011), a North American psychologist who has

specialised in working with fostered and adopted children, also believes attachment is of vital importance. He created an in-depth therapy based on the principles of attachment that involves a therapist facilitating the relationship with the child, working through shame and terror that comes from abusive experiences, in the presence of the caregivers.

He believes that when children experience repetitive, intra-familial maltreatment, they have no setting that provides attachment security. This puts them at risk for developing a 'fragmented sense of self and disorganized attachment patterns'. The goal of his treatment model, Dyadic Developmental Psychotherapy (DDP) is to provide children with an opportunity to become safely engaged with a therapist, as well as their primary attachment figure – across a full range of experiences.

Hughes (2004: p.274) states:

> *The active presence of one of the child's primary caregivers greatly enhances psychological treatment that involves establishing dyadic interactions of nonverbal attunement, affective/reflective dialogue and frequent repair…They will have experienced their caregiver's empathy, curiosity, acceptance and playfulness about the full range of experiences explored.*

He describes essential qualities in a caregiver: playfulness, acceptance, curiosity and empathy (PACE). His DDP model involves a therapist working with both the caregiver and child to provide therapy to the child, and model how to work through disruptions in the relationship that may arise from shame and trauma.

In the UK, Canada and North America, research is being undertaken to establish an evidence base for DDP. Because it is a method heavily reliant on intersubjectivity and the individual skills of the therapist, measures are not straightforward. DDP is in the list of 'interventions with promise' NICE (2015), and they have recommended that a randomised controlled trial (RCT) is conducted into parents' and children's experiences of these therapies. NICE looked at unevaluated but extensively used interventions for attachment difficulties and suggested that primary outcome measures might include attachment, parental sensitivity, placement disruption, educational performance and behavioural problems (NICE, 2015)

In the meantime, Golding (2014) translated Hughes' concepts into a training programme for foster parents and social workers called Nurturing Attachments. It is a combination of attachment theory and Hughes' PACE. Golding initially undertook an informal small research study with Picken (Golding & Picken, 2004) into group work for foster carers looking after children with complex problems. They used group-based psychoeducation and questionnaires to evaluate changes with 31 carers and the Strengths and Difficulties Questionnaire (Goodman, 2002) to evaluate changes in children. The study indicated that difficult behaviour did reduce following the group interventions but Golding and Picken concluded that experimental research was needed to explore how far these interventions can lead to improvement within the child. That research and Golding's interest in Hughes' DDP, led to a training resource complete with lesson plans and hand-outs to run an attachment-based course for adopters, foster parents, social workers and psychologists.

Golding's work brings together attachment, behaviour management and PACE in one training programme. Out of 18, three-hour, sessions in her programme, 10 of them are based on attachment, six on PACE and behaviour management, one on looking after yourself and one on the family atmosphere. In order to parent using the attitude of PACE, parents need to be able to reflect on their parenting. The idea is that as parents become more able to reflect on their own "internal experience of thoughts, feelings, worries and beliefs", they may be better able to regulate this emotional experience (Staines, Golding & Selwyn, 2019: p.146) and then focus on the internal world of the child, supporting them to regulate.

The results of this study showed that parents became more aware of their child's feelings and behaviours and felt more effective post training. There was no control group in this study so firm conclusions attributing change to the group intervention could not be made. Changes that were observed were increased confidence and competence immediately after and in an 8-month follow up; and that parents thought about their child's behaviour differently, moving from a focus on behaviour to one on internal and relationship experience. The study suggested that the latter '*may be a reflection of increasing feelings of empathy toward the children*' (2019: p.155). The researchers have suggested additional research with a larger sample size and with an RCT or quasi- experimental methodologies to explore the relationship between mentalization, the parent's attachment style, perceptions of children's behaviours and the quality of the parent-child relationship.

There are parallels between the findings of Golding's study and what foster parents reported to me in this study, namely that the relationships with children changed

when foster parents could stand back and reflect on the internal world of the child. Nurturing Attachments was in the vanguard of training for foster parents that moved away from solely focusing on behaviour to concentrating on the carer's responses to behaviour, the use of empathy and containment and regulation of emotions. Golding had led the way in an approach that moved away from Social learning theory with its focus on behaviour change to emotional connection between foster parent and child.

Another small-scale qualitative research study using Interpretive Phenomenological Analysis (Smith et al, 2009) has been conducted with adoptive parents attending Nurturing Attachments (Hewitt, Gurney-Smith & Golding, 2018), which indicated improvements in parental reflective functioning and emotional regulation. Parental stress had not been consistently shown to decrease however, thus the researchers felt that the results pointed to a potentially important mechanism in creating the conditions for better parental co-regulation. This could be achieved by beginning to understand more deeply and effectively the nature of the parenting task in adoption. This also chimes with the findings in this study that parental reflective functioning and emotional regulation are vital for foster parents to be able to contain their own feelings and subsequently act as a container for the child.

The study explored the lived experience of adoptive parents on the programme, and participants noted the importance of relationships between the group members and the facilitator, suggesting a similar mechanism to individual DDP therapy (Hughes *et al.,* 2015). Participants discussed the atmosphere of the group, describing it as 'safe, accepting and non-judgemental', the qualities that occur also in DDP work.

Several participants also reported improvements in their own ability to regulate emotions. One of the findings in this study was that (Hewitt, Gurney-Smith & Golding 2018: p.479):

> …*As a caregiver's ability to regulate and manage their own emotions improves, it allows them to be more responsive and available to their child, therefore, improving the quality of their parenting and relationship.*

Given what we have heard about the needs of children in care and the needs of foster parents, this does reinforce that attachment, mentalization and reflective function has to be part of any programme as they are topics too important to ignore. It is worthy of note that findings from the above-mentioned studies reflect similar findings in this project. Although the training described in this study has not been formally evaluated, the participants interviewed have inevitably described their experiences from training and evaluated for themselves what they have gained.

5.5.3 Fostering Changes

Fostering Changes (Warman *et al.,* 2006) was developed to provide foster parents with practical advice and skills for managing difficult behaviour. The programme grew out of the work of the National Specialist Adoption and Fostering Team at the Maudsley Hospital and is heavily influenced by social learning theory and recognising that the relationship between parent and child is the medium for bringing about change. A comprehensive training guide also developed out of this approach for working with the carers of children under 12 (Pallet *et al.,* 2002).

This programme consists of ten weekly sessions of three hours and separate courses are run for the foster parents of under-fives, under-12s and teenagers. The qualitative evidence presented highlights that it is the approach as much as the content of the programmes that seemed to have an effect with foster parents, although evaluations of the programme have had mixed results. For example, this study, with no control group, showed reduction in children's problem behaviours and emotional difficulties but no changes in conduct problems or hyperactivity (Warman *et al.,* 2006). A strong theme was the value of working as part of a group and learning from peers, which had an unintended effect of raising self-esteem and self-confidence in those who completed the programme. Qualitatively there was a significant positive change in the level of problems that foster parents were most concerned about.

An RCT into Fostering Changes (Briskman, *et al.,* 2012) involving 63 foster carers from four Greater London local authorities. Some 34 foster carers were randomly allocation to the training group and 29 to a control group. The trials showed a reduction in problem behaviour among children in the intervention group compared to the control group, and improvements in carer-reported, carer–child attachment quality This study also showed that there were no differences between the groups on children's prosocial behaviour, emotional difficulties, conduct problems or peer relationships using Goodman's (2002) Strengths and Difficulties Questionnaire. The researchers also used the Parenting Stress Index (Abidin, 1995) but results showed there were limited effects on general parenting strategies.

Luke *et al.* (2014) reported that the longevity of effects observed across these studies is unclear in the absence of follow-up data. They suggest that, as with most interventions that target foster carers, Fostering Changes is not specifically designed to fit the needs of children with more serious mental health issues; and is focused on problematic child behaviours rather than underlying emotional factors.

5.5.4 Reflective Fostering Programme

A more recent development on offer to foster parents is the Reflective Fostering Programme (RFP), a group-based programme for carers of children aged 4–11. The RFP, developed by the Anna Freud Centre in collaboration with the NSPCC, is rooted in evidence drawn from attachment and mentalizing, which indicates that children who have a carer who can engage in reflective functioning, tend to have more favourable outcomes in terms of social-emotional well-being. It also draws on the evidence that looking after a child who has impaired capacity to mentalize as a result of early relational trauma affects the carer's capacity to mentalize and respond sensitively to the child (Ensink, *et al.,* 2015). An evaluation of 28 foster parents who took part in RFP between April and July 2017 with foster parents who had attended ten sessions of three hours duration, showed the 'programme can have a positive impact on the carers' levels of stress and help support or improve the carer-child relationship'. Although the number of participants was quite small (*n=*28), initial findings demonstrated statistically significant improvements in questionnaire reports of stress levels, foster child's behavioural and emotional wellbeing (as measured by Goodman's (2002) Strengths and Difficulties Questionnaire), and how much the

participants felt that their own goals were being met. There were no statistically significant changes in the carer's sense of competence and confidence, although they did report improvements in increased understanding of self and others; a widened support network; and positive knock-on effects on the children in their care (Midgley *et al.,* 2019: p.4).

Recent research into the different components of mentalizing indicates that the need to attend to the mental states of a child requires carers to be able to effectively and actively separate out self from other (Suchman, *et al.,* 2010). This often becomes difficult in the face of dysregulation, where the influence of implicit mentalizing is needed for quick and automatic interpretation of behaviour. It is difficult because the parent can often become dysregulated too in the face of a child becoming hyper-aroused. Given the high proportion of relational trauma experienced by the children, a capacity for parental reflective function (both of the child and his or her own self) is likely to be particularly important for foster carers (Taylor, 2012). The context of caring for a child with emotional or behaviour difficulties, especially when there is a lack of sufficient support, makes foster carers vulnerable to breakdowns in mentalizing. Even foster parents - previously relatively high in reflective functioning and sensitivity - can find their capacity to reflect compromised by caring for a child with a history of trauma and a difficulty with close relationships. This dilemma highlights the need for interventions that help mentalizing in foster parents. There is acknowledgement in the work of Redfern and Cooper (2018: p.235) that looked after children are a vulnerable group in society and that a carer's capacity to retain a robust understanding of the children in their care may enable them to: '*respond more effectively to the worrying or disruptive behaviour they encounter*".

Luke *et al.* (2014) claims that the limitations of the research they explored makes it difficult to say that any particular intervention or factors has been shown to 'work', leaving us with a set of common principles that require more rigorous testing. These include:

☐ Approaches to behaviour issues that focus on the carer (and thereby indirectly on the child) and are underpinned by a combination of attachment theory and social learning theory

☐ Using the theory to inform relationship-building focusing on caregiver sensitivity and attunement, positive reinforcement, behavioural consequences and limit setting.

I would add to Luke et al's critique that most of the above interventions were targeted at children under 12. Yet participants in this study were mainly looking after teenagers who had been through several placement breakdowns already, had spent a long time living with abuse and were deemed 'hard to place' as a result. A focus on the quality of the relationship between foster parent and child is a crucial finding in this study and I would go further than Luke et al and say that in addition to sensitivity and attunement, foster parents also need to be able to reflect on their own history, attachment patterns and parenting styles in order to avoid repeating dysfunctional patterns or writing off their own behaviour with the phrase: "well, it never did me any harm…".

5.6 Conclusion

Acknowledging what foster parents say, following their own experiences of taking part in therapeutic fostering training, may help to inform future training provision. Octoman and McLean (2014: p.150) argue that training and support has been suggested as a way of improving placement quality and reducing stress and strain in foster care (McHugh and Valentine, 2011; Rich, 1996). Despite this, carers frequently report that the support they receive is insufficient or inadequate. Octoman and McLean go on to say that as a result, there is a clear need to identify more effectively the form and nature of support that might be useful in managing challenging behaviour and enhancing placement stability. Their work is a very clear and convincing rationale for why research in this area is important and worth evaluating further. It would also be useful to know the kind of courses that are effective and why.

Looking at the various UK training courses for caregivers, it is evident that they have all been short courses of between 8 and 54 hours duration. Evaluation to date has mostly focused on shorter-term training and the evidence suggests that such short courses have not led to meaningful change and have been only partially helpful. There is a gap in terms of evaluation of longer-term training, which may be able to impact on foster parents in a different way. This study may provide additional insight into the potential that can be developed in foster parents with longer-term training that increases knowledge of attachment, trauma and develops relational skills, such as, reflective function. This justifies further research that explores more in-depth,

long-term training that is focused, targeted and designed to train therapeutic foster parents who look after the most difficult to place foster children in the care system. If training of the kind described by foster parents in this study was proven to be effective through an objective evaluation study, it could form part of the training strategy for therapeutic fostering organisations across the country.

6 Methodology

In this chapter I will outline the methodology and the methods used in this study and will include the philosophical basis of the research study; the design; participants and sampling; process of data collection; a description of the sequence of data analysis; credibility and trustworthiness; and ethical considerations. Before getting into the practical side of the study, I first want to explore the overview and aims, the context of the study and epistemology.

6.1 Overview and Aims of the Study

This study examines the experiences of foster parents who have been through a therapeutic training. The aim is to understand what happens for foster parents when they embark on therapeutic training and any impact they feel it may have on:

- Their relationship to themselves
- Their relationship with foster children

In fostering, knowledge is generally limited on therapeutic training and how foster parents perceive it. Therefore, my study is designed to provide more information through semi-structured interviews with some of the foster parents who have undertaken a longer-term, therapeutic training course.

6.2 Context

For the past 16 years I have designed and managed training for foster parents looking after children with complex needs. This was in my capacity as a manager of a therapeutic team working for the NSPCC, then as head of therapeutic services for an independent fostering organisation with branches across England and latterly as an independent trainer. The therapeutic training was designed for those looking after children and young people with some of the most complex difficulties in the care system. The courses were open to any foster parent from any Local Authority or Independent Fostering Organisation. The philosophy behind the therapeutic training is that foster parents are uniquely placed to be change-agents for children's challenging behaviour and emotional difficulties, if they can look behind the behaviour and understand more about the child's internal world and that of their own. The aim has been to develop therapeutic thinking in fostering. This differs from models used by most other therapeutic fostering organisations, which tend to use counsellors and psychotherapists to provide therapy to children and young people and not invest so much in training for foster parents.

In 2005 I developed a bespoke training that would enable foster parents to become more consciously competent in their demanding role of foster parent, the Certificate in Therapeutic Fostering (CTF) (see Appendix 2). In 2012 I further developed therapeutic training for foster parents with the MA in Therapeutic Fostering & Adoption (MATFA) (see Appendix 3). This study is focused on the experiences of foster parents who have been through one of the above courses. It is from a pool of over 300 past students of the above trainings that participants for this study were drawn.

6.3 Epistemology

In deciding the research methodology appropriate for this study, I first considered which type of qualitative method was aligned with my research question in terms of philosophical and theoretical positioning and reflected on my beliefs and values. As part of that reflective process I honoured the experiences that have shaped my inherent biases, such as, my upbringing (northern, working class girl, made good); my feminist and left-leaning political tradition; my sexuality (lesbian); my social work training in one of the first HIV voluntary organisations in the country; my psychotherapy training as a relational psychotherapist from the humanistic-psychodynamic tradition of Relational Transactional Analysis and, most importantly, the deeply inspirational fact that others saw potential in me when I became an adult learner after leaving school with no qualifications. This potted biopic tells a story of living and working on the edges of mainstream society where issues of equality and diversity have been personally and professionally relevant and drivers to the nature of work that I do now, the purpose of this study and how I engage with others.

During this process, I noticed that I was trying to piece together the epistemology like a jigsaw, putting pieces in and hoping that a whole picture would eventually emerge. This did not work for me and I needed to look deeper into my value system and beliefs to see which of the philosophical schools of thought I identified with, and which most reflected me as a researcher. What I knew about myself was that I worked relationally as a therapist meaning that I work, as far as possible, engaging in two-person psychology (Stark, 2000) and Buber's (1923/2004) I-Thou phenomenology.

My commitment to human potential was heavily influenced by the Humanistic movement in the 1970s and particularly Gestalt and Transactional Analysis, which are both therapies that sought to equalise power between therapist and client and had their roots in hermeneutic and phenomenological inquiry. My epistemological interest is in the phenomenological reality of how the experience of individuals is constructed, subjectively experienced and set in a particular social context. The aim of this study will come from the tradition that explores multiple meanings and interpretations, as opposed to a positivist tradition that searches for an objective truth. My view is that knowledge is value-mediated (Ritchie *et al.,* 2014) and it is impossible to be objective as the researcher's identity and values shape the research process and findings.

6.4 Relational Research

As a therapist I was clear about my identity and felt that that kept getting in the way of working out who I was as a researcher. Reflecting on how to encapsulate the similarities and differences in a diagram (see Fig. 1) helped to clear my thinking and see areas of overlap between therapy and research.

Ontology: A humanist vision where people work together to make things happen…and draw on their culture, context, experience, the meaning they make of them and interpretations (McLeod, 2011, p.47)

Relational Psychotherapist

Epistemology:
Relational
Intersubjectivity
Phenomenology
Humanistic

Common Skills
Reflexivity
Empathy
Interviews
Intuition
Interpretation
Inference
warmth
Openness
Integrity

Relational Researcher

Epistemology:
Hermeneutics
Critical-Realist, Interpretivist
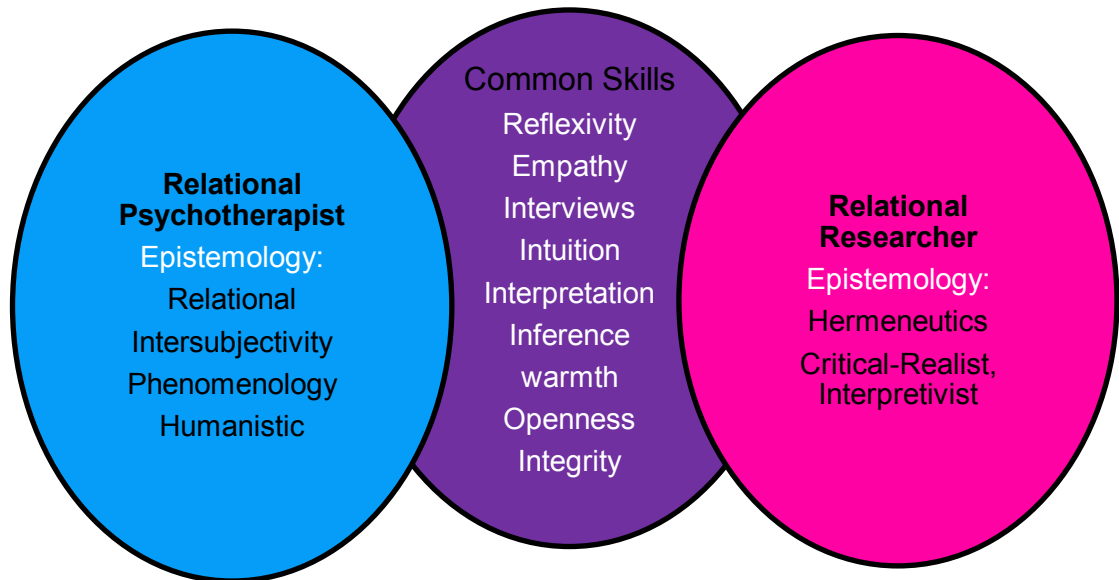
Fig 1: Ontology and Epistemology of Relational Psychotherapist and Relational Researcher

I found a home in Relational Research (Finlay and Evans, 2009), which overlaps with relational psychotherapy practice and emphasises doing research with rather than on participants. Finlay and Evans outline an approach where many of the skills, values and interests that are familiar to therapists are directly transferable to the research domain, for example, interviewing skills, reflexive intuitive interpretation, inferential thinking and a capacity for warmth, openness and empathy. The overlapping skills are depicted in the centre of the diagram.

The underpinning philosophy of relational psychotherapy is influenced by intersubjectivity as formulated by self-psychologist, Kohut (1984) who extended object relations theory to include the concept of 'self-object'.

Relational analysts, Stolorow and Atwood (1992), Aron (1996), Benjamin (1992) and others expanded upon Kohut's thinking. They were beginning to acknowledge intersubjectivity in the therapeutic relationship and see both the client and therapist as active in the process of change. Relational therapy draws upon a combination of humanistic theories underpinned by phenomenology (Buber, (1923/2004), existential phenomenology (Merleau-Ponty, 1962), intersubjectivity and relational psychoanalysis (Stolorow and Atwood, 1992).

The approach offers a guide to researching relationally in a critical realist, interpretive way. Interpretivist epistemology states that people's perceptions and experiences are socially, culturally, historically and linguistically produced meaning that our situatedness determines our understanding (Finlay and Evans, 2009: p.19).

There is recognition in this view that the researcher's identity and standpoint fundamentally shape the research findings. The critical realist (Bunge, 1993; Denzin and Lincoln, 2005) aspect of the approach being outlined falls between realism and relativism and is arguably more pragmatic. It involves accepting that there is an observable world, but that it is socially constructed depending on the meaning ascribed or perceptions linked to the experience of the researcher or participant. There is an assumption that the researcher's accounts reflect something of the participants subjective perceptions of their lived experience whilst also recognising that their own interpretations will inevitably play a crucial role (Finlay and Evans, 2009: p.21).

As Finlay and Evans (2009: p.19) state, understanding gained from research remains provisional, partial and entirely dependent on context. This relational and interpretive perspective assumes that there is more than one reality and believes in the existence of many possible truths. Because of this standpoint, I needed to bring a critical self-awareness of my subjectivity, behaviour, biases and assumptions in order to recognise how these variables may influence the research process and findings. What helps with this is engaging in reflexivity, a process in which the researcher continually reflects upon interpretations of both their own and the participants' experiences, as well as the issue being studied in order to move beyond the partiality of their previous understandings (Finlay, 2008).

6.5. Qualitative Research

In choosing a methodological approach, I looked for something within qualitative research that would generate new understandings. This was appropriate for this study's goal as I wanted to hear foster parents' views about a topic that was not often associated with them: therapeutic training. Quantitative research was not considered for this study because I was not testing any proposition or wanting to measure or test a statistical relationship between variables. Evidence in this study comes in the form of words, not measures. I wanted to hear the views of participants and engage with them in co-created conversations about the topic, using a semi-structured interview as a guide. I knew that I wanted to undertake a qualitative study; the only challenge was which methodology would be the most appropriate for what I wanted to achieve.

Behavioural and cognitive traditions had tended to shape psychology and dominate,

initially predominantly using quantitative approaches, but qualitative approaches

eventually gained popularity in the 1980s (Braun and Clarke 2006). The approach of

qualitative research assumes that there is more than one way to know and

understand reality. As McLeod (2011) claims, philosophising offers a basis for

questioning the assumptions that underpin practice and suggests new ways of

thinking about things. Ritchie (2003) states that contextual qualitative research is

concerned with describing and displaying phenomena as they are subjectively

understood and experienced by a particular population.

Qualitative research does not aim to be generalisable, but the data collected during

this research may provide detailed, textured accounts of the experiences of foster

parents that may be transferrable in terms of education or raising awareness for

other people in a similar position. The strength of using qualitative research is to get

inside the experience from a participant's point of view. As Seidman (2013: p.9)

states:

> *The purpose of in-depth interviewing is not to get answers to questions... At the root of*
> *in-depth interviewing is an interest in understanding the lived experiences of other*
> *people and the meaning they make of that experience. At the heart of interviewing*
> *research is an interest in other individuals' stories because they are of worth.*

In qualitative research meaning-making is paramount. The researcher is the most

important instrument in qualitative research and the researcher is generally the

instrument that most needs sharpening (Denzin & Lincoln, 2005).

I certainly found this to be true going into the research even as a seasoned

interviewer, and rapidly noticed how I was unconsciously taking an authority position with the participants and validating certain things they were saying that I agreed with. It was a challenge from my academic consultant, Nick Midgley, which sharpened my awareness in this area. I say more about this in the section describing individual interviews.

Qualitative interviews help to achieve an in-depth account of experiences (Kvale, 1996; Patton, 2002). My own psychotherapy training had prepared me for using the response modes described by Goodman and Dooley (1976), which use therapeutic skills and qualities to ask different questions: from putting people at ease through to unfolding, inquiring, making sense and hypothesis-testing (Barker, Pistrang and Elliott, 2002).

Grounded Theory

Initially I explored Grounded Theory (Charmaz 2014) as it seemed to offer the most potential to combine theoretical and empirical elements of my study. However, I decided against Grounded Theory because one of its primary aims is to develop a theory, and I found that the idea of doing that was pulling me to include assessment-type questions in my interview. What I wanted was to hear the experiences of foster parents regarding the training and the meaning it has had for them and the work they do. The intention was not to generate a theory from the data so much as to learn about the lived experience of the participants in relation to therapeutic training.

I had also been involved in the training of one cohort of the participants and that in itself was further grounds for rejecting Grounded Theory as the findings should be

grounded in the data, collaborative working is 'downplayed' (McLeod, 2011: 120) and the work of analysis should be done alone to achieve theoretical saturation. The researcher also needs to avoid reading about the topic before embarking on data collection and 'bracket' what they already know.

Interpretative Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2009) was also considered as it would have been a natural choice for a psychotherapist-researcher because of its phenomenological pedigree, the analysis of interview transcripts and interpretation of meaning through pre-existing psychological constructs. IPA was ruled out because it lends itself better to a smaller sample size and as I was going to be interviewing up to 10 individual participants and three focus groups, my sample size may have been a little unwieldy for IPA. Smith et al (2009: p.51) suggest that between three and six participants is a reasonable sample size to provide meaningful points of similarity and difference between participants, but not so many that one is in danger of being overwhelmed by the amount of date generated.

6.6 Thematic Analysis

Thematic Analysis (TA) was chosen for this qualitative research study as it provides core skills that can then be transferred to other kinds of qualitative methods. Thematic analysis is not tied to a particular epistemological position and this gives the method a flexibility and freedom that cannot be found in Interpretative Phenomenological Analysis (IPA) and Grounded Theory.

Braun and Clarke (2006: p.80) comment that both IPA and Grounded Theory seek patterns in the data, but are 'theoretically bounded', for example IPA is closely identified with a phenomenological approach. They would argue that thematic analysis is an essential component of many approaches but is often incorporated into something else, such as narrative analysis or grounded theory. Braun and Clarke (2006; 2013) have developed guidelines for using thematic analysis that provides a structure without losing any of the freedoms in the approach. As Braun and Clarke (2006: p5) state:

> *Thematic analysis is not wed to any pre-existing theoretical framework.... Thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data.*

They do, however, see it as important that the theoretical framework and methods match what the researcher wants to know and that these decisions are openly acknowledged as choices. There are different versions of Thematic Analysis (TA) and I set out here precisely which type of TA I am using in this study and why.

Braun and Clarke (2013 p. 6) divide the differences into two broad schools:

1. TA that retains a foothold in positivist research (e.g. Boyatzis, 1998; Guest *et al.,* 2014; Joffe, 2012) and is concerned with looking for themes that already exist within a data set or finding evidence for themes that pre-exist the data, such as in the researchers mind or coding framework. In this type of thematic analysis, a 'passive' approach to the data is being taken in which the researcher waits for themes to 'emerge' and denies

the active role the researcher plays in immersing themselves in the data and identifying patterns and themes (Braun and Clarke, 2006: p.80).

2. Another approach to TA operates within a qualitative paradigm and is characterised by theoretical independence and flexibility, and organic processes of category and theme development (e.g. Braun and Clarke, 2006; Langdridge, 2004). In this TA approach, the researcher is more like a sculptor, chipping away at a block of marble. The sculpture is the product of an interaction between the sculptor, their skills and the raw materials. Analysis becomes a creative rather than technical process, a result of the researcher's engagement with the dataset and the application of their analytic skills and experiences, and personal and conceptual standpoints.

In this study I have taken the latter approach as a central figure in the research, influencing the data collection, selection and interpretation. My background working in the field of fostering means that my prior experience is likely to affect what I see and what is generated.

My behaviour and the relationships I have with the participants will have an impact on their responses and the findings obtained (Finlay, 2002a, 2002b). This is one of the ideas emphasised in the theoretical approach of relational research where any outcomes are viewed as relative and co- created: a joint product of the researcher, the participants and their relationship, because meanings are negotiated within particular relational and social contexts (Finlay and Evans, 2009: p21).

6.7 Design of Study

In this section I present the design of the study, followed by the criteria used to select participants and the recruitment process. I then clarify the collection and procedures used and the process of analysing the data. In the next chapter I provide details of how the study addressed a range of ethical considerations. The inclusion criterion was that everyone taking part should have completed or be near to completing a year of therapeutic training and that they had experience of looking after children who had been significantly harmed.

6.7.1 Recruitment of Participants

To recruit for this study, I emailed past and current participants of the CTF and MA courses with a brief outline of the research that I intended to do, and asked people to contact me if they were interested in taking part and wanted more information. Those who said they were interested were sent more information (Appendix 4) about the study, a consent form and confidentiality agreement (Appendix 5), and a set of the research questions to read (Appendix 7 and 8.) I then made appointments for one-to-one interviews if they wished to proceed in taking part.

Within the deadline of a month, I had received 18 positive responses, which was a good sample size for qualitative research, as they would provide a good representation of views and a manageable amount of data. Braun and Clarke (2013, table 3.3) state that sufficient data for a small project is 6-10 interviews and 2-4 focus groups. I was combining these two methods and including an analysis of

images, which made the sampling size suitable for a combination of rich data generating 'insight and in-depth understanding' (Patton, 2002: p.230) of the study.

The key demographic variable in this study is that everyone taking part was fostering children with complex needs and had undergone one year of training in therapeutic fostering. I was keen to do a number of individual interviews and 16 people who had finished their training at various times over the past five years had applied expressing interest in taking part in the research. I also wanted to undertake some focus group interviews. Of those who were interested in taking part in the research, I noticed that six of the potential participants were from two cohorts nearing the end of their studies on CTF courses. I asked the tutor of those two cohorts to ask the groups if they would be willing to be interviewed in focus groups for the research. One of the cohorts was quite large with 12 people so for the purposes of the study I asked them if they would be willing to split into two separate focus groups. Together with the other cohort interested in taking part it meant that I had three focus groups in total. I was keen to interview focus groups as the strategy afforded me an opportunity to see what understandings were generated from the individual interviews and then put those findings to the focus groups to see if there was any transferability. Lincoln and Guba (1985) refer to the extent to which qualitative results can be transferred to other groups of people and contexts.

This gave me 10 individual interviews to carry out across the country and three focus groups, the demographic details of participants are all in Appendix 9. I will talk about the one-to-one interviews and focus groups separately. Table 2 below shows the make-up of the interviews.

6.7.2 Interview procedure

Ethical approval was sought and gained as part of the Learning Agreement to conduct interviews with foster parents. The participants were sent an information sheet in advance of the interviews and asked to sign a consent form. They were given the option to withdraw from the process at any time throughout the period of research up until publication. Each interview transcript was stored anonymously in encrypted files and was destroyed on award of the Doctorate degree. The selection process was on a voluntary basis and in this study men represented 14% of the sample 86% women; the sample was also 92% White British and 8% Black British. This compares to Government statistics for Fostering in England (2018-2019) that states that of all foster carers approved during 2018 to 2019, 80% were White and 14% were from non-White ethnic groups. The remaining 6% were reported with their ethnicity marked as 'unknown'.

The limitations of the sample I had recruited was that participants had all paid for their therapeutic training and, from that perspective, were eager to learn and to make a difference in their work. The fact that they had all paid to attend the therapeutic training, which is quite counter- cultural in fostering, could be construed to mean that the sample of participants were all highly motivated and invested in their own learning. This also means that they are not a typical cross-section of the fostering population. This point will be interesting to consider again once therapeutic training courses that I have designed are taken into local authorities and other fostering organisations where participants will not be expected to pay for their place on the training and participants may not be so keen to attend. The make-up of the interviews was as follows:

Method	Identity	Sampling Approach	Sample Size
In-depth, semi-structured interviews	10 participants, 2 men, 8 women. 2 women from Local Authority fostering and the rest from Independent Fostering.	Self-selection in response to an invitation to those who had completed therapeutic fostering training.	10 interviews x 10 different counties across England: Manchester, Cheshire, Blackpool, Kent, Essex, East Sussex, Surrey, Derbyshire, Birmingham, Wirrall.
Focus Groups x 3, semi-structured interviews	Group 1) 6 participants, all women 2) 6 participants, all women 3) 5 participants, 4 women and 2 men	Self-selection for interviews in response to an invitation to those who had completed therapeutic fostering training. They were invited to be part of a focus group	1 group x 6 Midlands 1 1 group x 6 Midlands 2 1 group x 5 Kent

Table 2: Make up of interviews

The research participants had a variety of experience in both Local Authority Fostering and Independent Fostering. All participants had completed at least one year of therapeutic training when interviewed and were looking after children with complex needs. The training they had been through focused on helping them to think therapeutically about some of the common themes that occurred in looking after children who have all been significantly harmed.

After ten one-to-one interviews I took the findings to the focus groups to see if any new themes came up and to see if any of the findings from the interviews had resonance for them and were transferable. As Coughlan and Brydon-Miller (2014) states the transferability of a research finding is the extent to which it can be applied in other contexts and studies.

As the interview method into personal experiences invites the expression of tacit learning, that learning can be "*made explicit and thus more easily explained and reported and transferred*" (p.787).

Taking things to the focus groups that came out of the individual interviews added to transferability because both kinds of participants were relevant members of the community related to this study. In transferability, it is the researcher's responsibility to paint a full picture of the context and then allow the reader to determine if the work is transferable to their context. It is also to provide a complete understanding of the context being studied and ensuring that the research questions are appropriately answered. In doing so, the readers can then explore the research study and determine if the findings can be transferred to their setting or environment, which provides a contextual boundary for the findings. Jensen calls this strategy 'thick description', meaning that the researcher provides the reader with a full account of the context, participants, and research design so that the reader can make their own determinations about transferability.

6.7.3 One-to-one Interviews for the Research Study

Semi-structured interviews of 60-90 minutes took place in different venues all over the country. A list of questions (Appendix 7) acted as a guide and were not adhered to rigidly. Following the first three interviews, which felt very stiff and formal, I let go of working my way through every question and took a more flexible approach. This enabled me to follow the participant more closely than follow my questions, whilst still communicating the questions I needed to ask. Below (Fig. 2) is a brief framework of questions for Individual Interviews.

1. Please tell me about your experiences as a Foster Parent
2. Has your experience as a foster parent changed you in any way? What have been the setbacks? Any misgivings?
3. Tell me about training generally that you have done since you became a foster parent and how that has been for you?
4. I would now like to ask you about the therapeutic training that you have undertaken and invite you to say anything that you want to about it.
   What was the biggest learning for you? What was the obstacle or thing you liked least?
5. If we could now explore any impact of therapeutic training in the following areas:
   - You and your self-awareness
   - On foster children that you care for
   - The relationship between you and the children you look after

6. Now that you have completed training do you see yourself as therapeutic.
7. If a Martian were to look through your window what would they see that had changed in your fostering since undertaking therapeutic training?
8. Is there anything else that you would like to say before we draw this interview to a close?

Fig. 2: Individual Interview Questions

The first three interviews I conducted were noticeably affected by my anxiety about doing research combined with the dynamics that occurred between the interviewees and myself. I had assumed that research interviews would be easy because I had trained as a journalist when I left school and spent years interviewing people. Certainly, there were some similarities, for example in allowing space; not rushing the interview; having a clear plan of where you are going but not adhering too rigidly to the questions; and following rather than leading. However, there were also a few major differences. The first three interviews were with people that I had taught on some of the modules on the therapeutic training they did and, as a result, there was too much familiarity with the participants. If I had been designing the study again, I would ensure that I did not interview people I had taught, for example, by making that an exclusion criterion. On reflection I had been grateful and excited that people

wanted to participate and did not think closely enough about who should be excluded. This experience was a rich learning curve and I have linked it to theory on insider research below when talking about the trustworthiness of the study. Reflecting on what had transpired with those interviews I wondered about the ethics of a dual relationship as a researcher and former tutor (Pope, 1991). Did the three interviewees, for example, change what they would have said if they had been interviewed by a stranger. I will never know the answer to that but with hindsight I would take out of the study people that I taught in particular because, as Josselson (2013: p. 28) states, the participant is expert on his or her own experience and the necessary stance for the researcher is one of ignorance. This involves giving up the expert role and the recognition and power that goes with it.

Those three student-participants looked up to me and saw me as the one with knowledge not them, yet it was their knowledge that I wanted to learn from. This power differential got in the way and I found myself answering questions as if I was a tutor still. On listening back to the tapes, I decided to learn from that experience and treat those first three tapes as an internal pilot, allowing me to learn from them and change my approach to the interviews. I still used some of the extracts from those three interviews in the study but essentially they taught me how to become a research interviewer. I found that I wanted the stories that could be told, not just answers to the questions. On listening to the tapes, I could hear that my first three interviews were very journalistic and moved quickly from one question to another. Reflecting on my feelings of dissatisfaction after those early interviews and writing about it in my journal, I recognised that I needed to adapt my approach. This involved giving myself permission to take my time, following the participants more closely and trusting that the narrative will unfold naturally.

Chase in Josselson and Lieblich (1995: p3) emphasises asking questions in a manner that invited 'reports rather than stories'. It is claimed that:

> *In the interview context, whether we hear stories or reports has to do with who takes responsibility for the import of the talk. If we want to hear stories rather than reports then our task as interviewers is to invite others to tell their stories, to encourage them to take responsibility for the meaning of their talk. A successful interviewer manages to shift the weight of responsibility to the other in such a way that he or she willingly embraces it.*

One interview was conducted over Facetime, an application that allows video discussion to be conducted over the telephone, due to the participant being unavailable at the time of interviewing. I read two articles that would help me to consider ethical issues in online interviews (James & Busher, 2014; and Teli, Francesco, & Hakken, 2007). In short what I read highlighted how similar research interviews used a combination of mixed methods, including online or face-to-face. They described the flexibility of interviewing in that manner and warned about safeguarding participants by attending to the ethics of cyber-interviewing. Interestingly I did not feel very grounded conducting an interview online. My journal note reminds me that we had originally arranged for the interview to be undertaken on Skype and there were difficulties connecting. In the end we talked through Facetime, which was more reliable in terms of a consistent connection. In retrospect I also learned that it was more secure as Skype calls are recording and could be accessed by the provider. In any ethical framework for online interviews, the security of the software needs to be a consideration.

Other considerations, for me, were that the researcher is not so much in control of the total environment. For example, you are relying on the participant explaining that they need privacy and do not want household members walking into the room and hence the interview. The interview felt awkward as I would lose eye contact with the interviewee by looking away at my notes. This happens in face-to-face interviews too, but it felt much more obvious on a screen and less natural than when sitting opposite someone. It may be that only I felt the awkwardness and the reservation. The interview was fruitful and yielded some interesting answers to the research questions.

6.7.4 Focus Groups

I had planned three focus groups in my research design with the intention of sharing findings from the individual interviews with them to see if their experiences were at variance with those findings or shared similarities. The overlapping experiences later added robustness to the categories of findings and themes that emerged from the analysis. The focus groups enhanced the quality of the study by inviting participants to evaluate the findings from the one-to-one interviews.

The focus groups were arranged to last up between 90 minutes and two hours. I had approached the tutors of two cohorts of the Certificate in Therapeutic Fostering to see if the groups would be willing to take part and to provide them with information. The tutors passed onto me the contact details of the group members who had agreed to take part in the study, which happened to be all the participants in each group. Each participant was sent the outline of the research (Appendix 4) and

consent and confidentiality agreements (Appendix 5). The group from the Midlands had 12 participants so I sought agreement to divide them into two focus groups of six participants each. Both of those groups were comprised of all women aged from 32 to 59 years (see Appendix 9 for demographic information). The third focus group from Kent was comprised of two men and three women aged from 35 to 64 years. I had email contact with each of the group members before meeting them as a cohort, to ensure that they knew they did not have to participate in the research if they did not want to. I was slightly concerned that some cohort members may have been agreeing because other members of the group were. As a safeguard, I asked their tutor to discuss with them about participating in the research, making it plain that they could say no if they did not want to take part. I used the focus groups differently to the one-to-one interviews, as they were both an opportunity to discover new things, but also to test out if emerging findings from the one-to-one interviews were transferable to the experience of other foster parents. I facilitated the groups by briefly outlining the research study, collected their consent forms and answered any questions they had. Each group was recorded. I asked each focus group the same questions (Appendix 8) and after each question allowed the group to discuss their responses and spark off each other to gain a good understanding of areas of agreement and difference. One significantly new theme that emerged was a strong view from one focus group that partners should have some training about the impact of the course and be introduced to some of the theories in a shortened format. Three participants in that group had found that as they changed their parenting style they were 'leaving behind' their partners and wanted them to have some induction to therapeutic training. Apart from that, similar categories and themes came up in analysing the findings of the focus groups and the one-to-one interviews. The focus group participants also identified with the same areas that had come up from one-to-

one interviews when I put the findings to them in the later stages of each focus

group. A version of member checking (Byrne, 2001) or, maybe more accurately

further quality control, was undertaken when I took preliminary findings from the

individual interviews to the focus groups. A brief version of the questions used in the

focus group are below (Figure 3). A fuller version is in Appendix 8.

Focus Group Questions

1. Think about your experience on the course and choose postcards that most expresses how you felt at the beginning and how you feel now. We will come back to the images later.
2. Can you describe and help me to understand what, if anything, has been useful, from your perspective, about therapeutic training.

3. What, if anything, has helped you with the challenging task of looking after children who have been significantly harmed?

4. Do you have any examples of changing any aspect of your fostering as a result of therapeutic training?

5. The following themes have emerged from some of the individual interviews I have done with foster parents. Do any of them resonate with you and, if so, can you say why and give an example from your own experience:

   - Developed more empathy towards foster children
   - Can look behind the behaviour
   - Reflect rather than react
   - I understand myself more
   - I know how to do my job in an informed way
   - I have confidence now at LAC reviews – I know what I am talking about
   - I am less likely to give notice and more likely to stick with the child

6. Was there anything that you regret, did not like or that has proved negative for you about the training?

7. Please would you take it in turns to describe the images you chose and share with the focus group and why you chose them.

Fig. 3: Brief version of Focus Group Questions

Participants in the one-to-one interviews and the focus groups were sent a copy of the transcript relevant to their participation and were invited to give feedback. I then took the findings back out to the participants by inviting them to attend meetings in the North West, Midlands and Kent. This was one of the most rewarding aspects of the research study for me as many of the participants were very moved at feeling so understood and they felt valued by someone taking them and what they had to say so seriously. I had not been prepared for the impact the study would have on them.

6.8 Use of Images

I regularly use photographs or postcards in my work with trainee psychotherapists and with foster parents when working in groups. This is usually to help uncover shared values or themes that may be in the process of the group, which are not quite in consciousness. They are generally experienced as creative, thought provoking and raise energy in groups. According to Prosser (1998) in the last few decades of the 20th century, qualitative researchers have begun to pay serious attention to the use of images to enhance their understanding of the human condition.

Often the use of cards or photographs will take groups, or individuals, to a deeper place inside themselves and help them to find representations that symbolically express what is hard to say or that would otherwise remain buried. Walker's section in Wald, Norman and Walker (2010) is a psychiatrist who uses images with patients. He believes that the 'aesthetic invites the viewer and the ambiguity invites the unconscious' (p.59).

I wanted to use symbolic representation in this study and had in mind that I would

seek out metaphors or illustrative stories with participants. To that end one of the

questions I used with participants was to ask them for a metaphor or story that might

illustrate the journey or learning for them. I also engaged active imagination by

asking what a Martian would see if they looked through the window of participants'

homes following therapeutic training. These were attempts to go beyond answers to

questions and move into imaginative and unconscious expression.

That approach was confirmed for me when, in the very first interview, a

foster parent brought an image with her because she felt it could say more than she

could in words. The image was Gormley's (1986) statue, Sound II, installed in

Winchester Cathedral. The foster parent had said that it represented therapeutic

fostering to her, because it represented standing alone but in strength; and that the

water could ripple around her, but she would still be solid and listening. Weber

(2012: p. 6) suggested that:

> *Some images are more memorable than academic texts, and therefore more*
> *likely to influence the ways we think and act. Images elicit emotional as well*
> *as intellectual responses and have overtones that stay with us and have a*
> *habit of popping up unbidden later on.*

My belief was that I would learn more about the inner worlds of foster parents that

may transcend the spoken word offered in interviews. According to Hurwitz (2003:

p.497): the arts help 'order, illuminate, and deepen experience', by working through

'reflective and imaginative processes'.

6.8 Thematic Analysis of Data

Because I used Thematic Analysis (TA) in a way that was true to the theory espoused by Braun and Clarke (2006), I will explore my analysis using their stages. I changed their word 'codes' to categories because coding seemed like a scientific word and categories felt more useful to me to indicate groupings of experience. Fig. 4 shows the stages of Braun and Clarke's (2006) thematic analysis. I set them out here for clarity; later I will refer to what I did within each stage.

Phase	Description of the process
1. Familiarising yourself with your data:	"Transcribing data (if necessary), reading and re- reading the data, noting down initial ideas. "
2. Generating initial categories:	"Categorising interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each category."
3. Searching for themes:	"Collating categories into potential themes, gathering all data relevant to each potential theme."
4. Reviewing themes:	"Checking the themes work in relation to the categorized extracts (Level 1) and the entire data set (Level 2), generating a thematic map of the analysis. "
5. Defining and naming themes:	"Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme. "
6. Producing the Report	"The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis."

Table 3: Phases of Thematic Analysis (Braun and Clark 2006: p.202-203

7. Reviewing Images	Using thematic analysis to review images selected by participants during their interview. Making interpretations about common images that recurred and using explanations from foster parents about why they had chosen the images they did.

Table 4: An additional phase for reviewing images

I added a seventh stage to their work, which I used to review and interpret the images people had chosen in their interviews.

All participants in the focus groups engaged in this exercise, and about half of those in the individual interviews. Those who did not use the cards gave me a story or a metaphor that illustrated their journey from before the training to after. Images can often say far more than words ever could and, as both courses contained both creativity and a focus on the development of internal resources as much as external skills, it seemed appropriate to offer a method for deeper expression. As Finlay (2013: p.189) states:

> *Ultimately, whatever meanings are articulated in research, much more remains unsaid and our findings always remain provisional, partial and emergent. The relationship between the 'said' (explicit) and the 'unsaid' (implicit) remains obscure.*

And so it is with the space between questions and answers. So much can get in the way of free expression in research interviews: the tension of the situation, anxieties, defences, wanting to please, wanting to offer the right answer. The researcher can work to mitigate against this by putting participants at their ease, asking warm up questions, being non-judgemental and offering clear boundaries to help people feel safe. Images are also a way to reduce tension and can express something more profound. As Fischer (2008: p7) said:

> *So to consider a metaphor seriously, bringing it to consciousness, turning it over in our minds and hearts, is allowing ourselves to be carried towards some subtle yet profound inner change.*

Upon comparing the chosen images before and after the training, it is easy to identify with what Fischer (2008: p.7) described as feeling our way into the "unspeakable, unchartable aspects of our lives". In addition to thematic analysis of transcripts, I also considered themes arising from images that foster parents chose to represent how they felt both before and after training. I was interested in images in combination with words, because sometimes images can convey far more than words alone.

6.8.1 Phase 1 – Familiarising Yourself with your Data

The amount of data that had been produced was overwhelming, and for this reason data analysis was something that I procrastinated for a long time. For a long time I felt overwhelmed by all the data that had been produced from the interviews and I would procrastinate, delay, do the ironing, in short, do anything expect get down to data analysis. Whenever I felt like this, I read more research articles and books in the hope that I could absorb confidence from other people's experiences of doing research. My motivation increased upon discovering the claim made by Lyons and Cole (2007: p53) which helped move me out of my inertia when I read what they said:

> *It is important for the analyst to trust the analytic process and trust that eventually meaning will be created from the data; otherwise they may never begin the analysis.*

took their advice and read and re-read one transcript to get an overall feel for the interview. I looked at my reaction to the transcript, what I had learnt from the transcript about that person and their experience.

I made notes in the margins on a physical copy of the transcript and noticed which statements emerged that had relevance for the research question. This process helped me to feel close to the participant again and back in the realm of the interview. It helped me to recognise that interviews were a sensory experience. The body, through the senses, absorbs far more data than is ever captured on a digital recorder.

Listening to the recordings was another way to get back into the whole experience of each interview. I listened to recordings again whilst reading the transcripts to ensure that I was not just looking at the words but also how they were spoken, as that was important for their meaning. I had noticed that if I just typed out my questions the intonation of how they were asked was lost. For example, sometimes the questions were full of curiosity or empathy that was conveyed through tone and pacing that was lost in black and white print. I was also surprised that what could look like a statement in the text of the transcript could also be a question because of the upward intonation at the end of the sentence. Little things like this needed attention.

This slow and painstaking method of going through the transcripts was a good way of familiarising myself with the data and I benefitted from the process of immersion this afforded me. It also helped me to give participants an individuated space in my internal world that helped with reflection on their stories and their impact on me, whilst carrying out activities in my daily life. This provided a process of incubation for possible categories and themes in relation to the research question. Once I had been through this process I then uploaded the transcripts to Max Qualitative data, a software programme used for qualitative and quantitative analysis.

6.8.2 Phase 2 – Generating Initial Categories

Once everything was uploaded to the software, I could be more systematic in my

approach to the transcripts and went through line-by-line of each transcript,

identifying phrases and quotes that linked to the research question and warranted a

category. Sometimes one paragraph or story contained overlapping codes because

they illustrated more than one point. An example of how I categorised phrases and

quotes, using a section of transcript, is below in Fig 4. The question I had asked just

before this response was about whether this participant had any misgivings about

fostering. Her answer is in the centre and then the categories identified with that

statement are round the outside, colour-coded:
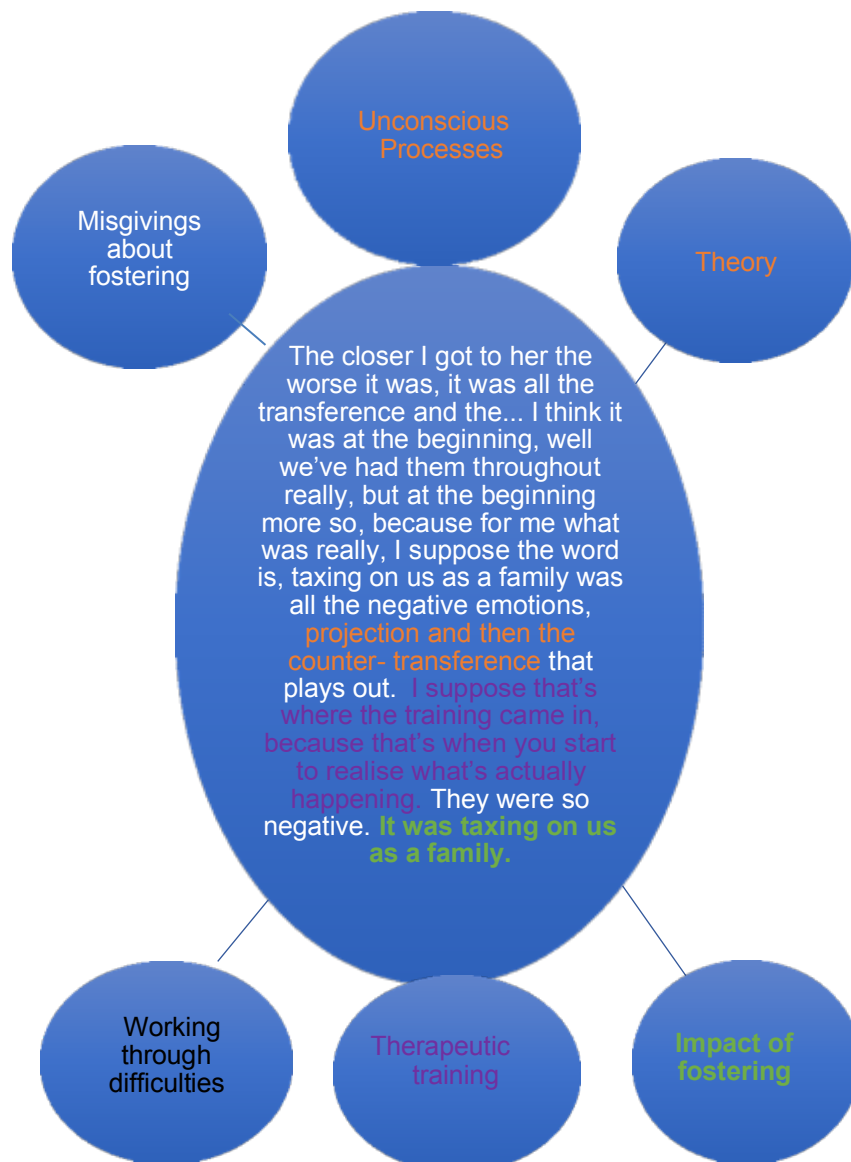
Fig. 4: Extract from transcript number 4 and categories generated

At the conclusion of this process I had over 50 categories containing hundreds of

extracts as outlined in Appendix 10. The numbers in the column on the right

revealed how many times a topic had been mentioned within all the transcripts. It

was clear from the numbers that, for example, the participants had a lot to say about

their relationships with foster children.

The numbers, of course, do not reveal anything about the quality of what is said and Braun and Clarke (2013: p.258) discourage the use of numbers when reporting on a theme because 'frequency does not determine value' (p.261). They state (2014: p.261) that 'whether something is insightful or important for elucidating our research questions is not necessarily determined by whether large numbers of people said it' (Braun and Clarke, 2006; Buetow, 2010; Wainwright, 1997). Each time frequency is referred to within my study, it is primarily only mentioned for a specific purpose. For example, when asking what foster parents find most useful in fostering, the number of times particular theories were suggested may be significant in developing future interventions and a development for what might be needed. In the limited number of times that I have mentioned frequency it has been for a reason, for example, I thought it a good idea to mention how many times particular theories occurred given that the question of what foster parents find most useful in fostering may be important in developing future interventions and adding their voice into the debate about what may be needed. Having said that, in looking at the analysis I noticed that relationships with children had been mentioned 109 times, adapted parenting 77 times and therapeutic thinking 89 times; an indication perhaps that central messages from therapeutic training were in the consciousness of the participants. Things people did not like were mentioned 21 times; a number that cannot be ignored and would help me to learn something about what was being offered and how to improve. Looking at this study through a lens of quantitative data analysis would provide a nominal measure of the number of times a topic appeared within the sample. As McLeod (2003: p. 42) states nominal scaling codes whether something is present or not and conceals the intensity or amount of the quality being measured. Given that I was more interested in the experiences of foster parents the quantitative aspects of this study did not feature in the design of the project,

however, on reflection I think a pluralist study that gave equal weight to quantitative and qualitative methods may have proved an interesting project. Howard (1983) stated that a thorough understanding of humans will be facilitated by methodological pluralism.

Some categories in this study had very low numbers in terms of how often they were mentioned but may well have been important to explore in the analysis. For example, ethics had three mentions that were all primarily from one participant, and not from any other participant.

However, this was still categorised in case it later proved important for the analysis. It was not important in terms of an illustrative example from the data that represented a theme, but it proved important when looking at the latent meaning of why this foster parent wanted to talk about ethics and a framework for what was right and wrong. It transpired that she had felt bullied by members of her cohort, which I will talk about in the findings chapter.

Another category that emerged from just one participant was: "why is he getting an ice-cream?" – it is an entry that represents an issue common to a number of other interviews when talking about understanding a child's reasons for behaving as they do. I could have just subsumed it under the category: Looking Behind the Behaviour. However, I kept it as a solo entry just because a wonderful story accompanied the phrase. This story spanned several other categories and I wanted to emphasise it and use it as both an aide memoire and illustrative example.

6.8.3 Phase 3 – Searching for Themes

It was important to review the categories and go through a process of grouping them and subsuming them to reduce their quantity and put them into more meaningful areas. I have given an account of how I arrived at the categories and then applied themes with an extract offered in Table 5 below. Then in Phase 4 I demonstrated how I applied overarching themes to the general themes that had emerged.

King and Horrocks (2010: p149) stated that looking for themes is never about finding something lying in the data, like a fossil in a rock; it always involves choices of what to include, what to discard and how to interpret. I found descriptive categories easy to identify because that was driven by the data. Interpretation and deciding on themes were more challenging as I felt the responsibility of representation with an overlay of interpretation. I wanted to stay true to the foster parents' voices and I wanted to bring my experience to bear on the clusters I was seeing and what it might mean in a broader context.

It was important to balance both cross-case and single case analysis so that the experiences shared could be made sense of against a backdrop of all the participants' accounts. I looked at patterns of themes across the full dataset: one-to-one interviews and focus groups. Using the software programme MaxQdata provided a technological framework for analysing the data. It was easy to use and enabled me to look at statistical data, in terms of how many times categories emerged in each interview and across interviews. I am pleased to say that I did not get seduced by the numbers and look at the data in just a quantitative way; the things that were mentioned the most were important at one level but not necessarily

the most salient points in relation to the research question. The software helped me

to see patterns easily, to generate categories and then consider over-arching

themes, for example, in Table 5 below:

Extract	Category	Theme
Completely and utterly, I mean, I don't try and incentivise these children because they can't be incentivised, I don't try cause and effect with these children because they don't understand cause and effect, all the basic principles of parenting that I applied to my four, have gone out the window because they are not relevant to the children in my care, it's completely different.	Impact of fostering Adapted Parenting	Adapted Parenting
Because of the child's view of life, their expectations of life, the child's world view is so skewed, so odd, so expecting of bad, that the good stuff can't be given all at once, it has to be given bit by bit as the child becomes able to take it and the expectations have lowered, they have lowered considerably the expectations on behaviour, the expectations of sitting at the meal, the expectations, all the expectations that come with a stable child are completely out of the window, everything, everything's different.	Expectations Relationship with child Looking behind the Behaviour Adapted Parenting	Looking behind the behaviour

Table 5: Categories and themes emerging from the data.

The categories of phenomena that linked to the research question were identified

initially and included adapted parenting, competence, reflection, families not

understanding and relationship with the child. I initially developed from those

categories three major research themes as the overarching framework:

> 1) What did the training help with?
>
> 2) How did the training help with those things?
>
> 3) Was there anything that you did not like or that would have made
>   the training more helpful?

Subordinate research themes lent themselves to the themed questions above and emerged from the analysis. I will present a section on each of the discrete areas in the chapter on findings.

There was a natural tension in analysis of the research interviews. I wanted the voices of foster parents to be heard in this research and, as such, had a responsibility to listen carefully to each of them and appreciate, without judgement, their experiences. I also wanted my own voice to be heard through the analysis of those experiences by interpreting, looking for themes and making a coherent, narrative sense of all the stories and quotes that were emerging from the interviews. My aim is to have done justice to the foster parents who took part in this study and to have been able to honour their personal meanings, whilst setting those meanings into the wider, political context of fostering in the UK in the 21st century in the discussion chapter.

6.8.4 Phase 4 – Reviewing Themes

At first the themes I identified from the data were more like topics of interest to me and framed in the language of evaluation of the training rather than the phenomenological experience of foster parents. Fig. 6 below demonstrates that kind of evaluative language.

Does therapeutic training for foster parents help with the complex task of looking after children who have been significantly harmed?

1) Transformational for some people in that they moved from floundering to feeling competent in their fostering.

2) Relationships with children improved because foster parents understood more about the internal world of the child and the impact of significant harm on child development.

3) Difficult behaviour became easier to deal with as foster parents learned how to decode the causes of disruption and not see the child as the problem.

4) When foster parents go through an experience of learning, partners need a survival guide or they may get left behind in their thinking.

5) Parenting styles were adapted to meet the complex needs of the foster child and there was recognition that the style in which carers had been parented themselves, or the way they had parented their own children, may not be useful for fostering.

6) Learning how to reflect more and react less proved invaluable for all of the above and for not taking things personally..

7) Foster parents were less inclined to want to give notice on a child or young person after therapeutic training.

8) Foster parents could hold their own at professional meetings and feel confident joining conversations with Independent Reviewing Officers and Social Workers about the child or young person. They felt more professional and knowledgeable and received more recognition from professionals.

Fig 5: Evaluative style of language

Following discussion with my supervisor I slightly changed the focus of the research question so it more closely reflected the interests I had: exploring training in therapeutic fostering from the perspective of foster parents, not to evaluate training by asking 'does it help?', but to change the focus to an 'understanding' question, e.g. 'what was your experience of therapeutic training?' An evaluative question would not have been appropriate given that I had designed the course, was the overall programme leader and had taught some of the early cohorts, which is why

three of the participants had been taught by me. I believe it lends more credibility

for a third party to complete a research evaluation on a training, with no insider

relationship to the training or the participants in order to gather independent data.

The change in emphasis of the research question gave me a clearer focus on foster

parents' own beliefs and held some internal consistency with the interview focus. Of

course, there was an evaluative element in that each of the therapeutic trainings had

been evaluated each year by participants and they were expressing some of their

evaluations in the interviews, but it was not the primary purpose of this study.

6.8.5 Phase 5 – Defining and Naming Themes

Analysis continued to refine the specifics of each theme and links to the story that

the analysis tells overall. In reviewing the themes and catching myself drifting

towards evaluation I needed to take another look at the data. This was done by

going back to the transcripts and reviewing the themes. I needed to change the

names of the some of the themes and shape the clusters of themes differently in

order to capture experiences. I was then able to generate clearer definitions and

names for each over-arching theme.

6.8.6 Phase 6 – Producing the Report

All of the above processes have enabled me to select data extracts that relate to the

research question in a compelling way and do some final analysis and discussion on

the data. As Braun and Clarke (2006) suggest, I will describe and discuss each of

the over-arching themes in turn, referring to examples from the data and using

direct quotes and case studies to help characterize the theme. I have focused on

the sub-themes that most strongly illustrate what the theme is covering and which most effectively address the research question.

Before moving into exploring the findings and discussion, I first want to address trustworthiness and credibility.

6.9 Trustworthiness and credibility of the analysis

There have been many discussions about the qualitative research approach, and what maintains its credibility and trustworthiness. Elliott *et al.* (1999) focused specifically on publishability criteria and the presentation of qualitative studies. Morrow (2005) has produced criteria that focus on the goal of ensuring the *quality* of qualitative research. Morrow is writing from the perspective of trustworthiness-of-data and specifies four criteria: social validity, subjectivity and reflexivity, adequacy of data, and adequacy of interpretation.

When discussing *subjectivity* and *reflexivity*, Morrow (2005) states that both qualitative and quantitative studies are subject to researcher bias and that different operating paradigms have their own ways of acknowledging and managing this potential bias. Some examples are reflexive journals, inter-rater reliability if appropriate and ethical considerations of how bias may be dealt with. I have discussed my approach above and feel that supervision, the use of critical friends and keeping a reflexive journal helped elucidate my biases. These will also allow me to consider how to monitor them and use them to reflect on their relevance to this study, for example, how they might be generated.

Finlay and Evans (2009: p.60-62) suggest their own four criterion for good, qualitative relational research and they are set out below along with how this study meets them.

Rigour – '*Has the research has been competently managed and systematically worked through*' (p61). This study demonstrates rigour through the internal logic of the findings being developed from the data set and the clarity of approach to the study. There are sufficient information-rich cases with research participants who have in-depth experience of the phenomena under study and who can effectively express these experiences. The latter has been shown through extracts taken from interviews to illustrate the themes. Multiple data sources are also included through a mixture of focus groups, individual interviews and images that have been analysed. Dividing the data collection into two discrete forms, interviewing individuals and then focus groups, added to the trustworthiness of the research. That method allowed me to ask similar questions of the focus groups as I had in the individual interviews. Additionally I could ask the focus groups about the findings from the individual interviews to discover which findings were particular to the interviews and which, if any, were transferable.

Relevance – "*concerns the value of the research in terms of applicability and contribution. Does the research add to the body of knowledge relating to an issue or aspect of social life?*" (p61). This study adds to the body of knowledge about foster parents in sharing their experiences with a wider audience. The personal stories told in this study reflect the nature of fostering children with complex needs and the hopes and fears of the participants. This information is useful in gaining a broader understanding of therapeutic fostering and the impact on families that foster. I would

go as far as to say that the study was empowering for the participants involved as it gave them a chance to tell their stories and to reflect upon what they were saying. Being heard was important when often the voice of the foster parent, as with the child, can easily become lost. The research may also prove useful to practice, in that the context-specific knowledge can be meaningfully transferred to other settings. This is for example, to others who have undergone the same or similar training and share a similar desire to raise self-awareness and develop reflective capacity in working with others. Some of the transferability has already been tested through the use of focus groups, even though that was within the same training.

Resonance – "*taps into emotional, artistic and/or spiritual dimensions which can only be judged in the eye of the beholder*" (p.62). There are some powerful and compelling testimonies in this study that draw the readers in and give a full flavour of what the experience of therapeutic fostering is like in the lived moment. This can be unsettling at times but mostly the stories told are touching.

The images that complement the narrative add to the poignancy and richness of the data and lend themselves to the trustworthiness of the study. Understanding of the context has given me enough exposure to the setting to be able to make interpretations of the data and an insight into the phenomena being researched. Using a research assistant to read through the transcripts was a useful way of verifying or challenging my own thinking when extracting categories from the data. It was interesting to see how far we agreed and where we disagreed, and to reflect upon what the considerations were.

Reflexivity – "*A broad category that refers to the researcher's self-awareness and*

openness about the research process" (p.62*). In this study I have accounted for my own subjectivity and positioning and the impact of these on the research. Potential for the abuse of power has been monitored as well as awareness of unconscious processes, such as, transference and counter-transference, which is discussed in the findings section. Limitations of the research are also addressed which demonstrates appropriate humility in the knowledge claimed. Reflexivity was useful in looking for data that does not confirm expectations. I made a journal note when I felt surprised, shocked or disappointed, as I knew that would be a clue to disconfirmation of my expectations. This happened on two occasions with different participants. The first was when a participant told me that she had been bullied on the course by some of the members of her cohort. I say more about this in findings and discussion as it put me into quite a tailspin in the interview to think how that could have happened on such a reflective course. The other was when the participant said he thought the MA was a step too far for most foster parents, the implication being that they were not clever enough to gain a Masters award.

This was another shock; it was not at all what I expected anyone to say. I disagreed that foster parents were not clever enough to gain an MA, because many had, but I did agree that the MA course is very expensive, highly academic and a long way away from evidence-based practice that can be attained more easily in other ways. I often wondered if the MA was needed in the same way as the CTF, which was much more accessible and probably enough in terms of counter-cultural education for foster parents. These thoughts felt like treachery and a betrayal of all the people who had completed the MA course or were current participants, but I knew that it would be something to come back to once the study was over.

Reflexivity is the tool that helps to develop awareness of the intersubjective dynamics. It involves critical reflection on the way that my social background, assumptions, positioning, values, feelings, unconscious processes and behaviour impact on the research process. Gough (in Finlay and Gough, 2003) states in his deconstruction of reflexivity that reflexivity implies rendering explicit hidden agendas and half-formed intentions throughout the research process. The above was a good example of that happening. A journal was used to capture my reflections before and after research interviews, as I was interested in my counter-transference responses to each participant and the material; I wanted to listen with my whole body rather than just my ears. Similarly I made notes during transcription and jotted down reflections on choices I had and decisions I made.

Josselson (1996), Etherington (2006) and McLeod (2001) each discuss how the adoption of a critically reflexive approach to research creates moral and methodological issues. The use of reflexivity 'exposes and makes explicit' (Etherington, 2006: p32) many of the moral dilemmas that exist but go un-noticed in non-reflexive research. Josselson (1996) says that when the intention is to bring our own interpretation to the material, we are shaping the understanding, and this is the essence of the reflexive-hermeneutic stance. She implies that it gives us the power to define a reality, which may then be perceived as objective by readers and participants of the research. The concept of informed consent is oxymoronic in that sense (Josselson, 1996: pxii).

This was always a tension for me when working as a journalist between the ages of 16 and 25 years. I quickly became aware of how stories that appeared in the press were not precisely how people imagined they were going to appear when they agreed to the interview. This conceptual mismatch sometimes resulted in complaints made to the newspaper and was one of the moral challenges that made me fall out of love with journalism (although not writing). I have also known colleagues who have been very upset for years when they have consented to being used as a 'case study' by an author and then felt very aggrieved when they saw their story in print and realised for the first time the negative impact publication had on their closest relatives. This raises the complexity of consent, and whether participants really know what they are consenting to and have thought through the implications. There is no definitive answer to the questions posed about how we represent participants of research *and* our own interpretations. I will discuss later in this chapter ethical safeguards for participants of this study. Suffice to say I felt both responsible and empathic towards the participants throughout each interview, which helped as a way of maintaining integrity in the process and was a protective factor.

I aimed to mitigate against any collusion with participants or bias through the use of external supervision, my ethical framework, and making use of critical friends at different times through the research (see below). I also acknowledged my presence in the study and built in self-reflection so that I could raise awareness of my responses and myself as a researcher.

6.9.1 Insider Researcher

Herr and Anderson (2005) discuss the subjectivity of the insider researcher. For example, as a person who has never fostered, I am an outsider to the participants, but as someone who designed and taught some of the therapeutic training, I am an insider. On balance, I was classed as an insider researcher because I work in the field of study and have taught on some of the therapeutic modules that foster parents have completed as part of their therapeutic training. At the time I was conducting interviews I held a senior management position in a fostering organisation and was aware that some of the interviewees may defer to my positional power; some of their responses may partly be a reaction to that. I did not hold any line management responsibility for any of the participants. I was programme leader, however, for both the CTF and MA courses. I had general oversight of the courses, liaised with the universities involved and sat on the academic board for each course. The participants knew that I had designed and sought accreditation for the courses and three of them knew me as a trainer on some of the modules of the CTF and MA courses.

Herr and Anderson (2005: p.3) state that insider researchers often want to use their wide level of tacit knowledge, to deepen reflection in their own field of work and to use research to contribute to their own setting. Gallais (2008: p.146) raised the point that the researcher's personal involvement in the setting might challenge the validity of the research. However, she countered these concerns by referring to Coghlan and Brannick (2007: p60), who stressed the value of the 'rich and complex' knowledge possessed by the insider. Critical reflection on the research process and the role of the researcher including various insider and outsider positions is provided

by reflexivity (Gallais, 2008). I give an example of how being an insider-researcher got in the way in the first three interviews that I conducted and what my learning was from that process.

6.9.2 Use of Critical Friends

To gain feedback on my interpretation of data (Giacomini and Cook, 2000; Mays and Pope, 2000), and to enhance transparency in the research process, I recruited a research assistant. This role required acting as a critical friend, reading through the transcripts and checking whether the themes and categories I had identified were grounded in the data. I gave her a copy of the transcripts, the outline of research aims, and questions and definitions of themes and categories that I had identified. I did not show her where in the transcripts I had identified any categories or themes as I wanted her to do that for herself. I felt I needed to give her my definitions of the themes and categories so that she knew what I was referring to as she did not work in the field of fostering. She then went through the transcripts looking for extracts that might match the themes and categories already identified, without being able to see what I had found. It was reassuring to discover that she came up with extracts for the categories and themes that were very similar to my own and found a few more examples that I had not spotted.

Notably, the research assistant and I came from different perspectives and backgrounds, as she was a psychologist more used to working with quantitative research. Discussions with her helped me to hone the definitions of the categories and her feedback helped me to group some categories together because they had overlapping examples. On reflection there are other ways I could have used my

critical friend to increase further the reliability and validity of the study by giving her less information and asking her to look at the transcripts without any of the themes that I had identified. This would have involved her in a lot more work and the main reason I ruled it out was because I thought it would not be my research then; it would be a joint enterprise and that had not been part of the design of the study. I also had regular meetings with my academic consultant to discuss research progress, themes and findings.

This could be considered a form of consensual research (Hill *et al.,* 2005) because it involved another person reviewing the transcripts and themes, although I would describe it more as making use of a critical friend. Using a critical friend was an interesting exercise as her views did validate the themes and extracts that I had developed; she could find extracts that either matched ones I had identified already or added examples. We needed to discuss epistemology to understand how far our views converged or diverged and why that might be. This additional verification demonstrated that two of us had independently seen similar things in the transcripts. It highlighted what a lonely preoccupation research can be, and I was grateful to have collegial discussions with my critical friend. Later in the research when most of the work was written up I asked another person, who works in the field of fostering, to act as critical friend in reading my thesis. I experienced this support as an anchor for my thinking and the questions she raised, such as: 'were the focus groups influenced when I took findings to them from the individual interviews?' which helped to shape the information for my final presentation.

6.10 Metaphors and Visual Images

As stated earlier, one of my questions in the research interviews was to invite participants to think about a metaphor for their fostering. It was an imaginative way to invite people to describe themselves symbolically.

Images can often say far more than words ever could and, as both courses, contained creativity and focused on the development of internal resources as much as external skills, it seemed appropriate to offer a method for deeper expression. As Finlay (2013: p.139) states:

> *Ultimately, whatever meanings are articulated in research, much more remains unsaid and our findings always remain provisional, partial and emergent. The relationship between the 'said' (explicit) and the 'unsaid' (implicit) remains obscure*.

And so it is with the space between questions and answers. So much can get in the way of free expression in research interviews: the tension of the situation, anxieties, defences, wanting to please, wanting to offer the right answer. The researcher can work to mitigate against this by putting participants at their ease, asking warm up questions, being non-judgemental and offering clear boundaries to help people feel safe.

Images are also a way through the tension and can express something profound. As Fischer (2008: p.7) said:

So to consider a metaphor seriously, bringing it to consciousness, turning it over in our minds and hearts, is allowing ourselves to be carried towards some subtle yet profound inner change.

Looking at the images chosen for before and after the training, it is easy to identify with what Fischer (2008: p.7) described as feeling our way into the "unspeakable, unchartable aspects of our lives".

The images are reproduced in the findings and linked thematically to the sub-headings in that chapter.

6.11 Phase 6 – Producing the Report

All the above has enabled me to select extract examples that relate to the research question in a compelling way and do some final analysis and discussion on the data. As Braun and Clarke (2006) suggest, I will describe and discuss each of the over-arching themes in turn, referring to examples from the data and using direct quotes and case studies to help characterize the theme. I have focused on the sub-themes that most strongly illustrate what the theme is covering and which most effectively address the research question. Before getting into the analysis and discussion, I first want to address trustworthiness and ethics.

7 Ethics

I have read and abide by the research ethics of Metanoia Institute and the British Psychological Society (2006), the Data Protection Act (2018) and the United Kingdom Council for Psychotherapy (UKCP) professional ethics. Ethical consent for this study was granted by the Research Ethics Committee of Metanoia Institute after reviewing a proposal for the study. A primary concern in a study of this kind is the duty of care to participants and mitigating any risks. Some of the important issues are considered below.

Hollway and Jefferson (2000) view ethical consent as "doorstep decisions" because they have no real way of knowing what might emerge. They see the decision to consent as being a form of continuing emotional awareness that cannot be reduced to a conscious, cognitive process (p88). There is an intimacy in research that is not often accounted for in the consideration of ethics. I wanted my ethical considerations to be as real as possible and not borne of a tick-box exercise. Josselson (2011) discusses explicit and implicit contracts in her work and I was intrigued by how I would manage both types of contract in this research project. As a psychotherapist, I work with Transactional Analysis (TA), a psychodynamic model that has a strong philosophy around contracting with clients. Berne (1966), the founder of TA, always said that a clear contract with a client offered equality in the relationship, as both parties fully understood all expectations and what needed to be achieved. He also described a business contract where the Adult ego state of the therapist and the Adult ego state of the client could agree the fee, time and place to meet and what they were there for.

He saw this as separate to the psychological contract, which would explore intrapsychic processes with ego states other than Adult. Ethical reflections that are made explicit with research participants may also be considered by the Adult ego state (Berne,1966) of both researcher and participant. It is a mutually agreed, conscious contract on matters of audio recording, confidentiality, withdrawal, and data protection.

This does raise questions about what the participants may gain from taking part, as there is usually nothing tangible for them at the end of the process, and yet they still agree. This may be because they are motivated altruistically to help the researcher produce new knowledge in the world, or there may be a myriad of implicit fantasies and assumptions that motivate both participants and researchers, which sit just outside awareness or may be deeply buried in the unconscious.

The latter came into my awareness when reflecting on the first three interviews. The participants were eager to please me. They were keen to do a good job as participants and were very nervous, maybe because of the pressure they were putting on themselves. In turn this put pressure on me to reassure, and to be the person they usually knew rather than be a researcher. There are examples in the transcript of my being teacher to them, of my validating some things they said and not others, which may have shaped their responses. I recognise that I was equally nervous, as this was the beginning of my research, which was so important to me. I rapidly realised how hard it is to interview people who know you in another capacity and who look up to you.

Hollway and Jefferson (2000: p.85) suggest that relational dynamics such as understanding and respect have 'the capacity to transcend structural power differences'. Whilst I see such relational dynamics as fundamental both personally and professionally, differences also need to be acknowledged.

For me, there was an inevitable tension between the power I hold as a researcher following my own interest in carrying out a project and my desire to respect each individual and be faithful to the participant voices and the potential impact the research could have on the participants. As researcher I had the power to define the research relationship, direct the research process and select and interpret the data. While the participants were invited as the experts, the holders of knowledge for the project, and were involved in participant checks on the findings (giving them control over their contribution), their influence was otherwise limited to a choice to take part, take part and withdraw or not take part in the research. This tension made me reflect upon how I used my power and how I could ensure that participants knew what power they held. This was partly achieved through the information sent out to participants about the study, the consent form and the questions. Sending these out before the interviews began helped participants to make a more informed choice about being involved and gave them chance to think about their responses to the questions.

7.1 Confidentiality

Personal information disclosed by the participants or me was treated sensitively and with care. This is similar to what happens in a therapy relationship, and I drew on my experience of working ethically and discussing ethical practice with supervisees and trainees. This involved mixing my professional ethics (UKCP) with research ethics (Shaw, 2008) and doing so with awareness, for the sake of transparency. The limits of confidentiality were explained at the outset of each

interview. Given that the focus was in childcare I ensured participants knew that if any child protection issues arose, the usual safeguarding procedures would be followed and subsequently reported. If participants spoke about individual children, their confidentiality would be protected by changing key identifying information and anonymizing any examples that involved them. This safeguard, along with maintaining the anonymity of the foster parents, should be sufficient to protect children and young people who had not agreed to be part of this study.

I speculated on what I would do if I heard stories of poor practice that were not at the level of safeguarding whilst undertaking the study. This did not arise during the interviews conducted, but if it had I would have dealt with this by encouraging the participant to talk to their supervising social worker about other strategies for dealing with the situation described. Unless there were safeguarding issues, I would not see it as my remit to report poor practice but would want to bring my influence to bear in how the participant thinks about what to do.

7.2 Informed consent

As Eisner states (1991: p.225-6), we do not always know what is going to emerge in research and so cannot give completely informed consent. What I did do was keep consent as a live process at each stage of the inquiry up to publication. There was time for debriefing at the end of each interview. The initial consent procedure for the interviews was undertaken by email, both to allow time for reflection and to avoid the pressure that may come from saying no directly to a person making the request. I wanted to ensure that participants did not feel obliged to participate and repeated that statement before the interviews commenced. Stacey (1988 quoted in Shaw, 2008) referred to the problem of 'the delusion of alliance' in qualitative and feminist research, because of which participants may reveal more than they intend. Findings were disseminated to, and discussed with, all participants who had a right of veto over extracts from their own contributions being used in any material for publication

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7.3 Duty of Care

I saw duty of care as not taking transcripts at face value to avoid mis-representation of the participants. As a reflexive researcher I was involved in 'critical self-reflection' and recognition of my 'emotional involvement in the project' (Clarke and Hoggett, 2009: p.7), remembering that research is a very emotional experience for both researcher and researched. I wanted to ensure that what was important to the participants is presented in the research and not fall into the trap of making the data fit my preconceived ideas and research questions. I did this by making journal notes

immediately after each interview and using them to look at any unconscious processes, such as, transference or counter-transference that may have been present in the interview. I wanted to be aware of my responses to the participants and how I reacted to their answers, particularly if the feelings I had were strong after the interview.

There might also have been a slight risk that interviewees may have been psychologically distressed or uncomfortable by some of the questions asked. I monitored that situation within each interview and checked out if the interviewees needed to talk to a therapist independently. I also had an agreement with therapists employed in each region to take referrals if needed. Something that helped to safeguard participants in the research was the quality of my reflexive capacity, which could be seen as a protective factor in research.

Guillemin and Gillam (2004) explore the relationship between reflexivity and research ethics, describing 'ethically important moments' (2004: p.266) - in the complex dynamics between researcher and participant - as building trust, probing the internal world of the participant, and then deciding how far to go in that exploration.

7.4 Veracity

I was aware that participants might not be entirely happy with my interpretations in the analysis. To ensure veracity and to avoid competing ethical demands, I would have dealt with those ethical dilemmas in the following way:

- ☐ Checking with participants that my understandings were accurate as we went through the interview

- ☐ Deliberately maintaining an awareness that my interpretations may be valid, even if they differed from the way a participant would want to be interpreted

- ☐ Best compromise - negotiating a way of presenting which is mutually acceptable whilst maintaining veracity or excluding data where that could not be achieved – exclusion of data being only used as a last resort.

8 Findings

In this chapter there is an overview of the main findings from the analysis of all eleven individual transcripts, and the three focus groups conducted for this study of the experience of foster parents who have been through therapeutic training. Additionally, there is a selection of some of the postcards that participants chose to represent how they felt before and after therapeutic training. The main themes and categories are outlined below and then discussed in sections that cover each of the three main headings:

I Feel Like a Professional Now
a. From floundering to feeling competent in fostering Lost in the Woods
b. Improved relationships with foster children
c. Theory that most helped in therapeutic fostering
d. Feeling Broken and Placement Breakdown

Relational Fostering
a. Not taking things personally
b. Looking behind the behaviour and working through difficulties
   - From Gang Violence to Mindfulness
   - From Lorry Driver to Spaceman
c. Therapeutic Thinking
   - Using reflection & self-awareness
   - Why is he getting an ice-cream?

Relationships with the Support Network & Limitations
a. Dynamics of the Care System
   - Relationships with social workers
b. Limitations of the training
   - Essays
   - Personal Work
   - Family Not Understanding

In the next section the theme of: 'I Feel Like a Professional Now' will include exploration of the sub-themes of competence, relationships with children, not taking things personally and placement breakdown. The second overarching theme: 'Relational Fostering' will be discussed in section 5.2 through the sub-themes of not taking things personally, looking beyond the behaviour, and thinking therapeutically. In the third theme in 5.3 'Relationships with the Support Network and Limitations' will take a closer look at the theme of what foster parents did not find helpful from therapeutic training and will explore the relationships with their partners whilst they were training. The impact of fostering and dynamics of the care system is also discussed in this section.

Throughout this chapter the metaphors and images used by foster parents to describe how they felt about fostering both before and after they undertook therapeutic training will be used judiciously.

8.1 I Feel Like a Professional Now

This theme and the categories that support it came up regularly during interviews and was one of the major areas of change for foster parents: they felt more professional in their role because of the knowledge they had and being able to stand back and be more objective. This in turn improved relationships with children and helped foster parents to feel more competent overall. Fig. 6 demonstrates the categories that emerged. I have put figures on how many times they were discussed in the data but as stated earlier this study is not about quantitative measures it is about the qualitative experiences of foster parents. The categories will be discussed in this section.
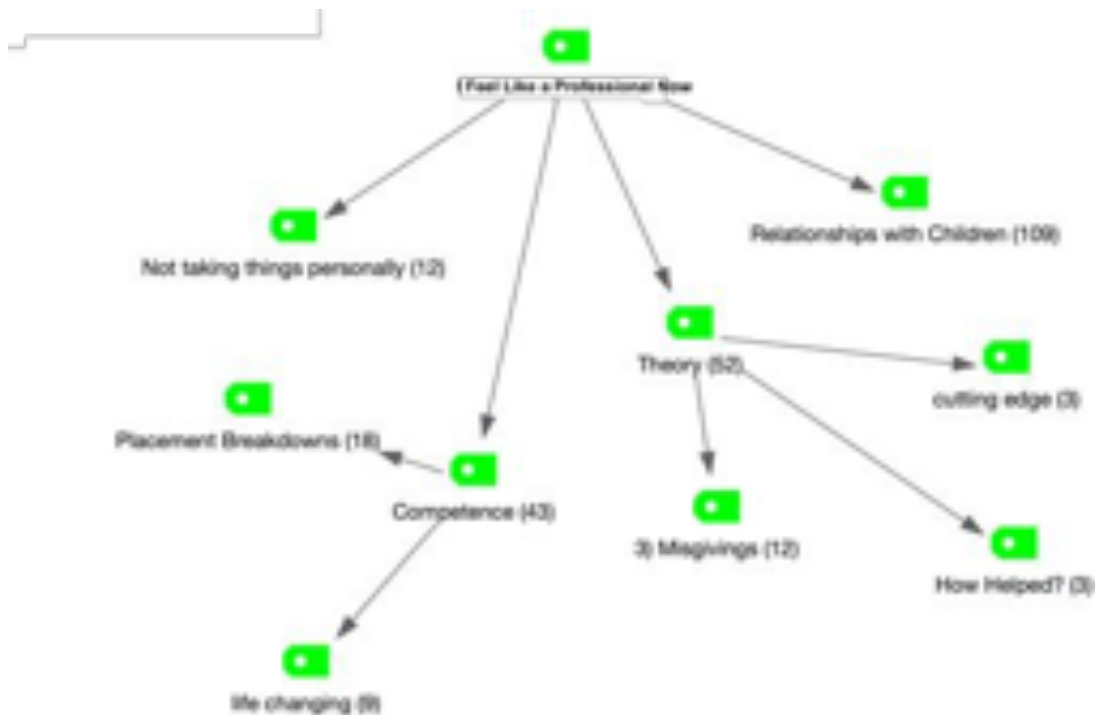
Fig. 6: Theme 1: I Feel Like a Professional Now

Each child in care has a review meeting two or three times a year, in which all the invested parties, such as school, social worker, foster parents, birth family and the child are invited to attend to discuss progress. Throughout the research interviews, participants talked about how the training had helped them to feel more able to talk to other professionals, such as social workers, and how they found they could participate more in professional meetings. For some this was to do with having more confidence; for others it was to do with having more theoretical knowledge, so that if there was a discussion about attachment or resilience, for example, they could contribute their knowledge based on their experience of the child. Consequently, this theme of feeling like a professional emerged from the sense of conscious competence that foster parents reported following their training, and the

variety of ways that this emerged for them. In this chapter I explore the different

facets that contribute to foster parents feeling professional.

Repeatedly, foster parents reported the changes they felt had happened during

training. Some of those things were internal: for example, feeling more confident in

professional meetings; being able to reflect more; and not taking things personally.

Others were linked to external behaviours. For example, changing their approach

with a child and being able to offer theoretical reasons to back up why they were

doing that.

Fig. 7: Purser. *The Frog Prince*

For example, Cara (Focus Group 1) had said that prior to the training she felt like this frog (Fig. 7 Purser, The Frog Prince) going around in circles and not quite knowing what she was doing. Noticeably, uncertainty and fear prior to the training was a common theme in the images chosen by several foster parents.

For some, this was about their felt sense of competence, or lack of it, for the job

they were doing; and for others it was fear of embarking on something new and

what it may uncover to them. The image Cara chose after the training was

Hockney's (2011) Arrival of Spring. It represented to her a clear path and direction

that linked to the level of competency she felt after the training. Cara's experience

was echoed by other research participants, as detailed below. Cara reflected on her

choice of card after the training:

For afterwards, I've picked quite a calm picture of a pathway through (Hockney 2011), and you can see where it's leading and you know where you're going… you can appreciate all the detail on the way and I think that's pretty much as it is now…you've got that focused pathway that's where I'm heading and that's how to do it.
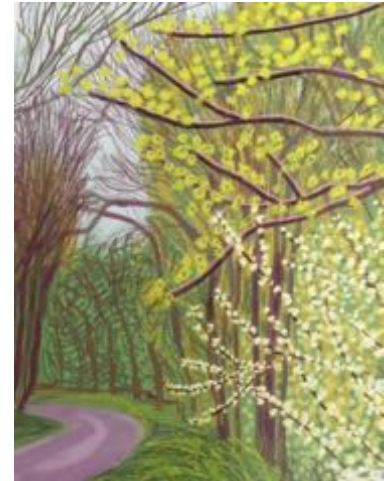
Fig. 8: Hockney (2011). *Arrival of Spring.*

8.1.1 From Floundering to feeling Competent in Fostering

Across all the interviews and the focus groups, competence was mentioned many times in a variety of ways. Competence is defined in this study as using knowledge and experience to feel capable and competent in being a foster parent and in being able to demonstrate that alongside other professionals in the team around the child. Some of the ways in which foster parents felt competent were: creating confidence in knowing what to do and feeling more equal with other professionals; being a stronger advocate for the child because knowledge from the course supported foster parents' instincts; and feeling empowered in professional review meetings, which often meant being able to challenge other professionals, or just engaging with them from a similar knowledge base. As Grace, a research participant, who has fostered for both Local Authority and independent organisations, said:

> *Yeah, it's (the training) made me a stronger advocate, it's made me less dependent upon the professionals' knowledge as the expert, because I would often defer and be seeking the knowledge of others, which is why initially I came on the training. I was seeking knowledge of how I could foster better.*

This is an important point in fostering, as the person who lives with the child has traditionally not always been consulted about the child at meetings that discuss the child's future. Foster parents report that they can often attend those meetings and not feel heard, their opinion might be over-ridden by professionals such as social workers, therapists and Independent Reviewing Officers; or just not deemed as important to hear as that of the professionals. It is difficult to tell whether foster parents' lack of confidence at review meetings was the reason they were not heard (nor asked their views), or if people were deliberately ignoring their input. However, it was a feature of this research that theoretical knowledge and increased self-awareness helped foster parents to feel more confident and competent at review meetings. This resulted in more of them making themselves heard and contributing at a level that they felt was on a par with other professionals.

Greg, a 58-year-old foster parent from Focus Group 3, who had fostered for four years, found that he could engage more confidently with other professionals because of the theoretical knowledge he had learned. He said:

> *We had a meeting with a play therapist last week and she was talking about attachment styles and various similar things, and you just feel like you can converse on that level and I think that that's, well we're obviously not as experienced as them, but they… can see that you understand what they mean and then they can be more forthcoming, so you just get a better dialogue.*

Susie a 52-year-old foster parent interviewed as a member of Focus Group 3, indicated that she used to defer to professionals and now she does not. She said:

I feel more professional. We [her and her husband] used to have a habit where we were sitting in a strategy meeting…when we were struggling. People would talk about professionals and we would want to leave decisions to the professionals whereas now, I feel very different and I would properly feel like one of the professionals, not just because somebody told me I was professional but because I really felt it.

Raised confidence and feeling competent also appeared to help foster parents in their approach to the foster child. In the way a confident, well-adjusted mother would respond to her baby's cry, the training raised emotional awareness and the ability of foster parents to attune to their foster child and wonder about their internal landscape.

Foster parents said that they felt more confident in talking about feelings with a foster child. Often at the beginning of a training, foster parents would worry that talking about feelings might 'open a can of worms'. Donna in this extract explained how she had the courage to intervene with a child following the training:

Yes, so I might say: 'I'm wondering what might be going on because you seem to be…[indicating feeling something]'. So I had more confidence to describe what I was seeing in the foster child and, as a consequence, they started to tell me more stuff and being more open and telling me more difficult stuff.

The kind of intervention Donna was offering meant that the child had a safe place to be able to share their internal world and, just as importantly, someone who knows how to listen without trying to problem-solve. Participants told many stories of how

they learnt to help children feel understood and empathised. They gave examples of how the quality of their listening gave permission for all kinds of feelings to be expressed. It would appear that understanding the feelings of children and young people and how to intervene helped foster parents to be less afraid of what might be going on for the child; and of what might get triggered in them.

Throughout the research, foster parents began to tell the story of how they came to understand that feelings offered information; they were not to be feared, but engaged with. They gave examples of how to de-escalate strong feelings that may be in danger of spilling over into destruction of property or rage. A safe place to talk about feelings is important as some children who come into care cannot make a distinction between one feeling and another. The inability to be able to put words to the sensations they are experiencing, and to talk about their feelings, leaves children more prone to communicating through their behaviour. There are bookshelves full of tomes about common behaviours in foster children, such as, lying, stealing, soiling, attachment difficulties, trauma, inability to take no for an answer, inability to concentrate at school and dysregulation.

Pamela, from Focus Group 1, was a professional before coming in to fostering, and found that she had lost her voice and potency, as people no longer listened to her in her new role. She said of the training:

> *I think this course does make me feel more of a professional, in that I've got those extra skills. I've got that extra bit of knowledge and understanding of what being therapeutic is. Then I feel that I can actually share that because it's coming from an informed place.*

Sonia, from Focus Group 2, had chosen Fig. 9 to represent the confidence she felt before the training. She said:

Fig. 9: Van Gogh (1889). *Still life around a plate of onions.*

I knew where I was, I felt confident and the neat table represents everything in its place.

Following on from the training, Sonia said that she felt confident in a different way. The course had stirred things up for her and she wanted more of that kind of challenge. She chose Fig. 10 and said:

This is Humpty Dumpty and Alice [Tenniel in Carroll 1993] and it's where she calls him an egg, he is an egg but, he says it's very provoking to be called an egg and it's the provoking bit it's the, that's what the training has done for me it's stirred things up, it's made me look at things in a different way, it's left me with more questions probably than answers in some things. It's definitely been a good thing for me, but quite a difficult thing as well, so, I just like that. I dared not to know everything after the course and was more comfortable being curious and waiting to see what happened.

Fig. 10: Tenniel (1993). *Humpty Dumpty & Alice.*

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Consequently, Sonia did not have to be so rigid in her thinking or controlling of things in the way she used to. She chose Alice in Wonderland meeting Humpty Dumpty to represent that for her. She felt stirred up and 'wanted more' of that.

Both Faith (Focus Group 1) and Jill (Focus Group 2) chose this image of Earth with the moon barely visible in the top right hand corner. Jill said:

Fig. 11: NASA (1998). The *Earth and Moon.*

My world has now opened up to huge, you can't quite see it, but there is a moon of some description [in the corner of the picture]. Through this darkness, which we will all have again with the children we look after, there is always going to be some sort of light that is around the corner to find, so this for me was quite powerful because it has opened my eyes to a whole new world, which is mind-blowing.

Without exception the images chosen by foster parents to represent the start of their therapeutic journey and the end, moved from negative images to positive ones and demonstrated seeing a wider perspective. This was reflected in terms such as, being lost and then knowing the way; feeling broken and becoming strong; and going around in circles and then finding a clear path.

Light was a recurring theme in the pictures chosen to represent how people were after the training. The obvious symbolism is that participants felt they had some clarity and illumination around the work they were doing. Susie (Focus Group 3) chose The Scarlet Sunset (Turner, 1832) and said of her choice:

Nice, calm, peaceful, I'm not sure if it's a sunrise or sunset…so it's calm and peaceful. It's a nice place to be, I think I'm in a nice place.

Fig. 12: Turner (1832). *The Scarlet Sunset.*

One foster parent chose an abstract picture to represent the expansion of his thinking and illumination he felt. David (Focus Group 3) said that the lengthy training course was not a journey he had intended to take originally. His first choice of card included several different signposts on a road (Pearblossom Highway, Hockney 1986). By the end of the course he had chosen a Miro (1932) card Flama en L'espai dona nua and said:

Fig. 13: Miro (1932) *Flama en L'espai dona nua.*

This is the one I picked because it's opened up the world of different things that I wouldn't have seen before, if you like, illuminated the way and… taken the different parts of me, the different strengths that I've got, taken away some of the weaknesses and improved on those strengths.

Greg from Focus Group 3 had chosen a picture of a woman sitting all alone Fig. 14 (portrait of Elizabeth Siddall by Rossetti 1855). He said:

This is me at the beginning, not alone in my life, but alone in how I felt when I came in here that first day because I couldn't imagine that I could share the things I've shared. I couldn't image that people would understand really… I just didn't know what to expect really.
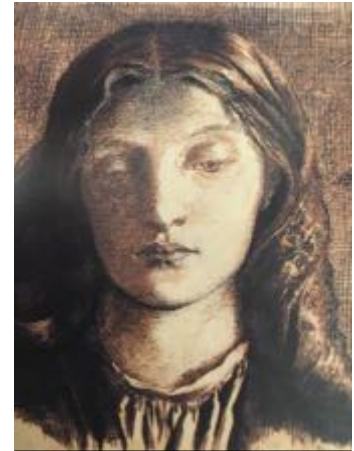
Fig. 14: Rossetti (1855). Elizabeth Siddall.

Lucy from Focus Group two had chosen a bewildered looking gargoyle (Carvings on a Bell Tower, New College Oxford) for her 'before' picture. The picture she chose Fig. 15 after the training was of the regal, upright figure of Joan of Arc in Winchester Cathedral. She said:

Fig. 15: Fosdick (1896). Joan of Arc.

But of course now, that's me looking rather regal and powerful, and saying I could take on the world following the training. I think that just embodies how I feel and just going back to what you said about you almost couldn't wait for the next month's training because it's like you were re-energised just by coming here for those 2 days, it gave you that extra boost to go off and literally take on the world and do what we do best.

Lucy was someone who was very apprehensive at the start of training and very unsure about whether or not she could be a competent foster parent. This view of trepidation at the beginning, and a feeling of things being opened up at the end of the training, was echoed by a number of foster parents. This was repeatedly depicted by those who chose pictures of woods to represent how they felt at the beginning of the course.

8.1.2 Lost in the Woods

Looking at the images chosen thematically, there are four pictures of pathways through woods. To one person the wood represented excitement at the beginning of a journey: *"it was just exciting that I didn't know what was going to happen next"*. For others the woods represented different things, including a journey into the unknown, which felt scary for a few of them. Faith from Focus Group One, chose a tree with quite a strong pathway, and some trees that have been cut down (Fig. 16 Hockney, 2008). She said:

My knowledge of beginning this pathway was just the start of my journey. The trees knocked down was my confidence… I needed to go forward, but maybe I was a little bit scared and a little bit I really didn't want to go there.

Fig. 16: Hockney (2008). *Astray.*

Marie (Focus Group two) also chose a picture of a dark wood. She said what it represented to her:

> *I am in a dark wood, I'm taking on something that is very big, it's bigger than anything I've done before and I don't know if I can do it, there's so much else going on, can you commit? Can you do it? I don't know.*

Jenny, on a similar theme, said she had chosen to go through the wood but was not sure which pathway to take. It is as if these foster parents were seeing the wood as their fostering, and the training as the start of something new, bringing up feelings ranging from excitement to scared. All of these feelings are quite normal and natural for the kind of commitment they had each undertaken. Another person, Maggie (Focus Group 3) painted a bleaker picture with her image of trees in a field in winter. She said:

Fig. 17: Van Gogh (1888). *Orchard with peach trees in blossom.*

> *Yeah, and I had this one(Fig. 17) as well with the trees, I don't know if it's winter, so that's probably the stage of my life when I was coming to you, at winter time, no leaves, bare, unfruitful, so yeah, nothing just cold, empty.*

Her perception of that image was interesting because the tree was actually in blossom in Spring, it just looked like a winter scene at first glance. Maybe what was being projected onto the image was how she felt at the start of the course.

There were a couple of pictures from Alice in Wonderland Fig. 18 (Tenniel and Theaker in Carroll, 1993). One where Alice is contemplating following the white rabbit down the tunnel, or that was how the picture was interpreted by Sandy (Focus Group 2), who said that she felt uncertainty, darkness and was lost in not knowing at the beginning of the training:

Fig. 18: Tenniel & Theaker in Carroll, (1993). *Alice in Wonderland*

I've chosen Alice in Wonderland (Fig. 18), it's just when she's going into the deep dark tunnel as you can see, do I follow the rabbit, what's laying head for me I don't really know, but obviously on the journey there is lots of things that pop up along the way.

Themes of fear and stepping into the unknown resonate with these images, and that continued with the choice made by Jill, who said:

I also picked Alice in wonderland, but a different part of the story which is in the garden and everything is really weird and the wrong way round and back to front, and surreal and that sort of like, having all that overload of all that stuff going on and just trying to make sense of things at the beginning.

8.1.3 Improved Relationships with Children

This theme reflects upon the quality of the relationship with the child or young person, particularly when either engaging with or making decisions for that child and considering their internal world.

In the interviews and the focus groups, foster parents talked about gaining an understanding of the internal world of the child. They described how this helps them to be empathic and start to be curious about what might have happened in the child's life that makes them behave the way that they do. This is the beginning of looking behind the behaviour and moving away from rewards and punishment, star charts and consequences - which are all behavioural strategies - to a more relational way of being with children. It is the start of wanting to understand their internal world, thoughts, wishes, beliefs, fears and hopes. One foster parent, Fay, said:

> *It means looking at things through the lens of the child's emotions, and the child's emotional needs, and just trying to cope with whatever that requires. I mean I used to think it meant and giving them it [what they had not had] but it doesn't because you can't, so it's just doing your best towards giving them what they need and understanding it, looking at it through their eyes, looking at everything through their eyes, emotional eyes.*

Fay specialised in looking after babies and younger children, preparing them for adoption. She worried that therapeutic training would not be relevant to her because she looked after such young children. She fostered for a local authority and came on the course because she was hungry for more information on how to foster young children who had been traumatised and suffered a lot in their young lives. She was

determined to do the very best that she could for them. She said:

> *When I started the therapeutic training I was very worried that none of it would be relevant to me because everyone else was fostering older children. But, in fact, it made absolute sense to me from the older children's perspective and the feeling that if we can get it right in younger years and with babies, we won't have to right the wrong later. I'm not saying everything that we see, you know, we won't miraculously cure them of their trauma, but we can be alert to it we can think of it, think of that abandonment. Think of that inability to say what you need because you've not had that relationship with a significant other to develop how to say what you need to elicit your care needs from your care giver and, it's a wasted opportunity, because these people are not deliberately not doing it right, they don't know that there is another way of doing it that might be better for the children.*

Fay felt passionately about her discoveries, about what young children needed; and how, at that young age, they could still be traumatised by early abusive experiences. In the recent past she had experienced social workers believing that young babies are easy to place and pre-verbal issues, such as, early life trauma, neglect and abuse can be ignored.

As part of her therapeutic training, Fay explored, as her special interest, whether babies and young children in care needed therapeutic fostering, as opposed to generic fostering. Her findings took her deeper into learning about the needs of young children and she is now writing a book based on the topic. Fay had been shocked at being told by her Local Authority not to attach to the babies that she looked after. This advice had felt so wrong to her yet it is still the advice given by some Local Authorities in England today.

The thinking behind it is that Local Authority social workers would be concerned that the foster parent may sabotage the adoption, if they became too attached to the baby that they would have to hand over. Fay's point of view was different, she said:

> *I have 8 holes in my heart from the 8 children that have moved on. When the first child moved on we thought we'd die, my husband and I, but we didn't, we survived. The next time, we thought we can do this and survive. They [the children] are so important to us, their future is so important to us and, as we never anticipated their future being with us, we always knew it was going to be with someone else. Having done it and survived, we approached the work with that knowledge.*

Fay did attach, forming an emotional connection and "fell in love" with the children in her care. She firmly believed that the children needed her warmth, responsiveness, reverie and love. The fact that she gave those things willingly did not mean that she lost sight of the ultimate aim: to find an adoptive family for the children to go to. Fay told me that they way she attached to the children in her care meant that they had an experience of feeling safe and delighted in. They would see joy reflected back to them whenever they gazed at each other. Fay would then pass onto the adoptive parents all the little nuanced characteristics of that baby. She would be able to describe what they liked and did not like, their temperament, their routines and how to delight in them. She had done a lot of the hard work involved in soothing a frightened and traumatised child.

Fay was a foster parent who was instinctively fostering therapeutically. What the course did was introduce her to relevant theory and she was able to use it to critique

her practice. The applied theory confirmed her instincts and strong advocacy for children in her care. She said:

> *The relationship bit is not understood, the reverie, is it reverie the word that he used, Bion? The reverie between the mother and the infant, that is missed and if you don't put it in yourself with the new born because it's the 10th new born you've had and you know how to bring up a baby and it's yeah, yeah, you smile and all that, it goes, it's missed and that's what these children will miss, even the new born ones. The 18-month-old, the two-year-old the three-year -old coming in has already missed it and people don't think to put it back because people (foster parents and social workers) don't understand how important it was in the first place.*

She went on to say:

> *It's difficult, there is an unwillingness to face it square on. People will say: "oh they didn't have any food, and now look how plump they are", and "oh they didn't have any clothes, and now look how gorgeous they are", "oh they had scabs all over them and look at their beautiful skin now". But nobody says they had no idea how to relate to me and look how they are understanding it now, that bit gets missed.*

Fay told me a beautiful story that captures the different kind of experience she wants to give to young foster children. The 4-year-old boy she describes was brought into care for neglect and physical abuse; he had missed out on a great deal in his early years, and she was doing her best to give him a different experience of caregivers. An example of the reverie that she was talking about is below:

The other night Sam had been absolutely awful, and after his bath he was completely dysregulated and just sitting in the bath going "Hagghhh!!" "Hagghhh!!" "Hagghhh!!" "Hagghhh!!" Hagghhh!!" "Hagghhh!!" So I scooped him up, wrapped him up in his towel, held him on my lap, and rocked him. And he was just talking all sorts of nonsense, and I started singing to him what I thought was wrong with him. I often sing to him when he's so dysregulated. It was to the tune of "Hush little baby don't say a word" because that's the one we sing quite often. I will say, "I think Sam is feeling this" or whatever, and I was so overcome with emotion that I couldn't carry on singing. He stopped, looked at me, and said, "You're crying," and I said, "Yes, I am darling, because it's all too much, it's all too much, isn't it?" Then I got myself together and went back to not using the words because I think that's what set me off, singing the words to the proper song. And he looked at me and said, "Cry, cry again," and I said, "I can't just cry to order." And he said, "I liked it." And I thought, in that moment, he must have really felt understood and that will have helped him more than anything else. I think that is going to help him relate to the world in a slightly different way from his usual approach of: "they're all out to get me and I'm going to fight them tooth and nail." I'm often overcome by his feelings, and I do a lot of speculating with him because he does respond to that. I think I decided to do it by singing because I knew he still needed me to be using the sing-song voice. He needed to be very young.

Of course, little Sam would need this experience to be repeated regularly for him to be able to internalise the containment and the soothing. However, it seemed that Fay had captured something that was important to the internal world of the child because the extract is deeply moving and creates an emotional resonance for the reader.

What I learned from the interviews was that the setting of a family environment means the relationship is crucial and intense. There were examples of foster children, with all their attendant baggage of attachment difficulties, abandonment issues, abuse and lack of nurture, who could not just leave their survival strategies on the doorstep of the foster home. Similarly nor could the foster parent leave behind their own internalised family culture and styles of parenting.

What came across in the study was that awareness of these powerful family dynamics can help foster parents to become stronger psychological parents for foster children, by expanding their parenting skills, building their resilience and staying power. Participants said that raising their own awareness helped them to examine their own part in things and have a meta-perspective on how they parent and why, which proved equally useful for fostering.

Another foster parent, Joan from Focus Group 1, described how she became less goal-oriented in her parenting, and became more reflective by slowing down and looking inside herself. This helped her to have a very different relationship with her foster child:

> *My particular troubled child came to me at 8, and I was quite goal orientated, thinking I could take him in, turn him around, feed and water him, give him the right way to do it... I am used to getting results but the course actually got me to slow down and look inside. It took 8 years to create this child, I'll probably need at least 8 years to undo half of that damage and to be able to step back and reflect on what I am doing and that reflection, that part of mindfulness and looking at the history of the child, the trauma, the damage that he'd gone through made me become far more nurturing.*

What I understood from this foster parent was that raised self-awareness - combined with understanding the child's history and the way that he sees the world - allowed her to acknowledge that the dynamic between them was co-created. It was not just about the child's behaviour and how to solve that problem. It was about what was causing that behaviour in him, for example, what was the child telling himself; what sense was he making of living in a very different family; and what were his expectations of her family.

From her perspective, it was about understanding all of that and not expecting him to behave like her other children; and not imposing her own childhood on him. Becoming curious and empathic, and not just thinking about the impact of the child's actions on herself, led this foster parent to enter more deeply into the relationship. She allowed the child to have an impact on her and her on him. She could not just parent him the way her parents had taken care of her, she needed to gain his trust and earn his respect. What worked with her children, who had a secure attachment relationship with her, was not working with a foster child who was very mistrustful of adults.

Throughout the research there were many examples of foster parents demonstrating their nuanced understanding of the children they were looking after, noticing the minutiae of the child's world. For example, Donna (a 50-year-old local authority foster parent who provides respite care for vulnerable children living in kinship care with extended family) said in this extract from her interview:

It's seeing the children make, what looks like really tiny progress, but you know it's been really hard won. It's those little moments when they do something they haven't done before. Our foster child asked me for a sandwich, now that might sound like a minor thing but he's never asked for anything, ever, in the whole six years we've known him. So for him to be able to state a need and ask for us to be able to give him that is real progress. And he's been doing it a lot more, you know asking for what he wants and being able to articulate his own view.

Sometimes the help in relationships comes back the other way. Trevor talks about the time that he was in despair at the idea of writing his first essay. He said:

You've got to adapt to different children, like S we've got now and we had D before, who was studying law classical civilisation, clever lad… but he had ADHD and loads of issues. He was actually with us when I first started doing my Certificate in Therapeutic Fostering; he is the one that helped me when I was doing my very first essay... It was a time when we we'd just done our first module and when you had to start preparing your essay, and I can remember I had paperwork all over the floor...he put his hand on my shoulder and said: 'you can do this you can sort this, it's easy for you, you're my superman like'…and I thought do you know what, I'll stick at it. I stuck at it; I did ok.

In making this point Trevor was highlighting that he could see strengths in his foster children and not just the difficulties that they presented. He could learn things from them too. This was a revelation to him, that suddenly he was learning things from the course and from his foster child, in a way that he had never envisaged.

8.1.4 Theory that Most Helped in Therapeutic Fostering

Theory – Meaning the knowledge and ideas that inform therapeutic fostering, and how foster parents have engaged with, and been able to make use of theory, in their understanding of children and young people and themselves.

Both the CTF and MA courses have a strong theoretical content with an emphasis on applied theory; how it can work in practice. It was interesting to see which theories were mentioned across the data set as having the most influence or impact on foster parents. Throughout the data set, theories of one kind or another were mentioned a total of 89 times. Below is a table of the concepts that were mentioned most often as being useful to learn.

Concept	Occurring
Empathy and qualities that are about tuning into the other, such as reflection, mindfulness, mentalisation, reverie, emotional regulation	16
Attachment styles for children and adults and how to work with them	15
Brain Development	10
Trauma	9
Transactional Analysis	8

Table 6: Theories that most helped

A couple of foster parents said in their interviews that they thought the theory was "cutting edge" and gave them an overview of current UK and international thinking about fostering and adoption.

Attachment theory (Bowlby, 1973 and 1982; Hughes, 2004, 2007 and 2009; and George *et al, 1985*) was particularly impactful for foster parents. On both trainings, foster parents looked at their own attachment style as well as those of children they were looking after. This offered an insight into why someone with, for example, avoidant attachment style might be severely challenged by looking after a child with ambivalent attachment style.

Attachment was one of the theories that seemed to have a lot of impact on research participants. They had all been on courses about attachment in the past, which were short-term, lasting around one or two days. The comments received about the attachment training on the CTF and MA courses suggest a need for more in-depth training on this topic for foster parents.

In response to the question on which theories they found useful, Sandy, from Focus Group 2, said:

> *For me, the attachment training that we did at the beginning, because that really helped me to look at myself and my attachment styles and how that played out with the children, how they maybe clashed or interacted. Yeah, so that was very good in the fact that it would make me, when a situation arose and how I would normally respond, I actually thought hang on a minute I really do need to step back and this is the different way to do it.*

There was a common theme about how important attachment theory had been in focus group 2 for the foster parents.

In response to the question: 'what, if anything, has helped you with the task of looking after children?', foster parent Jill, from focus group 2, said:

> *The attachment styles definitely for me as well, attunement with children, the invisible string [metaphor for attachment] was really interesting as well, I think if I could go back now I would change how I dealt with a young lady that was sexually abused, the behaviours that she was giving, I didn't understand those. For me it was why doesn't she enjoy, why is she not laughing when we all laugh, why is she not enjoying meals out and back then, the feelings it gave me, how I dealt with those and now looking back I wish, you know she just needed a cuddle and I understand now why she was acting the way she was, why she couldn't join in and enjoy.*

Jill explained that for her it was about spending more time on attachment and trauma combined. Prior to the CTF course she had done one or two days mandatory training on attachment, which she saw as an overview. She said:

> *When you're on a training course with 20 people broadly speaking you're listening and receiving it but you're not processing it there and then, so I thought that was really useful. Trauma as well, understanding the overlay of some of the adapted behaviours that come about after trauma, on top of a disorganised attachment style, particularly for experiences that the child may have gone through post the age of 3, for example... Because so many of us have had young people who have had unsuccessful placements prior and …their views have already been proven right several times before they've met us, and therefore that mountain is so enormous.*

The point Jill was making was important in that the training she had undertaken showed her how to work with attachment and trauma at the same time, something which is quite unheard of in training foster parents. Those topics are usually separated out and foster parents taught them as discrete topics.

Sonia in Focus Group 2, who had been fostering for over seven years, talked about PACE as the most helpful theory for her. It is an attachment and empathy-based theory developed by Dan Hughes (2004). The acronym stands for Playfulness, Acceptance, Curiosity and Empathy. Hughes also includes an L for love to make the acronym PLACE but many fostering organisations or local authorities leave the word out because foster parents loving children may create anxiety in the system. Sonia said about theory in the training.

> *For the me, there's all various aspects that come together, that have made a difference, but the real understanding about the brain, about how the trauma affects the brain again increased my empathy because there's just nothing they can do, they, it was very upsetting in a way, it made me very sad. Really, sad for all the children we look after, because you know, the terrible state they're in and they can't help it, they can't do anything about it. And an understanding that we are limited in what we can do, it is a very slow process. That helped me slow down stop and get alongside them and to really try and understand and to try and go back to the beginning and to find ways to work with them to really take it to their level where they could access affection… rather than going at it from where I felt they should do. Because I could say I know they are emotionally developmentally younger, but actually putting that into practice. It's revolutionary really, I changed my practice and PACE was a big part of that.*

The expression Sonia uses of: "they can't help it" is crucial when thinking about foster children. The point Sonia was making was that having an understanding of the child's internal world and holding onto the idea that 'they can't help it' is an important part of thinking therapeutically and looking behind the behaviour.

Grace, who had completed the CTF and then went on to do the MA in Therapeutic Fostering, felt quite bitter about the training she had been given previously by a local authority. They had placed with her three children who had all been sexually abused, neglected and had mental health problems. She was hungry for further learning and said:

> *I was having health and safety training, rather than mental health training… I used to be a Health & Safety Rep at a nuclear plant and I'm sitting learning about what you should and shouldn't plant in your garden and about having a locked box. I needed to go deeper, so I found the CTF and I emailed you, 'please would you accept me I desperately need this', and then the Masters came up and I was absolutely adamant that I was going to do it, because again it met my needs in terms of going deeper and deeper into knowledge.*

Grace was not alone in her hunger for theory and to understand how they could meet the needs of traumatised children, without causing further damage or re-traumatisation. Her comments suggest that foster parents need much more preparation to look after children with highly complex needs.

Foster parents related to theories in numerous ways. Some were really absorbed in attachment theory, and others preferred other areas, depending upon their own

interests and the issues presented by the child they were caring for. Referring to Berne's (1961) work on Ego States, which she had learned about on the course, Jill, said:

> *The whole thing about Script and Parent, Adult, Child, it was a revelation, it completely changed my approach, because I was able to see what was mine, what was theirs, what was the family of origin. You can sometimes stand outside and say well, ok I'm reacting like this, is it the Parent side of me that's reacting like this, because I might not have a particularly good parent model, so I need to be conscious of that, and I need to be able to look at strengthening my Adult, does that make sense?*

Here, Jill was saying that she had been able to use the Parent, Adult, Child (PAC) model from Transactional Analysis to think about her interactions with her partner and her foster children. Anything that is coming from Parent or Child Ego States is considered to be coming from the past, it is only the Adult Ego State that can offer integrated, thoughtful responses based in here and now experiences. Jill was highlighting that the discipline style of her own parents was not necessarily a bad thing, but it may not be the right thing for the traumatised child or one with attachment difficulties.

Joan (47) from Focus Group 1, described how the learning was largely about herself and what she had learnt through TA theory on Ego States; and the reflection it has forced her to do on herself, her past and the way she was parented. She said*:*

Definitely, the TA theory for me, because… I realise the more I learned the less I knew and the more I needed to research myself and look into my history…it takes time for me to process and think, am I really a critical parent? I didn't realise I was…but I am actually and I was brought up by a critical parent. When you start trying to look at concrete periods of time and things that have happened you think actually yeah I was and I could have handled that so much better on reflection. In that way I've grown, there's been a lot of thinking that's happened this year.

Insight like this suggests that it can lead to different choices in parenting styles, rather than just doing what was done to you as a child.

Donna in her interview said that it was not just learning about theories, but about herself:

It's got to be something about, kind of, learning to believe in me and my confidence or something, as opposed to something concrete, it was more about trusting my judgement and not being the victim in the system, knowing how to stand up for myself. I feel like a very different person now than I was, and yet I probably don't look or act that differently, it's more of a feeling.

Marie in focus group 2, who cares for children who are on the Autistic spectrum, spoke about the way in which TA theory was useful for her fostering. She claimed that it helped her to realise: 'my approach so affects the outcomes', and that she needed to learn to regulate herself if she was going to help the child in her care learn self-regulation:

TA for me and the realisation that my approach so affects the outcome, it's just absolutely massive. My boys have ASD and the outside world affects them greatly, so how they come in from school is what I have to deal with most days. They can come in with sensory overload and there's nothing you can do, some days it doesn't matter what I do, I might as well go and lock myself in the bedroom, because it doesn't matter, he has to get that out of his system. But there have been times recently where I've really approached him, we've bought him a massage chair now, he sits in the massage chair and I ask him if he needs 15 minutes before he does anything else and most days when he's at school he goes straight to the massage chair and he has 15 minutes in there.

What Marie is alluding to is the responsibility that comes with awareness of being a resourceful and therapeutic practitioner. Through trial and error, she tried all sorts of ways to help her boys calm down when they came in from school with sensory overload. She had learnt that trying to engage with them whilst they were overloaded just made the situation worse. Through the course she learnt about how to regulate a child and use their favourite sensory experience to calm them. For some children this may be the smell of lavender in the home or soft cushions to cuddle up with. For other children they may need a den in the lounge that is their place to escape and feel calm. For Marie's foster child, the massage chair seemed to work.

8.1.5 Feeling Broken and Placement Breakdown

Placement breakdown is a term used in fostering to identify when a child or young person has to leave a foster home prematurely and perhaps move to another one or be placed in a residential setting. There are many reasons why a placement may breakdown, sometimes it is to do with how resilient and competent the foster parents feel and other times it can be when the child cannot settle in a family unit and may need more detached parenting with a team of carers in a residential setting. Often the family no longer believes that they can look after that child or keep

them safe. Repeated experiences of this may reinforce to children and young people who have attachment difficulties and trust issues, that they are unmanageable or unlovable; that they are too much for any family to cope with. Any placement breakdown may also put a ceiling on the capabilities of the foster parent and undermine future placement stability.

The impact of therapeutic training on the level of placement breakdown or placement success was not explored in this study, so no claims can be made about whether the course makes a difference to placement longevity. This may be one of the variables measured when and if this kind of training goes on to be evaluated. What was discussed by foster parents, however, were their feelings of being broken, which often led to placement breakdown.

Some people described how they were feeling with the images they had chosen. For example, a confused looking stone gargoyle (Carvings on a Bell Tower, New College, Oxford) was chosen by Lisa who was not certain she could "do it". She said

that she had been struggling with fostering and, at the time she started the course, she had given notice on two children because she felt unable to cope. She was full of doubts and wondering if she could contemplate embarking on a course when she felt so down. An image of a gargoyle with a screaming mouth was also picked by Dagmar (Focus Group 3). She said:

> *It's got screaming mouths, and that is no one in particular. I think that's how I see the children in general, that's how they are, the anger in them, the rage that I don't really know how to deal with.*

Dagmar then chose for her final picture a piece of pop art in Fig. 19 *(Valdes, 2010 Socialist Realism and Pop Art in the Battlefield)*. She said:

Fig. 19: Valdes (2010). *Socialist Realism and Pop Art in the Battlefield.*

> *And that's what I see afterwards, there's a man down in the corner there and this is the thought bubble, but it's a collage of all the different styles of pop art and various different things going on, which is sort of representative of the different strategies and different things I've learnt on the course. I still don't know if it all makes total sense. Well I know it doesn't make total sense, but I know I've learnt a little bit about everything, which is great because it all helps.*

Dagmar's chosen picture looks very confused and busy and the imagery of the battlefield is not lost as that is sometimes what fostering can feel like: a battle. When that happens with a foster parent it is a sign that they may be stressed or need some help to figure out what is happening in the home.

Joan (Focus Group 1) described how she was at the end of her tether with her foster child at the start of the course. He was violent towards her grandchildren, caused damage to the house, and his birth family were regularly causing problems. The image she had chosen for the beginning was the Fig. 20 a stone gargoyle with hands over his face (Andrews, 1994), as a tortured soul. She was at the point of giving notice on the children they were looking after and said:

Fig. 20: Andrews, (1994). Carved Stone Head

My feelings for the child were really waning because I had been smacking my head off the wall with him for months and months with constant damage to our house. But, fortunately, the course started and when you're in the training, when you're doing the training over such a long period of time as well, you're being surrounded by like-minded people and the content of the course constantly takes you home feeling so much warmer towards the child. I gave notice on two children [previously], but …I've learnt so much that I think, if I'd have known that then, would I have done it, would I have given notice?

It would seem that what Joan is saying is that the support she received from her cohort of learners helped her to reflect on what was happening with her foster child. She mentioned also the length of the course and the extended level of support that comes from belonging to a group of like-minded people over that length of time. By the end of the training Joan had changed the tortured soul card to one that represented light and reflection. She said:

Now at the end of the course it's a picture of the bridge (Brassai, Pont Neuf, Paris 1949) with the reflections on the water and it's all lit up, it's like the light that leads the way, and I know there's an awful lot going on under the water, but through the reflections and the light I have a bit more insight into that stress head that I started with.

Fig. 21: Brassai (1949). *Pont Neuf.*

Feeling 'broken' was the way that Josie (Focus Group 1) described how she felt at the beginning of the training, and she chose the image of broken glass jars Fig. 22(Beuys 1981, Earthquake in the Palazzo) to capture how she felt. She said that she felt 'transparent as if everyone could see through me, very fragmented and emotional". She said:

Fig. 22: Beuys (1981). *Earthquake in the Palazzo.*

Mine is a picture of broken glass (Fig. 22), broken jars just all over the floor, and that's exactly how I felt at the beginning of this course, I felt very transparent, like everybody could see through me, they could see what was going on for me...I was very overwhelmed and a bit emotional.

What the participants were conveying is how giving notice is never an easy decision for the child or the foster parents. For the child it may well be a reinforced message that nobody can look after them, or that they are unlovable. It is certainly another attachment disruption that may easily lead to further lack of trust in adults.

For foster parents it may make them feel like a failure. If they additionally feel shame too then they may not continue fostering and, at the very least, may put a cap on their capabilities in fostering because they believe they have met the limit of their abilities.

This sentiment was echoed by Sandy (Focus Group 2) who was also close to giving notice on a child, and the course gave her the confidence not to. The image she chose at the start of the training was all about uncertainty and not knowing. That sentiment was represented in the image of Alice thinking about going down the rabbit hole (Carroll 1993). She said:

> *Earlier this year I did come very close to giving notice on our youngest child, but that wasn't because of the child herself it was because of family pressures, and previously before this course I probably would have given into that, and I would have done that, but this actually made me see myself as like, no I am actually going to do the right thing, because I know this child needs what she's got now and that comes first. Whatever sacrifice was there, I knew that was the right thing to do, but I wouldn't have had the confidence to do that before, so yeah, that's been amazing.*

Sandy appears to be highlighting how she came to understand so well what the child's needs were, that she would prioritise them over other family pressures. She can put the family difficulties into a bigger picture and confidently say what she wanted to do, which was to hold onto the child. At the end of the training the image she chose was Monet's Water Lilies (1914-1915) which she described as:

*Calm colours, the storm has passed,
it is soothing and is about coming
back to self – having an internal
felt self.*

Fig. 23: Monet (1914-15). *Water Lillies.*

The attitude of some of the foster parents towards placement breakdown changed through the training and they had appeared to change their thinking about dealing with difficult behaviour. The following quotes came from two foster parents. Foster parent, Donna, said in her interview that she was motivated to learn more because of the struggles she had with a particular child. She said:

> *I had a child that I was really struggling with, he was a little boy I was very fond of him, we had a brilliant relationship but he was a very complex child and I just found I didn't have enough, to give him or to care for him and I was constantly confused. I think it was because, looking back now, he had disorganised attachment, so it was creating quite a lot of chaos in me and I just felt constantly exhausted. He was quite an easy child to look after although you couldn't do much with him because he needed to be closely contained, he was a dear little soul, and it was that that started me on the journey really and just started to seek out answers. As I started to do more and more, then I just wanted more and more, because even though all the children I have had since him have not been as difficult or haven't felt as difficult, I just wanted to be able to respond to whatever came along.*

Donna's experience was one of building resilience in her fostering and understanding that the chaos she felt inside was probably a reflection of the child's internal world. I believe that Donna was saying that without the understanding that comes from knowing about attachment theory and transference, foster parents can easily become confused about what is going on in their own home and feel disempowered in their role. Such confusion does not have to rein for too long before a foster parent begins questioning if they can do the job.

Trevor said that when he was mentoring another foster parent he had advised them to do the therapeutic training because it would give them a different perspective*:*

> *The therapeutic training will help, I said, because I know for a fact our second child M, we had him for 18 months and it broke down. If we had the knowledge that we've got now, that placement would never have broken down. If I'd have had my therapeutic fostering [training] then, that placement would never have broken down. It's just understanding the fact that his mum was a drug addict, the brain development, the attachment and why he was behaving like he was.*

As stated earlier, these quotes are not evidence that longevity of a placement is improved by therapeutic training; but it is strong narrative experience of the influence the course can potentially have for some foster parents and the children and young people in care. Trevor enjoyed understanding what might be behind the behaviour being displayed as it helped him to feel more compassion for the child and to stop reacting and taking things personally.

The quotes in this section demonstrate how exacting fostering is sometimes. As a counterpoint, participants also seemed to be saying that self-awareness and different ways of using themselves as a resource in stressful situations, helped them to feel more empowered and, for some of them, it enabled them to hold onto children for longer. Self-awareness will be explored further in the next section.

8.2 Relational Fostering

In this section I will look at the second overarching theme of reflection and self-awareness. This also includes the sub-themes of not taking things personally, looking behind the behaviour, adapting parenting style and therapeutic thinking. I have called this section "relational fostering" because of the qualities described that help to deepen relationships between foster parent and foster child. The foster parent appears to be able to use themselves and their curiosity to understand the internal world of the child and why they behave as they do.

Foster parents are often very practical people who are great advocates for children because they are good at practical problem solving; in this section they demonstrate examples of being with a child rather than doing things for them, which is qualitatively different. Throughout the interviews foster parents gave examples of how they had adapted their parenting style to find a way of either relating to the foster child, understanding their internal world or to manage difficult behaviour more successfully. The categories for this theme are shown below and I will explore them further in the following sections of this chapter.

Fig : Theme 24: Relational Fostering

8.2.1 Not Taking Things Personally

Not taking things personally means the ability to stand back, reflect and not over-react when a child or young person does something that may put a foster parent on the defensive. In this section I have combined quotes and stories that came up under the categories of reactivity and reflection. Fay articulated this ability when she said:

> *I very passionately believe that there is a place for this understanding of where the child is coming from and understanding of what, what the behaviours mean rather than just what the behaviours do to you, you can't even ignore what the behaviours do to you because they do it, that's it. But if you understand why and you are able to step back and think about that, which is not in the moment, it's when it's all over, then it puts it far more in perspective. In theory it makes it less personal.*

Standing back and gaining some perspective on what is happening seems to be a crucial skill that many foster parents talked about in the research. It prevents reactivity and the escalation of feelings. Learning about themselves and their own responses had meant that foster parents had more ability to stand back and look through a wider lens at what was happening in the home.

Grace believed that part of that skill of standing back and not taking things personally was listening and using theory to reflect upon what might be happening in the relationship, she said:

> *I think it's listening more, that's the most significant thing, listening more to the children and myself and when I feel frustrated or tearful, where is it coming from, what's happening in me first. Listen to me, listen to the child, how am I impacting on the child, how the child is impacting on me. Is this to do with us, is this to do with the family of the child, the family of origin for the child. And the self-regulation, just that awareness that I can trust my instincts that my instincts were important, listen to them. That was huge, I think I was already quite reflective as a person, I've had to develop those skills, but it enhanced that ability to reflect as well and I keep a journal now as well. So I can look back on last year and I can see, it's my fostering journey…it's how I am changing.*

Grace's comment helped me to reflect that part of not taking things personally was about learning to be in a process with foster children that could change from day to day. Her journal helped her to take the good days with the bad ones and see it all as part of the bigger picture of fostering.

Many of the foster parents interviewed looked after children who were hard to place in foster care because of their complex difficulties; and limited chances of success living in a family. One aspect of not taking things personally is making a distinction between what is triggered in you and what is nothing to do with you. Josie from Focus Group 1 said:

> *It's so weird that all it takes is for you to say: ' it's not about me' to be able to be the right person for them and then it's not personal is it? It is just all about the child, and then you start to think back to the training and think right what do I need to put in place…*

Josie is referring to an expression used by one of the trainers (after Stern, 2010) who said that it is all about them (the foster parents), and nothing to do with them at the same time. This expression suggests that it is easy to think it is all about you when a child is behaving very badly in your home, but in reality it is often nothing to do with you. It is easy to take the behaviour personally and to begin to feel attacked. When these kinds of defences are opened up, a foster parent can then quickly start to think that a child is being ungrateful and that in turn can become the start of a deteriorating relationship.

As many therapists know, when a client begins behaving badly or breaching boundaries, there is often an internal process that has been activated, which is being expressed in the relationship with you.

Therapists will not normally try to get rid of their client, even if they feel like doing that. They are more likely to go through a process of reflection, digest what is happening and then talk to the client whilst being curious about what is going on.

Similarly foster parents gave examples of this with children. Joan describes a particularly difficult time for her and how she was able to use her thinking to support what she did as a foster parent, even though there was a big pull to join in with the child. The following is an extract from one of her contributions to Focus Group 1:

> *And it's ok to feel mad and it's ok to feel angry, and really dislike their behaviours, it's just what you do with it, and sometimes he can be so belligerent and cheeky and rude and he'll walk out smashing my ornaments and things and inside I think "Aaarrrgggh", but on the outside, I know that I've got to fake it until I feel calm again if I want this behaviour to stop, I've got to take control, I've still got to present as calm, because the minute I lose it he's going to get worse. This is going to go on, and we all just want peace and quiet in the house at the end.*

Some foster parents may see what Joan describes as giving in to the child and letting them get away with bad behaviour. Joan explained that she is not just dealing with behaviour at face value. She is beginning to think about why that child would be breaking her ornaments at that moment, what it is that has happened in his internal world that is causing the behaviour. She had learnt from experience that reacting in the moment with her feelings would only escalate the child's behaviour.

Joan suggests that there is plenty of time to talk to the child about the disliked behaviour once the situation is calm and under control. She knows she cannot talk rationally when emotions are running high.

Reflecting on: "it's not about me" seems to have helped participants to stand back; be more objective and curious; and deal later with the 'smashed ornaments' or

whatever the behaviour has involved. Joan (Focus Group 1) expresses how she uses this concept below in dealing with a destructive child:

> *I realised that if I went at him as my normal bull at a gate, how I bought my own kids up, and henpecked him and brought him up, in TA terms, as the critical parent then I was doing more damage. If I wanted to actually make a difference with this child, I had to totally take on the theories, take on his view and start looking for what's happening for him, not me, it's not about me, this is a therapeutic placement now, this is a child that needs therapy and a therapeutic nurturing environment, so the course gave me lots and lots of answers, and lots of guidance on how to parent him, and it has made a very big difference to our relationship and the child even…I've had him four years, in the past year he's moved more than what he had in the previous 3 years, we have moved, our relationship.*

Pamela from focus Group 1 gives an example of how she helps herself to stay objective and not get pulled into an argument. She said:

> *So he comes at me, if he's unhappy about something, immediately he's belligerent, he's angry, he's swearing, he's abusive and I'm managing to say to him, who are you being now, is that your step dad, is that, who are you being, because I haven't done anything for you to feel angry towards me. He is actually managing to go upstairs and come down 10 minutes later and say yes I was being my step dad, that's what he done to mummy. So we can work from that, we have a big hug and start again and that has been massive, to open up those communication channels.*

Fay, a mother of four grown up children, who was looking after two brothers aged four and six years who had both been neglected, talked about how she had to adapt her parenting style when she began to look after foster children:

> *I have to stand back with my parenting because these children are not ready for what I think they should be parented with…for example, I don't try and incentivise them because they can't be incentivised. I don't try cause and effect with these children because they don't understand that. All the basic principles of parenting that I applied to my four have gone out of the window; because they are not relevant to the children in my care, it's completely different.*

She went on to say that the child's view of life and expectations of 'parents' was so skewed and so expecting of bad things, that she could not overwhelm them with too much love, praise and tolerance. She had to wait for them to adjust and begin to accept good things, she said:

> *…it has to be given bit by bit as the child becomes able to take things from me. The expectations have lowered, lowered considerably, the expectations on behaviour, such as, sitting at a meal and all the other expectations that come with a stable child, are completely out of the window, everything, everything is different.*

So, what was it that helped foster parents generally feel more confident and respected after therapeutic training? The next section will look at this, using examples of foster parents adapting their parenting style to meet the needs of the child in placement and be more relational in their approach.

8.2.2 Looking Behind the Behaviour

This category is about not taking the behaviour at face value and treating the child accordingly. This is more about thinking about what the motivation may be; what are the feelings being expressed; and what is the child trying to communicate through that behaviour. From the research interviews, there were examples of foster parents looking behind the behaviour and working to understand the inner world of the child,

rather than simply responding to the child's behaviour. As Trevor explained:

> *That's a perception when you go in (to fostering) that you're looking after naughty children, so when they come to your home they're naughty children and you've got to stamp your authority… Then when you go into the Certificate in Therapeutic Fostering you go into all the brain development and everything else and attachment and you think, actually, I understand now. So you look at things different, you've got more empathy and empathy's the big thing, you look at things through their eyes. It's like nothing's more powerful for a child when they're kicking off, if you're not reacting badly, if you're acting in a positive way. Things do calm down and simmer down.*

Trevor is stating that what a child in these circumstances needs is not necessarily a telling off, they need the underlying feelings to be recognised and contained.

Maggie from Focus Group 3 supported these sentiments from her own experience and said:

> *Sometimes when you see what drama is being played out, you can say, ah that's that, that behaviour is because of that, that reaction is because of that…It makes me think what's going on for this young person. Put yourself in that young person's shoes, what if you were in that position, what would you be thinking, what would you be feeling…wouldn't you be screaming your head off, wouldn't you be swearing your head off? If we put more empathy into our practice, do you know what I mean; it'd calm things down a hell of a lot, that's what I think.*

Part of looking behind the behaviour is thinking about the emotional age of the child. It may be that a child's development has been arrested at a certain age and stage; or that they never learnt how to play, for example. What both Trevor and Maggie are alluding to is that many of the behavioural issues for foster children go back to early childhood development. However they are commonly found in foster children who are much older, for example, 10 year old's who have not been helped through the

terrible twos. This idea is supported by David (Focus Group 3) who said:

> *Can't and won't, they're just such tiny words but to me they're enormous and I can walk away now thinking 2 year old, 2 year old and I have to remind myself that this 17 year old is doing 2 year old behaviour, so he needs 2 year old answers and it's just so much easier. I don't get, I don't go back to instinct, it stops my reptile brain taking over and it makes me work with the proper bit of my brain that I should be working with. Sometimes I still have to stop and put my own brakes on and take myself back a step to stop it being just instinct, but the words can't, won't, 2 year old, is just amazing".*

Here, David's statement was in reference to a discussion about whether or not children and young people were even capable of doing what was asked of them, given their traumatic backgrounds. Foster parents were asked to consider whether children and young people were saying they 'can't' or they 'won't' (will not) do what is being asked.

Looking behind the behaviour, feeling empathy with the child's situation seems to help foster parents work through difficulties and stick with the child. As Grace said in her interview:

> *"You can look at a situation with a child and it's only when you look back over it you think wow, they were really dark days. But actually because we've survived and given the child what they needed, look at what's happened, look at what we've come through, because I think we've grown as people, not just me but the family. The child themselves has really felt cemented in the family, because we've worked through it".*

Dee, in her individual interview, illustrates what she achieved through developing self-awareness and not taking things personally, and how she used her learning to help a particularly troubled teenager.

The behaviour of the foster child was particularly challenging to Dee as the young person placed with her was traumatised and brought a very difficult dynamic into the household. Her account is below:

From Gang Violence to Mindfulness

Dee looked after a street-wise teenager who dressed and acted a lot older than her age. The young person, who I will call Sade, had been traumatised through gang initiation rituals, during which time she was threatened and feared for her life. Initially, Dee felt she could not get through to Sade, who would be unresponsive and dismissive and spend hours rocking and banging her head against her bedroom wall. After trying various interventions, which only made Sade withdraw further, Dee eventually stopped trying so hard and just sat with her for hours at a time. Dee said that she found keeping calm and grounded and not reacting to Sade's behaviour was key. Dee said she felt under attack from the "projections and transference". Dee said in her research interview:

> *Well, I only know from my experience when I didn't know what was going on with me and I didn't fully understand what was going on with S. and her behaviours, my, I suppose my states of mind then were "OMG, what have I done? I've got this child and I can't cope" and all the negative chemicals were going in my body and I was becoming ill…I was quite reactive; I didn't really know what was going on. Then once you get that awareness, you then stop reacting to it, so your states of mind change and the traits, how you then respond becomes different and then I feel as if S. felt soothed just by my energy.*

What Dee is describing is that ability to be curious about what is happening and where the feeling or behaviour may have come from; rather than becoming

personally involved.

Dee describes being able to use herself and go inwards to work out what may be happening for a child. She developed an ability to trust herself and listen to the sensations in her body to try and make sense of the feelings in the child:

> *When something is playing out and I feel it, and I sense it now, and I sit there and I'll see something playing out, and I can feel myself wanting to engage in it, and I'll just recognise that now. I'll feel really curious (about) what is going to happen and I'll feel sensations in my, it sounds whacky this, Mica but for me it works, and I'll feel sensations in the body. I'll just stay with them now and just notice what the other person is playing out, rather than being sucked into the story that they want me to get involved with, and for me that's massive because I can just step back, I'm still available, more so I think. But I can step back now and I can see what's playing out in front of me, but it doesn't grab me. For me, I'm looking at myself, it's almost like, it sounds really silly this but it's almost like I'm learning about myself as I'm learning about the other person.*

Dee said that as a way of looking after herself against Sade's projections and negative emotions, she protected herself with an imaginary banana skin. She would zip herself into the banana skin with the intention of preventing Sade's negativity from generating negative emotions in her. Another approach she described in her research interview was visual empathy:

> *By visualising rocking her, giving her the physical love and nurture that she was rejecting, I not only found the visualisation techniques useful in helping me to connect compassionately towards Sade, I also found them to have a profoundly positive affect on how Sade reacted to me from then on. At an unconscious level, it was as if she was aware of my intentions to sooth her and was reacting accordingly.*

Dee was introduced to Mindfulness whilst she was studying on the MA course and

wrote an essay on using mindfulness in fostering. She had begun to feel ill as a

foster parent and felt it was linked to all the negative emotions being transferred and

projected into her from Sade. She said in the research interview:

> *For me it's, it's all about awareness really, when you come into it [fostering], you think that you can change the world, you can change a child's life, it's going to give you this warm feeling in your tummy that you've done all of these lovely things and it does, but it takes time. It's like walking, it's like hill walking, you have to get up to come down the other side. So there's that side of it, but that awareness was massive and as I started to look into it, parts of me and parts of how I work became more aware really. I'm trying to think how to put it into context, part of my practice, the way I work with the children, was always a part of me that wasn't really conscious, whereas now, I know why I do things and I know things that I do make me reactive and things that I can do to prevent that, if that makes sense.*

Below is an extract from the interview with Dee, where she is describing how she

developed from feeling she could not cope when she took Sade, her first foster

child, into her home, to several years later when she and her family attended Sade's

graduation ceremony:

> *Massive, massive, I think its key, I think without this training you're, you're just like a duck in water, you've got no real concept of all the paddling that's going on underneath you're not really aware… the therapeutic side of it really helps you understand what's going on, not just for the child, but for you, and I think that is critical…And if you don't know what's going on for you, even at a really basic level, then you're just going to react and that's going to then have a knock on effect with the child.*

The quality of the work that Dee has undertaken with Sade and the major ups and

downs they have been through together has given them both resilience about

staying in the relationship and working things through.

From Lorry Driver to Spaceman

One story that emerged in the research was from Trevor, who had fostered for 13 years and whose parents had also fostered. He described his journey throughout the training as going from lorry driver to spaceman. He was one of the first foster parents to sign up for the CTF course when it ran in his area. He was so nervous, because he had left school without any qualifications and worked as a lorry driver.

He had left driving to become a foster parent and the CTF course was his first venture into doing anything academic. Trevor's story is his own, but it does notably echo many of the stories that were told to me throughout the interviews. These stories each reflect the themes of being more relational with children through understanding their internal world, therapeutic reflection and self-awareness; that helped foster parents be able to trust themselves more in how they were meeting the needs of children they cared for. His story is their story too.

In looking after a troubled teenager who had felt suicidal ever since his grandmother, his primary attachment figure, had died a year earlier, Trevor was tested to the limit.

One day the young person left the house saying that he was going to throw himself off a bridge. Trevor began to get anxious when the young man did not return home and he set off to look for him. He found the teenager on a bridge, crying and leaning over looking at the motorway below. Trevor was convinced that the young man was going to jump off the bridge, especially when the police arrived and he climbed over

the parapet. Trevor asked the police to stand back as he talked to the young man

for nearly two hours, trying to calm him down and remind him of all the people that

loved him. He eventually allowed Trevor to pull him over the bridge and lead him to

safety. Trevor said that he worked hard to understand what was going on for his

foster child as he hung from the bridge. He was imagining what might be going

through the young person's mind. He also employed empathy to invite the young

person to think about the impact of his actions on his younger sisters. He said:

> *I was talking about his grandma…who had died. At one stage he leaned*
> *forward and his fingertips were white, where he was on the tips and I thought,*
> *he's going to go and then he sort of got hold and I mentioned something*
> *about his sisters,.. I said if you feel like you feel now about your grandma*
> *dying, just think how your sisters will feel, they are going to have to deal with*
> *this for the rest of their lives…at that particular time I saw a change in his face*
> *and his body stance. I said: 'listen, we can't go on like this, what I am going to*
> *do is stand behind you, lift your arms up and I'm going to put my arms around*
> *you and hold you for a second'. He just sort of lifted his arms like that [arms*
> *up like a child wanting a hug].*

Being able to continue fostering after an event like this is remarkable, as many

foster parents would have been put off by going through something so personally

demanding. Trevor's parenting style had adapted enough for him not to take this

event personally and not to see it as a failure of his fostering. It was more a rupture

in a key relationship between the foster child and his grandmother, who had died but

who had been like a mum to him; which led to his state of mind and feeling that he

could not cope. Trevor talked about how therapeutic training helped him to manage,

he said:

I was talking about all sorts and I was getting nowhere and there was just something, you try everything all your therapeutic knowledge, your training…The whole therapeutic thing has been fantastic for us, I don't think I'd have been able to deal with it if I hadn't had the Certificate in Therapeutic Fostering. When he came off that bridge, we'd have packed in fostering.

Trevor said he was able to ask for support after the event and, even though he felt traumatised himself by the experience, he could process his feelings and reflect on what had happened. He had enough thinking capacity in a crisis to contain his own emotions and those of his foster child.Trevor's metaphor for fostering following the training was that of a spaceman. He said:

It's like I'd been asked to go on a journey, in a space rocket, with no knowledge of what you're going to look at. For each module on our certificate in therapeutic fostering you go to a different planet. You spend a month on that planet learning all about child development, and then another month on another planet learning about healing the brain and so on over all the ten modules that we did. I'd do a month on every planet and then I'd come back. I'd come back with all this knowledge and then I've sort of put all that knowledge into use over the last 6/7 years now and it's helped me no end. That's what my story would be, you know, one man's personal journey into the unknown, with the space suit and everything else.

The stories told by both Dee and Trevor were specific to them and their experiences but, as mentioned, they also represented a number of stories told by other foster parents too. They captured the heart-rending and significant experiences that foster parents may have to go through in one form or another whilst looking after a child with such difficulties. There were many stories like this throughout the research interviews.

8.2.3 Thinking Therapeutically

Reflection and self-awareness provides foster parents with the means to think therapeutically about the child in their care: it is a way of demonstrating that they are not only thinking about the child as a parent would but are applying therapeutic concepts to engage with the child. This in turns enables them to understand more about their own motivations and that of the child they are caring for. Donna described how she had used therapeutic thinking to adapt her parenting style:

> *The training has given me knowledge, which is helpful, but it's mostly about the self- reflection, the ability to understand yourself and therefore why the children impact you as much as they do or don't and what that impact is and how you look after yourself. Learning to look after myself has been interesting and kind of learning to say no, that enough is enough, because I had a tendency to take on too much.*

What Donna is discussing here is that learning to understand herself helps her to look after herself better and say no. She is developing awareness about her own limitations and boundaries, in order to discover what is good for her and what is good for foster children. Jasmin, from Focus Group 1, said that she thought she was therapeutic until she did the training, she said:

> *This just seems to help just put it all into clearer perspective, well it does for me. Again it's that strange thing of you thought you knew, I thought I knew, I was already therapeutic, I thought I knew what I was doing. I'd got it locked down and yeah I've done all the mandatory training, I think I've got this, I thought I was pretty good before, once I've passed panel but ok now with the training I've got this, but again it's not until you come onto this course that you just, it's just like another layer…*

In her individual interview, Grace described feeling frustrated at the level of training being offered to her by her fostering organisation when she was looking after a sibling group of three. Each of the children had special needs, and one was a dissociative child, later diagnosed with Dissociative Identity Disorder. She wanted to do the very best she could for her foster children and understand what she could do for each of them that would help meet their needs rather than, inadvertently, make anything worse for them. She felt the training gave her more strategies for dealing with situations in a more therapeutic way. She said:

> *I was in an agency who openly admitted they had absolutely no level of training that could help me with L. and they said she's too complex. So, I went searching on the internet and I found your course, the Certificate in Therapeutic Fostering and I thought: "can I afford it?". Because the agency wouldn't even contemplate paying anything towards it and I just decided that I've got to do this course, because everything I'd read on the profile fitted what I needed at that time.*

Grace used her knowledge to inform her therapeutic thinking and understand how she could help Sarah at home with her difficulties. Her therapeutic awareness also helped her to argue with Child and Adolescent Mental Health Services (CAMHS) and the LA for better services for Sarah. Grace had also chosen as her after picture, Fig. 23 Sound 11 – the sculpture by Anthony Gormley in Winchester Cathedral of a man stood in water. She said:

There's a wonderful silence about it and how you could stand alone but in strength as well…The image, it's in my office now, and I thought that's fostering for me, because you can just stand and listen, in these cloisters that just echo everything, and there's the calmness of the water, there's no ripples, you can create the ripples if you want, you can start those ripples happening, but actually if you just stand and listen and that's what therapeutic fostering is.

Fig. 25: Gormley (1986). *Sound II.*

The Gormley statue represents contemplation and reflection, which was a regular theme amongst participants' images when referring to the training. Josie who had chosen the broken glass jars as her 'before' picture because she felt broken and transparent; also selected Fig. 25. She said:

> *And this is me at the end, standing strong, sometimes I feel like I'm standing in water, but I'm now standing strong. I know it's me, I know I have to do the work, with the child, with myself and the tunnels that are leading off, I can go in any direction now, and I can go as far as I want.*

A number of foster parents chose images that represented reflection in some way. This is an interesting and highly relevant representation, as developing a reflective capacity in fostering is so important for how foster parents think about the child.

For example, Joan from Focus Group 1 chose a card representing reflection: Darkness and Light (Fig. 26 Langley 2000) depicting Magdalen College, Oxford. She described how she was drawn to how there are lots of different reflections,

looking from the inside out and the outside in. This represented the course to her, and the changes that she had made looking within herself. It also represented reflecting more on her part in things as well as what may be going on for the foster child.

Greg from Focus Group 3 who had chosen a portrait of a woman sitting alone for his first picture as it represented the loneliness he felt; chose for his final picture Fig. 24, the same one as Joan: a view that he described as a lot brighter than his first image with lots of different pathways. He said:

Fig. 26: Langley (2000). *Darkness and Light.*

That's now…it looks like it might be a window,so I'm still looking out but the views a lot brighter, there's lots of different pathways, and the future could hold anything and that's ok.

Trevor echoed Grace's sentiments. At the time of his interview he had just begun looking after a primary school child who had been severely neglected. The child was used to being left lying in his own faeces and smearing it everywhere. Trevor said:

He looked so…he needed help, he wanted help, he was vulnerable, he was stood there he had poo all over him and…Something just switched inside of me and I knew there was a safeguarding issue about what I was doing, I thought I'd deal with that issue later, something took over me like, a natural born instinct. I wasn't thinking about anything else other than getting him clean and that's something from the training that's done that.

Trevor seems to be contradicting himself by saying that his instincts took over and that the training had helped him to do that. My interpretation is that Trevor felt empowered by the therapeutic training he had had and was more able to take decisions about controversial issues, such as touching children, because he felt more confident about why he was acting the way he was. I think he was giving himself permission to think therapeutically.

The training seemed to meet or exceed the expectations of those interviewed, with nine of them saying it was life changing. For example, Sonia a foster parent who was part of Focus Group 1, said:

> *I joined the course for good reasons and I expected it to be good. When I got there it was even more enlightening, illuminating, valuable that I could ever have expected it to be…there were a lot of culminations, as I have already said to you, as to why that was for me. I remember thinking that really I should have done it like the year before or the year before that for the maximum benefit of the children that I was looking after.*

Another story that was told by one foster parent, but representative of many of the people interviewed in this study, came from Fay. She was looking after a child who had been neglected from babyhood; and tolerated an ordeal of queuing for an ice cream with the six-year-old child who was so scared he would not get the treat that he began to externalise all his anxiety whilst waiting. Fay said in her interview:

I think that's the therapeutic bit. Why do you forgive so much that normally people would hold a grudge for? Why do you not use consequences in the way you might with your own child, why do you keep everything, in the moment? Like this morning with him head butting me I said: it's done darling you've said you're sorry and I understand you're sorry". If he's in a foul mood all morning, I don't then say you can't have your ice cream when the ice cream man comes? And why, when he's scared, in particular, when we're lining up for the ice cream, and he starts to kick me and kick his brother, do you not say: "right that's it, no ice creams". Because I know he's so scared he is not going to get one, he may as well just mess it up. He's so scared waiting because it could be snatched away from him at the last second, so we survive this queuing, we get through it, we manage until it is our turn to get the ice cream. I can actually hear people behind us saying, why is he getting an ice cream when he is behaving like that? You know, it's just completely different parenting. He needed to have a different experience.

Fay is giving us an example of how her usual way of parenting needed to be adapted for a foster child who had not had a safe and secure childhood in the early years. She talks in the research interview about why she looks at the behaviour differently when a child has not been able to achieve developmental milestones at the age they should because of neglect. The way Fay was parenting in this example looked on the surface as though she was rewarding 'bad' behaviour by giving an ice cream to a child that was kicking her and his brother whilst waiting in the queue. Fay was looking beyond that behaviour, understanding that the child was not capable of queuing, or of delayed gratification, and was desperate to get to the ice cream before someone said he could not have one.

This is an example of relational fostering where the foster parent is curious and wondering about what is going on for the child, mentalising about the child, and able to set aside her own discomfort at the judgements and tutting from other parents in the queue. Instead of removing him from the scene and letting the child and his brother miss out on the ice cream, she talked to him, trying to soothe his anxiety. She said she realised that he was in what Sunderland (2016) calls a distress tantrum rather than a Little Nero tantrum. This example from Fay was also echoed in a number of other stories told by foster parents, who had needed to change their parenting style in order to offer a child a reparative experience.

Two foster parents who were interviewed individually were asked if there were any metaphors that they would use to describe their learning experience. This extract from the interview with Dee describes a metaphor that she uses to help her think about fostering:

> *It would be the beach and it would be the water, the sea. Because things you get all sorts of rubbish on the beach, you get people coming and going, you get dogs coming and going, and then the sea cones in and it changes it, it washes it all away. It leaves seaweed another day, it might leave flotsam another day, it might leave a shipwreck another day, and that to me is the story of looking after the children. The bit of the story that's for me, is the tide coming in and sweeping it away so everything's cleared away, so you're ready and you're calm, you've got this lovely clean beach, you got the tide on the turn and then you're ready then for the next day and then you have all the busy-ness, all the whatever's left, the people, the emotions, the coming and going, because it is transient, the emotions are transient, they come and go, and then the tide comes and washes all away.*

In response to my question - 'if a Martian came down to earth and they could look inside her, what would they see?' - Dee said: "we've all got clutter and we've all got reactivity, but they'd see differently…all I can describe is before they'd just see this grey mass of confusion, but now [after the training], now I'd like to think that they could see shades of colours in clarity". In reference to fostering following the training, Trevor described a metaphor involving a spaceman (mentioned on page 153). When presented with the question about a Martian coming to Earth and looking through the window at him fostering, he said:

> *The Martian would see somebody nice and calm and relaxed, with empathy. They could see my brain ticking over looking at kids as you can learn so much just by watching your kids. In the old days I wouldn't see things, now just looking at them, you know when they've got something on their mind, where you wouldn't look at that before. If they'd have looked inside me, five years ago they'd have seen somebody, a bit agitated, a bit uneasy, restless, waiting for the next thing to happen so he could pounce on them [the children] to keep them under control…I think if they was to look inside me now, they'd see somebody so calm, just relaxed, nothing phases me anymore, confident, up for any sort of challenge and nothing phases me now, no matter what comes through the front door, I feel that we've got the tools in our box to deal with everything.*

Within the sections above in chapter 5 there are many examples of how foster parents found themselves adapting their parenting style based on their new-found knowledge and their learning about their own responses and reactions. The more they knew about themselves it seems, the more they could control their reactions to children, reflect on what was happening and be more objective in their approach. They were much more able to set the emotional tone in the home because they understood themselves and the internal world of the child.

8.3 Relationships with the Support Network and Limitations

This section starts by looking at the dynamics of the care system through the eyes of foster parents who have been on therapeutic training, and their view of relationships with family members and social workers. What foster parents did not find helpful about the support system will also be included.
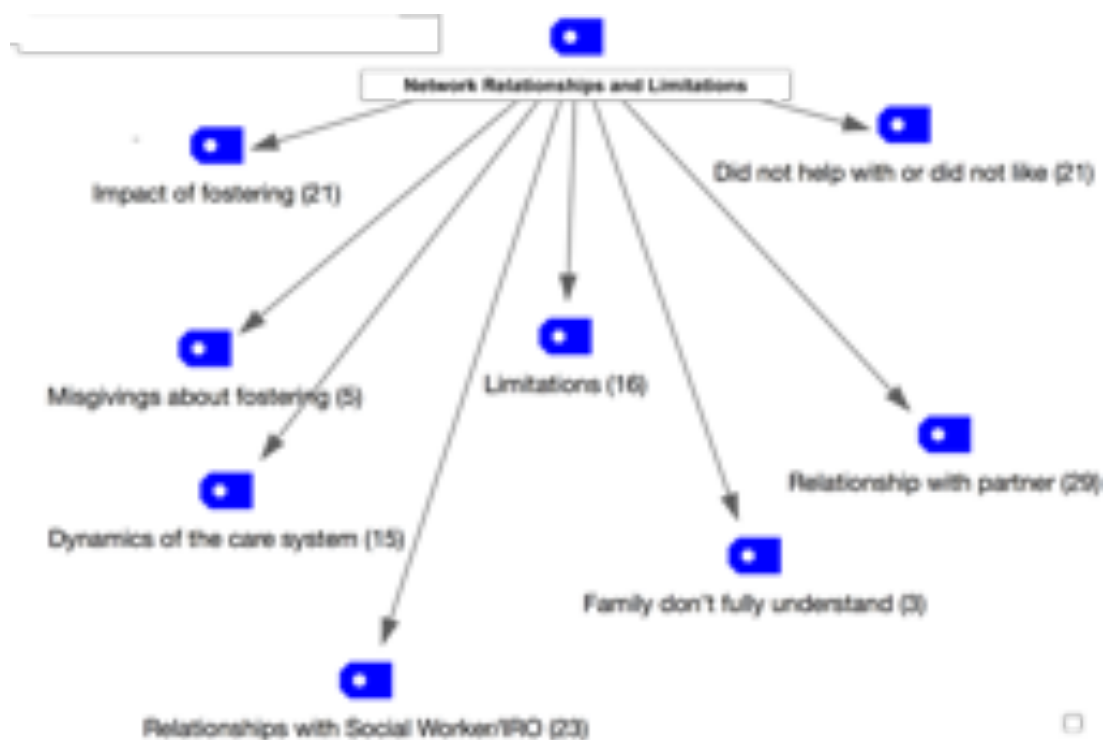
Fig. 27: Theme 3: Relationships with Support Network and Limitations

8.3.1 Dynamics of the Care System

There is a culture in fostering that favours the knowledge known by social workers over that of foster parents. There is good reason for this; social workers are trained; they have qualifications and they have expertise in the law and child-care. Local Authorities (LA) hold the parental rights of the child if a child is on a full care order,

even if they are placed with an independent fostering organisation. Foster parents have some discretion on how they look after the child but important decisions need to be made by the social worker. This sets up a power dynamic in the relationship between the foster family, the local authority and the social worker. One foster parent, Donna, who offers respite to children living in kinship care, said:

> *I struggle when the LA or the supervising social workers don't get what we do, and when they are critical…they can be quite dismissive of what we do and that rears its ugly head, it's always there as an underlying theme. It rears its ugly head every now and then and that really makes me wonder why we bother, because if they can't value what we do… so it's not a setback as such because I think well: 'the kids value it, the families value it'…And every time there's a new social worker into one of the relationships, especially J [a foster child], who we've had for so long, you almost have to reassert your value, re-explain what you do, which can be frustrating.*

Some social workers do not know about the minutiae of the child's life because of the infrequency of visits to foster children; yet they hold the remit of the local authority when children are subject to full and interim care orders. Sometimes their advice contradicts what a foster parent thinks is the right thing for the child; an example of how this may play out is described by Dee below.

Dee, whose work with Sade we saw above, talked about a time when she was in conflict with the Local Authority. She had made a contract with her foster child, Sade, that if she absconded she would lose her mobile phone for a short time. Sade had agreed to the contract but the social worker would not.

This kind of power battle between Dee and the social worker put Dee in a very awkward position, and let the child know that the foster parent has no real parental power. Dee said of that time:

> *By standing firm with my decision and removing her phone when the contract was violated and by working closely and patiently with Sade, I began to gain her trust and respect. The phone contract proved a turning point in our relationship, it also made me aware of just how conflicting the care system could be.*

On this occasion the foster parent's stance proved to work for Sade, but it is the kind of issue that may cause a child to be moved from a placement if the social worker feels undermined or is not willing to try something different. As with any parenting relationship, the foster parent and the social worker need to find a way of working together in the best interests of the child. Most of the time this is achieved and occasionally it is not. Since attending the training, Dee now takes the opportunity in review meetings to put across her thinking by writing a report for the Independent Reviewing Officer, who chairs the meeting. She said:

> *What I tend to do is put a report together now, so I'd do a therapeutic report…, I'll do a separate document, a two page document, and I'll give them headings and how the child's progressing and how they're presenting.*

Other foster parents felt that their new knowledge gave them more confidence to take part in the review meetings. Dagmar from (Focus Group 3) felt more professional in review meetings and was confident in her knowledge about the child. She said she can go into meetings: "*with a more professional head…having an understanding of the child's point of view and putting that across*".

Jasmin, Focus Group 1, talked about understanding the different roles of people in review meetings:

> *I think as well as knowing what your role is, you also know what the role of other people are and I think it gives you a bit more confidence to hold them accountable for doing their part, it's not in a kind of negative way, it's in a kind of a real way. It is real, we are dealing with a lot of issues, when you have any one child that they're looking at in a review and I think it's so easy to kind of be dismissed as the foster parent just sitting there attending. Where now you can take part a bit more and actually offer information and ideas.*

Interestingly when I asked one foster parent (Donna) about whether or not she felt her work was 'therapeutic' after training, it resulted in the following exchange in her research interview:

> Donna: "*Well that's an interesting one isn't, I'd probably say no, and I'd say no probably because it doesn't feel like I'm allowed to be*".
> MD: "*Oh right, say a bit more about that*".
>
> Donna: "*I do think I work more therapeutically, but I don't think I'd dare say that out loud to my social worker or to the people in the system because I think that would be frowned upon, because they have this great fear of fosters carers thinking they are therapists. I don't think I'm a therapist I definitely don't*".
> MD: "*You weren't trained to be a therapist you were trained to think therapeutically*".
>
> Donna: "*But there's this whole kind of fear of foster carers thinking they can work therapeutically with children, screwing them up even more*".
> MD: "*Have you heard people say that or is that your fantasy?*"
>
> Donna: "*No, well I have in the past, I haven't recently, and I have a lot more confidence in my supervising social worker now, so we've started to talk about what do I do with this, the trouble is I know the players further up the chain of command, I know what the team manager is like, and I know that she wouldn't tolerate me even daring to believe that I'm a therapeutic practitioner*".

Here, Donna is referring to the power imbalance she feels between social workers and foster parents, and the perception of how foster parents should do their job. She's also talking about how she manages this power imbalance, but also how the training puts her in a potentially tricky position. She claims that it is encouraging her to think of her work in a way that seems to contradict how another part of the system sees her role. What has been said above may illustrate that social workers may also need training in therapeutic fostering if they have not already had any. There are some difficult dynamics with local authorities that have been identified in these findings.

Therefore, I am curious about how people who work in the field of fostering can work towards a more unified approach with foster parents, with clear expectations of what their level of skill and qualification should be. I discuss this further in the next chapter.

8.3.2 Relationships with Social Workers

There were a mixture of feelings and experience from participants about their relationship with social workers. Overall participants felt that outcomes for children were better when there was co-operation between the social worker and the foster parent. Grace who was brought up in a children's home, said:

> *I've always been bought up with social workers and I tend to rely on them as the drive for good, they would always protect the child. But now, often because they've got 37-40 cases, I finally thought no if anybody's going to advocate for the child, it's not going to be a social*

worker who's stretched to death, it's got to be me. So, I need to be able to map it for them, which I do, and if they haven't done it, I will get in there and literally knock on doors.

Nigel had another view and thought that social workers were coming from a risk-averse position. He said:

Yeah, because the evidence would suggest is that, you're talking about stuff [on the training] that team managers don't really know/understand and don't want to. Because what they're interested in is your monthly reports, your supervision every six weeks, quality control stuff. When you start talking about a bit of attachment theory perhaps, talking about mentalisation, trauma recovery and that sort of stuff, I don't think they're up to the mark in terms of their knowledge.

What Nigel is referring to is that in social work training there is very little focus on fostering and certainly does not cover therapeutic theory such as trauma, mentalisation and other theories that are useful to therapeutic foster parents. Social workers will often need to do additional professional development to keep pace with what foster parents will be learning on courses such as the CTF and MA in therapeutic fostering. Nigel said that his experience was that he was not listened to or his knowledge valued because he was not classed as a professional.

A clear message that emerged from the study was that relationships between foster parents and social workers are crucial for the foster child. A number of foster parents commented on how important the working relationship is between foster parents and social workers. There is potential for splitting and projection in the system when people in the team around the child do not get on. The key is for social

workers and foster parents to be in regular communication. That relationship becomes complicated by how each sees their role, the power plays that can go on and the nature of respect between the social worker and the foster parent, which has to be two way.

8.4 Limitations of Training and Dislikes

Interestingly in his individual interview, Nigel (65), who had been an engineer before becoming a foster parent, thought that some foster parents were not up to training at higher education levels. He said:

> *In terms of the course I do feel the MA would be too much for many foster carers, and I'm just thinking of the ones I know. I'm not being disparaging but they wouldn't have the basic qualifications to be able to even get on the course. And I have a sense they would find it totally overwhelming… I do have a real concern however in terms of the infantilisation [of foster parents] that appears to take place with supervising social workers. I think that something is needed, yeah, something is needed.*

In a way Nigel has highlighted one of the issues in fostering generally, in as much as, there are plenty of short training courses for foster parents; but it is only in recent years that some training course have become a little longer and gone deeper. He is saying that potentially this type of longer course, like the MA, could be off-putting or too much for some people. However, he also thinks something has got to change t help social workers to see foster parents as more equal in the team around the child as he thinks they are infantilised at the moment.

Alongside the foster parents' relationship with the social worker, their relationships with other individuals of their cohort was also discussed. They talked about how being part of a group over a longer period of time helped to build deeper relationships between them and repaired their previously poor experiences of education. One foster parent, Maggie, in Focus Group 3, said of her training cohort:

> *Yeah…I found that you start off in, you know a little group, but then overtime as you build relationships with others, you're able to talk at a deeper level with everyone, and it is, it's something to look forward to.*

8.4.1 Essays

There were mixed reviews about essay writing that emerged from the interviews. The comments came from asking a question about what participants did not like in the training. Both the CTF and the MA course required students to do three essays, keep a journal and deliver a reflective presentation about their learning. Some people felt they had overcome childhood experiences of school. As Marcella said:

> *It's repaired my experience of education and I think I put that in my journal, because yeah I've had terrible experiences from school coming through, my experience of education has not been a positive one, and I think this course at this level, such a high level, has repaired all of the rubbish down there.*

Another foster parent, Donna, felt that the essays were so painful to do and that having to attend to academic criteria and standards detracted from creativity and depth. She said:

> *The process of doing essays was so painful, but what I've noticed since doing them is that I can write much better now. For me the essays always left me frustrated because I would just start to get to the interesting bit, by which time I'd run out of words, or I'd ticked all the boxes I need to tick. So, I think the process of doing essays was a really good thing, it gave me a skill that I didn't have and it probably did help me integrate the learning.*

8.4.2 Personal Work

In response to the question about what you did not like, some people had reservations about what the course stirred in them personally. Because the course is looking at childhood and parenting it can open up wounds for people. One person decided to go into therapy as a result, she said:

> *Yeah, there's been a lot of issues raised for me personally on this course. Stuff that's been bought from childhood and from the death of my mother, various different ways in which I view myself that have been quite negative and that I've had to take steps to deal with it. Once you realise something is there you can't just leave it.*

Another person, Sonia, from Focus Group 2, agreed with that sentiment and said:

Yeah and it's a case of do I deserve to feel that way about myself and the answer is obviously no, and that's been very difficult. I have to say I'm glad I've done the course because of what I've achieved professionally, but for what it's brought personally I still don't know if it's a good thing.

8.4.3   Family Not Understanding

Another issue identified as a difficulty in the training, was the rest of the foster family not understanding the changes taking place in the primary foster parent when they began to adjust how they foster. One foster parent said:

It's not an individual thing really because we take it home and it's our whole family that are involved, you can't come to CTF and learn all this information and then go home and carry on and do it your way, your new way, while the family does what they've always done. So in a way they need something too.

Suggestions came from the focus groups about putting on a short course for co-foster parents (the partners of the primary foster parent) or writing a "survival guide" for them. Josie (Focus Group 1) shared this sentiment and said she would go through the handouts with her husband to help him understand what she was learning:

It definitely changed the dynamic in our household and definitely bettered our relationship because it got to where my young person [foster child] would transfer everything on to me and then…it got to the stage where I would throw some of that crap onto my husband because it's unconditional love, he loves me anyway and he'll get over it. But it's not ok and it isn't right? So, it was really great to be

able to give my husband this insight and go through the handouts with him and for him to actually have light bulb moments too. We can co-parent again from the same page. He gets it, he doesn't think I'm mollycoddling him [the child] and thinking why on earth are you doing that and letting him get away with that.

Josie is testifying to the difficulties some students experience when they are doing a very demanding job and then take on a training that essentially asks them to let go of what they know already and think about parenting differently. It can be very disorientating and inevitably promotes a feeling of conscious incompetence. The most significant topic that arose from the limitations of the training was that of partners, and how to help engage them whilst their partners are changing the way they think about foster children and how to parent them. I will address this more in the discussion section.

All foster parents interviewed said that their experience of therapeutic training had changed them and their approach to the children in their care. This chapter has detailed some of the changes that occurred in how foster parents thought about themselves and the behaviour of children. It also discusses how their learning had influenced the quality of the relationships that they had with foster children and with other professionals in the network. The next chapter will reflect on the process of undertaking this study and the findings and highlight areas that may stimulate debate within fostering.

8.5 A Different Perspective

In this section I want to return briefly to the images chosen by foster parents that symbolically represented where they were emotionally before and after the training. Each set of images had distinct themes, which I would like to touch upon. In Fig. 28 we can see the 'before' pictures chosen by 18 out of 27 participants in total, including the focus groups. Some people gave me a story or metaphor instead of choosing a card. I think using images has given a strength to the research that I did not anticipate. Apart from adding colour and interest, the images say so much more than participants could often put into words. Looking at the images thematically, the comparison between those chosen to represent participants before therapeutic training and those chosen to represent them afterwards is stark.

Fig. 28: Images representing participants before training in therapeutic fostering.

A number of abstract images were chosen by those interviewed, and I think there is some reflection in them of a movement away from concrete, black and white thinking, to something imaginative and innovative: a different perspective. In short, the abstract images represented complexity, a long journey into the unknown and being positive 'even if you did not know where the journey was taking you'. Images chosen after the training showed a range of things, but the qualities were of openness; clear paths in the walks through the woods; having a bigger perspective; a new dawn and four images of reflections either in water or through windows. Below are some more of the images chosen to symbolically represent how people felt after the training. Some people quite independently chose the same image:

Fig. 29: Images representing participants after training in therapeutic fostering.

Based on the data and the evidence of the images, I think it is safe to conclude that training in therapeutic fostering can lead to very positive changes in the relationship between foster parent and foster child. This is based on what foster parents have said has resulted from raised self-awareness, more knowledge of theories and how to apply them, and feeling more competent and professional. Participants also described raised confidence levels and greater self-esteem. I will say more about this in the next chapter where I discuss the research study.

9   Discussion chapter

This study was an attempt to understand the experiences of foster parents who go through therapeutic training. Although it was not a formal research evaluation of the training courses, there is, of course, an evaluative element in the answers given by research participants. This discussion chapter will focus on the general findings, whilst revisiting the literature review to reflect upon how the findings from this study fit with the trainings discussed in that chapter. I will also reflect upon implications for training of foster parents and the strengths and limitations of the study.

9.1 Precis of Key Findings

To summarise the findings, on the whole, foster parents felt valued by their involvement in the training, and they felt personally changed by the experience. After undergoing the training, foster parents reported raised self-awareness; positive changes in the relationship between themselves and the children they care for; they felt more competent in their role as foster parent and in their expertise in meetings, and a greater sense of equality with other professionals in the team around the child. There are several areas that I would like to mention specifically, some of which I was not expecting to find. This included the *process* of the training being as important as the *content.* This project evidences that the group process is as important as the taught content for developing reflexive muscles and self-awareness in foster parents. It was often through the discussion of a topic, for example, attachment or trauma, that participants would relate the subject to their own lives and move into deeper reflection about their own experiences.

Similarly, the content of the course invited reflection on how participants themselves were parented, for example, and this enabled them to be more in touch with empathy for their younger selves and be able to use this to think about the internal world of the child they were caring for. They could reflect on their parenting style and how repeating what was done to them in terms of ordinary parenting, was not sufficient for a child who was a stranger and who may have suffered relational trauma and abuse. A taught course that did not have sufficient time for processing how participants are relating to the material may have had very different results. Access to the internal world of the participants was gained through experiential exercises within each two-day module and a variety of creative work, such as, the use of art, clay, sand tray, storyboard, images and therapeutic stories. A critical friend who read this thesis said:

> *I was particularly struck by the participants voices - such clear echoes of almost all well-constructed and 'safe' personal development courses - and of course, that's what good fostering demands - personal development, so it's not surprising. However, the course has drawn people into PD [personal development] who wouldn't necessarily be 'candidates'...they have other intentions, ie doing a good job for kids.*

The courses recruited participants who wanted to improve how they fostered and advertisements not overt about the fact that there was an emphasis on personal development through teaching methods that increased self-awareness and reflective capacity.

This had not originally occurred to me, and I wonder if there would have been fewer applicants if that had been how the course was advertised. This gave me food for thought about how the training may be advertised in future so that the implicit is made explicit, now that it is in my awareness.

Participants in this study had a lengthy training (a year for CTF and a few of them studied for two years at MA level). Participants seemed to value the length of the training, as it gave them a monthly group that, for many of them, was a supportive lifeline in a different way to their regular resources, such as home visits from the supervising social worker. They felt that it allowed them to learn about themselves at a deeper level, which had not happened for them through short-term training of 4-8 hours on a variety of topics in fostering. Based on my learning from this study, I believe that training needs to be longer than a few days in order to develop the depth of self-knowledge required for therapeutic fostering. Although that question about the length of training was not specifically posed in the research interviews, many of the participants mentioned it as beneficial and felt that they would not have got to know the internal world of themselves or the children so well on a short course.

The experiential nature of the course allows time for exploring raised awareness and assimilation of deeper reflection. Participants could reflect throughout the month between sessions and come back with questions and case studies for further discussion, integrating theory and practice.

Another surprise for me was how much participants valued learning how to care for children with the complex presentation of attachment difficulties combined with trauma. Most of them had been on short trainings that covered attachment and short trainings that covered trauma. They had never spent any length of time working out how they could deal with both of those issues at once in the children they take care of. Each month they could discuss the behaviour or emotions that were most difficult for them to deal with and receive bespoke ideas from the group and the trainers. One participant said:

> *I gained so much from the Certificate in Therapeutic Fostering, but I learnt a lot about myself as well. It changed me, it changed me in a way that, in the early days you'd sort of react to everything, because you're looking after teenagers who can cause a lot of issues and are looking to get reactions out of everything. I was one of those sort of people that would react to everything, I'd get drawn in and I'd be thinking fostering's hard work. It's a constant battle day in day out, some teenagers we've had have been really difficult. It's like a battle…[Other] training that we had taught you how to manage behaviours but not why the behaviours are occurring.*

A key learning point from this study is the value of a type of training that focuses on understanding, rather than just managing behaviour. Looking at what lies behind the behaviour that is so difficult to manage and developing in foster parents the skills and qualities needed to do that, seems far more valuable than providing a range of strategies for dealing with specific behaviours.

The approach in these trainings was to teach foster parents how to think therapeutically. That required them to do the equivalent of the first year of a therapy training in terms of learning about listening skills, reflection, empathy, unconscious processes and self-awareness within the context of fostering. In order for those skills to develop, the courses needed to be at least a year long with regular monthly meetings and some of the learning integrated through essays and presentations. This allowed time for group members to develop and grow together and become an invaluable resource for each other on the whole. The development of the group generally allowed people to make themselves more vulnerable and take help from each other, which deepened the learning experience.

Another unexpected finding that emerged from the research was that the partners of foster parents going through therapeutic training need some guidance and short training to manage their expectations. A number of participants talked about the impact of them returning home from training each month with a slightly adapted parenting style because of what they were learning. This was difficult for their partners and other family members, sometimes causing tension, in the approach to dealing with difficult behaviour.

A number of people interviewed asked if there could be a 'survival guide' for partners. In thinking about how to respond to this, one of the products of this research will be a partner's guide to therapeutic training and its impact on the family dynamic. Additionally, a meeting for partners will be offered once a term.

Another finding came from one participant, who argued that therapeutic training for foster parents does not necessarily need to be up to MA standards. He felt that the length and academic rigour would be off-putting to some. I felt a little defensive on hearing this, as I had spent a long time creating an MA course and going through a process of seeking university credit rating. Other participants who had completed the MA said that they enjoyed the status of having a higher degree and liked the fact that there was a qualification for foster parents at that level. However, the comment stayed with me, and upon honest reflection I believe that a Level 6 course is probably the right level to attract foster parents who want a recognised qualification. This thinking is also reinforced by the fact that the MA course has difficulty recruiting - probably due to high costs and length of the training. Both are problematic in a culture where foster parents are not used to paying for their own training and sponsorship is tight in times of austerity in public sector funding. Since undertaking this study I have come to the conclusion that a Level 6 course of 20 days over a year is sufficient to develop the skills and qualities needed for therapeutic fostering, providing an opportunity to integrate reflective skills and self-awareness. Especially if the graduates of such a course were then supported by ongoing therapeutic consultations being made available to them by therapists who are familiar with the world of fostering. A wider implication of this would be that psychotherapists routinely became part of the multi-disciplinary team around the child that includes social workers and foster parents. This approach would help foster parents to continue to develop their therapeutic thinking and keep reflective capacity alive in the face of the many challenges of working in fostering.

9.2 Revisiting the Literature Review

Many of the findings from this study, specifically in terms of what theories may be most useful to foster parents, are already mentioned in the literature review. For example, all of the researched trainings discussed included attachment theory (Warman *et al.,* 2006; Schofield and Beek, 2006; Golding, 2014; Anna Freud Centre, 2017) so it is clearly thought to be an important component of any training for foster parents. This study reinforces the importance of attachment theory and adds to the credibility of the other studies in that regard.

Each of the above-mentioned trainings however have a slightly different emphasis. For example, Warman *et al.* (2006) focused on behaviour and social learning theory; Schofield and Beek (2006) focused on attachment and caregiver sensitivity and qualities, and Golding (2014) focused mainly on attachment and a little bit on trauma. Anna Freud Centre's Reflective Fostering Programme, Redfern *et al.* (2018) focuses on mentalisation and reflective capacity. Each of these trainings has their own unique emphasis and they all cover important topics relevant to the work of foster parents. What is noticeably missing is a training that contains all of those elements of the kind described in this study. The most important emphasis in this study is developing compassionate self-awareness through the lens of attachment, trauma, reflection, behavioural and emotional difficulties and understanding unconscious processes, such as, transference and projections.

9.3 Implications of therapeutic training and practice

This study has highlighted to me that in order to help foster parents to achieve integration of practice and theory, attention is needed to certain topics in training that will help them to develop relational fostering skills. This study has also taught me that the nature of foster parent preparation may be one of the determining factors in creating relevant training for foster parents who are considered to be therapeutic; those looking after the most difficult to place children who have the most complex difficulties.

Attachment and trauma and the various issues-based topics that are relevant to children in care would need to be included. However, additionally I would suggest that if we want therapeutic foster parents to be the best that they can be, the following areas are also important to include in training:

1. **Process** - Allowing time for participants to reflect upon what the topic means to their lives and maybe their own childhoods by including some experiential exercises that allow for deeper reflection on the internal world of the participants. Doing this in the group allows for the facilitator to work with the personal process when participants are feeding back; not to provide therapy but to help participants reflect on where their beliefs or attitudes may come from, for example, and provide challenge or empathy when necessary. Of course, this would mean that facilitators of training for foster parents would need to know themselves too and have the skill and competence to manage whatever may emerge. This kind of work that places a demand on people to

personally engage in the training can only be done safely in trainings that are in a closed group over a lengthier period of time than one or two days; and where there has been negotiation around ground rules, in particular, confidentiality; and where the facilitator is skilled in personal development.

2. **Self-Awareness** – Having an emphasis on raising awareness and helping foster parents to build upon their reflective capacity. This is about having models and tools for how to think about yourself and other people, and how to help children and young people develop their reflective selves too. This skill comes through self-knowledge and understanding. Because the course is looking at childhood and parenting it can open up wounds for people. Therapy is not a compulsory component but is encouraged by the trainers if people are struggling to make sense of their past.

   The comments above have made me reflect on how people going through the training can take more care of themselves, and how the training may help in the future by focusing more on self-care and the vicarious traumatisation that can occur through hearing some of the history of what has happened to a child in care.

3. **Reflective Inquiry** – One way of integrating theory and practice is to introduce self-generating projects such as a reflective inquiry and a reflective presentation. This was something used in the courses, which I will now introduce into a revamped Level 6 course. It involved participants choosing a topic that they wanted to know more about in fostering. Invariably that would be about some issue they were struggling with at the start of the course. One example of this in the findings, was Fay asking the question: '*Do babies need therapeutic fostering or is it just for older children?*'. Students would be

tasked with reading around the subject, introducing ideas from what they were learning to their practice and producing an end of year presentation for the whole group to discuss their findings. They would follow a learning cycle such as Kolb (1984) or Gibbs (1988) to provide some structure for their inquiry. The inquiries participants undertook were valuable because they were self-directed and about what the student wanted to know. Therefore, the motivation to complete them came from the desire for knowledge and the impetus of an end of year presentation to your peers and tutors. Some of the presentations were worthy of developing into articles or training workshops for other foster parents and were quite ground-breaking in their own way, incorporating applied theory.

4. **Group-based training** - Group based trainings can be an arena for enhanced learning and this was certainly the case for most of the participants in this study. However, there is also a need to be cautious about the dynamics that may take place in groups. Many participants spoke about how much they valued the group. However, in contrast, one participant experienced bullying by the group members outside of the group time. This was quite a shock to learn about in an interview given the values of the course and the fact that none of the trainers were aware of what had happened. One safeguard against such a dynamic may be to build two or three tutorial sessions into longer trainings, so that the tutor is checking in with each participant at regular intervals and providing a safety valve.

5. **Length of training** – All of the things mentioned in this section are only possible in a training that is longer than what we have seen is the norm in fostering. Participants in this study had embarked on courses that were a minimum of one year long and learning was integrated through essays, a presentation and a journal. The nearest equivalent in terms of researched training is Golding's (2008) Nurturing Attachment training, which at 54 hours is less than half the contact time. It seems important, based on this study, for time not to be filled with content alone but to allow room for personal reflection, experiential work and self- awareness.

6. **Partners** – attention needs to be given to the partners and families of people on any training when leading to adaptations of the usual parenting style and thinking processes. In this study it seems that participants were left to do that work alone when they got home. This was a very powerful learning from the interviews and led me to reflect upon what partners may need in order to help them understand the changes taking place. It may be that a short training or a product explaining the philosophy and potential changes is needed for partners. In any future training, I would recommend that partners be recruited to the project by making them aware of some of the content and implications of the training, in order to offer them a flavour of what was being learnt. This could be done through handouts for partners and termly meetings for partners with the tutor to offer guidance about the course and how they can support the learning being undertaken by their partners.

7. **Who needs the training** – An emerging idea from this study is that social workers may also need training in therapeutic fostering if they have not already had any. There are some difficult dynamics with local authorities that have been identified and expressed in the findings, and I am curious about how people who work in the field of fostering can work towards a more unified approach with foster parents and clear expectations of what their level of skill and qualification should be. In the findings it was revealed that there might be potential difficulties if foster parents have a training that doesn't fit with the ethos or experience of the local fostering team. What is more, foster parents are supervised by social workers whose training is very different from anything like the training described in this study. I know from being a university practice educator in social work training that most courses do not include anything in depth on fostering in the curriculum. The only way a trainee social worker can learn about fostering is usually if they ask to do a placement in a fostering setting. The benefits of therapeutic training to social workers are that it would provide further opportunities for reflection whilst on monthly home visits with foster parents and deeper insight into what may be going on for the child. It would enhance the social work role and the skills of the social worker to work in therapeutic fostering.

At the moment there is a huge gap in terms of what foster parents on the CTF or MA courses have learnt and what social workers have studied on their training. A more unified approach to the kind of training that would be beneficial to fostering in the UK, and the outcomes that are desirable for both foster parents and social workers, is a long way off until there is more research evidence about what works in fostering.

A similar argument could be proposed for therapists to have a short specialist course that helps them to translate their therapeutic skills into the world of fostering. Many fostering organisations, which describe themselves as therapeutic, will employ therapists but with no real strategy about what to use them for and no oversight in terms of a clinical model for fostering. Some therapists are used to provide therapy for children, which is excellent for the children but does not enhance the skills of foster parents or social workers. Some therapists are employed to support foster parents yet they do not necessarily understand the nuances of fostering. A considered approach is required about what is needed as a baseline for any therapeutic fostering organisation and how the foster parents, social workers and therapists can work together as a team around the child with shared understanding of what they are aiming to achieve by having some common elements in their training.

8. Assessments - Currently assessments are carried out by a qualified social worker who provides an in-depth report on the life and background of the potential foster family. What is being assessed are attitudes towards children and parenting skills or the potential for parenting skills if the assessment is with people who do not have their own children. There would be wider implications for the process of assessment of foster parents if the assessments were going to be used to recruit therapeutic foster parents. The lengthy assessment process, which can take up to six months, could be used to assess potential participants for therapeutic fostering. Assessors would need to include more on the potential capacity for reflection, for example, and the ability for applicants to have a coherent narrative of their

life story and events that demonstrates integration. Nobody would expect
new foster parents to be therapeutic from the outset but some indication of
the skills and qualities that may lend themselves to working in that way could
be useful for therapeutic organisations recruiting new families.

9.4 Strengths and Limitations

The most obvious limitation of this study is that the findings may not be
representative of all foster parents who undertook the training in therapeutic
fostering.

Another limitation is that foster parents undertaking the training and mentioned in
this study had all paid for the training themselves. It is not the payment itself; it is
what it tells you about the kind of foster parents these were: all well-motivated and
keen to learn. The participants may not be typical of foster parents generally, who
are culturally much more used to training being put on for them where the only
expectation is attendance. The course participants felt they had needed more
knowledge and skills for the work they were required to do and had found something
that would help them. They had invested in their own learning, which is very
counter-cultural in fostering as usually all training is free to foster parents. What this
may mean is that they had higher levels of motivation and/or some of them were
incentivised to attend with the promise of promotion to a higher rate of pay on
qualifying. This must have influenced them in terms of their commitment to the
course and their determination to succeed. I wonder what the results from the study

would have been like if people had been sent on the course or told to attend. In designing the trainings I had felt that it was important for foster parents to pay for the course themselves as it would ensure their commitment and help them to value the course and themselves. I realise now that this has implications for the study in that they were all highly motivated foster parents who had bought into the concept of the course.

Having said how well motivated all the participants were, that did not take away from them the fact that they each personally developed during the training in ways that they did not anticipate. Dee is an example of someone who felt that fostering was so stressful that it was making her ill, until she found ways of being able to self soothe and manage her anxiety. The personal process aspects of the course helped foster parents to understand and develop an internal relationship personally, which could then be used to help them be more compassionate and empathic towards foster children. They had become insightful and resourceful foster parents; who had worked through issues from their own childhood or parenting styles that were not useful in the context of therapeutic fostering.

It could also be seen as both a strength and a limitation that I knew some of the participants. They trusted me, which is a strength, because I was connected to the course. However the limitation of that is that it may have made them less open about things that they wanted to criticise. They may not have wanted to disappoint me, and so told me what they thought I wanted to hear and not offer the stories that were less favourable. I have no evidence of this and felt that participants were able to say whatever they wanted in the interviews, but I do have to hold it in mind as a possibility.

In terms of strengths of this study, all of the participants said that their fostering had benefitted from the training and, it seems, that even those who were on their knees when they began the training seemed to have been resourced by the course. In the study many of them spoke about being able to understand their foster child better and wanting to hold onto them where, at the beginning, some of them were ready to give notice on that child because they felt depleted about what to do with them. This might indicate a strength in the training rather than the research, although the study has shown a demonstrable impact on the approach to fostering taken by the participants.

Using qualitative methodology to interview participants about their experiences was a strength of the research as it gave voice to the subjective experience of people who often do not get heard in fostering and revealed a strength of opinion about their needs. Interviews produced rich and detailed descriptions of the world of fostering from the perspective of the participants. As stated earlier, Thematic Analysis is about meaning and not numbers and it is a strength that this study was distinctive in that way. It has captured some of the essence of what therapeutic fostering presents to foster parents on a daily basis and provides rich contextual information. Subjective stories have been told in the data that are not necessarily the truth – I was not looking to provide definitive or positivist answers to my questions – they are the subjective experiences of those involved. Having said that, in further research into this kind of training I would welcome a more pluralistic study that would use quantitative as well as qualitative methods. A study of this kind would enable a like for like comparison with some of the other researched training described above.

Mixing interviews with individuals and focus groups in order to test transferability of the findings was another strength. This study may prove useful to practice in that the context-specific knowledge can be meaningfully transferred to other settings. As I stated earlier, for example, to others who have done similar training, and share a similar desire to raise self-awareness and develop reflective capacity in working with others. Some of the transferability has already been tested through the use of focus groups, even though that was within the same context.

The use of a critical friend who checked that the themes I had identified were rooted in the data, was another strength of this study and guarded against confirmation bias.

My view is that this study has social validity, which refers to the social value or importance of the topic and of the research study to the profession and to society at large.

I would argue that how foster parents are prepared and equipped for the role they occupy and the results that come from major public expenditure in this area of social care, lends validity to a study of this nature. What is now needed is some further evaluative research of the training in therapeutic fostering discussed in this study to assess whether the claims made in this study can undergo scrutiny when outcomes for children and foster parents are measured using validated instruments. In terms of the evaluation of the therapeutic training courses described in this study, the feedback from participants rings out loudly and clearly as hugely positive for themselves and the children they look after.

9.5 Personal Reflection and Professional development

I would never have described myself as a researcher at the outset of this study but I have learnt how to do research. One of the things I have learnt is that research is about the skills of curiosity, a wish to understand the world better, and maybe to improve it too. I have worked hard at it and there were times when I felt like giving up. The whole process took too long and I struggled to understand what I was doing, and how to do it. For the first couple of years I felt consciously incompetent, which is a very uncomfortable feeling for someone who was at the pinnacle of their profession in every other way. However, I managed to stave off the crisis of self-importance and continue to be a learner researcher. I could not have managed without the invaluable support of my supervisors, Stephen Goss and Nick Midgley, whose enduring patience and detailed feedback helped me to be the best researcher that I could be.

Through engaging in this study wholeheartedly I have pushed through academic obstacles that I never knew existed before this project, such as, developing my own epistemology. I have become a stronger thinker with a broader range of skills to draw upon and a deeper ethical sensibility.

I have been deeply affected by this research and by the enthusiasm with which foster parents greeted the findings. At a point in the research when I was sick to death of the whole project and could have cheerfully put it all in the bin, foster parents filled me with joy and a passion to publish. They responded to the findings with humility and were moved that someone had bothered to listen to them and write

up what they had said. Needless to say I wanted to cry on hearing that and was filled with renewed energy to push through and succeed for them as much as me.

The research has made me reflect on all that I do. I am a sharper teacher for taking into account research findings; I am a more reflective practitioner for becoming familiar with the work of Orange (2010, 2011 & 2016), and Jossellson (1996a, 1996b, 2006); I am more humble and less arrogant about what I do in fostering because I still have a lot to learn and I learn the most from foster parents. Ultimately I feel more rounded as a person through the research helping me to weave together three distinct - and initially considered separate - strands of my life: the journalist, the social worker and the psychotherapist. I can now see that those strands are intricately bound in the history of my life and family culture and I am using them to help people on the edge of things. This includes both foster parents on the edge of a care system that does not equip them to do the work that is demanded, and children in care who are on the edges of society and often labelled and misunderstood, who desperately need more than they are being offered.

9.6 Final conclusion and Impact of this study

My profile as someone who is interested in and undertakes research has been raised within Metanoia where I work as a tutor. As a result, I have been involved annually in teaching research to psychotherapy students at metanoia. I work with second year and third year trainees who are just being introduced to research methodology and try to instill in them the enthusiasm I feel about research. This is pertinent for me as I began this as someone who could not do research and was never interested in the topic. It was only through my passion for therapeutic

fostering and an ambition to influence that world that led me to consider a doctoral thesis.

Since then I have also helped to organise a research conference held jointly between the International Association of Relational Transactional Analysts (IARTA) and the European Association of Transactional Analysts (EATA) in London in July 2018. I was also a member of the scientific committee for the conference.

Last year I wrote an article for the Transactional Analysis Journal (Douglas, 2018) (Appendix 11) called 'Using Transactional Analysis to Help Foster Parents Develop Therapeutic Parenting Skills'. I now plan to write another about the learning from this project to describe the study, and include a section on implications of training for foster parents

The largest 'products' were already in place before I began the research study: the Certificate in Therapeutic Fostering and the MA in Therapeutic Fostering. Having said that I have been able to update the content of those courses regularly or changed emphasis in them through my learning from participants in the research study. For example, including more on self-care and relationships with partners.

Another by-product of this study is that I have formally revamped the material from both the CTF course and MA course to create new Level 5 and Level 6 trainings in Applied Therapeutic Practice: Relational Fostering , which has also incorporated feedback and learning from this study. The change of name is a reflection of what I have learnt to be the most important aspect of therapeutic fostering and the experiences of the participants: the relationship. Another key change is that there

will be information and study evenings for partners of foster parents on any future trainings. The new training courses will be marketed on a UK-wide stage and I have entered into a licensing agreement with a respected national training company. The company has inroads into Local Authorities and many Independent Fostering Organisations so the courses will reach a far bigger audience than I am able to do on my own. I will take responsibility for producing a detailed programme, handouts and other materials and develop a train the trainers course. The trainers will be psychotherapists who have a working knowledge of fostering and some of them are people that I have already trained and who have been facilitating the courses in this study.

The development of the therapeutic fostering trainings described in this project and the data from the research study provides evidence of the impact that can be made in fostering when there is a skillful fusion of social work theory and ideas combined with those from psychotherapy. That fusion needs to be done carefully, thoughtfully and practiced ethically but the trainings demonstrate that this can be done and the data demonstrates overall that such training has a huge impact on the relationships between foster parents and children and how they can confidently operate in the wider professional network.

This development could potentially move towards professionalising fostering, which is a contentious move because of the costs involved to the public purse. This project has challenged current assumptions and existing paradigms in fostering and needs further exploration and research. This study has also given voice to foster parents who often are unheard in the team around the child and participants have

shown that they can rise to the challenge of becoming qualified to do their jobs and have vividly described how doing so has improved their practice. The application of psychotherapy skills and knowledge to the activity of fostering has shown to increase awareness, contribute to practice knowledge and constructively address inequality in the team around the foster child, which is likely to be of benefit to vulnerable children in care.

The most significant 'product' to emerge indirectly from this research, is the opportunity to start a new fostering organisation that is values-led and research-based. It will be a small company with no more than 50-60 foster families who will all be therapeutically trained and social workers who will be trained therapeutically too. This occurred as a result of providing consultancy for a small fostering organisation in the North West that wanted to become more therapeutic. My work there, combined with what I have learned in this study, resulted in investors backing me to start up a new fostering organisation in my home county of Kent. It is called Flourish Fostering and will be walking the talk of therapeutic fostering and this research study.

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11 Appendices

Appendix 1: General Training for Foster Parents

Sample Training Programme for a therapeutic fostering organisation	
Cultural awareness and diversity	One day 10-2pm
First Aid & First Aid Refresher (repeated every 3 years)	Two days 10-2pm
Health & Safety in the Homes	One day 10-2pm
Child Development & Adolescence	Two days 10-2pm
Attachment	Two days 10-2pm
Thinking Therapeutically	One day 10-2pm
Child Sexual Exploitaion	Online
Safeguarding	Two days 10-2pm
TSD (to be completed in the first year of fostering)	Completion of a workbook
Drug and alcohol awareness	One day 10-2pm
TA:101	Two days 10-4pm
Managing Allegations	One day 10-2pm
Children who have lived with Domestic Violence	One day 10-2pm
Self Harm	One day 10-2pm
Sibling Groups	One day 10-2pm
E-safety	One day 10-2pm
Children and young people with special needs	One day 10-2pm
Safe Handling and De-escalation	Two days 10-2pm

Appendix 2: Certificate in Therapeutic Fostering (CTF)

The CTF has now run 34 times, in five different regions in England, and is the equivalent of the third year of a degree course. It was credit-rated by Greenwich University (60 Credits at level 6). This was an innovative development in the field of fostering, and participants have attended from all over the country. It is an open course and everyone who attends is self-funding and their fees pay for the costs in terms of facilitators and the university fees. The development of this course was counter-cultural in the fostering field where the expertise was generally located in professionals, such as social workers and therapists, and not the people living with the child. The course is based upon assumptions that most children in care have been through traumatic experiences in the form of either abusive experiences or through being uprooted from their birth family and placed with strangers. Another assumption of the course is that foster children may have quite severe attachment and behavioural difficulties due to early experiences that cannot be overcome using regular parenting methods. The course has an emphasis on self-awareness and the philosophy of the course is captured in a quote from Jung (1932: p.285):

> *If there is anything that we wish to change in the child, we should first examine it and see whether it is not something that could better be changed in ourselves.*

Part of the rationale for creating the CTF was to provide foster parents with a closed group, meeting for two days each month (120 hours contact time per year) in which they could feel safe, share their vulnerabilities, and go deeper into their own process. This model of training is akin to how we train therapists in the UK although, depending on the kind of therapy, those trainings can last several years.

The CTF affords an opportunity for foster parents to learn about themselves,

develop self-awareness and reflective capacity in a safe, contained environment.

The learning that they undertake is underpinned and integrated through the

requirement on them to produce two essays of 3,000 words and to engage in two

presentations. One presentation draws on an example from practice and links to

theory they are finding useful, the other is an end of year presentation sharing their

personal development and learning from the course.

Course Content

Module 1: Beginnings and Thinking Therapeutically
Module 2: Attachment and Child Development
Module 3: Living with an Abused Child
Module 4: Creative Interventions
Module 5: Living with a Traumatised Child
Module 6: Unconscious Communication
Module 7: Case Study Presentations & Dealing with Difficulties
Module 8: Groups and Families
Module 9: Sensory Integration: the body tells the story
Module 10: Endings and Final Presentations

Appendix 3   MA in Therapeutic Fostering and Adoption

This course has been running since 2012 under the auspices of Metanoia and Middlesex University. This training has also attracted foster parents and social workers from local authorities and the independent sector. People who have completed the CTF can use their academic credits from that course to apply to do the MA course if they want to pursue their studies in therapeutic fostering. Adoption was also added to this course title because there are so many people who have adopted children who are struggling to cope with the behaviour and difficulties that are very similar to those of foster children. The MA course has a similar philosophy to the CTF but takes the learning further and deeper. There are more demands on the students as it is over three years (two taught and one dissertation year), with three 3,000 word essays each year, a learning journal and a reflective inquiry that is carried out through the year. The MA is awarded to those who successfully complete all the academic requirements of the course and pass the 15,000 word dissertation and an oral exam based on their reflective inquiry topic.

Aims of the Course

This comprehensive programme has been designed to equip those working with fostered and adopted children with the skills, knowledge and attitudes that are necessary to provide the child with the emotional and therapeutic support that they need. These qualifications, both a MA and a Diploma, are intended to support the children's workforce and will add value to the qualifications some students may already have in their chosen area of work, for example, as foster parents, social workers, teachers, learning mentors, psychologists and residential workers.

This programme would be of particular interest for people working in fostering who

want to enhance their skill and understanding of children who have experienced

significant harm.

Overall Aims of the course are to:

- Promote advanced knowledge of, and critical engagement with, the existing research in the therapeutic field of what works with children and young people who have been through the care system.

- Promote advanced knowledge of a range of qualitative and quantitative research methods and their application to the appraisal of therapeutic work with children and young people who have been through the care system.

- Promote advanced knowledge of the debates which have arisen in the UK about the politics of therapeutic work with children and young people.

- Encourage students to conduct research into some aspect of their practice as part of their dissertation.

- Demonstrate advanced knowledge of theories and their application to practice.

- Support students to critically evaluate the effectiveness of their own practice.

- Encourage a sound appreciation of broad social cultural and political domains as they impinge on both thinking and practice.

Course Outline

The first year concentrates on exploring the concepts and manifestations of

developmental trauma, attachment and identity. In addition, it will focus on the

fostering development of a firm foundation of competence, attitude and skills for

thinking therapeutically about children and young people and also, through a

reflective inquiry, on developing the capacity for self-reflection.

The unit outlines are:

Course Outline First Year

The first year concentrates on exploring the concepts and manifestations of developmental trauma, attachment and identity. In addition, it will focus on the fostering development of a firm foundation of competence, attitude and skills for thinking therapeutically about children and young people and also, through a reflective inquiry, on developing the capacity for self-reflection. The unit outlines are:

Unit 1 Principles of working therapeutically with children and young people
Unit 2 Protecting children, Ethics and Research
Unit 3 Qualities of parenting from the inside out
Unit 4 Creative Arts and Symbolic Play
Unit 5 The experience of being a child
Unit 6 Developmental Trauma and Executive Function
Unit 7 Attachment difficulties
Unit 8 Unconscious communication
Unit 9 Communicating with children with diverse needs
Unit 10 Reflective Inquiry, ending the year

Course Outline Second Year

The second year concentrates on exploring the concepts of Mentalisation, Mental Health and embodied behaviour. In particular, the year will focus on understanding, and working with, the manifestations of severe attachment difficulties and arrested development. The unit outlines are:

Unit 1 Holding the child in mind – Mentalisation and the art of reflective function
Unit 2 Childhood disorders
Unit 3 Eating disorders and other behaviours to manage distress
Unit 4 Exploring the tasks of adolescence
Unit 5 Inappropriate sexualised behaviour
Unit 6 Anger, rage and shame
Unit 7 Dissociation
Unit 8 Trauma and the defenses of the self
Unit 9 Understanding sibling groups
Unit 10 Reflective Inquiry exam and endings

Appendix 4: Information for participants

Invitation

You are being invited to take part in this research and it is important to explain why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Feel free to ask me if there is anything that is not clear or if you would like more information.

Purpose of the Study

It is hoped that your participation in this study may help myself and others to understand what it is like for you to go through a therapeutic fostering training and what you got from it both personally and professionally. The research is not an evaluation of the training but a subjective exploration of your views, thought and feelings having completed training in therapeutic fostering.

Why Have I Been Asked to Take Part?

You have been approached as someone who has completed training in therapeutic fostering and so would have a valuable contribution to make.

Do I Have to Take Part?

No, it is entirely up to you whether or not you take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.

What if I Change My Mind?

You are free to withdraw from the research at any time without giving a reason up to the point when the researcher begins her final thesis. Transcripts from interviews will be destroyed and recorded data will be erased by the researcher.

What Happens Next if I Say Yes?

If you consent then Mica Douglas will get in touch with you to arrange a mutually convenient interview time. This can take place in an office space near to where you live or in your home.

What Do I Have to Do?

Interviewees - You will be interviewed either individually for up to 90 minutes or as part of a focus group for up to 2 hours at a mutually convenient time. The interview will be recorded, transcribed and analysed to look for themes. The transcript will be shared with you to ensure accuracy and the findings from all the interviews will be shared with you too. The transcripts and findings will all be anonymous and nothing will identify you to anyone else.

What are the possible disadvantages and risks of taking part?

 a) It is possible that you may feel distress at some point in the interview experience as feelings emerge. Hopefully this will be contained within the interview. If this should happen and it cannot be contained within the interview it can be arranged for you to be seen by a counsellor for a limited time.

 b) Confidentiality may be broken if at any time during the research a safeguarding issue was raised that needed input from other professionals. That would not happen without speaking to you first and encouraging you to take action yourself.

What are the possible benefits of taking part?

By agreeing to take part in this study you will be contributing valuable information to the wider field of fostering that may result in identifying new ways of thinking about training for foster parents. The voices of foster parents are rarely heard in research and this is an opportunity for you to say whatever you think is relevant in this area of study.

Will my identity be kept anonymous?

All information that is collected about you during the course of the research will be kept anonymous. Any information about you which is used, such as, examples from practice, will be anonymised so that you will not be recognized and nor will the foster child or your family.

All of the data will be stored, analysed and reported in compliance with the UK Data Protection Legislation. Data will be stored in encrypted format and will be destroyed one year after the end of the study.

Appendix 5: Consent Form and Confidentiality

I understand that I am being asked to participate in the above research study.

I have had the research study explained to me and have received written information about the purpose of the study and my involvement in it.

I understand that I have the right to say no to being involved in this study. I freely give my consent and agreement to participate in the study and understand that I will be:

- ➢ Interviewed individually for up to 90 minutes in one sitting
     or
- ➢ Interviewed as part of a focus group for approximately up to 2 hours in one sitting

I will give consent for my essays to be looked at it with a view to using extracts that may illustrate what I am saying in the interview. I understand that at any time I may withdraw from the study without explanation and that this will not adversely affect any services I currently receive or relationships that I have with anyone involved.

I understand that my confidentiality and anonymity will be preserved. Further I understand an exception to this clause would be in the event of information received that is considered to place a child or young person at risk of harm or neglect in accordance with the Children's Act of 2004.

I give my consent for the use of audio recordings and understand that these will be stored and destroyed in accordance with the Data Protection Act of 1998 and used solely for the purpose of:-

- ➢ Recording my interview and then the tape will be destroyed
- ➢ Some of the transcribed content may be used to illustrate examples or contribute towards general conclusions about therapeutic fostering

Further I have been informed that any changes to the study as explained to us today will require the researcher to re-gain our written consent and that this will be voluntary. I understand that in the event that I have any concerns about the conduct or nature of the research that is being undertaken I can contact Sonia Walter at Metanoia Institute (sonia.walter@metanoia.ac.uk) who can pass your concerns to Middlesex University or the appropriate academic supervisor.

Signed and dated by the participant

....   **Date………………….**

Signed and dated by the researcher

…………………………… Date…………………

Appendix 6: Demographic Data Collection

ID No: **Date:**

Preamble

Thank you for agreeing to take part in this research. The individual interviews will take a maximum of 90 minutes. These are the areas that I would like to focus on regarding your experiences of fostering and the therapeutic training that you have had. They will form the basis of my interview with you and you may like to reflect on your answers before we meet.

Is there anything you would like to ask me before we begin?

Introductory Questions:

1.   DEMOGRAPHIC INFORMATION

1.1   Family Name:

1.2   First Name:

1.3   AGE:

1.4   MALE / FEMALE

1.5   How long have you been fostering?   …….Years……Months

1.6   Are you a primary or secondary carer?   Primary / Secondary

1.7   How many children have you looked after?

1.8   How many placement breakdowns have you experienced?

1.9   What was your career before coming into fostering?

1.10   Highest qualification, if any, before doing therapeutic training?

Appendix 7: Framework of Questions for Individual Interviews

I want to learn what happens for foster parents when they embark on therapeutic training and impact it may have on:

➢ Themselves
➢ Foster children
➢ The relationship between you and the foster child

This interview will take up to 90 minutes and will be audio-recorded.

Framework	Question	Auxiliary Qs
Experience as a FP	Can you tell me about your reasons for becoming a foster parent and about some of your experiences?	How has being a FP changed the person that you are? What has been the most rewarding aspect for you? What has been the most difficult aspect for you? Have you had any serious setbacks or misgivings about your role?
relationships	Has your experience as a foster parent changed you in any way? Has there been any impact on? ☐ You and how you are as a foster parent ☐ The way that you care for foster children ☐ Do you think your foster child has noticed any changes	Did the therapeutic training change anything for your foster children or for you? Was there anything that didn't change and stayed the same? Has the relationship between you and your foster children changed at all as a result of the therapeutic training? Have any other relationships changed at all ie with partner or colleagues?

Training Generally	Can you tell me about the training that you have done since becoming a foster parent and how that has been for you?	Have you found the training valuable? Are there aspects of training that you do not like or that was missing from training?

Therapeutic Training	Can you tell me about the therapeutic training that you have undertaken and invite you to say anything that you want to about it? My view is that it is valuable but I am not a foster parent and would like to hear a whole range of views from your perspective. What did you not like or what could have been improved?	What made you want to do therapeutic training? Do you think therapeutic training has a place in fostering generally? What was the biggest learning for you from the therapeutic training? If your year on the training was written up as a short story, can tell me how it would go? What was the obstacle or the thing you liked the least about therapeutic training? Would you say it had made any difference to what you do on a day to day basis?
Where are you now	Would you describe yourself as therapeutic?	What does that mean to you? If a Martian landed on earth and peered through the window of your home before doing the training and then since doing this training, what differences might they see in your fostering? If they could peer inside you would they see anything different inside you, such as, how you think or feel? Do you do anything to maintain your therapeutic learning? Has anything got lost since you stopped training?
Conclusion	Is there anything else that you would like to say before we draw this interview to a close?	How do you feel about the things that we have discussed today? Do you know how to contact me if there is anything you want to add? I will send you a copy of the transcript of this interview so that you can just check it for accuracy.

The experiences of foster parents who have been through training in therapeutic fostering.

1) Think about your experience on the course and choose postcards that most express how you felt at the beginning and how you feel now. We will come back to the images later.

2) Can you describe and help me to understand what has been useful, from your perspective, about therapeutic training? What, if anything, has helped you with the challenging task of looking after children who have been significantly harmed?

3) Do you have any examples of changing any aspect of your fostering as a result of therapeutic training?

4) The following themes have emerged from individual interviews I have done with foster parents. Do any of them resonate with you and, if so, can you say why and give an example from your own experience:

   - Developed more empathy towards foster children
   - Can look behind the behaviour
   - Reflect rather than react
   - I understand myself more
   - I know how to do my job in an informed way
   - I have confidence now at LAC reviews – I know what I am talking about
   - I am less likely to give notice and more likely to stick with the child

5) Was there anything that you regret, did not like or that has proved negative for you about therapeutic fostering training?

6) All things considered what is the most important learning for you?

7) Given that this study is about therapeutic training and the impact of that on you, is there anything we have not talked about that we should do? Have we missed anything that you would like to say about your experience?

8) Please would you take it in turns to describe the images you chose and share with the group why you chose them.

Appendix 9: Participant Demographics

Name (pseudonym)	Years of Experience Fostering At time of interview	How many children fostered	Age	Ethnicity	LA or IFA	Gender	Interview order	Focus Groups
Donna	8 years	12	50	WB	LA	F	1	
Grace	11 years	14	51	WB	LA/IFA	F	2	
Danielle	5 years	1	43	WB	LA/IFA	F	3	
Trevor	13 years 6 months	18	45	WB	IFA	M	4	
Dee	5 years	12	50	WB	IFA	F	5	
Marcella	11 years	14	48	BB	LA	F	6	
Fay	6 years	8	57	WB	LA/IFA	F	7	
Nigel	12 years	7	67	WB	IFA	M	8	
Susan	5 years	3	42	WB	IFA	F	9	
Sarah	13 years 8 months	20	48	WB	LA	F	10	
Pamela	6 years 8 months	3	51	WB	IFA	F		FG 1
Josie	1 year 1 month	3	38	WB	IFA	F		FG 1
Cara	3 years	7	50	BB	IFA	F		FG 1
Joan	7 years 6 months	6	47	WB	IFA	F		FG 1
Jasmin	6 years 10 months	6	43	WB	IFA	F		FG 1
Faith	5 years 4 months	9	41	WB	IFA	F		FG 1
Kiera	4 years	N/A	36	WB	IFA	F		FG 2

Marie	8 years 1 month	3	52	WB	IFA			FG 2
Jill	2 years 11 months	4	46	WB	IFA			FG 2
Sandy	3 years 2 months	4	47	WB	IFA			FG 2
Sonia	8 years 8 months	10	55	WB	IFA			FG 2
Lucy	8 years 1 month	12	46	WB	IFA			FG 2
Greg	4 years 4 months	3	58	WB	IFA	M		FG 3
David	4 years 9 months	3	58	WB	IFA	M		FG 3
Maggie	3 years 5 months	4		WB	IFA			FG 3
Susie	6 years	8	52	WB	IFA			FG 3
Dagmar	3 years 9months	2	38	WB	IFA			FG 3

MAXQDA 12 Overview of Categories/Codes (1)

Colour	Code	Coded segments of all documents	Coded segments of activated documents	Documents
●	Did not help with or did not like\Misgivings about fostering	5	0	3
●	Relationships\life skill\curious	7	0	4
●	Therapeutic Training \Competence	43	0	10
●	Therapeutic Training \Relationships with Social Worker/IRO	23	0	10
●	Adapted Parenting	77	0	10
●	Therapeutic Training \Theory\cutting edge	3	0	3
●	Relationships\Relationship with Adopters	1	0	1
●	Working through difficulties\why is he getting an ice cream?	1	0	1
●	Adapted Parenting\Own childhood experiences	18	0	6
●	What Helped With	0	0	0
●	Working through difficulties\child's negativity	10	0	3
●	Therapeutic Training \Competence\Metaphor for fostering	51	0	11
●	Therapeutic Training \Not taking things personally	12	0	6
●	Looking behind the behaviour	57	0	11

●	Did not help with or did not like\dynamics of the care system	15	0	5
●	Relationships\Relationships with another FP	26	0	8
●	Therapeutic Training \Theory\trauma	12	0	5
●	How Helped	0	0	0
●	Reactivity	26	0	7
●	Did not help with or did not like\Impact of fostering	21	0	8
●	Relationships\Relationships with LA	17	0	6
●	Therapeutic Training \Placement Breakdowns	18	0	9
●	Misgivings	0	0	0
●	Relationships\life skill	6	0	2
●	Therapeutic Training \Relationships with Children	109	0	12
●	Reflection	24	0	8
●	Did not help with or did not like	21	0	6
●	Did not help with or did not like\limitations	16	0	5
●	Did not help with or did not like\Family don't fully understand	3	0	3
●	Therapeutic Thinking	89	0	12
●	Therapeutic Training \Theory	52	0	11
●		0	0	0
●	awareness	60	0	11
●	Therapeutic Training	80	0	12
●	Did not help with or did not like\Relationship with partner	29	0	10
●	Working through difficulties	21	0	7

●	ethics	2	0	1
●	mental health issues	3	0	1
●	best practice	14	0	3
●	strength	9	0	2
●	Educational qualification	6	0	5
●	Unmet needs	5	0	2
●	expectations	9	0	4
●	life changing	9	0	6
●	Advocacy for Child	9	0	3
●	curious	1	0	1
●	Career before fostering	8	0	7
●	Supervision	10	0	5
●	Permission to Learn	10	0	4
●	mindfulness	3	0	2
●	Emotionally available	15	0	6
●	Relationships	2	0	2
●	Unconscious	9	0	5
●	training	5	0	4
●	Somatic Symptoms	7	0	1
●	transference	2	0	2
●	Rewards of fostering	14	0	5
●	Meaningful work	22	0	6
●	Motivation to foster	22	0	7
●		0	0	0

MAXQDA 12 Code Variables (2)

Colour	Code	Coded segments of all documents	Coded segments of activated documents	Documents
●	Did not help with or did not like\Misgivings about fostering	5	5	3
●	Relationships\life skill\curious	7	7	4
●	Therapeutic Training \Competence	43	43	10
●	Therapeutic Training \Relationships with Social Worker/IRO	23	23	10
●	Adapted Parenting	77	77	10
●	Therapeutic Training \Theory\cutting edge	3	3	3
●	Relationships\Relationship with Adopters	1	1	1
●	Working through difficulties\why is he getting an ice cream?	1	1	1
●	Adapted Parenting\Own childhood experiences	18	18	6
●	What Helped With	0	0	0
●	Working through difficulties\child's negativity	10	10	3
●	Therapeutic Training \Competence\Metaphor for fostering	51	51	11
●	Therapeutic Training \Not taking things personally	12	12	6
●	Looking behind the behaviour	57	57	11
●	Did not help with or did not like\dynamics of the care system	15	15	5

●	Relationships\Relationships with other FP	26	26	8
●	Therapeutic Training \Theory\trauma	12	12	5
●	How Helped	0	0	0
●	Reactivity	26	26	7
●	Did not help with or did not like\Impact of fostering	21	21	8
●	Relationships\Relationships with LA	17	17	6
●	Therapeutic Training \Placement Breakdowns	18	18	9
●	Misgivings	0	0	0
●	Relationships\life skill	6	6	2
●	Therapeutic Training \Relationships with Children	109	109	12
●	Reflection	24	24	8
●	Did not help with or did not like	21	21	6
●	Did not help with or did not like\limitations	16	16	5
●	Did not help with or did not like\Family don't fully understand	3	3	3
●	Therapeutic Thinking	89	89	12
●	Therapeutic Training \Theory	52	52	11
●		0	0	0
●	awareness	60	60	11
●	Therapeutic Training	80	80	12
●	Did not help with or did not like\Relationship with partner	29	29	10
●	Working through difficulties	21	21	7
●	ethics	2	2	1
●	mental health issues	3	3	1

●	best practice	14	14	3
●	strength	9	9	2
●	Educational qualification	6	6	5
●	Unmet needs	5	5	2
●	expectations	9	9	4
●	life changing	9	9	6
●	Advocacy for Child	9	9	3
●	curious	1	1	1
●	Career before fostering	8	8	7
●	Supervision	10	10	5
●	Permission to Learn	10	10	4
●	mindfulness	3	3	2
●	Emotionally available	15	15	6
●	Relationships	2	2	2
●	Unconscious	9	9	5
●	training	5	5	4
●	Somatic Symptoms	7	7	1
●	transference	2	2	2
●	Rewards of fostering	14	14	5
●	Meaningful work	22	22	6
●	Motivation to foster	22	22	7
●		0	0	0

Appendix 11: Article in Transactional Analysis Journal

Transactional Analysis Journal

Using Transactional Analysis to Help Foster Parents Develop Therapeutic Parenting Skills

Mica Douglas

ARTICLE

Using Transactional Analysis to Help Foster Parents Develop Therapeutic Parenting Skills

Mica Douglas

ABSTRACT

This article considers the application of transactional analysis (TA) theory in a nonclinical setting with foster parents and discusses the merits of offering therapeutic training to this section of the United Kingdom children's workforce. Transactional analysis theory is used to illustrate how TA knowledge can be crucial in helping foster parents to understand both their own internal world and that of the child. The author analyses the gap in expectations regarding the training of foster parents generally and the enormity of the task they are asked to undertake. This is particularly onerous when looking after children who have been significantly harmed, with all the consequent emotional and behavioural difficulties that ensue.

Qualitative Research Study

With psychological services for children in scarce supply in the United Kingdom (UK), foster children were being left with their distress and limited recourse to therapy. Many foster parents say that they are ill-equipped for the complex task they are asked to do in looking after neglected, abused, and/or traumatized children. This is not sur- prising given that they are caring for some of the most troubled children in society.

Foster parents are recruited for their parenting skills, but even so, they are often highly challenged when they find themselves looking after children with complex emotional and behavioral difficulties, many of whom do not respond to ordinary parenting approaches. These situations are not something foster parents have been trained for before starting the work, and the necessarily lengthy assessment process cannot prepare them for what is to come in anything more than general terms.

In this article I describe how TA-based therapeutic training in different regions of England has helped foster parents who are looking after children with severe emotional and behavioural difficulties. In particular, I will describe some of the TA elements of the training that proved most useful to the foster parents taking part.

Foster parents live with the child, and although it would not be appropriate or ethical for them to act as therapists for the child, it seemed logical that if they could learn to think therapeutically and not be so scared of what the child presented (or their response to it), they could be a real source of comfort and containment. As Sunderland (2016) wrote:

There is such a fear in some circles about having warm, empathic therapeutic conversations with children. As a result, lots of children end up in prison or on the streets or with a debilitating mental illness in adulthood, as the people who could have helped were too afraid to have therapeutic conversations about their painful childhood experiences. (p. 5)

I conducted a qualitative research study on the subjective experiences of foster parents who have undertaken therapeutic training. Individual interviews were held with 11 foster parents who had been through therapeutic training of at least a year, and a further 20 foster parents were interviewed in three focus groups that had just completed a year of training. The interviews were held in Kent, Essex, West Midlands, East Midlands, West Sussex, London, and the North West of England. The participants consented to being interviewed and quoted, and their identities are protected.

The training attended had been designed by me and run over several years. There are two courses at two different levels: a Certificate in Therapeutic Fostering, which is accredited by Greenwich University, and a master's degree in therapeutic fostering and adoption, which is accredited by Middlesex University.

Therapeutic Fostering

Fostering is a demanding task that combines family culture and professional responsibilities. The nature of working closely with children who have experienced trauma and disturbance involves a constant process of making informed decisions and calculating risk. The conduit for behavioral and emotional change in the child is the relationship between the child and the invested adult.

Therapeutic fostering is parenting that is out of the ordinary and takes into account the trauma and loss that foster children may need help to recover from. In order to provide a therapeutic environment, foster parents need a deeper understanding of how aspects of, say, child development and attachment can be disrupted when a child is raised in a neglectful or abusive environment. It is useful to know how the brain is impacted by neglect and abuse and what can be done to offer different experiences that take account of what has happened. For example, foster children may not recognize or be able to express a full range of emotions because they have not been shown how to identify sensations in their body as different feelings that are named and can be communicated to others. They may not be able to sleep due to night terrors and need a foster parent who knows what to do and is not himself or herself afraid of what might be happening. These children may not be able to regulate themselves because they have not internalized self-soothing through experiences in their early years of being soothed by parents who understand their internal world. They may have a shame-based system that needs sensitive handling. In short, foster parents need to have a broader range of parenting skills than those needed with children who are securely attached and feel safe in the world.

To give an example, children who are attached to their parents and have had plenty of loving experiences in childhood will respond appropriately to being put on the naughty step for a few minutes when they have misbehaved. Children with healthy attachments do not want to be out of favour with the people they rely on for survival

and whom they love. They have also learned that it is their behaviour that is being disapproved of, not themselves.

If shame experiences in toddlerhood have been managed so that the rupture in the relationship that occurs with being shouted at, for example, is quickly followed by a repair of that relationship, it is understood by the child and demonstrates that the adult is cross with the child's behaviour, not him or her per se. Such children are likely to have been helped to make sense of their world from the moment they were born by a nurturing parent who could contain and soothe the baby's fears and hurts through responsiveness and using their own adult mind to mediate the infant's raw experience. Thus, these toddlers gradually learn how to soothe themselves and have a reflective internal space for thinking about what might be going on for them. This has been developed through hundreds of positive experiences of being contained preverbally as infants and then throughout toddlerhood. In contrast, children who have been fostered and adopted have often missed out on some of the building blocks of a secure foundation and may still need to be treated as if they are much younger in order to help their development along.

Therapeutic parenting is relevant to the population of children discussed in this article, and foster parents need some theoretical understanding of what may be going on for the child in order to help themselves to regulate and manage their own stress as well as that of the child. Through the training offered, foster parents develop their innate parenting skills so as to become responsive and attuned to children who do not necessarily want their help or engagement. They learn to differentiate between meeting the needs of their own children, for those who have them, and how to meet the needs of a foster child. The training focuses on how they can build a relationship that will help the child attach to them and also help the child to make sense of his or her experiences.

It is also widely recognized that direct interventions with foster children are unlikely to be successful until they have achieved stability in their home life and are feeling some measure of security with their parents and carers (James, 1994). That can take time, and, in the meantime, foster children still need help to recover from the results of trauma and abuse.

It seems clear that foster parents who are looking after children and young people who have complex emotional and behavioural problems need more than basic training. My hypothesis has been that if foster parents can be more therapeutic in their approach to children and young people they are likely to feel more empowered in their role, have greater job satisfaction, and can potentially make a difference in the quality of care they offer and thus to the internal world of the child.

A systematic review by Luke, Sinclair, Woolgar, and Sebba (2014) found that interventions focused directly on the child have been criticized for emphasizing reducing problem behaviors rather than improving relationships between child and carer. On the other hand, indirect interventions focusing solely on the foster parents (e.g., training programs) have shown mixed results. Interventions that focus on both the carer and the child may offer the most promising avenue for future work. In fact, one of the review's conclusions was that, given the prevalence of attachment problems and relational trauma in foster children, it is highly appropriate to focus on

the quality of the child's relationship with the carer as a key component of an intervention.

The TA-based training described in this article is of longer duration than most other trainings offered to foster parents, and the focus is on developing self-awareness and the relationship with the child. The underlying philosophy is that foster parents need awareness of their own internal world in order to understand the child's world. The length of the training, I believe, is linked to how deeply the groups can venture together, how open the participants become, and how much they can learn about themselves. Some participants have described the training as life changing.

One participant told of a time when his foster child, who was deeply upset, tried to kill himself. The foster parent found him just in time and calmed him by talking to him. He used empathy to put words to what he thought was going on for the young person, who eventually calmed down and allowed himself to be pulled to safety. The foster parent said this:

> *The whole therapeutic thing has been fantastic for us. I don't think I'd have been able to deal with something like that if I hadn't had the Certificate in Therapeutic Fostering. When he tried to take his own life, we'd have packed in fostering.*

That foster parent had developed an understanding of why children may externalise their feelings in that way when emotional pain is overwhelming. He had learned how to stay with a young person's pain and find some words to help the child feel understood and that there might be hope. He employed therapeutic thinking in a way that he would not likely have been able to do without therapeutic training.

It is essential for children to have someone who is there just for them so that they can experience someone helping them to build their mind. Children who are rejected over and over through placement changes experience that as nobody wanting to know them. The young man just described came from a violent, neglectful background that had taught him to deal with problems by harming himself or others. He was repeating the family culture by acting out his unresolved, unconscious conflicts and believed that killing himself was the solution. This third-degree game (Berne, 1964) had a profound impact on the foster parent.

Fortunately, the foster father had learned the value of self-care and supervision through the training and was also able to ask for support after the event. Even though he felt shaken by the experience, he could process his feelings and reflect on what had happened. He had enough thinking capacity in a crisis to contain his own emotions as well as those of his foster child. What he provided for the child was containment of the anxiety—the "nameless dread," as Bion (1962, p. 183) would have called it—that was driving the boy to want to kill himself rather than face his life.

Foster children often have an absence of containment, which is a basic building block for the mind. The idea of containment (Bion, 1962)—of the mother providing a space in her mind that conveys love and understanding to her infant—is crucial to the infant's healthy development. Emotional containment is needed from the beginning of life and builds up over time so the child can gradually contain himself or

herself, which means being able to soothe himself or herself and regulate his or her own feelings.

How Does Transactional Analysis Help

Transactional analysis is an effective tool for promoting relational stability and lends itself to practical application in the field of fostering and adoption. The relationship between the child and the invested adult provides an opportunity to offer a different experience to the hurt child. Behavioral and emotional changes take place when children and young people feel deeply understood and have adults in their lives who can look beyond the behavior to "get inside" the child's internal world.

For example, one foster parent, who was looking after a child who had been neglected from babyhood, tolerated the ordeal of queuing for an ice cream with the 6-year-old child, who was so scared he would not get the treat that he began to externalize all his anxiety while waiting. The foster parent said this:

> I think that's the therapeutic bit. Why do you forgive so much that normally people would hold a grudge for? Why do you not use consequences in the way you might with your own child? Why do you keep everything in the moment? Like this morning, with him head butting me, I said: "It's done, darling, you've said you're sorry and I understand you're sorry." If he's in a foul mood all morning, I don't then say, "You can't have your ice cream when the ice cream man comes." And why, when he's scared, in particular, when we're lining up for the ice cream, and he starts to kick me and kick his brother, do you not say, "Right, that's it, no ice creams." Because I know he's so scared he is not going to get one that he may as well just mess it up. He's so scared waiting because it could be snatched away from him at the last second. So we survive this queuing, we get through it, we manage until it is our turn to get the ice cream. I can actually hear people behind us saying, "Why is he getting an ice cream when he is behaving like that?" You know, it's just completely different parenting. He needed to have a different experience.

This is a good example of a foster parent operating from her Adult (Berne, 1961), withstanding peer pressure all around her to shut the child up and not reward him, and preventing him from his predictable payoff (Berne, 1964) because she had a therapeutic plan for why she was acting in that way.

The power dynamics of abuse can be illuminated by teaching ego states (Berne, 1961), particularly second-order structure and the dynamic between the Parent in the Child ego state (P_1) and the Child in the Child ego state (C_1) (Berne, 1961). This model engages foster parents to understand that they need to be a big enough psycho- logical Parent to stand up to the internalized abusive Parent in the Child ego state (P_1-) (Hargaden & Sills, 2002) in the child and model something different. Foster parents need to be able to withstand the "projective transference" (p. 49) coming from the unintegrated defenses of the child.

These parents can use understanding their own ego states and games (Berne, 1964) to help them reflect on and recognize those parts in their foster child. They

need to be able to contain what is in their own internal structure in order to be a strong enough and nurturing enough parent to contain what is in the second-order structure of the foster child. This piece of transactional analysis theory is the keystone on which a number of other theories rest in understanding the developing child and the impact of abusive experiences, for example, script, attachment, and the developing brain. Being a strong enough parent, psychologically and emotionally, helps foster parents to withstand their own internal P_1 messages without collapsing or becoming a victim. This self-awareness then leaves internal space for the foster parent to think about the legacy of messages that the child carries around in his or her P_{1-} and often externalizes in abusive behavior that may mirror what the child has experienced. If we look at the example above, the foster parent was managing:

1. Her own Parent messages from childhood about not drawing attention to herself, which could easily trigger shame or fear, but in such a way that she could still feel empathy for the child
2. External Parent messages from other adults at the ice-cream van who had been commenting on why she was allowing a child to behave in that way and still receive an ice cream
3. Messages coming from the child's P_{1-} (internalized messages from abusive parents) and the subsequent acting out because she understood what was happening for him in that moment.

In the training, foster parents are taught about healthy child development, early childhood trauma, and the impact on emotional and cognitive development, social conduct, behaviour, and the ability to form attachments. Frustration and anger often felt by foster parents is explored, and a range of strategies and interventions that can be used to help the child and preserve the relationship is provided. The theory of the therapeutic training is accompanied by experiential activities that foster parents can engage in with children to promote attachment. There are extensive activities, some of which are designed to mimic mother-infant sequences with close eye contact, animated faces, and laughter; to help children to learn to have fun with an adult; to engage in some right-brain to right-brain activity; and to help children to begin to feel relaxed and in control of their bodies and behaviour (van der Kolk, 2005).

The tasks and games, directed and controlled by the foster parents, assist children in trusting their caregivers and developing new connections between their experiences and emotional and physical responses. This will enable them to contextualize their traumas without re-enacting and making them real again (van der Kolk, 2003). There is a range of activities for children who are different ages and stages. These include face painting, blow football over the kitchen table with straws and cotton wool balls, painting, cooking, and physical activities that help to build attachment between foster parents and children in their care.

The rationale for TA-based training being offered is that foster parents are better able to tolerate severe emotional and behavioural difficulties in children and young people if they have the resources to deal with them. Those resources include:

1. The opportunity to understand the internal world of the child through a bespoke training program focused, for example, on ego states, games theory, and script (Berne, 1961); trauma (Stuthridge, 2006); and child development (Fowlie, 2005)
2. Practical skills and emotional containment for dealing with complex behavior using concepts such as, for example, hungers (Berne, 1961), the racket system (Erskine & Zalcman, 1979), symbiosis (Schiff, 1975), and transference (Moiso, 1985)
3. Insight into their own responses and reactions through understanding, for example, scripts, rackets, ego state diagnosis, discounting (Schiff, 1975), and relational units (Little, 2006)
4. The development of autonomy using the ideas of, for example, life positions (Berne, 1962), the drama triangle (Karpman, 1968), and time structuring (Berne, 1964)

I contend that all of these areas are necessary for promoting self-awareness and reflection and can help a foster parent to stay in the relationship with a child or young person and not be so vulnerable to being provoked and feeling out of control.

Relational Fostering

And last, the rending pain of re-enactment
Of all that you have done, and been; the shame Of motives late revealed, and the awareness
Of things ill done and done to others' harm Which once you took for exercise of virtue. (Eliot, 1944, p. 39)

The training with foster parents is underpinned by theories drawn from relational transactional analysis, which focuses on intersubjectivity and bringing unconscious relational expectations into awareness. As Fowlie (2013) wrote,

the fact that these relational expectations are, for the most part, unconscious, means that many of the traditional therapeutic techniques that can be successfully employed to effect cognitive or behavioural change, such as the teaching of anger management techniques or the challenging of negative thoughts, are inadequate when working with deeply held relational expectations. (p. 2)

There is a case to be made for adapting some relational TA concepts to fostering to create and underpin a model of relational fostering. There cannot be a direct parallel because in fostering the contract between the client (child) and the therapist (foster parent) is clearly different, but there are similarities in the use of self and working with unconscious processes. Relational fostering could be defined as the kind of fostering that takes account of unconscious processes; works with projections, projective identification, and transferences; and is included in advanced training for therapeutic foster parents. The aim is not to create therapists but to bring insight, theoretical models, and awareness to the fostering milieu in a way that is helpful to

foster parents and, more importantly, will offer a gold standard of service to children and young people in care.

In my experience, the transactional analysis theories that foster parents find particularly useful are ego states, script theory (Berne, 1961), the racket system (Erskine & Zalcman, 1979), and the drama triangle (Karpman, 1968). Foster parents are first introduced to these theories in a TA 101 course, which is a prerequisite for attending therapeutic training.

They begin their journey into self-awareness by focusing on their own script beliefs and where they come from. Looking at script systems in relation to foster children can then demonstrate to foster parents how the beliefs, observable behaviour, internal experiences, and reinforcing memories all work together to become the system that helps a child to defend against repressed needs and feelings. This is illuminating for foster parents, who often cannot understand an aspect of behaviour or why, every time a child has contact with his or her birth family, he or she is so distressed. The script system offers some answers about the origin of the script and its contents.

The drama triangle is enormously useful in helping foster parents to spot when they are on the triangle and which position they start from. Knowing how to recognize the Victim, Persecutor, and Rescuer dynamics enables foster parents to step off the triangle and step out of the game (Berne, 1964), not just with foster children but with other professionals on the team around the child. It is all part of developing insight into their own process and building their Adult. One foster parent described it this way:

> The whole thing about script and Parent, Adult, and Child, it was a revelation, it completely changed my approach because I was able to see what was mine, what was theirs, what was the family of origin. You can sometimes stand outside and say well, OK, I'm reacting like this, is it the Parent side of me that's reacting like this, because I might not have a particularly good Parent model, so I need to be conscious of that, and I need to be able to look at strengthening my Adult.

Children in care who have experienced childhood abuse and trauma do not always have words for the feelings they experience and often communicate distress through behavioural difficulties and defenses such as projection, transference, and projective identification (Kenrick, Lindsey, & Tollemache, 2006; van der Kolk, 2005; van der Kolk, McFarlane & Weisaeth, 2007). These unconscious processes have the potential to derail a placement if foster parents have no awareness of them. In some cases, it may lead to a child being moved and, in rare cases, to a child being harmed by a foster parent. Recently, in the British press, there was a court report about an adoptive father who was found guilty of murdering his 18-month-old adopted daughter, whom he described as "Satan in a babygrow" (that is, a romper or "onesie") because she would not stop crying (Telegraph Reporters, 2017). As Stuthridge (2006) noted, "The child's experience of abusive caregivers is internalized in a series of toxic Parent/Child ego states. This inner world shapes the

child's view of the world outside, leading to patterns of transferential enactment that reinforce a traumatic script" (p. 270).

As a psychotherapist working with foster parents and foster children for 15 years, I have anecdotal evidence of links between unconscious processes and families giving up on children. Children who have experienced trauma and loss are often over- whelmed by powerful feelings and find relief by displacing them onto others (Bomber, 2007). As with any projection, until thinking is employed, the recipient of powerful emotions may believe that those feelings are his or her own. When such unconscious communication occurs, foster parents often question if they are in the right job or if the child is in the right placement. This point is crucial in fostering because it is often when people make decisions about giving up on the child (Kenrick et al., 2006).

Behavioural difficulties stemming from abuse and trauma may be defenses that occur when a child is dysregulated (Schore, 2003), has little ego strength, and does not have a "good enough" blueprint for relationships. Children defend themselves against the pain of trauma by splitting off events from consciousness. How foster parents think about the child's internal world can be key to the interventions they make and, ultimately, how successful the placement is. Foster children are unable to speak about the undeveloped or defensive parts of themselves and instead make their experiences known symbolically through behavioural manifestations of the relational trauma that they suffered. How foster parents think about the child's internal world, maintain empathy, and make sense of what is happening for them is key in determining the interventions they make and, ultimately, how successful the placement will be.

As Henry (as cited in Emanuel, 2002) wrote in her discussion of a foster child,

> *there was a menacing quality to Jason's behaviour, with a continual threat of violence. He used knives to terrorise others, while appearing to be "devoid of feeling" himself, unreachable like a brick wall. This defensive, brick-wall attitude can result in the child losing the care he is most in need of, since foster parents have difficulty coping with the feelings of rejection, inadequacy, fear and helplessness projected into them, without regular support, and placements often break down. (p. 168)*

Unless foster parents have a regular space in which to think therapeutically about the meaning of children's behaviour and communications (Emanuel, 2002), they will not be able to understand and deal with powerful projections.

Primitive processes are often what foster parents are left to deal with in themselves and in the child in care. Forbes (2014) wrote that the dynamics of abuse leave people feeling helpless, hopeless, or powerless. Foster parents need to understand this dynamic, recognize what is going on when they feel like that, and consider whether it may be transference of some kind.

Some of the principles of the relational approach (Fowlie & Sills, 2011) lend them- selves to therapeutic fostering as do many of the concepts from various schools of transactional analysis. I am thinking, in particular, of the following:

1. The centrality of relationship. This emphasizes the central role of relationship, particularly the relationship that develops between the therapist and the client. In relational fostering, this will be more readily facilitated if the foster parent under- stands the child's defenses and is curious about what lies behind the behaviour dis- played. A key part of the relationship is the foster parent being prepared for what to expect and how to use reflection and supervision to take his or her under- standing deeper.

2. The importance of engagement. This refers to how the practitioner is, and needs to be, an active participant in the work and not just a neutral observer. In relational fostering, parents are encouraged to gently pull the child into relationship by engaging his or her mind through playful activities and by being actively curious about the child's internal world. The significance of conscious and nonconscious patterns of relating. This suggests that practitioners need to recognize and focus on implicit relational expectations rather than just those that can be easily remembered and verbalized. In relational fostering, the implicit expectations of relationships are often enacted through transference and projection. Foster parents are encouraged to notice all aspects of behaviour, emotions, and thoughts at these times and to use their countertransference responses to wonder about what the child may be trying to communicate. This allows foster parents to be impacted by the child but not to take things personally. It also offers a framework for reflection that helps them to stay potent even when they feel vulnerable.

3. The importance of experience. This acknowledges that profound and deep change occurs in response to relational experiences (as opposed to cognitions) that challenge implicitly held relational expectations. With children and young people, new experiences can be created through play, nurture, and empathy that involve the senses and offer the child a different experience by way of a relationship that is consistent, caring, reliable, and fun.

4. The significance of subjectivity. This stresses the importance of therapists being aware of, able to contain, and nondefensively use their countertransferential responses to help them to understand and therapeutically respond to the client. An example of a foster parent doing this is provided later in this article.

5. The importance of uncertainty. This recognizes that certainty is neither possible nor desirable when working with implicit relational expectations and emphasizes, instead, the value of holding an open mind and multiple meanings. In relational fostering, this is one of the hardest principles to adhere to because thinking often becomes rigid or concrete once a foster parent is stressed. That is why using supervision and peer interactions becomes so important.

6. The importance of curiosity, criticism, and creativity. This emphasizes the freedom to practice alongside a responsibility to be curious and reflective about the work and the relational patterns that are evoked.

7. The reality of the functioning and changing adult. This moves away from the "parental paradigm" whereby the practitioner acts as a temporary provider of what was once missing for the client and stresses, instead, the importance of authentic relating. In relational fostering, parents know that they cannot give to a child the things he or she missed in earlier childhood. Similarly, they know that they can offer a different experience that may, in the present, help

the child in a way he or she was not helped earlier in life, for example, with dysregulation. Foster parents learn ways to help children regulate and teach them to regulate themselves. They can also help children move from a shame-based system to learning the art of empathy and the experience of guilt. It is hard to envisage how this could be done in any way apart from through the relationship.

The Unconscious and Relational Units

Another way of looking at some of the dynamics of the unconscious is through relational units. Little (2006) described how the Child and Parent are not just discrete states of the ego but are attached as units. He wrote about how what was experienced and perceived in the original caretaking relationship becomes internalized and fixated as an intrapsychic relationship. These self and other representations are bonded together by affect and create a loyalty by virtue of the fact that they are intra- psychically linked—with Parent object influencing the Child self—without needing to be present. Many foster children abscond and then feel driven later to go back to their birth family. One explanation for this is that because the object is not present but the influence of it is so powerful, regardless of how the parents or caretakers treated the child, he or she wants to return home: the unconscious enacted. This internal link between Parent and Child is central to fostering as well as in the therapy room. This is illustrated in the following example.

A Case Example of Unconscious Processes

A foster parent described how she regularly had a strong urge to hit her 5-year-old foster child when the girl could not dress for school on her own. The foster parent wanted help to understand what was going on for her, so we looked at the issue through the lens of unconscious communication and rela- tional units.

She realized that the child was expecting to be hit because she came from a vio-lent home and that kind of reaction was familiar to her. The child projected the familiarity of her violent parent onto the foster parent and expected to be hit based on her internalized relational unit. The complementary countertransference evoked in the foster parent was to want to hit the child when she felt frustrated because that is what the foster mother's own father used to do to her when she was small; her expectation was based on her internalized relational unit.

Applying theories of unconscious processes—such as transference, countertransference, and projection—helped that foster parent's self-awareness to grow, and she was then free to think differently about the situation. She could see that they were both engaged in unconscious processes and it was not personal to her. She could reflect on the internalized relational unit that was part of her internal world with a violent father and scared child. Recognizing when that was being triggered, she was able to reconnect with the here-and-now relationship with the foster child.

She could also apply other theories—for example, attachment and child development—that helped her to recognize that the 5-year-old girl was not able to operate as a 5-year-old because her emotional development had been delayed due

to abuse. She was functioning as a 2-year-old would, and no one expects a child that young to dress herself and to be able to tie shoelaces.

Many foster children will act as if their foster parents are their original abusers, and in those moments, for them, they are. The original emotional state has been evoked, for example, through script activation. This occurs if the trauma of neglect and/or abuse in the early years is unresolved because of a lack of repair and no integration of the trauma into symbolic and explicit memory.

This kind of response can be caused by simple things that most foster parents would not normally think of as triggers. For example, one child is triggered by the smell of fish and chips, and it was only after a considerable time that the foster parent identified that sensory experience as the cause. She later discovered that the child had been sexually abused every Friday after a family meal of fish and chips. As Masterson (2005) wrote, "These implicit elements of memory torment the individual's internal subjective world and permit the intrusion of past meaning into the present context of interpersonal relationships" (p. 70). Transference is a ubiquitous human experience, and, as Masterson wrote, it is not whether we experience transference but how fixed or concrete the meanings of the experience are to us as the perceivers.

Understanding trauma, how the brain works, unconscious processes, and transactional analysis theories are crucial for foster parents who are tasked with looking after traumatized children without any prior training in psychological issues.

Final Words From Foster Parents

I want to give the final word in this article to foster parents who took on board therapeutic ideas and made an enormous difference in the lives of children whom they looked after. One told me a beautiful story that captures the understanding that can be life changing for foster children. The 5-year-old boy she describes was brought into care for neglect and physical abuse; he had missed out on a great deal in his early years, and the foster parent was doing her best to give him a different experience of caregivers.

> The other night Sam had been absolutely awful, and after his bath he was completely dysregulated and just sitting in the bath going "Hagghhh!!" "Hagghhh!!" "Hagghhh!!" "Hagghhh!!" Hagghhh!!" "Hagghhh!!" So I scooped him up, wrapped him up in his towel, held him on my lap, and rocked him. And he was just talking all sorts of nonsense, and I started singing to him what I thought was wrong with him. I often sing to him when he's so dysregulated. It was to the tune of "Hush little baby don't say a word" because that's the one we sing quite often. I will say, "I think Sam is feeling this" or whatever, and I was so overcome with emotion that I couldn't carry on singing. He stopped, looked at me, and said "You're crying," and I said, "Yes, I am darling, because it's all too much, it's all too much, isn't it?" Then I got myself together and went back to not using the words because I think that's what set me off, singing the words to the proper song. And he looked at me and said, "Cry, cry again," and I said, "I can't just cry to order." And he said, "I liked it." And I thought, in that moment, he must have really felt understood and that will have helped him more than anything else. I think

that is going to help him relate to the world in a slightly different way from his usual approach of "they're all out to get me and I'm going to fight them tooth and nail." I'm often overcome by his feelings, and I do a lot of speculating with him because he does respond to that. I think I decided to do it by singing because I knew he still needed me to be using the sing-song voice. He needed to be very young.

Conclusion

Lambert and Archer's (2006) review of 50 years of research into psychotherapeutic interventions concluded that it is the variables brought by both the therapist and the client that have the biggest impact on successful therapeutic outcomes. That is, the relationship between them is much more significant than any theoretical approach.

Relationship is at the heart of therapeutic work, and with fostering, it is all about the quality of the relationship that can be developed between the primary carer and the foster child. That provides a fundamentally sound and rigorous basis for therapeutic work. To simply be with each other can be striking in itself. Lewis, Amini, and Lannon (2001) wrote, "In a relationship, one mind revises another; one heart changes its part- ner. This astounding legacy of our combined status as mammals and neural beings is limbic revision; the power to remodel the emotional parts of the people we love" (p. 144).

The setting of a family environment involves relationships that are crucial and intense. Foster children, with all their attachment difficulties, abandonment issues, history of abuse, and lack of nurture, cannot leave their survival strategies on the doorstep of the foster home. Nor can the foster parent leave behind his or her own internalized family culture. Powerful projections and transferences are inevitable: The child will unconsciously try to evoke in the foster parent behaviours like those in the abusive family he or she has been taken from, and the foster parent will feel deskilled, as if he or she is doing a bad job, and may even start to dislike the child.

Self-awareness offers the opportunity to know one's own needs separately from those of the other and to find a way of truly meeting each persons' needs rather than either one vicariously acting out. Transactional analysis helps foster parents become stronger psychological parents for foster children, expands their parenting skills, and, in strengthening the Adult, helps to build resilience and staying power that benefits both the foster parent and the foster child. Another foster parent said this:

My particular troubled child came to me at age 8, and I was quite goal orientated, thinking I could take him in, turn him around, feed and water him, give him the right way to do it. But then I get really frustrated and think where am I going wrong, why is he acting like this? And it became all very much about me, me, me. I get results, I am used to getting results, but the training course actually got me to slow down and look inside. It took 8 years to create this child; I'll probably need at least 8 years to undo half of the damage done to him and to be able to step back and reflect on what I am doing. And that reflection, that part of mindfulness and looking at the history of the child, the trauma, the damage that he'd gone through, made me become far more

nurturing. I realized that if I went at him as my normal bull at a gate, the way I brought my own kids up—in TA terms, being the Controlling Parent—then I was doing more damage. If I wanted to actually make a difference with this child, I had to totally take on the theories, take on board his viewpoint, and start looking at what's happening for him, not me; it's not about me. This is a therapeutic placement now, this is a child that needs a therapeutic, nurturing environment. The course gave me lots of answers and lots of guidance on how to parent him, and it has made a big difference to our relationship and to the child. In the past year, he's moved more than what he had in the previous 3 years we had him. We have moved, our relationship has.

It is time to make a difference for children and young people in care by training the therapeutic fostering workforce with specialist courses that give them the skills and awareness to look after highly distressed children. In this effort, transactional analysis is making an invaluable contribution.

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