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THE RELATIONSHIP BETWEEN FOSTER CARERS AND LOOKED AFTER CHILDREN: IMPLICATIONS FOR MENTAL HEALTH

Section A: Changes in child and foster carer attachment during placements: *A systematic critical review*

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Section B: *"You want them to be able to be okay"*: Foster carer's experiences of their role in looked-after children's mental health

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Summary of the MRP Portfolio

Section A
This section presents a systematic critical review of longitudinal studies exploring looked-after children's attachment during foster care placements. Nine studies were identified, with three evidencing changes towards attachment security in children across time. Issues related to the measurement of attachment and methodological quality of the studies are presented for consideration, with implications for clinical practice and further research outlined.

Section B
This section presents an Interpretative Phenomenological Analysis of foster carers' perceptions of their role in children's mental health. Nine foster carers participated in the study. Three super-ordinate themes encompassing 10 sub-themes were identified. Results are discussed in the context of the existing literature, alongside recommendations for clinical practice and future research.

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SECTION A

Changes in child-foster carer attachment during placements: *A systematic critical review*

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Abstract

‘Secure attachment’ between an infant and their primary caregiver is considered to be a key ingredient to healthy development with positive impacts on self-image, relational capacities and emotion regulation. Children in foster care with secure attachment to foster carers are suggested to experience positive effects on their mental health and placement stability. This systematic critical review sought to identify longitudinal research studies measuring the development of attachment in looked-after children. A systematic search of PsycInfo, ASSIA, Web of Science, Social Policy and Practice was conducted. Application of inclusion criteria identified nine studies, which were appraised with regard to their conceptual and methodological components, with use of an appraisal tool. Three studies identified development of ‘attachment security’ over time, with positive correlates including children being placed before 12 months, being female and foster carers’ having an ‘authoritative’ parenting style. Implications of these findings in the light of conceptual and methodological issues are discussed, with recommendations made for clinical practice and further research.

Keywords

Foster Care; Looked-After Children; Attachment; Longitudinal; Review

Introduction

This review explores research into the attachment of children in foster placements. The reader is first introduced to the term 'attachment' and pertinent issues related to its definition and measurement. The concept of foster care and relevant research literature is described. The reader is then introduced to this review's research questions.

Attachment

Attachment is a term arising from the psychoanalytic tradition to describe the bond which develops between an infant and their primary caregiver across the early years of life (Ainsworth & Bowlby, 1991). Whilst effective bonding serves a practical role in the infant's survival (such as ensuring they are fed and protected from danger), the psychological literature has emphasised the essential role attachment plays in shaping a child's emotional wellbeing (Ainsworth et al., 1978). The secure development of attachment has been associated with positive effects including enabling the child to develop powers of mentalisation (Fonagy et al., 2002), which is thought to enable greater understanding of self and others and enhance capacity for emotion regulation (Camoirano, 2017).

Attachment is by no means the only construct which addresses the infant-caregiver relationship. Slater (2007) suggests that as 'attachment' has entered into common parlance it has been increasingly overused and taken to describe a variety of different, even contradictory underlying constructs. Even in its traditional usage it has been critiqued as vague and neglectful of the role of genetic and environmental factors in shaping personal differences (Fitzgerald, 2020). Beliefs meanwhile about the significance of key aspects of attachment theory and how they should be classified (such as caregiver sensitivity and child security) are culturally dependent (Rothbaum et al. 2000). With these criticisms in mind, 'attachment' is nevertheless a construct which has a considerable history and extensive corpus of supporting research in terms of measurement tools and studies demonstrating its

long-term stability and correlation with adulthood sequelae (Sroufe, 2005); it is thus the construct that will be focused upon within this review.

Categorising attachment

'Secure' attachment in infants is hypothesised to develop when caregivers are attuned to the infants' needs and communication of distress, to which they warmly and consistently respond. This process allows the child to consider the caregiver a 'secure base', from which they are enabled to explore the world (Allen, 2013). In addition to facilitating trust between child and caregiver, attachment also informs children's understanding and expectations of the world around them, informing 'internal models' of themselves, the world and others (Bowlby, 1997). Children with a secure attachment style are more likely to have positive self-esteem, greater capacity to regulate emotional distress, believe that adults can be trusted and that the world is a safe place (Bretherton & Munholland, 2016). A further key hypothesis of attachment theory, is that early attachment patterns inform an individual's ongoing attachment 'style', which shapes their tendencies in adult relationships and the ways in which they seek and respond to help across the lifespan (Holmes, 2001).

A variety of measures have been developed to examine attachment between infants and caregivers, as well as measuring adults' attachment style. There is general agreement across these measures on four attachment classifications. In children these are commonly called: secure, anxious-ambivalent, anxious-avoidant and disorganised (Ainsworth et al., 1978; Main & Solomon, 1990).

A secure or 'insecure' (i.e. anxious/avoidant) label is considered appropriate for individuals showing a consistent pattern of attachment behaviours (Holmes, 2001). The 'disorganised' label meanwhile has arisen from the recognition that many infants do not demonstrate a single clear attachment style, but instead use a mixture of strategies. This mixed presentation has been theorised to emerge in response to unpredictability in the child-caregiver

relationship, but has also been associated with child characteristics of dispositional or neurological differences (Granqvist et al., 2017). Whist the disorganised style is more common amongst children who have been maltreated than in the general population, these are not the only conditions under which a disorganised style may emerge. Granqvist et al. (2017) highlight that the label of 'disorganised' is relationship-specific and thus does not preclude the child receiving a different attachment classification in other relationships, or indeed automatically lead to the negative sequelae in adulthood that have been associated with the disorganised label.

In contrast to the 'disorganised' term, recent years have seen the introduction of attachment-related disorders to the Diagnostic and Statistical Manual (DSM; American Psychiatric Association, 2013). These diagnoses are viewed to sit outside of the traditional attachment classifications as behavioural clusters which are not relationship-specific but global difficulties. Reactive Attachment Disorder (RAD) is theorised to stem from an 'inactivated' attachment system (DeKlyen & Greenberg, 2016) and thought to occur only in the most severe cases of neglect (Zeanah et al., 2016). The rarity of the diagnosis, in addition to a limited evidence base have led others to suggest it is not a helpful diagnostic category (Slater, 2007) and may often be a mislabelling of symptoms of attention deficit and hyperactivity disorder (ADHD) and/or autism spectrum disorders (ASD) (Allen, 2016).

Challenges of measurement

A number of assessments have been devised to measure attachment in children and adults (Solomon & George, 2016; Crowell et al., 2016). Broadly speaking, these can be split into measures which rely on self-report (for children this is typically caregiver report) and those which rely on observer ratings. Observational methods include (1) procedures designed to elicit attachment behaviour between a child and caregiver which are rated by an observer, (2) projective measures which provide participants with a drawing/vignette from which they

must construct a narrative subsequently rated by observers and (3) interview methods which ask participants to describe their attachment relationships from which the form of their narrative is rated.

Dependent upon the measure, the outcome of interest will vary. The Strange Situation Procedure (SSP; Ainsworth et al 1978), is a well known observational measure that uses ratings of children's attachment behaviours to categorise their overall attachment 'style'. The absence of a consistent behavioural pattern is taken to indicate 'disorganised' attachment (Holmes, 2001). The Adult Attachment Interview (AAI; George et al., 1996), uses the 'coherence' with which adults discuss their childhood relationships to indicate their attachment style, based on the theory that those who are 'secure' will have been able to integrate their experiences and reflect on them (even where negative events are described). The classification of an 'unresolved' attachment style is made when a participant exhibits disorganisation or confusion in their narrative.

Whilst both measures above are used to generate a categorical attachment classification, other measures such as the Adult Attachment Q-Sort (Kobak, 1993) are scored on a continuous variable of attachment security (e.g. 0-100 where 100 is 'highly secure'). Such variation has led to criticism that attachment measures are unlikely to be addressing the same construct (Fitzgerald, 2020), particularly as many aspects of attachment relationships (e.g. parental sensitivity) are difficult to measure and thus all claims to measurement will have inherent limitations (Prior and Glaser, 2006).

Foster care

Foster care is an arrangement for providing a temporary home to children (aged from birth – 18 years) who have been removed from their biological parents or primary caregivers. The Children Act (UK Government, 1989) states that a child will be removed in circumstances where they are *"suffering or at risk of suffering significant harm, and that harm... is*

*attributable to the care being given" (p. 38).*A child is classified as 'looked-after' by local authorities, when they have been provided with accommodation for a continuous period of more than 24 hours, are subject to a care order or a placement order (Department for Education, 2019).

Foster care is provided in a typical home environment with a foster carer/family, rather than residential services. There are a variety of forms of foster care including emergency, short-term, short breaks, long-term, remand and fostering for adoption (Her Majesty's Government, 2018). There is a further distinction to be made between 'kinship care' provided by the child's family or family friends, with 'non-kinship care' provided by professional foster carers employed by an agency or county council. Data for England in 2019 identified 78,150 children to be 'looked-after', with 72% placed in foster care (Department for Education, 2019). At the same timepoint, there were 44,450 registered fostering households (Ofsted, 2020).

Foster care and attachment

By nature of being in foster care, 'looked-after children' (hereafter referred to as LAC) have experienced significant disruption in their relationship with at least their biological parents and/or others who have played a role in their lives. In addition, as foster care is typically provided in cases of neglect or abuse, children are likely to have experienced considerable distress and/or trauma prior to placement (Schofield & Beek, 2005).

In this context, rates of insecure and disorganised attachments amongst LAC are found to be high (Vasileva & Petermann, 2016; van Ijzendoorn et al., 1999). This is hypothesised to contribute to the high rates of emotion dysregulation and mental health problems found in this group (Golding, 2008; Hambrick et al., 2016).

Given the high chance of LAC experiencing emotional and relational difficulties, it has been recognised that foster care holds a positive potential in offering an alternative experience of

relationships (Wilson, 2006; Turcker &MacKenzie, 2012). Whilst the internal working models which underpin attachment style are usually thought to be stable over time (Ruhl et al., 2015), research has identified that changes in style can occur when the care-giving environment is significantly altered (Cicchetti et al., 2006; Tucker & Mackenzie, 2012). In evidence of both the constancy of attachment and continued potential for change, Joseph et al. (2014), found that many LAC had an attachment to their birth parent classified as 'insecure', alongside a 'secure' attachment to their foster carer. Indeed a review of cross-sectional studies of LAC's attachment to foster carers identified secure attachment in 49-69% of children, with disorganised attachment in 0-42% (Quiroga & Hamilton-Giachritsis, 2016). In common with the benefits of secure attachment identified in the general population, it has been found that LAC with secure attachment to foster carers have improved mental health outcomes (Rayburn et al., 2018), and that close relationships between foster carers and young people leads to greater consensus on the young person's mental health needs (McWey et al., 2018).

Factors enhancing attachment and the need for longitudinal research

Cross-sectional studies of attachment between foster carers and LAC have found secure attachment to be positively correlated with caregiver sensitivity (Quiroga & Hamilton-Giachritsis, 2016), foster-carer investment (Ackerman & Dozier, 2005), foster-carer experience (Ponciano, 2010), organisation of the home environment (Cole, 2005), child's age at placement (Bos et al., 2011) and foster-carer's attachment style (Dozier et al., 2001). These studies thus highlight a number of potential influences on the development of secure attachments, although given their cross-sectional nature their capacity to infer causation is limited.

A number of intervention studies have sought to explore the effectiveness of parenting interventions for foster carers on developing attachment and improving mental health

outcomes (Spieker et al., 2012; Mersky et al., 2014; Dozier et al., 2006; Kerr & Cossar, 2014; Wotherspoon et al., 2008). However, there are a paucity of studies exploring the development of attachment in foster placements where no specific intervention has been implemented.

In light of this, it is suggested that longitudinal studies which do not involve a specific intervention with foster carers could make a useful addition to understanding how attachment may naturally develop across the course of a foster placement; as well as offering insight to the factors which may help or hinder this development.

The current review

To address the gap in the current literature, this review will seek to identify studies measuring attachment across time in non-kinship foster placements. There has been no review of such longitudinal research. Studies will also be explored to seek any identified correlates of change (such as placement, carer or child characteristics).

Research questions

This review's primary research question asks: What has the literature identified in terms of attachment changes across time in foster placements?

To develop a comprehensive answer, attention will also be paid to the measures of attachment which studies have employed and any barriers or facilitators of change.

Notes on methodology

The term longitudinal research is to be applied to incorporate all studies which present the same measure of attachment administered at more than one timepoint. As children in foster care often experience moves between placements, studies will still be included where a child's attachment is measured in different placements across time, although it is recognised this will not address the development of attachment between a child and one individual.

Inclusion criteria

- Studies which explicitly state they are seeking to measure 'attachment' (not described solely as relationship quality, bond etc)
- Studies which measure 'attachment' at more than one timepoint during the course of foster care
- Studies which measure attachment of the child/adolescent (rather than the foster carer)
- Studies published in peer-reviewed journals
- Studies written in English language

Exclusion criteria

- Studies where all carers are 'kinship carers' (studies with mixed samples of kinship and non-kinship carers are to be included)
- Studies of foster care leavers/ young adults (without comparison to their younger selves)
- Qualitative studies which do not use a specific measure of attachment (e.g. interviews without an attachment scoring framework)
- Theoretical papers
- Cross-sectional studies
- Studies using interventions
- Studies where children have been adopted (and there are not multiple timepoints whilst the child was in foster care)
- Studies addressing rates of RAD (as this diagnosis is considered to sit outside of 'attachment style' classifications)

Method

Search strategy

Four databases were searched on 30th November 2019 with no date limits applied: PsycInfo, ASSIA, Web of Science, Social Policy and Practice (Figure 1 depicts the search process). The terms could be from the title, abstract or keywords. Only articles in journals were included (these were filtered out at different stages depending on the engine). Search terms were: 'attachment' AND (foster* OR 'child welfare' OR 'out-of-home' OR 'alternative care' OR 'social services' OR 'looked-after' OR 'LAC' OR 'non-kinship') AND 'child*' OR 'adolescen*' OR 'teenager*' OR infant OR junior OR baby OR toddler OR 'young person' OR youth OR juvenile OR minor).

Use of appraisal tools

Included studies were critiqued with the Mixed Methods Appraisal Tool (MMAT, Hong et al., 2018; Appendix 3). Whilst the research question was primarily quantitative in nature, a number of measures of attachment include qualitative elements and methodologies (e.g. interviews, projective narrative measures). The MMAT was thus selected to enhance appraisal of these qualitative components. In recognition of the limitations of such quality appraisal tools (Munthe-Kaas et al., 2019), this framework was used as guide to structure critique and highlight important areas for consideration, rather than being used to derive a quality score.

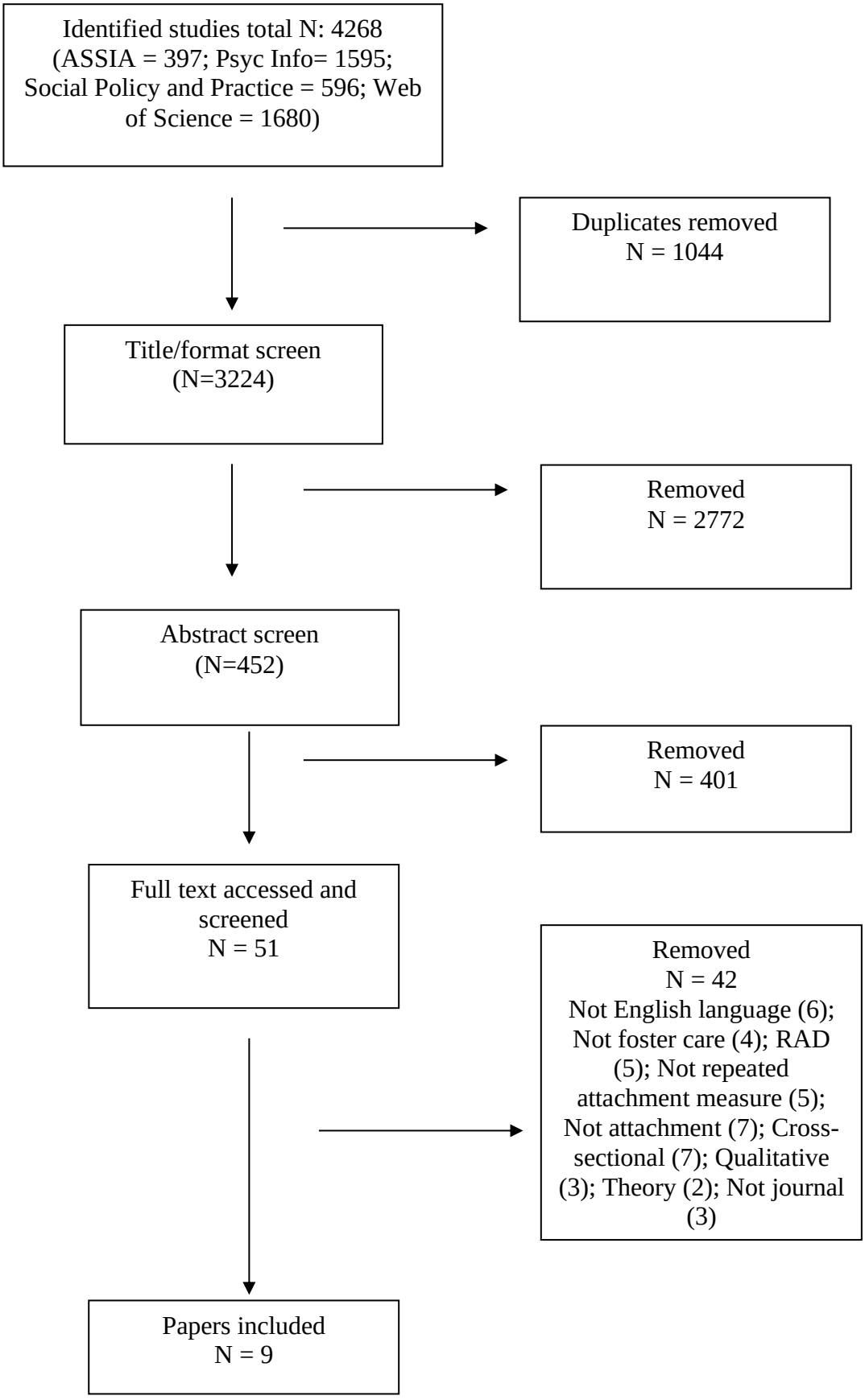

Figure 1, PRISMA flowchart

Results

Presented first is a summary of studies according to the demographics of their samples. For detailed descriptions of each study see Appendix 2. A synthesis of study outcomes is then presented, with a view to answering the research questions. The studies are critiqued with guidance from the MMAT.

Demographics summary

Of the nine included studies, several were linked and had participants in common. Study 1 and 2 share the same participant group. All of Study 3's participants were included in Study 4's larger sample. Studies 6 and 7 have ten children and eight foster carers in common. Removing these duplications, the studies incorporated 290 LAC. Child age at time of the study ranged from 6 months – 17 years. Gender demographics were provided in all studies except 5 and 9. 45.2% of LAC across the studies were female. Length of time in current placement at timepoint 1 was presented for five studies, ranging from 2 days – 23 months. The studies included 288 foster carers with six studies providing demographic information. Where provided, carer age range was 26 to 68 years. Numbers for gender were not reported sufficiently to calculate an overall percentage, although most studies stated carers were predominantly female. Previous fostering experience was reported in three studies. This ranged from new foster carers to those who had 38 years' experience.

Four studies used comparison groups either for children, foster carers or both. The settings of comparison groups included an institution (study 8), a pre-school (study 4) and kindergarten/public health centres (studies 1 and 2).

The included studies varied in geographical location with authors varying in the extent to which they described the cultural context. Whilst each of the represented countries (Norway, Germany, UK, USA, Romania) may broadly be described as 'Western', it is recognised that there will be significant cultural differences across studies. As this is the first review in the

area, an inclusive approach was favoured, however this geographical variation limits the generalisability of any trends identified.

Reviewing study findings

Measuring attachment

Across the studies a number of measures of attachment were employed. These differed in procedure and the form of data generated. Table 1 presents a summary of these methods and outcomes.

Table 1 – Measures of attachment used in studies

Measure name	Used in studies	Procedure	Form of outcome
Strange Situation Procedure (SSP; Ainsworth et al 1978 and preschool version (Cassidy et al 1992))	1, 2, 6, 7, 8	Observational	Categorical
Attachment Q Sort (AQS; Schoelmerich & Leyendecker, 1999)	3, 4	Observational	Continuous ('attachment security' rated from +1.00 to -1.00)
Parent-Attachment Diary (PAD; Dozier & Stovall, 1996)	6, 7	Caregiver-report	Categorical and continuous (Overall categorisation of attachment, as well as a continuous score for 'behavioural coherence')
Separation Anxiety Test (SAT; Resnick, 1993) (rating process was	5	Child-report (projective attachment measure)	Categorical and continuous (Use of attachment strategies (i.e dismissing, idealisation)

supplemented by semi-structured interview with LAC and foster carers)			rated from 1- 9; overall picture from these ratings used to categorise overarching attachment style)
Semi-structured interview and 'Expression of Feelings' questionnaire (author devised)	9	Care-giver report	Categorical (Relationships labelled as 'attached' where parental description suggested a positive relationship; 'non-attached' where no evidence of a positive relationship)

Changes in attachment over time

In three of the nine studies, an increase in attachment security was reported (studies 3,4,8). Study 9 reported that increases in attachment security were observed, although the paper did not provide statistical data for the reader to understand the size of this change.

Studies 1, 2 and 5 found no significant change in rates of secure attachment, although Study 2's authors noted a reduction in 'disorganised' strategies over time and Study 5's authors highlighted a trend towards young people using fewer anxious-ambivalent strategies and having more positive 'attachment representations'.

In Study 7, which measured 'behavioural coherence' (the emergence of distinct attachment patterns over time), 8/10 infant-foster carer dyads demonstrated development of coherent attachment patterns, with 3 children classified as 'secure', 3 as 'avoidant' and 2 as 'resistant' at the study's conclusion.

Study 6 did not identify significant trends in any direction for attachment classification, although it was noted that children with higher cumulative risk scores displayed a significant decrease in 'behavioural coherence' over time, compared to those with lower risk ratings.

Parent Factors

In five studies, foster carers' own attachment style was measured as a potential mediator of developing LAC attachment. Carer classification as 'autonomous' was correlated with the development of secure attachment, however Study 3 and 7 identified that this effect appeared only in children placed before 12 months of age. Study 6 highlighted that whilst autonomous foster carers were associated with higher levels of early secure behaviour in LAC and fewer avoidant behaviours, this did not have a statistically significant effect on behaviours classified as 'resistant'.

Study 4 found that children's attachment security increased only in environments with 'authoritative parenting' (conceptualised as high emotional sensitivity and behavioural control (Cowan & Cowan, 1992)). Where foster carers were rated as high on just one dimension (e.g. emotional sensitivity), increases in security were not found. When 'authoritative parenting' was applied as a continuous variable, it was identified that the higher the 'authoritative' score, the higher the attachment security at timepoint 3. It was noted however that authoritative parenting ratings decreased across the sample over the study year.

Within Study 3, where dimensions of caregiver sensitivity were explored (rated through researcher observations), it was identified that higher 'supportive presence' and 'respect for child's autonomy' at timepoint 1 were related to higher later attachment security, whilst 'hostility' was associated with lower security. Study 7 sought to measure parenting style, coding carer response to the child's behaviour as 'nurturant' or 'rejecting', although no significant effects were found.

Study 3 identified carer stress (rated at timepoint 1 or 2) as correlated with lower attachment security. Younger carer age was significantly associated with higher attachment security, although authors found no association between carer age and scores on stress or sensitivity, leaving the relationship between age and child attachment as an area for future research.

Child Factors

A number of child demographics were explored as potential mediators.

Study 8 was the only study finding a significant effect of gender; identifying that girls experienced an increase in secure attachment, whereas improvements were not seen in boys. They found that this increase in security mediated a reduction in girls' internalising behaviours. Although not raised by the authors, it appears that the study was under-powered with fewer boys than girls in the sample, which may have affected this finding.

Age at placement was a variable of interest, having been identified from cross-sectional studies as significant. Studies 3 and 7 found a significant interaction between age at placement and foster-carer attachment style (foster carer's rating as autonomous predicted secure attachment in LAC placed before 12 months). Study 6 found a significant correlation of age at placement with 'behavioural coherence' (i.e. a regulated and predictable pattern of attachment/care-seeking behaviours). This effect was marginally significant when age was a continuous variable but increased when categorically defined as being placed before or after 12 months.

The way in which LAC's pre-placement experiences were conceptualised varied between studies. In study 6, a cumulative risk score was calculated based on children's previous experiences of trauma; it was identified that higher 'risk' was associated with higher 'behavioural coherence' earlier in placement, although this was also associated with a significant decrease in coherence over time. Study 9 noted that 'history of active rejection by birth parents' was the only factor significantly linked to whether children were attached or not attached to foster carers at the study's final timepoint.

Influences on attachment and effects of attachment

Several studies considered whether children's attachment style had effects on foster carers' parenting strategies and the subsequent course of attachment. Study 9 identified that parents

of ‘non-attached’ children showed more difficulty in responding ‘warmly’ to children as early as one month into placement, with this tendency becoming worse by the end of the study. Conversely, Study 4 identified that children’s attachment behaviour did not predict parenting style, which the authors took to indicate that foster carers could maintain positive parenting approaches irrespective of whether the child was demonstrating rejecting behaviours or explicitly seeking comfort.

Study 7 identified that in ‘secure’ dyads foster carers demonstrated nurturing responses to children’s behaviours, irrespective of whether these were avoidant, rejecting or explicitly seeking comfort. In dyads classified as ‘insecure’, foster carers reported responding to young people’s behaviours in a complementary manner to their strategies (e.g. if the child utilised a rejecting behaviour, the foster carer would leave them alone). The authors suggest therefore that insecure attachments may develop where parents do not respond to the underlying attachment needs masked by avoidant or resistant behaviours.

It is important to consider how these processes may alter depending upon the child’s age. Study 5 reported their teenage sample to present mixed attachment strategies at baseline, perhaps indicating unresolved trauma. They hypothesised this mix of strategies to pose a particular challenge to carers, as being hard to respond to consistently. They highlight that the teenage years are also a transition period in attachment across the population as friends become more influential in young people’s lives. In combination with cognitive and hormonal developmental changes experienced in this age group and subsequent behaviour challenges, it is suggested foster carers can face multiple obstacles to developing attachments in this group.

Study 4 identified a mediating role for child temperament. They identified an interaction of extraversion and authoritative parenting; whereby children with low temperamental extraversion had significantly better attachment outcomes with authoritative parents than

non-authoritative. LAC showing high extraversion did not differ in their course of attachment security according to parenting style.

Results summary

Across these studies a mixed picture of attachment change emerges:

- Three studies (3, 4, 8) identified an increase in attachment security over the course of foster care, which appeared associated with children being placed before 12 months of age, children being female and foster carers having an 'authoritative' parenting style.
- In the majority of studies, no significant change towards attachment security was found, although Study 2 and 5 indicated some reduction in 'insecure strategies' and Study 7 identified a trend towards 'coherence' in attachment strategies.
- Lower foster carer stress, high scores for 'supportive presence', 'respect for child's autonomy' and authoritative parenting style were associated with increases in child's attachment security.
- Study 9 found foster carers responded in a less warm manner to 'non-attached' children from one month into placement, with the effect becoming more pronounced across the placement.

Table 2 - Included studies and key information

Study	Author, Year, Country	Participants	LAC age range	Timeframe	Design	Attachment measure	Key attachment outcomes
1	Jacobsen et al. (a), 2014, Norway	60 foster families; 42 control families	22-25 months	1 year	Quasi-experimental, repeated measures, quantitative	Strange Situation Procedure (SSP; Ainsworth et al., 1978)	• Majority of LAC and comparison children were securely attached at T1 and again at T2 - no significant differences. • Concordance between Foster Carer AAI and LAC attachment style at 2 years was 65%, 60% at 3 years.
2	Jacobsen et al. (b), 2014, Norway	As above	As above	As above	As above	As above	• Majority of foster and comparison children were securely attached at T1 and again at T2 - no significant differences. • Among those 'disorganised' at 2 years in FC, significantly more were 'organised' at 3 years (p=.031).
3	Gabler et al., 2014, Germany	48 children	9-66 months at placement	6 months	Repeated measures, quantitative	Attachment Q Sort (Schoelmerich & Leyendecker, 1999)	• Patterns of attachment behaviour emerged and stabilised within 2 months of placement for most children.

							• Mean attachment security scores indicate a significant increase during the first 6 months. • Higher supportive presence, respect for child's autonomy, foster carer AAI and younger carer age were related to higher attachment security. • Higher Foster Carer hostility at wave 1 associated with lower security.
4	Lang et al., 2016, Germany	55 children	1-6 years	1 year	Mixed methods, repeated measures, quasi-experimental	Attachment Q Sort (as above)	• Attachment security significantly increased during the first year in placement. • Authoritative parenting at both waves was significantly associated with attachment security at Wave 3 (although the significance of this effect varied with child 'temperament').
5	Dallos, Morgan-West	8 foster children	14-17 years	1 year	Mixed methods	Separation Anxiety Test (Resnick, 1993)	• None of the LAC showed a secure pattern of attachment at any stage.

	& Denman, 2015, UK						• There was no statistically significant change in the strategies the children demonstrated over the year.
6	Stovall-McClough& Dozier, 2004, USA	38 foster-infant dyads (incl. 10 dyads from study 6)	5-28 months	2 months	Quantitative	Parent attachment diary (Dozier & Stovall, 1996); SSP (as above)	• Age at placement and foster parent AAI significantly predicted change in attachment 'coherence' over time. • Children placed with autonomous parents had higher mean secure behaviours and lower mean avoidant behaviours compared to those with non-autonomous.
7	Stovall & Dozier, 2000, USA	10 foster infants and 8 foster carers	6 - 19.6 months	2 months	Single case design,	Parent attachment diary (as above)	• 8/10 dyads showed distinct pattern of attachment within first 2 months. • Parents' AAI (autonomous) associated with child attachment security (measured by diary and SSP), but only for those placed relatively early (6 - 8 months of age).

8	McLaughlin, Zeanah, Fox & Nelson, 2012, Romania	68 foster children, 68 comparison children (CAU)	6-30 months	54 months	Randomised controlled trial	SSP (as above)	• At 42 months girls in FC were more likely to be securely attached than girls in CAU. • Girls in FC had higher scores on the continuous attachment measure than girls in CAU at 42 months. • Mediation analyses found FC effects on internalising symptoms were mediated by attachment security.
9	Rushton, Maves, Dance & Quinton, 2003, UK	61 children	5-9 years	1 year	Mixed methods,	Semi-structured interview and investigator-devised checklist: 'Expression of Feelings Questionnaire'	• At Time 2, 73% children had attached relationship with one or both parents. 27% had not or had developed 'superficial' relationship (attachment data from Time 1 is not presented). • History of active rejection by birth parents was only factor significantly linked to whether child was attached/not attached to parents.

Methodological critique

The MMAT quality appraisal tool (Hong et al., 2018) was used to assist assessment of the studies. Key points of critique related to methodological issues are discussed below. Appendix 4 presents each study according to checklist domains.

Design

This review included only studies with a longitudinal design. The longitudinal method enables more robust exploration of relationships between variables than cross-sectional research. There are concerns in the literature that different measures of attachment address different underlying constructs (Slater, 2007). It is beneficial in this review therefore that patterns of change within studies were the focus, rather than seeking to directly compare effect sizes between studies on attachment outcomes which may not be equivalent.

In the majority of studies, processes of data analysis were clearly outlined and detailed, enhancing confidence in findings. Studies 4, 5 and 9 used a mixed-methods design, which seemed to lead to lower methodological quality, as less detail regarding quantitative data was typically provided, alongside limited presentation of qualitative themes. One single case series study was included (Study 7). Multiple timepoints allowed detailed analysis and exploration of the behavioural exchanges between parents and children. The nature of single case analysis however, meant that no overarching comparisons could be drawn between groups of participants.

Whilst longitudinal research has notable strengths, ultimately the studies were correlational and thus causality cannot be inferred despite the increased detail which a longitudinal data set provides (Grammer et al., 2013). Several of the studies utilised complex data analysis techniques to account for this, however some studies did not present sufficient detail for the suitability of their analysis to be judged.

Quality checks

All studies, except Study 9 described utilising procedures to enhance data reliability. These included use of multiple raters, raters being blind to study conditions, training raters in coding manuals and use of outside consultancy where rater agreement could not be reached. Moderate to high inter-rater agreement was reported in all studies using such quality measures. Despite the overall strength provided by these checks, Study 5 authors noted that their quality control method was not applied consistently.

Measures of attachment

A number of attachment measures were used across the studies, with the majority widely recognised measures reported to have good validity and reliability (van den Dries et al., 2009; Van Ijzendoorn et al., 2004; Dozier et al., 1999, as cited in Stovall-McClough & Dozier, 2004; Resnick, 1993; Wright et al., 1995). Study 8 was the only study in which the measure was carried out with a different caregiver at time points 1 and 2 (as children were in an institution at baseline and foster care at timepoint 2), thus reducing reliability of conclusions drawn and the capacity to make comparisons with the other included studies.

Study 9 was the only study not to utilise a pre-existing measure of attachment. Instead the research term labelled child-foster carer relationships as 'attached' or 'non-attached' on the sole basis of carers' description of the relationship. One of the key study findings was that foster carers responded less warmly to 'non-attached' children from early in the study, however the authors did not discuss how caregivers' report of their behaviour and feelings towards the child were likely to be intertwined and thus limit outcome reliability.

Attachment outcomes

The use of multiple measures led to a variety of attachment outcomes. Study 5's authors highlighted that when exploring '*attachment style'* their findings were not significant. When

use of '*attachment strategies'* were investigated in greater detail however they did identify (non-statistically significant) trends in the data which had been obscured before. Study 7 conceptualised their outcome of interest as '*behavioural coherence'*. They interpreted the development of a coherent attachment pattern to be positive, even where this pattern was classified as 'resistant' or 'insecure'.

Considering what constitutes a 'positive' attachment finding and how this could be measured, is an area worthy of further exploration. Study 5's authors for instance caution against seeing the reduction in 'anxious-ambivalent' strategies they identified as a necessarily positive outcome, suggesting this may indicate young people 'giving up' on close relationships.

Measures of attachment correlates

In most of the studies, potential influencing factors were measured and correlations explored. The majority of measures had high validity and were widely used, although Study 4 used the CBQ for children older than the age range with which the measure was validated.

A notable limitation appeared in the widespread reliance on caregiver-report measures for child outcomes (e.g. behaviour, mental health, attachment), in that these were likely to be influenced by caregivers' own mental health, attachment status and relationship with the child. In studies using the PAD, attempts were made to encourage foster carers to report behaviours as objectively as possible to reduce this risk of bias, however the potential confounding effect was not explored in analysis.

Seven studies referenced children's experiences prior to placement, although with variable degrees of objective measurement. In studies 4 and 3, pre-placement experiences of abuse, trauma and neglect were coded in order to generate a 'risk' score. In most other studies, it was acknowledged that children had early experiences of trauma, although attempt was not made to classify these. Three studies (1,2,3) reported children having continued contact with their birth families, yet in most papers this was not discussed.

It was noted that the majority of the included papers focused on babies, with studies 1 and 2 attributing a lack of evidenced effect to high rates of secure attachment in these babies at baseline. Authors suggested that better attachment outcomes are seen in this group as they have had less experience of negative care-giving experiences; although the authors of Study 2 propose that for children to be removed so early in life they may have experienced particularly severe neglect. Study 9 which had an older sample (5-9 years) suggested that the lack of apparent effect of child factors was due to all the sample having had multiple adverse experiences and having too little variance. Study 5, which was the only study to use a teenage sample, discussed the lack of secure attachments evidenced as due to the complex histories of the young people; although it was unfortunate this study did not include any information on how long participants had been in their current placements or the age at which they had entered foster care.

Setting

Most studies aimed for baseline measurements as soon as possible after the child had entered placement, whilst Study 8 took baseline measures prior to placement. In the case of Study 3, the authors highlight that baseline measurements could not be held until 2-3 months into placement. This limits the reliability of findings, given that Study 6 had previously identified the development of attachment in the first two placement months.

Studies varied in the extent to which they described the context of the foster placement. Four studies (1,2, 5,9) specified that foster care was on a long-term basis, with study 5 stating the foster care was provided by a specialist therapeutic agency. Study 9 included some adoptive placements in the sample, although detail of how many these were was not provided, nor differentiation made between the outcomes of these compared to 'permanent' foster placements. Two studies (1, 2) described that a minority of foster carers in the sample were kinship carers.

Contextual details may also limit the wider applicability of study findings. Studies 1 and 2 were undertaken in Norway where, the authors emphasise foster carers in the sample have a relatively good socio-economic status. Studies 3 and 4 were held in Germany, with authors similarly commenting that the German social care system aims for long-term foster care and emphasises the development of attachment in placements. Study 8, held in Romania, had a particularly unique context as the study was part of a wider project responding to the identification of severe neglect in Romanian orphanages (Smyke et al., 2009; Zeanah et al., 2003). It was notable that only Study 8 described measuring the quality of foster care (via an adapted form of the Observational Record of the Caregiving Environment (ORCE; NICHD Child Care Research Network, 1997).

Sample

A concern across the studies was that samples were too small for meaningful analyses; although it was notable that no study discussed having carried out a power calculation prior to recruitment to determine optimal sample size. In the case of studies 5 and 7 which took a case series approach, the methodology did not require sample size to be large, although both studies initially sought to recruit large participant numbers but experienced a high drop-out rate. Study 5's authors attributed their 60%< attrition rate to difficulties gaining consent when many LAC had ongoing custodial disputes.

Several studies experienced attrition due to placement breakdowns. In Study 8, attrition also affected children in the 'institutional care' control group as several were removed over the study. Encouragingly, several studies described a robust plan for managing missing data, although such procedures can only be applied to a certain degree. Study 9 removed 23 of 61 dyads of data where one questionnaire had been missed, leading to a greatly reduced sample. Beyond the limitations of small sample size, concerns about the potentially skewed nature of study samples was noted. Study 1 had a small number of non-autonomous parents, which

they suggest may have influenced their finding of no significant increases in secure attachment. It may be that those who are autonomous are more likely to choose to become foster carers, or perhaps are more likely to volunteer for research studies. Study 3 and 4 both highlighted the difficulties of generalising findings from their sample to the broader population of LAC and foster carers, as the sample was so diverse and, in the case of Study 4, age range of participants very broad.

Ethics

It was striking that only two of the nine studies (5,8) described their ethical approval procedures. The lack of description of ethical consideration across the studies was concerning, particularly given that this population is one of vulnerable young people, with little power over their lives. It seems particularly important in this context that thoughtfulness is given to the ways in which their consent and right to confidentiality is managed.

Methodological summary

- Broadly speaking, the methodological quality and detail of study write-up was high. All studies employed a longitudinal design. Most used at least one widely validated measure and included checks for quality control.
- Taken as a body of literature, the capacity to draw conclusions from this group of studies is limited by the duplication of data in several papers, wide variation in attachment outcomes, differing cultural contexts and age range of young people.
- Gaps across studies included a lack of quantification of children's experiences prior to placement, significant difficulties with recruitment and attrition leading to small sample sizes and a lack of consideration of ethical research procedures.

Discussion

This review sought to explore (1) studies measuring attachment changes across time in foster placements, (2) the instruments with which attachment was measured and (3) any identified barriers or facilitators of attachment change.

Attachment change

Three of the nine studies found trends towards increased attachment security across foster care placements, one found a trend towards 'behavioural coherence'. Two identified some reduction in 'insecure' attachment behaviours. Three found no significant change.

Whilst studies implementing parenting interventions with foster carers have identified positive effects on child wellbeing (Moody et al, 2020; Uretsky & Hoffman, 2017; Staines et al., 2019; Lotty et al., 2020), it is notable that all changes in child attachment (for better or worse) in the studies included here occurred within a 'real life' placement setting without any specific intervention; which are likely to be more representative of an average LAC placement.

Attachment measurement

A variety of attachment measures were employed across studies, including the SSP, Attachment Q-Sort, PAD, SAT and semi-structured interviews. These resulted in a variety of attachment outcomes including attachment style categorisation, categorisation of children as 'attached'/'non-attached', continuous scores for 'attachment security' and 'behavioural coherence'.

As earlier described, critique of the attachment field suggests that a number of different underlying constructs may be being addressed when 'attachment' is measured (Slater, 2007). The variation in outcomes above supports this assertion and highlights the different ways in which researchers may conceptualise a 'positive' outcome in studies. For some this may be a move towards 'attachment security', for others 'coherence' of behaviours in a secure or

insecure direction is viewed as positive. A striking example was also provided in Study 5, whose authors suggested an interpretation of participants' reduced use of anxious-ambivalent strategies might indicate 'giving up' on relationships, rather than demonstrating a move towards security

This variation presents a complex picture, in which drawing overarching conclusions will be of limited use. Agreement on measures of interest and greater consistency across studies would be helpful. It is also suggested, that a helpful complement to this area could be triangulation of findings with qualitative exploration of foster carer and young people's experiences and perceptions of outcomes that can be considered 'positive', to help ensure this field is grounded in the concerns which are meaningful to those living them.

In addition, whilst 'attachment' is the construct upon which this review has been based, it is notable that other research has questioned whether 'secure' attachment with foster carers has the same quality or benefits as secure attachment with a birth parent. Kungl et al. (2019) has found that LAC maintain greater independence than other children even when both are rated 'secure'. Dozier and Rutter (2016) raise the question of whether attachment developed to new caregivers is as stable as original attachment relationships, whilst Fraley (2002) argued that early attachment experiences (such as those in a child's birth family) continue to influence their attachment behaviour throughout life, even if they have developed different ways of relating in later relationships. Whilst studies into adoption give grounds to be hopeful about children's capacity to develop new attachments with beneficial outcomes (Barone et al., 2017), attachment in foster care is arguably far more complex as feelings of instability or possible placement endings will loom larger in the minds of children and foster carers given the typically temporary nature of the system (Gribble, 2016).

Longitudinal work over a greater time period, with exploration of additional relationship and mental health variables, in addition to the developmental capabilities associated with

attachment (such as reflective functioning or mentalisation) would enable further exploration of this area.

Barriers to/ facilitators of change

Within the included studies, several factors were associated with trends towards attachment security; including foster carer variables of lower parenting stress and authoritative parenting style, and LAC variables of female gender and placement before 12 months old. These findings are in keeping with correlations identified in cross-sectional studies (van den Dries et al., 2009), which is encouraging for the field as the support of longitudinal research can bear greater weight for these factors and emphasise areas which may be particularly important for those with decision-making power regarding foster care placements.

A strength of longitudinal research also lies in being able to illuminate time-dependent patterns that would be inaccessible to cross-sectional studies. Within this review, this was demonstrated in Study 9's investigation of the interplay between child behaviours and foster carer parenting style, whereby it was found that foster carers responded less warmly to children classified as 'non-attached' early in the placement, with this effect becoming more pronounced over time. Whilst there were significant methodological limitations to this finding, other studies explored foster carers' patterns of response to children, finding that being able to consistently be warm and empathic, responding to the underlying attachment need rather than whether the child's behaviour appeared avoidant or rejecting, was predictive of attachment security. Importantly, Study 3 highlighted that ratings for authoritative style decreased over time, irrespective of child factors. This links with other studies which have explored carers' report of parenting strategies changing over time particularly in association with increases in stress and burnout (Lipscombe et al., 2004).

Time-related child patterns were highlighted in Study 6 as children with higher risk scores demonstrated more 'behavioural coherence' earlier in placement than others, but experienced

a significant deterioration in this over the placement. Previous research has highlighted the difficulty this can present to carers who are faced with significant changes in a child's presentation and may experience a loss of confidence in their fostering abilities (Farmer et al., 2005).

Training interventions with foster carers have highlighted a number of useful targets including promoting reflective functioning and mentalising capabilities (Adkins et al., 2018; Dozier et al., 2002). In the example given above, greater mentalising capacities might enable a foster carer to understand the child's need for a nurturing response even in the face of apparently 'rejecting' behaviour. Indeed an intervention devised by Bick et al. (2012) emphasised the need for foster carers to be trained to continue to respond warmly, irrespective of whether the child's attachment behaviour instinctively elicits this response. Encouragingly, this study found that whilst 'autonomous' foster carers had higher levels of reflective functioning at study outset, carers classified as non-autonomous displayed marked increases in reflective functioning across the intervention as well as increased understanding of the rationale for the intervention's components. The authors highlight that whilst non-autonomous carers may not instinctively respond to the child in a way considered to promote security, such behaviour can be trained. Midgeley et al. (2019) identified the positive effects of a similar training initiative on child outcomes, although there was limited evidence for the mediating role of foster carer reflective functioning on this outcome.

Limitations

It is suggested that this review highlights a number of areas of interest and implications for future research. However, the limitations of the included studies and this review must be highlighted.

Studies' limitations

Despite longitudinal studies arguably offering more insight than cross-sectional work, there continue to be difficulties in using these studies to understand the longer term nature of attachment given their ultimately correlational nature. Caveats also lie in the potential bias of the samples. Being placed in long-term/permanent or specifically 'therapeutic' placements, may have facilitated the carrying out of this research, as longitudinal work requires the ability to follow samples up over time. It is possible that these children and foster carers may have had particular qualities enabling long term placements to occur, which are not representative of the wider fostering population. Study 5 highlighted that those who were lost from the study due to placement breakdown had typically reported more trauma at baseline. They were also likely to be children with ongoing custody disputes. This suggests that whilst the data gathered in these studies is helpful, it is likely to under-represent the complexity of this population and the associated challenges to developing attachment.

It was noted that placement before 12 months of age was positively correlated with secure attachment, which is in keeping with longitudinal research with children who have been adopted (Steele et al., 2003). This finding was influenced however by the number of included studies which involved babies placed before and after 12 months. More longitudinal research with children and adolescents might enable other 'threshold' ages to be identified, which may arguably be of greater import as the most represented age group entering foster care in the UK is between 10-15 years (Department of Education, 2017).

As described, whilst these studies and this review accept the 'attachment' construct, this is a controversial area. Slater (2007), has highlighted the number of studies which seek to implement attachment interventions but do not find a subsequent impact on children's attachment scores. They suggest that this lack of effect is due to such children not having an attachment-related problem to begin with and rather an undiagnosed neuro-developmental

issue (e.g. ADHD or ASD) which is obscured by the focus on attachment. Such limitations may also be of influence in the studies included here. Another possibility may lie in children having attachment difficulties concurrent with a neurodevelopmental disorder, which would likely also affect their needs from a parenting intervention.

Review limitations

The review was not a meta-analysis and therefore no exploration of effect sizes has been made. For several of the studies included this would not have been possible due to insufficient data. Within the nine included studies, three study pairs had shared participants. Whilst greater control of this would be needed if a meta-analysis were to be conducted, it is important to note that this duplication may give the impression of a greater body of research or greater evidence for conclusions regarding attachment than the literature truly provides. Studies addressing change in rates of RAD were not included. This was agreed to facilitate greater focus for the review. Subsequent reviews with inclusion of RAD would offer additional insight.

This review was conducted with a specific focus on the construct of 'attachment', but there are multiple ways to conceptualise relationship quality. A further comprehensive review could benefit from including multiple terms for relationship variables.

As outlined, there was geographical variation across the studies. Study 8 had a particularly unique context in evaluating a system of foster care designed in response to the institutional neglect identified in Romanian orphanages. Given the study's methodological strengths and its focus on a group of children with significant levels of need, the decision was taken by the research team to include it in this review. It is recognised however that the study's highly specific context may limit its generalisability. Future reviews may benefit from more stringent exclusion criteria.

Implications

Clinical

It has been suggested that the majority of interventions to support foster carers have had a behaviourally focused approach (Luke et al., 2014), however the significance of relationship quality and indeed the foster carers' own attachment are gaining increasing focus in training packages (Redfern et al., 2018). Programmes which support foster carer wellbeing and attachment focused parenting, may enable the continued provision of parenting consistency in the face of unpredictable child behaviour. Support to engage in an 'authoritative style' with additional emphasis on care remaining consistent in the face of challenging behaviours, may be helpful.

Using attachment theory to inform understanding of why placement difficulties may be arising may also offer direction for interventions. Clinicians with a role in supporting foster carers, such as clinical psychologists, may benefit from raising foster carers' awareness of the role of their own attachment style and the impact of this on their parenting approach, sensitivity to stress and responses to the children in their care. Interventions such as 'dyadic developmental practice' have been designed to fulfil such aims and may offer a helpful route to supporting foster carers (Hughes et al., 2015).

Research

This review has highlighted the limited number of longitudinal studies of attachment in LAC. Further studies, particularly studies with greater statistical power and those with older age groups, or those who have experienced/are experiencing multiple placement breakdowns would usefully enhance the literature. Whilst the variety of methods for measuring attachment may be helpful, having greater consistency in measures used across research studies would enable greater confidence in drawing overarching conclusions. A review into changes in RAD diagnosis over time would also contribute to understanding of this area.

Understanding the perspectives of foster carers and young people on the development of relationships between them would add further dimensions to this area. As described, this review has come from a position of accepting attachment as beneficial to young people's mental health. Exploration of how foster carers understand their role in young people's development and particularly mental health would be a useful addition, perhaps through application of qualitative methodology. It would be of particular interest to explore the development of the relationship between foster carers and children occurring over the natural life course of a placement (rather than perhaps as an evaluation of a training intervention). Such approaches might however helpfully inform developments to training and foster carer support.

In making suggestions to expand the research literature, it is important to highlight the need for appropriate ethical consideration to be given to research with this population. It was striking that the majority of studies did not detail how this aspect of the research had been approached, or indeed acknowledge the ethical dilemmas the research posed. Issues of consent for this group are particularly nuanced, whilst using any technique which is stress inducing (such as the SSP) in a population with high levels of trauma requires significant consideration. This is an area in which the research needs to improve, even if only in documenting ethical procedures already in place.

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Section B

"You want them to be able to be okay" : Foster carers' experiences of their role in looked-after children's mental health

Word count: 8000 (495)

Contents

Abstract

It is suggested that up to 80% of young people in foster care meet diagnostic criteria for a 'mental health problem'. The role of foster carers in recognising such needs and enabling referrals to mental health services has been recognised. There is growing appreciation however of the therapeutic potential of foster carers themselves and the ways in which children's emotional wellbeing can be supported in the day-to-day life of a placement. Nine foster carers were recruited to the present Interpretative Phenomenological Analysis study; participating in interviews regarding their experiences of children's emotional needs. Three super-ordinate themes comprising 10 emergent themes were identified: 1) 'Interpreting needs from behaviour', (2) 'Actively seeking change', (3) 'Appraising our approach'. The ways in which foster carers position themselves in relation to emotional needs and the factors which seem to lead to greater confidence or self-doubt are discussed; with recommendations made for foster carer training, the approach of professionals supporting foster carers and further research.

Keywords

Foster Carer; mental health; looked-after child; relationship; interpretative phenomenological analysis

Introduction

Trauma, attachment and looked-after children's mental health

In the United Kingdom there are an estimated 96,000 children and young people in foster care (NSPCC, 2019). Estimates suggest that between 50-80% of these young people meet diagnostic criteria for a mental health problem (Hambrick et al., 2016), with at least 60% having entered foster care due to experiences of abuse or neglect (NSPCC, 2019). Developmental problems including foetal alcohol spectrum disorders and cognitive impairment are common in this population, in addition to difficulties with emotion regulation, attachment and 'behaviours which challenge' (Hambrick et al., 2016; Chamberlain, 2009; Leslie et al., 2005).

High rates of trauma are found across looked-after children (LAC: Vasileva & Petermann, 2016), typically stemming from early life experiences but also through the process of being removed to foster care and subsequent placement changes. The damaging effect of trauma on the developing brain includes neurological changes, elevated or inhibited threat perception and impaired emotion regulation (Nemeroff, 2004; Siegel, 2012).

Attachment theorists highlight the central role of the child-caregiver relationship in the development of all children's sense of internal safety, capacity for emotion regulation and development of a positive view of self (Stern, 1985; Forkey & Szilagyi, 2014). For children who have experienced trauma it is likely that the development of such attachment will be disrupted, perhaps in having early caregivers who were not emotionally available to them, experiencing abuse, or removal from a caregiver. The long-term sequelae may include disrupted relationships across the lifespan, vulnerability to substance misuse, self-harm, suicidality and enduring mental health problems (Guibord et al., 2011).

Factors affecting children's referral to mental health services

When considering children's mental health, a large body of research has focused on the factors which facilitate or obstruct their access to mental health services (McLean et al., 2012; Villagrana & Palinkas, 2012). Children in the general population and LAC are found to 'under-utilise' services, with fewer accessing professional support than would meet diagnostic criteria for a mental health problem (Burns et al., 2004). Whilst parents in the general population have been found to believe that professionals are better placed to respond to children's mental health needs than themselves (Green et al., 2018), many have difficulty identifying whether their child's challenges are part of 'typical' development or would benefit from clinical attention (Logan & King, 2001; Zwaanswijk et al., 2003). This is suggested to lead to low levels of 'problem identification' despite parents' stated willingness to seek help (Oh & Bayer, 2015).

The parental role in mental health

Aside from supporting children to access services, it is recognised that parenting strategies can in themselves be therapeutic. Gewirtz et al. (2008) highlighted the ameliorative effect of parenting strategies on children's symptomology after family exposure to mass trauma, whilst others have found 'emotional co-regulation' between child and parent to correlate with improved child functioning in families who are homeless (Herbers et al., 2014).

Attachment theory hypothesises that the very nature of the child-caregiver bond plays an essential role in a child's sense of self, capacities for emotion regulation and mental health. Parental capacity to facilitate such a relationship has been variously termed 'reflective functioning', 'maternal mind-mindedness', 'parental meta-emotion philosophy' and 'mentalisation' (Sharp & Fonagy, 2008) (influenced by established psychoanalytic theories of containment (Bion, 1962) and holding (Winnicott, 1953)). Despite their variations, each of

these constructs is centred on the notion that a child develops a secure attachment to their caregiver through experiencing being understood by the caregiver as a separate being, whilst also being supported to 'digest' their own emotional states. Parents providing such care are able to imagine and empathise with the child's emotional state without becoming overwhelmed or dismissive. They are able to hold the differences between their experience compared to their child's and are able to take actions with an understanding of how these may be mentally experienced by the child (Fonagy & Target, 1997).

Foster carers' therapeutic potential

Emotional attunement between foster carers and young people, emotional containment and emotionally sensitive parenting strategies are found to promote children and young people's wellbeing in foster placements, alongside reducing behaviours which challenge (Hughes, 2004; Preston et al., 2012; Golding, 2008). Some studies have understood this through the lens of attachment theory (Tucker & MacKenzie, 2012): cross-sectional studies have associated secure attachment to foster carers with positive mental health outcomes, as well as reduced behavioural problems (Rayburn et al., 2018). Longitudinal studies have considered how such attachments develop across a foster placement, and the factors which facilitate or hinder this development (Lang et al., 2016; Bovenschen et al., 2016).

The therapeutic potential for foster placements has been made explicit in the role of 'treatment foster parents' (Farmer & Lippold, 2016), but given the nature of the foster care system, it is likely that all foster carers will house children with significant emotional needs, even where placements are not specifically termed to be 'treatment'. A recent Delphi study of stakeholders in the foster care system asserted that 'trauma-informed' parenting strategies were the most important competency for foster carers to hold (Patterson et al., 2018).

Training packages for foster carers have traditionally taken a behavioural approach (Luke et al., 2014), increasingly however training is informed by attachment theory and the promotion

of ‘reflective functioning’ (Redfern et al., 2018), with positive effects on foster-carer and child wellbeing evidenced (Midgley et al., 2019).

Despite such developments, foster carers report feeling underprepared to respond to the emotional and mental health needs they encounter (Dorsey et al., 2008; Turner et al., 2007; McWey et al., 2015).When foster carers are not properly supported, challenging behaviour and mental health needs have been cited as significant stressors (Morgan & Baron, 2011; Goemans et al., 2018). This increases risk of placement breakdown (Chamberlain et al., 2006; Brown & Bednar, 2006; Leathers, 2006), which in turn exacerbates the difficulties faced by the young person as they enter into another placement or institution.

How do foster carers see their role?

There is increasing recognition of the therapeutic potential of foster placements, although where research is available it has focused on foster carers’ role as a ‘gatekeeper’ for children’s access to mental health services (Villagrana, 2010; York & Jones, 2017), rather than the positive effect they themselves may have on young people’s wellbeing in the life of a placement. A review of research addressing foster carers’ experiences found relatively few studies, and none which focused on foster carers’ perceived role in relation to children’s mental or emotional health (Blythe et al., 2014). Little attention has been paid to foster carers’ perceptions of their potential therapeutic role, or their lived experience of providing foster care for someone with emotional or mental health needs.

Foster carers’ common report of difficulties in their relationship with social services and feelings of being unsupported have been cited as risk factors for placement breakdown and foster carers resigning their role (Adams et al., 2018). Considering how foster carers understand others to perceive their role and support them to fulfil this is thus a further essential component of their perceived identity and coping resources. In gaining an

understanding of how foster carers position themselves in these domains, it is hoped that greater insight to the experiences of foster carers will be gained. In turn, this understanding may identify areas for training or enhanced co-working with professional services and support for placement stability.

Research questions

a. How do foster carers experience caring for a child with emotional and mental health needs?

b. How do foster carers make sense of their role in relation to children's emotional and mental health?

Method

Ethics

This study was developed in discussion with the head of fostering in the local authority where the study was held, within which careful consideration was given to the limits of confidentiality when foster carers were describing young people's experiences and a clear process agreed in the event of risk concerns being raised.

The researcher accessed all foster carers via social services, thus all participants were known to social workers with whom the researcher had contact. In the event of risk concerns, the researcher had contact information for the relevant social workers (alongside an agreed procedure for contacting the police and following social services' lone working policy).

Young people did not give consent for their foster carers to discuss them in the study. Foster carers were asked however not to provide identifying information about the children, other than first names which were removed by the researcher at transcription.

The study was approved by the Salomons Institute for Applied Psychology Ethics Panel (Appendix 8).

Design

This study employed idiographic interpretative phenomenological analysis (IPA: Smith et al., 2009). IPA utilises in-depth exploration of the lived experience of participants, seeking to understand how they have made meaning of these experiences in the individualised context of their lives. IPA was considered a useful methodology for this study as previous literature in the area has identified a number of complex tasks which foster carers undertake in relation to children's mental health, but has given little space to exploring how foster carers experience these tasks.

IPA draws on the concept of the "double hermeneutic" (Eatough & Smith, 2017), which encourages the researcher to explore how their own life experiences influence the analysis generated. The primary researcher has personal and professional interests in this area, thus it was felt that a methodology enabling explicit recognition of this position in combination with an idiographic focus on participants' meaning-making, would facilitate appropriate transparency and reflexivity.

It is recommended that IPA be carried out with highly homogenous samples to get as close to a specific experience as possible (Eatough & Smith, 2017). All participants were recruited from the same local authority to enable similarity across training and supervision experiences. There was a high degree of demographic similarity across the sample, although more variation in years of fostering experience (Table 1).

Recruitment

A sample of typically no more than 10 participants is recommended for IPA (Smith et al., 2009) in the service of facilitating homogeneity. Participants were recruited to the study via adverts provided to social workers (Appendix 9) and presentations to local authority-run foster carer support groups. The study was described at these presentations with foster carers having the opportunity to ask questions. Interested potential participants were provided with study information details (Appendix 11) and offered the choice to contact the researcher or give the researcher contact details to follow-up after 48 hours.

Registered foster carers with at least 18 months experience of fostering children aged between 5-11 years were eligible to participate. The age range of 5-11 (primary school age) was chosen to try and facilitate homogeneity between foster carers and address their experiences of caring for children in 'early to middle' childhood. This age group was selected

in anticipation that children will have less independence than adolescents and are thus likely to be more reliant on carers to meet their practical and emotional needs.

Foster carers who were not currently fostering were included in the sample, with the proviso that it had not been longer than 6 months since they had provided a foster placement.

Exclusion criteria included respite carers, supported lodging carers, and partners of foster carers who were not a registered carer themselves.

Participants

Nine participants were recruited to the study. All participants were White British females with experience of providing foster care to children aged 5 – 11 years (although the overall age range of children fostered by participants was newborn to 17 years). Eight participants were heterosexual, one homosexual. All participants and children named in interviews were ascribed pseudonyms which are used throughout this paper.

Table 1 – Sample demographics

Participant	Pseudonym	Age bracket	Years fostering	Number currently fostering
1	Rose	45 - 54	13 years	Two children
2	Lesley	55 - 64	19 years	One child
3	Michelle	45 - 54	< 2 years	No current placement
4	Judy	55 - 64	10 years	Two children
5	Megan	45 - 54	23 years	Three children
6	Rachel	55 - 64	12 years	Two children
7	Justine	55 - 64	8 years	Two children
8	Holly	45 - 54	10 years	No current placement
9	Emily	45 - 54	15 years	Two children

Interviews

A topic guide (Appendix 10, see Table 2 for question examples) was developed drawing on existing literature and IPA principles, particularly in focusing on participants' meaning-making processes (Smith et al., 2009; Biggerstaff & Thompson, 2008).

Table 2 – Example questions

What, if any, emotional wellbeing/mental health needs have you observed in the children you have cared for?
Can you talk me through any ways in which you respond to these needs?
In what ways, if at all, do you think your understanding of young people's emotional/mental health has changed during your time as a foster carer?

The topic guide was trialled with lay people prior to interviews to ensure clear question wording. A semi-structured interviewing technique was used, enabling flexibility and allowing the topic guide to be developed over the course of the study to explore convergence and divergence across participants.

Eight participants chose to be interviewed at home, one at social services' offices. Interviews ranged from 72 – 95 minutes (*M*= 84 minutes). Interviews were audio-recorded and transcribed by the primary researcher.

Data analysis

IPA utilises a 'bottom-up' process, by which codes are generated from the data, with the researcher focusing both on the content of the participant's words but also the researcher's interpretation of the words' meaning (Smith et al., 2009). This process was initiated following transcription of the first interview, meaning that the research team were beginning to make sense of participants' experiences whilst recruitment and further interviews were ongoing. This allowed for iterative informing and adjusting of the topic guide.

Pietkiewicz and Smith (2014) have outlined steps for generating analysis which are outlined below. For further detail, Appendix 5 presents an annotated transcript, with Appendix 6 providing the audit trail for the development of emergent codes from this transcript to those which were considered super-ordinate. It is noted that these steps included iterative revisiting of transcripts and previous comments or analysis, rather than being a linear process:

- Analysis of each transcript began with a close reading alongside the audio track. The researcher aimed to develop familiarity with the content as well as gaining an overall sense of participants' narratives.
- At the above stage and in further readings, the researcher made notes of observations and reflections, guided by the domains of descriptive, linguistic and conceptual coding outlined by Smith et al. (2009).
- Notes on initial interpretations, personal reflexivity and relevant interview recollections were made in a separate transcript column.
- Reviewing initial codes, 'emergent themes' were identified.
- Other members of the research team coded a sample of the transcripts at this stage, with meetings exploring agreement across the codes.

- Connections between emergent themes within and across transcripts were explored and grouped together to reflect similarities. These groups were then given a descriptive label.
- Themes which were less evidenced by the data or did not fit with the emerging structure across transcripts, were dropped at this stage.
- A final list of super-ordinate and sub-themes was generated (Appendix 7) which was intended to capture both the commonalities across participants' experience, but also retain an idiographic component highlighting individual variation.

Quality assurance and reflexivity

IPA methodology as outlined in Smith et al. (2009) was adhered to. The researcher attended peer supervision with colleagues conducting IPA studies to enhance method adherence. To support connection between the data and the themes, records of theme development were kept to create an audit trail. Utilising all members of the research team to review and code sections of transcript was intended to increase reliability of coding (Yardley, 2000). All themes are illustrated with quotes to enable transparency for the reader.

To enhance reflexivity and understanding of the development of the project, a research journal was kept throughout, in keeping with standards for qualitative research (Spencer et al., 2003).

Prior to commencing interviews, the researcher participated in a bracketing interview (Fischer, 2009), in which they reviewed the interview schedule with a focus on their assumptions and expectations (detailed in research diary, Appendix 4). Exploring these ideas and writing reflexively about this experience was intended to raise the researcher's awareness of personal biases which might influence interviews and analysis. Increasing awareness in

this way was hoped to enable the researcher to hold a more neutral stance in interviews and to remain mindful of instinctual responses during analysis. The researcher discussed such responses with colleagues in the research team to explore how these biases might influence analysis or the conclusions drawn.

The researcher

I, the primary researcher, am a White British, female Trainee Clinical Psychologist. I have worked clinically with children, adolescents and families, but do not have professional or personal experience of the foster care system. I am also not a parent. My professional interest in the role of children's upbringing in mental health is influenced by my own experiences of childhood mental health difficulties and use of psychodynamic therapy in adulthood to make sense of these experiences.

Results

Three super-ordinate themes were identified and titled to capture the processes foster carers seemed to engage in with relation to children's emotional needs: (1) 'Interpreting needs from behaviour', (2) 'Actively seeking change', (3) 'Appraising our approach'. These three themes subsumed 10 emergent themes (Table 3). Each theme is described with selected interview extracts below.

Table 3 – Thematic structure

Super-ordinate theme	Sub-theme	Illustrative quotation
Interpreting needs from behaviour	'*There's more than just the balloon popping'* – Identifying idiosyncrasies	The balloon popped. Well, that was it, Anthony was off. And so straightaway you knew. Yeah. A child got a balloon, it pops, yeah that, I mean [adopted daughter] would cry probably, you know, because it's upsetting, because it's something that's gone. But this anger outbursts from it, you know. So there's, there's more than just the balloon popping you know for him and you, you, so you'd see those sort of things within it [..] it sort of became apparent quite quick. – Holly
	'*How do I know why he does it?*' – Seeking to make sense	Where Johnny's concerned, it's quite obvious that he's been one of a pack and very insignificant and I wouldn't even be surprised if he's been shut away [...] so he doesn't know how to deal with being in a family and everybody sort of getting along and mucking in – Judy
	'I wanted a diagnosis because he wasn't a naughty boy' - Responding based on my hypothesis	I wanted a diagnosis because he wasn't a naughty boy. I wanted to see it through until we found out what was wrong with him. - Megan
Actively seeking change	*'In this house I tend to do the mum job'* - Communicating	I think just living in a, a different environment isn't it. They say to me that they didn't have beds, they just slept on the sofa. So they didn't have bedtime. They were out in the streets wandering around. If they didn't go home at night it didn't

	care through boundaries	matter. No one cared. They're not allowed out past a certain time now - Megan
	'They need to go back, don't they? In order to go forwards' - Aiming for emotional healing	Mostly they've come from disordered, chaotic lifestyles and show them what a functioning family can look like. Just because they've experienced that, doesn't have to determine the rest of their future. Erm and to put them in a position really where they can make good choices for themselves. – Justine
	'We are their voice' - Mobilising the system	We are their ambassadors, we are their voice. We're their voice so we're the only ones that's going to do that for them. We are with them 24/7, the social worker isn't we are - Rose
	'*You can't be nasty about their parents. And I actually do think they're alright'* – Seeking neutrality with parents	Well say to him look mummy's not well, you know she's, she's got her own problems, Matt. You know people change, mummy can get help [...], she's still your mum and she loves you - Lesley
Appraising our approach	*'Times of great reward and times where you feel like you're making no difference'* - Change is progress, no change is failure	I said earlier that all you want to do is to, to bring them up to help them make the right choices in life . And I don't feel that he's anywhere near that yet. – Justine
	'They need more than what you can offer them' - Accepting placement endings into our identity	I'll look back at some of the things now - and I do still think it's the right thing he moved - but I look back at some of the things now and thought 'But you [social services] didn't do this, You didn't put [therapy service] in place'. You know, if we'd have known these things were available to us before, maybe, you know, maybe we could have still, still sustained, you know, the placement and maybe he'd feel that he could still be here and it would be the right thing for him. But I

		mean, that's just you know, there's all, there's regrets there probably – Holly
	'*I like the way I do it'* - Developing a fostering identity	"I like the way I do it. [...] I think if you're gonna be a foster carer you've got to go out wholeheartedly. [...] I've never faltered from that." – Lesley

1. Interpreting needs from behaviour

This super-ordinate theme captures the variety of ways in which foster carers sought to detect and understand children's needs. Foster carers were engaged in continual processes of holding their knowledge of the child's life and theories about child development, in combination with the immediate reality of the child's behaviour.

1.1 'There's more than just the balloon popping'

Most participants described noticing significant aspects of the child's presentation and behaviours from the first placement moments. Whilst some described this as an incidental aspect of building a relationship, others seemed to take an intentional stance to 'decoding' behaviours in order to hypothesise underlying needs. These participants described paying attention to triggers and contextual factors to inform their understanding, with some using the placement log to assist them. Noticing patterns and inconsistencies led foster carers to theorise what underlying emotions the child might be experiencing. Emily in particular emphasised that a child appearing well behaved should not be assumed to be 'positive' and would instead warrant concern as she would not see it as logical in context:

"When people go 'they're so good' you think, that's not right though. You know if you've got a four year old, they shouldn't be little angels should they? [...] I think being shut down is more of a worry than them actually acting out, because you'd half expect 'em to be angry."

Emily's comparison to other people's impression implies a wish to look beyond the surface of a child's presentation to deeper underlying emotions.

1.2 'How do I know why he does it?'

As part of the process of interpreting the child, all participants described explaining aspects of the child's current presentation by the life events they knew the children had endured.

There was considerable variation in how participants understood these events to have exerted an influence. Some described neurobiological explanations including metaphors (as in the statement below), others cited attachment, trauma or broader themes of loss and control: *"His wires weren't connected properly."* - *Holly*

For some, whilst aspects of the child's behaviour felt explicable, there continued to be aspects which they felt could not be explained by the past or diagnoses. Lesley was inclined to see behaviours in the context of the present and was therefore confused and distressed by behaviour which she did not believe she 'deserved'.

"He's got a, a thing about winding me up and he thinks it's funny. And it's not, it's hurtful. [...]I haven't made any sense of it, no. He doesn't even know why he does it you know, so erm, how do I know why he does it, if he doesn't know why he does it?" –Lesley

As Lesley asks why she should be able to explain the child's behaviour when he cannot, she seems to demonstrate a block in taking perspective. In this passage she has become consumed by the same emotion as him so it seems they are both in a reactive state with little room for thought.

Within this sub-theme, some explained children's presentation as evidence of 'mental health problems'. These were typically identified when they were persistent and unresponsive to help and/or fitted with participants' understanding of how diagnosable conditions would present (e.g. appearing typical of 'Autistic Spectrum Disorders').

1.3 'I wanted a diagnosis because he wasn't a naughty boy'

A key consequence of reaching an understanding about a behaviour, was determining participants' course of response. This was particularly salient as participants described trying to determine whether a child was being 'naughty' or was unable to control their behaviour (perhaps due to an underlying diagnosis or life events). Participants perceiving 'naughtiness' described responding with behavioural controls, whilst behaviours perceived to be beyond the child's control might receive a more emotionally focused response (even if only in allowing the child time to 'calm down' before an activity was tried again):

" I say physically [calm the child], because when a little one is in that much distress and clearly working in the core fight and flight areas of their brain, you might as well talk Chinese because words are not going to reach them." – Michelle

2. Actively seeking change

This super-ordinate theme holds the multiple accounts participants gave of taking an intentional stance in promoting children's emotional wellbeing; informed particularly by their aspirations for the child and sense of what 'good health' could look like.

2.1 'In this house I tend to do the mum job'

Most participants described that a key part of what they hoped to achieve in placements was giving the child an alternative life experience. Delineating between the foster home and children's previous experiences appeared to be particularly communicated through holding boundaries. Rose described noticing a child echoing her speech when she spoke to her family. She theorised that the child was trying to take on a 'mothering' role due to her previous experiences:

"I said in this house I tend to do the mum job, I tend to call the boys down and you, you can be you, you can play, you can go and draw, you can go and watch tv – you don't have to worry about doing all these other jobs, because I do it, I do it all."

Within this quote Rose emphasises the way in which these rules enable the child to have something different to the life she has had before. Her phrase '*in this house'* was echoed across several participants, who seemed to emphasise their home's boundary as a way of communicating to the child the different environment they were in and implicitly communicating care.

Lesley was unique in her wish not to impose boundaries but focus on children's welcome to the home, instead seeming to be guided more strongly by the value of treating the child 'as your own':

"I make 'em feel welcome and gradually say right, you've gotta go to bed at certain time you know, you gradually bring those rules into place. But that's all part of being part of a family you know, like you do with your own kids"

2.2 ‘They need to go back don’t they? In order to go forwards’

Participants varied in the levels of intention with which they supported children’s wellbeing, which seemed to be underpinned by their own theories about what ‘good health’ would look like and the aims or aspirations they had for the child. Justine described encouraging her foster child to express her emotions, seeming to be guided by a hypothesis of the benefits of catharsis: *“She needed to get this emotion out of herself”.*

All participants talked about trying to meet the child’s perceived need to experience a ‘normal’ family life. Megan described encouraging foster children to play with her daughter to enable them to revisit earlier life stages:

“They need to go back, don’t they? In order to go forwards. You can’t take a 15 year old back to being a five year old, can you? But I can take her to [roller skating].”

Within this quotation, Megan’s emphasis on the need to return to the past seems to suggest a gap in the child’s experience which must be filled to enable them to ‘go forward’ or progress. In having ideas for what will benefit the child and goals for them, foster carers made repeated reference to the future and the life they hoped they could prepare the child for. Emily summarised, that part of holding these goals and standards for children is to enable them to meet their potential:

“If you're caring really properly you want the best for them don’t you? You want them to be able to be okay.”

The distinction here between ‘being okay’ and ‘being able to be okay’ seems to imply the barriers foster children face in achieving a ‘normal’ level of wellbeing. Emily seems to see her fostering role as helping children overcome these barriers.

2.3. ‘We are their voice’

Holding goals for the children and forming ideas on how to improve their wellbeing led all participants to act as advocates. For some this involved finding resources (e.g. activity groups) for the child. Many participants talked about taking steps to access mental health support and particularly to seek diagnoses.

In other cases participants understood themselves as a line of communication between a child and services (e.g. social workers, school and extra-curricular groups). Rachel, whose main placement is with a child with learning disabilities, described the way in which she spoke to social services about the child's distress in relation to going to family contact, utilising her voice to amplify his:

"I'm saying to them 'look he's saying no', if he was a mainstream child at this age you would listen to him. Just because he's got disabilities he is telling you in the best way he can he's not happy"

Participants reported positive experiences with being supported by the local authority's mental health co-ordinator. All participants however described their frustration when hopes for answers about their child were met with responses which did not lead to improvements. Emily described her frustration that 'trauma' was always given to her as the explanation for her adoptive daughter's difficulties, but in her experience this had not led to any help with practical strategies for her to use:

"I suppose for me I think well isn't that what the experts are there for, to get inside the heads? And, and they're not!"

2.4. 'You can't be nasty about their parents. And I actually do think they're alright'

All participants described a key aspect of their role in children's mental health as the way in which they tried to position themselves in relation to children's parents. They described trying to empathise with the 'split loyalty' which children might feel between them and their parents and taking steps to reduce this. Many described that they would make a point of saying to the children that they liked their families and would give non-blaming explanations for why the child was in care. Some described being particularly careful to ensure the child perceived them as neutral, with some seeming to feel that the child was testing whether they would judge their family. Michelle emphasised her aim was to position herself as neutral for the benefit of the child:

"She wanted to talk about the family, but she didn't want to come across as being disloyal [...] it's not about not upsetting her. It's trying to give her space, neutral space where she can start to assess it herself."

3. Appraising our approach

This super-ordinate theme speaks to the sense which participants gave of continually evaluating whether they were helping children; in relation to individual placements but also in the overarching sense of their fostering identity.

3.1. 'Times of great reward and times where you feel like you're making no difference'

Participants detailed multiple indicators by which they seemed to determine whether they were achieving the outcomes they hoped to. Being able to see changes (objective and subjective) seemed to enable participants to feel effective, whilst conversely seeing no change led to feelings of being stuck.

Several participants gave examples of current placements in which they felt this sense of 'stuckness', which seemed particularly evident when repetitive patterns had arisen between a child's behaviour and their response. Frustration at such cycles of interaction seemed underpinned by participants' ideas of where the child 'should' get to.

Judy described having a child who tried to be 'first' in different activities. She tried to prevent this from happening from a desire to help him learn *"we're all important. It doesn't matter which one of us is first, it's not a life or death thing"*. Despite having earlier stated an emotionally-focused hypothesis that Johnny had been '*forgotten a lot'* in his early life, it seemed hard for Judy to understand his behaviour in this light and make sense of why her attempts at managing it were not resulting in change. Judy hoped this child would access 'life story' work in the future to enable him to reach the state she felt would be beneficial:

"It's trying to make him feel that he's just as good as everybody else, without making him feel he's more important than everybody else, because then that plays into how he feels about himself."

In Judy's pursuit of this outcome, it seems she believes that such a status is possible and that there is something she is missing in enabling him to get there. The complexity of this goal

however, in wanting him to feel important but not 'too much' so, seems to indicate its inherent impossibility. It calls into question whether part of Judy's sense of stuckness is in measuring success against an unrealistic expectation.

3.2. 'They need more than what you can offer them'

Several participants described experiences of placements 'breaking down' or ending due to significant difficulties. Throughout these accounts, difficulties in the life of the placement appeared to be compounded by an absence of external supports.

The value of 'not giving up' on children was a defining part of several participants' identity but this seemed to make it hard to accept times of difficulty, reach out for help, and to be associated with shame where placements had ended. Megan reflected on how her determination to look after a child a had led her to continue with a placement that was damaging to family relationships which could only be seen with hindsight:

"I kept him for a lot longer than I should have done but at the detriment of my own children, [...] I wanted to do right by him. But then in the end, you have to do right by everyone don't you?"

Whether a placement ending could be metabolised in a helpful way seemed to feed back into carers' sense of their identity and strengths to go forward. In the above quotation, it seems Megan is able to understand the value of 'not giving up' as still part of her identity as she describes doing this for her family, even where her work with the child has had to end. She further described now having hard rules about what she would tolerate in future:

"His was the anger and the aggression and the accusations and they're the things that I couldn't live with. [...] and I'll never do that again. Ever, ever again."

Emily meanwhile seemed to have reached a conclusion about a previous placement ending with a sense that this outcome was for the children's best interests and that perhaps in this way it was not a 'failure' as she was caring for them by recognising she could not give the level of care needed:

"Obviously you go into it wanting to look after the children and help them and then you're moving them on because you can't really do anymore with them. They need more than what you can offer them."

3.3. 'I like the way I do it'

Across the interviews, participants indicated ways in which their approach to fostering had changed over time, particularly with increasing experiences of 'successes' and challenges. Participants described such experiences either reinforcing their fostering 'style' or leading them to make changes.

Participants described their approach to fostering as underpinned by principles of what they wanted to offer. Whilst such values seemed to help them make choices about their approach, several participants experienced not being able to adhere to their values as threatening to their fostering identity. Rachel described having always had the firm principle of not using respite as she saw it as undermining her commitment to treat the child as her own. Recently however her family and social services were suggesting Rachel use respite. To enable herself to accept this into her identity, Rachel described having had to reframe its use as for the benefit of the child rather than herself:

"I've kind of - I've got my head around it now - because I think .Okay , he is coming up for 10 [...] he is functioning more – maybe as a five or six year old. And you think, well okay a five or six year old might go and stay with grandparents. And maybe that is an OK thing to do."

In this way it seemed Rachel was able to keep her fostering identity intact, whilst also changing her longstanding approach to the work. Several participants seemed to use comparison to other carers to similarly boost their own sense of identity and confidence in their personal approach:

"Some of the teenagers haven't kept in touch with main carer but I am in touch with them"– Rose

Discussion

Study Summary

The analysis of interviews identified a variety of processes by which foster carers make sense of and respond to children's emotional needs. All participants described taking steps to support young people's emotional wellbeing, although variation was found in the consciousness of this intention. It appeared that all participants were guided by strong ideas of what they hoped to offer children and aspirations for 'healing' they might achieve. Whilst such intentions provided fuel for foster carers' efforts, they could also increase feelings of hopelessness when difficulties were encountered.

Conceptualising distress

Participants indicated a variety of explanations for children's behaviours, including attribution to previous traumas, attachment style, expression of emotional distress, intention to be challenging, mental health problems and developmental delay diagnoses. It seemed that holding these possible explanations provided foster carers with a variety of competing 'theories' with which to explain children's behaviour. These theories in turn influenced the strategies with which carers responded to children and how they ultimately appraised their 'success'.

Models of trauma-informed care emphasise the variety of symptomology that may be associated with traumatic experiences and the way these interact with environmental and neurodevelopmental factors (Van der Kolk, 2014; Treisman, 2016; Substance Abuse & Mental Health Services Administration (SAMHSA), 2014; Schore & Schore, 2008). It was encouraging to witness the variety of potential explanations for behaviour foster carers held which incorporated children's past life events, which appears in keeping with the increased emphasis on the need for foster care to be 'trauma-informed' (Patterson et al., 2018).

Understanding behaviour through 'reflective functioning'

Cairns (2002) has cited the importance of foster carers having theoretical understanding of attachment and trauma to inform their care-giving. It seemed however that whilst most participants reported drawing on their knowledge of children's pasts to make sense of their behaviour, they varied in the extent to which they could understand why such events might have led to the child's particular 'presentation'. Feeling unable to explain children's behaviour has been cited as damaging to carers' parenting strategies (Lotty et al., 2020), as they may become more frustrated or rely on behaviour than emotion-focused approaches. This was demonstrated within interviews where participants were concerned that a child's behaviour, if not explained by underlying needs, was consequently volitional and 'naughty'. In turn, repetitive cycles of difficult behaviour and ineffective behavioural control seemed to emerge, which carers found progressively more frustrating. Wilson et al. (2003) have previously identified such patterns, emphasising the need for early intervention before these cycles develop.

Empathy has been cited as a key factor in the resilience of foster families and a contributor to 'healthy functioning' (Geiger et al., 2016). Where participants described developing emotion-focused hypotheses for children's behaviour, it seemed they were making use of the empathic capacity which has been termed 'reflective functioning' or 'mind-mindedness' (Fonagy et al., 2002). They were able to imagine the child's internal world, whilst retaining their own separate perspective and emotional reaction; enabling them to become neither caught up in the child's experience or dismissive of it.

Individual differences in the capacity to make emotional attributions for challenging behaviour have previously been associated with 'emotional literacy' (Johnstone & Burke, 2020; Bonfield et al., 2010; York & Jones, 2017). Literature regarding reflective functioning

also identifies that individuals' capacity to employ this skill will be affected by their experiences of being mentalised in early life (Sharp & Fonagy, 2008), in addition to current environmental factors (e.g. stress or support).

Foster carers have previously highlighted the difference between a theoretical understanding of attachment and the reality of a child's needs once in a foster home (Broady et al., 2010). The need for training which gives real world examples has been emphasised (Kaasbøll et al., 2019; Hebert & Kulkin, 2018). Lotty et al. (2020) have sought to teach foster carers that trauma-informed parenting requires additional skills to typical parenting, others have encouraged foster carers to reflect on their underlying motivations for providing foster care (Redfern et al., 2018).

It is further recognised that 'mind-mindedness' is a relational capacity which will be influenced by child factors (Fishburn et al., 2017). Supporting foster carers to understand the challenges of trying to mentalise a child with a history of attachment and trauma difficulties may support them in maintaining an empathic stance (Redfern et al., 2018). Training programmes with this focus have been associated with a reduction in foster carers' perceptions of challenging behaviour and lower levels of role-related stress (Krishnamoorthy et al., 2020).

Defining mental health

In common with research with parents in the general population, the foster carers in this study reported a belief that children's 'mental health' should be addressed by professionals (Green et al., 2018). The potential conflation between symptoms of ADHD, ASD, attachment difficulties and trauma was raised by several participants. Several described they would only consider difficulties to qualify as 'mental health' if they had not changed with the provision

of day-to-day care. Given the delays to accessing services which participants described however, it seemed that such an initial 'observation period' could add substantially to children's wait for therapeutic input.

Previous research has identified relatively high 'mental health literacy' among foster carers (Villagrana, 2010) but rates of referral to services remain low. This may be exacerbated where foster carers have previous negative experiences of delays to accessing services (York & Jones, 2017). Several participants described making use of the local authority's 'mental health co-ordinator' who appeared to be more accessible to them than CAMHS and could assist with behavioural consultancy as well as supporting service referrals and providing therapeutic input. Participants' feelings of support from this resource seemed to increase their confidence in their caregiving, even in the face of ongoing challenges.

Guided by values

All participants described taking actions with the intention of supporting children's emotional wellbeing. It seemed these were closely tied to their understanding of what 'good health' entails and their aspirations for foster care.

Several studies investigating foster carers' identity, have focused on whether they understand themselves to be fulfilling the role of 'parent' or 'caring professional' (Blythe et al., 2014). Schofield et al. (2013) found that some foster carers identified mostly as professional, some mostly as parent and others, who seemed more resilient in the face of challenges, flexibly identified with both. Many of the current study's participants described being motivated by values of love, treating the child as one's own and hoping to stay in the child's life beyond the placement, which Schofield et al. (2013) would have ascribed to the 'parent' identity.

Where difficulties arise in the child reaching goals however, foster carers may face a threat to their sense of efficacy as a carer as well as a 'good parent'.

Schofield et al. (2013) suggested that those who identify mostly with the parent role may struggle to make use of professional supports or indeed other foster carers, as these may threaten their parent identity. Several participants described reluctance to accept respite due to feeling this was against their commitment to treat the child as their own. Others relayed difficulties instilling boundaries, despite a level of knowledge that this was likely to be best for the child.

Whilst internal constructs of 'good fostering' appeared to act as significant sources of strength, it is suggested that they also present high stakes for ensuring success. Comparison to others was used by participants as a way of reinforcing ideas about themselves, which could be fragile if they found themselves having to adopt a new behaviour such as trialling respite. Understanding such difficulties as arising due to a conflict in identity may be helpful for those who support foster carers.

One area in which most participants described feeling able to act congruently with their values was in how they actively sought to position themselves in relation to parents. Participants described taking this role with the explicit intention of supporting children's wellbeing, which to an extent is supported by research identifying the potential for foster children to have a sense of 'split loyalties' as well as birth parents' potential feelings of 'inferiority' or shame (Hoejer, 2009; Hedin, 2015). Previous research with foster carers for children who have been sexually abused by their families however has identified the complicated feelings which can arise for foster carers in response to parents and the way in which foster carers feeling they 'should' show compassion or sympathy can challenge their personal integrity (Wubs et al., 2018).

Measuring 'success'

Throughout accounts it seemed that participants grappled with their hopes for what could be different in children's lives, their sense of what they could offer and their capacity to mobilise the system to provide what they saw as needed. Adams et al. (2018) employed models of coping (e.g. Lazarus & Folkman, 1984) to understand the process by which a carer may experience 'burn-out'; namely that stress is found to be untenable when the individual's perception of challenges outweighs that of available resources. In the present study, in addition to the observable challenges of meeting children's emotional needs and working with systems, participants described experiencing internal stress when they were unable to fulfil their personal hopes for the transformative potential of foster care.

Brown and Campbell (2007) identified foster carers' belief that 'child growth' was indicative of placement success. The present study further highlights how foster carers may feel encouraged or disheartened by their day to day appraisals of progress. Feeling prevented from meeting internal standards bears similarity to the experience of 'moral injury' identified in other settings, which is associated with risk of burnout (Molendijk, 2018). This is particularly important for those supporting carers, when such appraisals may include factors which are beyond their control or which others may not expect to change.

Brown and Campbell (2007) identified the common perception of foster carers that placements ending earlier than planned was equivalent to 'failure'. In the present study this was the case for some participants, however others seemed to have arrived at an understanding of placement ending as the best outcome for the child; which in turn seemed to enable them to preserve ideas about themselves as an effective carer. Understanding such processes and the underpinning role of values may be helpful for professionals supporting foster carers.

Emotional interview content

It was notable that despite describing considerable challenges faced by children and themselves, participants seldom became distressed during interviews. Indeed it was common for foster carers to relay events in an apparently emotionally detached manner, seeming to focus instead on 'problem solving' strategies.

This pattern may be viewed in keeping with participants' role, as they are faced with high levels of emotion and are exposed to knowledge of children's past traumas but must continue to provide care. Foster carers are further routinely expected to discuss children with social services and other professionals, giving them experience of relaying emotional events in a way which is focused on practical outcomes. Considering the processes underlying this, psychodynamic theorists have suggested how a practical focus may enable caring professionals to 'defend' against difficult emotions aroused by their work (Lyth, 1988).

It is further possible that the research frame of the interview and the researcher's own responses may have contributed to creating an environment which was not overtly 'emotional'. As a mental health professional seeking to facilitate a research study, I (the primary researcher) experienced internal conflict in choosing how much to 'push' participants to name or describe their emotions. I was conscious of my wish for participants to feel safe and in control of the interview process. It is possible however that this led to avoidance of emotional content.

The role of the researcher

Within the interview and analysis process I (the primary researcher) have been conscious of not having experience of the parenting role. My perceptions of foster carers' position in

relation to children and understanding whether this is a unique position compared to birth parents will have been affected by not having experienced either role myself. However, this naivety may have enabled me to be more curious than another researcher with such experience.

As a mental health professional seeking to understand how non-professionals make sense of emotional and mental health needs, I have been highly aware of my own biases regarding the definition of 'mental health problems', beliefs around what constitutes an appropriate referral to services and thoughts on what therapeutic input might achieve for looked-after children. It has been helpful to reflect on and challenge my prejudices, particularly in my emotional reaction to the content of interviews (for further reflections see Appendix 4).

Implications

Clinical

This study has highlighted the numerous ways in which foster carers respond to children's emotional needs throughout a placement and the way in which, for the participants in this study, this was an intentional part of their role. Recognising this capacity and the ways in which foster carers can be supported to fulfil it is an area for development. Foster carers indicated that having access to informal supports via a mental health co-ordinator enabled them to feel more resourced in responding to children's emotional needs, as well as being a helpful source of advice about when it would be appropriate to refer to mental health services.

In keeping with the growing trends in foster carer training, this study supports the need for foster carers to be aware of the impact of trauma on children's needs and the implications this has for parenting style (Lotty et al., 2020). In addition having space to develop foster carers'

‘reflective functioning’ and heightening carers’ awareness of challenges to this and the influence of their own early attachment relationships may be beneficial (Adkins et al., 2018).

As previous research has emphasised, having strong professional supports for foster carers is essential to maintaining their wellbeing and enabling them to continue providing foster care. As participants described their approach being underpinned by values, those supporting foster carers may benefit from understanding how such internal factors can act as motivators and punishment in the face of placement events. Professionals working with foster carers may benefit from considering by what standards foster carers are measuring their ‘successes’ or ‘challenges’, particularly when a placement is deteriorating or has ended; as well as the way in which internal factors may block help-seeking.

Research

Future research in this area may benefit from exploring the factors which enhance or restrict foster carers’ capacity for reflective functioning, particularly where they may have undertaken training interventions to develop this. Whilst there are many different training initiatives for foster carers, Kaasbøll et al. (2019) have highlighted that the evidence base is limited, and most include outcomes such as ‘foster carer satisfaction with training’ as secondary to child outcomes. Further research exploring the role of life experiences and foster carers’ own attachment style in relation to their uptake of and engagement with training may be useful in addressing barriers to carers’ help-seeking.

All participants in the study were female foster carers. As Wubs et al. (2018) have highlighted the particular role that gender appears to play in foster carer-child relationships where children have experienced sexual abuse (with men often positioning themselves as the secondary carer due to concerns about allegations), further research could helpfully explore

the way in which male foster carers position themselves in relation to emotional or mental health needs. Participants in the current study were not selected on the basis of whether they had experience with CAMHS. Further focused research with those who have accessed services and those who have not may be helpful to explore themes identified here, particularly in relation to how these experiences interact with foster carers' identities. This study sought to recruit foster carers specifically with experience of providing foster care to 5-11 year olds. Further research addressing the experiences of supporting adolescents with their emotional and/or mental health could be helpful.

Research triangulating the themes addressed here with the perceptions of young people, 'care experienced' adults or professionals would also enhance the contextualisation and application of findings.

Limitations

The aim of an IPA study is to give detailed insight to the experiences of a particular group of participants. This is a sample of a highly homogenous group of White British, female foster carers between 45 – 64 years old in one local authority. As such, whilst the experiences described here may be shared by other foster carers, the results remain specific to these participants. A further caveat is that the sample was self-selected, meaning that this may be a group which is particularly interested in the mental health of young people, or who felt they had particularly relevant experiences.

As described, the researcher did not have experience of providing or receiving foster care, however did hold fostering as an area of personal interest, connection and admiration. It is expected that this identification with the topic will have influenced the interview and analysis process. The double hermeneutic approach of IPA enables acknowledgement of these

personal influences on interpretation and recognises that the interpretation of interviews presented here is personal to the researcher and is not intended to be a definitive translation of their experiences.

It is advised that whilst the focus of interviews was on the experience of caring for 5-11 year olds, all participants had experience of caring for a wider age range, with many having also adopted children who they had fostered. As such the narratives told by participants included reference to many children outside of the group in focus, which will have affected the themes which arose.

Conclusions

There is an increasing recognition of the therapeutic potential of foster placements, although much previous research has focused on foster carers' role as a 'gatekeeper' for children's access to mental health services, rather than the positive effect they themselves may have on young people's wellbeing. This study has identified that whether or not the emotionally-focused potential of foster carers is explicit, all participants in this study took actions which were intended to support children's wellbeing.

To enable foster carers to feel more supported in this role, training which makes links between children's presentation and developmental theory is recommended, in addition to steps to encourage foster carers' reflective functioning. Having access to informal consultancy for children's mental health was also described as an acceptable and effective support by foster carers. Where foster carers can feel resourced in meeting emotional needs and supported to cope with the demands this can bring, it is hoped that greater placement stability may arise.

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Section C

Appendices

Appendix 1 – Full details

Study	Author, Year, Country	Participants	LAC age range	Timeframe	Design	Attachment measure	Other variables (*measure used*)	Key findings
1	Jacobsen, Ivarsson, Wentzel-Larsen, Smith & Moe (a), 2014, Norway	60 foster families 42 control families	22-25 months	1 year	Quasi-experimental repeated measures, quantitative	Strange Situation Procedure (SSP; Ainsworth et al 1978)	Adult Attachment Interview *(*AAI, George, Kaplan & Main, 1996)	Majority of foster and comparison children were securely attached at T1 and again at T2 - no significant differences. Concordance between Foster Carer, AAI and LAC attachment style at 2 years was 65%, 60% at 3 years.
2	Jacobsen, Ivarsson, Wentzel-Larsen, Smith & Moe (b), 2014, Norway	As above	As above	As above	As above	As above	N/A	Majority of foster and comparison children were securely attached at T1 and again at T2 - no significant differences. Among those disorganised at 2 years in FC, significantly more were 'organised' at 3 years (p=.031).
3	Gabler, Bovenschen, Lang, Zimmermann, Nowacki, Kliewer & Spangler, 2014, Germany	48 children	9-66 months at placement	6 months	Repeated measures, quantitative	Attachment Q Sort (Schoelmerich & Leyendecker, 1999; Waters & Deane, 1985)	Parenting Stress Index (PSI; Abidin, 1997) AAI Child Behaviour Checklist (CBC; Achenbach & Rescorla, 2000) Caregiver sensitivity (rating from observation)	Patterns of attachment behaviour emerged and stabilised within 2 months of placement for most children. Mean attachment security scores indicate a significant increase during the first 6 months. Higher supportive presence and respect for child's autonomy were related to higher attachment security. Higher FC hostility at wave 1 associated with lower security. Foster parents' age and attachment security at wave 1 were significant predictors of security at wave 2. Foster parents' supportive presence at wave 1 predicted foster children's attachment security at wave 2 significantly, whereas parent stress was a marginally significant predictor.
4	Lang, Bovenschen, Gabler, Zimmermann, Nowacki, Kliewer & Spangler, 2016, Germany	55 children	1-6 years	1 year	Mixed methods, repeated measures, quasi-experimental	As above	'Authoritative parenting' (rated from observations), CBC	Attachment security significantly increased during the first year in placement. Authoritative parenting at both waves was significantly associated with attachment security at Wave 3 (although the significance of this effect varied with child 'temperament').

5	Dallos, Morgan-West & Denman, 2015, UK	8 foster children	14-17 years	1 year	Mixed methods	Separation Anxiety Test (SAT; Resnick, 1993)	PSI (Abidin, 1995); Hospital anxiety and depression scale (Zigmond & Snaith, 1983); Difficult behaviour self-efficacy scale (Hastings & Brown, 2002); Strengths and difficulties questionnaire (Goodman, Ford, Corbin & Meltzer, 2004)	None of the LAC showed a secure pattern of attachment at any stage. There was not statistically significant change in the strategies the children demonstrated over the year.
6	Stovall-McClough & Dozier, 2004, USA	38 foster-infant dyads (incl. 10 dyads from study 6)	5-28 months	2 months	Quantitative	Parent attachment diary (PAD; Dozier & Stovall, 1996); SSP	AAI	Age at placement and foster parent AAI significantly predicted change in attachment 'coherence' over time. Children placed with autonomous parents had higher mean secure behaviours and lower mean avoidant behaviours compared to those with non-autonomous.
7	Stovall & Dozier, 2000, USA	10 foster infants and 8 foster carers	6 - 19.6 months	2 months	Single case design,	PAD	AAI	8/10 dyads showed distinct pattern of attachment within first 2 months. Parents' AAI (autonomous) associated with child attachment security (measured by diary and SSP), but only for those placed relatively early (6 - 8 months of age).
8	McLaughlin, Zeanah, Fox &Nelson, 2012, Romania	68 foster children, 68 comparison children	6-30 months	54 months	Randomised controlled trial	SSP	Pre-school age psychiatric assessment (PAPA; Egger et al., 2006)	At 42 months girls in Foster Care were more likely to be securely attached than girls in CAU. Girls in FC had higher scores on the continuous attachment measure than girls in CAU at 42 months. Same measures did not find significant differences in boys. Attachment security associated with fewer 'internalising' symptoms in girls and boys at 42 months and fewer symptoms of anxiety and depression at 54 months. Mediation analyses found foster care effects on internalising symptoms were mediated by attachment security.
9	Rushton, Maves, Dance	61 children	5-9 years	1 year	Mixed methods,	Semi-structured interview and investigator-devised	Child symptoms of 'emotional, conduct and overactivity	At Time 2, 73% children had attached relationship with one or both parents. 27% had not/had developed

	& Quinton, 2003, UK					checklist (Expression of Feelings Questionnaire)	problems' (checklist derived from the Isle of Wight/Inner London Child Psychiatric Assessment (Rutter, Tizard & Whitmore, 1970) and the Parental Account of Child Symptoms (Taylor, Schacher, Thorley & Weiselberg, 1986)	'superficial' relationship (attachment data from Time 1 is not presented). History of active rejection by birth parents was only factor significantly linked to whether child was attached/not attached to parents.

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Appendix 2 - Mixed Methods Appraisal Tool (version 2018)

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Appendix 3 – Studies rated by MMAT domains

	Study 1	**Study 2**	**Study 3**	**Study 4**	**Study 5**	**Study 6**	**Study 7**	**Study 8**	**Study 9**
	Jacobsen, Ivarsson, Wentzel-Larsen, Smith & Moe (2014)	Jacobsen, Ivarsson, Wentzel-Larsen, Smith, Moe (2014b)	Gabler, Bovenschen, Lang, Zimmermann, Nowacki, Kliewer & Spangler (2014)	Lang, Bovenschen, Gabler, Zimmermann, Nowacki, Kliewer& Spangler (2016)	Dallos, Morgan-West & Denman (2015)	Stovall-McClough& Dozier (2004)	Stovall & Dozier (2000)	McLaughlin, Zeanah, Fox & Nelson (2012)	Rushton, Mayes, Dance & Quinton (2003)
Screening									
Clear research questions?	Yes	Yes		Yes	Yes (exploratory)	Hypotheses articulated	Broad research question - to explore the patterns - but clear intention	Yes	Yes
Collected data allow addressing research questions?	Yes	Yes		Yes	Yes	Yes	Yes	Yes	To a degree. Discrepancy between what was collected and what was presented makes this hard to determine. Authors do not show how children scored for attachment at T1 though they do describe this was measured.
Qualitative									

Qualitative approach appropriate?					Yes				Not clear. The data reported is mainly quantitative. Not sure why qualitative methods were used to gather (although possibly this is so that data was supplemented with richness of being able to analyse tone of voice etc)
Qualitative data collection methods adequate to address q. ?					Perhaps - going into IPA with theoretical position and using repeated measures does not seem particularly				It was qual methods supplemented with quantitative questionnaires which seems necessary (although qual part probably allows addressing of depth of relationship)
Findings adequately derived from data?					Not reported - some presentation for case studies				Not much information given about qualitative components. It was mainly the numbers that were presented.
Interpretation of results sufficiently substantiated by data?					No				No quotes from interviews. Little reference made to the ratings of 'warmth, sensitivity

									etc that were being derived from analysing interviews
Coherence between data sources, collection, analysis, interpretation?					No				There was coheren ce betqeen quantitative data and analysis of this.
Quantitative (randomised)									
Randomisation appropriately performed?								Method not described in this paper	
Groups comparable at baseline?								Yes - no significant demographic differences	
Complete outcome data?								No - said that several CAU children were removed, unclear what the stages of attrition were	
Outcome assessors blinded to intervention?								Yes	
Participants adhere to assigned intervention?								No measures of quality of FC or CAU, although steps taken to support Fcarers	

								by social workers	
Quantitative non-randomised									
Participants representative of target population?	Not lots of data provided about general population, but income bracket is considered average. Ethnicity was predominantly that of the country of origin. Did not detail whether urban or rural area.	not discussed how sample compares to general population		Much demographic data provided but not compared to any other data on the wider population	No demographic data provided	Some info provided about ethnicity, gender and coming from urban background - not described how this maps on to wider population (similar with providing info about the background of foster carers)	Some info provided about ethnicity, gender and coming from urban background - not described how this maps on to wider population (similar with providing info about the background of foster carers)		Very little data provided regarding demographics (though later discussion of data suggests that much demo information was collected). No discussion of recruitment method, or potential reasons that only some of the local authorities approached consented to be part of the study.
Measurements appropriate regarding outcome, intervention (or exposure)?	Yes - could potentially have administered AAI again at	Yes		Yes		Yes	Yes		To a degree - use of questionnaires (parent response) to understand child's emotional/behavioural characteristics and attachments

	T2, but measure is supposed to be stable								
Complete outcome data?	Not quite - no discussion of people's reasons for dropping out (though drop-outs were few)	Not entirely - says some left sample but does not discuss procedure for missing data		Yes	No - parent and child measures outside of SAT not reported. Also overall patterns reported where some participants are missing. No discussion of missing data on the other quant. measures.	No discussion of missing data - says that diaries were prorated when diary data missing but no discussion of how much was. Does talk about difficulties they had recruiting for SS procedure.	Yes (or at least process for managing missing data explained)		Stated that those without two timepoints were completely excluded - this was a large number so sample dramatically reduced. No explanation of why people did not complete.
Confounders accounted for in design and analysis?	Yes, analyses of group differences measured and where significant analysis controlling for was	Not reported		Yes		Yes - analyses controlled for various confounders as appropriate	Yes		Correlates were analysed, but ot much data or consideration provided.

	conducted.								
Was intervention (or exosure) as intended?	Seems so (not really interventi on - not much about the type of fostering that was going on - but possibly not needed)	No measure of quality of fostering so unclear		Yes based on the information provided		Seems as though yes - not sure how much diary data was missing but study team did use regular check-ins to support parents in completing	All children were in the same placements for the duration of the study		Likely yes as 24hour care intervention (no data on whether child was placed with siblings or alone though, or whether they were sharing parents attention with their bio children).
Quantitative descriptive									
Sampling strategy relevant to address research question?	Not much detail about strategy - but seems basically those coming into contact with CPS - most people asked agreed to participat e.	not much detail about strategy - but seems basically those coming into contact with CPS - most people asked agreed			Not much detail	Seems so - all children coming into care invited	Yes	Appears so	

Is sample representative of target population?	As above	As above			suggestion that experiences were more complex than general but no data or comparison data - rates of secure attachemnt much lower than stated gen pop rate	Not discussed		No suggestion of how they compare to wider population of children in institutions	
Measurements appropriate?	Yes				Yes			Yes	
Risk of non-response bias low?	Did all measurements on one day - does not say how they followed people up at second time point, but vast majority came back	Does not say about process of further home vists. Seems unless child left system then would have been included. All except one took part in SS at T1.			No - lots of drop out	support to parents to help complete diaries	Does not say how often diary entries were missed - would have thought chance was high given the demands of the strategy	No	

Statistical analysis appropriate to answer q?	Yes	Yes			Analysis limited by small sample size and no comparisons made with other quantitative data collected	yes - lots of detail provided for reader	Yes	Yes	
Mixed methods									
Adequate rationale for mixed method design to address question?					Yes				Yes = less clear qhy qual element is there, but definite need for quan and they used qual to derive.
Different components of study effectively integrated to answer question?					No - IPA to be written up in different paper, but quantitative data too limited to get a sense of overall patterns				Some integration. Less attention paid to qualitative factors in write up.
Outputs of the integration of qualitative and quantitative components adequately interpreted?					No				Qual factprs maybe not given as much space. Also only selective quan data presented and demographics all given in

									overarching, non substantiated ways so impossible for a reader to analyse for themselves.
Divergences and inconsistencies between quantitative and qualitative results adequately addressed?					No – too limited				Not highlighted or described. Not enough qualitative presneted to know whether there were divergences
Do different components of study adhere to quality criteria of each tradition of methods involved?					No				Qual roughly, quan not nearly enough information provided about data or analysis methods . No discussion of power calculation or study limitations.

Appendix 4 – Research Diary

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Appendix 5 – Participant transcript

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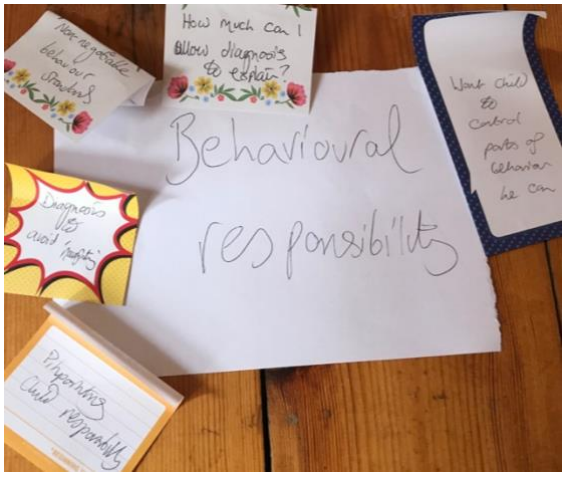
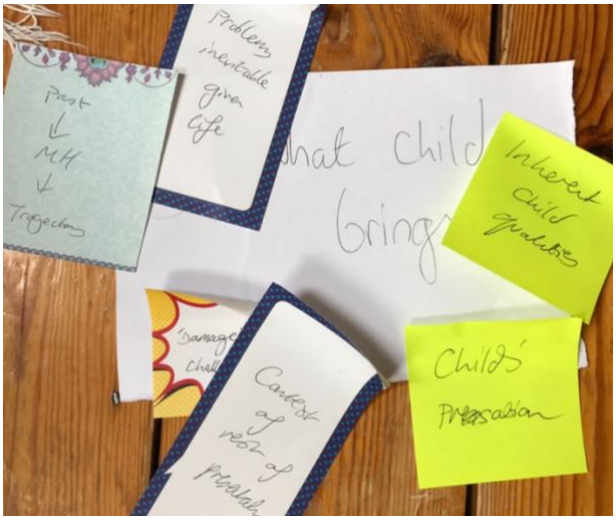
Appendix 6- Emergent themes compilation

Emergent themes from each transcript were compiled. Duplications within lists were removed and then clusters formed from the themes. This generated a list of emergent themes for each transcript. These were transferred to post-it notes to enable grouping together of themes across transcripts. This appendix presents pictures from this process grouped according to the final super-ordinate themes they led to (the different styles of post-it notes were participant specific, e.g. all yellow post-its are emergent themes from P7).

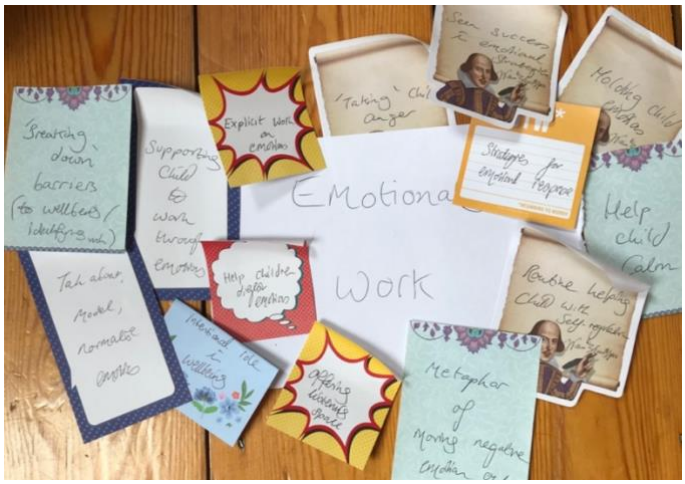
1. **Interpreting needs from behaviour**





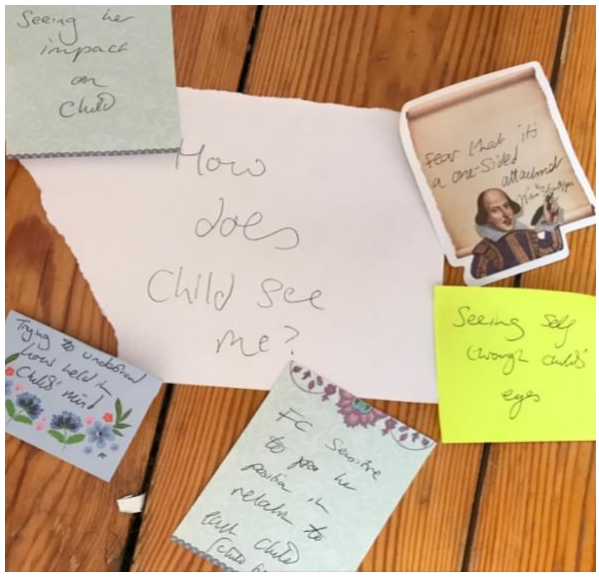

What is MH?
Diagnosis not bringing hoped for answers


Working backwards
Formulating
Assuming Child's

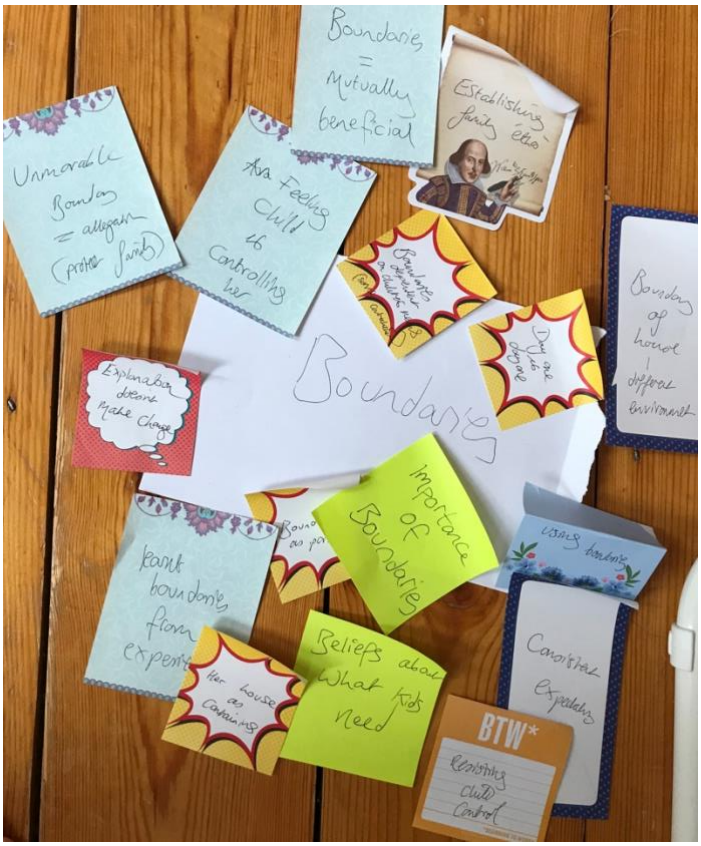

Emotional Work
Breaking down barriers
Supporting Child to work through emotions
Explicit work on emotions
Strategies for emotional response
Help child calm
Metaphor of

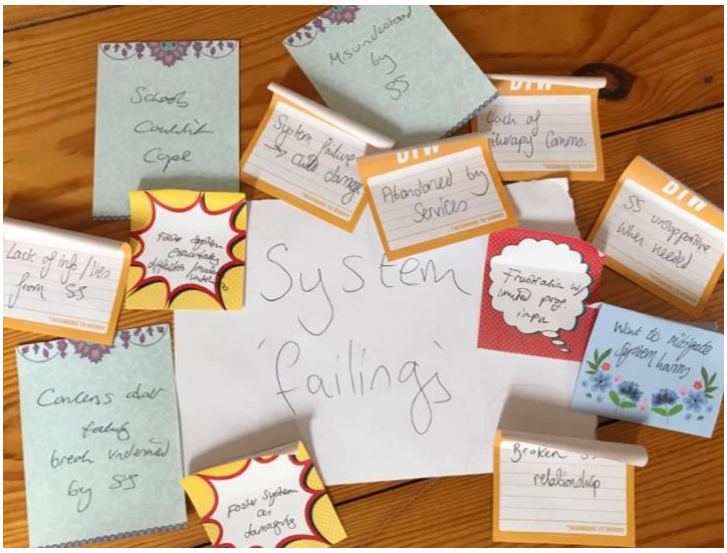

What are you thinking?
Estimating Child's thoughts
Confusion about Child's Motivation
Taking Sense of Child
Considering events from child perspective
Imagining Child's perspective


Explanations
Love deficit
Complexity of factors

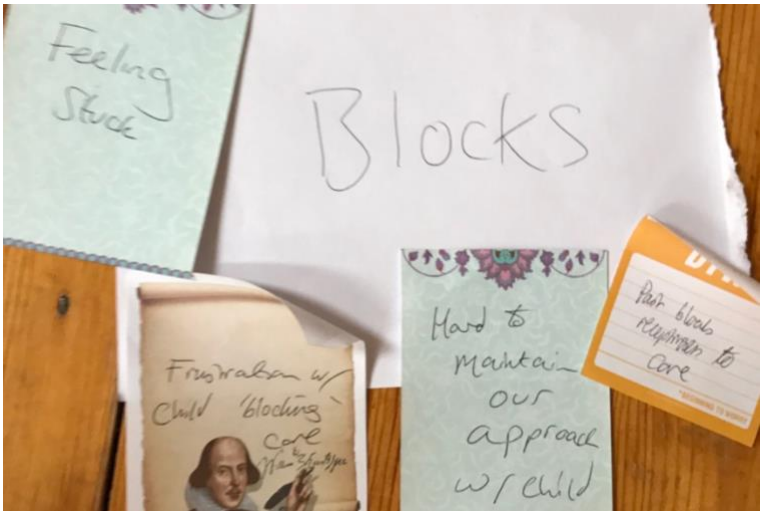

How does Child see me?
Seeing her impact on Child
Seeing self through child's eyes

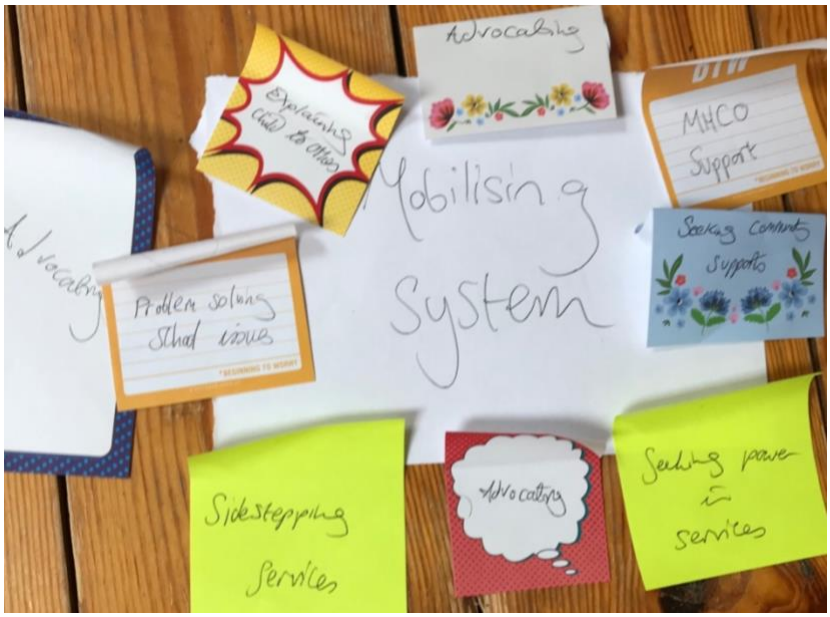
2. Actively seeking change






Strategy to promote hygiene
Responding to Child's needs
Care tasks (general)
Trying to answer child's needs
Getting 'basics' in place
Calm environment nurturing activities Cuddles for Soothing
Proud of sleep routine i see effects
as grandmother


Feeling Stuck
Blocks
Frustration w/ Child 'blocking' care
Hard to maintain our approach w/ child
Past blocks recognition to Care


Advocating
Explaining child to others
MHCO Support
Mobilising System
Seeking comments Supports
Problem solving Shad issues
Sidestepping Services
Advocating
Seeking power in services

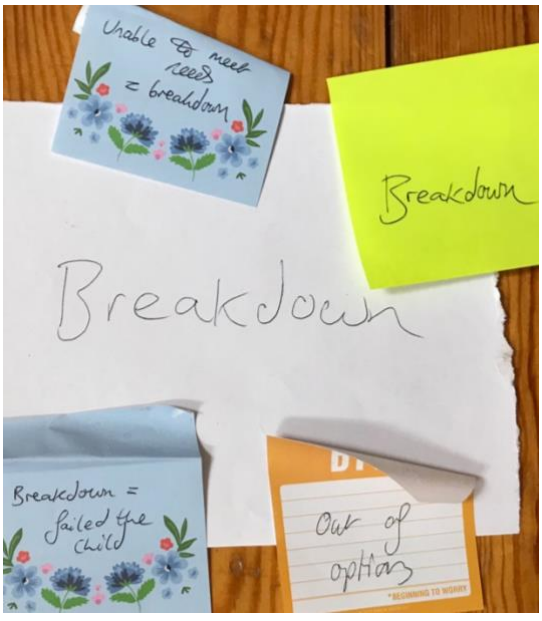

FC seeing Knowing What child Cannot
Trying to gain perspective on Child
Duality
Giving child partial truth, but holding whole
Cynicism of 'positive behaviour'
FC holding Perspective on Child
Holding duality own perspective Child's
Hard to always See Child as Separate

3. Appraising our approach


Return to firm base
Regulating Self in response to Child behaviour/emotion
Feeling resourced
FC resource
Understanding What we offer
Trying to maintain Confidence in approach


Confidence in our approach
Comparison to other FCs
Should foster in same way you parent
FC Identity
Being Child-led
How we want to foster
Aligning with our values


Society
Society Wants Simple answer
Want to break Societal patterns
*BEGINNING TO WORRY
Judged by Strangers


Unable to meet needs = breakdown
Breakdown
Breakdown
Breakdown = failed the child
Out of options

Appendix 7 – Theme illustration

This appendix illustrates the final themes arrived at, with extracts from participants.

Theme recurrence

X= theme present in transcript

	Rose	Lesley	Michelle	Judy	Megan	Rachel	Justine	Holly	Emily
Identifying idiosyncrasies	X	X	X	X	X	X	X	X	X
Seeking to make sense	X	X	X	X	X	X	X	X	X
Responding based on my hypothesis	X	X	X	X	X	X	X	X	X
Communicating care through boundaries	X	X		X	X	X	X	X	X
Aiming for emotional healing	X	X	X	X	X	X	X	X	X
Mobilising the system	X	X	X	X	X	X	X	X	X
Seeking neutrality with parents	X	X	X	X	X	X	X	X	X
Change is progress, no change is failure	X	X	X	X	X	X	X	X	X
Accepting placement endings into our identity			X	X	X			X	X
Developing a fostering identity	X	X	X	X	X	X	X	X	X

Themes by participant

Superordinate theme 1 : Interpreting needs from behaviour

	1.1 '*There's more than just the balloon popping*' – Identifying idiosyncrasies
Rose	[With] his carer, he's still headbutting the walls, he was here for three weeks didn't do it, didn't do it. And that to me, is the difference isn't it, if they were doing it everywhere, like this girl, if after 3 weeks I haven't seen, I was trying to unpick like what is this going on? More than a behavioural problem, is it more than an emotional need? You kind of have to unpick, and it takes time to unpick and that's why erm your logs are very important, and also erm consistency because it helps you. It helps you look at what's actually going on.
Lesley	He wants a lot of hugs and reassurance that you love him. You know 'I love you' he shouts out all the time. You know he just needs that [I: Right and what is 'that'?] Knowing that he's wanted. Knowing that you care about him.
Michelle	I think the most valuable thing that, that social services have foster carers do is to write these daily logs because, it's, you can miss such, what you think is really like

	innocuous, but actually when you go back over the log you think actually there's a little bit of a pattern going on. So , yeah , I think that helps to kind of try to understand what's going on within their little minds.
Judy	I said 'tell [your friends] that you're going to be over at the swimming', cos they have fun sessions and things like that, 'we'll meet them there'. They say they'll go but no one turns up. You know, I know he must feel this. But his way of dealing with it is bolshy and I don't care, I don't care anyway. But then he'll still call them his friends
Megan	She's getting better with people she knows when they come around. It takes a while, sometimes the hat still goes on. And you can tell the difference if she puts it on just because it's a fashion item, or she puts it on cause she's out of her comfort zone.
Rachel	It's usually my grandchildren because they're obviously the ones that are here all the time. So if he's got angry because they have tried to play with him, but he wants to play by himself , I will say to them , let him play by himself for a little while. he doesn't want to play with anybody at the moment . So, so I, I'm ,I kind of can pick up now if he's going to get like that
Justine	I don't really know how they felt, you know, to be honest , I've never experienced like that. But as an adult , when you, when you've got things that are unsure , like if you've left a job and you don't know what's going to happen next . It's unnerving . It's very unsettling . And as a child , when you don't understand why all those things have happened to you , it must be even more so . And you've been taken away from your family at the same time . How many of us would be ripped away from our family , not knowing whether we're going to see them or not, again? Go to a stranger's house to live , not know where you're going to go to school, what you're going to get to eat or you know, it would be, it would be terrifying wouldn't it?.
Holly	The balloon popped. Well, that was it, Anthony was off. And so straightaway you knew. Yeah. A child got a balloon, it pops, yeah that, I mean [adopted daughter] would cry probably, you know, because it's upsetting, because it's something they've gone. But this anger outbursts from it, you know. So there's, there's more than just the balloon popping you know for him and you, you, so you'd see those sort of things within it. And the you know, it, it sort of became apparent quite quick.
Emily	When people go 'they so good' you think, that's not right though. You know if you've got a four year old, they shouldn't be little angels should they? Sat there not doing anything. So I think being shut down is a more of a worry than them actually acting out because you'd half expect 'em to be angry.

	1.2 '*How do I know why he does it?*' – Seeking to make sense
Rose	His brain, obviously he's wired differently to a natural, a child born without foetal alcohol syndrome, because obviously his basic, I, I try to explain it to people, it's like he's had a stroke before birth, because there's pathways that were damaged.
Lesley	He's got a, a thing about winding me up and he thinks it's funny. And it's not, It's hurtful. And er, and yeah I said to him 'don't do this', because at the end of the day I'm going to have a go back and this ain't good. And he'll just carry on. It's like sometimes he enjoys it. He enjoys seeing you in that state. And that's what I don't understand why he wants to do that. [...] I haven't made any sense of it, no. He doesn't even know why he does it You know so erm, how do I know why he does it if he doesn't know why he does it?
Michelle	It was the way that she came up to me [...] she was hugging me to kind of reassure me that this is really the truth and I thought you're just, she was a master manipulator because I think she'd been manipulated so much for such a long time or a long time in her short life.
Judy	Where Johnny's concerned, it's quite obvious that he's been one of a pack and very insignificant and I wouldn't even be surprised if he's been shut away [...]. I wouldn't be surprised if he'd been shut away in a room, out of the situation and, so he doesn't

	know how to deal with being in a family and everybody sort of getting along and mucking in and, and stuff like that, he, he doesn't know how to, so he tries to control the situation.
Megan	They've had the bailiffs at their door. They've had a lot go on and how you gonna trust anyone?
Rachel	We had one little girl that came when she was two months old, who had an avoidant gaze. So when you were feeding her, she wouldn't look at you. she was looking all over the place. Erm but it transpires that when she was, her birth mother was living with her auntie, the auntie didn't want to get attached to the child, so held her away all the time and never looked at her. So she didn't have a shared gaze
Justine	I think they're all, it all just boils down to coping strategies, really. Erm That's their way of coping with what's been happening to them.
Holly	Suddenly he's, he's, he's gone from a foster placement that he had been in for six months. And, erm you know. So you're, you're talking the damage that done to him from the rejection he felt, to the rejection he felt from his family, erm extended family, because his brother went to st-, live with grandma, but older brother. But he couldn't go live with grandma because she couldn't deal with two, which is totally understandable from, from their sort of situations. But the rejection he then felt as a young 6 year old trying to deal with that
Emily	There's a bit of a difference between being defiant and actually mentally not being able to manage right at that moment in time. Not being able to self-regulate. That's a big difference.

	1.3. *'I wanted a diagnosis because he wasn't a naughty boy'* - Responding based on my hypothesis
Rose	I actually at one point go 'do you actually understand the words we don't like?' and she goes 'no' and I realised she actually didn't. And I said right I'm going to tell you, I'm going to tell you the words I don't like, I don't like that word, that word, that word and that word. And () I said they are not nice words and I don't want them in my home.
Lesley	When he gets angry, [I'm saying] 'why? Why are you angry? Why are you having a go at me?' and I, then I feel, I feel angry. You know, so it is like we're bouncing off one another. You know, he's got a, a thing about winding me up and he thinks it's funny. And it's not, It's hurtful. And er, and yeah I said to him 'don't do this', because at the end of the day I'm going to have a go back and this ain't good. And he'll just carry on. It's like sometimes he enjoys it.
Michelle	In the end I'd sussed out that I needed to get certain things out the craft box and invite her to be as imaginative as she could be with those things. Because what she really wanted to do was just use everything at once. She had a real, erm compulsion to, to use or consume everything in front of her.
Judy	All I can do is just try to help them see things in perspective and to try to you know, calm down and work things out rather than keep going back to this aggressive anger you know.
Megan	I wanted a diagnosis because he wasn't a naughty boy. I wanted to see it through until we found out what was wrong with him.
Rachel	He has a vomiting issue, so he's got a stomach problem and we think that he's using it, as a – to show I'm not happy. And it, it's chosen. We used to think it was just – you know, he couldn't help it but mm I think he can. Erm and this week he's been vomiting quite a lot and I think it's because she wasn't here. So we've got to do quite a lot of work to prepare him for when she finally goes and she doesn't come back
Justine	She needed to get all of this emotion out of herself and she would -. I would pick her up because she was so small. I would pick her up and carry her around to her bedroom and we would sit on the bed together first of all. And I couldn't, you couldn't talk to, you couldn't reason or try and explain things at the time while she was really in the

	heat of it. Um but when I felt that she was starting to, to calm down a little bit, I would just say 'right, I'm going to leave you here just to cool down a bit. When you're ready, come and talk to me'. And, and she would. And, and um, she got used to that talking about her emotions.
Holly	'His wires weren't connected properly', we've just got to keep, you know, when he puts things at us and er things that then become quite personal or whatever. Or you know, the wires weren't connected. It's not him. It's not his fault. And it's, you know, reminding those things. I think it's and learning how the brain works and erm why things didn't quite happen, like for them when they were younger. It's, it's really helpful.
Emily	Knowing that all that fight in the world right at that moment in time, is not going to get you anywhere . So knowing you've got to back off , just keep really calm 'Well , we are doing that. And this is how we're doing it'. Um And then kind of widen it out and then after to not hold a grudge , because it's very hard to go 'you've actually', you know I do say 'you've actually ruined my day. That's been really horrible . You've left me feeling horrible. I don't like it when it's like that.' but I think it just goes over her head. deaf ears.

Superordinate theme 2 : Actively seeking change

	2.1 *'In this house I tend to do the mum job'* - Communicating care through boundaries
Rose	I said in this house I tend to do the mum job, I tend to call the boys down and you, you can be you, you can play, you can go and draw, you can go and watch tv – you don't have to worry about doing all these other jobs, because I do it, I do it all.
Lesley	They come in to my home, I make 'em feel welcome and gradually say right, you've gotta go to bed at certain time you know, you gradually bring those rules into place. But that's all part, of being part of a family you know, like you do with your own kids.
Michelle	-
Judy	[having firm boundaries] works for me and it works for the children that we're with, because we do have a lot of normal times (laugh) [... I: How would you classify a normal time? What's] R: Well we're all just getting along and we're all out and we're all doing things that normal happy families do. It's, it's good. But then I don't know whether that affects them mentally or not and they start thinking, well you know this isn't normal, this is my normal. And then, and then it all unravels kind of thing. But I keep to the boundaries and keep to the – and we pretty soon get back to happy, normal kind of life you know
Megan	I think just living in a, a different environment isn't it. They say to me that they didn't have beds, they just slept on the sofa. So they didn't have bedtime. They were out in the streets wandering around. If they didn't go home at night it didn't matter. No one cared. They're not allowed out past a certain time now.
Rachel	The 2 month old that we came with the broken bones, I was told she was. I was brought, she was brought to me and I was told she's nocturnal She sleeps at, all day she's awake all night. I was like not in this house she don't. So again I, she didn't come til the evening – it was 6 o clock but I just did my normal thing with her. Normal rest of it. And swaddled her. She slept all night long. Honestly first night. She slept all night long.
Justine	At times they were a lot of people in the house and it was very chaotic and it really was sort of shout loudest to get heard. mm erm But er that didn't work in this house (laugh)
Holly	Where he'd been at home. The boundaries weren't there at all. So I think with Anthony we get done pretty much what he wanted. You know, he told us at times, if his mum had given him money and him going down to the cake shop and get maybe, you know, different bits and bobs, he you know, he was a big boy from overeating and things, you know. lack of exercise, erm no coordination from not doing anything that children

	would normally do. So his capabilities when he met up with other children were quite low, which then self-esteem was rock bottom, erm you know, it affected it. So we, we put boundaries in that were, you know, pretty strict.
Emily	I've had siblings where they they look after the younger sibling . They're not going to let you care for them . And you have to go , 'it's okay like I will make sure that she's fine and I will get her a drink and I will do this . But they, they can't because they've had to care for them.

	2.2 *'They need to go back, don't they? In order to go forwards'* - Aiming for emotional healing
Rose	If I reach there (high gesture) I'm happy. If I reach there (lower gesture) that's all they're ever going to do
Lesley	He's happy that he's got friends he can go out with, he's not, cos when he were living with grandad he weren't allowed out. He weren't allowed to have people in, he weren't allowed to play out with friends, so he didn't have that er childhood. And that's what I'm trying to give back to him. You know you're a kid, go out and enjoy yourself. So when they knock, can I go out? Yeah of course you can, so he goes out.
Michelle	I'm hoping it did her some good to, to let go of it all [negative emotion], but it made it very difficult um to look after her.
Judy	I've spoken to the at the school, and the, the key worker there she has said he hasn't got friends, every kid in this school's frightened of him. look I can't buy him friends, I can't you know make friends for him. And I've tried to say to him that, to have a friend Johnny it's a bit of give and take you know, it's not you and this kid has to like you no matter what, you've got to be interested in them and talk about them, and let them take the lead from time to time and – you know 'yeah, yeah, yeah I know that'. And then if I say it again, and again and again then I start to feel I'm nagging, shut up, stop nagging. So what can I do? What can I do? You know. If I could buy friends for him I would. But then on the other hand I'm thinking he's got to live in this world when he's 18, if you can't get along with people what's going to happen to you?
Megan	While they're with us, they should have that childhood that they've missed. They need to go back, don't they? In order to go forwards. You can't take a 15 year old back to being a five year old, can you? But I can take her to [roller skating], I can take her to see frozen. Because it's acceptable because Laura [daughter] 's coming. It's all acceptable. You can get on the floor and play with her, that's acceptable. See you can go back.
Rachel	You just, you give them [babies] lots of cuddles, lots of affection, lots of - you try it calm, as calm as you can when you've got a busy house, but yeah just trying to give them a lot of individual time. And introducing them to things that are more... 'mainstream', rather than the chaos that they've been used to. Yeah just lots, lots of attention, lots of cuddles, sitting looking at books. Sitting reading with them, playing with them, interacting with them, looking at them, talking to them, playing some nice music. Just all general – lots of cuddles.
Justine	Mostly they've come from disordered, chaotic lifestyles and show them what a functioning family can look like for-. Just because they've experienced that, doesn't have to determine the rest of their future. Erm and to put them in a position really where they can make good choices for themselves . I think that's what I would hope to do for my own children as well , that you you give them the best experience that you can offer them and hopefully they can take that and and make a good future for themselves
Holly	We'd make sure that he saw us cry at times, you know, and um – not that we'd, we didn't sit there every night crying – but if we watched a sad film I'd say like 'oh, my goodness Anthony, this is so sad it's making me feel really-, do you-, does it make you feel a little bit upset? Do you feel like -, it, and I'd say about welling up, you know and

	er. So I just think, you know, he it was okay to do. And so then he could free himself up a little bit, maybe, maybe take a little bit of the tension out of him.
Emily	If you're caring really properly you want the best for them don't you? You want them to be able to be okay.

	2.3 *'We are their voice'* - Mobilising the system
Rose	We are their ambassadors, we are their voice. We're their voice so we're the only ones that's going to do that for them. We are with them 24/7, the social worker isn't we are.
Lesley	I said 'but if you're being constantly bullied Matt you need to tell me. I'll go up there and sort it out'. So you know, I said to him 'I will back your corner no matter what'.
Michelle	She was just getting more and more unhappy . And I said to social services, I said 'you are going to have to do something about it'. Not only are we not feeling safe in our home, um but she is clearly so desperately, desperately unhappy. I mean, on a daily basis, she said she didn't want to be here. Well it's not a prison, you know, you can't keep a child. And and that's I think that's the trouble that, certainly the younger children. They, they say, you know, we need to give them a voice and that. But when push comes to shove, they don't really listen to them. Because it's difficult to find other places. And um but that's not good enough reason for saying, well , you've got to stay put. One night I had to go to my neighbors and say , I am not stopping you calling whoever you think you need to call . But just to let you know, I have tried phoning everybody from every contact in social services um to ChildLine to the police, to try and get somebody that will help me to get this child down from the walls and inside and into bed. I mean 10:00 at night literally climbing the outside the house saying , I'm going to kill myself . Erm So you do feel very vulnerable . You feel erm, you feel like you've got a lot of responsibility , but no decision making power . Yes, so powerless . And it's not, it's not about um Imposing your power and will. It's about knowing what you can do physically to try and calm the situation down.
Judy	When he first came to me he was erm very thin, still in nappies. He was two weeks til he was 7. Still in nappies. Erm behaviour was horrendous er and I did a little bit of research and things, to, to see what was going on. He was on three laxatives every day, he was on another laxative at the weekend and the social workers said that this is his medication and you have to give it to him. I said right okay. So I'm giving him these tablets not knowing what they were, erm and this kid's pooing for England [...] And I thought 'something's wrong here' it's not right, so I googled it [...] So I thought right, I'm going back to his doctor so I went to the doctor and I was challenging. Why is this child who's 7 years of age on all these laxatives? Three times a day and this big strong one at weekends. Can you tell me why? [...]Erm so they took him off them, took him off the lot. He did start ballooning out, but the pooing got better.
Megan	I wanted a diagnosis because wasn't a naughty boy. I wanted to see it through until we found out what was wrong with him. Because then he'd get the proper help. If he moved carers at that time, then all the sorting out what was wrong with him would have gone on for longer or that other carer might not have bothered. And he would have just moved and moved and moved. And that's not fair on him. He deserved the proper help.
Rachel	I'm saying to them 'look he's saying no', if he was a mainstream child at this age you would listen to him. Just because he's got disabilities he is telling you in the best way he can he's not happy'
Justine	They did get some play therapy at the primary school that they were at. Um and I think they both did benefit from that . I never really knew what they did. It was all treated as confidential . So the therapist didn't even tell me what they'd been talking about [I: And what, what was your feeling about that?] I could understand why the children needed to know that they could say anything without me knowing about it . Erm but I wonder

	what, what happened to all that information ? I don't even know if it got passed on to social care erm. So I don't know . I don't know what happened with it . You know ?Or I don't even know if anything needed to happen with the information, I suppose , if something dreadful had been brought up. Then it would have been regarded as a safeguarding issue , so somebody would have been told something wouldn't they? I would hope.
Holly	Camhs, I don't know. It felt like we fought for it for a long time. Maybe we thought it was going to be the magic thing for him. Erm But I do think, you know, it, it came too late. Where if they'd managed to get in when he was 6, 7 years old and help him through sort of play therapy and different things, you know, by the time he got to sort of nine years old erm and then ten, you know, and it just, you know, he was then I think going to get more reluctant [...] If somebody and er is sort of starting to talk about feelings then, when, when they're younger maybe it's er, an easier sort of thing to do.
Emily	Why are we doing so much into understanding it? Why aren't we now putting that into how we can manage it and how we can make things better? And I suppose for me I think well isn't that what the experts are there for, to get inside the heads? And, and they're not! (laugh)

	2.4 '*You can't be nasty about their parents. And I actually do think they're alright*' – Seeking neutrality with parents
Rose	You know I love his mum, I've told him his mum's a lovely, she just cannot put the drugs second and him first or any of his other siblings first and the, she loves him in her own way but not enough to care for him on a day to day basis.
Lesley	Well say to him look mummy's not well, you know she's, she's got her own problems Matt. You know people change, mummy can get help. I said you have to make your own decisions on that, you can't listen to what other people say about her, she's still your mum and she loves you, she sends you photos – she sends you erm letters.
Michelle	Sometimes she'd say things to try and shock, but we was always trying to stay very neutral . I mean, acknowledge when it's not been nice things have happened. And so, so say I'm really sorry that you had had that experience or I'm sorry that happened . That shouldn't happen. You know you're a little girl and you need to be looked after and. So to acknowledge what she had said , but not, particularly if she was trying to shock , not show shock, you know what I mean? [I: Uhuh yeah yeah and why did that feel important to stay neutral ?] R: Um she is incredibly loyal to her birth family. And so sometimes it was almost feeling like it was a test . Um sort of are you going to be the same as everybody else and essentially tell them off ? because obviously they, she sees the police telling them off, she sees social services telling them that they're not doing the right thing.
Judy	No matter what has gone on in their life, they love their parents. You know, no matter what their parents have done. So you can't say anything against the parents, so you gotta try and word it that 'although this happened, it is not your fault' and try and give them simple reasons why it's not their fault. It's actually the parents' fault but erm yeah ad then it's trying to help them come to terms with it and to deal with it. Sometimes it's really difficult, because as I say it's the way they are, it's the way they've grown up and they can't see any, what they're doing wrong. They can't see what's wrong. And that's it, I think that, trying to get them into a normal kind of life is quite alien for them. And they probably think 'nah that's all wrong and I'm used to this'
Megan	You can't be nasty about their parents. And I actually do think they're alright. Most of the parents are nice people. They've just got their own problems going on haven't they? And they just can't do it. And that could happen to anyone. You don't know

	what's going to happen. We're only, we're all, you know we could all have a breakdown. We could all turn to whatever. None of us are exempt.
Rachel	I wrote in the book and said, as contact is so early in the morning would you like me to send her in in her pyjamas and you can get her dressed? Oh yes please that would be lovely! So I used to send her in in her pyjamas with, I bought her a little tiny bag and sent her in and they'd choose what clothes she came back in. and if they've sent clothes I always send them in, even though some of them are like leopard print and you'd look at them and you'd think really? But they've chosen it, it's their daugh- their little girl, their daughter. So I'd send all the clothes in. you know she'd come back and I'd change her and put her in. cos some of these I was like I'm not taking her out in that, and I'd change her but as far as they're concerned they had an input with what was happening with their child.
Justine	I suppose I just want [their mum] to know that yeah, I've got their best interests at heart. So yeah, some, some of their, they've got, what they've got three sisters and two brothers . They're all adults now. All of those siblings and some of them have been to the house and um and met them here and stayed for a while and they've been in and looked at their bedrooms. So I hope you know they, they do see that they are being properly cared-, not just looked after, but cared for while they're here.
Holly	if there's a battle there the child feels like they've got to choose and um, you know, and, and I'd see for Anthony, even in a way you could-, He seemed to have a still a loyalty battle with who he should love more towards the end. You know and er, erm we'd never encouraged that, or whatever but obviously he was with us seven years in the end. So it was very difficult for him to sort of- mum keeps letting him down. And these people are there for me all the time. You know, and they've give me my presents on my birthday, where mum says she's going to bring 'em and then doesn't. And you know, and all those things that matter sort of to children, but also the sort of the love, the care, the taking on holidays, the things that the experiences that we tried to sort of show him um and then he's like 'oh but she's my mum. And I love my mum.' and so for us, it's really, if there was a battle between me and mum there that could have made it even-, so much more difficult
Emily	You're going to go somewhere where they've got lots more time for you and they can look after you'. You can't go home, cause at the moment , you know , they're not looking after you properly .They need help in how they can look – cos it was a big family group . erm you know, 'they need some help in how to manage all of you together'. So you can't go back there until they can- Everyone knows, the grown-ups know that they can look after you and keep you safe . you know I don't know how much of that they really understand what you're saying to them

Superordinate theme 3 : Appraising our approach

	3.1 ***'Times of great reward and times where you feel like you're making no difference'*** **- Change is progress, no change is failure**
Rose	Three children coming in feral and within three weeks I'd got them in a routine. At one time I couldn't take the three of them out on my own, my friend would come here – another foster carer – by the end I could take all three out, they would walk with me, they would hold my hands and that, we'd sing songs, we'd -, they would walk to the playgroup from here.
Lesley	I suppose it's [upsetting] because erm I've had him nearly 3 years now and that should have settled down a bit. And it hasn't, it hasn't settled down. The rudeness hasn't settled down erm whereas when I had the others, it, it was, that stopped. The rudeness stopped, the respect came in.
Michelle	We made a lot of positive steps with her, we really did I mean she was struggling at school for her age group. She was a whole academic year behind. She didn't know even a third of the phonics that she should know for her age and they test at the end

	of year one, which was kind of the baseline we were given by the school erm and they agreed to retest her at the end of year 2. And by the end of year 2 which - 7 months erm she had all her age appropriate phonics So that was great and she was doing really well with her spelling.
Judy	I don't know because all these little things I'm doing clearly are not working [I: What isn't working?] R: The trying to get him to be second, to, to not think he's the most important and if someone's getting something he really doesn't have to have it too erm just trying to I don't know get him to sit back, relax, chill.
Megan	For Christmas Jodie bought a big blank canvas and drew all the characters [for Megan's daughter]. Now for Jodie that's a massive thing, because she don't connect like that.
Rachel	Yeah she plumped out, erm we have a little girl on respite that was quite thin and she plumped out as well, I do, I can do feeding, I feed quite well (laughter). Erm yeah just they, they become more interactive, they become calmer, they () you can sometimes see a more relaxed look on their face, they're happier. Erm yeah just, they'll cuddle more.
Justine	I said earlier that all you want to do is to, to bring them up to help them make the right choices in life . And I don't feel that he's anywhere near that yet.
Holly	I think at times erm It can get you down. Erm Because especially if you, you don't feel like you're sort of making the impact you want to impact, have on the child. um that can be quite difficult, it's, it's, you know, it's a fluctuation thing you know, you'll, you'll have times of um great reward and er times of sort of where you sort of feel like you're making no difference to a child and er, and that can be hard.
Emily	I think there's always positive changes . Yeah , definitely . Even the small things from like when they come and they won't sit at the table and eat, eat dinner because they've never done that, you know. And then suddenly they'll start eating with you as a family and use a knife and fork and eating the foods that you eat. That's a massive change in you know what they're used to. Being able to go to bed and feeling safe enough to go to bed. So they are just the basics , but they are basics to us, but they're big things to them . And being able to form a relationship. And it's, I think when they start to trust you a bit. then they'll relax a bit and you see a bit more of them

	3.2 *'They need more than what you can offer them'* - Accepting placement endings into our identity
Rose	-
Lesley	-
Michelle	I think if we'd had an inkling of um understanding, appreciation, attempt to support from social services . You know , we might have carried on fostering , but to say that they've got an emergency team is well, at best , stretching it, but at worst, an outright lie because the, the person on the emergency team. So we have to go through the out-of-hours team first, and for 24 hours they weren't picking up.
Judy	I'd seen where he was coming from and I'd seen that he needed help and I'm one, I'm one that,there to help no matter who it may be. You know and we just got attached to him over the years. And you know, just, loved him to bits. Wanted the best for him. Even though we'd had many punch ups with him, I've been pushed out infront of cars and ah you name it he's done it. But I, I was a bit heartbroken when he went, but he had to go because they couldn't find a school for him That would accept him and it was only this place. Why it was in [city 200 miles away] I'll never know
Megan	We've made the difference to all their lives haven't we? Even with Tim, it didn't work here. But I don't regret having him. Not at all. And I know, where he is now you don't want any child in them places, but for him it's the right thing. He went to another few carers after us. They didn't last very long. It, he's got that stability now.

Rachel	-
Justine	-
Holly	Sometimes I think, you know, unfortunately for us, towards the end of our time with Anthony, that support wasn't, wasn't there for us, when we, when we really needed it. And I'll look back at some of the things now and as, I do still think it's the right thing he moved, but I look back at some of the things now and thought 'But you didn't do this, You didn't put [INTENSIVE INTERVENTION SERVICE] in place. You didn't-'. You know, if we'd have known these things were available to us before, maybe, you know, maybe we could have still, still sustained, you know, the placement and maybe he'd feel that he could still be here and it would be the right thing for him. But I mean, that's just you know, there's all, there's regrets there probably.
Emily	Obviously you go into it wanting to look after the children and help them and then you're moving them on because you can't really do anymore with them. They need more than what you can offer them.

	3.3 '*I like the way I do it*' - Developing a fostering identity
Rose	Some of the teenagers haven't kept in touch with main carer but I am in touch with them.
Lesley	I like the way I do it. You know, I hear some kids don't stay with their foster carers because they put these rules down. They do this, they don't do that, you know and you, I think if you're gonna be a foster carer you've got to go out wholeheartedly. You know you've got to involve them in your family45 0 life. You know some don't even take them away, they take their family away don't take them away. Don't take them to family parties. You know and if you're gonna do that, you've got to do it, yeah wholeheartedly. They're, they're yours, they're part of the family and that's how it should be and I've never faltered from that. It's always been that way. I never ever asked for any help from them [agencies]. And when I wanted it I never got it. So I always managed to do things myself.
Michelle	At the end of the day there was a little seven year old who was hurting and I had to be alongside her. She couldn't, she couldn't feel like she was on her own in this house. That would have made it worse . Erm and so I took quite a bit of stick from the family. But it was what I thought was the right thing to do. Until, you know, she did move on.
Judy	Well I'm very, very strict. I've got set boundaries and I have found with the children that I've got that I can't give an inch. Because I have in the past and it's come back to bite me so I have to keep, even with the older boy I have now and the younger one. I have to keep those rigid boundaries. Otherwise I don't think any of us would know where we are.
Megan	To us it's normal. But when I talk to other carers – and sometimes I listen to what they do and I'm horrified. Really horrified. And I think I would never do that [...] Erm they ship them off to different people. We sit there and listen to 'em all arranging themselves, who's having who that weekend and that sort of thing and I think how can that child feel a part of your family? [..] I don't understand why they use respite so much, because I can't have respite from my own kids can I ? [...] so why on earth would I leave them?
Rachel	We used respite once when he was five . We had a family holiday went to Spain. and we were really pushed into it by social care , saying 'take your teenage children on holiday without John', because I'm very much, we were told when we did our 'skills to foster' 'you take the children into your home and they're part of your family while they're with you'. I take that very seriously. And if they're here, they are part of the family and they get treated as part the family and we used this respite. I was in bits. I was in absolute pieces when I left him at school, because we were going on holiday and we weren't taking him [...]If we're supposed to be foster carers and we're supposed to, this children, these children are supposed to be part of our family. Why would I do this? Why have I been talked into this ? Because it was just alien [...] And I've not used respite since.

Justine	Really you just stick with it because we're a family now. And that's, that's what you do. You don't just, you can't after all these years you can't just expect somebody else to, to pick up the pieces and sort things out for you. You just have to do it as a family. Not that there's many pieces to pick up and things to sort out really
Holly	We had to change, change our thinking into a, a way of what was going to suit that particular child. You know, it wasn't you know, we had to build up to get to the point of doing the things that we'd wanted to do with these children - of family holidays, this, that. And you know, because of what maybe they'd be able to cope with it. So, you know sort of, you know. My parents have got a caravan. Er a static caravan sort of by the sea and er in [county]. So we'd like to take them there, we'd go camping, we'd love to take them there. But suddenly you've got a child with a few more sort of issues, that are different to what you expected. So you've, you can't necessarily, and so its building up to be able to do those things to share in those experiences
Emily	If they go back home , you think was that completely wasted because they're going back to , you know , what they've come from . erm yeah , I don't know . That's, I think, my job's that moment in time you know , I mean , there they are . I'll do what I can do . Whatever decisions are made for them . That's out of my hands. So all I can do is that bit while they're with me.

Appendix 8 – Ethical approval

This has been removed from the electronic copy.

Appendix 9– Study advert

Canterbury Christ Church University

Exploring foster carers' views on 'looked-after' children's emotional wellbeing

Have you provided foster care to a child between 5-11 years old?

We are a group of researchers speaking to foster carers about 'looked-after' children's emotional wellbeing.

Would you like to be interviewed to discuss your experiences?

Interviews last no more than 1 hour and can be arranged at a convenient time and place. We will reimburse travelling expenses up to £10.

If you would like more information or think you may wish to take part, please contact our researcher:

Katie Belton: [contact details]

Appendix 10 - TOPIC GUIDE

Exploring foster carers' views on 'looked after' children's emotional wellbeing

(Demographics)

- How long have you been a foster carer? Approximately, how many children and young people have you fostered?

- Can you tell me what the ages are of the youngest and oldest children you have fostered?

- Currently, how many children are you fostering and how old are the oldest/youngest?

(Interview)

1. What, if any, emotional wellbeing/mental health needs have you observed in the children you have cared for?

    2. How did you first notice these needs?

    3. Can you talk me through any ways in which you respond to these needs?

    4. Do you feel these needs lead you to do anything differently as a foster carer than you usually would?

    5. Do you notice any challenges in responding to these needs?

    6. Do you notice any positive experiences in responding to these needs?

7. If you were giving advice to a new foster carer, what, if anything, would you tell them about providing a placement for a child with emotional/mental health needs?

8. In what ways, if at all, do you think your understanding of young people's emotional/mental health has changed during your time as a foster carer?

9. Are there other people or groups in yours or the children's lives who play a part in their emotional/mental health? (prompt: professional and non-professional)

    a. Are there specific examples of these other people/groups' involvement with children you have cared for, that you would like to tell me about?

10. We have talked about how you might provide foster care to a child with emotional wellbeing needs. What, if any, effects do you feel this experience has on you?

Appendix 11 – Participant Information Sheet

Exploring foster carers' views on the emotional wellbeing of 'looked after' children

Study Information Sheet

Hello. My name is Katie Belton and I am a trainee clinical psychologist at Canterbury Christ Church University. I am part of a research team with Dr Alex Hassett (principal lecturer at Canterbury Christ Church University) and Dr Virginia Lumsden (senior clinical psychologist with North East London NHS Foundation Trust). We are conducting a research study and would like to invite you to take part.

Before you decide whether to take part,it is important that you understand why the research is being done and what it would involve for you. Please read this sheet and feel free to ask me or another member of the study team any questions. Please also feel free to share this information sheet with other people and talk to them about your decision to take part in the study.

What is the purpose of the study?

- To find out more about the experiences of foster carers
- To learn more about foster carers' views on the emotional wellbeing of 'looked-after' children
- To understand more about how foster carers may see their role in supporting the emotional wellbeing of 'looked after' children

Why have I been invited?

You have been invited to take part in this study as we are hoping to interview foster carers about their experiences of providing foster placements to children. We are advertising this study via posters in community locations and through social services. We will be inviting up to 10 foster carers to take part in this study.

Do I have to take part?

It is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect any subsequent service you may receive from social services or Child and Adolescent Mental Health Services (CAMHS). Similarly, if you decide now not to take part in the study it will not affect any subsequent service you may receive.

What will happen to me if I take part?

If you consent to take part in the study we will agree a convenient time and place to meet for an audio-recorded interview. At the beginning of the interview I will ask you to fill in a short form giving some information about yourself and your experience as a foster carer.

During the interview I will ask questions about your experiences as a foster carer. The interview will last about 60 minutes and no longer than 90 minutes.

In order for the interview to be transcribed and analysed, interviews will be audio-recorded. Recordings will be made using a small recording device (dictaphone) which will be turned on during the interview. After the interview I will transfer the audio file to a secure computer which can only be accessed by myself and the study team. I will type up the interview and will look at this to identify themes in your interview and those of other foster carers.

If you decide during the interview that you no longer wish to take part, you are free to stop the interview at any point and withdraw. You may also decide after taking part in the interview that you would like to withdraw from the study. You are free to do this at any time in the 4 weeks following the interview. If you decide to withdraw I will destroy the audio recording and any transcript of your interview which has been made. If you inform me that you would like to withdraw after 4 weeks have passed then I will do my best to honour this, however in some cases your data may already have been included in the analysis and not be possible to remove.

Expenses and payments
You will receive up to £10 reimbursement of travel expenses for attending an interview. Please advise of the amount you will be spending on travel in advance of the interview and provide a receipt/ticket where possible.

What will I be asked to do?
You will be asked to take part in an audio-recorded research interview lasting about 60 minutes. Questions will be about your experiences as a foster carer and any thoughts you may have about the emotional wellbeing or mental health of looked-after children. You will be free not to answer or skip any question during the interview and will also be free to take a break from the interview at any time. If you decide during the interview that you would not like to take part any longer you are free to stop at any time and withdraw your information.

What are the possible disadvantages and risks of taking part?
We do not anticipate that taking part in the interview will be an upsetting experience. Some people may find however that answering the questions brings up emotions, thoughts or memories which distress them. In this event, you are free to pause the interview and talk to the interviewer about your reaction if you would like to. You would also be free to take a break from the interview or stop the interview entirely.

What are the possible benefits of taking part?
We cannot promise that the interview will have positive effects, but many people who take part in research find talking about their experiences to be a pleasant or rewarding activity. We also hope that the long-term outcomes of the research will be to develop and improve services for foster carers and looked-after children.

What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer can be addressed with the researcher during the interviewer. If you would prefer to speak to a different member of the research team or a member of university staff who is not part of the study then contact information will be provided at the end of this information sheet.

Will information from or about me from taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations however in which information would have to be shared with others, please see the description below:

- ***Confidentiality during the interview***

If we are concerned about your safety or the safety of others then we may have to break your confidentiality. The researcher will speak with the research team about this matter in the first instance. If these concerns are considered significant, your social worker and/or the social workers of any children and/or young people in your care may be contacted. Wherever possible the researcher will raise these concerns with you during the interview and inform you that the information will be passed on.

Confidentiality after the interview
Paper forms that you fill in during the interview (consent and demographics forms) will be scanned in to a secure computer drive at the earliest opportunity after your interview. The audio-recording of your interview will also be added to this drive. These files will be stored separately from any identifiable data about you and will only be able to be accessed by the research team or by official auditors of the research department in the event of a study audit. This data will be stored by the university for 10 years after the study has been completed.

After your interview your audio recording will be transcribed word for word by the researcher. At this stage any identifiable information will be changed so that this transcript is anonymous.

In the write-up of the study we may use quotes from your interview. These quotes will always be anonymised so that anyone reading a report of the study should not be able to identify you.

Complaints
If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for Katie Belton and I will get back to you as soon as possible. The other members of the study team are also available to contact via the telephone numbers at the end of this information sheet. If you remain unhappy and wish to complain formally, you can do this by contacting Dr Fergal Jones, Research Director, Salomons Centre for Applied Psychology – fergal.jones@canterbury.ac.uk, tel: 01227 927 110.

What will happen to the results of the research study?
Transcripts of all the interviews will be analysed to identify themes. These themes will be written up to form a study report and will be illustrated with anonymised quotes from interviews. The written report will form part of Katie Belton's thesis in fulfilment of a Doctorate in Clinical Psychology. Following completion of this thesis it is also intended that an academic paper describing the study will be submitted to an academic journal for publication.

At conclusion of the study participants will receive a summary of the study's findings if they would like to have this. You will be asked on the study consent form to indicate which, if any, of these reports you would like to receive.

Who is organising and funding the research?
The research is being organised and funded by Canterbury Christ Church University.

Who has reviewed the study?
This study has been reviewed and given approval by Canterbury Christ Church University Research Ethics Committee and has been approved by Essex County Council.

Contact details
If you have any questions or concerns about this study prior to deciding whether to participate or at a later date, please contact a member of the study team:

[contact details]

Thank you for taking the time to read this information sheet

Appendix 12– Consent form

Centre Number:
Study Number:
Participant Identification Number for this study:

CONSENT FORM

Study name: Exploring foster carers' views on'looked after' children's emotional wellbeing
Name of Researcher: Katie Belton

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	1
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	2
3. I understand that data collected during the study may be looked at by the lead supervisors, Dr Virginia Lumsden and Dr Alex Hassett. I give permission for these individuals to have access to my data.	3
4. I agree that my interview may be audio-recorded. As soon as possible after the interview the researcher will transfer this file to a secure computer.	4
5. I agree that anonymous quotes from my interview may be used in published reports of the study findings	5
6. At the end of the study I would like to receive the summary of study findings for participants. Please send the summary to this e-mail address:.....	6
7. I agree that the transcript of my interview (not the recording) can be used by the study team in other studies after my participation in this study (*optional*).	7
8. I agree to take part in the above study.	8

Name of Participant_____ Date_____

Signature _____

Name of Person taking consent _____ Date_____
Signature _____

Appendix 13 – Debrief sheet

Exploring foster carers' views on 'looked-after' children's emotional wellbeing

Debriefing Sheet

Thank you for taking part in the above study. Your responses are extremely helpful in helping us to understand more about the experiences of foster carers. We are very grateful for your time and participation.

If any part of the interview or study process has caused you distress, or if you find yourself feeling concerned about the interview at any time after the study, please feel free to contact myself or another member of the research team:

Katie Belton, Dr Alex Hassett, Dr Virginia Lumsden [contact details]

If you have a complaint about the study that you would like to discuss with somebody outside of the research team, please contact **Dr Fergal Jones**:

[contact details]

Some people find that taking part in research can bring up emotions, thoughts or memories they would like to discuss further. If you feel you need additional support, the Samaritans offer a free, 24 hour, confidential phone line providing emotional support. They can be contacted on: 116 123.

If you have concerns about your emotional wellbeing or mental health please make contact with your GP.

Thank you again for your time

Appendix 14 – Dissemination letter to participants

14th November 2020

Dear X,

RE: Study 'Exploring foster carers' views on 'looked-after' children's emotional wellbeing'

It was very good to meet you last year/earlier this year. I am writing to you as the study is now concluded and you indicated that you would like to be informed of the results.

9 foster carers took part in the study, representing a wide range of experience. We used a research methodology known as Interpretative Phenomenonological Analysis which seeks to reach an in-depth understanding of individuals' experiences. As you know, our focus for the study was on foster carers' experiences of working with children's emotional wellbeing and mental health. We particularly wanted to know how foster carers make sense of young people's emotional needs and the ways they relate to these needs during placements.

The analysis identified three main themes addressing the key tasks all foster carers seemed to engage in during placements: (1) 'Interpreting needs from behaviour', (2) 'Actively seeking change', (3) 'Appraising our approach'. Within each of these main themes, several 'sub-themes' were identified. The table below outlines these sub-themes.

Interpreting needs from behaviour	***'There's more than just the balloon popping'*** Identifying idiosyncrasies
	'How do I know why he does it?' Seeking to make sense
	'I wanted a diagnosis because he wasn't a naughty boy' Responding based on my hypothesis
Actively seeking change	***'In this house I tend to do the mum job'*** Communicating care through boundaries
	'They need to go back, don't they? In order to go forwards' Aiming for emotional healing
	'We are their voice' Mobilising the system
	'You can't be nasty about their parents. And I actually do think they're alright' Seeking neutrality with parents
Appraising our approach	***'Times of great reward and times where you feel like you're making no difference'*** Change is progress, no change is failure
	'They need more than what you can offer them' Accepting placement endings into our identity
	'I like the way I do it' Developing a fostering identity

Throughout interviews I was struck by the multiple ways foster carers described working with children's emotional needs, and often had explicit aims for the emotional changes they hoped children would experience during a placement. These aims often seemed guided by deeply held values about what the purpose of fostering is and principles about how a placement should be.

All participants described trying to make sense of the emotions underlying children's behaviours, or the possible historical reasons for their actions (such as past traumas). In keeping with previous research, it seemed most challenging for foster carers to stay empathic towards children when they could not understand the possible reasons for these behaviours.

Throughout interviews most foster carers spoke about trying to evaluate whether they were effectively helping their placement children or not. They described looking for objective indicators of 'success' (such as an undernourished child putting on weight), as well as more subjective indicators (such as a child appearing more relaxed). In this process of 'evaluation' it seemed that foster carers had specific ideas about what changes they could expect to see and what outcomes would be best for the child. On occasions where change was not happening however, or a child appeared 'stuck' in a certain behavioural pattern, it seemed that foster carers could interpret this as a sign they were not being effective enough. Whilst having goals for the child seemed to strongly motivate foster carers to 'do their best', it also seemed these standards could also be punishing if a child's challenges were not changing.

Several foster carers talked about their experiences of placements ending sooner than planned, due to difficulties in the relationship with the child, but also a lack of effective support from others.

Recommendations from the study include:

- Foster carers having access to sources of support for children's mental health, outside of CAMHS. Several participants mentioned the benefits of speaking with the local mental health co-ordinator to provide this.
- Professionals who support foster carers to be aware of the standards by which carers may judge their 'successes' or 'failures'. This may be particularly relevant when there are ongoing behavioural challenges, and/or experiences of placement 'breakdown'.
- Further research into the views of others' understanding of foster carers' role in mental health – such as care leavers, social services and CAMHS professionals.

Thank you again for your generous participation in the study. It is my hope that the results will be published in an academic journal. You have indicated that you would/would not like to receive a copy of this article, which I will send to you upon publication. Please do let me know if you would like to change your preference for receiving this.

I have written a presentation about the study's results to be shared with social services and foster carer support groups. This presentation of results will be fully anonymised. If I see you at one of these presentations I will not indicate that you participated in the study, unless this is something you choose to share.

With many thanks again and best wishes for the future,

Appendix 15 – End of study letter to ethics panel

December 2020

Dear Professor Callanan,

RE: Study 'Exploring foster carers' views on 'looked-after' children's emotional wellbeing'

I am writing to inform you that the above named study, carried out as part of my Major Research Project, has now concluded. Nine participants were recruited to the study, with interview transcripts analysed using Interpretative Phenomenonological Analysis.

Please find attached the summary of the study which has been provided to participants, as per the request in the ethics panel's letter of approval.

It is my intention to present the study to the relevant local authority and foster carer support groups used for recruitment, as well as writing up the study for publication in the Journal of Fostering & Adoption.

With many thanks for your support of the study and best wishes,

Katie Belton
Trainee Clinical Psychologist
Supervised by Professor Alex Hassett and Dr Virginia Lumsden

Appendix 16- Journal's notes for contributors

Adoption & Fostering - Journal's notes for contributors

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Before submitting your manuscript to *Adoption & Fostering*, please ensure you have read the Aims & Scope.

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Contributions should be both authoritative and readable. Please avoid excessive use of technical terms and explain any key words that may not be familiar to most readers.

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All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.Please supply any personal acknowledgements separately to the main text to facilitate anonymous peer review.

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Adoption & Fostering encourages authors to include a declaration of any conflicting interests and recommends you review the good practice guidelines on the SAGE Journal Author Gateway.For guidance on conflict of interest statements, please see the ICMJE recommendations here.

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3.1 Publication ethics

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