

# **The Reflective Fostering Programme: evaluating the intervention co-delivered by social work professionals and foster carers**

## **Abstract**

### *Purpose*

There is little evidence regarding how to best support the emotional wellbeing of children in foster care. This research paper presents the evaluation of an adaptation of the Reflective Fostering Programme, a group-based program to support foster carers. This study aimed to explore whether a version of the Programme, co-delivered by a social work professional and an experienced foster carer, was acceptable and relevant to foster carers and to gather data on programme effectiveness.

### *Design*

38 foster carers attended the Programme and took part in this study. Data was collected regarding carer- and child-focused outcomes at pre-intervention, post-intervention and 4-month follow-up. Focus interviews were also conducted to further assess acceptability and relevance for foster carers.

### *Findings*

Analysis of quantitative outcome showed statistically significant improvements in all outcomes considered including foster carers stress and carer-defined problems, as well as carer-reported measures of child difficulties. Focus group interviews with foster carers suggested that the Programme as co-delivered by a foster carer and a social worker was felt to be relevant and helpful to foster carers.

### *Originality*

These results provide a unique contribution to limited understandings of what works for supporting foster carers and the children in their care. Promising evidence is provided for the acceptability and relevance of the revised version of this novel support programme and its effectiveness in terms of carer- and child-related outcome measures. This work paves the way for further necessary impact evaluation.

**Keywords:** foster care, mentalization, parenting stress, reflective functioning, foster children

## Introduction

There are currently over 55,000 children in care in England (Department for Education, 2019). Many children coming into care have experienced abuse or neglect in their family of origin with others exposed to family dysfunction, acute familial stress or absent parenting (Department for Education, 2019). These early adverse experiences create a challenging start for this group of young people and put them at high levels of psychosocial risk, emotional and behavioural difficulties (Schofield and Beek, 2005b; Fernandez, 2008; Luke *et al.*, 2014).

The most common form of out-of-home placement for children in state care in the UK is foster care, with 72% of children in care living with foster carers (Department for Education, 2019). Foster care provides a profound opportunity for reparative therapeutic impact for these children (Hill, 2009). Several studies have demonstrated improved outcomes in emotional and behavioural wellbeing for children in care when provided with a consistent and supportive fostering environment (Fernandez, 2009; Healey and Fisher, 2011; Maaskant *et al.*, 2016).

However, foster placements cannot always be assumed to offer such supportive care, especially given the strains posed to carers by children's often 'challenging' and hard to understand behaviour (Farmer, Lipscombe and Moyers Elaine, 2005). Children in foster care often have histories of insecure attachments and disrupted relationships, which may act as barriers to them forming and making use of the relationships available with foster carers (Stovall and Dozier, 1998). Foster carers often struggle to deal with their foster children's behaviours, leading to high levels of carer stress. This can affect caregiving quality, even among experienced carers (Jones and Morrissette, 1999; Ottaway and Selwyn, 2016; Richardson *et al.*, 2018). Poor quality care further heightens the risk of negative outcomes for foster children, including increased likelihood of placement instability (Rubin *et al.*, 2007;

Biehal, Ellison and Baker, 2011) and poor health, educational and social outcomes (Viner and Taylor, 2005).

Internationally, a number of interventions have been developed aiming to improving the outcomes of children in foster care (Bergström et al., 2020). Some interventions focus primarily on behaviour management while others focus on improving relationships between foster carers and children in their care (Golding, 2014; Kerr & Cossar, 2014; Hutchings, Griffith, Bywater, & Williams, 2017). These relationship-focused interventions are informed by a body of literature highlighting the importance of secure, supportive relationships in foster care for the outcomes of children in care (Schofield and Beek, 2005a, 2009). One potential mechanism through which some interventions have aimed to strengthen relationships between foster carers and children is through targeting 'reflective capacity'. Reflective capacity (also known as 'reflective functioning' or 'parental mentalizing') refers to a caregiver's capacity to think about their own and their child's mental states and how these may underlie behaviour (Slade, 2005). An increasing body of research suggests that a carer's reflective capacity is important to build strong relationships and support the emotional wellbeing of children in their care (Carmoirano, 2017; Borelli et al., 2017).

There remains a deficit of evidence as to how best to support the emotional wellbeing of children in foster care (House of Commons Education Committee, 2016). This is evident from Luke and colleague's review of research evaluations of available interventions to support foster children (Luke *et al.*, 2014), which highlighted a lack of 'robust research designs', an absence of re-evaluations of interventions, and the small number of studies with sufficient longer-term follow-up (p.122, 127). Because of the gaps in the evidence base, the provision of support services in UK fostering teams is variable, with no consistent models of support provided, and uncertainty about what is most effective (Baginsky et al., 2017).

### *The Reflective Fostering Programme*

In response to the identified need for well-designed interventions to support the carer-child relationship, the Programme was first developed in 2015 by Sheila Redfern and her team from the Anna Freud National Centre for Children and Families (AFNCCF), working in collaboration with NSPCC. The Programme is a psychoeducational, group-based intervention to support foster-carers of school-aged children, drawing on the model of 'reflective parenting' (Cooper & Redfern, 2016; Redfern et al., 2018). The Programme involves ten 3-hour sessions and aims to support foster carers as a means of improving the emotional and behavioural outcomes for children in care (for programme details, see Redfern et al. 2018). Unlike programmes focusing on behaviour or parenting strategies, the Reflective Fostering logic model draws on the theory and practice of carer 'mentalizing' (Fonagy & Target, 1998). The Programme focuses on supporting foster carer helping carers to attend to their own states of mind and experiences, and promotes curiosity about the child's mind (self- and other-mentalizing), with the hypothesis that this can help reduce foster carer stress and support the carer-child relationship. Developmental research supports the hypothesis that when carers can better manage their feelings, and appropriately respond to the needs of children in their care, thus positively impacting upon the wellbeing of the children they care for. (For a more detailed account of the Programme's logic model, see Redfern et al. 2018).

An initial pilot development and evaluation study of the Programme showed promising results (Midgley et al., 2019). The pre-post measures indicated improvement in foster carer stress levels and foster child emotional regulation and general behavioural and emotional difficulties. Qualitative analysis of focus group interviews with foster carers who attended the Programme indicated that they valued being in a non-judgemental group, where they learned about ways to look after their own wellbeing and felt this impacted positively on

their relationships with their foster children. This pilot study also highlighted some areas for improvement, such as reducing the amount of content and giving more space for exploring foster carers' experiences during sessions. Social work managers raised questions about the long-term sustainability of the Programme, as delivered by external professionals, and were keen to know if this approach could be effective if their own social workers were trained to deliver it. Some foster carers expressed reservations about this, given the mistrust that sometimes exists between foster carers and social workers (Maclay, Bunce and Purves, 2006).

Building on the findings of the pilot study, there was eagerness to trial the model of the Programme co-delivered by an experienced foster carer alongside a social worker. Feedback from participants indicated that delivery by a fellow foster carer could enhance feelings of trust and reduce feelings of judgement associated with training delivered only by a social work professional. It was also hoped that this model of co-delivery would facilitate collaborative working between social workers and foster carers in each Local Authority (LA) and would create a greater likelihood of Programme sustainability. The primary aims of the current study were therefore: 1) To explore whether the Reflective Fostering Programme, when co-delivered by a social worker and an experienced foster carer, is acceptable and relevant to foster carers; 2) To gather further data regarding the effectiveness of the Programme, including data to examine whether any gains identified by the end of the Programme were maintained in the four months following Programme completion.

## **Method**

### *Setting*

The current phase of the project was a collaboration between the AFNCCF and a local authority partner, Kent County Council (KCC). The evaluation of the programme was

conducted in parallel by a research team from the Child Attachment and Psychological Therapies Research Unit (ChAPTRe), a research team based at University College London (UCL) and the AFNNCF. This team was distinct from, but worked in collaboration with, the Programme development team. This allowed for the development of an evaluation strategy that was part of the iterative development of the Reflective Fostering Programme, while allowing evaluation data to be collected by researchers independent from the programme developers.

The Local Authority Partner, KCC, were asked to identify a pool of social workers and foster carers to be trained to deliver the Programme ('facilitators'). The strategy for selection of facilitators was left to the discretion of KCC, with minimal guidance from the Programme developers. Team managers identified potential facilitators selected on the basis of their interest in the role, their availability for programme training, preparation and delivery, and team manager's personal discretion regarding suitability and experience.

On this basis, five foster carers and eight social workers from Kent County Council were identified and offered a three-day training, run by the Programme developers from the AFNNCF. Following this training, Kent County Council's fostering support services ran five Reflective Fostering groups, each with 5-11 foster carers. Each group was delivered by two trained facilitators who were provided with one-hour weekly consultations during the Programme delivery period from the programme development team to support with facilitation. Facilitators had access to a training manual and set of training slides, videos and structured activities. Programme activities included psychoeducational discussions, games, exercises and worksheets designed to promote and support foster carer mentalization. Each of the 10 sessions covered a distinct theme including reflecting on oneself as a foster carer, responding to a child's behaviour reflectively and making use of one's support network as a

carer. The Programme presents a number of tools to assist foster carers in reflecting on these topics, for example the 'emotional thermometer' which links emotional arousal to capacity to mentalize in the moment (for full details, see Redfern et al., 2018).

### *Participants*

*Inclusion criteria.* The Reflective Fostering Programme was developed to support foster carers at any stage in their careers, without restricting access e.g. based on a child's mental health clinical cut-off scores. Inclusion criteria were therefore kept broad:

- Foster carer or kinship/connected carer currently caring for a child aged between 4-12 years
- Child had been in placement with this carer for at least four weeks at the point of recruitment and the care plan should be for the child to remain in their care for at least four months
- Foster carer sufficiently fluent in English to engage in the programme

*Recruitment.* Information about the study and the Programme was distributed to all foster carers in KCC via email advertisement and places were offered on a 'first-come-first-served' basis. As shown in the consort diagram (Figure 1), a total of 72 foster carers who expressed an interest in participating were screened by the KCC Training Co-ordinator, with 56 meeting inclusion criteria. These foster carers were invited to attend an information morning where they met with researchers and had an opportunity to ask questions. Informed consent was gained from 44 foster carers and 38 completed baseline measures and committed to attending the Programme.

**[insert Figure 1 here]**

*Demographic Information.* Foster carers' socio-demographic characteristics are displayed in Table I.

Where foster carers had more than one child aged between 4 and 12 currently in their care, they were asked to identify one (the 'target' child) about whom they had the greatest concern. Socio-demographic data about the target children are displayed in Table I.

**[insert Table I here]**

Comparison of the participants to existing statistics regarding the demographic make-up of the UK's foster carers suggests that this sample was fairly representative of the wider foster carer population in the UK, but may have had, on average, slightly higher levels of educational achievement, included fewer single or lone carers, and fewer non-white carers (McDermid *et al.* 2012).

#### *Measures*

*Child emotional and behavioural wellbeing.* The Strengths and Difficulties Questionnaire (SDQ) is a 25-item measure of emotional and behavioural presentation of children (Goodman and Goodman, 2012). It demonstrated moderate test–retest reliability, strong internal consistency (Yao *et al.*, 2009), and good validity (Lundh, Wångby-Lundh, & Bjärehed, 2008).

*Carer stress.* The Parenting Stress Index, Short Form (PSI-SF) is a self-report measure of parental distress including three subscales: Parental Distress; Parent–Child Dysfunctional Interaction; Difficult Child and a Total Stress score. It has good internal consistency and test–retest reliability (Abidin, 1995).

*Carer Reflective functioning.* The Parental Reflective Functioning Questionnaire (PRFQ) is a self-report measure of parental reflective functioning (Luyten *et al.*, 2017). It has three subscales: pre-mentalizing states of mind (PM), certainty about mental states (CMS) and

interest/curiosity (IC). There is satisfactory evidence for overall validity and reliability (Luyten *et al.*, 2017).

*Foster carer-foster child relationships.* Thinking About Your Child Questionnaire (Granger, 2009): is a carer-report measure designed to assess foster carer-foster child relationships and placements by examining four subscales: parenting skills and understanding, carer-child relationship, child responsiveness to care and placement stability. Subscale scores can be summed to show a total score with higher scores representing a better quality of carer-foster child relationships.

*Child emotion regulation.* The Emotion Regulation Checklist (ERC) is designed to capture a carer's view of a child's emotional self-regulation and dysregulation (Shields and Cicchetti, 1997). The measure has two subscales: Lability/Negativity, and Emotion Regulation. The ERC demonstrated high internal consistency for both subscales, as well as discriminant validity (Shields and Cicchetti, 1997; Kim-Spoon, Cicchetti and Rogosch, 2013).

*Goals in relation to the program.* The Carer-Defined Problems Scale (CDPS; Pallett, Scott, Blackeby, Yule, & Weissman, 2002) is a measure adapted from the Goal-Based Outcome Measure (GBO; Law & Jacob, 2015). The measure asks carers to identify and rate up to three problems they have with their child that they would most like help with. Carers then rate the severity of the problem at present by indicating a number from 0 to 10. Evidence from Briskman and colleagues (2012) has indicated that this measure is sensitive to change.

Additionally, focus groups with foster carers were carried out at the end of the Programme using an adapted version of the Experience of Therapy and Research Interview (Midgley, Ansaldo and Target, 2014). These semi-structured focus groups explored foster carers' views and experience of the Programme.

### *Procedure*

All self-report questionnaires were administered to foster carers via a secure online database called Patient Outcome Data (POD). Descriptive information about the sample and recruitment were collected at baseline (before the Programme). All outcome measures were collected at three time points: baseline, endpoint (soon after the final session, approximately 3 months from baseline), and follow-up (4 months after the end of the Programme). Information about attendance was collected after each session. After the last session of each group, the research team conducted five separate focus groups with foster carers. While all groups had been completed prior to the outbreak of COVID-19 in the UK, follow-up assessment for three of the groups took place after the outbreak and during UK lockdown. As data collection was done remotely, this did not directly impact on the study design.

### *Data Analysis*

To address the first research question, data regarding recruitment, attendance and drop-out levels were reported descriptively, and the focus group interviews with foster carers were analysed using Framework Analysis (Midgley et al., 2015; Ritchie & Spencer, 2002), with a specific focus on the issue of co-delivery by a social worker and foster carer. This involved the research team developing an initial framework based on these core research questions. Each transcript was then thematically analysed by two of the authors (ES and AC) in the context of this framework, to identify core themes. Where differences of understanding were found among the research team, the data was reviewed with the research team lead, to reach a consensual understanding of the data.

Analysis of quantitative outcome data addressed two questions: (1) has there been a change in outcome measures at the end of the programme, compared to baseline, and (2)

has there been a change at follow-up compared to baseline. These questions were assessed by a single linear multilevel model separately for each outcome measure. Measurements (Level 1) were clustered in carers (Level 2). Assessment time-point (baseline, end of programme, and follow-up) was modelled as a categorical predictor variable, with baseline as the reference category. The coefficients of interest thus model the difference in outcome scores between (1) end of programme and baseline, and (2) follow-up and baseline, respectively. We allowed for carer-level random intercepts and random slopes. For the analysis of carer-defined goals only, where up to three goals could be specified and rated by each carer, we added a random intercept for each goal. In all models, we controlled for group membership via fixed effects. This model allows for group differences in outcome values at baseline but assumes that the Programme is equally effective in all groups. We considered that we had insufficient data to reliably investigate differences in the Programme's effectiveness between groups. Nonetheless, we investigated evidence for group-specific change for each outcome by estimating a model that featured an interaction of group by time-point and comparing this to our analysis model via the Bayesian Information Criterion (BIC).

For each outcome measure, we fit the model to all available data, including participants who lacked information at end of Programme, at follow-up, or both. To test the robustness of our results to this assumption, we conducted a sensitivity analysis using only data from participants who provided information at all three time-points. Since data collection at follow-up fell into a period of lockdown due to the Covid-19 epidemic, we additionally investigated whether our results were affected. Thus, in a second sensitivity analysis, we added an indicator variable "Covid" to the model, which indicated whether an outcome measurement had been collected during the lockdown period.

Estimates from the multilevel model are given on the scale of each outcome measure, with 95% confidence intervals calculated from a t-distribution. In addition, we estimated standardized effect sizes as Cohen's d, using the pooled sample standard deviation as the denominator, and estimating 95% confidence intervals via bias-corrected and accelerated bootstrap, with 2000 bootstrap samples per analysis. Cohen's d values were defined as positive numbers when the change was in the direction of improvement. All analyses were conducted using the R software (R Core Team, 2017).

### *Ethical approval*

The study was approved by the UCL Ethics Committee (Approval ID Number: 14653/001) and by the KCC research governance team. All participants were informed about the content and scope of the study and gave written informed consent before starting the Programme. Confidentiality and anonymity were ensured throughout.

### *Funding*

This study was funded by KPMG and the Segelman Trust but these organisations did not act as sponsors for the research work or contribute to any decisions made as part of the research process.

## **Results**

- 1. Acceptability and relevance of the revised Programme, when co-delivered by a social worker and an experienced foster carer***

The acceptability and relevance of the Programme to foster carers was assessed both quantitatively, by reviewing recruitment, attendance and drop-out rates; and qualitatively, by means of the post-intervention focus groups.

Firstly, recruitment figures to the study demonstrate that 38 out of 56 eligible carers chose to join the study. Of those who were eligible but chose not to participate, the most common reason was session timing (10am-1pm), which clashed with care-giving commitments for some carers. A few had reservations about taking part in a research study and the Programme being video-recorded. However, the majority of foster carers who took part said “you seem to forget” about the session recordings quickly, especially when facilitators appeared comfortable with recordings. Generally, foster carers felt well informed about the research process and found the research components of the programme straightforward.

The overall attendance rate at the sessions was high, at 87%. This varied somewhat between the five training groups, from 84 % to 93%. All foster carers who started the Programme remained engaged with the Programme until the end.

This 100% retention level, together with the high attendance rate, suggests that the Programme was felt to be relevant and acceptable to participants. This was supported by the qualitative analysis of the focus groups. Feedback from foster carers aligned closely with an earlier evaluation (Midgley et al., 2019). For example, carers spoke about the importance of the group component of the programme, the open and non-judgemental space the sessions provided, and the relevance and value of the content of the Programme.

Most foster carers described a range of benefits from attending the Programme including: benefits to emotional wellbeing, development and refinement of carer skill-sets, feelings of validation and increased awareness of and engagement with personal reflection

and self-care. Many foster carers described the Programme as leading to a reduction in stress and exhaustion, allowing carers to feel “calmer” day-to-day with many describing the training as “therapeutic”. Foster carers unanimously reported a sense of feeling less “alone” from talking to others facing similar challenges in their roles: *“Just sharing it with a group of people who are going through similar issues, is really, helps me”*.

The majority of foster carers spoke about the Programme providing them with new *“tools in the toolbox”* for their work with the children they care for. There was emphasis that these “tools” went beyond providing a list of strategies but allowed foster carers to “reflect on” and take “ownership” of their feelings and experiences in a way they had not felt able to previously: *“I think it’s helped me take ownership of the way I feel sometimes and it’s made me, rather than brush it under the carpet – it’s made me face up to things that are quite hard sometimes, but it’s also made me then take a step back and think about it, and perhaps change how I react to things.”*.

Foster carers emphasised the importance of Reflective Fostering’s focus on carer wellbeing and frequently described a knock-on positive impact upon their ability to provide more sensitive care to the children they look after. For instance, one foster carer, echoed by others stated that the Programme *“helps us to be better and to give us the tools to be calmer and more reflective and therefore it helps the child”*.

Foster carers also explained how the Programme enabled them to consider more deeply why children in their care may behave in challenging ways and better understand how past experiences might influence these children’s present behaviours and emotions. For instance, one foster carer said: *“When you’re able to step back from it and mentalise and think ‘ok this is what’s on the front thing, the iceberg as such, this is what the action is, what’s*

*behind it' and things like that to be able to understand that when you're going through a day to day routine or situations that occur, it's checking ourselves".*

Some foster carers explained that they felt that the Programme was different from other training they had completed, primarily because of its experiential aspect: *"I think the most useful thing for me is that feeling of being listened to in a non-judgmental way and being held, contained in that way. We have to hold and contain the children all the time, you come to this sort of thing and you get it back".*

One aspect that foster carers felt was unique to the Programme was the focus on the wellbeing of the carers rather than just focusing on the children. Carers reported feeling "empowered" in their existing ability to care for their children in placement and encouraged to consider their own wellbeing as part of being able to work effectively: *"A lot of the courses we go onto have a lot about attachment, this theory, that theory, and we're told 'this is why this, this is why your children is doing it', but none of them actually step back and say 'you are ok, you are important in this' and if we look after ourselves, how that's gonna benefit the child".*

Foster carers felt that the Programme fitted in well with other training courses which they had attended, including the Fostering Changes Programme (Briskman *et al.*, 2012) and Non-Violent Resistance Training (Weinblatt and Omer, 2008), as part of a well-rounded training programme. A consensus was that Reflective Fostering built upon other training courses and allowed carers an opportunity to turn theory into practice. Several highlighted that the "building blocks" of the Programme aligned with strategies they already used. However, carers also explained that having a mentalization (Reflective Fostering) frame added to their existing approach to foster care, allowing them to refine their skills and use them more purposefully.

Participants emphasised the importance to them of having a foster carer facilitator, because of their shared experienced with group members: *“they have been there and done that”*. They described how having a foster carer facilitator lent a level of legitimacy and believable endorsement to the Programme, meaning carers were more likely to have “trust” and *“inner confidence”* in the quality of the Programme. This appeared to mitigate initial cautiousness and apprehension foster carers had about attending training run by social workers. Some commented that they could imagine foster carers being deterred by training run only by social workers which they thought some might find *“intimidating”*.

Another perceived benefit of this co-facilitation was the value of having different perspectives: *“ [Foster carer facilitator] has got empathy for what’s been going on because she’s doing that herself and [social worker facilitator] can see that side and can see the other side of what other people deal with, so she sees more of what the role of being a foster carer involves”*.

Despite concerns, foster carers reported developing trust over time for the social worker facilitator as they felt they were not being *“told off or lectured to or spoken at”* and were being treated with a *“supportive”* and *“non-judgmental”* stance. Foster carers appreciated facilitators openly sharing their experiences and showing vulnerability: *“And she [foster carer facilitator] was also honest about times when she hasn’t done things right. So, it wasn’t a case, well I’m perfect, and this is how you do it”*.

## **2) Programme effectiveness at end of programme and at 4-month follow up**

Descriptive statistics on all outcome measures are reported in Table II, including sample sizes for each measure at each time-point.

**[insert Table II]**

*Quantitative findings on child-focused outcome measures.*

Findings from the carer-reported measures of child difficulties are reported in Table III, which shows that there was change in the direction of improvement on all child-focused outcome measures, as well as on all their related sub-scales. This was the case both at the end of the programme, and at follow-up, and it was true for model-based estimates as well as the bootstrapped standardized effect sizes. Most standardized effect size estimates were in the moderate range, between around 0.2 and 0.4. Confidence intervals tend to be a little wider for the follow-up estimates, compared to the end-of-programme estimates, due to fewer data being available at follow-up.

#### *Quantitative findings on carer-focused outcome measures*

Findings from the carer-focused outcome measures are reported in Table III. Results here were similar to those for the child focused measures. Improvement was observed on all measures compared to baseline, both at end of programme and at four-month follow-up. Most effect sizes were in the range of 0.2 to 0.4, with the notable exception of the ratings of carer-defined goals, for which much larger improvement was observed, with standardized effect sizes of 1.1 (95 % C.I.: 0.8 to 1.3) at end of programme, and 1.2 (95 % C.I.: 0.9 to 1.5) at follow-up.

**[insert Table III here]**

Our sensitivity analyses suggested that there was little difference to the findings only examining participants who provided data at all time-points. There was also no evidence that ratings were affected by being collected during the period of restrictions (“lockdown”) during the Covid-19 epidemic and controlling for this made no difference to our findings. For several of our outcome measures, there was some statistical evidence for differences in average change between groups.

## Discussion

The findings of the present paper build on those of the previous development and pilot evaluation study of the Reflective Fostering Programme (Midgley *et al.* 2019), including the importance of developing interventions to support the carer-child relationship in foster care. Although the sample was small, baseline data collected from participants indicated exceptionally high carer stress while child-focused measures revealed high levels of emotional and behavioural need among the group of targeted children. These findings are in line with a wealth of evidence indicating that dyads of foster carers and their children have a high level of unmet psychological need (Luke *et al.*, 2014; House of Commons Education Committee, 2016; Midgley *et al.*, 2019). This evidence of high levels of need amongst this sample of carers and children emphasises further the importance of effective, evidence-based interventions that target this population.

The current study involved a significant adaptation of the Programme from the pilot study, in so far as locally based social worker professionals and foster carers were trained to co-facilitate the Programme. On the basis of the findings of the current study, there is good evidence for the acceptability and relevance of this revised version of the Programme. Recruitment, attendance and retention figures were all high. Not only was this change found to be acceptable to carers, but it was noted as a core strength of the Programme. Facilitation by a fellow foster carer appeared to put attendees at ease and enable development of a safe, non-judgemental space for open communication between carers and facilitators. The shared experience and identity of participants and the foster carer facilitator appeared to be associated with feelings of trust and openness to learn for attendees.

The findings of high levels of acceptability and relevance of the developed reflective fostering model, as well as the good 'fit' reported between this Programme and previous trainings that carers had attended also highlight the benefit of iterative programme development based on participant feedback. This finding is particularly salient given existing evidence regarding the poor understanding of what interventions are most effective for improving the outcomes of foster children and the lack of replication and model development of interventions targeting this population (Baginsky et al. 2017; Luke et al. 2014). Some of the participants' positive experiences of the Programme, such as their sense of containment and empowerment, might be expected to be found in other types of effective support. However other aspects, such as the focus on noticing their own internal states of mind and developing curiosity about the intention states underlying children's challenging behaviour, suggest a specific benefit of this approach. It was also notable that foster carers all attended their regular Local Authority run peer support groups in parallel to attending the Programme, suggesting a unique additional benefit of attending the Reflective Fostering groups. However, to fully establish the unique benefits of the Programme it will be necessary to conduct a study comparing the outcomes and experience of foster carers attending the Programme as compared to other forms of training or support, for example in a randomised-controlled trial.

As well as examining the acceptability and relevance of the revised Programme, this study aimed to gather further data regarding the effectiveness of the Programme. In line with the initial evaluation study (Midgley et al., 2019), good preliminary evidence was found for the effectiveness of the revised Programme in terms of carer- and child-relevant outcome measures from baseline to end of programme. The current study adds preliminary evidence that the gains made at the end of programme appear also to have been maintained by carers and children four months after the end of the programme. Across the variety of carer- and

child-focused outcome measures, there was generally positive evidence of improvement in the expected direction between both baseline and end of programme and baseline and follow-up. There was some evidence for a stronger improvement at follow-up compared to baseline when examining the descriptive trends in the data, but this study had insufficient sample size to draw firm conclusions in this regard. The smaller sample size available at follow-up was partially due to the disruption caused by COVID-19 and the subsequent lockdown in the UK. However, our findings indicate the potential for longer term impacts of Programme and indicate the possibility of a continuation of carer learning, development and felt benefit in the months following the end of the Programme. Evidence of sustained impact will be of crucial importance going forward, given that the large proportion of evaluations of foster-carer support programmes include no or only short-term follow-up evaluation (Luke *et al.*, 2014). The findings also raise important questions in relation to the importance of reflective capacities in prospective foster carers and the broader conditions that might support such an approach more generally. A number of other studies have begun to examine the role of a mentalization-based approach in the broader network around foster care (e.g. Taylor, 2012).

#### *Strengths and limitations of the study*

One strength of this research is its mixed-method design, utilising qualitative and quantitative methods to provide a rich picture of participants' experiences in addition to exploration of programme efficacy. Another strength is the selection of clinically relevant outcome measures through consultation with clinical programme developers and participants from the previous pilot to ensure change was measured meaningfully. Finally,

the use of a 4-month follow-up has allowed for preliminary assessment of the longevity of the Programme impact.

However, this study is limited by the small sample size, so that only quite imprecise estimates of the improvement in outcome measures could be produced. The indications of efficacy, particularly relating to the foster children may also be interpreted with some caution as the outcome measures rely only on carers' report and have not been triangulated. The data for this study had a higher proportion of missing data at follow-up, due to the Covid-19 pandemic and UK lockdown. However, a sensitivity analysis revealed no specific impact of excluding cases with missing data or controlling for impacts of data collection during the lockdown. Caution must also be taken with regard to the generalizability of these findings, given the relatively small sample size and the fact that carers were not fully representative of those working in the profession, and were able to choose whether to attend the Programme.

### *Conclusions*

Overall, the findings of this study provide promising indications that the adaptations made to the Programme have been successful, and further preliminary evidence of the Programme's effectiveness, including its effectiveness at four-month follow-up. Since the changes also make the Programme more scalable (since it can be delivered by local staff following a relatively brief training). An important next step, now underway, will be a fully-powered randomised-controlled trial to investigate the effectiveness of the Reflective Fostering Programme when compared to foster carer's experience of other training options, its cost-effectiveness and impact on placement breakdown. Plans are currently underway in the UK for such a study.

## References

Bergström, M. *et al.* (2020) 'Interventions in Foster Family Care: A Systematic Review', *Research on Social Work Practice*. SAGE Publications Inc., 30(1), pp. 3–18. doi: 10.1177/1049731519832101.

Biehal, N., Ellison, S. and Baker, C. (2011) *Belonging and Permanence: Outcomes in Long-Term Foster Care and Adoption*. *British Journal of Social Work*. doi: 10.1093/bjsw/bcr088.

Briskman, J. *et al.* (2012) *Randomised Controlled Trial of the Fostering Changes Programme*. London.

Cooper, A. and Redfern, S. (2016) *Reflective parenting : a guide to understanding what's going on in your child's mind*. London: Routledge.

Department for Education (2018) *Children looked after in England (including adoption), year ending 31 March 2018*. London. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/757922/Children\\_looked\\_after\\_in\\_England\\_2018\\_Text\\_revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf) (Accessed: 13 March 2019).

Farmer, E., Lipscombe, J. and Moyers Elaine, S. (2005) 'Foster Carer Strain and its Impact on Parenting and Placement Outcomes for Adolescents', *British Journal of Social Work*, 35, pp. 237–253. doi: 10.1093/bjsw/bch181.

Fernandez, E. (2008) 'Unravelling Emotional, Behavioural and Educational Outcomes in a Longitudinal Study of Children in Foster-Care', *The British Journal of Social Work*, 38(7), pp. 1283–1301. Available at: <https://academic.oup.com/bjsw/article-abstract/38/7/1283/1664074> (Accessed: 29 July 2020).

Fernandez, E. (2009) 'Children's wellbeing in care: Evidence from a longitudinal study of outcomes', *Children and Youth Services Review*. Pergamon, 31(10), pp. 1092–1100. doi: 10.1016/j.childyouth.2009.07.010.

Fonagy, P. and Target, M. (1998) 'Mentalization and the changing aims of child psychoanalysis.', *Psychoanalytic Dialogues*. US: Analytic Press, 8(1), pp. 87–114. doi: <http://dx.doi.org/10.1080/10481889809539235>.

Goodman, A. and Goodman, R. (2012) 'Strengths and Difficulties Questionnaire scores and mental health in looked after children', *British Journal of Psychiatry*, 200(05), pp. 426–427. doi: 10.1192/bjp.bp.111.104380.

Granger, C. E. G. (2008) *The role of the reflective function of foster carers in the quality of long-term foster placements: An exploratory study*. Oxford University.

Granger, C. E. G. (2009) *Thinking About Your Child Questionnaire and Scoring*, DDP Network. Available at: <https://ddpnetwork.org/library/thinking-child-questionnaire-scoring/> (Accessed: 3 August 2020).

Healey, C. V. and Fisher, P. A. (2011) 'Young children in foster care and the development of favorable outcomes', *Children and Youth Services Review*. Pergamon, 33(10), pp. 1822–1830. doi: 10.1016/J.CHILDYOUTH.2011.05.007.

Hill, C. M. (2009) 'The health of looked after children', in Schofield, G. and Simmonds, J. (eds) *The Child Placement Handbook: Research, Policy and Practice*. London: British Association of Adoption and Fostering.

House of Commons Education Committee (2016) *Mental health and well-being of looked-after children Fourth Report of Session 2015-16*. London. Available at:

<https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf> (Accessed: 13 March 2019).

Hutchings, J. *et al.* (2017) 'Evaluating the Incredible Years Toddler Parenting Programme with parents of toddlers in disadvantaged (Flying Start) areas of Wales', *Child: Care, Health and Development*. John Wiley & Sons, Ltd (10.1111), 43(1), pp. 104–113. doi: 10.1111/cch.12415.

Jones, G. and Morrissette, P. J. (1999) 'Foster Parent Stress', *Canadian Journal of Counselling and Psychotherapy*, 33(1), pp. 1–13. Available at: <https://cjc-rcc.ucalgary.ca/article/view/58612> (Accessed: 29 July 2020).

Kerr, L. and Cossar, J. (2014) 'Attachment Interventions with Foster and Adoptive Parents: A Systematic Review', *Child Abuse Review*. John Wiley and Sons Ltd, 23(6), pp. 426–439. doi: 10.1002/car.2313.

Kim-Spoon, J., Cicchetti, D. and Rogosch, F. A. (2013) 'A Longitudinal Study of Emotion Regulation, Emotion Lability-Negativity, and Internalizing Symptomatology in Maltreated and Nonmaltreated Children', *Child Development*. John Wiley & Sons, Ltd, 84(2), pp. 512–527. doi: 10.1111/j.1467-8624.2012.01857.x.

Law, D. and Jacob, J. (2015) *Goals and Goal Based Outcomes (GBOs) Some Useful Information*. Available at: <http://www.corc.uk.net/media/1219/goalsandgbos-thirdedition.pdf> (Accessed: 25 July 2017).

Luke, N. *et al.* (2014) *What works in preventing and treating poor mental health in looked after children?* Available at: <http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2014/09/onlinePoorMentalHealthfullreport.pdf> (Accessed: 26 September

2017).

Lundh, L.-G., Wangby-Lundh, M. and Bjarehed, J. (2008) 'Self-reported emotional and behavioral problems in Swedish 14 to 15-year-old adolescents: A study with the self-report version of the Strengths and Difficulties Questionnaire', *Scandinavian Journal of Psychology*. John Wiley & Sons, Ltd, 49(6), pp. 523–532. doi: 10.1111/j.1467-9450.2008.00668.x.

Luyten, P. *et al.* (2017) 'The parental reflective functioning questionnaire: Development and preliminary validation.', *PloS one*. Public Library of Science, 12(5), p. e0176218. doi: 10.1371/journal.pone.0176218.

Maaskant, A. M. *et al.* (2016) 'The wellbeing of foster children and their relationship with foster parents and biological parents: a child's perspective', *Journal of Social Work Practice*. Routledge, 30(4), pp. 379–395. doi: 10.1080/02650533.2015.1092952.

Maclay, F., Bunce, M. and Purves, D. (2006) 'Surviving the System as a Foster Carer', *Adoption & Fostering*. SAGE Publications Ltd, 30(1), pp. 29–38. doi: 10.1177/030857590603000105.

McDermid, S. *et al.* (2012) 'The demographic characteristics of foster carers in the UK: Motivations, barriers and messages for recruitment and retention', *Childhood Wellbeing Research Centre*.

Midgley, N. *et al.* (2019) 'Supporting foster carers to meet the needs of looked after children: A feasibility and pilot evaluation of the Reflective Fostering Programme', *Developmental Child Welfare*. SAGE PublicationsSage UK: London, England, 1(1), pp. 41–60. doi: 10.1177/2516103218817550.

Midgley, N., Ansaldo, F. and Target, M. (2014) 'The meaningful assessment of therapy

outcomes: Incorporating a qualitative study into a randomized controlled trial evaluating the treatment of adolescent depression', *Psychotherapy*, 51(1), pp. 128–137. Available at: <https://psycnet.apa.org/buy/2013-45429-001> (Accessed: 3 August 2020).

Muris, P., Meesters, C. and Van den Berg, F. (2003) 'The Strengths and Difficulties Questionnaire (SDQ) further evidence for its reliability and validity in a community sample of Dutch children and adolescents', *European Child and Adolescent Psychiatry*. Springer, 12(1), pp. 1–8. doi: 10.1007/s00787-003-0298-2.

Ottaway, H. and Selwyn, J. (2016) 'No-one told us it was going to be like this': compassion fatigue and foster carers', *Fostering Attachments Ltd*.

Pallett, C. *et al.* (2002) 'Fostering Changes: A Cognitive-Behavioural Approach to Help Foster Carers Manage Children', *Adoption & Fostering*. SAGE Publications Ltd, 26(1), pp. 39–48. doi: 10.1177/030857590202600106.

Redfern, S. *et al.* (2018) 'The Reflective Fostering Programme: background and development of a new approach', *Adoption and Fostering*. 1 OLIVERS YARD, 55 CITY ROAD, LONDON EC1Y 1SP, ENGLAND: SAGE PUBLICATIONS LTD, 42(3), pp. 234–248. doi: 10.1177/0308575918790434.

Richardson, E. W. *et al.* (2018) 'Foster mothers' parenting stress and coparenting quality: An examination of the moderating role of support', *Children and Youth Services Review*. Elsevier Ltd, 89, pp. 77–82. doi: 10.1016/j.chilyouth.2018.04.024.

Rubin, D. M. *et al.* (2007) 'The Impact of Placement Stability on Behavioral Well-being for Children in Foster Care', *Pediatrics*, 119(2), pp. 336–344. doi: 10.1542/peds.2006-1995.

Schofield, G. and Beek, M. (2005a) 'Providing a secure base: Parenting children in long-term

foster family care', *Attachment and Human Development*, 7(1), pp. 3–25. doi:

10.1080/14616730500049019.

Schofield, G. and Beek, M. (2005b) 'Risk and Resilience in Long-Term Foster-Care', *The British Journal of Social Work*, 35(8), pp. 1283–1301. Available at:

<https://academic.oup.com/bjsw/article-abstract/35/8/1283/1659015> (Accessed: 29 July 2020).

Schofield, G. and Beek, M. (2009) 'Growing up in foster care: providing a secure base through adolescence', *Child & Family Social Work*. John Wiley & Sons, Ltd, 14(3), pp. 255–266. doi: 10.1111/j.1365-2206.2008.00592.x.

Shields, A. and Cicchetti, D. (1997) 'Emotion regulation among school-age children: the development and validation of a new criterion Q-sort scale.', *Developmental psychology*, 33(6), pp. 906–16. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/9383613> (Accessed: 14 March 2019).

Slade, A. (2005) 'Parental Reflective Functioning: An Introduction', *Attachment and Human Development*, 7(3), pp. 269–81.

Stovall, K. C. and Dozier, M. (1998) 'Infants in Foster Care', *Adoption Quarterly*. Taylor & Francis Group, 2(1), pp. 55–88. doi: 10.1300/J145v02n01\_05.

Taylor, C. (2012) *Empathic Care for children with disorganised attachments: A model for mentalizing, attachment and trauma-informed care* (Jessica Ki). London.

Team, R. C. (2017) *R: A language and environment for statistical computing*. Vienna, Austria. Available at: <https://www.r-project.org/>.

Viner, R. M. and Taylor, B. (2005) 'Adult Health and Social Outcomes of Children Who Have

Been in Public Care: Population-Based Study'. doi: 10.1542/peds.2004-1311.

Weinblatt, U. and Omer, H. (2008) 'Nonviolent Resistance: A Treatment for Parents of Children with Acute Behavior Problems', *Journal of Marital and Family Therapy*. Blackwell Publishing Inc., 34(1), pp. 75–92. doi: 10.1111/j.1752-0606.2008.00054.x.

Yao, S. *et al.* (2009) 'Measuring Adolescent Psychopathology: Psychometric Properties of the Self-Report Strengths and Difficulties Questionnaire in a Sample of Chinese Adolescents', *Journal of Adolescent Health*. Elsevier, 45(1), pp. 55–62. doi: 10.1016/j.jadohealth.2008.11.006.