

**Patchwork Families: A Grounded Theory of How Video
Interaction Guidance Facilitates Foster-carers'
Relationships With Children in Their Care**

Jacqueline Michelle McCaffrey

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University of Essex

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Abstract:

Video Interaction Guidance (VIG) has been used with a range of different client groups to support positive interactions (Kennedy, Landor and Todd, 2011). There has been little research into how this intervention might work with foster-carers of primary school-aged children who are in Local Authority care.

Using Grounded Theory Methodology (Corbin and Strauss, 2008), interview data from 7 foster-carers of primary-school aged children who had taken part in a video-feedback intervention, VIG, was analysed. Data was collected prior to and subsequent to the intervention. The theory that developed from this analysis, The Patchwork Explanatory Model, elucidated the complexity of the lives of the foster-carers through identification of relational factors that affected effective interactions between them and the children in their care. These include; the child's attributes, foster-carer's beliefs, child behaviour, the child and carer's histories, foster-carer's capacity to reflect, other people and the foster-carer's affective state. Processes that are inherent to the delivery of VIG that are found to be important are that it is a strength-based intervention where time is given for foster-carers to micro-analyse moments of attuned interaction. The underlying mechanisms are that of conscious awareness of the foster-carer's skills and mentalisation.

Foster-carers felt validated by the intervention; their perceptions of the behaviour of the children in their care was normalised either because it had changed or was seen differently; and they reported changes in their own behaviour. An unexpected finding was that foster-carer's perceptions of trauma appeared reduced. The theoretical explanatory model created also explains different responses to the same intervention with a further underlying mechanism of self-protection. Self-protection is actively carried out by foster-carers to reduce the current and future risk of trauma or feeling

overwhelmed. It can affect the beliefs held by the foster-carer and interactions of the foster-carer and these can influence the foster-carer's ability to mentalise so that they can be less effective in their reflections of their own and the child's actions with a consequent impact on the perceived quality of the relationship.

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Chapter One: Introduction

This chapter introduces and considers the main exploratory areas of the thesis in which the research is based; the use of a video-feedback intervention (in this instance Video Interaction Guidance) to support relationships in foster-care. The rationale for the study is provided and the relevant local and national context is explored. Video Interaction Guidance (VIG) is explained with reference to its development, implementation and terminology. Two meta-analyses are shared which consider the place of this intervention alongside other video-feedback methods and interventions designed to support relationships and this subsequently forms part of the basis for the initial literature review (Chapter 2). Finally the researcher's position is provided.

1.1 Research Rationale

This research was developed following a comment by a foster-carer early on in my training as a VIG practitioner who stated that if she had this intervention earlier she did not think the foster placement she provided to a child would have broken down. This study focuses on how using a strength-based video-feedback intervention, VIG, supports the relationship between foster-carers and the children in their care and how this might work. Given that foster-carers need to provide a “stable and nurturing home” for children who do not have access to a “safe, dependable foundation from which to grow and flourish” (DfE, 2016b); there is an inherent expectation that positive relationships will be built. However Children in Care (CiC) to the Local Authority (LA) are twice as likely as their peers to be permanently excluded; are less likely to achieve at expected levels as their Key Stage 2 peers; and more likely to have a special educational need identified particularly within the classification of social, emotional and mental health needs (Department for Education, 2016a). Children looked after by the LA have higher rates of mental health needs than their peers (McAuley and Davis, 2009) and long-term health needs (Felitti et al, 1998). Foster-carers are therefore charged with supporting vulnerable children and young people

who are more likely to find forming and sustaining relationships problematic.

Development of a greater understanding of how an intervention such as VIG works with this group could further enhance the implementation of strength-based video-feedback interventions with this population. It is however crucial to place this study within the national and local context including the context of Educational Psychology Service (EPS) delivery (Educational Psychologists such as the researcher can provide such services) so that the study is understood within a broader perspective and this is the focus of the next section.

1.1.1 National and Local Context

Under the Children Act 1989, a child is legally defined as ‘looked after’ by a LA if he or she:

- Is provided with accommodation for a continuous period for more than 24 hours;
- Is subject to a care order; or
- Is subject to a placement order.

Children who have been taken into the care of the LA will, in the majority, have experienced loss and disruption, as well as potentially significant levels of abuse and inappropriate care (DfE, 2015). Nationally 61% of children in 2015 were looked after by LAs because of abuse or neglect. The second largest reason for children to be provided with care from a LA was as a result of family dysfunction. Within the study Shire¹ LA, 1870 children were in care to the LA (DfE, 2015). Most children who were in care to LA were placed in foster-care. In 2015, nationally 52050 children were placed in foster placements (75% of the total number in England) (DfE, 2015) and within Shire similar rates were in foster-care (74%).

¹ Shire – used to provide anonymity for the LA as well as for the children and carers within this study

There is a hope and an expectation that children and foster-carers will form “warm and caring relationships” that will “nurture attachment and create a sense of belonging” during their time in care (National Institute of Clinical Excellence (NICE), 2015b, p.14). Their histories could lead children to behave in ways that elicit responses from their carers that might produce interactions that enter the ‘No-Cycle’²; within this cycle children and carers do not respond in an attuned manner to each other’s overtures for interaction. This has the potential to put a strain on relationships and increase the likelihood of the placement breaking down or becoming troubled. Of the children who were in care in March 2015 in the United Kingdom 67% had one placement during the year, 23% had 2 placements and 10% had three or more placements (DfE, 2015). These statistics underscore the vulnerability of some placements and the lack of stability of care for a significant proportion of those who are CiC and the importance of finding impactful interventions so that placements do not breakdown.

1.1.2 Local Practices

VIG was introduced to me as part of a package of Continuing Professional Development (CPD) that supported the broadening of Educational Psychologists’ skills. The EPS was keen to establish and publicise evidence-informed practice they were involved in particularly with the shift to traded services which could be purchased by various commissioners. Within this model of service delivery was ‘core discretionary’ work for children and young people who were considered to be particularly vulnerable. Core discretionary work was considered part of the statutory provision of the LA that supported targeted groups of children and young people and therefore costs were met by the LA and not schools or other settings directly.

² Yes-cycle – A pattern of interaction where positive/ attuned communications and emotions are initiated, exchanged and maintained and conversely a ‘no-cycle’ where initiations (verbal and non-verbal) are not received or responded to in an attuned manner (Kennedy, Landor & Todd, 2011, p. 294).

Within the Shire where this study was carried out, children who were considered to be particularly vulnerable were able to access core discretionary time from the EPS. CiC were identified as part of this group. This piece of research therefore fell under the umbrella of core discretionary work, commissioned by the LA with a view to help facilitate an understanding of the underlying features of video-feedback interventions such as VIG and the considerations with regard to potential and impact of use with a group of children and young people who were recognised to be highly vulnerable.

1.2 Use of Video to promote change

The use of video as a tool for intervention has been developed to some extent in line with its availability and cost. From its earliest uses in therapy and to support interventions with different client groups its uses have been appreciated (Alger and Hogan, 1969).

Alger and Hogan (1969) wrote that,

“The playback of videotape recordings made during a therapy session provides a new therapeutic tool. Participants begin to grasp better the context and complexities of human interactions.”

(p.86)

They recognised that, “no-one can be present in a situation and perceive, much less remember, all the complexities of behaviour (p.86).” Alger and Hogan (1969) saw the value of the use of video in supporting the therapist with understanding interactions within the context of therapy and the fallibility of recall and bias. The advantage of viewing oneself through video rather than as a mirror image was that the person watching was no longer able to influence the behaviour they were observing and therefore the viewer and the therapist became equal partners and it was stated that when “a person observes something for himself rather than having it “pointed out” to him, he more readily integrates his new awareness without the feeling of being

“directed” to do so by someone else” (Alger and Hogan, p.87). This would seem to suggest that something happens to the viewer when video was watched but what was not clear was how this was achieved; including the role of the therapist and how active they were in the reviewing of the video.

In the 1980's Biemans (1990) developed a video home-training treatment programme which provided an intensive form of home-based intervention as an alternative to placement away from home for children with severe social development problems in the Netherlands. Central to this intervention was the analysis of the interaction between the family members, the therapist and the family and during the therapist's supervision. The attractiveness of the use of video within this context for the families was that they were given a way of seeing what others said they needed to do to improve their interactions with their children. The parents could also see in an objective fashion their progress by comparing earlier and later recordings.

Biemans (1990) noted that families that were fluent in their communication had children who constantly took the initiative³ in order to progress their development. The children were spontaneous, dynamic, active and talkative. The parents constantly guided the communication in the family and received the child's initiatives in a way that enhanced their communication. Guidance was given in the following ways:

- The initiative was received
- It was built on by the group
- An opinion was given, in accordance with the rules of discussion

He also described what he called ‘social problems’ through descriptions of negative reactions that led to the previously mentioned ‘no-cycle’ of behaviours. The table

³ Initiative – A communication (verbal or non-verbal) which begins an interaction or introduces a new ‘topic’ into the interaction (Kennedy, Landor & Todd, 2011, p.291)

below highlights those relational behaviours that make effective interactions more difficult.

Negative Reactions	No-Series
Turning away Looking away	Being inattentive
Not smiling Unfriendly tone of voice Shaking the head Unpleasant facial expressions	Not 'tuning in'
Remaining silent, or screaming Correcting Saying no	Not conversing
Everyone talking at once	Not taking turns
Not asking for or giving help	Not being co-operative
Not giving guidance	Not joining in

Table 1: No-cycle behaviours (Beimans, 1980, p.3)

These negative reactions were reframed within the VIG community⁴ to attuned interactions (Appendix 1) and form the basis for VIG intervention. The focus within VIG is the interaction between the adult and the child, the shared space between them, rather than the attributes of each.

1.3 What is VIG?

VIG is generally carried out with adults who have a concern about their interactions with others, often a child or children. Adults are supported to see how their responses, thoughts and feelings affect the child and their communications. The intervention therefore focuses on the interaction between people rather than ascribing blame or a deficit within a person. During the intervention a client is facilitated to reflect (on film that has been edited) their own successful interactions with another or others during a shared review. The focus is to support developing a better

⁴ Within the United Kingdom this is known as the Association of Video Interaction Guidance (AVIG UK)

understanding of how their responses affect the interaction (Kennedy, 2011). In the glossary of the first book about VIG, it is described as:

“An intervention to help clients move from discordant to attuned⁵ communication by supporting them to reflect through dialogue on the micro-analysis of video clips of their own successful interactions.”

(Kennedy, Landor and Todd, 2011, p.294)

VIG was described by NICE (2013b) as a behavioural approach which supported change through dyadic treatment when developing guidance on the attachment and related therapeutic needs of looked-after children and children adopted from care. In another NICE document (2013a), VIG was depicted as a specific social-communication psychosocial intervention for the core features of autism that would enhance joint attention, engagement and reciprocal communication in the child or young person.

Fukkink (2008) split the ‘video-feedback family programs’ (p.2) into two possible different approaches; behaviour orientated programmes which included interactive or sensitivity training where the interaction was the focus of attention and a psychotherapeutic approach where the representations of the mother were the initial focus of the intervention. In both approaches the interaction between the child and the parent was considered and he acknowledged that some programmes combined both approaches. The focus of VIG within the variety of video-feedback programmes would be behaviour orientated; that is supporting interaction and sensitivity of the adult/ client to effect change. There are a number of programmes that support the

⁵ Attune- to adjust or accustom something to be receptive or responsive to something else (Encarta Dictionary: English (UK))

Attuned response – A response to an initiative showing sensitivity and positive acceptance and which keeps the interaction moving (attuned interaction) towards the yes-cycle. (Kennedy, Landor and Todd, 2011, p 290).

interaction of adults and children primarily derived from research with parents and infants. A brief overview of this has been provided within Chapter 2, Literature Review.

The terminology used within VIG is explained below to help clarify and support a shared understanding of the wording used. The person who facilitates the client to micro-analyse film is called the Video Interaction Guider (shortened throughout this research to 'guider'). During the shared review the guider activates and engages the client in a strength-based process of change within relationships through micro-analysis of edited film footage and the modelling and sharing of the principles of attuned interaction.

The guider takes film footage of a parent and child doing something together and then this footage is edited for moments of attuned interaction. This edited film is shared in a review (shared review) with the parent and how those attuned moments were achieved are explored together to create new understandings and meanings.

VIG enables the client to become aware of their skills through microanalysis of attuned moments. The guider's skill is to facilitate the client to become conscious of how he or she is making a positive difference to the interaction; to make explicit how their behaviour affects the child's response. The guider has to balance scaffolding⁶ and activating the client; rather than telling the client what is happening and consequently what they should then do. When a client is scaffolded, the guider might provide higher levels of support so that they can engage with the material, whilst when the client is activated, the guider would encourage the client to share more of their ideas, take risks and lead the interaction. VIG therefore provides a clear method for sharing film with clients so that they are actively engaged in the process. For this

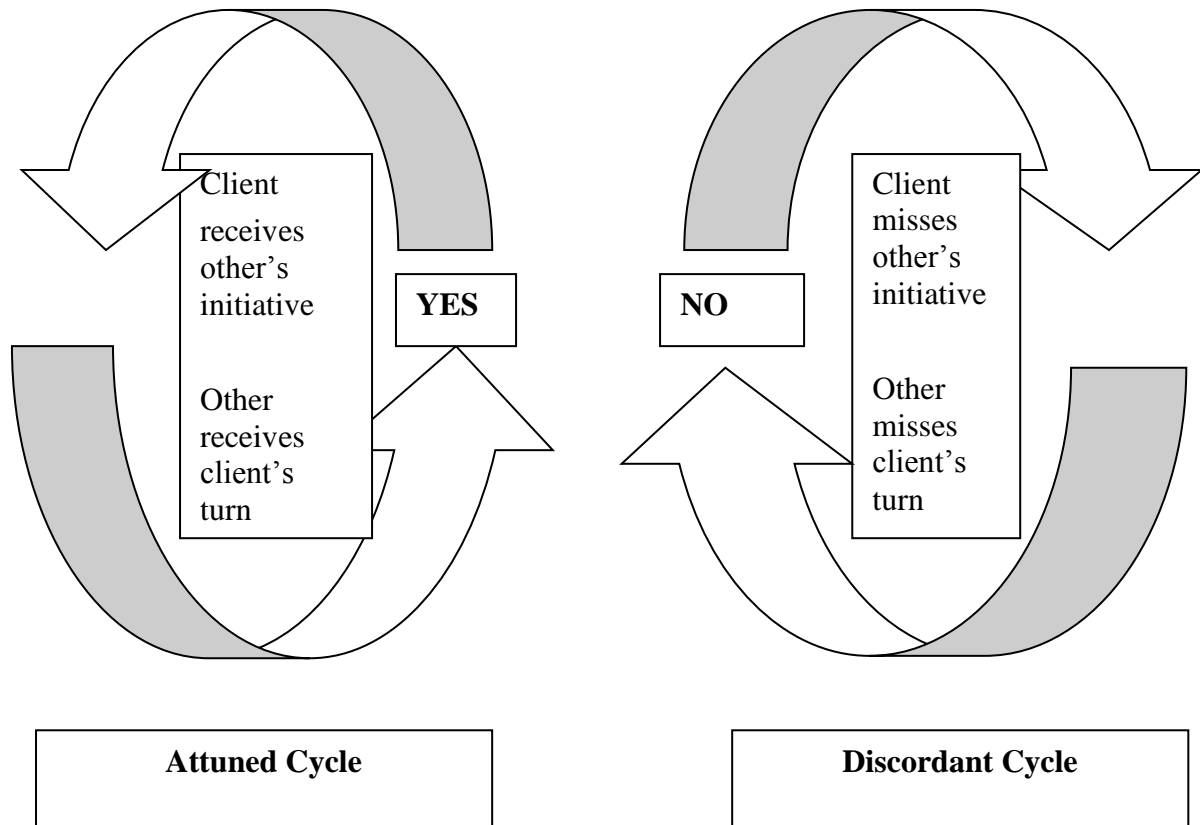
⁶ Scaffolding – based on Bruner's concept of how skilled individuals provide structure and assistance to 'scaffold' or assist novices' learning (Kennedy, Landor and Todd, 2011, p.292)

study, foster-carers are supported to notice what they are doing to support attuned interactions with their foster-child.

VIG is an intervention that aims to improve effective communication where it occurs naturally, building on each individual's unique and effective style (Kennedy, 2011, p.22). Where and when filming takes place is negotiated with the client and could be 'stage managed' so that there is increased likelihood of finding positive and effective interactions. This might mean that a preferred activity or game is filmed in the first session and subsequently in later sessions; the situations that are filmed might usually be those that enter the 'No-Cycle.' The filming could be therefore an exception, patterns of interaction that would not usually occur within that context.

Often when effective communication has broken down, people might give up making initiatives which results in either little contact, or one or both making strong discordant initiatives that are either ignored or responded to in the 'no-cycle'. The clips that are selected show the client and other in the 'yes-cycle' at an emotional and cognitive level. For those at a time of crisis or when the relationship is troubled, these clips could be seen as positive exceptions; an opportunity for the client to notice a time when things could be different. The focus of the intervention is not to teach clients to interact better, rather to learn through seeing moments of their attuned responses in the 'yes-cycle'.

Figure 1 describes how the client or the other receiving the initiatives promotes attuned interactions whereas missing initiatives creates a discordant cycle.



(Adapted from Kennedy, 2011, p.24)

Figure 1: The Yes-No Cycle

During an initial consultation a 'helping question' is generated. A helping question is a statement of what the client hopes VIG would help them achieve. VIG approaches the difficulty flexibly so that the problem area does not directly need to be tackled. The stated problem for the adult might be that the child never listens to them, so the helping question might be; what does the adult need to do that enables the child to listen? This changes the focus of the intervention from within child to one that enhances the interaction.

Guiders go through a rigorous staged training programme that involves the development of technical skills with regards to taking and editing film; how best to engage with clients; reflection on the skills of the clients and one's own skills to enhance double loop learning⁷. The pattern of learning for the guider reflects the experience and learning of the client and in turn this is repeated by the person supervising the guider. The same skills and principles that underpin the interaction between the guider and the client are developed in the guider and the supervisor. Each person brings their own unique experiences, perspectives and skills and these are valued and reflected in the interactions experienced. Within this study, the carers bring with them their knowledge of the child, their experience, histories and patterns of interaction and these are the focus of the intervention; during the clip selection and the shared reviews.

1.4 The Effectiveness of Video-feedback Interventions

Video has been used to support parents to see their impact with their child and hence shift and /or change their perceptions and attributions about their child and to examine patterns of behaviour that have been established (Kennedy et al, 2011). The opportunity of witnessing their own positive moments of attunement means that 'parents may discover discrepancies between the image they have of themselves or their child and the images they now see of themselves and their child' (Fukkink, 2008, p.913). The use of video-feedback methods has been shown not only to be effective in increasing parents' sensitivity, as measured with standardized measures, but can also affect different parental skills, like stimulation and intrusiveness. Furthermore, meta-analysis showed that video-feedback is also effective in the attitude domain, or,

⁷ Learning occurs when a match between intentions and actuality is produced for the first time. The match is genuinely new to the actors producing it. Learning also occurs when actors detect and correct mismatches or errors. Single-loop learning occurs when the mismatch is corrected by changing the actions. Double-loop learning occurs when the underlying governing values or master programs are changed which, in turn, leads to changes in action (Argyris,1996,p79).

more specifically in reducing parental stress and increasing parents' self-confidence (Fukkink, 2008).

The evidence base for the effectiveness of increasing numbers of different video-feedback programmes and interventions to support families who are experiencing challenges with regard to the relationships within them is increasing (Moss et al (2014); VIPP⁸-SD, 'Minding the Baby' and 'Attachment and Bio-behavioural Catch-up' have been recognised nationally and federally as evidence-based interventions and therefore attract governmental funding (See Appendix 14 for a brief synopsis of different video based interventions). VIG and video-feedback methods have been recognised by NICE as interventions to support children with autism (2013a), infants and pre-school children (2012) and to support attachment (2015b).

In a meta-analysis focusing on the effectiveness of video-feedback methods with parents, Fukkink (2008) found that programmes of shorter duration were more effective. This was in line with a previous meta-analysis by Bakermans-Kranenburg et al (2003) which concluded that, "Less is More" however Fukkink amended this to a "Short but Powerful (p.10)" hypothesis. Conversely, Wright et al (2015) in a subsequent review of the cost-effectiveness and effectiveness of early intervention programmes for parents whose children showed signs of developing severe attachment problems found that longer interventions were needed to change attachment classification. The Wright et al (2015) analysis included a range of programmes that targeted attachment including video-feedback programmes. Wright et al (2015) did not find any difference between programmes that used video-feedback and those that did not. VIG was not one of the interventions included in their review.

⁸The Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) is a preventive intervention aimed at increasing sensitivity and improving discipline strategies of caregivers in order to encourage positive interaction between caregiver and child, and to prevent or reduce behavioural problems in children aged 1 to 5 years.

Where the stated intervention focused on improving maternal sensitivity and attunement there was a large effect size. The focus of the Wright analysis was the outcome for the children (infants or toddlers), the child's psychological morbidity and not that of the parents. There would appear to be a risk that the complexity of lived lives and experiences of families were either missed or not taken into consideration and this might have impacted on the results found. Fukkink (2008) argued that the effectiveness of intervention for children was not as great if the parents were from 'high risk' groups, including those who were depressed, those living in poverty and who were single parents.

Fukkink (2008) concluded that the use of video-feedback within programmes provided dual support for improved interaction skills between a parent and a child which consequently created better outcomes for their child's development. What was not clear from this analysis was whether video-feedback was the particular element that supported change or other factors within the programme that did this; like social support for parents. He argued therefore that future analysis with parents construed as high risk should include evaluation of ecological variables and consider parent – child factors, parental and family factors as this might further clarify other necessary interventions for families with complex multi-dimensional needs.

Considerable effort within the Wright et al (2015) analysis was spent clarifying what was meant by attachment problems, with authors and clinicians reporting different constructs, measured in different ways necessitated by developmental behavioural and cognitive presentations. The young people included in their study either had severe attachment problems or were at risk of having severe attachment difficulties because of a history of maltreatment. My study explores the factors that are important to foster-carers when they talk about their relationships with foster-children. How these factors change following VIG could provide new avenues of research and potentially

direct researchers to consider other measures of effectiveness that ultimately lead to enhanced positive relationships.

1.5 Researcher's Position

As an EP, I have been interested in the application and potential impact of VIG since initially training in the method in 2008. This work has expanded my practice considerably and challenged previously held views particularly with regard to the theory of attachment. The joy of being involved with VIG has been the ongoing opportunity to discover and reconsider concepts and ideas especially the reciprocal nature of interactions and attachment theory. It has fundamentally changed how I think about what is going on within different contexts and situations in my professional life.

I have developed a particular interest in working with people who are finding effective communication difficult and a keen interest in developing an understanding of the needs of CiC to the LA. I was curious as to whether an intervention that was developed to support parents and their infants could effectively be applied to children and their foster-carers. Within my practice this would seem to be an effective technique and this research provided an opportunity to explore these phenomena further particularly with regard to CiC and the adults who work with them.

1.6 Purpose of Research

Being a foster-carer is a complex and difficult task. Foster-carers need to form relationships with children who may present in ways that illicit the 'no-cycle' (Stovall & Dozier, 2000; Zeanah & Smyke, 2005; Dozier et al, 2001). Each brings their own unique experiences, perspectives and patterns of behaviour. Within the context of a LA considering how video-feedback interventions might work with building positive

relationships in foster-care, this study uses Grounded Theory (GT) to uncover a potential theoretical perspective on mechanisms⁹ that might be involved in changing or affecting relationship factors¹⁰ between long-term foster-carers and foster-children following VIG. This thesis develops an explanatory theoretical model of the underlying mechanisms which could also be further explored and tested in future research.

In order to explore with an open mind what the possible relationship factors are and the mechanisms that are at play when VIG is used, Grounded Theory (GT) has been chosen as the method of analysis and theory development. GT is “the discovery of theory from the data – systematically obtained and analysed in social research” (Glaser and Strauss, 1967, p.1).

VIG research is in its infancy. As yet there have been no large scale randomised control studies within the United Kingdom on its efficacy, particularly with school-aged children, although efficacy has been shown with specific populations particularly parents and infants, from which the technique was, originally derived (Kennedy, Landor and Todd, 2011). The mechanisms underlying this intervention therefore have yet to be fully ascertained, and researchers and practitioners have put forward a range of theories to explain how VIG works, which are discussed in the first literature review.

The structure of this study and resulting thesis has been influenced and determined by the use of GT; predominately the inclusion of a second literature review which is incorporated into the discussion. The next chapter provides a description of how

⁹Mechanisms describe what it is about programmes and interventions that bring about any effects (Pawson and Tilly, 2009)

¹⁰ Factors – aspects of the foster-carer’s relationship with children in their care that the carer perceives influences their interactions (as discerned through qualitative analysis and in line with Corbin and Strauss (2008) definition of category (p.159))

relationships have been conceptualised in the literature between parents and their children, namely through the phenomena of attachment, sensitive parenting and commitment. Subsequently a systematic review of the literature evaluates the application of video-feedback methods with foster-carers. This positions the research questions in the context of developing parent (and foster-carer) child relationships positively through video-feedback intervention. The methodology chapter goes on to provide the ontological and epistemological stance taken and explains how the study was carried out including how the analysis of the data (semi-structured interviews) using GT methodology was carried out. The findings follow thereafter; the tentative findings are illustrated and supported by examples from the transcripts exemplifying and supporting the explanatory model that has been developed. A second systematic literature search and review is carried out to engage the emergent findings and related theory with the literature (Urquhart, 2103, p.169) and the resulting information and the tentative findings are considered together in the discussion. Finally the thesis ends with a conclusion section that draws the study together through a consideration of how the research questions have been addressed; this includes reference to the emerging theoretical perspectives the study has afforded.

Chapter 2: Literature Review

The previous chapter briefly contextualised this study within national and local expectations with regard to enhancing relationships between foster-children and foster-carers and the consideration of how video-feedback interventions such as VIG might work with this group. The aim is to carry out a study that uses Grounded Theory Methodology to gain an improved theoretical perspective with regard to relationship factors between long-term foster-carers and their foster-children and the mechanisms that might be relevant during video-feedback interventions, in this case, VIG. This would enable any special considerations or enhancements related to improving potential application with this group to be implemented in the future. The benefits of VIG have been highlighted in Chapter 1; namely that it is a strength-based intervention that supports interaction where it happens naturally. The effectiveness of the video-feedback interventions reviewed has been varied (Fukkink, 2008; Wright et al, 2015) and in part this could be explained by the different measures and constructs that were used to assess the quality of the relationships within the research that has been carried out.

This chapter initially describes some of the constructs, initially drawing on seminal texts that have been used to conceptualise and assess relationships; primarily through an understanding of attachment theory, sensitive parenting and commitment. These are important as they form the basis of our understanding of relationships (attachment theory and sensitive parenting) and more particularly for children in care, commitment (Cassidy and Shaver, 2008). In addition ideas about the importance of reflection within relationships are shared as this is a key task within VIG; being able think about each person's behaviour, thoughts and feelings and the impact that these have on the relationship.

Subsequently, the chapter moves to an initial systematic review of the literature; presenting a critical review of the research so as to provide information about the effectiveness of video-feedback methods with parents and a gap in the literature that this study attempts to address. It is recognised by grounded theorists that a literature review before the study occurs is necessary but this review should not be done in such a way to ‘derail an emerging theory’ (Nathaniel, 2006, p.40). Within this study a ‘non-committal literature review¹¹’ (Urquhart, 2013) is carried out which focuses upon video-feedback methods and foster-carers which allows the researcher to approach aspects of analysis e.g. coding with “an open mind, not an empty head” (Dey, 1993, p.63). A second literature review was subsequently carried out following the findings and this is placed in Chapter 5, Discussion and Second Literature Review, as an integral part of the further analysis and discussion.

2.1 Attachment Theory, Sensitivity and Commitment

The aim of much of the work with video-feedback interventions has been to enhance attachment. The theory of attachment is described below to provide some context for the drive to enhance skills within this area particularly within the context of CiC.

Other linked concepts are explored; namely sensitivity and commitment as these are integral to the thesis and considered throughout. This section has been adapted from unpublished previous doctoral work (McCaffrey, 2010).

2.1.1 Attachment Theory

Bowlby defined attachment as a 'lasting psychological connectedness between human beings,' (1969, p.194) and attachment behaviour as “seeking and maintaining proximity to another individual” (1969, p.194). Attachment Theory was developed by John Bowlby (1969) bringing together research from a range of disciplines;

¹¹ Non-committal literature review – A useful mechanism for those using GTM – the idea that the literature review should be non-committal and the emerging theory will determine the relevance of the literature. Especially useful for dissertation students who don’t have the option of not doing a literature review (Urquhart, 2013, p193).

developmental psychology, cognitive science, evolutionary biology, ethology and control systems theory, which from an evolutionary perspective increased survival rates as a youngster acted to increase proximity to his or her carer. This could be in the form of the carer moving towards the baby when the child cries or smiles or the child moving towards the carer as he or she becomes increasingly mobile. The adult acted to create a secure base from which the child could explore. Given that the child would seek proximity to their caregiver at times to regulate emotion, the act of seeking proximity also supported the child to manage arousal and stress should the child be responded to sensitively.

“Patterns of interaction are built out of a history of bids and responses within the dyad, and these patterns of interaction, rather than individual behaviours, reveal the underlying character of the relationship.”

(Weinfield, Sroufre, Egeland & Carlson, 2008, p.79)

Bowlby (1969) explored the idea of representations which he proposed were generated by organisms to manage the environment and within self, organismic. He argued that an individual needed not only knowledge of the world, but also knowledge of his own capabilities, behavioural skills and potentialities. The representations of the environment, because of its complexity, concentrated on aspects of the situation that were most relevant for the individual to achieve their goals. At an organismic level, Bowlby proposed that individual brains provided more or less elaborate models by conducting small scale experiments. These enabled the generation and testing of working models. An effective working model needed to be in accordance with the available data as well as extend to cover potential realities which would make them more accurate in their predictions and have greater application. Individuals needed to have environmental and organismic models that needed to be kept up to date and be modified by new information.

Reflection, it was suggested, occurred when processes were involved in building models, revising or extending them, checking for internal consistency or drawing on them to make a novel plan to reach a goal. Bowlby argued that although it was not always necessary for these processes to be conscious, it would probably be necessary that they were at times.

“How these models are built up and thenceforward bias perception and evaluation, how adequate and effective for planning they become, how valid or distorted as representations they are, and what conditions help or hinder their development, all these are matters of great consequence for understanding the different ways in which attachment behaviour becomes organised as children grow older. “

(Bowlby, 1969, p.354)

Therefore the model that was created affected how the person experienced and interpreted the world with a consequent impact on the behaviour exhibited. These representational, testable and flexible models that were generated were called Internal Working Models (IWM).

Ainsworth et al (1978) further developed Bowlby's ideas and created classifications following the development of the 'Strange Situation' and she proposed three attachment categories; securely attached, anxious-avoidant and anxious-ambivalent/resistant. These were added to with a fourth category of disorganised-disoriented by Main and Solomon (1990). Each of these categories reflected patterns of behaviours observed when a mother left and re-entered a room, the entry of a stranger and her child's response.

Children who were securely attached were observed to use their mother as a secure base for exploration. When separated from his or her mother, the child showed signs of missing his or her parent and when reunited with his or her mother, actively greeted

their parent. If the child was upset, once comforted, the child would once again explore the environment. Children who were classed as avoidant would explore readily, show minimal displays of distress when left alone and actively avoided the parent. Children who were classified as ambivalent/ resistant showed visible distress when the parent entered the room or were overly passive and they also failed to engage in exploration. When separated from their parent, the child showed distress and when reunited might alternate between contact with angry rejection and tantrums or seemed too passive or too upset and generally failed to find comfort in the parent (Ainsworth et al, 1978). Those children who were classed as disorganised or disorientated appeared to lack observable goals, intention or explanation (Main and Solomon, 1990).

2.1.2 How does such information shape our understanding of the behaviour of children who have not experienced or developed secure attachments with at least one significant caregiver?

Children who experienced carers who were responsive and available at times of need, and who were sensitive and emotionally attuned were likely to be classified as securely attached. This group of children would develop IWMs of themselves as being loved and worthy of that love and a view that others were interested and understood them. Children in secure attachment relationships differed from children in insecure attachment relationships with respect to their ability to use the caregiver as a 'haven of safety' and as a 'secure base' while exploring their environment (Ainsworth et al, 1978; and Main and Solomon, 1990).

Children who were insecurely attached did not always behave in ways that would elicit attachment type behaviours from caregivers. For instance children who were avoidant, like children who would be classified as secure, would look at a neutral face and avoid a negative face but unlike children who were securely attached, would also avoid a positive face (Beebe and Lachmann, 1998). The impact on interaction

between the adult and the child when the adult was initiating an interaction positively and this was apparently rejected by the child could lead to negative cycle of reinforcement; the 'No-Cycle' was entered.

Children who had disorganised attachment were described by Moore (2010) as having relationships that were 'tightly and rigidly connected' and therefore very organised. Within traumatic relationships the child and parent responded consistently and constantly at a micro level; modifying their responses moment by moment in response to the other. Fogel (1992, p.404) had a description of interactive regulation, which he termed 'co-regulation'; all behaviour was unfolding in the individual whilst simultaneously modifying and being modified by the changing behaviour of the partner.

Attachment is a two way process. The behaviour of one affects the reciprocal behaviour of the other. When foster-carers are developing relationships with foster-children this could have a significant impact on the behaviour that was observed. Dozier (2005) suggested that children in foster-care adapted by becoming 'warily self-reliant', reluctant to trust in the availability of new foster-carers. Foster-carers, who it would be anticipated would provide nurturing care to distressed children, responded to children's avoidant behaviour as if they were not needed and to their resistant ways in a manner that tended to be angry. Children brought with them patterns of responding that would have previously been adaptive in the situation they were in but within a different context, they could be ill-equipped to take advantage of good-quality, loving and responsive substitute care. Children and adults move into the 'no-cycle.' This study explores how VIG moves foster-carers towards the 'yes-cycle.'

2.1.3 Sensitive Parenting

‘Maternal sensitivity is defined as the ability to respond appropriately and promptly to the signals of the infant. It appears to be an important condition for the development of attachment security’ (De Wolff & van IJzendoorn, 1997, p.584). Sensitive caregivers both accurately perceive children’s emotional signals that govern their proximity-seeking behaviour and respond in an appropriate and contingent manner. Additionally Juffer et al (2008) extended exploration in terms of enabling and discovery of the effects of his or her own behaviour.

The aim of the intervention (VIG) within this study is to support foster-carers to become more sensitive to a foster-child’s initiatives and in doing so support their relationship through reflection of their behaviour, feelings and emotions. By looking at the mechanisms underpinning any changes that might occur, there is the possibility of adding to the avenues for further research.

2.1.4 Commitment

This study considers the foster-carer’s perspective and ideas derived from the concept of commitment are therefore considered relevant. Dozier and Lindhiem (2006) considered the concept of commitment from foster-carers towards foster-children. They defined commitment as “the extent to which the caregiver is motivated to have an enduring relationship with a particular child” (p.340). Commitment as a concept varied from attachment. Dozier (2005) argued that the Strange Situation assessed a child’s expectation of how a parent might respond when he or she was distressed and the patterns of interaction that had been built up over time through previous experience. Generally commitment would be taken for granted but Dozier proposed that “commitment is critically important under conditions where it varies. Indeed we suggest that a child’s assumptions of commitment are more fundamental to attachment than expectations regarding a caregiver’s likely response to distress” (p.29). A highly committed foster-carer would maintain the relationship regardless

of the cost to them; they accept the child, invest emotionally in the relationship and are aware of influence of their relationship now and for the future.

Dozier and Lindhiem (2006) and Ponciano (2010) found that foster-carers who have had multiple foster-children and where children were older when placed with them were less likely to feel committed to those in their care. Ponciano (2010) attributed this difference to foster-carers achieving the goal of becoming a successful carer. Both Dozier and Lindhiem (2006) and Ponciano (2010) speculated that experienced foster-carers experiences of loss from previous placements then acted to protect themselves from future loss with the consequence of committing less to foster-children. Dozier and Lindhiem (2006) found an inverse relationship between commitment and foster-carer experience for young children (under 5 years old) and therefore recommended that for young children less experience might be preferable. Bates and Dozier (1998) developed a semi-structured interview, This Is My Baby (TIMB), to assess the level of commitment of foster-carers. Children who experienced greater levels of commitment from their foster-carers were more likely to be adopted or remain with foster-carers long-term. It is therefore important to be able to develop and encourage commitment in foster-carers for successful and enduring placements. Dozier and Lindhiem (2006) adapted TIMB to This is My Child. Both versions use the same series of questions and are scored in the same way.

In an email exchange between Dozier and myself, when asked why commitment as a concept had not been taken forward more in relation to foster-carers she responded that it was a relatively new concept, that there was that much research with foster parents and that attachment was a measure with a deep and rich history of research.

Commitment as a construct was based on the commitment of the foster-carer rather than attachment which is construed as a two way process. The onus would be on the foster-carer to show commitment to the child, rather than attachment which

potentially required the child to show attachment behaviours as well as the adult. Commitment could clearly be affected by attachment issues for the adult and the child as well as other factors.

2.2 Reflection and Relationships

Within a shared review, participants are guided to reflect on what has occurred during an interaction; to recall what was happening to them, behaviourally, emotionally and cognitively. Once this had been understood and shared, the participant is asked to explore from the other's perspective. This can only be done through imagining what another might be thinking and feeling at a particular moment. It requires a theory of mind, that is, an understanding that someone else has different feelings, knowledge, beliefs and sensations to your own. The following short section provides a brief overview regarding how different researchers have conceptualised this thinking and the terminology linked with it.

Vrouva, Target and Ensink (2012) called reflective function, metacognition, theory of mind, mindreading, mindfulness, psychological mindedness, social or emotional intelligence, affect consciousness, perspective taking and empathy 'conceptual cousins'. They conceptualised reflective functioning as a:

“Demonstration of the capacity and propensity to consider both internal states (such as thoughts, beliefs and desires) and interpersonal processes in thinking about oneself and close relationships. In essence, reflective functioning is an operationalization for measuring the psychological function of mentalization, which organises the experience of one's own and other's behaviour in terms of mental state constructs.”

(p.55)

Reflective functioning (RF) therefore provided an insight into the capacity for mentalisation; being able to see the world from different perspectives and acting upon it.

Fonagy and Allison (2012) describe mentalisation as the ability to infer and represent other people's mental states and that it also requires us to understand our own mental experiences particularly in situations that are emotionally charged. They argue that this ability to mentalise is vital for self-organisation and affect regulation. This active process is generally carried out without effort or consciousness and enables someone to see themselves as another might or view themselves from a distance as well as view the world from another's perspective. This attitude and skill allows one to understand mental states and relate to one's feelings and understanding of connectedness with appropriate feelings and behaviour.

States of mind refer to the caregiver's representational presentation following the administration of a clinical interview like the Adult Attachment Interview.

Individuals who are coherent in their discussion with regard to sharing of relationship issues are described as autonomous. Others who do not value attachment experiences are classed as having dismissing states of mind and others who had difficulty staying on topic within the interview are classed as preoccupied. The latter two classifications are grouped and called non-autonomous states of mind.

“Individuals who are coherent, valuing, open and reflective in their verbal conceptualization of attachment-related experiences are classified as having an autonomous state of mind with regard to attachment.”

(Bick et al, 2012, p. 440)

The function of dismissing of emotions may:

“Serve as a protective function for the foster mother.”

(Bates & Dozier, 2002, p.429)

Dismissing mothers also are not ready to engage with and acknowledge the feelings of their children.

2.2.1 Increasing RF and Mentalisation with Foster-carers

Dozier and Sepulveda (2004) described how the manualised program that they had developed, might be adapted to support carers who were categorised with different autonomous states. The skill of the intervener with the carer was ensuring that appropriate focus and reflection was supported within the context of the programme and that a flexible delivery was desirable.

“By becoming aware of their own reactions, parents can respond to children in a less automatic fashion, providing nurturance even if this is not what is elicited from them. It is possible that we are helping parents to become more “mindful” of their children and, in so doing, may indirectly affect parents’ state of mind. Our primary intention, though, is to affect parental behaviours, and thus eventually the internal working models of the children.”

(Dozier et al, 2005. p313)

Bunday et al (2015) measured RF with long-term therapeutic foster-carers with the Parent Development Interview and found that specific aspects of reflection that might be most pertinent for carers with this population of children and young people were uncommon. Foster-carers showed limited developmental, systemic and attachment-based thinking. Foster-carers with lower RF found it difficult to understand CiC and their behaviour whilst those with higher RF were more able to go beyond the behaviour and work out what the child’s motivations and intentions might be. They proposed that there are two discrete domains; foster-carers are able to reflect on themselves and a foster-child, but could do this at different levels which suggest that

one is not necessarily a prerequisite for the other. Therefore interventions need to support both self-reflection and reflection from the child's perspective.

2.3 Details of the Systematic Literature Search

This part of the literature review adopts a systematic approach adapted from Petticrew and Roberts (2006) identified in Table 2.

1	Define a review question
2	Identify databases and decide how these will be supplemented with other searchable sources
3	Develop a combination of free text and thesaurus terms and carry out literature search
4	Screen studies to ensure that they fit the scope of the reviewing explicit inclusion criteria
5	Describe studies for mapping and for synthesis
6	Synthesis of study findings

Table 2: Process of Systematic Approach to Literature Searches

My initial Review Question was:

What evidence is there that video-feedback methods have a positive effect on foster-carer/ child interaction? This proved to be too specific and yielded limited results so consequently was amended to include parents. Literature searches were carried out using a number of electronic databases, individual journals and direct involvement with resources related to VIG and related areas. All searches were undertaken by this researcher by 30 July 2016. To identify relevant studies, electronic databases (See Appendix 2 Table 6) were searched using combinations of terms (See Appendix 2 for Table 7 of Search Terms).

The initial screening generated 100 possible studies using the terms Video Interaction Guidance or Video-feedback with articles that were peer reviewed and included subjects within the childhood range (birth to 12 years). Combining other items in the search reduced the number of results to 0. Consequently the 100 articles were visually inspected and relevant articles were included by looking at titles and

abstracts; 29 studies were included on the basis of relevance. Further hand searches were carried out. The British Psychological Society produced a Special Issue about Video Interaction Guidance (2014). This edition shared how VIG had been implemented and used in Scotland by Psychology Services and colleagues.

These studies were then analysed more closely to determine which would be included within the in-depth review. The focus of the intervention was based upon use of video-feedback to support interaction between the adult and child rather than the parent's mental health. 17 studies were identified as meeting the criteria for further in-depth analysis according to the review question. This information is summarised in tabular form. (See Appendix 3 for Table 9 Summary of Study's Outcomes in Initial Literature Review.) Of the 17 studies included for detailed analysis there are several general observations that would limit the usefulness of any of the studies:

- Assessment tools and consequently outcomes measured or commented upon varied and there was not a consistent measurement tool for an agreed concept that was developmentally robust: Hoffenkamp et al (2015) used Parental Sensitivity; Van Andel et al (2012), Negrão et al (2014); Juffer et al (2005) and Høivik et al (2015) used Biringen's Emotional Availability Scales; Yagmur et al (2014), Moss et al (2011), Van Zeijl et al (2006) and Lawrence et al (2013) used the Child Behaviour Checklist; Moss et al (2011) used the Pre-school Attachment Classification System; Klein-Velderman et al (2006) used the Adult Attachment Interview; Pereira et al (2014) used Harsh Discipline; Kennedy et al (2010) use the CARE Index and Juffer et al (2005) and Bernard et al (2012) used the Strange Situation Procedure whilst Feltham-King (2010), Osterman et al (2010) and Doria et al (2014) qualitative analysis techniques on parental interviews
- Much of the research has been carried out in the Netherlands (6 out of 17 studies)(Hoffenkamp et al (2015); Yagmur et al (2014); Klein-Velderman et

al (2006); Juffer et al (2005); Van Andel et al (2012); Van Zeijl et al (2006), and two studies in Portugal (Pereira et al (2014); Negrão et al (2014))

- studies focused upon supporting adoptive parents (Van Andel et al (2012); Osterman et al (2010); Feltham-King (2010))

Three of the studies made explicit use of VIG as the video-feedback intervention (Feltham-King (2010); Kennedy et al (2010); Doria et al (2014)). To ascertain the relevance, significance, value and quality of the literature for this study, a further analysis of the 17 research papers was carried out using The Weight of Evidence Tool from the EPPI-Centre (Gough, 2007).

Three criteria were used in order make it possible to make a judgment about the quality and relevance of each of the studies to the research in a transparent way.

A: This is a generic and non-review specific judgment about the coherence and integrity of the evidence in its own terms.

B: Appropriateness of the research design and analysis used for answering the review question that is the fitness for purpose of that form of evidence.

C: Relevance of the topic focus (from the sample, measures, scenario, or other indicator of the focus of the study) to the review question and would include other issues like ethical considerations.

D: An overall weight, taking into account the above criteria

(Gough, 2007)

Thirteen of the studies were included for further consideration within the literature review as the overall weight for each was medium or above (See Appendix 5 for details).

2.4 Findings from the Systematic Literature Review

Two of the studies chosen (Feltham-King, 2010; Osterman et al, 2010) considered the application of video-feedback interventions and the impact that they had on the participants. Each of these studies was exploratory and small scale and focused on prospective adopters of pre-schoolers (Feltham-King, 2010) and parents who had recently adopted young children (Osterman et al, 2010). The outcomes of these small scale projects were generally positive. Parents found the experience reassuring (Feltham-King, 2010) and felt calmer and were more secure in their parenting and this allowed them to trust their parenting skills (Osterman et al, 2010). Participants became more aware of their child's verbal and non-verbal signals and how to receive them as well as being able to follow their interests in play. Additionally within the Feltham-King (2010) study being able to focus on the positive aspects of interaction as well as being able to share concerns with an external professional to the adoption process, an educational psychologist, in a non-judgemental way was valued. The timing of when video-feedback interventions were offered was considered within both studies. Osterman et al (2010) noted that the intervention was of sufficient length and met the parent's needs. However Feltham-King (2010) acknowledged that for some parents this intervention was offered at a demanding time of considerable change when adoption proceedings were in process and this might have an effect on the perceived benefits.

The issue of informed consent was also considered (Feltham-King, 2010). From the information in the evaluation feedback and participant selection, it was not clear whether this was fully informed consent. Given the pressures on prospective adopters to do what was needed to become adoptive parents, it could have been perceived as a hurdle to jump. These small sample studies provided an insight into the application of interventions in the real world and how professionals supporting

parents might need to respond to the complexities of people's lives in order to implement any such intervention.

The effectiveness of different interventions as shown in the literature has been mixed. Expected and hoped for gains particularly with regards to attachment status of young children did not appear to have consistently been found. Moss et al (2011) found that following a short intervention, 8 weekly visits, children between one and five years old showed greater attachment security, a reduction in disorganisation and parents showed greater sensitivity (small to medium effect sizes were achieved). Older children showed lower levels of internalising and externalising problems. In another study, Bernard et al (2012) found that children showed lower rates of disorganised attachment (medium effect size), when parent's frightening or frightened behaviour was targeted. Both these studies used and focused generally on noting sensitive behaviours from the parents including proximity seeking, exploration and emotional attunement.

In another study with adopted infants, Juffer et al (2005), there were again increases in maternal responsiveness and a reduction in continuous disorganised ratings of attachment (medium to high effect size). Two studies that used the same group of families, Negrão et al (2014) and Pereira et al (2014) found that VIPP-SD had positive effects on parenting and child behaviour and were effective when parents perceived themselves to be under stress. Conversely, Klein Velderman et al (2006) found that VIPP had a medium effect size on increasing maternal sensitivity but attachment security did not differ across the different conditions whilst Høivik et al (2015) found that Marte Meo, a video-feedback intervention had limited impact on well-functioning dyads where the parent showed appropriate levels of sensitivity and therefore suggested that it was not suitable as a broadly preventative intervention.

The explicit use of VIG was used in two control group studies, Kennedy et al (2010) and Hoffenkamp et al (2015). Both of these studies targeted vulnerable infants. In the Hoffenkamp et al study, three VIG cycles were carried out within the first week of life of pre-term infant's lives and it was found that some of the effects were not sustained. It was noted that those mothers who had the most traumatic births benefited most from the intervention. In a small study, Kennedy et al (2010) found that there was a medium effect size with parents being considered 'good enough' on measures within the CARE-Index (Crittenden, 1997-2004) in a residential setting for parents where Court orders had been given as a result of Child Protection concerns.

Doria et al (2014) contributed to the understanding of the factors that might explain the effectiveness of VIG by exploring the explanations of those who directly were involved with the intervention and had different roles within it through transcripts of shared reviews, interviews and focus groups. The participants included five families, VIG professionals and VIG supervisors. The families involved were considered vulnerable on the basis of issues associated with substance misuse and mental health. The explanatory model developed is shown below (p.8).

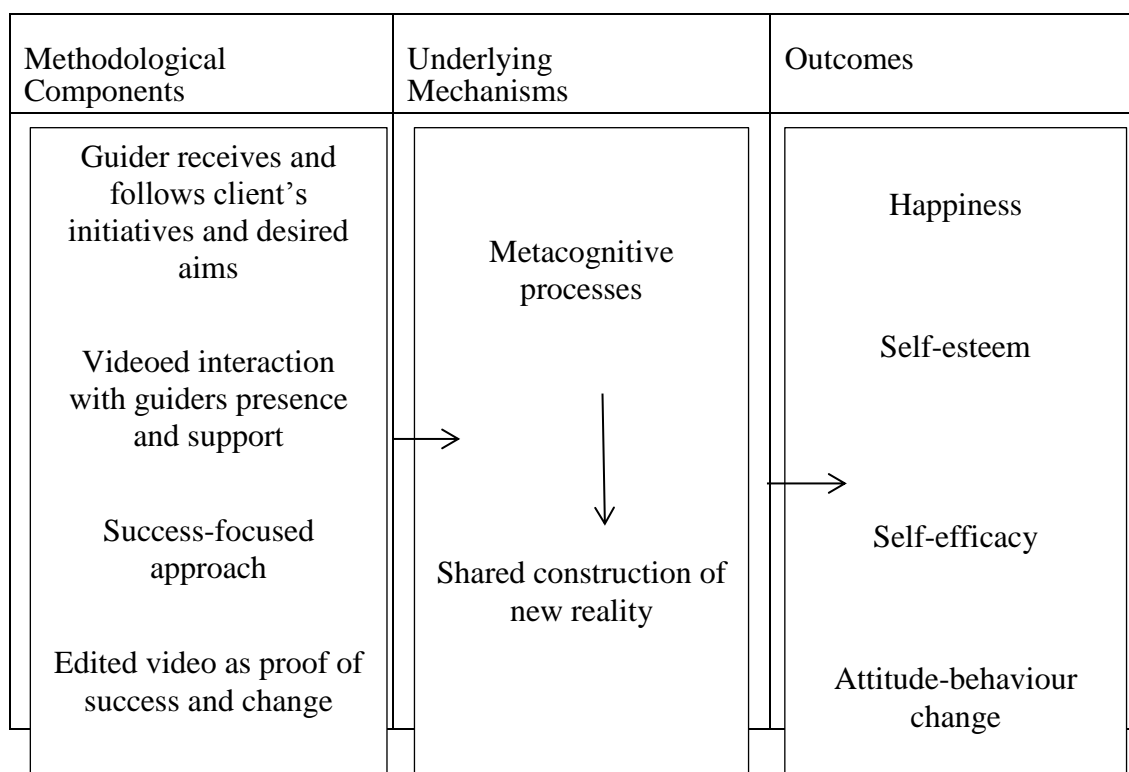


Figure 2: Explanatory Model of How VIG Works with Families in a Therapeutic Setting

The underlying mechanisms described two components. The metacognitive processes included the challenges to the parents' perception of the family's interactions and the consequent thinking and reflection by the parents of their thoughts and emotions and the thoughts and emotions of the child. The tension created through this cognitive dissonance¹² (Festinger, 1957) created a context in which it was difficult to deny observed behaviours that were inconsistent with the parents' view of reality. The challenge to held beliefs had the potential to change attitudes and behaviour shown by the parent. It was acknowledged that there was no evidence for testing the 'dissonance-induced' mechanism within the literature (Doria et al, 2014, p.9). The second identified underlying mechanism was the shared construction of a new reality. Two theoretical models were posited; social constructivism (Vygotsky, 1962) and partnership models of family intervention (Davis and Day, 2010), to support the

¹² Cognitive Dissonance- a state of psychological conflict or anxiety resulting from a contradiction between a person's simultaneously held beliefs and attitudes (Encarta Dictionary: English (UK))

generation of constructing new realities for the family through ongoing facilitation of the guider. This work provided an initial contribution to the understanding of why and how VIG might work within a context of family psychotherapy. It brought together a range of participants to develop an explanatory model.

2.5 Conclusion

This review of the current literature based upon the question: "What evidence is there that video-feedback methods have a positive effect on foster-carer/child interaction?" would suggest that video-feedback interventions aimed at supporting relationships were generally effective although as previously stated, the lack of consistent measures makes comparisons of effectiveness more difficult. There have been no large scale randomised control trials (RCT) using VIG within Britain and there has been limited research with school-age children and their parents and more particularly those within long-term foster-care. Measures of effectiveness varied and were in line with Wright et al's (2015) findings. Each study brought with it the possibility of change for parents and carers using video-feedback interventions although the focus has been on younger children, up to 5 years old. The use of video-feedback interventions has been argued to be less effective with older children and therefore it might be anticipated that VIG might not elicit any changes for foster-carers of school-aged children (Moss, 2011).

Different studies identified different potential mechanisms for change. Osterman et al (2010) linked changes to seeing but more importantly to observing the positive impact of attuned responses with the child. Feltham-King (2010) noted the complexity of the lives of prospective adopters and the benefit of taking a non-judgemental stance with clients. VIG has a structured framework that aims to develop the interaction skills of all participants. The mechanisms for its effectiveness have been proposed by using measures that might identify pre-determined factors and one study, Doria et al (2014),

developed an explanatory model through the application of Grounded Theory within the context of a clinic.

NICE (2015) in their review of literature of effective attachment interventions recommended VIG for pre-school children. This was based upon the available evidence which found limited high quality RCTs and consequently recommended further research to investigate appropriate screening tools as well as attachment-focused interventions which could possibly include outcome measures of attachment, parental sensitivity, placement disruption, educational performance or behavioural problems. The paucity of research for school-aged children and for particular populations has been noted and commented upon within this review.

My study therefore focuses on the perceptions of foster-carers of primary-aged children and uses an inductive method, Grounded Theory Methodology (GTM), to explore changes for foster-carers and child relationships, through a video-feedback intervention, VIG, that have not yet been identified through research, thus contributing to the filling of a gap in the current literature and knowledge base. It also explores underlying mechanisms at play when VIG is used with a specific population; foster-carers of primary school-aged children; to create an explanatory theoretical model through the development of a Grounded Theory. This study also aims to inform future research direction, for example, so that possible screening tools might capture as yet unidentified areas of relationship change and test and refine an explanatory model.

2.6 The Research Questions

Emerging from the identified contextual issues relating to expectations for positive foster-carer/child relationships and the analysis of relational factors in the literature and the knowledge gaps in this area, this study seeks to identify some key relationship factors existing between long-term foster-carers and foster-children and investigate

how these might change following VIG and further contribute to our greater understanding of the mechanisms that relate to this. The research questions which have emerged to shape my study are:

What are the factors that foster-carers identify when they talk about their relationship with children in their care that might affect their interactions?

What are the potential mechanisms underlying changes in foster-carer's perceptions of these factors within their relationships with foster-children over the course of a video-feedback intervention, such as VIG?

In relation to the second question, this study seeks to discover through the application of GT, an explanatory theoretical model in relation to the underlying mechanisms. The next chapter describes how the study was carried out in order to generate data to answer the research questions above.

Chapter 3: Methodological Considerations

3.1 Introduction

This chapter describes the ontological, epistemological and methodological approaches taken within this research. The previous chapter outlined the research questions that are answered in this thesis and the literature review set out the knowledge gap that this study seeks to address; namely identifying the theoretical perspective for mechanisms underlying any changes in what foster-carers say about their relationship with primary-aged foster-children following a video-feedback intervention, VIG.

Semi-structured interviews were carried out with foster-carers and were analysed based upon Grounded Theory Methodology (GTM) so that an emerging theory could be developed based upon the data. Open-ended semi-structured Interviews were carried out before and after VIG so that changes could be explored. Following an exploration of the methodology of GT, the methods used within this study are shared. Researcher bias, ethics and planned deviations from the classic model for GT of Corbin and Strauss (2008) are also clarified.

3.1.1 Ontology¹³ and Epistemology¹⁴

The ontological position taken in this research is that there is a reality that exists separate from human practices and understandings but that which is known is partial

¹³ Ontology: refers to the study of being, and is concerned with the state/nature of the world with questions of what exists, and what relationship exists between the world and our human understandings and interpretations of the world (p.330)

¹⁴ Epistemology: a theory of knowledge, which determines what counts as valid or accepted knowledge; and therefore how do we go about obtaining or producing that knowledge (p.333)

and dependent on the context and knowledge base of the time (critical realism). The epistemological stance taken is that:

“We construct reality as we interact with both the physical and mental aspects of it. Our perspective on reality, therefore is partial, fallible, and subject to revision. Our construction of reality influences our actions and thereby, recursively, has consequences for reality in both its physical and mental aspects”

(Bazeley, 2013, p.21).

3.1.2 Critical Realism

Critical Realism (Archer, Bhaskar, Collier, Lawson, & Norrie, 2013) is positioned between a positivist view of science and constructivist approaches. Its conception by Bhaskar (1975) and subsequent development by others has added to the debate regarding the nature of science (Harré, 2009), how applied scientific enquiry should proceed within educational psychology (Matthews, 2003) and be evaluated within social contexts (Pawson & Tilley, 2004). Critical Realism assumes that there is a reality but the way that it is experienced and interpreted is affected by contextual factors, such as history, culture, language and political factors and biases (Sayer and Sayer, 2000). The positivist view of science is that knowledge is based upon facts which are observable or gained from direct experience. A constructivist perspective would be that meaning is socially constructed between people and therefore there is no shared objective reality. Conversely a positivist would separate facts from values and science would be value free.

Within critical realism there is the belief that there is a world independent of our knowledge; at variance with positivist views that reduces knowledge to that which can be empirically observed and measured and those of constructivists who would posit the world is our knowledge of it. Critical realism accepts the epistemic relativity (knowledge is local and historical) but not judgemental relativity (that all viewpoints

must be equally valid). Applying this perspective to this thesis it is argued that from a critical realist perspective the outcome (*improved relationships with others*) of an action, (*setting up of a video-feedback intervention*) follows from underlying mechanisms (*metacognitive processes/ shared construction of reality*) within a context (*long-term foster-carers of primary-aged children*). This study thus focuses on uncovering the mechanisms that are operating when VIG (action) is used with long-term foster-carers and foster-children. Since VIG sets to challenge and reconstruct how carers see their interactions with their child by viewing film and with guidance, to create or understand reality differently whilst also trying to uncover potentially as yet unknown mechanisms, the stance taken here is that critical realism is appropriate. Parents are supported to notice what is really happening during micro-analysis of their interactions and see the impact of their actions on another. This fits with a view that there is an objective yet context-related reality that can be shared and how it is perceived is affected by contextual factors.

3.2 Methodology

Within this section an examination of the issues and methodology regarding the use of Grounded Theory (GT) is carried out followed by a rationale for bringing together GT and Critical Realism. The chosen methodology of GT is shared (Corbin and Strauss, 2008) and how this is applied within this research.

3.2.1 Grounded Theory

GT was developed by Glaser and Strauss in 1967 as a way of countering the prevailing dichotomy of the time between quantitative methodology and qualitative research and “closing the embarrassing gap between theory and empirical research,” (Glaser and Strauss, 1967, Preface). The aim was to provide a methodology for generating theory from the data of social research. The strategy proposed was “a general method of comparative analysis” (p.1). It was acknowledged that this technique could be used by anyone who was interested in studying social phenomena including education particularly if the study was based upon qualitative data. They

emphasised that the theory would come from the data otherwise the theory generated and the empirical world would mismatch.

GT describes both how to generate a theory as well as the theory generated. This has the potential to be confusing and therefore to clarify within this research, where possible, the distinction between the two will be made clear. Subsequent to the original development of GT researchers have elaborated and explicitly linked their methodology to different approaches. Glaser maintained a view that theory would emerge through the use of inductive methods to generate a GT from abstraction of concepts by the researcher:

“The product will be transcending abstraction, NOT accurate description. The product, a GT, will be an abstraction from the time, the distortion by humans trying to get an accurate description to solve the worrisome accuracy problem. Abstraction frees the researcher from data worry and data doubts, and puts the focus on concepts that fit and are relevant.”

(Glaser, 2012, p.28)

Strauss further developed GT methodology to include procedures as to how to develop a GT.

“The procedures of grounded theory are designed to develop a well-integrated set of concepts that provide a thorough theoretical explanation of social phenomena under study. A grounded theory should explain as well as describe. It may also implicitly give some degree of predictability, but only with regard to specific conditions.”

(Corbin & Strauss, 1990, p.5)

These later writings and further explanations of the original formulation of GT provide insight into the different perspectives and orientations of the authors; Glaser’s position deriving from a positivist standpoint and Strauss from Pragmatism and

Symbolic Interactionism. For Glaser the purpose of the use of GT was to develop a theory, to provide an explanation of the particular social situation under scrutiny but for Strauss this methodology could also be useful “to researchers who are interested in thick and rich description, concept analysis or simply pulling out themes” (Corbin and Strauss 2008, p.xi). Bryant and Charmaz (2012) argued that GT “afforded a balance between reason and relativism, aiming to have an impact on practice and action within the substantive area: Something that also lies at the heart of many aspects of psychological research and practice” (p.43).

GT “has proved particularly attractive in novel and applied fields where pre-existing theories are often hard to come by” (Robson, 2011, p.147) and this would seem to be the case for this research. The benefits of using GT have been commented on by a number of researchers including Robson (2011) and El Hussein et al (2014). The stated benefits included explicit procedures for generating theory, generating and analysing data systematically. The flexible approach allowed creativity and provided rich data with depth. Potential disadvantages included the multiple approaches to GT, limited generalisability and the process of coding can be ‘exhaustive’ (El Hussain et al, p.5-6); so that when coding, researchers could be inundated and lose sight of the emerging themes and ideas. One of the greatest pitfalls would appear that it was not possible to carry out any research without some existing knowledge and the use of the inductive method was one of the key tenets of the method. Glaser and Strauss (1967) acknowledged that the researcher did not approach reality as tabula rasa but that the researcher would have a perspective that would help to determine relevant data and abstract significant categories¹⁵ (p.3).

¹⁵ Categories – higher order concepts under which analysts group lower-level concepts according to shared properties. Categories are sometimes referred to as themes. They represent relevant phenomena and enable the analyst to reduce and combine the data (Corbin and Strauss, 2008, p.159). Within this thesis the term ‘factor’ is used in line with the Research Questions when describing findings rather than the term category.

3.2.2 Why Grounded Theory is used

The use of constant comparison within the analysis of a number of relationship focused semi-structured interviews before and after an intervention, VIG, provided the basis to explore and generate a theory as to possible factors that were acting before and following the intervention and the mechanisms underlying any changes that occurred.

“The nature of causality in social programmes is such that any synthesis of evidence on whether they work will need to investigate how they work. This requires unearthing information on mechanisms, contexts and outcomes. The central quest is to understand the conditions of programme efficacy and this will involve the synthesis in investigating for whom, in what circumstances, and in what respects a family of programmes work.”

(Pawson, 2006, p.25)

GT provided a methodology for analysing the data, the interviews; so that effective analysis could be carried out enabling the use of data to build a “comprehensive, contextualised, and integrated understanding or theoretical model of what had been found, with an argument drawn from across the data that establishes the conclusions drawn” (Bazeley, 2013, p.191).

The analysis of interviews prior to and following the intervention created an opportunity to unearth factors within foster-carers’ lives and relationships with foster-children before and after VIG. Uncovering the mechanisms allowed a model to be generated for this population and provide an explanation of how VIG works.

3.2.3 Marrying Epistemology, Ontology and Methodology Together: Critical Realism Meets Grounded Theory

Robson (2011, p.150) stated:

“It is clear that there is not basic incompatibility between taking a realist view and using grounded theory. Grounded theory offers guidelines for building conceptual frameworks specifying the relationships among categories. If the guidelines are used as flexible tools rather than rigid rules, grounded theory gives researchers a broad method with distinct procedures that work in practice.”

(Hallberg, 2006).

Interestingly in Hallberg’s concluding remarks (2006), he placed each of the different models of GT methodology within an historical context, commenting that each reflected the thinking of their time. He viewed this renewal (changing methodology and theoretical basis) as an indication that this research approach has the, “capacity to manage the complex and continuously changing social world” (p.148). This would seem to be congruent with Glaser and Strauss’s intention to bring together different research paradigms in a meaningful way with an explicit accountable methodology reflective of the time.

The overall point that I want to make here is that philosophical stances and assumptions, like theories, are lenses through which we view the world. These lenses are essential for our understanding, but the views they provide are fallible and incomplete, and we need multiple lenses to attain more valid, adequate, in-depth knowledge of the phenomena we study.

(Maxwell, 2011, p.29)

The lens through which this research was carried out was within the ontology and epistemology provided by critical realism. The methodology is that of GT (Corbin and Strauss, 2008). This study explores what foster-carers say about their relationship with a long-term foster-child (factors) and how this changes during or following the intervention of VIG. It explores the underlying mechanisms that bring about any changes.

3.3 Research Methods

3.3.1 Participants

Foster-carers were selected on the basis of caring for foster-children of primary school-age, that is, between Year R (Reception) to Year 6 (year before leaving the primary phase) and living within the local area (a purposive¹⁶ sample). The children were identified through being raised for discussion during school-based consultation or through my seeking interest from foster-carers directly. The foster-child's Care Plan would have stated that the placement was long-term.

According to Patton (1990), the “logic and power of purposeful sampling lies in selecting information-rich cases for studying depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful sampling” (p.169). The participants within this study were therefore selected on the basis that they could provide rich descriptions of the phenomena within this study (Coyne, 1997); how VIG changed long-term foster-carers' verbalised perceptions of their relationships with primary-aged children and the underlying mechanisms involved.

The size of the sample was determined by Patton's observation;

What you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resources.

(Patton, 2002, p.244)

¹⁶ Purposive Sampling / Purposeful Sampling – The principle of selection in purposive sampling is the researcher's judgement as to typicality or interest. (adapted from Robson, 2011, p275).

This description of the size of the sample recognises the reality of research whilst making clear the need for clarity of purpose. Additionally sample size is argued to be more about saturation than representation; that is; have enough interviews been carried for a thorough understanding of the phenomenon to be developed? For saturation to occur key ideas, codes, reoccur and no novel codes¹⁷ are uncovered within the data (Hodges, 2011).

The number of foster-carers involved in this study was 7 and they completed a total of 12 interviews. Novel codes were not being generated during analysis of the final interview and therefore saturation was considered to have been reached. These foster-carers and the children they cared for provided a broad range of contexts and data was gathered over a 30 month period. (See Appendix 7 for further details of the characteristics of the foster-carers and foster-children.)

3.3.2 Demographic Characteristics

The initial sample of five foster-carers was purposive; selected from a specific population using criteria as follows:

1. Child/ren had been in their care for more than a year
2. The plan was for the child/ren to remain long-term
3. Children were of primary school-age

The two remaining foster-carers selected provided contrast to the initial population. This enabled concepts to be examined from different perspectives in order that significant properties could be highlighted; the ‘flip-flop¹⁸’ technique (Hoare, Mills and Francis, 2012). Different perspectives were provided by:

¹⁷ Coding – deriving and developing concepts from the data (Corbin and Strauss, 2008, p.65)

¹⁸ “Flip-flopping consists of turning a concept “inside out” or “upside down” to obtain a different perspectiveone looks at an opposite or extreme range of a concept to bring out its significant properties” (Corbin and Strauss, 2008, p.79)

- A foster-carer who was preparing for long-term placement to end as the plan was for adoption elsewhere (criteria 2 was not used)
- A new placement where the plan was for the placement to be long-term (criteria 1 was not used)

This allowed a better understanding of the target population; foster-carers of primary-aged children where the plan was for long-term placement. Comparison with these ‘negative cases’ allows for important differences to be revealed and key to achieving validity in qualitative analysis (Morse, 2015). The phenomena in this research included the possible effect on relationships of a specific intervention, VIG, with a targeted group (long –term foster-carers of primary-aged children) and how the intervention changed foster-carers’ verbalised perceptions on this and underlying mechanisms involved.

3.3.3 How participants were engaged and informed consent gained

In the first instance foster-carers were contacted to seek their verbal consent and potential interest in being involved in the study. Understandably some foster-carers did not want to participate because of the need for video-recording. Others, who initially agreed, did not feel able to take it further because of external factors like family illness. More often the concerns raised by foster-carers were regarding the possible impact of another professional at a time of change, not wanting the child to feel different and circumstantial changes or perceived stressors that might make any change or additional intervention difficult. Within this category, two of the children were going to be spending their first Christmas away from their biological parents’ home, another child was in the midst of assessment for potential diagnosis and other children were receiving alternative interventions.

The consent from the foster-carers was sought first, prior to seeking consent from the linked social worker involved, so that the consent was fully informed and not in any way coerced. Previous experience would suggest that those in positions of power can

readily agree for others to be filmed and those people filmed therefore can feel pressured to participate. Foster-carers initially verbally agreed to the intervention and the study. Signed consent following agreement from the social worker and again during the initial filmed interview was obtained. If the adults or child did not agree to VIG, this would not necessarily stop my involvement with the child and a different intervention would be offered (See Figure 2). The child's consent was gained with the foster-carer present to provide reassurance and so that any concerns could be dealt with directly.

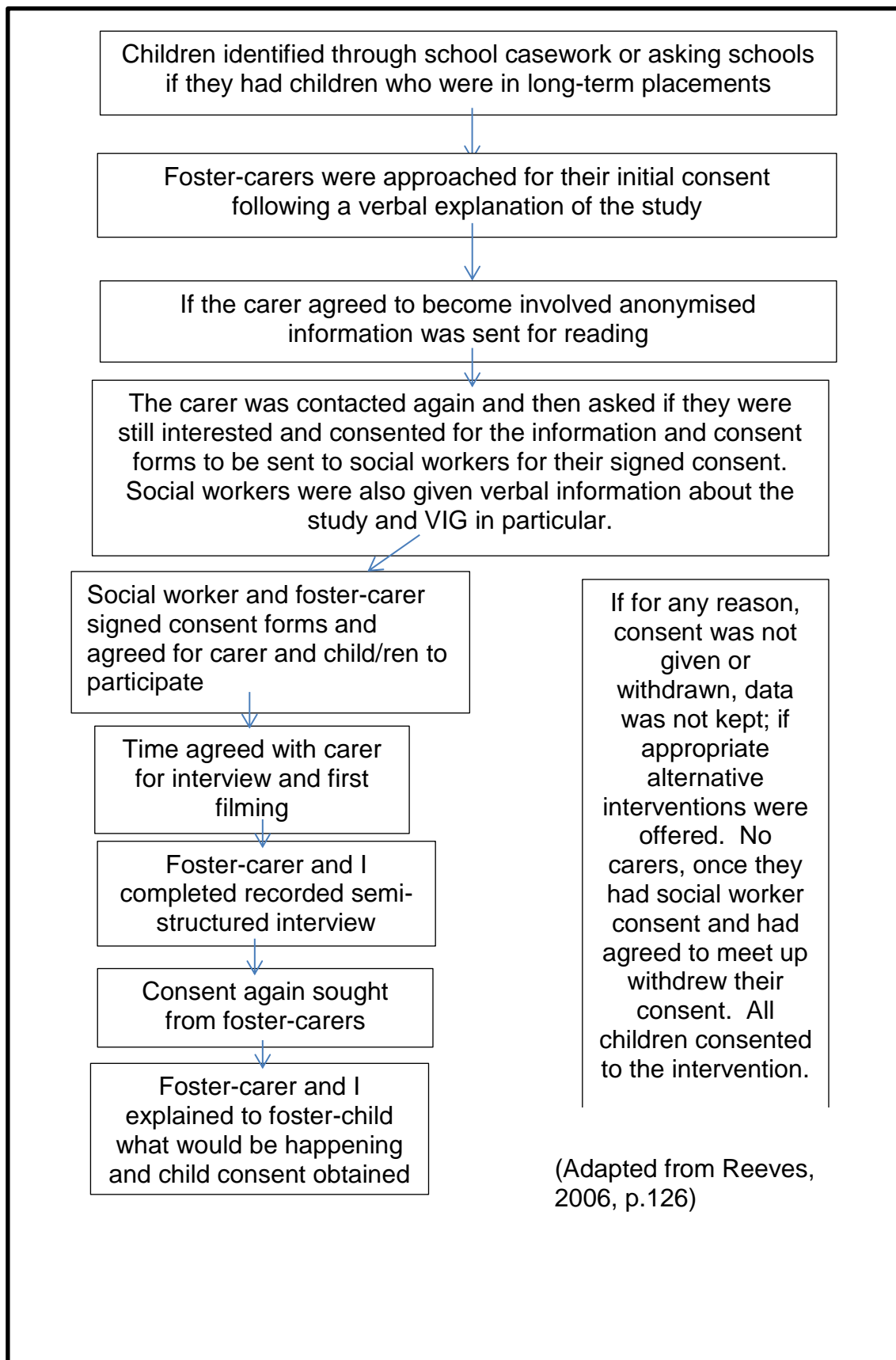


Figure 3: How participants were engaged and consent gained

3.3.4 How the Interviews were carried out

The interviews were carried out before and after the VIG intervention using the semi-structured interviews with the foster-carers. The intervention, VIG, was confidential and consent was not sought to analyse this information as part of the study. I therefore wanted to keep the fidelity of VIG; including enabling carers to discuss aspects that they did not want shared, confidential.

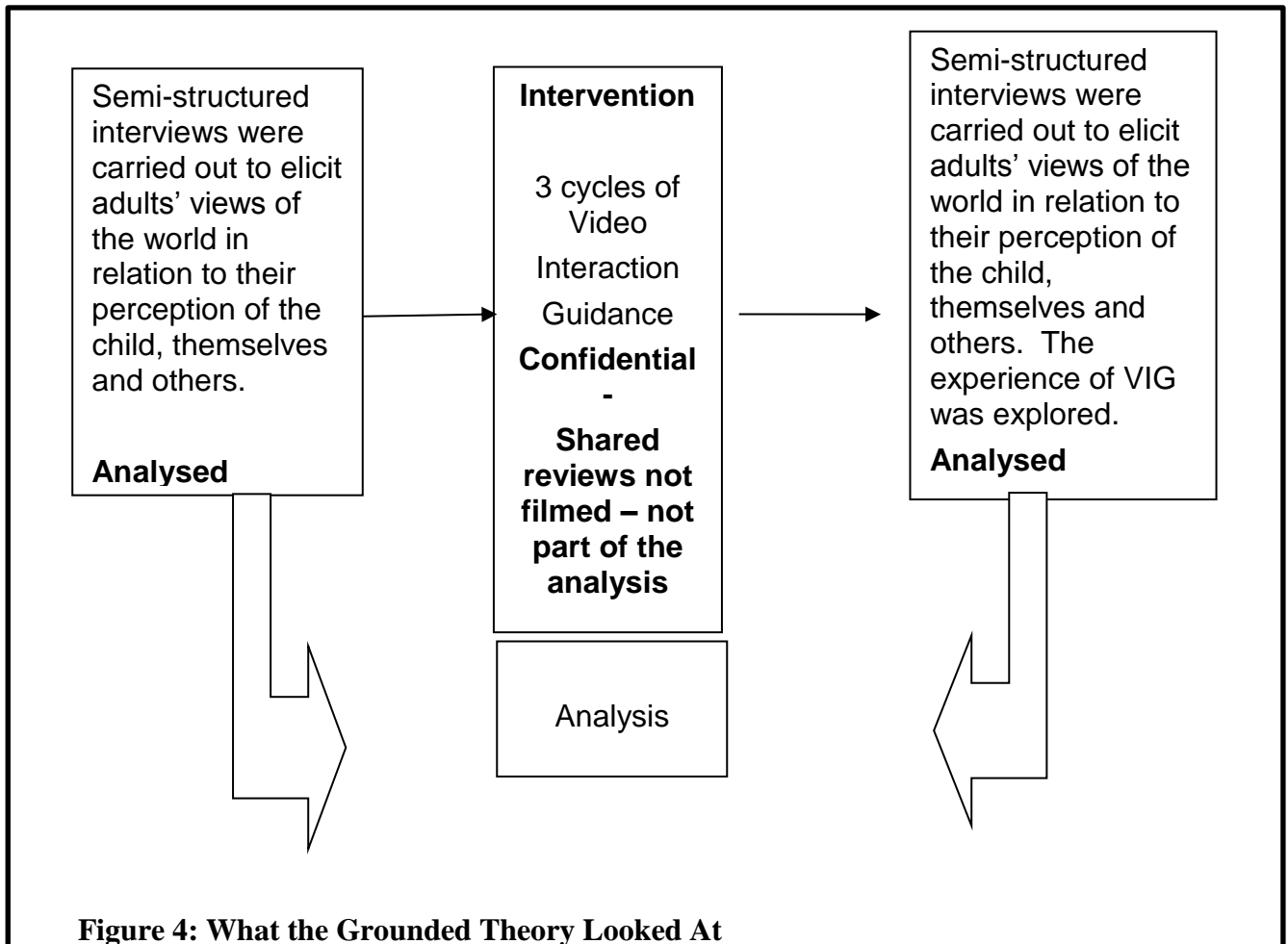


Figure 4 describes what was analysed and that which remained confidential and therefore not analysed (or recorded or transcribed).

The initial semi-structured interviews were carried out at school or home at a time of the carer's choosing. These interviews were filmed for transcription and analysis and lasted up to an hour. These were separate and different to VIG and when they were

completed the camera was turned off; data was not collected from the intervention. I was the person who carried out VIG and I clearly marked when the research interviews were being carried out.

The semi-structured interviews with the foster-carer included questions from This Is My Baby (TIMB) interview developed by Bates and Dozier (1998) – see below and Appendix 6 for details of the questions.

3.3.5 The Semi-structured Interviews Including This is My Baby (TIMB)

TIMB was chosen to provide a basic structure to the semi-structured interview questions asked about the relationships between foster-carers and the children they look after. This interview schedule was specifically developed to understand foster-carers' perception of the quality of the relationship between foster-carers and children (Bates and Dozier, 1998). Initially this was designed for assessing commitment between foster-carers and infants. It has successfully been applied to school-aged children (Oke, Rostill-Brookes and Larkin, 2011). The TIMB measures the construct of commitment of foster-carers to foster-children. The questions within TIMB related to the foster-carer's perspective about their relationship with a foster-child which is the area under investigation within this study and therefore an appropriate tool.

The open-ended questions enabled the carers to share as much as he or she was willing to so that a rich picture and description of their relationship with the child and experience of VIG could be captured. There was no requirement for specialist training to administer TIMB and this provided an additional benefit for the use and application of this tool. The use of a consistent set of open-ended questions allowed for each interview to be analysed and through constant comparison any changes in what carers said about the child(ren) in their care to be analysed before and after the intervention.

Later aspects of the interview were presented in a more flexible manner allowing for greater depth with regards to how the foster-carer managed more difficult interactions with the foster-child. Additional questions focused on the carers' perspectives of the child's behaviour. The questions allowed the carers to think about the child's behaviour and their reaction to it. The questions asked were similar to those that might be asked during VIG; for instance, what happened when the foster-child was upset and what were your thoughts and feelings about the event as well as what was the child thinking and feeling?

TIMB could be used as a rating scale but this did not occur for this study as the numbers of foster-carers within this study are not sufficient to generate statistically useful data. The focus of this study is to identify possible mechanisms and an explanatory model and therefore this aspect of the TIMB was not used.

Examples of the open-ended questions from TIMB (Bates and Dozier, 1998) are:

1. What is her personality like?
2. How do you think your relationship with her is affecting her right now?

See Appendix 6 for full details of TIMB Questions.

The semi-structured interviews based upon the TIMB were filmed and then used for transcription and coding. The TIMB questions therefore provided the basis for analysis through quantitative and qualitative analysis although within this research qualitative analysis only was carried out.

3.3.6 How the intervention was carried out

During the initial semi-structured interview the foster-carer was supported to identify an aspect of their interaction with their foster-child/children that they wanted to change or look at more carefully. For example, if a carer wanted to notice how they supported their child to manage their emotional state, a game might be played where

the child's emotions would be noticeable. This would be framed into a helping question; how do I support my child to manage their emotions? (See Appendix 7 for Helping Questions.) This became the focus of the first filming and the context was agreed in which those interactions were most likely to occur.

The foster-carer and the child were filmed doing an activity together. This generally took no more than 15 minutes and was often timed to coincide with school finishing so that the child could go home with the carer. The film was taken away and edited for attuned moments that were linked with the helping question; for instance, those moments when the foster-carer supported the child when they had lost a game.

The edited clips were micro-analysed using Principles of Attuned Interaction (See Appendix 1 Table 5). This cycle was repeated three times; filming, editing and the shared review.

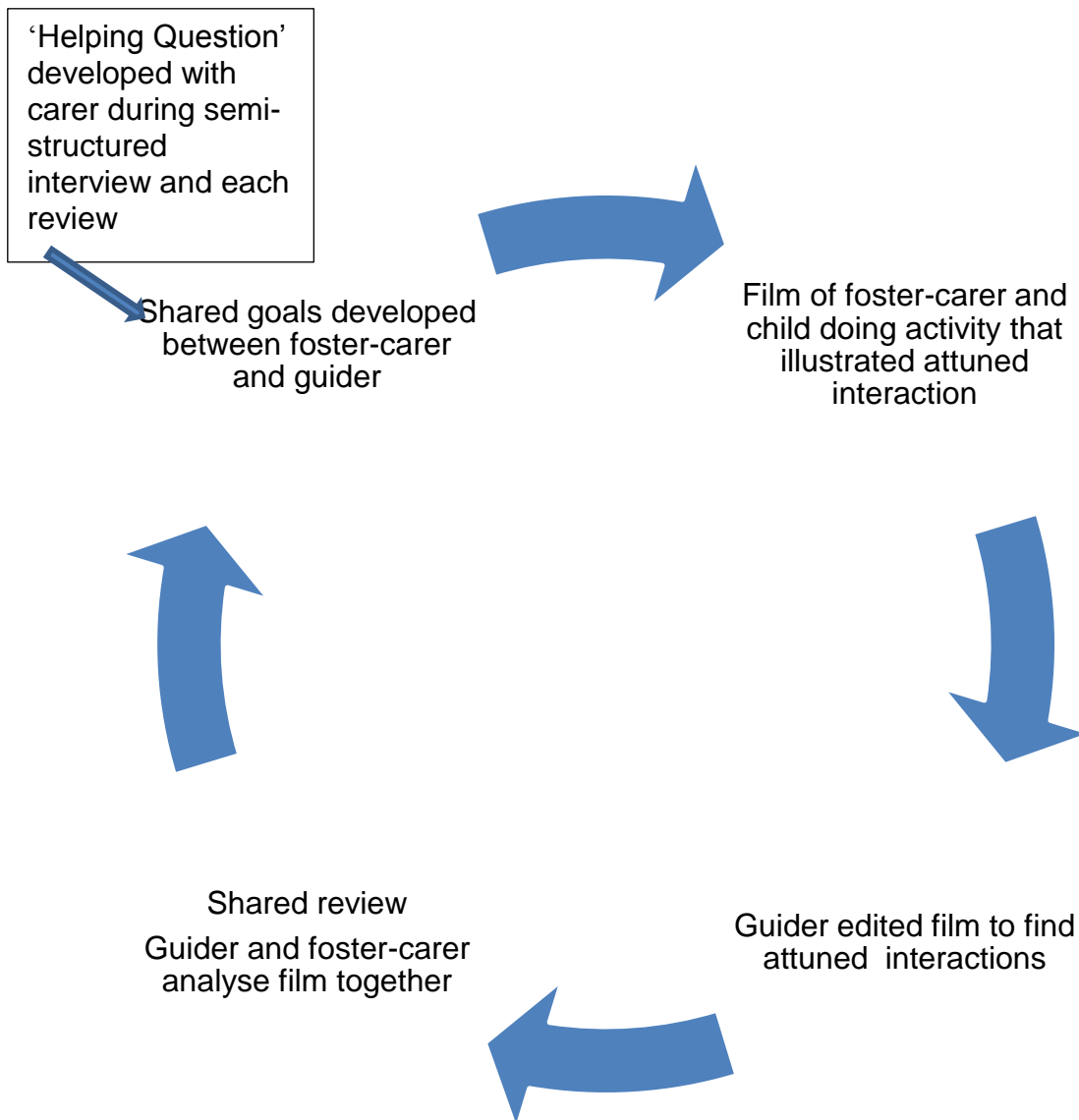


Figure 5: The VIG Cycle

Fig 5 shows what occurs during one cycle of VIG. Following the completion of the three cycles, a semi-structured interview was carried out, repeating questions from the TIMB as well as reflections of the impact of VIG. The final interview was completed immediately after the third shared review.

The number of cycles of VIG, between three and five, seemed to be the recommended amount from much of the experimental evidence (Bakermans-Kranenburg et al 2003) and small scale studies. However Fukkink et al, (2011) argued that there was not yet sound experimental evidence and the nature of the studies thus far had been of shorter term interventions and there may be the need for some families to have more

extensive support. This would be in line with the personal experience of the researcher and the potential need for follow up support once initial sessions had been provided. For some families and professionals one session would be sufficient and for others, the complexity of the situation demanded more time, reflection and guidance. Should any of the carers have required or wanted further cycles of VIG this would have been reviewed and offered subsequently. During this study none of the carers wanted more VIG and it was not felt during the final review session that more was required. Each carer had three cycles of VIG.

All interviews, the intervention, VIG, transcription and the analysis were carried out by the researcher. The content of the VIG sessions remained confidential and were not part of the analysis.

3.3.7 Coding using Grounded Theory Methodology

Corbin and Strauss (2008) described how to proceed with coding in order to derive and develop concepts from the data. Coding should begin soon after the first interview. The researcher should read, digest the entire document and “go to work on the data” (p.163). The analyst must be careful not to create lists of raw data but reflect and write memos related to data and each memo would be labelled with a concept. The following is a description of how the coding occurred. The film was transcribed and then analysed. Initial coding was carried out at the semantic level, that is, words, groups of words, sentences and paragraphs were coded. The length of what was coded was determined by the complexity of the ideas being described. This ‘open coding’ allowed for concepts to be developed.

Open coding is defined as:

“Breaking data apart and delineating concepts to stand for blocks of raw data. At the same time, one is qualifying those concepts in terms of their properties and dimensions.”

(Corbin and Strauss, 2008, p.195)

Simultaneously higher order categories were also developed, also known as axial codes. This created levels of abstraction and sorting of ideas in an ongoing way.

Axial coding is defined as:

“Cross cutting or relating concepts to each other.”

(Corbin and Strauss, 2008, p.195)

The coding was not a static process. Something that was coded as one thing then changed to something else as thinking developed.

The movement between open and axial coding seemed to meet the methodology proposed by Strauss and Corbin (1990) although the continued use of line by line coding and constant comparison to some extent fit with Glazer’s (1992) methodology. Glazer criticised the use of dimensions at the point of initial coding. Through analysis of this work, the dimensions became apparent over time and between the initial coding and the axial coding. Axial coding enabled the interrogation of the data into its constituents through the initial coding to be reconsidered in novel ways “by making connections between a category¹⁹ and its subcategory” (Corbin and Strauss, 1990, p97). The methodology for carrying out this analysis was therefore based upon that advocated by Corbin and Strauss (2008).

3.3.8 Iterative Nature of Coding

With the intention of reducing drift and supporting consistent application of the codes as well as ensuring meaningfulness and applicability by others, two colleagues were given short anonymised transcripts and the codes to analyse. The outcome of this was

¹⁹ Categories are defined as: Higher-level concepts under which analysts group lower order concepts according to shared properties. Categories are sometimes referred to as themes. They represent relevant phenomena and enable the analyst to reduce and combine data (Corbin and Strauss, 2008 p159). Within this study – categories are termed factors so as to relate to the Research Questions.

that it became apparent that the codes and the way in which the researcher saw the data was through a particular lens and that descriptions of the codes needed to have greater clarity and specificity. Bazeley (2013) argued that it was reasonable to expect consistency in coding across a whole project carried out by the same person and that any 'early vagueness in codes' be 'clarified and 'tidied up' by the time final analyses are done.' (p.151)

The iterative process continued throughout the data collection. As each case was completed and transcribed, the data set was analysed, necessitating the need to review previous memos²⁰ and codes as well as add, move or reconstruct the thinking behind the previous and current analysis. The different perspective gained through re-visiting the work, each time a new transcript was analysed, allowed for specific elements to be compared and decisions to be made regarding the codes used, relevance and specificity of the codes. Consequently codes and themes were amended and all the texts reviewed and recoded.

My initial experience of coding was that the level of abstraction was limited and it was important to constantly reflect and ensure that the data was not being forced. As the data was analysed greater levels of abstraction and clarification of the hierarchy became apparent.

3.3.9 Memo Writing

Although the coding was carried out initially using MAXQDA²¹, and there is a facility within this software to include memos²², I found it easier and more productive to

²⁰ Memos – written records of analysis (Corbin and Strauss, 2008, p.117)

²¹ MAXQDA is part of the family of software programmes referred to as 'Computer-Assisted Qualitative Data Analysis Software' (CAQDAS) that support transcription and analysis of a range of audio-visual data.

create memos separately. This further added to the opportunities to reflect and refine how the coding occurred; at times these different methods ran in parallel to each other and then new thinking would emerge and coding would change or be reorganised.

This process seemed to be in line with the thinking of Corbin and Strauss (2008) who noted that:

“A researcher cannot expect to understand the analytic story behind the data, if at the end of the research the only thing an analyst has to work with is a list of concepts or codes and some quotes from the raw data pertaining to each code, but no real memos. Theory building is a process of going from raw data, thinking about that raw data, delineating concepts to stand for that raw data, then making statements of relationship about those concepts that linking them all together into a theoretical whole, and at every step along the way recording that analysis in memos.”

(Corbin and Strauss, 2008, p.105-106)

3.3.10 The Central or Core Category²³ through Coding

Corbin and Strauss (2008) wrote that when deciding upon a Core Category there were five criteria that needed to be met.

- It must be abstract; that is, all other major categories can be related to it and placed under it.
- It must appear frequently in the data. This means that within all, or almost all, cases there must be indicators pointing to that concept.

²² Memos are for: open data exploration; identifying/ developing the properties and dimensions of concepts and categories; making comparisons and asking questions; elaborating the paradigm; developing the story line (Corbin and Strauss, 2008, p.118)

²³ Core category – the main theme of the research (Corbin and Strauss, 2008, p.104)

- It must be logical and consistent with the data. There should be no forcing of the data.
- It should be sufficiently abstract so that it can be used to do research in other substantive areas, leading to the development of a more general theory.
- It should grow in depth and explanatory power as each of the other categories is related to it through statements of relationships.

(p.105)

The move from axial codes to a theoretical explanation of the data required further abstraction from the data whilst continually referring to the data to ensure that it met the criteria above. Distilling the essence of the research into a unified theoretical explanation required ongoing reflection and challenge.

3.3.11 Use of Integrative Diagrams

Corbin and Strauss (2008) advocated the use of pictorial representations as it, “enables analysts to gain distance from the data, forcing them to work with concepts at the category level rather than details contained in the many memos” (p.107).

Ideally the diagrams created would not be too complicated. Diagrams and pictures were used to support relationship building and development of categories particularly when trying to conceptualise and develop the Core Category through coding. A range of formats were used to develop and interpret the data. MAXQDA supported some visual representations; the research diary captured my thinking at times and at other times, creating visual representations clarified ideas and theory development. (Appendix 12.9 provides an example of how the family was conceptualised.)

3.3.12 Developing an Understanding of Change

To extend my understanding of change of perceptions with regard to relationships, interviews were compared before and after the intervention. The texts were analysed for their underlying meaning and how this changed over the intervention through

latent coding²⁴. This was possible as the questions asked remained constant. The responses from the foster-carers were analysed for their underlying meaning; what they meant by what they said and how this varied after the intervention. This was an interpretation of the content of the interviews. The codes that were further analysed were based upon the change of emphasis of what the foster-carers focused upon (as determined through MAXMaps quantitative feature) as well as reading the transcripts. One such analysis is provided in “Behaviour – changes before and after VIG” (Appendix 12.7) where sections of text related to behaviour were further examined. Another analysis (Appendix 12.8.1 and 12.8.2) shows how the variation of the content, as shown through the different codes, was further analysed for underlying meaning to further gain an understanding of the foster-carer’s perspective or attributions being made.

3.3.13 Variations from Corbin and Strauss (2008)

The methodology used for this GT analysis did not completely adhere to the procedures outlined for carrying out a GT as described by Glaser and Strauss (1967) or Corbin and Strauss (2008). The areas of variation were firstly the in the use of semi-structured questionnaires for obtaining the qualitative data on which the GT was based and secondly the use of purposive sampling.

Semi-structured interviews were consistently presented each time (before and after intervention); a script was followed. This allowed for constant comparison between the interviews during analysis and between the carers. This methodology enabled changes in carer’s perspectives about foster-children to be revealed and therefore begin illuminate possible mechanisms in action with regards to VIG (Appendix 12.8).

²⁴ Latent coding – analysis of what the text talks about deals with the relationship aspect and involves an interpretation of the underlying meaning of the text (Graneheim and Lundman, 2004, p.106)

The constraints posed by following a script also meant that no other agenda or bias, other than that provided by the questions, was introduced. The questions asked elicited broad open responses relating to the relationship between the carer, the child and other areas; spontaneously generated by the carers. The breadth and depth therefore was created by the carers rather than further probing of specific areas. For the purposes of this study it contained the focus of the study to issues related to the relationship and those factors raised by the carer that seemed pertinent to them.

The initial part of the interview was determined by the question format provided by TIMB and how procedurally it was required to be carried out. Subsequent aspects of the semi-structured interview allowed for greater flexibility and following of specific ideas, concepts and formulations.

Corbin and Strauss (2008) advocated that questioning would vary and follow possible areas of interest. Unstructured interviews enabled researchers to:

“to gather information about topics or phenomena that happen to be of interest to researchers and at the same time are significant events or experiences in persons’ lives.”

(Corbin and Morse, 2003, p.339)

General questions like, “Tell me what you think about?” or “What happened when?” (Corbin and Strauss, 2008, p.153) they argued, allowed respondents more room to explain what was important to them. These questions do not seem too dissimilar to those on the TIMB; which are also reasonably open; e.g. “Can you describe what her personality is like?” Bryant and Charmaz (2012) commented on a study by Cagnetta and Cicognani (1999) whereby GT was used with six main issues and the interviews were completed before analysis was carried out. They judged this to still be in line with GT methodology as the questions were open-ended and “far nearer to the generic questions specified earlier in this section, than to specific research questions” (p.47). The use therefore of semi-structured interviews had the potential to limit the scope

and freedom to explore new concepts but allowed for a degree of comparison between interviews of each carer. Given the wealth and depth of information shared in the interviews, see Chapter 5, I do not think that this aspect of the methodology compromised the GT that was developed.

Suyemoto et al (2015) used a similar adapted grounded theory methodology to explore the effects of a social justice– oriented youth programme on racial and ethnic identities and social justice action for Asian- American youth. Its use would appear to be relatively novel; that is using GT to identify mechanisms and a GT through repeated semi-structured interviews before and after an intervention. Thompson et al (2016) used Grounded Theory Constructivist Methodology with nine foster-carers to understand from the foster-carer’s perspective the impact of foster-children on their biological children. There were a number of question prompts that were used to guide initial interviews with a particular focus on the relationship with birth children. The questions asked were similar to the open-ended ones used in TIMB and similarly after the initial questions were asked further questions were used. It is therefore acknowledged that semi-structured interviews would appear to be contrary to that recommended within GT methodology but those within this study are open-ended and congruent to those found in other studies.

The second area of variation from the GT methodology was in the form of sampling. The initial purposive sample was taken from a particular population; foster-carers of primary-aged children who were in long-term foster-care. Each of the participants provided rich data and so although theoretical sampling was not used, differences emerged fortuitously and data was re-organised in an ongoing way according to theoretically relevant concepts (Corbin and Strauss, 2008, p154). These variations described by Corbin and Strauss (2008) to sampling recognise the practical way in which research might occur. Additionally, once the coding was beginning to reach saturation new cases were added to extend the variation of the sample. One of these

cases involved two siblings who had been in placement over a year and were due for adoption with another family and a second case was selected as the child was new in placement and the plan was for him to remain with the carer long-term. Bryant and Charmaz (2012) recognised the constraints within which psychologists found themselves because of research being tailored to investigate particular groups or skills and therefore concluded that purposive sampling did not invalidate the use of GT as long as hypotheses or research questions were not already articulated. This was also tempered with cited examples of research where the demands of an ethics board to have research protocols and targeted ethical practices with specified participants or a specific type of experience was considered.

3.4 Validity

Corbin (Corbin and Strauss, 2008, p.301) noted that if:

The research findings are “credible”; that is, believable because the findings provide insight, understanding, and work with diverse populations and situations to bring about desired change, then it seems to me all this philosophic debate about “truth,” “validity” and “reliability” is superfluous.....Rigor must be built into the research process, or the findings would not hold up to scrutiny.

Robson (2011) counters this with the view that if someone found something credible or believed the findings, it might be because it fit with their prejudices. Morse (2015) made a stronger case and reviewed the work of Guba and Lincoln (1989) with a consequent request for qualitative research to return to the use of the terms; rigor, reliability, validity and generalisability. Morse (2015) argued that the strategies for demonstrating validity and reliability establish proof of rigor.

3.4.1 Validity through Prolonged Engagement, Persistent Observation and Thick Rich Description

Underlying the strategy for prolonged engagement was the assumption that with greater interviewer and participant rapport and trust building, the participant would provide richer data. Within this research part of the rapport building was carried out prior to the interview and the subsequent interview was preceded by the intervention that was built upon the principles of respect and empowerment. Data was collected from seven participant foster-carers. This was a small sample but the richness of the data collected was significant. The data provided depth to the area being studied and breadth. The sample of participants, initially from four contexts, created saturation of codes. Negative cases and contrast came from the final two cases that provided alternative viewpoints. These further enhanced the data and created a fuller picture of the phenomena under study. These cases revealed important differences and added to the understanding of the data as a whole.

Morse (2015) contended that it was the researcher who was most familiar with the data and the analysis and therefore the researcher must be responsible for the outcome. To this end she did not see the need for validity through “committee consensus.” Researcher bias was evident initially particularly in the coding. Morse (2015) described this as the tendency for the researcher to see what was anticipated. The initial interviews were analysed based upon interaction and only with greater reflection and other colleagues’ views taken into account was I more able to stand back and gain greater interpretation of the data (See Reliability) through enhanced reflexivity.

3.4.2 Reliability

Morse (2015) reasoned that the major strategies for determining reliability occurred primarily during coding. For coding to be considered reliable she described how creating a code book that enabled a second trained coder to code script in the same

way. For semi-structured interviews where the responses were limited to short statements about a specific topic, the use of a coding system allowed responses to be systematically coded. However in my research, the questions were open-ended and responses at times extensive. Morse (2015) was categorical in her consideration of unstructured interviews, stating that inter-coder systems should not be used and “actually invalidates the research” (p.1218). She argued that in grounded theory the researcher was learning about the phenomenon as the research progressed. Therefore coding patterns were not pre-determined but interpreted in light of previous interviews. Small pieces of data could be considered significant and change how coding developed and these cues would be missed by a second coder. She reasoned that using a second coder inhibited interpretive coding and kept the analysis superficial. Within this research I did share transcripts with others to check the clarity of the codes I had used and to provide further insights into the data. This to and fro discussion, particularly at the early stages of analysis supported rigor and greater abstraction, reducing bias.

I was aware of my own potential biases based upon the work that I had done with foster-carers and the potential for personal feelings to impact on how what had been said was interpreted. Once I became aware of this, I reviewed the coding that had been carried out and checked coding. Because of the nature of this work there clearly was an incentive to ‘find’ something in the data and I was also sensitive to how I coded first and second interviews. Once interviews had been coded and recoded, all interviews were again checked to ensure consistency. The richness of the data and the thick description allowed for overlap and for replication of examples and this built internal reliability.

3.5 Ethical Issues

The foster-carers were contacted prior to other linked professionals to ensure that they could read and discuss the research and their involvement and to reduce the likelihood of any feelings of coercion. Only if the foster-carers were in agreement was the consent personalised and sent to the social worker for approval and again further discussion or information was then provided. Signed consent was gained for each person involved; the foster-carer and the child's social worker on behalf of the child. (See Appendix 8 for consent request signed by participants and their social workers and Appendix 8.1 for the child version.)

The semi-structured interview provided participants a further opportunity to ask questions and check their understanding of what had been agreed. Should any member have wished to withdraw, all the information from that foster-carer would be removed from the research. Participants' names were removed from the thesis and were changed.

Data was stored in a secure location. Once the research was completed and written up, film footage was deleted and paper work destroyed using secured waste disposal bins for the disposal of confidential information. All data was collected and stored in accordance with the Data Protection Act 1998.

The principles and ethos behind the use of VIG is based upon the principle of respect. VIG is based upon the core belief that people in troubled situations do want to change, a respect for what they are managing to achieve in their current difficulties and a conviction that the power for change resides within clients and their situations.

Each of the foster-children was informed of the research and they signed consent forms (See Appendix 8.1). They were told that I would be videoing them with their foster-carer and I would share the video of when they and their foster-carer are doing things well together. The children were also offered an opportunity to view the clips if they so

wished. Times for videoing and review of the video were agreed at mutually agreeable times to reduce disruption to the child and at the convenience of the foster-carer and school.

To meet the conditions of being a guider and trainer and to maintain registration with AVIG^{UK}, I continue to receive intervision (peer supervision) with other colleagues who are trained within the method. The use of Video Interaction Guidance is an integral part of the range of interventions offered to clients within the Psychology Service. (Ethical approval was gained from the University of Essex – See Appendix 8.)

3.5.1 Reflections on Ethics

The use of video in itself could be of concern to many and I was aware before the first review, when already there had been a taped interview and a film of the foster-carer with the foster-child that they were unable to give informed consent as until that point they did not know what the intervention would look like. After each shared-review I checked out whether the carer was happy to continue and used this to support ongoing consent.

Throughout the process of VIG judgements were made about what to film, what to show the foster-carer and how this was then shared. On one level there as a constant internal dialogue regarding whether to activate the client or compensate. Each decision could lead to an improvement in empowerment of the client or not.

“These moments involve researchers in iterative reflexivity that moves between ethical principles and values, particular contexts, and the complexities of ethical presence in such intersubjective experience.”

(Crocket, 2014, p.138)

The power relationship was considered and the aim of VIG was that clients found their own solutions to their own problems through the development of a new shared understanding. During the shared review I made my thinking explicit with regard to what I saw and shared my views whilst also valuing and challenging those of the client. The potential inequity of power was recognised between the foster-carer and I and I worked to minimise it.

Other power relationships were in evidence; adults and children and those in particular roles having other powers. As far as the children were concerned all participated willingly and enjoyed the time with the foster-carer when being filmed. The children needed to be in the film with the foster-carer but the focus was not on them but on the actions the foster-carer did to make the interaction more successful. The consent was given by social workers on behalf of the child with the belief that the intervention would indirectly support the child through improved interactions with the carer. The consent to be spoken about was given by the social worker and later was explained to the children before filming.

3.6 Conclusion

This chapter has detailed the procedures that were undertaken to analyse the descriptions provided by foster-carers of their perception of their relationships with foster-children and of the intervention, VIG. The procedures used were those developed and extended by Corbin and Strauss (2008) with some amendments due to the design of the research and the nature in which it was carried out (within work constraints and as part of a thesis). It is recognised that, “Dissertations present problems of their own for a standard format must be followed, “(p.294) when summarising some of the difficulties with presenting GT to varied audiences. The significant variation with the GT Methodology was the use of repeated open-ended semi-structured interview questions as part of the data collection so that changes could be determined. This methodology has been used previously but appeared to be

a relatively novel adaptation. Validity and reliability were achieved by the maintenance of prolonged engagement, persistent observation and rich description as well as ongoing monitoring and reflection of the codes and coding used. The work was carried out with continued maintenance of ethical standards which lie at the heart of VIG as well as work and research practises.

Chapter 4: Findings

4.1 Introduction

The focus of this chapter is to directly address the research questions:

What are the factors that foster-carers identify when they talk about their relationship with children in their care that might affect their interactions?

What are the potential mechanisms underlying changes in foster-carer's perceptions of these factors within their relationships with foster-children over the course of a video-feedback intervention, such as VIG?

In addition, the chapter presents the developing theoretical explanatory model in relation to the underlying mechanisms. This will be done by analysing the data from a GT perspective as outlined in Chapter 3. Initially there is a description of the codes generated and how the analysis with this data set evolved. Examples of the data are presented and how the open codes linked with axial codes. The remaining part of the chapter is separated into two sections to clearly delineate each of the research questions.

1. An Explanatory Model that identifies the relationship factors that were important to carers when talking about their relationships and had the potential to affect effective interaction is presented. Subsequently data is shared that illuminates how these factors were derived; this links with the first research question.
2. The next section focuses on the second research question and describes how the processes inherent in VIG and the mechanisms underlying VIG were determined through how carers changed what they said before and after the intervention and their comments about VIG. The overall model created which links both research questions also provides a possible explanation of how VIG can be varyingly effective with different foster-carers.

4.2 Process of Coding – open and axial coding

The following extract shows how coding changed and developed over time. The first example reflects the initial naivety of me as a researcher, 'forcing' the data, inadvertently, into pre-determined codes with minimal abstraction. The data was analysed 'simply' in terms of relationships and interactions in line with the questions asked. As I became more familiar and confident with the technique of coding through constant comparison and consideration of the properties and dimensions of the codes, levels of abstraction increased and the data was viewed with greater sensitivity²⁵. (The final coding system used is available in Appendix 10.)

Below is an example of how the same extract was coded, re-analysed and the coding changed using MAXQDA. The colours within the text link with the codes assigned.

²⁵ Sensitivity – The ability to pick up on subtle nuances and cues in the data that infer or point to meaning (Corbin and Strauss, 2008, p.19)

The screenshot displays the MAXQDA 11 interface. The top menu bar includes Project, Edit, Documents, Codes, Summaries, Memos, Variables, Analysis, Mixed methods, Visual tools, Windows, MAXDictio, and Toolbars. The main window shows a document browser on the left with a tree view of codes. The central pane displays a transcript of an interview with text segments highlighted in various colors and labeled with codes. Three callout boxes provide additional context:

- Open Codes:** Points to the 'Code System' tree on the left, which contains 1344 codes organized into a hierarchical structure.
- Potential axial code:** Points to a specific code, 'Roles', within the tree.
- Same text categorised in two ways:** Points to a text segment in the transcript (lines 38-39) that is labeled with both 'Teacher' and 'Different' codes.

Key: Codes

Commitment: adults expressing their commitment to the child

Feelings – adult: How the adult feels about the child

Relationships: General comments about the family relationships

Interaction Needs –adult: What the adult needs to support interaction with the child

Other family relationships: What other family members think about each other

Different: Child is different from adult in terms of mental state

Situation: Acknowledgement that child might present differently in different situations

Roles: Role that people take on

“We love her” – changed from a general feeling to recognition of expressed love.

“She’s one of our babies” – changed from a general feeling of commitment to the carer’s claiming Katie.

“I don’t like the thought of them moving to a different foster-carer” – moved from a recognition of the carer’s feelings to attachment – not moveable with greater appreciation of her beliefs and underlying sentiment

28 F: Strange hey?

29 M: How much would you miss Katie if she had to leave?

30 D: Ohh,

31 F: Horrible.

32 D: Masses. We love her. She’s one of our babies. How much would you miss your child if they left. She’s ours. I know she is not our birth child, and I know that we foster Katie but she’s our baby anyway. We are a patchwork family. That’s what we call ourselves don’t we. We have been patched up but we are still together. We’d miss her dreadfully.

33 M: That’s a lovely description.

34 D: It’s just how we have always described it, isn’t it.

35 F: It grew. It didn’t happen. It wasn’t planned. It just kind of grew. Come home and there’s another pair of shoes out the front. What’s going on?

36 D: I don’t do short term fostering very well. I’m not very good at short term fostering. I have the children and they stay with us and once it’s established that they are going to be in foster care for a long time, I am always quite happy to be that foster carer. I don’t like the thought of them moving to a different foster carer. That wouldn’t, that wouldn’t be logical for me. I don’t understand why that happens. ‘Cos I love our children. And we are very much a patchwork family because we got the four, Katie’s siblings and Katie, and two other children and they are not siblings by birth, but they are siblings by every other, everything else. Two of them share a room now. They took that to social services themselves and said that they want to share a room, we are sisters. We understand we are not birth sisters but we want to share a room. And they do.

37 M: How wonderfully assertive.

38 D: Mmmm Katie can be quite assertive though. Now you wouldn’t, Mister Teacher wouldn’t describe her as assertive. And nor would I if I knew her here. But she can be quite assertive at home. In saying what she wants to do. And why she wants to do it, the children are not the same at school particularly Katie.

39 F: She’s got quite a presence at home.

40 D: If you spoke the other children you’d see the difference between, if you spoke to her classmates and asked them to describe Katie and then you asked to, spoke to all of her siblings and spoke to her, you’d have two completely different ideas of what she is like.

41 F: I would not say that they are unrecognisable, but it’s pretty close.

Codes: ..Claimed, ..Love, ..We are family, Organic nature of, ..Foster carer’s, ..Not moveable, ..Love, ..With siblings, ..We are family, ..Child’s perspective, ..Child resources, ..Situational, ..Situational.

Key:

Codes

Love: Carer expresses love or strong positive emotion for child

We are family: How the adult sees the child fitting in with the family – the use of ‘we’ or collective pronouns

Foster-carer’s role – job: Role foster-carer takes on as paid role

Attachment – not moveable: Carer does not see attachments or relationships as transferrable, reflects their perception of whether they could lose the child

We are family – fitting in – with siblings: Child fits in with family members

We are family- child’s perspective: What the child thinks about the relationships within the family

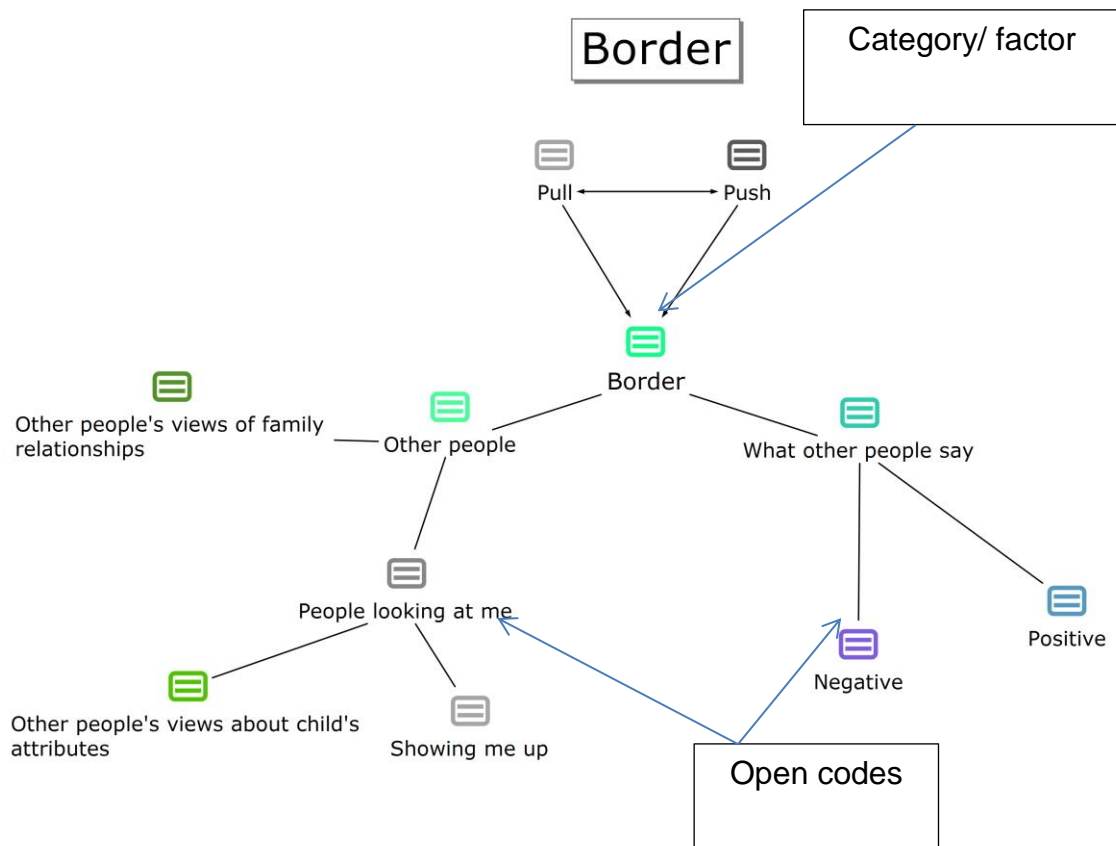
Claimed – the child is claimed in the same way as the foster-carer’s biological children

As can be seen by this excerpt and how the coding changed once the conceptualisation moved from a focus on interaction and relationships to a more nebulous concept of family and how this was framed by the beliefs of the foster-carers. Further transformations occurred through the iterative process of coding, memo writing, integrative diagrams and reflection; both solitary and with colleagues. Coding and analysis therefore was flexible and used MAXQDA software as well as memoing and note taking.

Additional integrative diagrams are provided through the use of MAXMaps²⁶ and these allow coding to be viewed from different perspectives. Two versions are used. One shows how the codes were linked from open codes to categories; One-Code Model, and the other displays how the codes relate to each foster-carer; One-Case Model. The One-Case Model allows pre and post interviews to be compared and contrasted and form part of the analysis in Part 2 of this chapter. Examples of each are provided to illustrate how the codes link together.

²⁶ MAXMaps provide a graphical representation of the different codes within each of the categories. They provide a way of visualising the codes and how each are linked to create the categories. The MAXMap 'explodes' the patches so that the detail can be examined.

Example of One-Code Model



In this example the factor is 'Border.' The codes linked to 'Border' show the coding process and how the codes link in a hierarchical structure; leading to greater levels of abstraction; from the open codes to a factor.

The open codes lead to the factor (category) which is more abstract:-

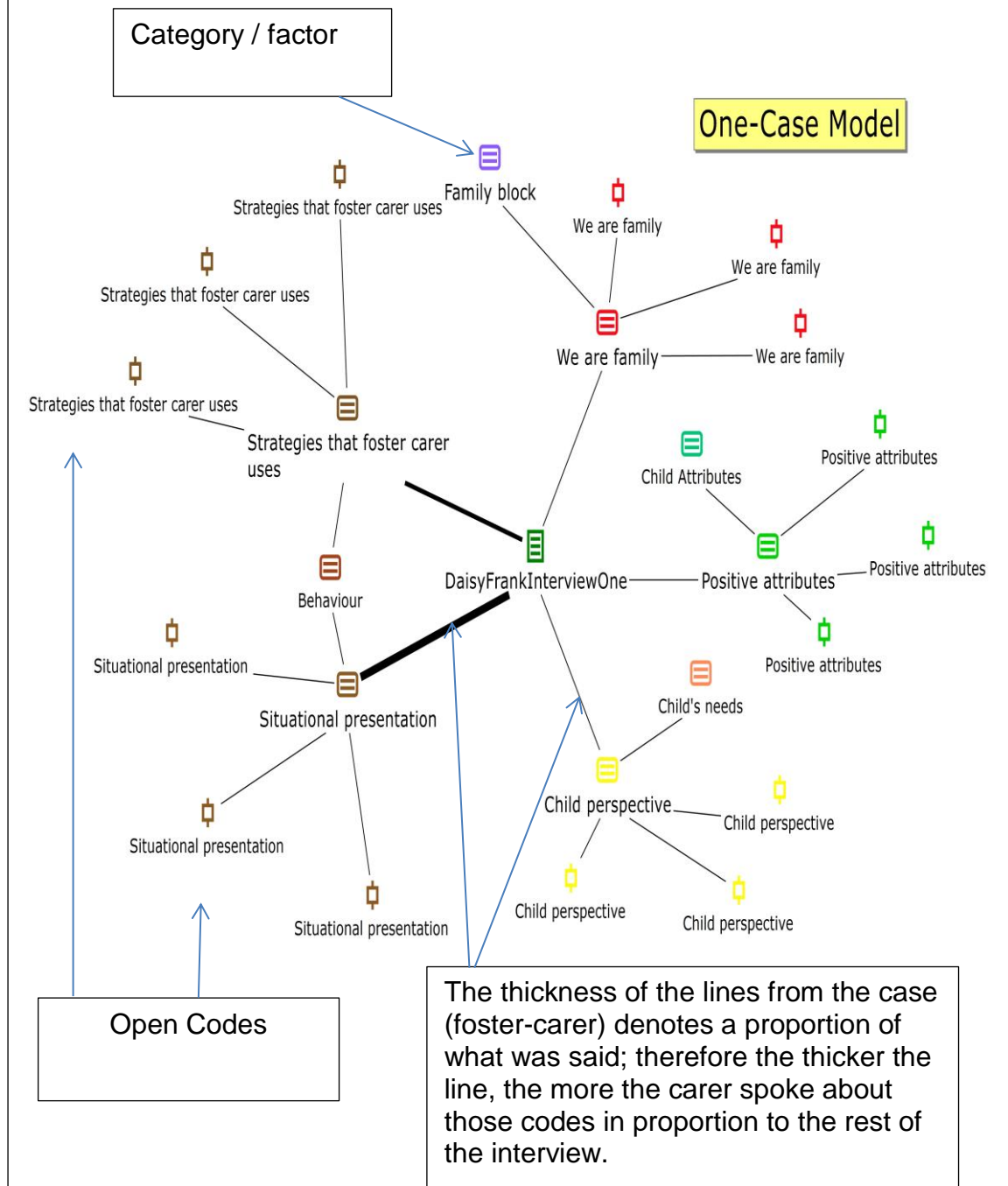
'Positive' and 'Negative' comments ->'What other people say'

'Showing me up' and 'Other people's views about child's attributes' -> 'People looking at me'

'Other people's views of family' ->'Other people'

'Other people' and 'What other people say' led to the factor - 'Border.'

Example of One-Case Model



The case in this example is taken from how Daisy and Frank's Interview One was coded. The MAXMap illustrates what each foster-carer said and how it was coded. Similarly to the Open-Code Model the open codes link with axial codes and factors. Within the One-Case Model some relative quantitative data is available which provides an indication of proportional codes within an interview and therefore offers another way of comparing before and after interviews. The thicker the line, the more a particular code was used.

Examples of memos are provided to show how thinking progressed in other ways to that of coding. Memo writing allowed for what was said by foster-carers to be further analysed and compared. The different formats allowed text to be viewed through micro-analysis to macro-analysis and back again. It was through this constant comparison and the different lenses to look at the data which supported my move to greater abstraction and less 'forcing' of the data. When quotes are provided; the person who said it, the interview (One or Two) and paragraph number are provided. (Individual transcripts are in Appendix 11.)

Memo One

She wants us to be, I know she does and she loves us. And it's really amazing, I do jokingly say to my husband, "Did you go astray?" because she couldn't be more like our birth children. I swear to God. You know her, some of her funny ways, the way she's made, her looks, she couldn't be more like my daughter if she tried. And it's really strange. But obviously, not the bad, the difficult side of her but when she is in a good place, she joins us like a puzzle.

Tricia Interview 1 para 33.

She wants us to be –

- relating to wanting them to be parents
- providing a home
- Being – being there for her

I know she does-

- Knows the child
- Has insight
- Can 'read' her

And she loves us –

- Child has strong emotional bond with carer

And it's really amazing, I do jokingly say to my husband, "Did you go astray?" because she couldn't be more like our birth children. –

- Amazing – that this child could have come into their life and love them
- Amazing that this child could look so like her own children
- Could be related to her own children and/or her husband
- That she might accept her husband's child as her own
- Biological bonds – nature vs nurture

When she is in a good place, she joins us like a puzzle

- She fits in with the family (seems to be more like integration rather than inclusion) as she needs to fit with them and the 'fit' is dependent on how 'good' she is.

This excerpt shows how intertwined the child, the carer and the family had become.

Claire wanted the carers to be her parents and the foster-carer felt that Claire could be one of her husband's natural children. She had become an integral part of the family; she joined them like a puzzle. The similarity in physical features to her daughter and

husband were important; creating a bond or something that pulled the family members together. The “difficult” side of her though created some tension and seemed to make her less of a good fit.

Memo Two

I think I trained myself to detach from the but if I knew that they were moving on, if I knew that they were moving on to something better for them, for them I would detach myself. Push them to attach to someone else.

Jacqueline Interview 1 para 15

I think I trained myself

- Conscious decision
- Actively trying to do something repeatedly and in a structured formal way

Detach

- Not to attach
- To be separate from
- Detached affect – a psychoanalytic term for affect which has been removed from painful, anxiety or thought with which it was originally associated (Reber, 1985)
- Detachment – a sense of emotional freedom, lack of feeling of emotional involvement in a problem, a defence mechanism that functions by preventing one from forming emotionally intimate ties with others (Reber, 1985)

if I knew that they were moving on to something better for them, for them I would detach myself.

- Not yet in place, not certain,
- The change in placement will be better but some ambivalence
- Implication that move will be for the best and if so then will let them go
- It is for them that I would detach, move away from, not for self

Push them to attach to someone else

- Move away with pressure, active act, deliberate
- An emotional bond
- Attachment is fluid, something that you can give to someone else, a moveable thing, an entity that can be given, passed on

Jacqueline, within this extract (Memo Two), showed her active efforts to protect herself from the possible loss of the children to another placement. In order to do this she seemed to create an idealised future placement where someone else would be more able to meet the children's relationship needs and therefore they would be better off. She was readying herself for the children moving on and they were not seen as

integral members of her family or long-term plans. Her focus was on her needs and what she needed to do rather than from the child's viewpoint. Attachment seemed to be conceived as something that could be given away and passed on to someone else.

Memo Three

We talked about how our whole family have been a bit stitched together. And now we can't let go, so now we are stitched together, that's us. And that is where it came from. Patchwork family. And every time a child comes along we stitch them on.

Daisy and Frank – Interview 1 para 54

Use of collective pronouns –

we, our, us – inclusive terminology

Whole family –

- links with other extended family members, integral
- part of something bigger – more than parents and children
- suggestive of idea of flexible view of an extended family, made up of variety of people related by blood and circumstance (rather than nuclear or traditional family model)
- historical view

Stitched –

- joined up, a purposeful act

We can't let go-

- beyond our power to release, come apart
- tied, linked together
- not allow it to happen

Patch-

- a patch is something that covers or mends
- an area under someone's control
- covers a wound
- a small area
- a temporary connection

Patchwork -

- patches sewn together in a decorative way
- something made up of different parts

Every time a child comes along we stitch them on –

- Children added to the quilt, pattern or design
- Become attached to the quilt, part of the quilt

Quilts grow and reflect family traditions, have a patchwork of fabric of different designs and contexts, each piece adding to and changing the overall pattern. Patches are also used to mend and heal wounds which also fit with other ideas that were becoming apparent in the data.

Memo Three provides further contrasts to the different constructs of family, attachment and what being a foster-carer entails. Katie was an integral family member and fully included within the family. The family were pulled together, attached through 'stitching' - an active process. Memo Three is one of the richest images of how families are constructed and became the basis for my thinking about how to conceptualise and think about the work and analysis. I kept returning to it as an idea and it became the core of how I integrated my findings.

This idea of the quilt and patchwork led to a revision of how the texts were coded and conceptualised. Basic website searches using 'quilting glossary terms' provided further material for consideration. Quilts are typically made of three layers; top, batting and backing. This was similar to the layers described by Bhaskar (1975) in his description of critical realism with the top being the visible, empirical, seen part of the world; the batting (the filler) the actual; that which contains the mechanisms or processes that may or may not occur and lastly the backing which is not visible and containing reality.

Quilts serve many purposes other than for warmth and can act as representations of lives, values and to mark events. The top of the quilt is made of sewing pieces of fabric together to make up blocks which are usually square but can be of different shapes. These blocks can be made of irregular or scrap pieces with no pre-determined pattern or design. The irregular shaped blocks that represent different factors identified seemed an apt representation of the different properties and dimensions of the varied factors/categories.

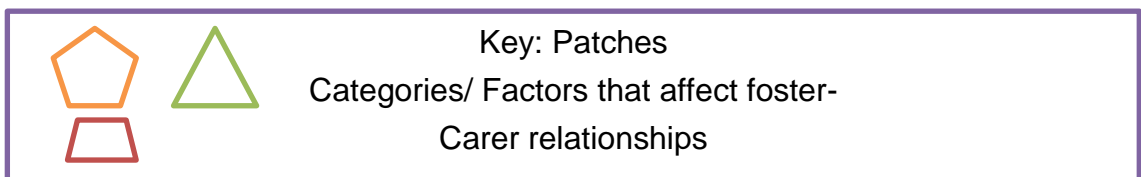
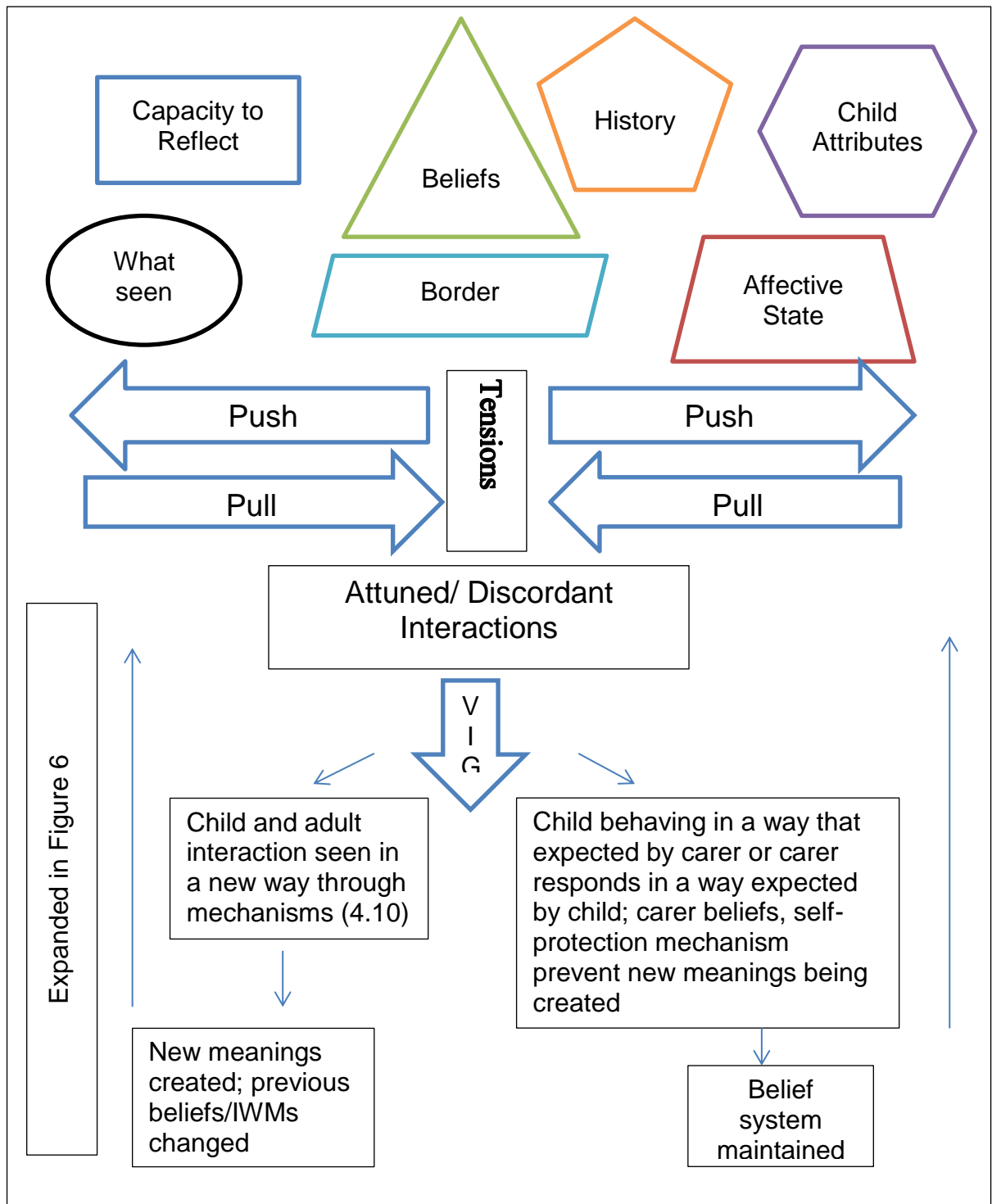
The three memos provide an insight to the similarities and differences between the participants' perceptions of their relationships with foster-children. What they considered was important within these relationships was also evident. The analysis identified through coding these into factors/categories. This allowed for possible

changes to these factors to be identified and through the data collection mechanisms to be generated so that a theoretical explanatory model could be created.

The theoretical explanatory model created is presented which incorporates these factors /categories and links with the first research question. Subsequently, each of the factors is explained. The factors are the categories (Corbin and Strauss, 2008, p.159) that the carers felt were important when talking about their relationships and these form the patches on the quilt.

4.3 Part 1: Patchwork Explanatory Model

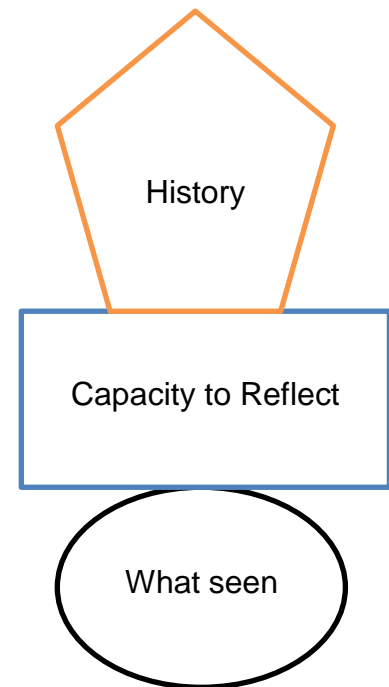
Figure 6: Patchwork Explanatory Model of how VIG Facilitates Foster-carer's Relationships with Children in their Care



How Pull factors could enhance interactions between foster-carers and the children in their care

If a child is seen to be distressed and the foster-carer is able to reflect on the behaviour and recognise that this is a result of past experiences, their response could be to acknowledge the difficulty and to support the child to calm down. This has the potential to build the relationship; to pull the factors together; and create a new and different stitched together block- a new relationship pattern is created.

The patchwork design (block) becomes more coherent and the pieces join together to form new patterns within the relationship.

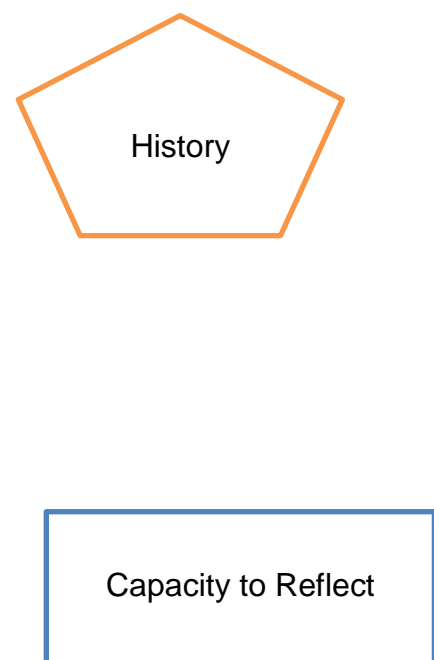
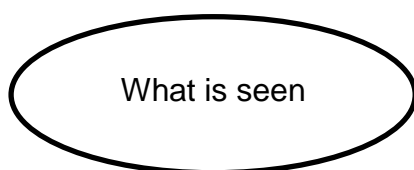


How Push Factors could create discordant interactions between the foster-carer and the child in their care

Conversely, if a foster-carer does not recognise the impact of previous experiences, they could respond to children's reluctance to trust and their resistance in ways that tend to be angry instead of providing nurturing care.

Each patch continues to be disparate and a coherent block is not created.

Other factors can clearly interact on others and although presented as discrete, influence each other e.g. Beliefs and What is Seen or History



The Patchwork Theoretical Explanatory Model describes how interactions may enter an attuned or discordant cycle. The 'patches' represent relationship factors that were determined through coding of what foster-carers said about their relationships with foster-children. The patches could join up to form blocks which represent new patterns of the relationship. What was evident throughout the analysis were the ongoing tensions created within each of the factors that had the potential to affect attuned interactions. These tensions were conceptualised as pushes or pulls within relationships; either pulling family members together or pushing them apart. As each factor is explained the dimensions and properties are described. The 'Patchwork' Explanatory Model simplifies the complexity of the experiences shared by the different carers before and after VIG.

During and following the intervention through the process VIG, the foster-carers were supported to see their relationships in a new way. Through micro-analysis of attuned moments, foster-carers changed their IWMs and relationships were re-imagined. There were times when foster-carers were not able to see alternative perspectives as the foster-carer acted to protect their current view.

The findings presented follow a path from explanation of the axial codes and how the Core Category developed, 'Push and Pull,' to sharing the changes that were evident in the foster-carers' perceptions following VIG. Finally the mechanisms that created those possible changes are communicated in the latter section; Part 2, of this chapter and are presented in Figure 7. The changes for carers following VIG were not consistent. These findings will also be shared through comparison of what was said before and after the intervention by different carers and form part of the explanation of the mechanisms involved with VIG and long-term foster-carers.

4.4 Factors

The factors/categories that emerged from the coding include:

1. Child Attributes
2. Beliefs
3. What was Seen
4. Border
5. Capacity to Reflect
6. History
7. Affective State

In their own right, as we will see from the analysis of each below, each factor is complex and affects and is affected by other factors. For instance what was believed to be the child's attributes might be affected by their 'History' and how their behaviours were viewed (What was Seen). The patches therefore are not as discrete as presented within the model. Each of the following MAXMaps represents all the foster-carer's interviews.

Firstly 'Child Attributes' is described as the child is central to the intervention. The next factor, 'Beliefs', is a substantial factor and incorporates key areas linked to the foster-carer's views of the child and their relationship; 'Family Block', 'Roles' and 'Attachment.' Subsequently 'What was Seen' is explained and this includes much of the observed behaviour and what was said about this. 'History' follows and combines 'Trauma' and 'Previous Experiences.' Throughout the interviews it was evident that foster-carers had the 'Capacity to Reflect' and this is shared next. The remaining factors are of equal weight; 'Border' and 'Affective State.' Each description of the factors includes a MAXMap²⁷ that illustrates the Push-Pull codes within the Core Category.

²⁷ MAXMaps- Each Each MaxMap in the following section has been developed through the collected codes from all of the transcripts. Centrally placed is the Push and Pull

4.4.1 Child Attributes

The ‘Child Attributes’ factor included statements pertaining to what the child brought with them incorporating within child factors. The table below provides demographic information of the children to place the children within context.

Table 3: Child Demographics - Foster-Carer and School Year

Child	Foster-carer	Child’s School Year Group
Katie	Daisy and Frank	Year 6
Emma Mark	Rachel	Year 2 Year R
Claire	Tricia	Year 6
Sally	Nannette	Year 3
Georgia Jack	Jacqueline	Year 2 Year R
Liam	Abi	Year 4

Key codes for this category were:

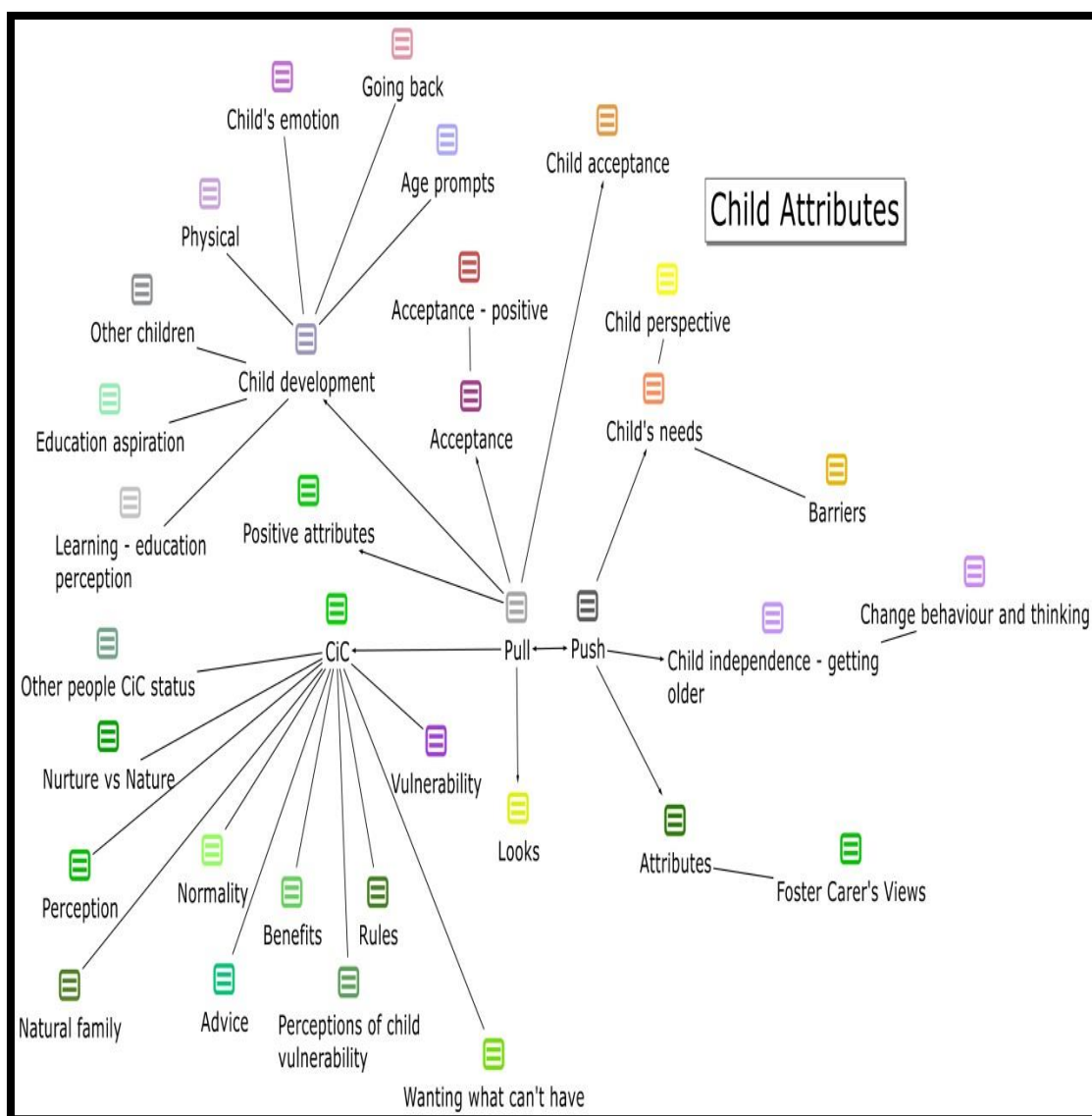
The codes that contribute to this factor include:

- Attributes – What the adult said about the child
- Child’s needs – Things that the foster-carer felt the child’s needed

Core Category with codes emanating from this that might enhance and promote positive relationships (attuned interactions) or not. Key codes are those which appear to be most relevant and important to understanding how each of the factors is made up. For instance, within the Beliefs MaxMap, the complexity is evident. Attachment beliefs could enhance relationships or make them more difficult. If you believe that you are providing a secure base then you might interpret what you see differently to a foster-carer who believes that attachments are readily transferable. Your patterns of interaction and how you view your Patchwork quilt would vary.

- Child development – Where the foster-carer saw the child with respect to their development in terms of emotional state, behaviour and learning
- Child in Care (CiC) – Statements related to CiC status
- Acceptance – How accepted the child was and accepting the child was of the carer and the context they lived in
- Looks – how the child looked

The MAXMap below illustrates the push and pull dimensions and properties of ‘Child Attributes.’



Attributes spanned positive statements about a child to negative and ambivalent ones.

“You know because she is beautiful.”

Tricia Interview 1 para 9.

This comment would suggest that there is something positive about how Claire looked as well as Tricia’s beliefs. For Tricia there was the additional pull factor related to looking, “more like my daughter,” (para 33). Conversely Tricia also described Claire as, “quite a jealous child” (para 2).

Ambivalence was suggested in Abi’s description of her relationship with Liam when she said, “I’m hoping that he will grow to trust me and you know that we will be closer, but I don’t know” (Interview One para 24). She seemed uncertain about the relationship. Her focus was also on what he would do and not on how this could be achieved together.

Aspirations for education were evident for all carers. The value of education was clear as well as recognition that some children might need extra support with their learning.

The desire for the Child in Care to be seen as ‘normal’, doing normal things or to be treated as other ‘normal’ children would be was also considered important.

“She doesn’t feel like someone might come along and move her, so she’s already running along a normal road as a child that stayed with her parents would have done.”

Daisy and Frank Interview Two para 82

“And that’s all you would want for any child. The fact that he is in care doesn’t matter. He has a few more hurdles to jump himself but that is what

you want for any child, isn't it? Is just to thrive in education and social surroundings."

Abi Interview One para 36

"I just want people to see them as normal kids that lead a normal life."

Rachel Interview One para 20

The child's needs code included aspects of the child that the carer identified needed support.

"If you change something he can't manage it"

Jacqueline Interview One para 18

"I think it is very important for Mark, us in a relationship."

Rachel Interview Two para 22

The Child Development code contained broad aspects of the child's development including the carer's appreciation that the child has matured.

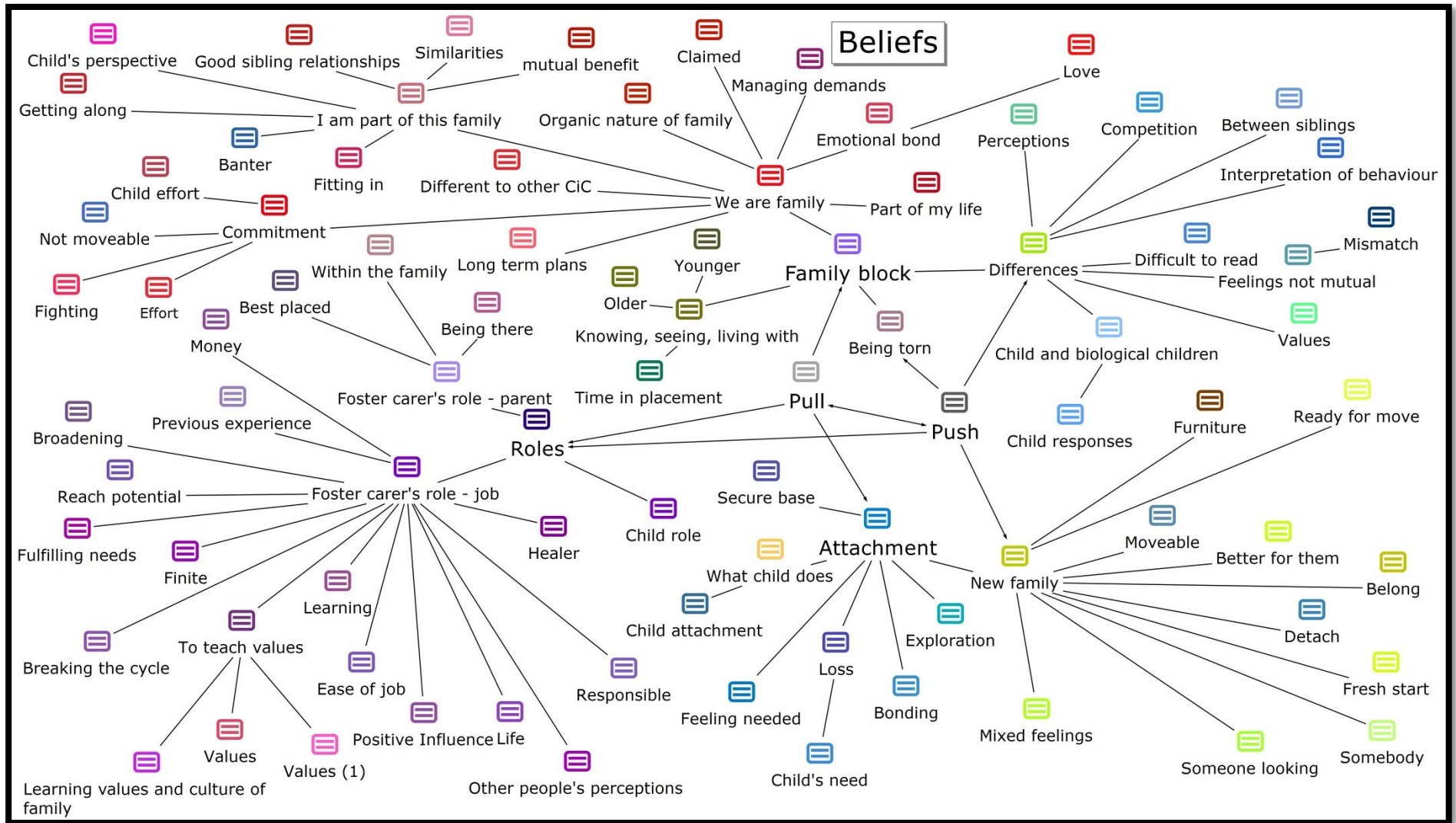
"When she was smaller, I was more lenient but now she is going to big school I have got to be, zero tolerance. "

Tricia Interview One para 82

4.4.2 Beliefs

The Beliefs factor includes significant beliefs expressed by carers. The three major elements within this factor are: how they construe their family, 'Family block;' how they perceive their role, 'Roles;' and their beliefs about their relationship; 'Attachment.' The Attachment factor for instance, relates to the foster-carer's beliefs about attachment rather than their knowledge of it. 'Attachment' incorporates 'New Family' which illustrates how the foster-carer's beliefs can impact on their

relationships with foster-children. The foster-carer's views of their 'Role' in contrast, was less clear cut with regards to the possible tensions that could be created. Each of these properties within 'Beliefs' is explored in the section below. The MaxMap below highlights the complexity of the beliefs held by the foster-carers. Their beliefs relate to their thoughts and feelings about concepts not to what might have been taught or learnt.



4.4.2.1 Family Block

The Family Block incorporated aspects of family. This factor included family patterns, differences, culture and values.

The main themes within this block were:

- We are family – how the adult saw the child as part of the foster family and also the use of we or collective pronouns
 - Subsumed in this theme were ideas of commitment and effort
 - Emotional bonds and verbal expressions of love
- I am part of this family – What the child did to show that they were part of the family and how they fitted in
- Long-term plans – How the foster-carer described moving into the future and the plans or aspirations that they had with regard to maintaining and sustaining the family dynamic
- Differences – how the foster-child was different from other family members or did not share the same values or history

The code of ‘We are family’ contained statements and concepts that seemed to denote how the carers had positioned the children and how they were integral to their lives and homes.

“I feel like when I am at home with them, they are just my kids, where they are, what they are doing, what’s going on? I know they are up to mischief somewhere but they are home.”

Rachel Interview One para 10

“She joins us like a puzzle.”

Tricia Interview One para 33

“This is where she lives. We’re family.”

Daisy and Frank Interview One para 19

Complexities of the relationships were also captured within this code. As part of the Commitment code the effort that had been expended was expressed.

“We got over it, we worked through it, and we survived it.”

Tricia Interview One para 48

“Last year was hard work.”

Nannette Interview One 8

It also included ‘Fighting’ for the desired family.

“I was coping, and then it fell through and I thought, you know, I’m not having this anymore; I need these children to stay. They are our family, so that is when we went for special guardianship but unfortunately that is not going to happen but we are getting permanency.”

Rachel Interview One para 12

“I’d fight wars for her.”

Tricia Interview One para 60

‘I am part of this family’ consists of what the child also did that showed that they had claimed the foster-carer and their families.

“They took that to social services and said that they want to share a room, we are sisters. We understand that we are not birth sisters but we want to share a room. And they do.”

Daisy and Frank Interview One para 36

“I think that she needed that secure family. She loves her big sisters” (foster-carer’s grown up daughters)

Rachel Interview Two para 14

The carers also ‘claim’ the children.

“How much would you miss your child if they left? She’s ours.”

Daisy and Frank Interview One para 32

“What do you mean, they are not mine? They are mine. I have claimed them, they have claimed me. “

Rachel Interview Two para 62

“She’s our girl now.”

Tricia Interview One para 35

It also included similarities between the foster-child and biological children.

“The funny thing is the daughter that she fights and argues the most with, I can see she adores. She is pushing Kay but I think she might end up like Kay.”

Rachel Interview One para 26

“Hopefully she will see me like my kids seem me. You know, I’m there, I’m a support, I’m mum.”

Tricia Interview One para 46

“I’d like the same as we want for our own children.”

Daisy and Frank Interview One para 97

The long-term plans that the carers had for foster-children included aspirations as well as how they saw the children moving into adulthood with them and the family still intact in some way.

“She’s just with us. That’s how I see her. She will just be unless something horrendous happened between now and God knows, 21.”

Tricia Interview One para 29 -25

“Our home is her home. ... This does not end when she is 18.”

Daisy and Frank Interview Two para 95

I found it interesting that Jacqueline did not mention any other family members when talking about Jack and Georgia other than another child (baby) who was in the placement and it would not be apparent from the transcript that she lived with her partner and two biological children.

The concept of difference to something seemed to suggest some form of idealised child or comparative with another.

“To divide people up like that, it just not normal and if Michael and Liam would have been at loggerheads as in punching each other’s faces in then fine, separate them, but it wasn’t like that.”

Abi, Interview 2 para 46

In this instance, the statement also reflected ongoing difficulties understanding the child’s point of view and creating a gap between the family members, generating tension. Again what is striking about the foster-carer block were the varied tensions; things that pulled the child into the family and those which put them to one side.

4.4.2.1.1 Age at placement

Foster-carers seemed to have a view of the child's age that was relative and linked with their view of the child's vulnerability, their perceived potential to influence the child and the potential ongoing impact of previous relationships. This was more apparent when children were placed with siblings or other children.

"I think it is very important for Mark, us in a relationship with him because we are all he knows. Emma remembers her mum, Mark doesn't."

Rachel Interview Two para 22

"He came to us when he was four, so he had a little more input."

Jacqueline Interview One para 4

"Because she was so little when she come and she was like a five, six year old when she come and I know that was three years ago, but she was, she was tiny."

Tricia Interview One Para 60

This section is included to demonstrate how perceptions of the child can affect how they are treated and was developed from the codes, 'Younger' and 'Older.'

4.4.2.2 Roles

The coding for Roles reflected the many positions, demands and functions that the carers felt they had with regard to foster-children. There seemed to be a distinction between role as a parent and role as a professional. This could become blurred.

"She sees us as her mum and dad. That is our role."

Daisy and Frank Interview Two para 63

"So like a mum would be I suppose."

Jacqueline Interview Two para 26

(See Appendix 12.2 for memo)

Jacqueline expressed her ambivalence when recognising her potential role as a mum but that this was not going to be sustained was evident in this quote. It seemed that this was a revelation and potentially uncomfortable for her.

There seemed to be a need to be seen as ‘a professional’ parent and with this went the expectation of extra knowledge and skill causing potentially more threat to identity.

“I could see, feel people looking at me. So stay calm. And now I have got a bit of a hot flush on, stay calm, stay calm. Rise above this, you are a professional.”

Rachel Interview One para 56

“I hope I am doing a good job by her because she is turning me grey.”

Tricia Interview One para 17

(See Appendix 12.3 for memo)

There was a strong need to teach values and give the children different perspectives and experiences than they might have had if they had stayed with their biological families.

“We are there to teach her that she has got choices as an adult. And give her the tools to make those choices.”

Daisy and Frank Interview One para 101

Another role the carers took on was that of ‘healer’ – the people who might be able to fix or make the children better.

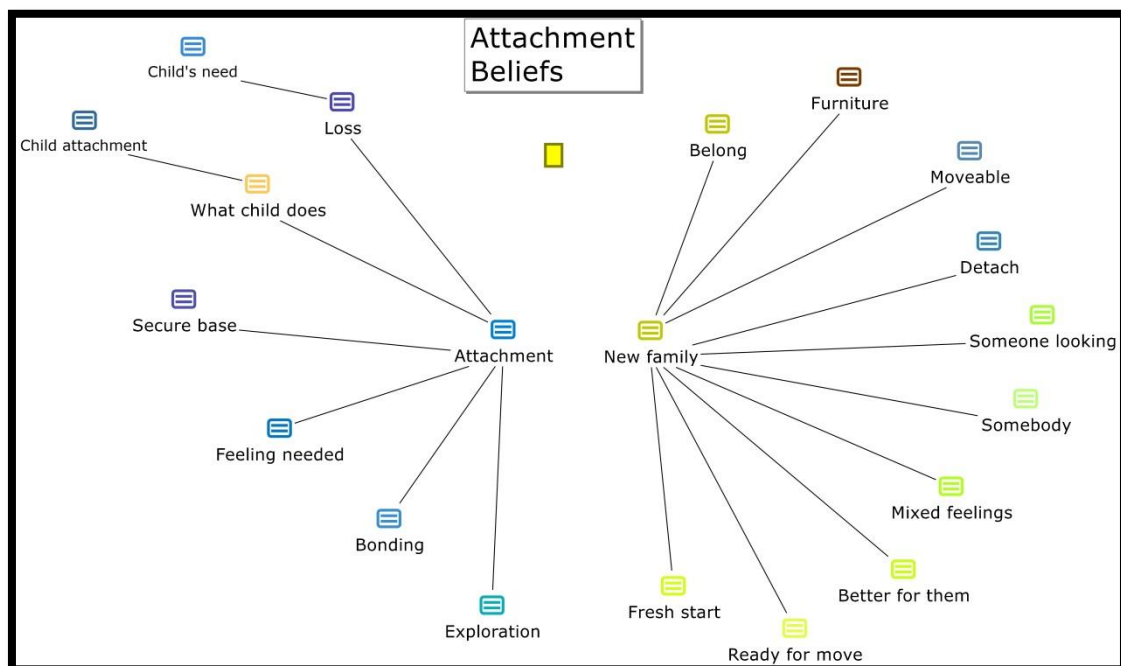
“But I think if you could empty all the rubbish out of her, she’d be delicious.”

Tricia Interview One para 2

“You can give children self-esteem; these kids have not got self-esteem when they move into our house. They don’t see, in fact, sometimes they don’t have any sense of self at all. And you have to find that, and look for what they are good at and try and see what they can see, and tell them that is not necessarily it.”

Frank and Daisy Interview One para 88

4.4.2.3 Attachment



The MAXMap demonstrates the varied perceptions of attachment and foster-carer’s beliefs can influence actions and how the world is viewed. The importance of how beliefs could influence foster-carers’ behaviours and ability to accurately receive foster-children’s initiatives is demonstrated within this section. The ‘Attachment’ code pulled the family together whilst the ‘New Family’ pushed them apart. The idealised ‘New Family’ which was provided for by Jacqueline as the children she was

caring for were due to move to a new placement contrasted with sentiments expressed by other foster-carers.

“I know people say, if a child is removed, they adapt really quickly, blah, blah, blah, but I can’t believe, knowing Mark as I know him, if he was removed from us, I don’t know, believe he will ever be what he could have been if he had stayed with us because I think there will be a feeling of detachment or removal or you know, lack of confidence because of that, I’m sure there would be.”

Rachel Interview Two para 18

(See Appendix 12.4 for memo)

Rachel’s strongly stated belief in the power of her relationship and attachment with Mark contrasted with Jacqueline’s expressed view. Jacqueline had the expectation that the children living with her would gain from the relationship and use this to form new relationships with new parents; attachment was transferable. Whereas Rachel’s attachment beliefs were that neither she nor Mark would readily detach and it was through their on-going relationship that Mark would be able to create other strong ones.

“I think that she would make somebody a lovely daughter. If she has got that stability there she would be quite happy. I think that she would fit in fine, like she has been there forever. Because she did, after she had been in my house after a couple of weeks and we had sorted out all their bowel problems and that, it was like they’d been there forever sort of thing. Part of the furniture. They were there, that was it.”

Jacqueline Interview One para 24

The emotional link was recognised and Jacqueline described herself as training herself to detach from the children if she knew that they were moving on (Interview One para 14).

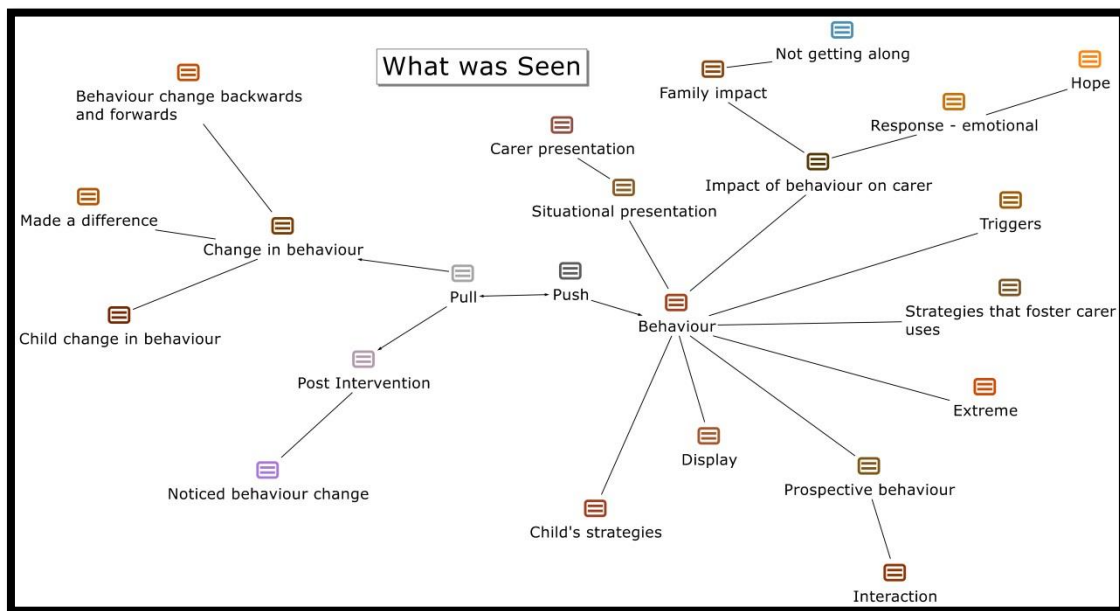
Although Jacqueline stated that she felt that there was a positive bond between her and Georgia and that this would enable her to move on and form relationships, she hoped that, “they will be able to start with a new clean slate, new life, new friends, away from here, away from influences” (Interview One para 14). There was recognition of stability and this seemed to link with a secure base but a lack of acknowledgment that the current prospect of a move would have the potential to knock Georgia’s equilibrium. The internal model of attachment that Jacqueline had did not appear to be consistent or coherent and this might be as a result of the need to move children on to other placements particularly in this case when the long-term plan was for adoption with another family. She recognised the need to protect herself from loss and possible emotional upset and in order to do this responded in a way that was not congruent with how she felt.

Abi’s conceptualisation of attachment seemed to build on this notion that if a child displayed one set of behaviours in one situation with one foster-carer this would readily be transferred to another. If this did not happen this caused confusion and made Liam difficult to read or understand.

“I don’t think that Liam and I are even close, even just giving him a cuddle he tenses up, he is not a natural cuddler although his previous carer said he was but I don’t know whether, I don’t know whether it’s because I am female and his previous carer was male. I don’t know, I am not sure because like I said I don’t know what is going around in his head. He doesn’t give a lot away as to his personal feelings.”

Abi Interview One para 40

4.4.3 What was seen



‘What was Seen’ included a range of codes that showed how the child’s behaviour impacted on the carer, how the behaviour seen might vary in different contexts as well as the strategies that were used to support behaviour in a socially appropriate way. The aspects of behaviour that seemed to support the relationships were times when the foster-carer noticed changes in the child’s presentation.

The demand placed on the relationship with the foster-carer was evident through the ‘Impact of Behaviour’.

“He can be so very mentally draining because he is very attention seeking. He is very want, want, want, want all the time.”

Abi Interview One para 10

“But sometimes it used to stress me out because it was happening so much.”

Nannette Interview One para 34

The emotional cost to the foster-carer and other family members was evident.

“Sometimes I used to worry for myself because my heart rate used to go up and A used to get upset.”

Nannette Interview One para 34

“It’s difficult for everybody. The whole family and being her parent.”

Tricia Interview One para 13

Foster-carers had strategies for managing their emotional state and the need to have some time apart from the children.

“So I used to stand in the kitchen and quite often ring my mum, to calm me down, or to tell mum that she was doing it again.”

Nannette Interview One para 34

“So I have had enough now. And that is when I say to my husband, there you go, I’ve gone. And I have taken myself away. Just to have time out.”

Tricia Interview One para 42

“You need headspace with Liam.”

Abi Interview One para 6

Extreme behaviour was commented upon in terms of the carer’s emotional response, relative to other experiences of behaviour and how the child presented. It seemed to represent memorable moments when the child’s behaviour was not understood, was outside the carer’s experience and challenged feelings of competence.

“So this behaviour is quite extreme to what I am used to.”

Rachel Interview One para 64

“I don’t know whether it was because she pushed everybody to their complete limit, because we were, “Oh, fuck off.” Can you imagine in public and I was like, “Oh, God, stop it.” And she wouldn’t give up. “Don’t look at me. Who do you think you’re looking at?” You know it was, you know, but, I think Cathy made such a show of, and everyone looked, ahh, and she was so cool

and calm. I shall never forget it as long as I live, cos you couldn't write it.

She, "Are you trying to kill me?"

Tricia Interview One para 96

"He was petrified. He was white knuckled, screaming, like an animal scream"

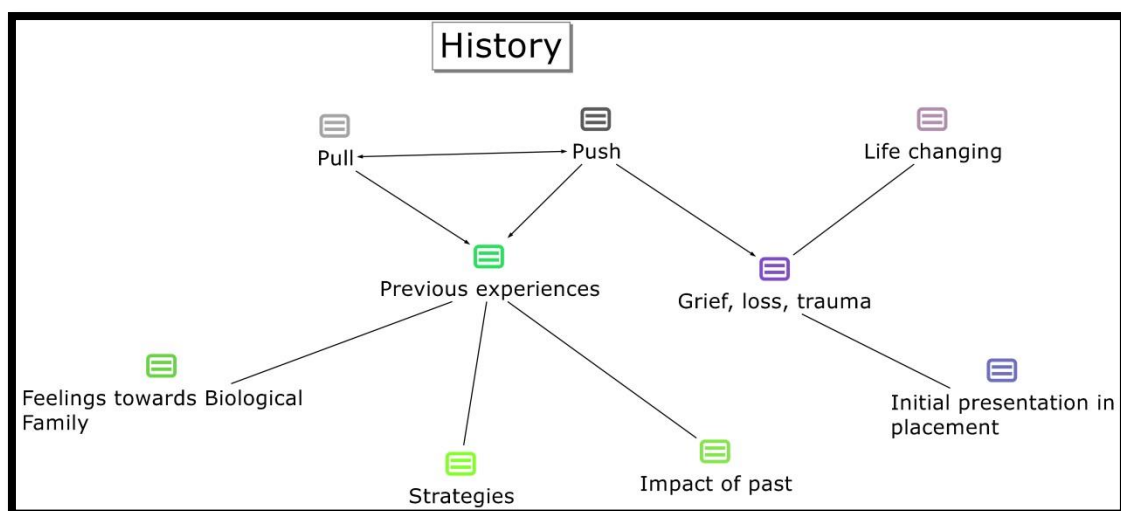
Jacqueline Interview One para 51

The extremity of the behaviour shared was more apparent during the first interviews. This will be further discussed within History particularly with regard to Grief, Loss and Trauma.

On the Pull side were observed changes in behaviour either through reflection and consideration of past events and also through watching footage.

4.4.4 History

This factor includes potentially unknowns and how these might affect the foster-carers' relationships as well as those that were experienced directly in the past. An interesting finding was that of the impact of Grief, Loss and Trauma. This is explored initially.



4.4.4.1 Grief, Loss and Trauma²⁸

The data indicated that foster-carers experience traumatic events in their role as foster-parents and so themselves suffer trauma within these relationships. These fitted into three groups:

- How the child presented initially within the placement and the carers feelings of competence to deal with such presentations

“Uncontrollable anxiety about water was quiet frightening really.”

Jacqueline Interview One para 53

“When she got upset, she didn’t have any teeth because you know, they had been taken out. And she would end up with her whole fist in her mouth.”

Daisy and Frank Interview One para 23

- Experiences of loss through either past occurrences when children had either left their care or there was the prospect of children leaving their care

“Emma and Mark being adopted, I couldn’t stand it, I went to the doctor and had a couple of consultations with him, and it was really good, and we discussed it and a lot of it was out of my hands, and I come to accept that they were being adopted, to a level that I would not cry every time I looked at them.”

Rachel Interview One para 12

“And I do know what that feels like because we did used to foster mothers and babies and we got left with a baby once and he stayed with us for two years and it broke my heart when he left.”

Daisy and Frank Interview Two para 55

²⁸ Trauma is defined as an extremely distressing experience that causes severe emotional shock and may have long lasting psychological effects (Encarta Dictionary: English UK).

- Significant incidents within the placement that the carer found difficult to manage or was not in control

“I would honestly say, this is hand on heart, I am very passionate about her, and the only time, honest to God, in the last three years that I have actually sat and thought, “I can’t do this,” was the night that Fifi got put down.”

Tricia Interview One para 108

(See Appendix 12.5 for Memo on Trauma)

4.4.4.2 Previous Experiences

The code captures aspects of the child’s past that might affect the carer and how they responded to the child.

“Because we all want our parents don’t we? And I know it’s different for her because she has so much angst. Such anger and hatred. Such anger and hatred that would be the word I would use when she is talking to be about her family.”

Tricia Interview 1 para 21

“In a way I understand her. I understand that she wants to be in control because that is what happened before and I always think about what might be going on in the back of her mind from before.”

Jacqueline Interview 1 para 39

Biological families were generally considered with ambivalence. There was recognition of the harm of past experiences and potentially current and future contact but also acknowledgement that a child might want to return or maintain ties with their biological families in the future or in an ongoing way.

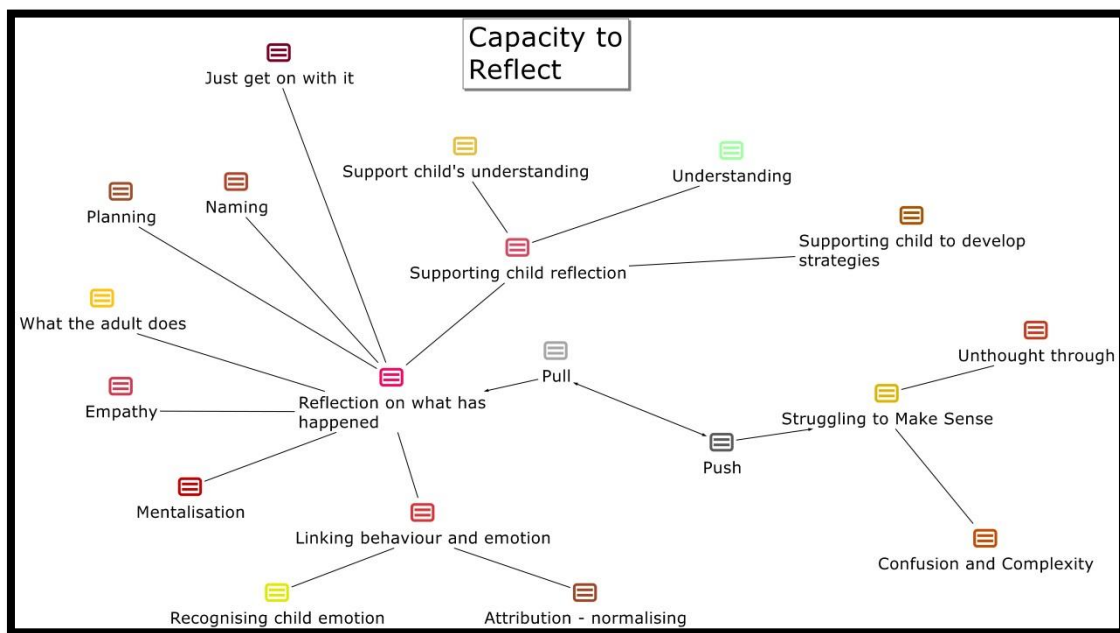
“And they still see their parents, and they love their parents, of course they do, they love their mum, but realistically we hope to show them that is not the only way to live.”

Daisy and Frank Interview One para 90

“I really don’t want to see that, I’d rather them move away, and be somewhere and be away from her influence so that they can have a proper normal life, rather than be subject to that sort of manipulation.”

Jacqueline Interview One para 12

4.4.5 Capacity to Reflect



The codes that emanated from this axial coding included the carer’s ability to support the child’s reflection as well as their own capacity to link behaviour and emotion.

There was evidence that carers actively were able to mentalise²⁹ and clearly expressed their ability to do this. They were able to put themselves into the children’s heads and then change their own behaviour accordingly.

“It distressed her before he even got in the bath because obviously something had happened and she knew and she was worried about him so, so at the

²⁹ Fonagy and Allison (2012) described mentalization as the ability to infer and represent other people’s mental states and that it was also required to understand our own mental experiences particularly in situations that were emotionally charged.

beginning I had to have Georgia stand at the door to make sure that she knew that there was nothing bad happening to her brother, and gradually getting him used to water, and that it wasn't going to hurt him."

Jacqueline Interview One para 51

"I found it very worrying because I thought if she feels like that when there's only myself, A and her, and everything seems to be going well, I thought, "What else can I give her or do so that she doesn't do this?" Because in actual fact, the more time we seemed to spend together, the worse she got for a period, as if I'm going to have this massive rejection, I'll have to get sent back to mummy, perhaps, I don't know really what goes through her mind, so it was my goodness, will she ever stop."

Nan Interview One para 34

Carers showed that they could name³⁰ experiences for the child.

"You're tired, you're upset."

Abi Interview One

"I will certainly offer her the chance of a cuddle and a talk and of course, "You miss your Mummy.""

Nannette Interview One para 58

Reflection was not only about being able to think about the child or what the adult thought but also to act based upon this.

"So we have to bear that in mind with him, he will always be slightly behind but then if that happened, like with Jane, we will get extra tutoring and stuff."

³⁰ Adults explicitly attend to their child's behaviours and signals and name them.

We'll just work more with him cos he's going to need that, he's got a lot of months to catch up on him."

Rachel Interview Two para 22

"You have to be very careful how you put things with them so they understand what you mean."

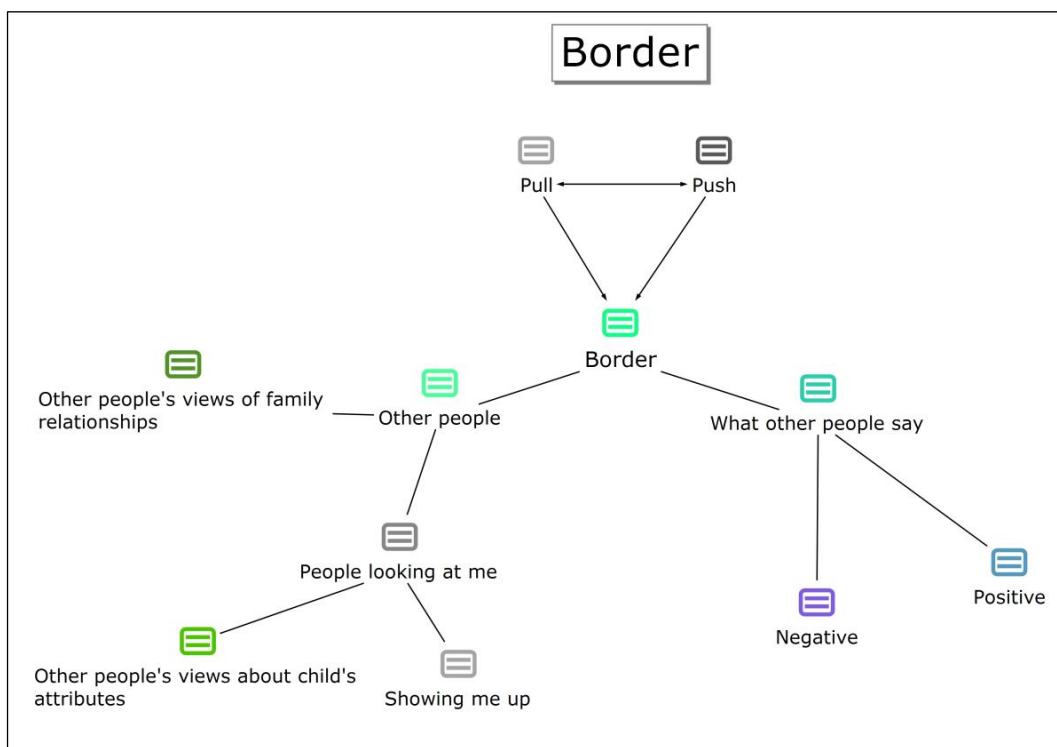
Jacqueline Interview One para 31

Empathy was clearly expressed.

"It must be terrible to feel like that. It really must, I really feel for her, when she is getting upset over nothing. I do totally feel for her."

Nannette Interview Two para 38

4.4.6 Border



The Border factor signalled the importance of other people and how their comments and external regulations affected carers. These could be expressed in both positive and negative terms.

“A lot of people who do not know he is fostered say, “Oh my God, he has just got your personality. You can tell he is your son.””

Rachel Interview One para 6

Conversely,

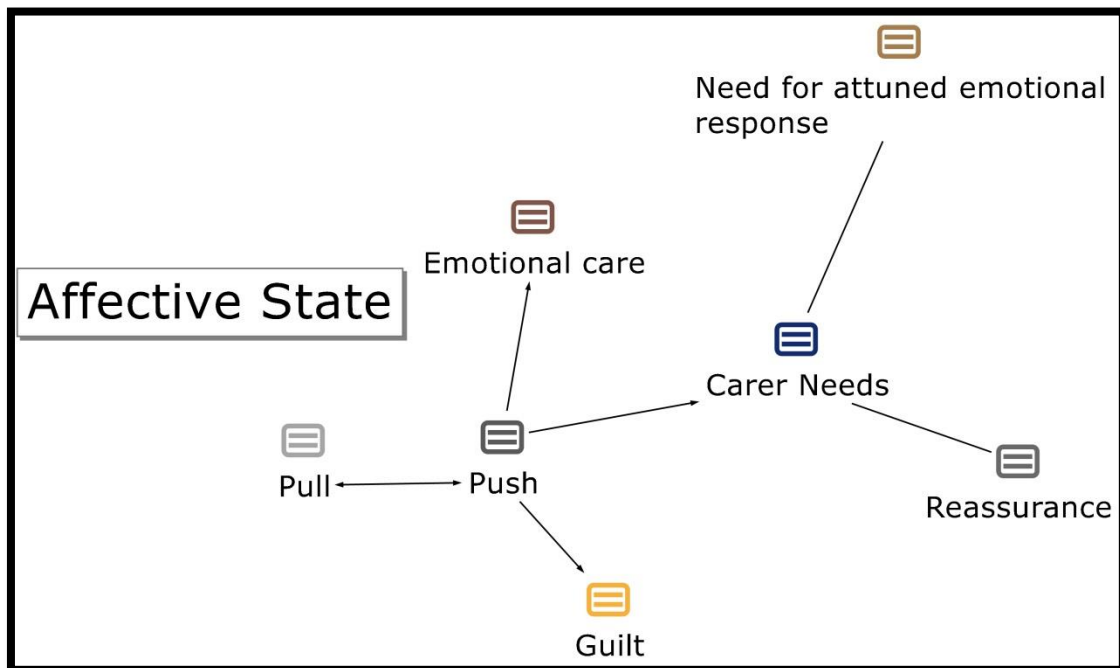
“When they are someone else’s and you’ve got external people, constantly, you know almost making you feel like you are insignificant, or that you are not doing a good job, ‘cos you do feel like that sometimes with social services, or they pick holes in things or try and do this or, or and cover yourself, that’s not life, you shouldn’t be covering yourself, you should just be able to live life.”

Tricia Interview Two para 44

(See Appendix 12.1 for memo)

The views expressed by others had the potential to create strains on relationships within the family, within person and with other professionals or observers.

4.4.7 Affective State



This factor incorporated possible affective factors particularly those that might be in play at times when the child was aroused.

Carers actively sought support from others:

“So I used to stand in the kitchen and quite often ring my mum.”

Nannette Interview 1 para 34

“So I have had enough now and that is when I say to my husband”

Tricia Interview 1 para 42

They also had feelings that could affect the relationship.

“Then I had a lot of guilty feelings, cos what if I can’t do this.”

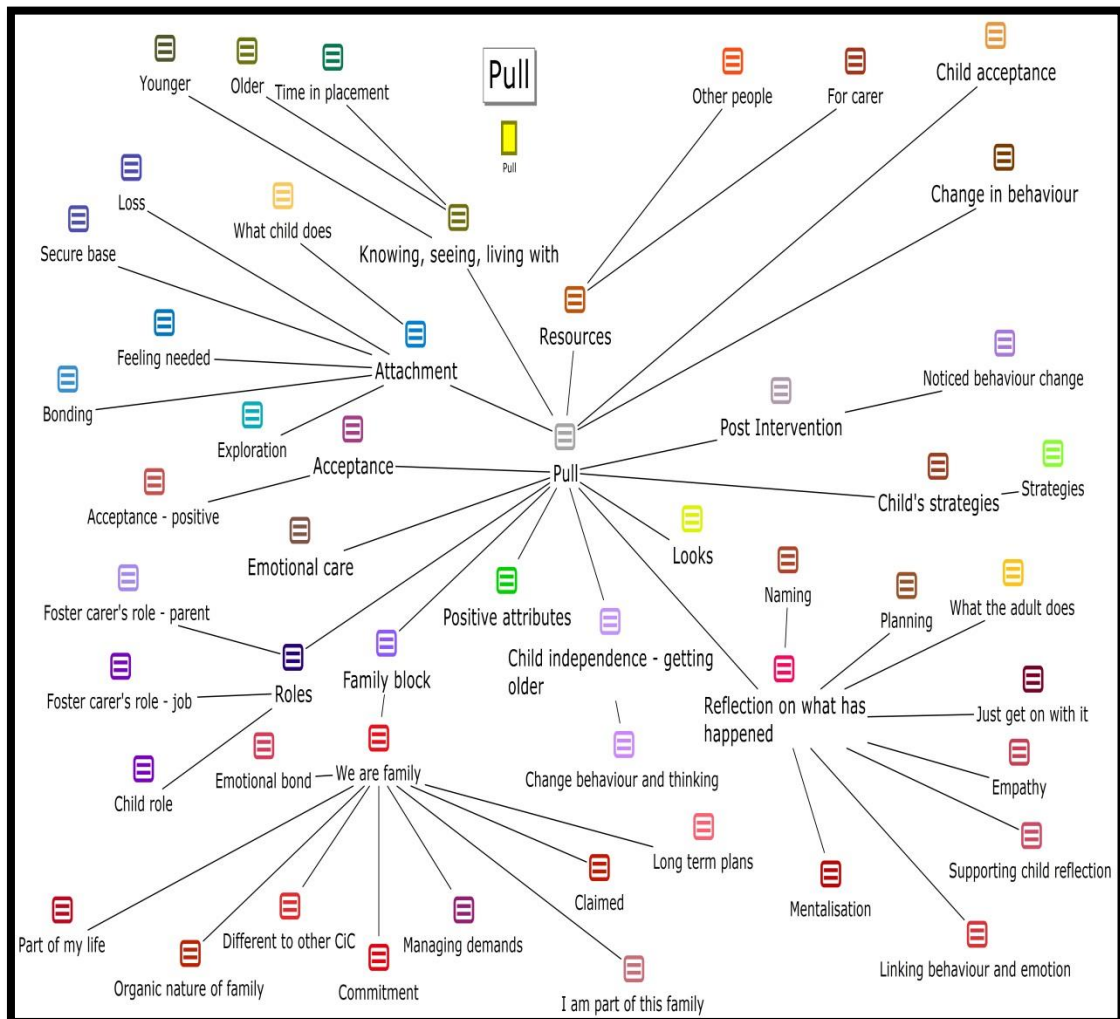
Nannette Interview 1 para 38

Within this factor positive affect was not included as this was placed within the Family block. Expressions of love were made by carers towards foster-children.

4.5 Summary so far

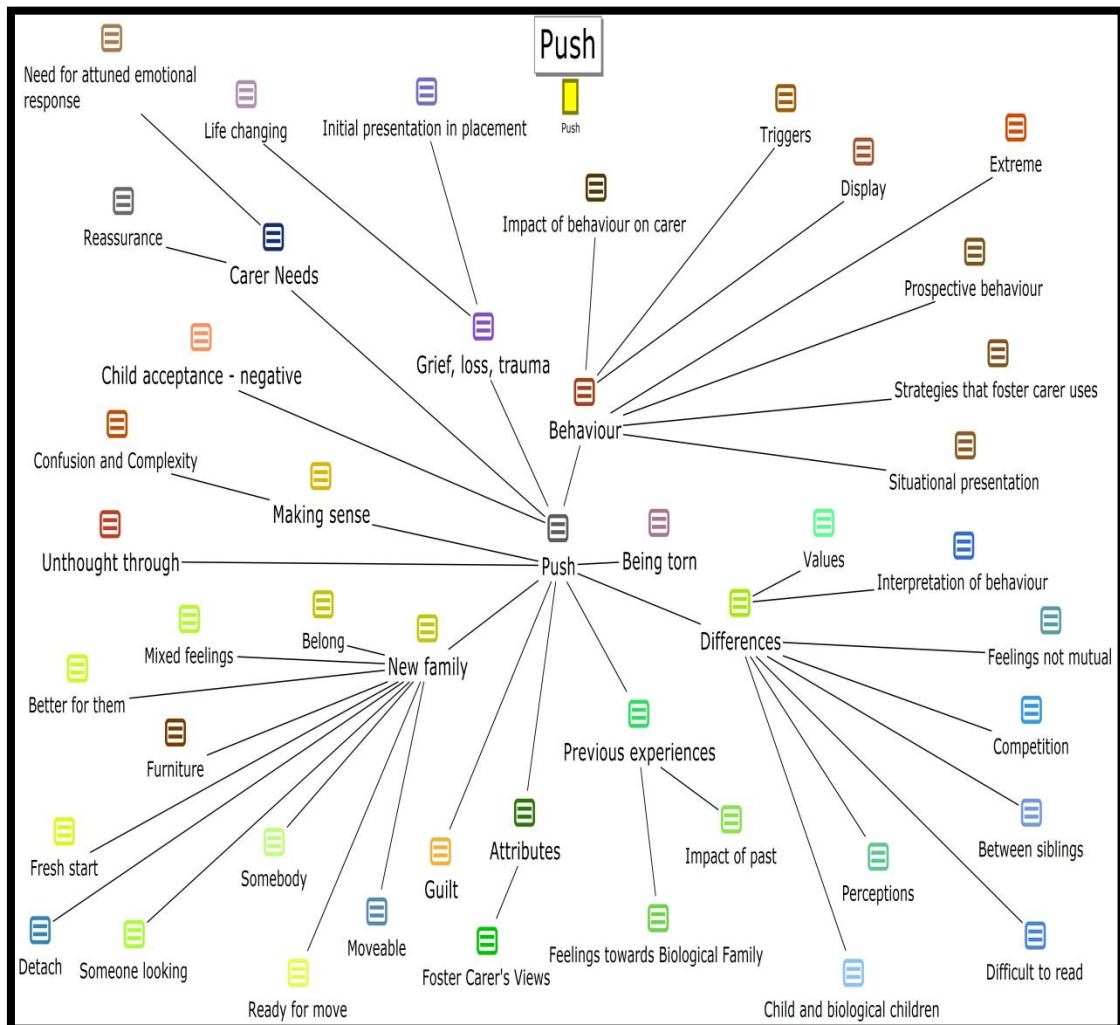
The categories so far describe tensions and strains that might be set up within foster families. The examples provided have been from both the first and second interviews to indicate that complex issues remain. Each of the seven factors held within them tensions that shaped interactions within the families. This 'Push' and 'Pull' nature of the relationships became the core category and are described below.

4.6 Pull



Within the different families within this research there were dimensions and properties within factors that pulled the pieces of the patchwork blocks together to create a new block where the child was included within the family block. This process was a dynamic one and constantly changing and under review. The child and the family needed to accept each other. Carers needed to see, feel and think that they had had a positive impact on the child's life. Factors that might be outside the control of the child and the foster-carer were things like age at placement and how the child looked or was perceived by others in relation to how they fitted within the family. It would seem that these could be influenced by the foster-carer's beliefs and therefore subject to change so that new IWMs could be generated and tested.

4.7 Push



There were also factors that seemed to push the family apart so that the child was not as included within the family as might be hoped.

The child's previous experiences and the potential draw of the biological family could be of concern. Differences between the child, carer and family members also acted to push the child away from the family block, especially if the carer felt torn between the child's needs and that of other family members or the carer's perception that he/she did not have their needs met.

The child's behaviour could also push the foster-carer away particularly if the foster-carer was overwhelmed by it and did not feel competent to deal with it. Traumatic events had the potential to overwhelm and keep the foster-carer stuck in their view of the child. This also had the potential to threaten the foster-carer's sense of competence, professionalism and expertise.

If foster-carer's beliefs about attachment were that these were moveable and transferrable from one person to another then this could mean that carers did not need to fully commit to the child and keep them within the family. Jacqueline clearly showed her care of the children but acted to protect herself from the possible feelings of loss that were to come when they left. This lack of acknowledgement of her own feelings seemed to be apparent in her 'seeing' the children's emotional state and so some of her interactions moved into the 'no' cycle, recreating patterns that protected her from loss and leaving the children's emotional state unreceived. Daisy and Frank protected themselves by ensuring that they provided long-term care for children and that their plan was for foster-children to remain with them into adulthood. Likewise Rachel ensured that the children had permanency in their plans.

4.8 Part 2: Mechanisms and Processes

This section of the chapter focuses on the second research question:

What are the potential mechanisms underlying changes in foster-carer's perceptions of these factors within their relationships with foster-children over the course of the VIG intervention?

The abstraction of mechanisms at work during VIG was carried out by analysis of what foster-carers said about VIG and through constant comparison between pre and post interviews as well as between and within categories. There were aspects of VIG related to the process that supported and enabled mechanisms to be discerned. By focusing on the foster-carer's strengths their competence was noticed. Foster-carers were given time to reflect during the shared review on their relationship and the filming provided a space to engage with a child with no other distractions. Foster-carers were supported to micro-analyse how they contributed to moments of attunement.

The mechanisms identified were:

- Making sense and creating new meanings
 - Attributions were challenged
 - Behaviour and history reframed
 - Carer and guider co-create new understanding/ IWM
- Conscious Awareness
 - Able to see that their effort was worth it
 - Supported to see their influence on the child
- Mentalisation
 - Being able to reflect, see and generate new patterns of behaviour
- Self-Protection
 - Holding beliefs and acting to reduce intolerable feelings

Each of these mechanisms had the power to act and influence each other.

How these were determined is shared next. Figure 7 expands Figure 6 (p.109) and includes the processes and mechanisms that change foster-carer's perceptions about their relationships.

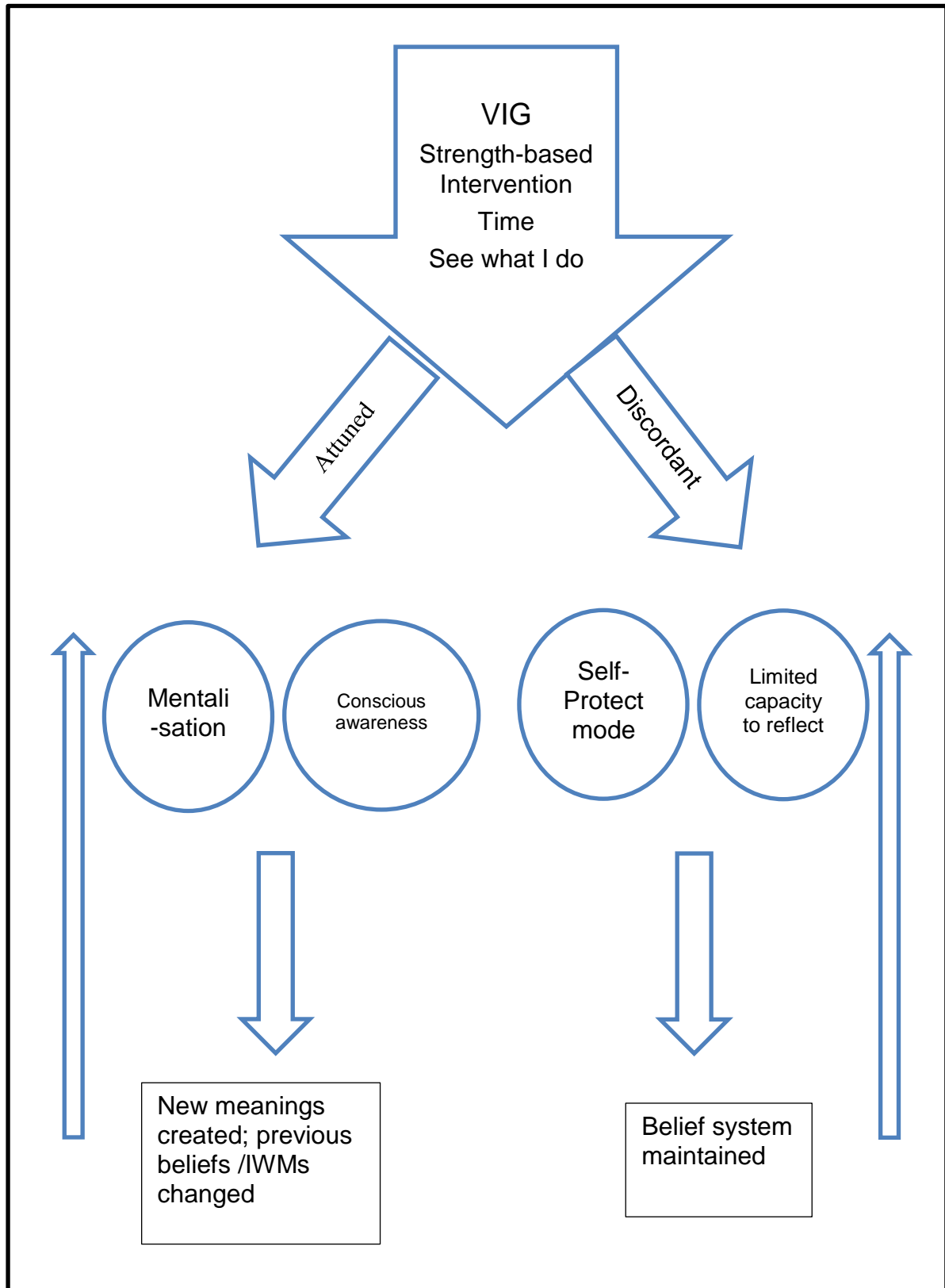


Figure 7: Mechanisms involved when VIG is used with Long-term Foster-carers

4.9 Latent Analysis of Pre and Post changes – individual

Notable between the two interviews was that there were fewer codes on the second interview than the first and generally fewer words spoken. The data is described in quantitative form firstly as this was done by MAXQDA as part of its weighting as shown by the darker lines created by the MAXMaps of the codes. The darker the lines the more the foster-carers spoke about those particular codes in proportion to the rest of the coding.

Carer	Number of Codes Interview One	Number of Codes Interview Two	Number of Words Interview One	Number of Words Interview Two
Daisy and Frank	174	121	7123	8997
Rachel	132	121	10640	7141
Tricia	109	45	5644	1885
Nannette	71	58	4026	3438
Jacqueline	156	83	6694	4388
Abi	62	42	6836	3092

The variation in the proportion of what was said each time or the change in what was described was further examined using latent coding – uncovering the underlying meaning of what was said. MAXMaps provide a tool to visually inspect how what was talked about changed (See Appendix 12.8.1). Axial codes were further analysed where there appeared to be a difference between the two interviews. The transcripts were also re-read to ensure that more subtle underlying meanings were not lost. Codes were chosen for comparison and analysis based on the change in prevalence and the insight that they provided. Below is an example from Frank and Daisy’s interviews (See Appendix 12.8.2) for greater detail and analysis for each carer. Subsequently each foster-carer’s change is shared and quotes are provided for illustration.

Excerpts from Frank and Daisy Interview 1

Strategies that the carer uses

Pebble jars they were. And they used to get a pebble every time they did something that was kind. 'Cos our biggest thing at home, our only real rule at home is that they respect each other. And that they are kind. Because everything bounces off that one rule (para 64).

And just saying to her, do you want to talk to me yet? Or are you ready to go yet? And she'd go from screaming and tantrumming to, no, I want to, okay stay her a bit longer then, and in the end she came out, she never disclosed to me why she was angry, she always came round, and we went off wandering as if nothing had happened (para 115).

Sometimes nothing, sometimes these children will tantrum or Katie will be rude, and I don't do anything about it. Sometimes I overhear her being rude to one of her siblings, and I don't do anything about it because they have to find their own hierarchy because I can't keep stepping in and rescuing someone all the time, sometimes you have to let someone find their own place (para 119).

Excerpts from Daisy and Frank Interview 2

Behaviour Changes

Here we actually encouraged Katie to play an equal part (para 19).

I would have, if I was doing something, jobs in the house, they would all have their own jobs, Katie has the tiniest, weeniest little, easiest job, that's bizarre after watching this, she should have a better job. You know because she is able. I think we might change that at home, we might give her more (para 25).

But Katie has been, I'm choosing jobs because it is an easy example, but Katie would be asked to carry the crisps out because that is what she used to be capable of. And she still, and the crisps is a good idea, 'cos if I unpack the car I still give Katie crisps or toilet roll because she won't drop it and she can manage to carry it. Whereas she can probably manage to carry out a bag of jars now. But I have not moved her on and that is an example of life generally (para 39).

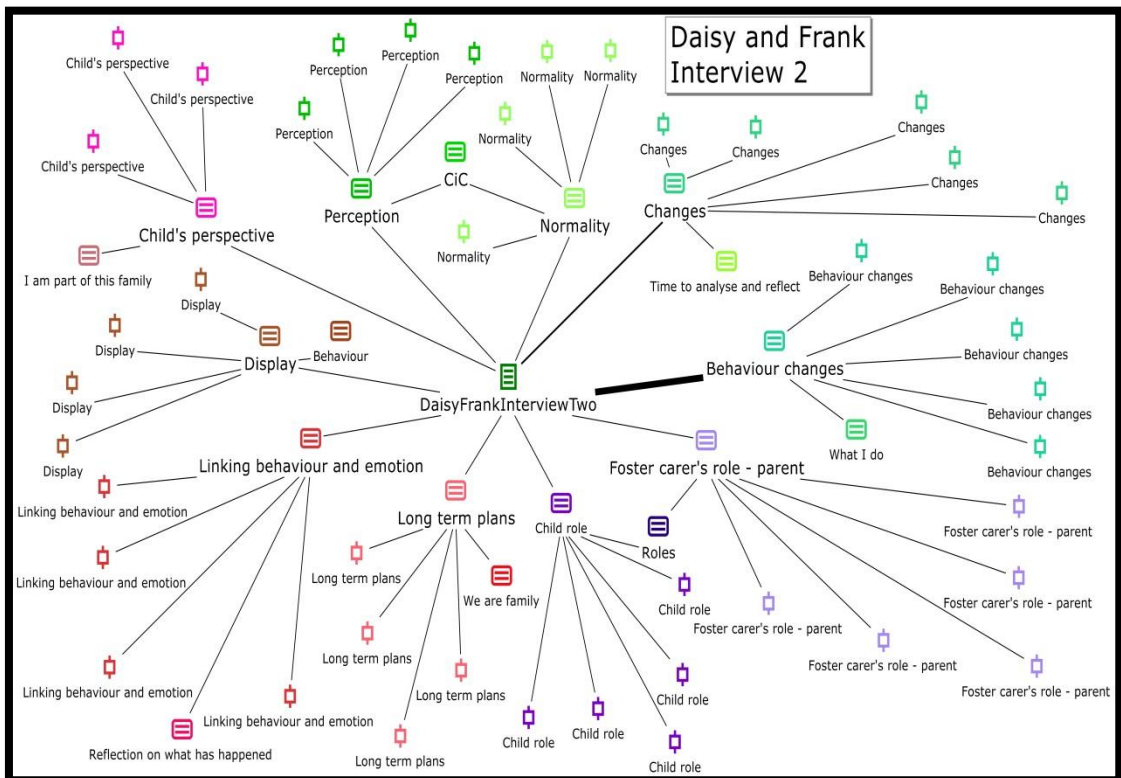
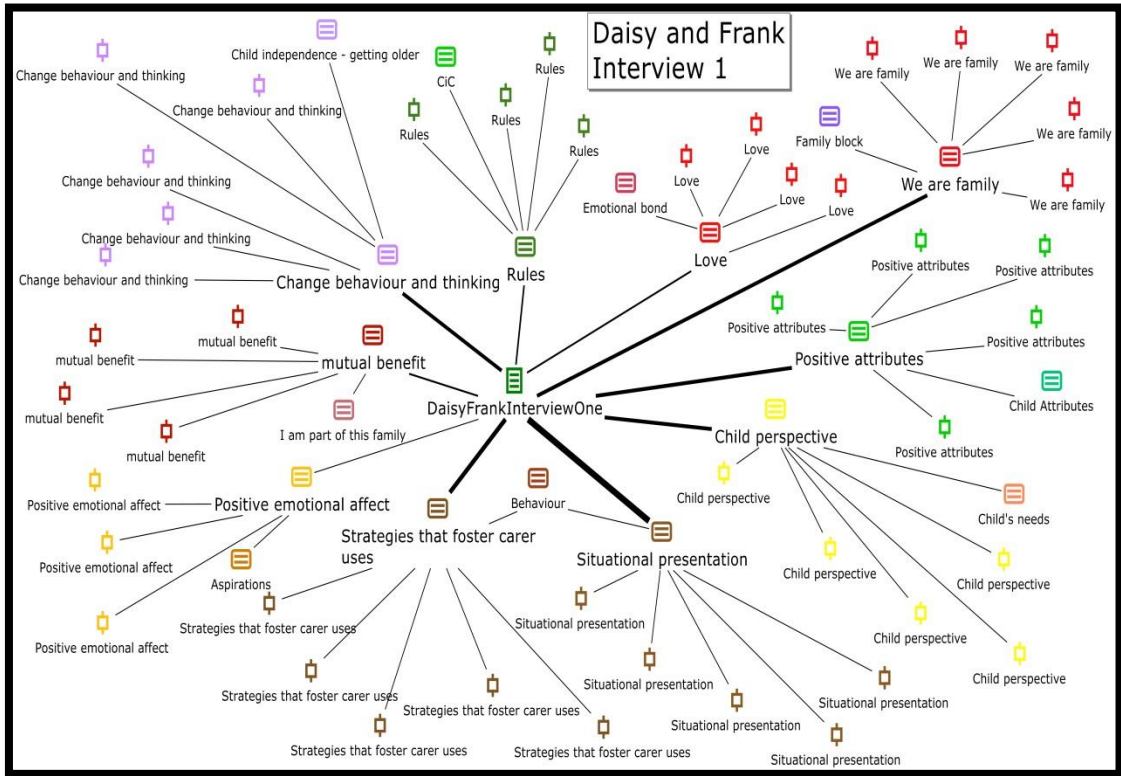
If we expect her to move up a level, we have got to move up a level haven't we? So perhaps that is something that we will take from here (para 46).

That's a really important thing that we preach about all the time and we probably need to practice a bit more (para 67).

Latent analysis of Changes between Interview 1 and 2

In Interview One, Daisy and Frank recognised that Katie is older than when she first arrived in their care. They were able to appreciate that four year olds might have tantrums and that Katie when she was initially in their care was developmentally/emotionally delayed and therefore she needed to be supported in the way a younger child might be helped when they were distressed. Within the family Katie was one of the 'babies' and an such needed to be protected and expectations continued to be of a younger child.

During the second interview their perceptions had changed. They were able to re-imagine Katie and acknowledged that their expectations of her were too low. They needed to let her grow up; they were able to see their role in her development. Katie's position in the family had changed. She was now seen as more independent and less needy of their support. Her role had changed and she was no longer the baby of the family.



4.9.1.1 Conscious Awareness, Mentalisation and New Understandings

Between the two interviews of Daisy and Frank there appeared to have been a move from a focus on what the child brought (Child Attributes), to a reflective stance.

In the initial interview there was an emphasis by the carers on her differential presentation at home and in school with Katie seen as quiet and lacking assertiveness at school whilst at home being comfortable and able to say what she wanted to.

Between the two interviews Daisy and Frank seemed to have developed a more coherent view of Katie and the impact that they had with her learning and development.

“Katie can be quite assertive though. ...Mr Teacher wouldn’t describe her as assertive. And nor would I if I knew her here. But she can be quite assertive at home. ... you’d have two completely different ideas of what she is like.”

Daisy Interview One para 38-40

Daisy and Frank were able to see Katie as presenting different sides to her personality in different contexts and in different places. They appreciated that other people would see her differently and that she might present differently depending on who saw her and the context in which she was in.

Katie was seen as one of the babies in the family. Daisy was able to reflect that she needed to change how she treated Katie as she was getting older but no tangible suggestion was made as to how she might do this.

“Katie is one of the babies of our family and it’s difficult, I used to say, cos they’re little, “Oh no, leave the babies alone, they don’t want to do that, those little ones, come here little ones, come on.” I used to do that. And then I realised they were growing older and that is not actually appropriate anymore.”

Daisy Interview One para 101

Daisy and Frank appreciated that they had become stuck with Katie at a particular developmental stage and that expectations were not high enough (para 65-71). There was an acknowledgement that although they talked about having high expectations they needed to act that way too.

Within the second interview Daisy and Frank were able to mentalise, to show that they could think about their thoughts, those of Katie and then change their behaviour accordingly.

“I’m choosing jobs because it’s an easy example, but Katie would be asked to carry the crisps out because that is what she is capable of...Whereas she can probably manage to carry out a bag of jars now, but I have not moved on and that is an example of life generally.”

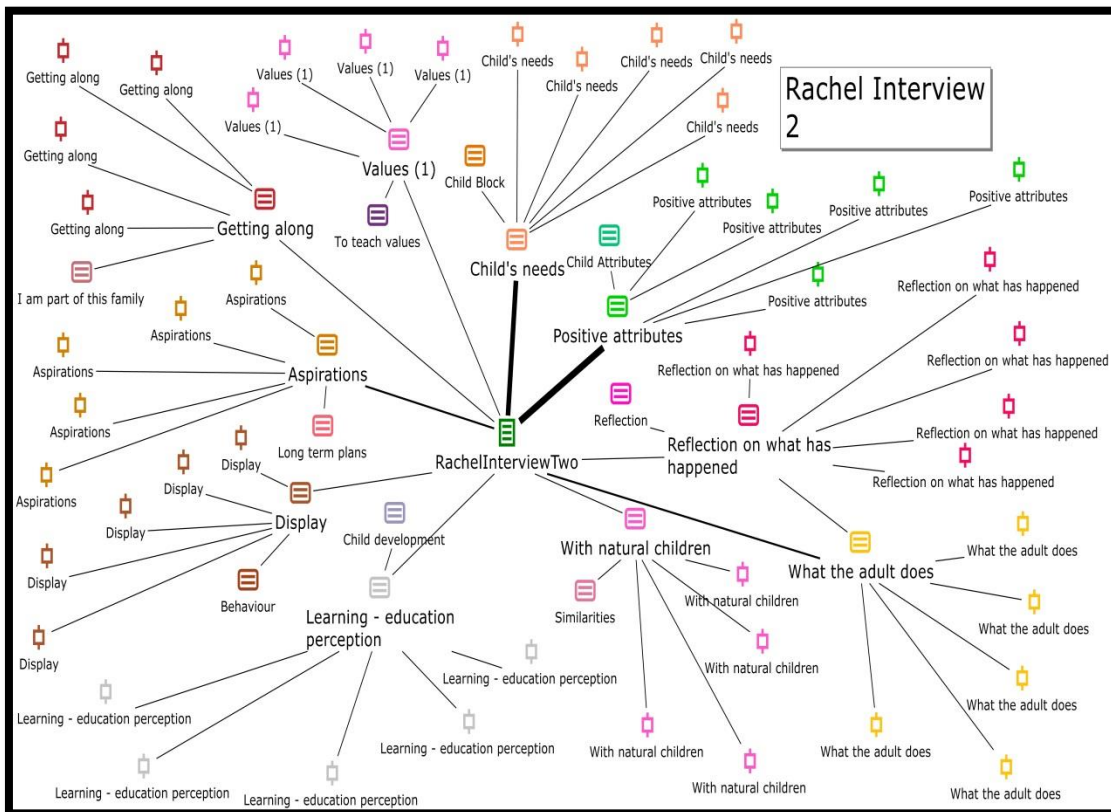
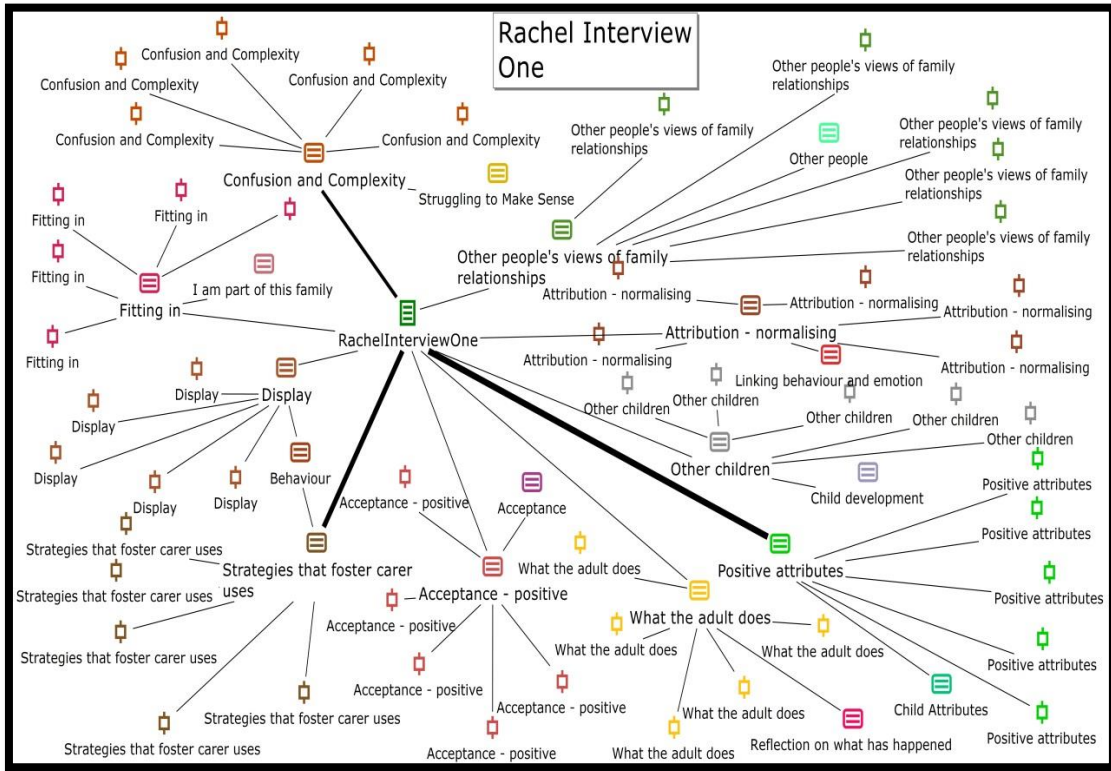
Daisy Interview Two para 38

“If we expect her to move up a level, we have to move up a level, haven’t we?”

Daisy Interview Two para 46

Daisy was able to see how she might change what she was doing if she were to support greater independence and how her positioning of Katie as a baby within the family dynamic needed to change. The focus of the home being a place of competence to a place where learning took place and an understanding of their impact was evident. Daisy and Frank were able to re-imagine and change their perception of Katie and her skills and competencies and had developed a plan to change Katie’s position within the family.

4.9.2 Rachel



4.11.2.1 Seeing What I Do and Making New Meanings

In the first interview, Rachel was readily able to recognise the positive attributes of Mark and Emma. She found when thinking about the children that there were complexities to their behaviour and this puzzled her at times, especially with regard as to how she might support and manage it.

She needs lots of attention. A real lot of attention. I am not sure I know the best way to get round that really. Whether to give her loads or not to give her loads. You don't want her to go on in this circle that I get this attention all the time because she has got to learn that she can't have all the attention all of the time. There are lots of other people in the house so. I am not sure how I do that.

Rachel Interview One para 30

Rachel was influenced by other people, in part using other children as markers as to how well the children in her care were doing as well as the opinions of others and how they might see her.

"There are still other children screaming and crying and banging at the windows. So he is not quite as bad as that."

Rachel Interview One para 34

"A lot of people would never know they were fostered."

Rachel Interview One para 10

Although Rachel used other people for comparison and affirmation that she was doing a good job, she did not attribute the children's success to what she offered and provided for them.

In the second interview the comparison to other people was linked to comparing Emma and Mark to her natural children and she did this in a positive way, acknowledging their characters and different dispositions.

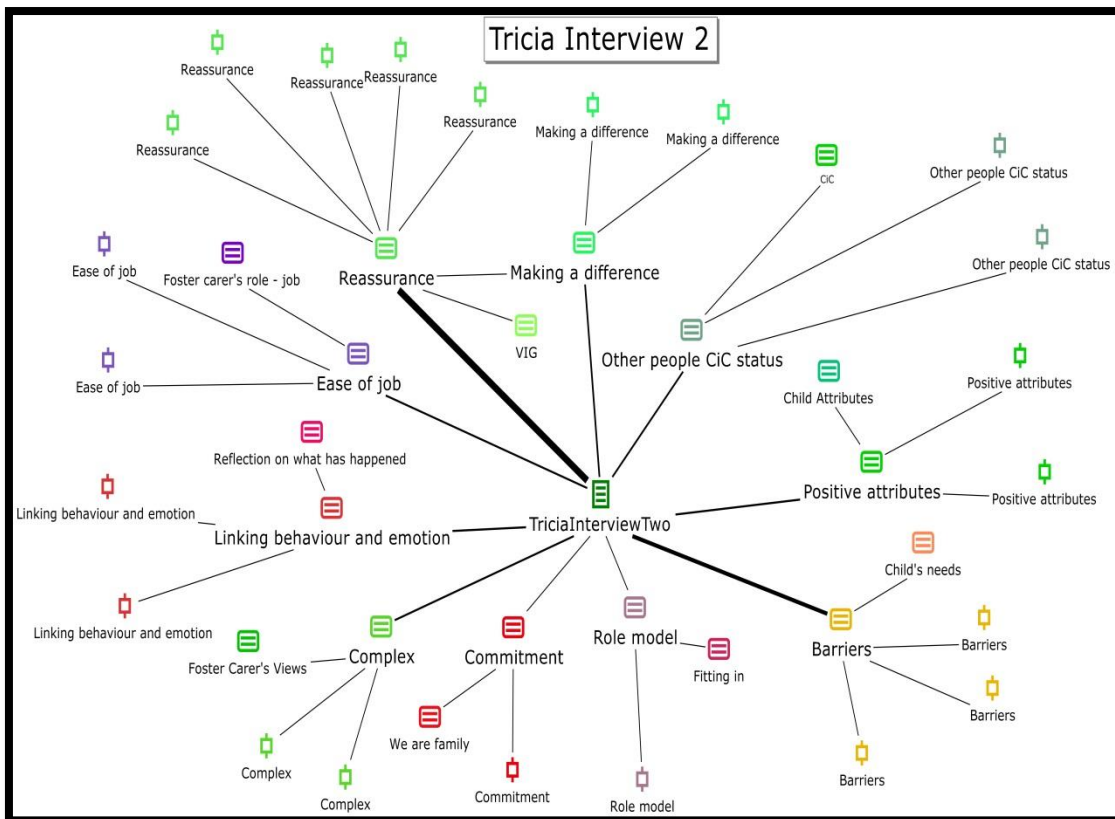
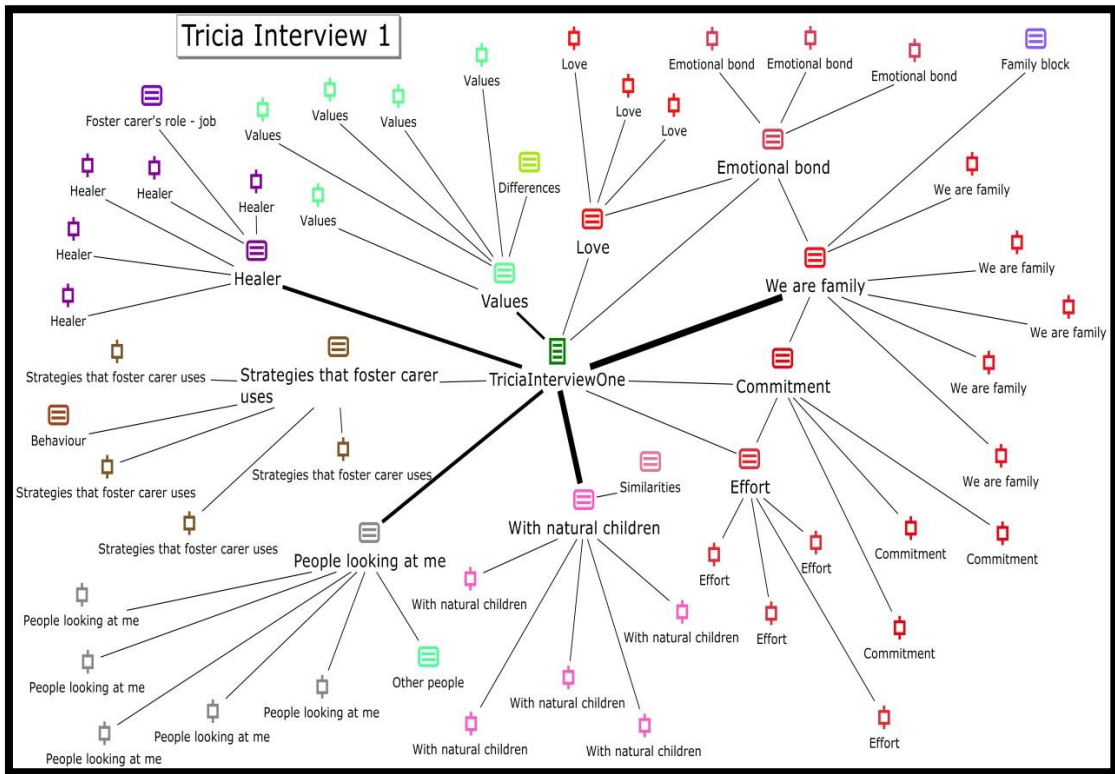
“If she turns out like my girls I will be really proud.

She, she, the funny thing is the daughter that she fights and argues with the most with, I can see she adores. She is pushing Kay but I think she might end up like Kay. ... Kay and I always thought that it would be the other way round, has gone through two different college courses, real gregarious, fun, humorous, great friend of mine, will make her way in life doing whatever she does, and I think Emma is almost modelling herself a bit on Kay, but I can see that but that is okay, that is fine.”

Rachel Interview Two para 26

The children appeared to have been thought about more in terms of being part of the family and like her own children. She was more able to reflect on what the children's and her behaviour meant and the impact of their behaviour seemed to be less.

4.9.3 Tricia



4.9.3.1 See What I do, New Understanding and Strength-based Intervention

Most notable following the intervention with Tricia was the realisation that;

“After seeing what I have seen with you, I know that I am doing her good. Until then I did not know that I was. I did question sometimes whether I was helping her, now I know I am.”

Tricia Interview Two para 9

“It’s proved to me that I am what I wanted to be, which a good carer is, I think.”

Tricia Interview Two para 44

She was able to see that what she was offering was providing Claire the support that she needed. In the past Tricia had been told that the therapy that Claire needed would come from her and this was something that she had not really understood. VIG provided a way for her to see how her interactions were supporting Claire and how she was making a difference. This reassurance provided feedback that informed an awareness that she could contribute to meeting Claire’s ‘therapeutic need’ as well as confirming Tricia’s view of herself as a good carer.

“I have to think right, okay, she’s irate, so I have to try and come down, because yes, when someone is being rude to you and you are fighting against it, it does, you get irate, ‘cos it’s a natural human instinct you know, do as you’re told, you know when you are being rude, you know, bashing and crashing but I have to stop, I have to come in, I have to come in at a lower area, I did not realise how I did that until I saw your video. Now I know that I do do it. But I do it automatically; I don’t even have to think about it.”

Tricia Interview Two para 28

Additionally Tricia was able to mentalise and appreciate how her ability to modulate her own arousal state affected how Claire might respond. This process had become conscious and seeing it in action had allowed Tricia to apply it to different contexts and she felt that it was becoming automatic although from what she said there was the

possibility that she could self-monitor and consciously lower her tone and affect as difficult situations arose.

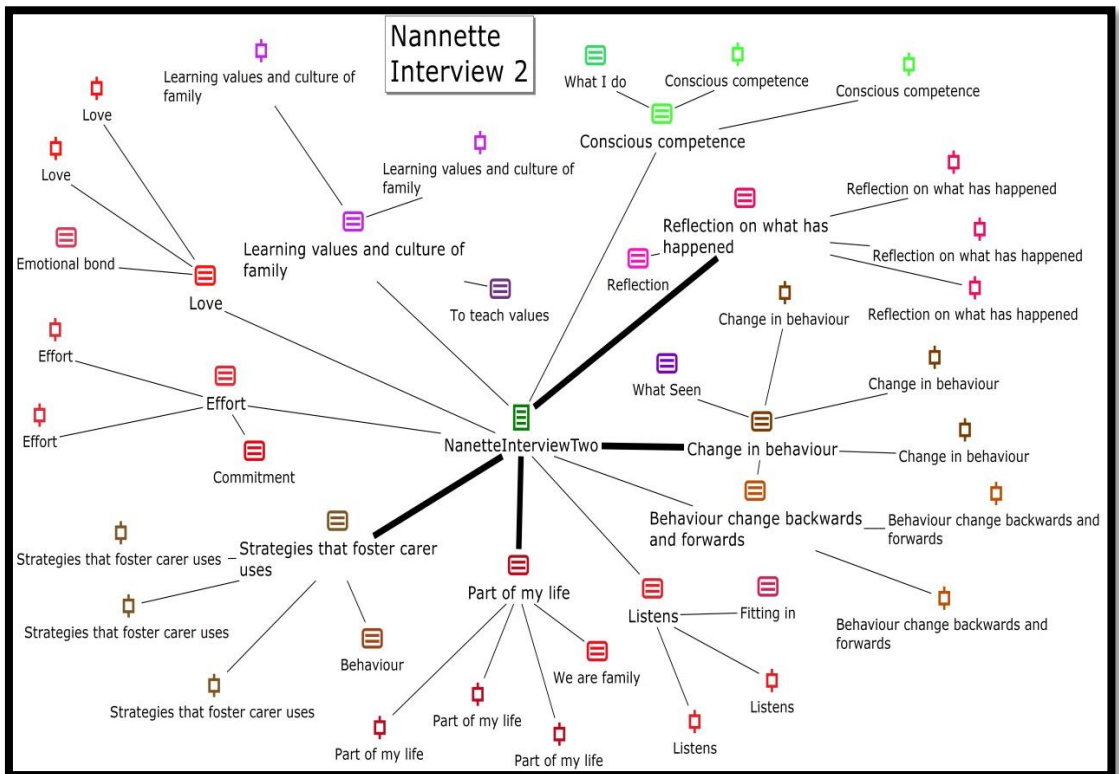
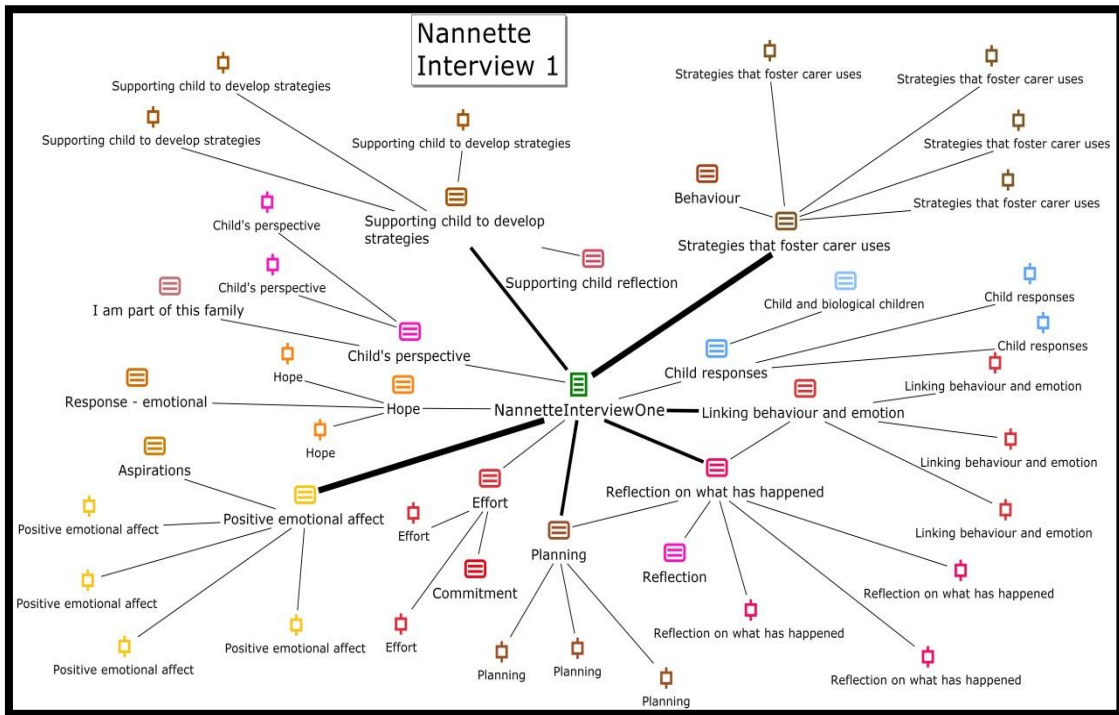
The impact of this self-awareness and how Tricia affected Claire seemed evident in the statement;

“Try and be the adult that she would want to be.”

Tricia Interview Two para 12

This would suggest that Tricia had become aware that her ongoing interactions and presence could make a difference and that she might provide the role model that Claire would aspire to. Her perception of what her competence and her role as a foster-carer had changed.

4.9.4 Nannette



4.9.4.1 See What I do and Strength-based Focus

The changes for Nannette were subtle than the others. Nannette had shown that she was reflective in her consideration of Sally's behaviour, feelings and thoughts and that she acted to support or manage her emotional arousal.

"I think that she might cry quickly over an incident perhaps. I hope that we are ready for this one. I hope I can nurture it out of her if you like, I am hoping that if she starts crying quickly I know that she is feeling something and I am going to ask her to talk about it or invite her to talk about it."

Nannette Interview One para 58

The focus here was on trying to act to ameliorate any distress and planning for what she might do to guide Sally through a prospective event. Here she was seeking to create a safe space to enable Sally to share her woes. She understood the key aspects of attachment; attuned responses, safe-base and exploration.

In the second interview, Nannette commented on the changes that she had seen in Sally's behaviour.

"Everything is being resolved quicker. Instead of having a whole bad day, we will have a couple of bad minutes, or a bad hour, depends on how bad the situation is or how she feels but certainly resolving things much quicker."

Nannette Interview Two para 23

It was clear that the effort involved for Nannette in caring for Sally was important to her.

"I have put such a lot of effort into her, and it's really showing now."

Nannette Interview One para 13

“It’s hard work sometimes and I feel quite upset about it sometimes because we have taken this huge step forward and then we have taken this little step back and it can be quite hard work but I would not have it any other way, I would not turn the clock back, I would not change a thing.”

Nannette Interview Two para 4

Despite the hard work and effort involved, Nannette was able to see the changes in Sally’s presentation and that there were times when things would be more difficult but she was able to see the bigger picture. She did not wish easier times on herself as the effort and difficulty had been worth it overall.

Nannette valued and appreciated that Sally was picking up the family culture and values.

“She listens to me, we got our own silly little ways and I think how we live is going to affect her.”

Nannette Interview Two para 15

In the first interview the attribution seemed to be that Sally had “really picked up on life” (para13) rather than linking success or changes to what Nannette was able to offer.

Similarly with regard to listening and seeing herself as role model for Sally, Nannette was able to describe how she and the school were acting together to make a difference. She also recognised the efforts that Sally was making in trying to please her and make changes to her behaviour and responses to situations.

“I think she does look at me for the way to go, and with school and myself I think it is totally affecting her life. Because I think she is trying to please and follow what we might say is right, hopefully.”

Nannette Interview Two para 13

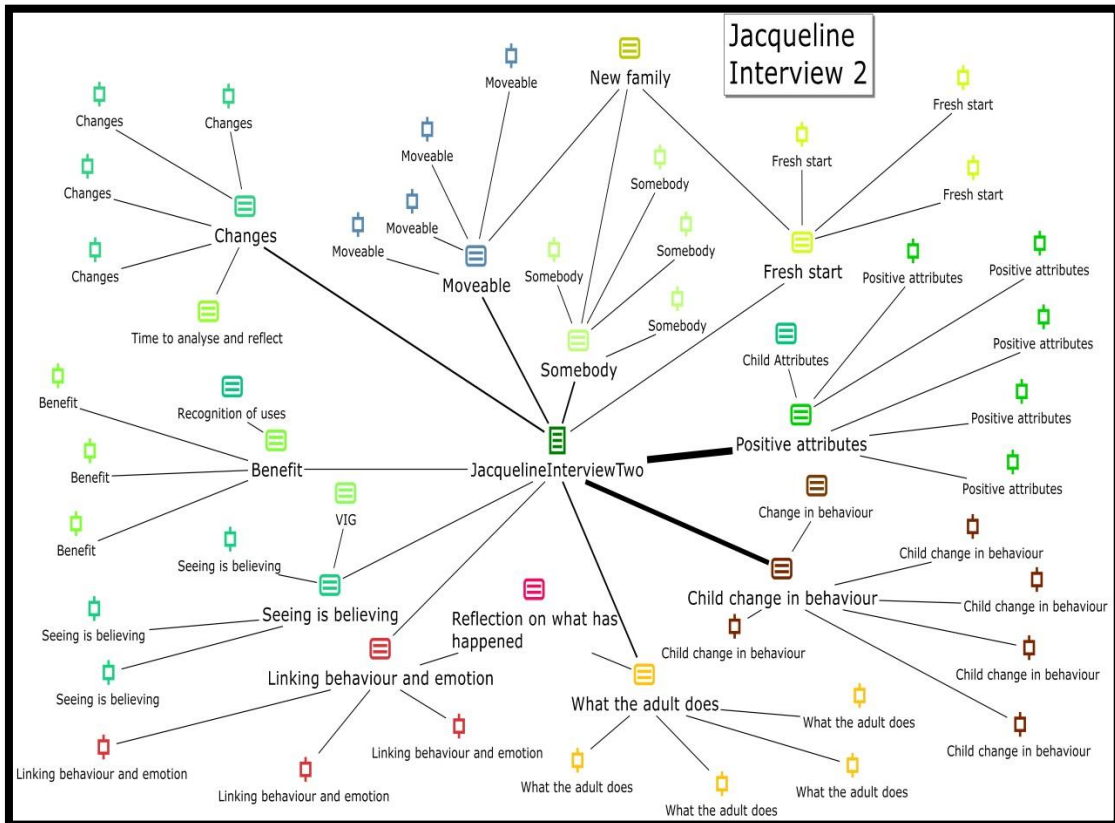
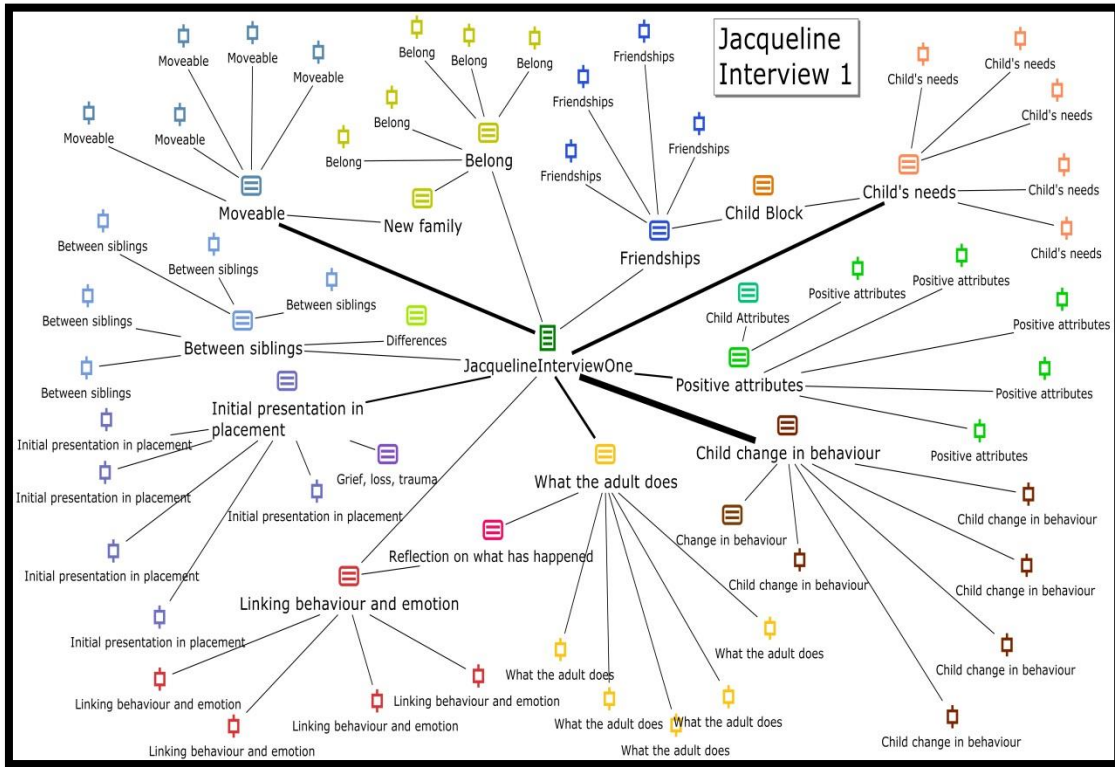
For Nannette therefore the changes seemed to be ones of attribution; she was able to see that she had a positive impact and was making a difference for Sally; that is was not just happening. Her effort, persistence and lifestyle were supportive of Sally's development and progress.

There was clear evidence that VIG had reassured Nannette and she felt more aware of her skills and how she made a difference for Sally.

I was quite aware of that in some ways, cos I was soon bringing the voice down, get in there, get her back on track, you know I think, you know for me, you know, I don't normally boost myself up but I think there is some good bits in there.

Nannette interview Two para 48

4.9.5 Jacqueline



4.9.5.1 New Meanings and Conscious Awareness

Jacqueline was able to see the relationship between the two children differently as a result of VIG.

“But obviously I have noticed since doing this, that she can give control to other people as well.”

Jacqueline Interview Two para 2

“It has made me think differently that Jack has got confidence, that he can get on and do which is excellent and obviously that Georgia can step back whereas before she would not step back.”

Jacqueline Interview Two para 62

There was a shift in her thinking with regard to where the power lay and the roles the children took within the relationship.

Unlike the other carers where the plan was for the children to stay with the carers' long-term, Jacqueline was clear that the plan was for the children to move on from her. This seemed to create a disconnect in the emotions she shared and presented to the children.

“I love them to bits, but I know they need to move on somewhere special for them. And that it is going to be good for them, and that they are going to be happy so I have tried to keep it, not show emotion as such, towards that kind of thing, be quite upbeat about things and excited for them.”

Jacqueline Interview Two para 38

Her perceived role was to build attachment relationships with the children so that they could use these skills with other people.

I think that hopefully it has been a good relationship for him and that he will build from that with other people.

Jacqueline Interview Two para 16

She was also clear that her role with the children was to be their carer, not their mother.

“In the beginning she was calling me mum which was obviously a bit confusing at school so it’s Jacqueline.”

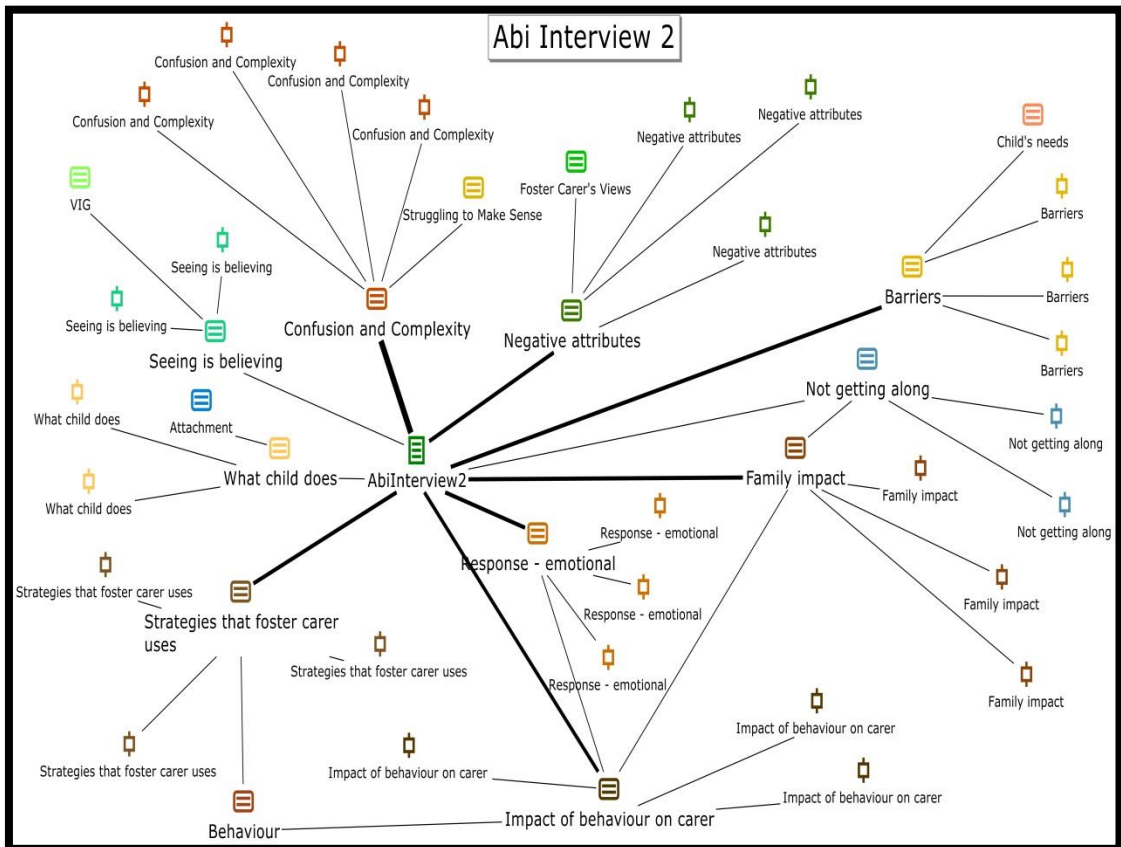
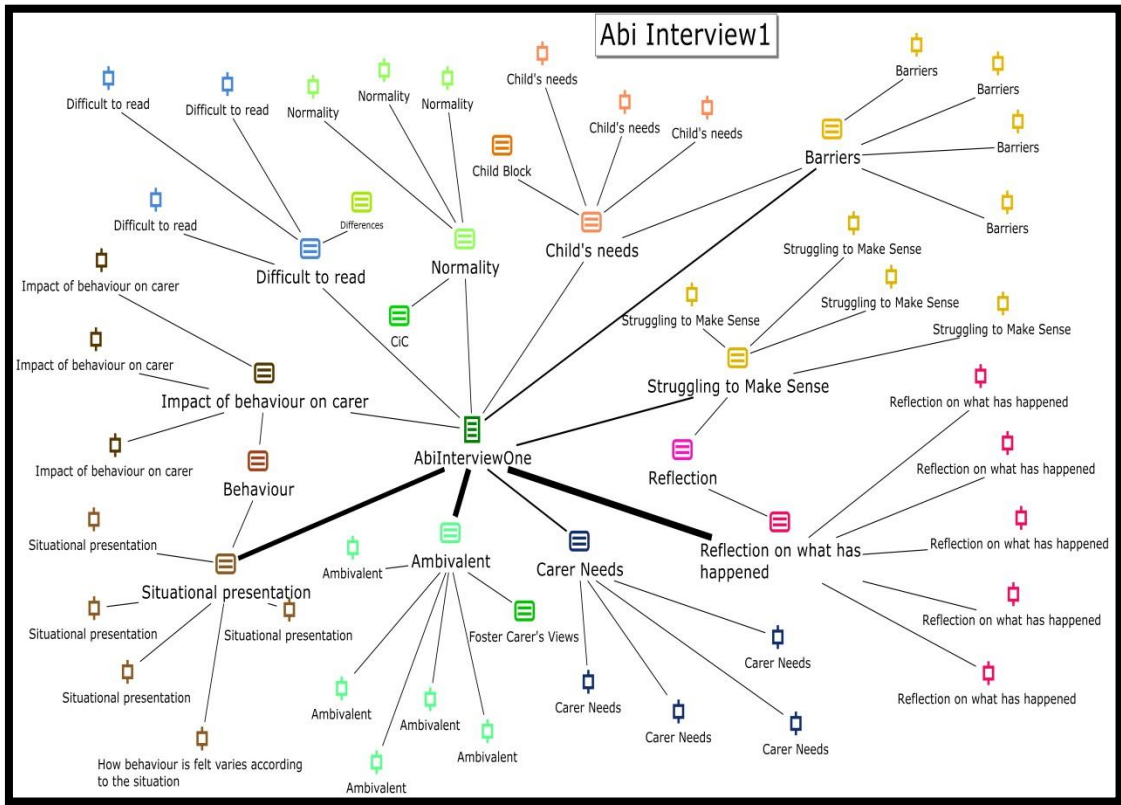
Jacqueline Interview One para 16

Although she also felt that Mark was, “Natural with me, he doesn’t, there’s no sort of, like you would be with your mum I suppose” (Jacqueline Interview Two para 12) and seemed to be happy within the private setting of the relationship to be considered as mum.

VIG would appear to have been a positive experience for Jacqueline and enabled her to view the children differently. Her responses also highlight some dissonance within the task of raising children who are not biologically your own and who will not be with the carer long-term.

Her helping question for Emma was that she be helped to share her emotions whilst for Jack she wanted him to take some more control. She did not readily link her avoidant presentation with regard to emotions or the lack of control that the children currently experienced with regards to their placement.

4.9.6 Abi



4.9.6.1 Conscious Awareness

The picture created by the coding of Abi's first interview was of lack of clarity. Abi wanted to understand Liam and was finding the early stages of their relationship difficult. Her feelings towards him were ambivalent and she wanted to experience attuned responses from him as well as there to be recognition of her own needs.

"I spend a lot of time trying to work Liam out but I can't seem to get into his head which is not like me."

Abi Interview One para 14

The potential of this relationship to have an impact of Abi's sense of who she was also apparent although she attributed this difficulty to Liam as he did not let a lot go (Interview One para 20). She found his needs overwhelming at times and stated that, "You need headspace with Liam" (Abi Interview One para 6).

After the intervention Abi was able to see Liam's difficulties slightly differently. She described him as;

"A very complex kid. I think he has trouble himself understanding things, understanding what his feelings are and what's going in in his brain and that probably contributes towards his behaviours."

Abi Interview Two para 2

The intervention appeared to have made little difference to Abi and her relationship with Liam continued to be fraught with lack of understanding. The conflict between her, Liam and other family members remained unresolved and he did not seem to fit in with the family.

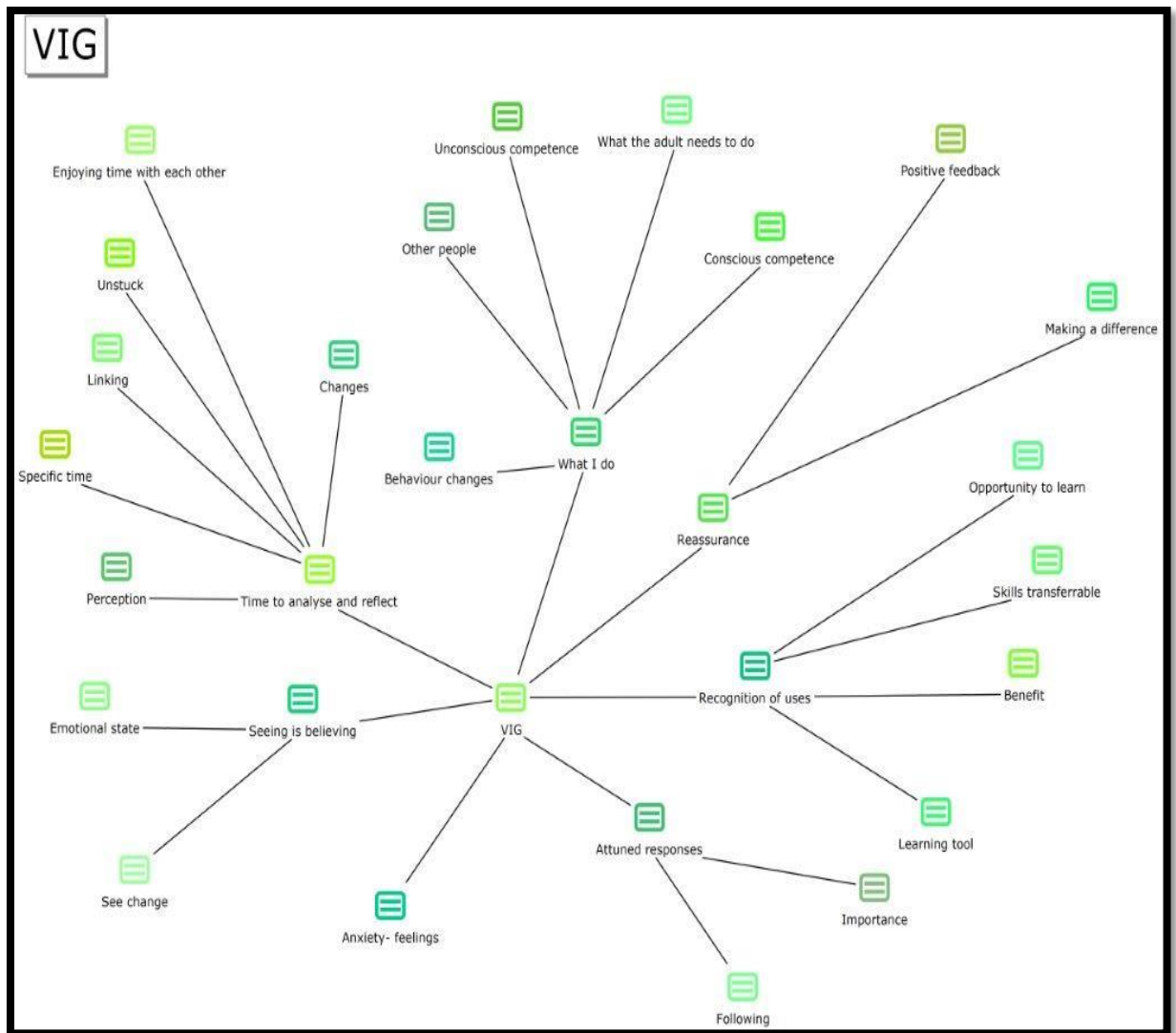
She had been struck by the way that Liam watched her and this seemed to generate more questions for her.

“I didn’t think that Liam watched me as much as he did; you take it for granted when a child is not doing what you asked that they aren’t paying attention but he is paying attention but again I don’t know whether he was choosing not to do as he was asked or whether he can’t maintain it. That was the thing that shocked me most as I didn’t realise he watched me like that.”

Abi Interview Two para 51

Abi continued to present as stuck and her day to day dealings with Liam and VIG did not change her perspectives markedly.

4.10 What Carers said about VIG



Within this section carers' responses were linked into possible processes within VIG and mechanisms. Each will be explored in turn.

Processes at the heart of VIG were valued and commented upon:

- **Time**

VIG enabled carers to have time to reflect and see what was going on.

“You live with it 24/7, you don't see the changes as much.”

Jacqueline Interview Two para 2

Foster-carers appreciated having specific time to think about their interactions and enjoy time with the child in their care.

“This type of thing would help that because this was a clear, there were three people and those three people, we were working hard to play an equal part to Katie. Now we don’t normally do that.”

Daisy and Frank Interview Two para 19

“Because you are so busy with everything and I see that I am and it was just good.”

Jacqueline Interview Two para 58

“Totally likes her time with me.”

Nannette Interview Two para 50

Daisy and Frank also recognised that there was work in maintaining interactions and at times this could support learning, for all. (See Appendix 12.6 for memo)

- **See What I Do**

Carers valued being able to micro-analyse and develop an understanding of moments of attunement.

“Look at the expressions on their faces, watch how you respond to them and how you interact with them, subconsciously we are doing it, you are doing it with your children, mums and dads all over the world are doing it with their children, but unless you see it you don’t know. And it is really weird what we do.”

Rachel Interview Two para 62

“I can’t always tell how relaxed she is but to watch her, she is totally relaxed, totally likes her time with me, and when she is interested she is, and sometimes she doesn’t want to listen to perhaps the way it is, but she does. Within a few seconds she’s doing it.”

Nannette Interview Two para 50

This led to new understandings of what was happening within interactions.

- **Strength-based Intervention Provided Reassurance and Validation**

VIG provided carers with reassurance and validation.

“I have got a lot of positive feedback, cos I actually do what I would like to be able to do.”

Tricia Interview Two para 40

“Because with this job, you do question, because these kids are so difficult, you question, am I doing the right thing, am I?”

Tricia Interview Two para 44

Foster-carers at times felt that their competence was challenged as a carer and parent. The strength-based ethos was supportive and reassuring.

4.10.1 Mechanisms

These mechanisms were evident as a result of the VIG processes in place.

- **Conscious Awareness**

Behaviours and actions moved from conscious competence back to being carried out automatically.

“I did not realise how I did that until I saw your video. Now I know that I can do it. But I do it automatically; I don’t have to think about it.”

Tricia Interview Two para 28

Carers appreciated seeing how children had changed.

“She is definitely making leaps forward. Without a doubt. But actually that is evident since we have watched these clips. Because you don’t see that, we see

her every day don't we. We interact with Katie every day, but we don't see that because we are not looking at it."

Daisy and Frank Interview Two para 13

"Same sort of thing for these two I think, it's surprising but a nice surprise that you see such a difference in them."

Jacqueline Interview Two para 28

○ **New Understandings and Changed Perceptions led to Different Imaginings**

Perceptions of the children were changed. Carers became 'unstuck' and viewed children differently.

"I think we have gotten stuck with Katie."

Daisy and Frank Interview Two para 68

"I am finding it more interesting now, looking at Emma differently. How she is changing, now she is getting extra help with her maths, now she is growing older, she is getting a bit more certain, a bit more confident. I can recognise that now. I can see that in the way, even, in her adamants and stubbornness, it's coming though now. My little girl is growing up."

Rachel Interview Two para 56

"I didn't think Liam watched me as much as he did, you take it for granted when a child is not doing what you asked that they aren't paying attention but he is paying attention."

Abi Interview Two para 51

Carers became aware of what they were doing and then made changes to how they might interact or do things with foster-children.

“I like to do anything that might be useful, cos it only sometimes takes one little thing, probably me watching myself, I probably picked it up unconsciously and I have gone off and corrected it.”

Nannette Interview Two para 56

This excerpt also includes the idea of a ripple effect; small changes in one area can make a difference elsewhere.

Daisy and Frank noted that if there was an expectation for change then they would also need to change.

“If we expect her to move up a level, we have got to move a level, haven’t we? So perhaps that is something that we will take with us from here.”

Daisy and Frank Interview Two para 46

This was firmed up into an action.

“So next time I unload the car, as just a small example, I am probably going to let her take a bit more responsibility.”

Daisy and Frank Interview Two para 43

○ **Self-Protection**

Carers actively ensured that they protected themselves from prospective emotional distress.

“I have trained myself to detach.”

Jacqueline Interview 1 para 14

“I don’t do short-term fostering very well. I’m not very good at short-term fostering. I have the children and they stay with us and once it’s established that they are going to be in foster-care for a long time, I am always happy to be that foster-carer.”

Daisy Interview 1 para 36

The carers had different ways of protecting themselves. In Jacqueline's case she became emotionally less available whilst for Daisy she tried to ensure that she would not need to deal with loss by ensuring that she only fostered long-term.

4.11 What happened during VIG

What happened during VIG varied for each of the foster-carers.

For Daisy and Frank, their baby, had become a young person who was capable of greater independence if they enabled her to do this.

Rachel was able to see how Mark and Emma were more like her own children; they were included within the family and how she thought about them. This claiming also seemed to reflect a relaxation on her part with regards to them being taken away from her. The children were hers and would be an ongoing part of her family.

Of greatest significance for Tricia was the realisation and being able to internalise what had been said to her in the past, she was going to be what made the difference. Watching clips of attuned interaction had enabled her to see her own impact and despite the difficulties experienced she did make a difference. Like Daisy and Frank she was able to reflect and consider consciously how she might change what she was doing so as to alter Claire's behaviour. She appreciated the significant role model she was for Claire.

Nannette was able to see that the efforts she had made were worth it. Sally was picking up her values and using them. Again, like Tricia, she was able to see how she was an effective role model for Sally. The intervention reassured Nannette and validated her struggles.

Jacqueline was able to reframe and see her own impact on the children in her care. This changed her perceptions of the dynamics of the relationships between the siblings and hers with them. The impact for Abi was minimal. She became more aware of Liam's methods of communication and to a limited extent the difficulties he had with interaction.

4.11.1 Trauma, Grief and Loss

Foster-carers shared incidents that were traumatic for them during the first interview. During the second interview there was either no mention of these events or it was tempered in some way.

“Uncontrollable anxiety about water was quite frightening really.”

Jacqueline Interview 2 para 42

This contrasts with the first interview where a very frightened little boy was described and the frightening affect this had on Jacqueline. She then described the event as “quite frightening.” Rachel's description of the difficult time she experienced when Mark and Emma were placed for adoption became more coherent during the second interview (para 10).

4.11.2 Behaviour Change

Descriptions of behaviour became more normalised and showed a qualitative difference in how they were presented. Daisy and Frank moved from an incident early in the placement to an incident where they sympathised with a mistake Katie made and she had become upset by it. Rachel described an event when Mark had been particularly difficult after school and Emma had been in a battle of wills with her older daughter whilst on the second interview she shared an incident where the

children had become so engrossed in what they were doing they appeared unaware of the inappropriateness of their actions; colouring in her daughter's books. Tricia shared how Claire had been involved in a potentially dangerous incident by throwing stones at her daughter's horse during an event and subsequently described having to remove Claire from school. This description was characterised by self-reflection of how she might now respond to these behaviours. Nannette was unable to find one incident during the initial interview and therefore talked about an amalgamated set of behaviours and on the second interview she was able to discuss a single recent event. Jacqueline expressed her concerns about Emma's dominance in joint play with her brother and lack of affect which contrasted with Mark's terror when he was being showered. In the second interview Jacqueline recounted an incident where Emma showed appropriate emotional responses to a story and Mark's anxiety and being scared around water which was not as evident as it had been in the past. Abi repeated the same story in both interviews and appeared to be stuck.

(See Appendix 12.7.for Memo)

4.12 The descriptive Story and Reflections

The Patchwork Explanatory Model describes how relationships were perceived by foster-carers. The foster-carer and child brought with them their own pieces and blocks which we looked at in detail and in doing so were able to see patterns that might not have previously been evident. We were able to discover together how blocks and patterns had changed and had been added to. The foster-carers brought children into their homes and each was changed by it. They expressed their desire to fix or mend the children in some way and give them their values, culture and the potential for a different future.

Foster-carers shared how they had been frightened by the child's initial presentation and this had remained as a picture of how the child was. There were feelings of loss and grief when children had to leave them or the perceived or real threat was in place. The child also engaged in behaviours that were not understood by the carers and these were at times extreme and outside their feelings of competence. These experiences changed how the carer saw themselves and the children they were caring for. These challenges to the carer's self-concept seemed to be ameliorated somewhat by the intervention of VIG; providing new perspectives, reassurance and potentially 'normalising' behaviour so difficulties appeared reduced.

The overall and core category, which links to the complexity of the child and foster-carers' lives, were the push and pull tensions that support inclusion or integration within the family. Some of these pulls move the carer, child and family closer together whilst others persisted and pushed the carer and child apart. The impact generally for carers was a greater acceptance of the child but for some this was limited.

VIG has a series of processes and mechanisms that may or may not be noticed by foster-carers and the combinations that were relevant or particularly activated during VIG varied (between the foster-carer and child; and between the guider and foster-carer). Where the analysis focused depended on the foster-carer's interest and the skills of the guider. This movement allowed the carer to make sense of the material, reflect on what they saw, heard, felt and thought and then made changes in their actions, attributions and beliefs. It was the ability of the carers and guider to 'see' the quilt and the patterns through micro-analysis that had been created that was one of the key processes that enabled the reimagining of how things were and could be. The inherent processes within VIG that were found to be important were; time, a strength-based intervention and microanalysis. The mechanisms in action were mentalisation, conscious awareness and self-protection.

The Patchwork Explanatory Model gives a theoretical explanation of how change with VIG can be partial. For some foster-carers they were able to see and make sense of past and current experiences and use this to create new meanings or understandings of foster-children with the consequence that actions, thoughts and feelings changed. For other foster-carers this did not occur in all areas. There continued to be blocks to receiving the information presented. This could be a form of emotional self-protection in Jacqueline's case. She was better able to receive and reflect upon the emotional state of Emma and Mark but not at times when the emotions were related to attachment needs. This created a discordant cycle which both adult and child learnt to adapt to so that there were 'safe' emotional topics and those that were not received accurately or avoided; potentially endorsing an avoidant style of interaction. For other foster-carers their ability to reflect was evident prior to VIG but what had not been perceived was how the child had changed and their influence on the child's development.

Chapter 5: Discussion and Second Literature Review

5.1 Introduction

The previous chapter identified a range of relationship factors that long-term foster-carers described before and after an intervention; VIG. The factors that affect their relationship include their beliefs about what families are; their role and their concept of attachment. Additionally, how the child presents; the foster-carer's and child's previous experiences and the foster-carer's capacity for reflection are key factors for consideration. Consequently, in line with previous GT research, (Corbin and Strauss, 2008; Dey, 1993; Dunne, 2011; McGhee et al, 2007) a short second literature review is incorporated into the discussion. This is an important addition to this thesis as it allows the extant literature to "enrich" my research and data (Stern, 2007, p.123) as well as place it within the context of other research and demonstrates the unique contribution of this study to what is known and assist in reflecting on my analysis and further shape the emergent theory.

The first literature review (Chapter 2) considered the theory of attachment and how this understanding links with our conceptualisation of relationships particularly when effective interactions break down and become discordant. Active reflection of the relationship through the lens of mentalisation was also explored and it was found that those that could think about their own thinking and that of another were more likely to have securely attached classifications within their relationships. Video-feedback methods were found to have an impact on the parent-child relationships although the mechanisms for this were not fully understood particularly for school-aged children who are in care to the LA.

This second literature review therefore returns to the existing literature to enable analysis of the additional identified factors that affect relationships before and after VIG. Subsequently the focus moves to how VIG supports foster-carers to have more

attuned interactions and how this leads to a reduction of the experienced trauma within the relationship as well as changing the perception of the relationship with the child.

5.2 Second literature review

The focus of this study was of the foster-carer's perspective and therefore research that focussed upon the foster-child's viewpoint or experience was excluded. To identify relevant studies, electronic databases were searched using combinations of terms listed in Appendix 13.1. All searches were completed by 15th August 2016. Analysis of the research followed that described in Chapter 2 for the initial literature review.

The Inclusion criteria are a set of conditions that research must meet in order to be included based upon the research questions:

What are the factors that foster-carers identify when they talk about their relationship with children in their care that might affect their interactions?

What are the potential mechanisms underlying changes in foster-carer's perceptions of these factors within their relationships with foster-children over the course of a VIG intervention?

The literature review question therefore asks:

Are the relational factors identified within this study consistent with that of other research and their construction of relationships between foster-carers and children in their care?

(See Appendix 13 for details of literature search)

The push and pull tensions of family life for foster-carers identified in this study were:

- The child's attributes
- Beliefs

- Family block
 - Age at placement
- Roles
- Attachment
- What was seen
- History
 - Grief, Loss and Trauma
 - Previous Experiences
- Capacity to Reflect
- Border
- Affective State

Each of these terms (and related terminology) was used to search the literature. Not unsurprisingly most of the research and studies concerning foster-care have focused upon CiC. Although the terms entered were related to individual factors, what was apparent was that much of the research was intertwined and thus when the search term was 'roles,' the search included studies on placement breakdown, issues regarding grief and loss and how the carers related within the placement. This would seem to be congruent with my findings generally that the lives of foster-carers, the children in their care and the families in which they lived as a whole were complex and multi-faceted.

The process for determining relevant literature followed the steps described in Chapter 2. Final selections were ascertained using the Weight of Evidence Tool. The mediocrity of the scoring within the Weight of Evidence (See Appendix 13.3) to a large extent reflected the lack of similar research to this. Each paper had its merits and contributed somewhat to the overall understanding of the area but the research presented within this thesis appeared novel. Those papers where the Overall Weight of Evidence D was scored at Medium or above are included in the following review.

The extensive number of studies included reflects the range of factors identified in the findings. For consistency the literature review broadly follows the order previously used in the findings.

5.3 The Complexity of Foster-carer's Family Life – push and pull tensions

Relational tensions within foster families have been explored in a number of studies (Schofield and Beek, 2005; Riggs et al, 2009; Oke et al, 2011; Broady et al, 2010 and Thompson et al 2016). Schofield and Beek (2005) created an attachment-based model from their longitudinal study to categorise what foster-carers and children said about their relationships. The focus was how the foster-carers created a safe base for the young-people. The explicit use of a framework allowed for statements to be readily categorised. However this had the potential disadvantage that other possible factors would not be discovered. There were overlaps between the factors in the Schofield and Beek (2005) study and mine but additional factors like 'Border' or the impact of beliefs other than attachment were not identified.

Oke et al's study (2011) focused on how foster-carers' beliefs about their relationship with foster-children contributed to unexpectedly successful placements (Oke et al, 2011). Broady et al (2010) found that foster-carers felt positive attachment experiences enriched their view of caring whilst negative attachment experiences were described as causing confusion and rejection. These experiences were linked with feelings of competence with regard to their ability to fulfil the role of foster-carer and their identity as a parent. Thompson et al (2016) highlighted the tensions that foster-carers could feel when they brought foster-children into families with biological children particularly with regard to how each person positioned themselves, feeling overstretched and preserving the biological family.

Within my study, these difficulties were highlighted by Abi who found Liam's patterns of interaction confusing and balancing the needs of Liam, her own needs and

that of her biological family difficult. Broady et al's description would suggest that negative attachment experiences cause confusion and rejection but Abi's description and need to understand Liam would appear to suggest that the link could be reversed or potentially cyclical, like that described during discordant interactions. The 'Push' factors meaning that each's initiatives were missed and responses not understood; leading to confusion and feelings of rejection by Abi.

Broady et al (2010) and Oke et al (2011) identified the ambiguous nature of the role of being a carer or a parent and having to accept a 'provisional' relationship with the child given that in the long-term the child might depart, leaving them 'bereft' (Oke et al, 2011, p.20-21). Oke et al (2011) and Broady et al (2010) highlighted the potentially fragile nature of reconstituted families. Interestingly within my study previous experiences that challenged the foster-carer's relationship to foster-children seemed to galvanize their beliefs and actions to form part of a self-protection mechanism to manage this fragility; for Frank and Daisy they made a conscious decision to foster long-term only; Rachel sought Permanency for the children in her care and Jacqueline trained herself to detach.

The following section considers the research and evidence that has sought to explore how foster-carers' beliefs affect their relationships between them and CiC.

5.4 Beliefs

5.4.1 Roles and Identity

The Department for Education defined foster-carer as:

“a person who is approved as a foster parent in accordance with the Fostering Services (England) Regulations 2011, or is temporarily approved as a foster-carer under the Care Planning Placement and Case Review (England) Regulations 2010”

(2015, p.8)

The terminology used however appears to be interchangeable, with carer and parent being synonymous with foster-carer and the status being achieved through completion of a regulatory process. This guidance does not capture the possible dilemmas that the different connotations that each might create, for example, the choice of wording that those who foster for a longer time are construed as parents and those whose role was temporary were carers (Oke et al, 2011; Riggs et al, 2007,2009; Schofield et al, 2013).

The challenge faced by carers within my research related to their professional identity; firstly in terms of their perceived competence to manage difficult behaviour and secondly within the parent role of being the person who could make long lasting attachments and build a secure base whilst creating “opportunities for healing from abuse” (Riggs et al, 2009) congruent with Broady et al (2010). Akin to Broady et al’s study (2010) is the perceived threat to identity when the carer’s sense of competence is tested at times of significant relational difficulty. For example, Rachel stating that she needed to, “Rise above this, you are a professional,” when she was publicly managing Mark’s difficult behaviour after school. Although the analysis of what the foster-carers’ said indicates that there are differences in how they formulate their role, that of parent or professional, these beliefs were flexibly constructed as foster-carer’s had a ‘mixed’ understanding; they presented as both professionals and parents.

Foster-carers’ perception of how they saw themselves and were seen by others had a significant impact on a range of outcomes for them personally and for the children they cared for. Riggs et al, (2007) and Schofield et al (2013) considered the differing views of foster-carers and their role with CiC. Professionalisation of the role had the benefits of training, support and financial remuneration (Riggs et al, 2007) but at the potential cost of not recognising or valuing the parenting role which incorporated ongoing attachment and commitment to the child. How foster-carer’s positioned

themselves had mixed benefits for the carers and the child (Schofield et al, 2013). Those that saw themselves primarily as either a carer or a parent but used the backup of the other role appeared to be more enriched and better able to meet the demands and complexities of each role. Those that identified as a professional seemed less committed to foster-children and potentially consequently had less fulfilling relationships with the child. Whilst those who positioned themselves as parents potentially missed out on training and external professional support as well as possibly not fully developing the young person's identity.

Swick (2007) positioned foster-carers in the parenting role and used the construct of caring as a way of supporting children who had experienced trauma and change. He posited that "children learn to be caring most effectively through caring interactions with loving adults" (p.395), developing caring routines, modelling that they care, showing and teaching care and love. This analysis of care fits with my findings that carers wanted to instil different values, experiences and routines to those that children had undergone in the past so that there was an opportunity for new or different life trajectories. The construct of 'caring' was positioned as an antidote to lack of nurturing experiences from biological families and as a way of building new IWMs. Terminology from attachment was used and linked with behaviours that adults might show. The model that Swick (2007) developed appeared to be based within the context of behaviour and interaction. Mental states of the child were raised but little about the foster-carer's mental state who would need to 'feel and think' that they loved foster-children.

5.4.3 Age at time of fostering

Bates and Dozier (2002) found with 48 foster-carer child dyads autonomous³¹ foster-carers were more likely to believe that they could positively influence a foster-child and be more accepting of them if they were placed before they were 12 months old. Their explanation for this was that infants appear more vulnerable whilst older children seemed more independent and less likely to elicit caregiving responses.

My research differed from this as it appeared that the child's perceived vulnerability rather than chronological age was the determining factor as to whether the foster-carer believed they were needed and this supported attuned interactions. This was particularly evident when foster-carers were comparing children within the family; sibling pairs, previous and current children. Katie was considered a baby (Year 6), Jack (Year R) and Mark (Year R) being more influenced by the foster-carer because they were younger at placement than their sisters (Year 2) and Claire (Year 6) was "our little girl." Comparatively older children were seen as independent and more influenced by their history and therefore less needing of adult attention and support. Not only therefore does having an autonomous state of mind with regards to attachment affect relationships, beliefs about vulnerability and impact would also seem important.

5.4.4 Attachment and Foster-carer Beliefs

Within the Patchwork Explanatory Model (figures 6 and 7), how foster-carers conceptualised and understood attachment affected what they thought and did. McLean et al (2012) explored how professionals' misrepresentations of attachment

³¹ Individuals who are coherent, valuing, open and reflective in their verbal conceptualization of attachment-related experiences are classified as having an autonomous state of mind with regard to attachment.

with regards to CiC's challenging behaviour might affect how they act. They identified four themes of which three are particularly pertinent here.

Firstly, a subtle misconception is that of attachment solely as a close, trusting relationship. Within this representation behavioural improvements follow the development of trusting relationships with adults. This construction could lead to the belief that parenting interventions that target maternal sensitivity alone would be the solution rather than the recognition for changing the young person's internal working model through "corrective emotional experiences mediated by cotherapy with foster parents (p.247)." This leads to the possibility that the foster-carer's and child's needs could be missed as all that is required is for behavioural change and placement stability. Additionally there is the risk that the child would be blamed for any attachment difficulties and a child's presentation could be misconstrued as one denoting a lack of attachment rather than one of misunderstanding by the child and mis-attuned responses. Secondly, there can be a misunderstanding that the child's avoidant pattern of interaction was one of non-attachment and therefore relationship building is not important for the child. Thirdly is the notion that attachment is a transferable skill so that once a child could attach to someone this can then be moved onto someone else. This representation of attachment seems to deny the need for an enduring relationship with a key adult who might provide a safe base from which to explore and then develop new relationships.

These beliefs would seem to underlie Abi's confusion and difficulties understanding her relationship with Liam characterised by the statement, "I don't think that Liam and I are close. Even giving him a cuddle he tenses up. He is not a natural cuddler although his previous carer said he was.....I don't know what is going on in his head. He doesn't give a lot away as to his personal feelings (Interview 1, para 40)." She seems to believe that if she can offer a relationship (physical proximity) and he has been able to show responses with another carer in the past then the relationship

between her and Liam should develop. Alongside this seems to be an underlying misunderstanding that his avoidant presentation at times and entering discordant interaction means that she does not know and cannot know what he is thinking. Jacqueline's beliefs that attachments are transferrable seem to act as a way of enabling her to disconnect from what Jack and Georgia; to justify actively working to detach from them. McLean et al (2012) attributed these misrepresentations to systemic pressures and the difficulties experienced by workers when relating with children who have been traumatised. The research does not recognise the personal, self-protective factors that professionals might have been applying within these potentially difficult relationships.

Foster –carers within Wilson's study (2006) were reported to have limited feelings of being able to be any part of the treatment or healing that a child might need and this would need to be offered by more specialist professionals. This would suggest that foster-carers did not see the value of their ongoing relationships with CiC which is in contrast to the experience of the foster-carers within this study. Following VIG, Tricia became aware of her skills and appreciated how she could make a difference to Claire through her care and their relationship. Similarly Rachel did not believe that Mark would reach his potential if he were removed and his well-being would be affected (Interview 2 para 18).

Within the literature, behaviour and attachment appear to be inextricably linked. Sinclair and Wilson (2003) acknowledge the different components needed for successful placements and in doing so recognised the different contributions that the child and the foster-carer brought with them to create attuned interactions. The inter-related nature of relationships and behaviour was determined by Lindhiem and Dozier (2007) but it was not possible to state whether the 'better' behaviour meant that the carer became more committed or whether the committed foster-carer and consequent care caused better behaviour. Samrai et al (2011) placed these relationships within a

broader context by creating a GT that espoused that there were two relational systems; one between the foster-carer and the social worker or other professionals and another between the foster-carer and the child and when these two systems worked effectively the carer and child were supported.

Differing views of attachment; how it is valued, presented and behaviours conceptualised affect how we might act. Rostill-Brookes et al (2011) tried to make sense of the experience of placement breakdown from the perspectives of the carer, the child and the social worker; each perceived the same event differently. It was interesting in the analysis was that foster-carers did not mention the impact of the breakdown on the young people involved. Possible explanations included that carers might have created a self-protection mechanism so as to make the ending of the relationship more tolerable or that the young people did not show expected emotion to match their distress and therefore this was not recognised.

McClellan et al's study (2012) provides a framework to challenge our own thinking and that of others. Wilson's findings (2006) emphasise the need to ensure that carers can see their impact and value the effects of their relationships on young people's social, emotional and mental health development. Samraji et al's work (2011) acknowledges for effective support positive relationships need to be in place between foster-carers and the child and between social workers and the foster-carer. The GT developed in my study would suggest that foster-carer's beliefs about attachment would affect the patterns of interaction between the foster-carer and child; either attuned or discordant interactions. Foster-carers observing these changes through VIG by becoming consciously aware of what they were doing had the potential to challenge current IWMs and new ones to form to generate new meanings.

5.5 Traumatic Events, Grief, Loss and Separation

Of the seven foster-carers within this study, all described events that could be considered traumatic or related to issues of grief, loss or separation. Daisy, Frank and Jacqueline described distressing initial presentations such as Jack showing uncontrollable anxiety about water which was frightening; Rachel, Daisy and Frank related their threatened or actual loss of foster-children through placement moves and Tricia described an event that resulted in which her daughter's dog was put down following Claire's actions. Nannette and Abi also shared events where they felt overwhelmed by the behaviour displayed by foster-children. Wilson et al (2000) found that more than three quarters of foster-carers who had been in role for more than five years had experienced a stressful event³² which was associated with placement breakdown. This focus had the potential to omit other stressors which also might affect well-being and the longevity of placements which within my study and were to some extent experienced by all foster-carers.

Grief and loss was considered within the context of foster-care by Edelstein et al (2001). Foster-carers might have to manage and empathise with birth parents and their emotional expression of their loss and then subsequently "welcoming a bereft foster-child into the home" (p.9). This demands "commitment, emotional involvement, and work from the foster parent in a number of ways" (p.9). The "work" included containing the child's emotions, acknowledging them and teaching the child the routines and expectations within this new family whilst learning "each

³² Stressful events included: breakdown or disruption of the placement, an allegation or complaint with accompanying investigation, difficult contact with the birth family, family tensions, 'tug of love' cases and other disagreements with social workers

Breakdown or disruption defined by Berridge and Cleaver (1987) as 'a placement ending that was not included in the social work plan either in the ending itself or the timing of the termination.'

'Tug of Love' cases described as "the tensions that arise between the expectations of social services that foster-carers do not compete with birth parents when the latter wish to resume care, and the feeling which foster-carers may naturally have for the children." (Wilson et al, 2000, p196).

other's moves." "Being confronted with the traumatic experiences of the child and their sequelae may challenge the adult's view" (p.11) and the carer might encounter "uncharacteristically strong reactions" which the authors attributed to a sense of loss. Sense of loss also occurred when a child moved to another placement. The response at this time could be one of grief although this might not be recognised by others or considered legitimate on the basis of their professional role and the attachment not being recognised which could compound the sense of isolation and loss.

Consequences for the lack of acknowledgement of grief and loss were recognised as possible lack of emotional availability for the child by the carer, less energy for other family members and little motivation to make attachments with other children in care. Ironside (2012) described the potentially quick and destructive impact for both the child and the carer of entering discordant interactions which he called "living in a provisional state" (p.48) and consequently parents feeling "locked in" and unable to parent in the way that they would want to. He argued that foster-carers needed to be able to understand the projected feelings of the child whilst managing appropriate distance and space between the child and themselves so as not to be overwhelmed but also provide closeness so that the child felt their emotional involvement. This article recognised the potentially overwhelming impact for carers of the child's emotional and behavioural presentation.

The difficulty for foster-carers was acknowledged (Gardener et al, 2014) when children were involved in therapeutic work:

"These and other trauma treatment models require that the child's caregiver participate in a working therapeutic relationship, accept feedback, manage potentially distressing content, regulate his/her emotions, view the child in reality based terms and integrate the meaning of experiences adaptively. Unfortunately, for caregivers with unresolved interpersonal trauma exposures, these abilities may be compromised."

(p.81)

This opening to their introduction of their programme, FamilyLive, recognised that some caregivers who had unresolved interpersonal trauma might be less able to see the child as they are, receive feedback, appropriately regulate their emotions and apply their thinking into their behaviour. VIG would appear to offer carers the opportunity to witness positive interactions accurately and through the development of shared understanding create an atmosphere where feedback through accurate micro-analysis is achieved. Guiders are also trained to receive the emotional initiatives of clients. It seemed to support carers to resolve or reframe previous events.

There is recognition within the literature that issues of grief and loss for both the child and the foster-carer could have an impact on foster-carers with possible consequences for relationships. Events that create traumatic, grief, loss and separation experiences were multi-fold and were evident with all the foster-carers within my study. The mechanisms underlying these difficulties were not clearly defined although Ironside (2012) and Edelstein et al (2001) recognised the need for carers to be able to understand the behaviour of the child and appreciate their own responses and needs; similar to that achieved during mentalisation.

5.6 Mentalisation – an Over-arching Mechanism?

Fonagy and Target (2008) consider mentalisation “as a form of mostly preconscious imaginative mental activity, namely, interpreting people’s actions in terms of “intentional” mental states” (p.17). VIG actively seeks to support clients in either remembering or imagining their own thoughts and feelings as well as that of the child. This act of imagining; activating clients to become conscious of their thinking, has the potential to make unconscious processes known or to support clients in recognising their own minds and imagining that of others.

Slade (2008, p.318) illustrated what might happen when a parent mentalises about a child. Her description included contextual information, what the parent did and thought; how she thought about her child and then how she put this information together to meet both her needs and that of her child. This excerpt from Tricia provides similar information:

“I have to think right, okay, she's irate, so I have got to try and come down, because yes, when someone is being rude to you, and fighting against you, it does, you get irate, 'cos it's a natural human instinct you know, do as you're told, you know when they are being rude, you know, bashing and crashing but I have to stop, I have to come in, I have to come in at a lower area, I did not realise how I did that until I saw your video. Now I know that I do do it. But I do it automatically; I don't have to think about it.”

Interview Two para 28

Tricia recognised that Claire was cross and that she needed to act so as to bring Claire's arousal down even though Claire's presenting behaviour was socially unacceptable. Tricia needed to potentially overcome her 'natural' instincts and responses and act differently. Although she was not always conscious that she did this, she had become aware of her thinking, emotional response and then adapted her behaviour accordingly. Mentalisation in the instance above demonstrates self-organisation and affect regulation, in both the adult and the child. The impact of mentalisation therefore affected not only the person who had the ability to mentalise but also the person that they were mentalising about.

Nannette was able to alter the amount of information that she gave Sally, “I do try and give a short explanation, not too much because it over fills her head and she is bored by the time I have finished talking” (Interview 2, para 32). To be able to do this she needed to 'read' Sally's non-verbal cues, modify how much information she gave and

recognise that Sally's behaviour reflected her needs rather than attributing what was seen to misbehaviour. Rachel showed that she was thinking not only in the moment about what was occurring within an interaction but also planning for the future,

Even if she breaks something and she doesn't want to tell us then I will generally give her a cuddle for telling me. Rather than telling her off for breaking it because she has been honest and she has told me. We have got to be there to build up her confidence.

Interview Two, para 20

Working with foster-carers to mentalise about foster-children during a shared review, had the potential to “reframe non-mentalising narratives” or to interrupt cycles of non-mentalising interactions by the foster-carer and to reframe what they saw so that the carer could respond to the child's internal experience rather than their own projections (adapted from Slade 2002). The description provided by Slade (2008) and the others above went beyond that of being aware of one's own state and imagining that of the other to changing behaviours on the basis of this self-awareness and re-creating attributions or beliefs.

5.7 Reflective Functioning, mentalisation, trauma, grief and loss

There has been research regarding the effect of trauma, grief and loss on the ability to understand the minds and actions of others. Individual practicing therapists (Seligman, 2007; Smith, 2014 and Stern, 2104) used casework to illustrate the difficulty that some clients experienced with regards to mentalisation as a result of previous trauma. The use of casework enabled these practitioners to explore different theories and conceptualisations of the difficulties experienced by their clients.

Stern (2014) scaffolded her client through modelling mentalisation and verbalising what the client's infant might be thinking and feeling when she was present during the

session, so that she facilitated the client to change her perspective of her daughter's actions. Seligman (2007) postulated that there is an:

“objective reality,” and other minds coexisting in that reality, are constituted in relationships rather than being discovered.

(p.323)

Thus, although there is a reality, it is perceived differently by different minds. Those who are able to mentalise are able to take this on board and check their understanding of other's minds. Seligman described how his client was unable to take her subjective experience and correct her misconceptions as these were perceived as real, even when she was presented with evidence to the contrary. His client, he theorized, was able to partially mentalise on particular aspects but could not do so when relating to her dependence on others. Smith (2014) invited his client to consider the patterns of interaction that were established in relationships by providing a reflective space to explore different perspectives.

Common through these conceptualisations is the reflective space offered to clients; the opportunity to consider one's mind and that of another whilst potentially challenging currently held beliefs and attributions. Also that mentalisation could be partial; clients might be able to imagine parts of their own mind or others but not for all aspects. This is compatible with Bunday et al's findings (2015). Abi was able to link that there were times when Liam had, “trouble understanding things, understanding what his feelings are and what's going on in his brain and that probably contributes towards his behaviours,” (Interview 2, para 2) but she continued to be unsure of his motives, “I don't know whether he was choosing or not do as he was asked or whether he can't maintain it” (Interview 2, para 51). She appeared to show partial mentalisation and was consequently confused by his actions.

Berthelot et al (2015) carried out a correlational study with 57 mother and infant dyads to explore the intergenerational transmission of attachment for abused and neglected mothers; do abused and neglected mothers go on to abuse their infants? They found an association between the mother's inability to mentalise about trauma predicted infant attachment disorganisation but not mentalisation about attachment relationships. They suggest that if mothers are supported to mentalise about previous trauma this might prevent mothers from moving to "more automatic, so called *non-mentalizing* modes that typically emerge under stress (p.208)." They argue that it is unlikely that mothers who experienced abuse in the past would show global failure in mentalisation but that they would show specific deficits that meant their responses to their infant's distress could be mis-attuned. They concluded by stating:

"This highlights the importance of trauma-specific mentalization and suggests that it is not the experience of trauma, per se, but the absence of mentalization regarding trauma that underlies the risk of infant attachment disorganization."

(p.208)

This was in contrast to my study, where trauma was not directly targeted but having the opportunity to accurately witness and become aware of dyadic interactions appeared to alter the perception of trauma.

Schechter et al (2006) explored the use of Clinician Assisted Videofeedback Exposure Session (CAVES) in which mothers who showed symptoms of PTSD³³ were shown a

³³ PTSD (Post Traumatic Stress Disorder) - The person has been exposed to a traumatic event in which both of the following have been present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror (DSMV IV).

variety of videos of their interactions with their child. The clips shared showed an attuned interaction, a display of mis-attunement, infant distress when the mother left and the mother's return. The clinician promoted mentalisation by supporting the mother to describe what was happening and then went on to take different perspectives with regards to how the infant or the mother thought or felt at the time. The measures used were varied and included asking the mother to describe her child's personality with five words and to think about what her child might be thinking when he or she was exhibiting behaviour that the mother found particularly difficult. Following this single video-feedback session, those mothers with the greatest levels of reflective functioning showed significantly reduced negative attributions towards their child. The researchers asked mothers what was it about CAVES that had the greatest influence and they responded that it was seeing their child's expression and their own response to the child. One hypothesis put forward for the results was that the traumatised mother was unable to process her own or her child's distress and so defended against it by not seeing or reading her child's emotional state and consequently a repeated cycle was promoted whereby the child learnt to behave in a predictable way that met the mother's expectation. These findings were similar to those within my research and would also suggest that some of the questions from the TIMB could be used to provide measures of different constructs. The key differences in the intervention were the possible impact of time (one session versus three) and seeing the mis-attuned interaction.

The literature presented so far has highlighted either the blocking effects of trauma or the partial ability to accurately perceive others as a result of previous trauma; congruent with the explanatory model developed within this study. All the foster-carers had experienced events that had the potential to disrupt accurately receiving the initiatives of the children in their care. Foster-carers actively developed coping mechanisms that enabled them to protect themselves against further loss which could affect their ability to acknowledge the effect of these feelings on themselves or foster-

children. VIG offered an opportunity to re-examine and re-interpret interactions so that previous events could be reframed.

5.8 Summary of Research

My research findings and the extant literature were largely congruent. Foster-carers shared the complexities of their lives and how different factors created tensions. Similarly within the literature Broady et al (2010), Ponciano (2010) and Oke et al (2011) described different aspects that influenced the lives of carers. These varied from individual attributions to external factors and how relationships were conceptualised by different parties. This led to consideration of how carers saw themselves; as professionals, parents or combinations of the two. Each stance had implications for how the carer might respond to the child and to others as well as how the carer saw themselves (Riggs et al, 2007; 2009; Beek et al, 2013; Schofield, 2002; Broady et al, 2010; Swick, 2007; Poncianno, 2010).

In contrast to the findings of others (Bates and Dozier (2002), Dozier et al (2001) and Stovall-McClough et al (2004)) age at the time of placement did not appear to be a strong predictor of how the foster-carer saw the relationship. It appeared that younger children are seen as more vulnerable relative to older children and this is particularly relevant when there are other children in the placement including older siblings who are seen as more independent and less needy. This belief system could also reflect the different patterns of interaction that children displayed and how these are perceived with older children's greater time with biological families and their avoidant behaviours interpreted as rejection or independence. The focus on age provides an example of how the Patchwork Explanatory Model might be applied. The relationship factors affecting how the child is perceived and responded to, is dependant on different belief systems which could affect accurate receiving of the child's initiatives.

Researchers found that foster-carers experience traumatic events and issues with regards to grief, loss and separation which are not necessarily recognised by others from the perspective of the carer. All the foster-carers within my research were to some extent affected by issues of trauma, grief or loss. Seligman (2007), Smith (2014) and Stern (2014) acknowledged the impact of potentially traumatic events on the ability of adults to reflect on their own emotions and that of others. Attachment beliefs (McLean et al, 2012) also have the possibility of affecting adult's ability to consider the perspective of foster-children.

Mentalisation (Asen and Fonagy, 2012); the ability to understand your own and others positions and then act upon these thoughts, was evident and seemed to become more apparent after VIG. Researchers also found that focusing on an adult's ability to reflect on their interactions and the impact that these had on others supported relationships (Dozier et al (2005), Slade (2008), and Bammens et al (2015)). Foster-carers' ability to accurately reflect upon their own minds and that of the young people in their care was affected by:

- Traumatic events where the foster-carer did not feel in control whether these be:
 - The child's previous trauma
 - Child's initial presentation on arrival
 - Grief and loss issues regarding loss of current or previous children
 - Significant extreme behaviours that the child presented with
- Their beliefs particularly regarding attachment, foster-carer role and family
- Perceived vulnerability of the child
- The foster-carer's need to protect themselves from possible feelings of loss

Chapter 6: Conclusion

The research questions were:

What are the factors that foster-carers identify when they talk about their relationship with children in their care that might affect their interactions?

What are the potential mechanisms underlying changes in foster-carer's perceptions of these factors within their relationships with foster-children over the course of a VIG intervention?

This chapter summarises the answers to the research questions from the findings of my research and the extant literature. Subsequently the limitations of this study are explored and consideration is then shared for future research which could extend our knowledge within this area.

6.1 Summary

Foster-carers live complex lives. My findings were supported by the extant literature; there are relational factors that affect foster-carers and foster-children including; the child's attributes, foster-carer's beliefs, previous histories and the child's behaviour (Broady et al, 2010; Ponciano, 2010; McLean et al, 2012; Schofield et al, 2013 and Riggs et al, 2009). Bunday et al (2015) and Berthelot et al (2015) in their research describe differential pathways of how adults were able to reflect or mentalise on particular aspects of their relationships, beliefs, thoughts and feelings but had greater difficulty with other areas. Similarly, factors that could impact on the foster-carer's ability to accurately perceive and respond in an attuned manner to foster-children included previous experience of traumatic events where the foster-carer felt that they were not in control and their sense of identity was threatened; their conceptualisation of their role, attachment beliefs and the perceived vulnerability of the child. Each of these or a combination of the above could affect a carer's ability to respond in an attuned manner to foster-children.

Foster-carers therefore are a vulnerable group charged with parenting children who have experienced trauma. They are expected to provide warm and caring relationships that nurture attachment and create a sense of belonging (NICE, 2015b, p.14) whilst managing their own possible trauma and that of foster-children whose behaviour can confuse and challenge. This research indicates that VIG offers foster-carers the opportunity to ‘relive’ attuned moments consciously and this might contribute to mentalisation which has possibly been affected by the aforementioned relational factors. VIG creates space for foster-carers to make their behaviour, thinking and feelings explicit from their own and the child’s perspective. They are able to parent “retrospectively” (Daisy and Frank, Interview 2, para 166), to “rewind” and “nit-pick” (para 170) with consequent impacts on their perceptions of behaviour, past experience of trauma and how they include the child within their family. By being shown times when they are competent and attuned, foster-carers seem to re-imagine the experiences of when they might have felt out of control during traumatic events. In doing so the impact of the trauma was reduced and foster-carers feel empowered. VIG seems to change the IWMs of some foster-carers and therefore this behaviour-orientated programme appears to have an impact beyond solely supporting sensitive parenting.

The theoretical model or as I have named it, the Patchwork Explanatory Model develops our understanding of how relational factors can affect long-term foster-carer’s ability to respond to primary-aged foster-children in an attuned manner. The picture created is one of different factors that either pull the child and the foster-carer closer together or push them apart. Following VIG the foster-carers change how they think about foster-children and how the relationship is perceived. The processes inherent within VIG that support change are:

- Strength –based intervention

- Micro-analysis of attuned moments
- Time

Mechanisms that were uncovered within this study were:

- Conscious awareness
- Mentalisation
- Self-protection

Perceptions that change are:

- Foster-carers feelings of competence through reassurance of their skills
- Behaviour 'normalised'
- Impact of trauma lessens
- Beliefs change

The foster-carer, through the use of video, is supported to see the influence of their behaviour with the child(ren) in their care. The questions asked by the guider scaffold and activate foster-carers to carefully analyse what they are doing in relation to attunement, delving into their feelings and those of the child, noticing when mirroring or imitation occurs but more than this; making links explicit between what is seen, heard, thought and felt and consequently the possibility of repeating or changing future interactions.

The Patchwork Explanatory Model offers a possible theoretical explanation of the differential changes for foster-carers in their perceptions following VIG. Potentially the process of time would be extended and include the time between VIG cycles as this would allow the foster-carer to experiment with their interactions and this might provide a further mechanism for the intervention and be similar to that described by Bowlby (1969) in the development of IWMs. He espoused that organismic and environmental models would need to be aligned for effective IWMs and VIG offered

the opportunity for foster-carers to test these at both levels. For changes in perception to be observed following VIG it would seem that the client would need to be ready to change and be open to learning and reflection. VIG offers an opportunity for carers to become aware of their representations and possibly challenges these. The time between cycles, shared reviews and positive interaction time with child contributed to the time to test beliefs. This strength-based intervention that focuses on what the foster-carer does during attuned moments with the child facilitates carers to become aware of their skills and impact with the child. They are reassured of their efforts and their skills are validated.

Foster-carers' ability to accurately reflect upon their own minds and that of the children in their care was affected by:

- Traumatic events where the carer did not feel in control whether these be:
 - The child's trauma
 - Initial presentation on arrival
 - Grief and loss issues regarding loss of current or previous children
 - Significant extreme behaviours that the child displays
- Their belief system
- How vulnerable they feel the child to be

These factors could activate a self-protection mechanism that affects the foster-carer's ability to accurately receive the child's initiatives and respond in an attuned manner.

I wonder if the combination of processes and mechanisms; self-awareness, new meanings, time, reflection and seeing impact; enables foster-carers to re-imagine their relationship with a foster-child and this results in previous feelings of lack of control during traumatic events being reframed. Becoming less influenced by past events also enables carers to better reflect and become more aware of their skills. Each of the

mechanisms affects the other and builds upon each other. If for some reason one aspect is not activated, this could lead to a partial effect with carers.

This change in perception of the child and recognising their influence on the child seems to enable carers to reconsider how the child 'fits' in with the family. A new re-created block is developed which incorporates the child and the foster-carer's block into the family. New patterns are established once previous ones have been explored and new ones imagined.

Foster-carers continued to talk of foster-children with fondness and love. This became moderated with greater appreciation of their positive impact with the child and recognition that they do make a difference. The intensity of the lived experience seems to become tempered and difficult events are described with greater clarity and less emotional intensity. Foster-carers talk of children's behaviour differently and either it is perceived differently or there is a genuine change in the child's behaviour.

6.2 Limitations of research

I acknowledge my "Insider Position" (Reed and Procter, 1995), that of a practitioner-as-researcher looking at my own practice who has prior knowledge and experience of aspects of research within the field of this study. This research is a personal view of the data at a particular time. The generalisability therefore is limited however within my role as an Educational Psychologist, working with vulnerable children and young people including those who are in the care of the Local Authority, I feel more able to promote the use of this intervention with foster-carers.

It could be argued that working individually added to the strength through consistency of coding. Prominent developers of GT worked in pairs; Glaser and Strauss, and Corbin and Strauss. This made me wonder at the possible power of two people's joint

iterative analysis of text and what this might bring. If I were to repeat this research I wonder whether there would be additional strength through greater validity if I joined with another researcher.

Additionally, the “Insider Position” meant that I was steeped in the literature and the practise of VIG so did not come to the study “tabula rasa.” The approach taken for this thesis has been to detail the context of the study and report the literature that appeared relevant in the opening chapters. A second literature search was incorporated into the Discussion Chapter which allowed for targeted analysis of the extant literature. This approach to some extent is pragmatic. It allowed for the demands of gaining ethical consent and writing a thesis whilst recognising that the pertinent aspects of the existing literature would only become apparent after analysis of the data. Through reflexivity, much of the criticism that purists (Glaser, 1998, p.67) advocate was ameliorated. This format of GT research; that an initial literature search be carried out followed by a second literature search, is congruent with other GT users (Corbin and Strauss, 2008; Charmaz, 2006; Strubbing, 2007). The second literature search and discussion further added to the coherence and rigor of the Patchwork Explanatory Model.

The second interview followed directly after the final shared review and both were carried out by the researcher. This might have limited what participants said within the semi-structured interviews; either because they were repeating themselves or because the interview was carried out by the intervener and therefore social constraints limited the expression of negative views. A possible way forward would be for the final interview to be carried out by a different researcher or the final shared review to be transcribed with the questions as part of the final session.

The methodology chosen for this study was the repeated use of a series of open semi-structured interview questions. This allowed comparisons to be made between the

two time points; prior and subsequent to the intervention. This comparative method allowed for possible mechanisms to be determined and changes in presentations to be noted. This more contained version of GT methodology enabled collection of information within certain dimensions and potentially reduced fuller exploration of other areas. This deviation from Corbin and Strauss (2008) alongside the purposive sampling advocated, meant that potentially fewer cases were identified. Arguably it would have added to the data if for instance, foster-carers of short-term placements were also included to provide further contrast. This potentially would have to be argued ethically with regard to allocation of limited resources as well as the possible difficulty of engaging with carers and social workers in their participation of this intervention.

The focus on relationships within the semi-structured interviews potentially and most particularly those within the family did not allow for other aspects to be more openly explored. Other areas that might have warranted further exploration could include other professionals and previous histories. The format of the questioning relied on foster-carers revealing their stories with regards to relationships or possible factors at play rather than being led down different avenues.

6.2.1 Specificity of Population

This research focused upon a specific population of foster-carers; those that had chosen to care for children into early adulthood. The number of carers was limited and the 'flip flop' technique provided contrasting carers who either had recently become a foster-carer or one where the plan was for the children to move to adoption. The findings therefore relate to this population; primary school-aged children in long-term foster-care placements.

6.2.2 Researcher bias

By its very nature, this research was based upon immersion in the data by the researcher and the development of relationships with participants. There was potential for personal perceptions to affect how data was coded. Research supervision was used to discuss findings as well as sharing findings with others; other VIG supervisors and work colleagues.

6.2.3 Methodological Considerations

This research was based upon the use of GT to develop a theoretical explanatory model for the effectiveness of VIG with a specific population. This model might have been further strengthened if the population of foster-carers was extended and the TIMB had been scored using a Likert³⁴ Scale. For this to have been meaningful the number of participants would need to be greater. This would have created a mixed-methods approach with additional perspectives incorporated into the data collection.

Using the shared reviews as part of the data set might also have enhanced the credibility as ‘real-time’ narratives could have been analysed rather than recall and perceptions. The downside of this would be the very large data-set that would need to be analysed and this might have compromised the breadth of the participants involved.

6.2.4 Threats to Credibility and Trustworthiness

Lasch et al (2010) argued that triangulation allowed for greater credibility. For this to occur there needed to be a combination of data sources, different researchers, multiple perspectives or the use of multiple methods to arrive at conclusions about a research question (p.1095). It is acknowledged that within this study there was limited

³⁴ Likert Scale – A way of giving a numerical value to a particular attribute; in this instance, commitment

triangulation particularly through involvement of other researchers who would provide greater rigor to the coding and add to the perspectives when analysing the data. The Discussion Chapter provided other research that provided other perspectives and sources that supported the Patchwork Explanatory Model. Efforts were made to ensure that credibility was achieved – see Appendix 15 for summary of 13 criterion suggested by Corbin and Strauss (2008, p.307-309).

Threats to trustworthiness were described by Robson (2011). Each of these is addressed in turn.

- Description: The interviews were transcribed and there were minimal moments when words could not be determined. (Transcripts – Appendix 10).
- Interpretation: the model was generated from the data; not forced. The codes and categories were based within the data and were induced.
- Theory: Prolonged Involvement: Each foster-carer was involved with the semi-structured interviews and the intervention. Trusting relationships were developed. In part this was related to the nature of the strength-based intervention. There was also prolonged involvement with the data; constant checking and reformulating coding.
- Member checking³⁵: Transcripts and the analysis were not shared with participants. In part this was due to the time that had passed between interviews, intervention and grounded theory development as well as to ensure continued confidentiality of the foster-carer and the children involved. This is in line with other practitioner researchers who question the practical aspects of empowering participants and the appropriateness of using this method of ensuring credibility and trustworthiness (Goldblatt et al, 2011 and Morse, 2015). Morse (2015) advocated asking; Can the description be recognised by

³⁵ Member checking – sharing research findings with participants to allow them to comment on the findings and researcher’s interpretation of their own and other’s quotes.

others who have had the experience? (p.1213). Research was shared with VIG colleagues and others interested in VIG at DECP conference to gain their perspective regarding credibility and validity (See Appendix 9).

- Negative case analysis³⁶: Abi did not respond to VIG as other foster-carers had done. Her perspective and the analysis of the data enriched and extended the Patchwork Explanatory Model. Similarly, Jacqueline's inclusion in the study added to the understanding particularly of Beliefs. Their inclusion clarified that it was not the 'facts' of attachment, roles or family but rather the carer's perception of these. These cases were sought out to provide contrast and did so. Prior to their inclusion within the data, the theoretical model created would not have necessarily incorporated mechanisms of possible limited capacity to reflect and a self-protection mode. The analysis of this data strengthened the theoretical Patchwork Explanatory Model by clarifying and elucidating the dimensions and properties of the factors and the interplay between the factors. For instance, their beliefs about attachment had the potential to impact on their capacity to actively reflect on what children in their care were displaying with regards to their ongoing relationship, despite what they could see or hear. Analysis of this data provided a possible explanation, that can be tested, as to why VIG might not work for all clients all of the time.
- Audit trail: transcripts of data are provided, a research diary was kept and memos (Appendix 11) and codes are available (Appendix 10).

³⁶**Negative case analysis** is an analytical procedure that is meant to refine conclusions until they "account for all known cases without exception." The process involves developing hypotheses based on extensive fieldwork and then searching for cases or instances within the site under study, which contradict the conclusions represented by the hypotheses. If no contradictory cases are found after extensive searching, the hypotheses are considered more credible because no evidence has been found to negate them. If such evidence *is* found, the hypotheses are modified to account for the new data associated with the negative cases. (Williams, 2011).

The research is not generalizable as it pertains to a particular population at a specific time. From a critical realist perspective however, generalisation is theory led and therefore by creating an explanatory model; this could be tested and these findings could be more widely generalised.

6.3 Implications for further research

Within the literature generally there appeared to be a need to develop measures of attachment that could be used with school-aged children. Given the diverse needs of this population it also might be helpful to consider other conceptualisations like commitment when thinking about CiC. Ideally the tool would be something that a range of researchers could use with minimal training. Similarly tools that would allow for pre and post measures to be administered that consider other constructs like mentalisation or grief, loss and trauma would be helpful. Should a 'simple' tool be created, those interested in this area and using VIG could administer this 'test' and create some form of score or description which could lead to greater evidence of the effect of VIG on attachment factors and beliefs. This might be a way forward with regards to a collective action research format where large amounts of data could be consistently collected and collated from VIG guiders nationally.

The Patchwork Explanatory Model provides a way of understanding the relational factors for long-term foster-carers, processes and mechanisms involved when VIG is used to support attuned interactions. Changes were evident for foster-carers following VIG but for the intervention to be deemed more powerful it would be useful to extend the research to consider changes for the children involved. Extending the number of voices to potentially include teachers, social workers and ideally the child's would further enhance the validity of the model.

Determining the effects of different aspects of the process of carrying out VIG is more problematic to test as in doing so the underpinning principles and ethos of VIG would

be undermined. The complexity of the inter-related processes and mechanisms, I would argue would be difficult to disentangle. Further analysis of CAVES (Schechter, 2006) with its inclusion of aspects of the 'No-cycle' might provide contrast to the strength-based approach of VIG.

Further research on the possible impact of VIG on the experience of trauma for foster-carers would also be relevant; potentially as a way of maintaining experienced foster-carers and also as a way of supporting an appreciation of possible therapeutic relationships between foster-carers and children whilst validating the emotional impact for foster-carers.

Key to this model is that the overarching mechanism of mentalisation. Fonagy and Allison (2012) reported the link between parental mentalisation, affect regulation and secure attachment in infants through analysing interactional narratives between parents and children. This would suggest that analysing what was said during filming and the shared review might provide further insight into how mentalisation develops and changes through VIG. Unlike the GT developed here, specific constructs could be pre-determined and categorised during analysis.

Possible further research questions and potential methods for proceeding are available in Appendix 16.

6.4 Implications for Educational Psychology

Participants were purposefully selected on the basis of the child's age and the plan for the children to be in the current placement long-term. There was benefit and change seen with all those who joined the research although how perceptions changed varied. The children were not perceived to be in crisis; placement at risk of breakdown, significant relationship difficulties or at risk of exclusion from school; although there were acknowledged difficulties. The children would not necessarily have been raised

for Educational Psychology (EP) involvement. VIG therefore had the potential to change perceptions and behaviours of those caring for them and it could be argued that VIG could be offered as a preventative measure or to facilitate when things appear ‘stuck.’

The research regarding how attachment is conceived would seem particularly pertinent when delivering training as well as EP involvement in CiC meetings or similar. There would appear to be role for using our knowledge and training in attachment to challenge and act as advocates for foster-children. Foster-carers might also be further supported through consultation to consider their role and how this might impact on how they interact and support children within their care. Most importantly, for foster-carers and CiC is the recognition that many will have experienced trauma, either directly or as a consequence of the actions of another and from this research, VIG appeared to be supportive of ameliorating the impact of that trauma.

6.5 Self-reflection on undertaking research as Educational Psychologist

In order to ensure reflexivity and record my thinking as it changed over time a diary was kept. This has been shared in part as this thesis has been written. What was evident was a tendency to hold on to ideas. It became easier to let these conceptualisations go when there was something to replace them or the dissonance created was too great to sustain them. For instance the initial coding; this was very simplistic and seemed to be deductive; until I was able to ‘stand back’ and be more open to new ideas and constructs it was not possible to move on. This learning experience at times was difficult and frustrating.

Working with foster-carers was a privilege and the sharing of their lives at times a revelation. Of greatest surprise was the finding that trauma was reduced but also

finding out and really thinking about the amount of possible traumatic events that both the child and the foster-carer experienced.

McLean et al's (2012) findings regarding attachment beliefs challenged mine and clarified my thinking regarding what constituted attachment particularly with regard to attuned relationships. VIG not only supported sensitivity but also ongoing changes in behaviour by the foster-carer so that IWMs could be changed. It could be easy to think that sensitive parenting alone was all that was required and this negated the need for the foster-carer to potentially act as if the child needed them. It was the repeated experience would that could lead to change.

6.6 Final Thoughts

Høivik et al (2015) postulated that Marte Meo, a similar intervention to VIG, should not be used as a preventative method. Feltham-King (2010) used VIG with prospective foster-carers with mixed results. This study used VIG with long-term foster-carers. It would seem that VIG could be offered to foster-carers who did not necessarily recognise potential benefits or feel that they were in crisis and change could be effected. VIG appears to support unrecognised trauma so that foster-carers can more effectively see attuned patterns of behaviour and through this they would be in a better position to support traumatised foster-children. VIG will not work for all people all of the time and it might be that some participants need more time with the intervention or to delay intervention so that they are in a place where they might benefit. This research has provided new insights into the possible underlying mechanisms within VIG with long-term foster-carers and has provided a theoretical explanatory model which could be further tested.

References

Achenbach, T. M., & Rescorla, L. A. (2000). *Manual for the ASEBA Preschool Forms & Profiles: An Integrated System of Multi-informant Assessment; Child Behavior Checklist for Ages 1 1/2-5; Language Development Survey; Caregiver-Teacher Report Form*. University of Vermont.

Ai, A. L., Foster, L. J., Pecora, P. J., Delaney, N., & Rodriguez, W. (2013). Reshaping child welfare's response to trauma: Assessment, evidence-based intervention, and new research perspectives. *Research On Social Work Practice, 23*(6), 651-668. doi:10.1177/1049731513491835

Ainsworth, M.D.S., Bell, S.M., & Stayton, D.J. (1974). Infant-mother attachment and social development: Socialization as a product of reciprocal responsiveness to signals. In M.P.M. Richards (Ed). *The integration of a child into the social world* (pp 99-135). London: Cambridge University Press.

Ainsworth, M., Blehar, M., Waters, E. & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Earlbaum.

Alger, I., & Hogan, P. (1969). Enduring effects of videotape playback experience on family and marital relationships. *The American Journal Of Orthopsychiatry, 39*(1), 86-98.

Archer, M., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (Eds.). (2013). *Critical realism: Essential readings*. Routledge.

Argyris, C. (1996). Unrecognized defenses of scholars: Impact on theory and research. *Organization Science, 7*(1), 79-87.

Asen, E. & Fonagy, P. (2012) Mentalization-based Therapeutic Interventions for Families. *Journal of Family Therapy, 34*: 347-370.

Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Pijlman, F. A., Mesman, J., & Juffer, F. (2008). Experimental evidence for differential susceptibility: Dopamine D4 receptor polymorphism (DRD4 VNTR) moderates intervention effects on toddlers' externalizing behavior in a randomized controlled trial. *Developmental Psychology, 44*(1), 293-300. doi:10.1037/0012-1649.44.1.293

Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., Mesman, J., Alink, L. A., & Juffer, F. (2008). Effects of an attachment-based intervention on daily cortisol moderated by dopamine receptor D4: A randomized control trial on 1- to 3-year-olds screened for externalizing behavior. *Development And Psychopathology, 20*(3), 805-820. doi:10.1017/S0954579408000382

Bakermans-Kranenburg, M., van IJzendoorn, M., & Juffer, F. (2003). Less is more: meta-analyses of sensitivity and attachment interventions in early childhood. *Psychological Bulletin, 129*(2), 195-215.

Bammens, A., Adkins, T., & Badger, J. (2015). Psycho-educational intervention increases reflective functioning in foster and adoptive parents. *Adoption & Fostering, 39*(1), 38-50. doi:10.1177/0308575914565069

Bates, B., & Dozier, M. (1998). This is My Baby" coding manual. *Unpublished manuscript, University of Delaware, Newark*.

Bates, B. C., & Dozier, M. (2002). The importance of maternal state of mind regarding attachment and infant age at placement to foster mothers' representations of

- their foster infants. *Infant Mental Health Journal*, 23(4), 417-431.
doi:10.1002/imhj.10022
- Bates, J. E., Freeland, C. A. B., & Lounsbury, M. L. (1979). Measurement of infant difficulty. *Child Development*, 50, 794–803.
- Bazeley, P. (2013). *Qualitative Data Analysis: Practical Strategies*. Sage.
- Beebe, B. (2003). Brief mother-infant treatment: Psychoanalytically informed video-feedback. *Infant Mental Health Journal*, 24(1), 24-52. doi:10.1002/imhj.10042
- Beebe, B. (2006). Co-constructing mother-infant distress in face-to-face interactions: Contributions of microanalysis. *Infant Observation*, 9(2), 151-164.
doi:10.1080/13698030600810409
- Beebe, B., & Lachmann, F. M. (1998). Co-constructing inner and relational processes: Self-and mutual regulation in infant research and adult treatment. *Psychoanalytic Psychology*, 15(4), 480.
- Beebe, B., & Markese, S. (2011). Theory and research that informed the clinical approach of the project for mothers, infants, and young children of September 11, 2001. *Journal Of Infant, Child & Adolescent Psychotherapy*, 10(2-3), 170-186.
doi:10.1080/15289168.2011.599725
- Bernier, A., & Dozier, M. (2003). Bridging the attachment transmission gap: The role of maternal mind-mindedness. *International Journal of Behavioral Development*, 27, 355–365. <http://dx.doi.org/10.1080/01650250244000399>
- Berthelot, N., Ensink, K., Bernazzani, O., Normandin, L., Luyten, P., & Fonagy, P. (2015). Intergenerational transmission of attachment in abused and neglected mothers: The role of trauma-specific reflective functioning. *Infant Mental Health Journal*, 36(2), 200-212. doi:10.1002/imhj.21499
- Bhaskar, R.(1975). *A Realist Theory of Science*, Leeds, UK: Leeds Books.
- Bhaskar, R. (2013). “Philosophy and Scientific Realism,” in *Critical Realism: Essential Readings*, M. Archer, R. Bhaskar, A. Collier, T. Lawson, and A. Norrie (eds.), London: Routledge, pp. 16-47.
- Bick, J., Dozier, M., & Moore, S. (2012). Predictors of treatment use among foster mothers in an attachment-based intervention program. *Attachment & Human Development*, 14(5), 439-452. doi:10.1080/14616734.2012.706391
- Bick, J., Dozier, M., & Perkins, E. (2012). Convergence between attachment classifications and natural reunion behavior among children and parents in a child care setting. *Attachment & Human Development*, 14(1), 1-10.

Biemans, H. (1990). Video Home Training: Theory method and organisation of SPIN. In *International Seminar for Innovative Institutions*. Ryswijk: Ministry of Welfare, Health and Culture.

Biringen, Z. (2008). The emotional availability (EA) scales (4th ed.). Retrieved from www.emotionalavailability.com

Bowlby, J. (1969). *Attachment and Loss: Volume 1: Attachment*.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.

Broadly, T., Stoyles, G., McMullan, K., Caputi, P., & Crittenden, N. (2010). The Experiment of Foster-care. *Journal Of Child & Family Studies*, 19(5), 559-571.

Bryant, A., & Charmaz, K. (2012). Grounded theory and psychological research. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, K. J. Sher (Eds.) , *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 39-56). American Psychological Association.

Bunday, L., Dallos, R., Morgan, K., & McKenzie, R. (2015). Foster-carers' reflective understandings of parenting looked after children: an exploratory study. *Adoption & Fostering*, 39(2), 145-158. doi:10.1177/0308575915588730

Cagnetta, E., & Cicognani, E. (1999). Surviving a serious traffic accident: Adaptation processes and quality of life. *Journal Of Health Psychology*, 4(4), 551-564.

Cairns, K. (2002). Making sense: the use of theory and research to support foster-care. *Adoption & Fostering*, 26(2), 6-13.

Cameron, R. (., & Maginn, C. (2011). Living psychology: The 'emotional warmth' dimension of professional childcare. *Educational And Child Psychology*, 28(3), 44-62.

Cassidy, J. & Shaver, P. (2008). *Handbook of attachment: Theory, research, and clinical applications*. Rough Guides.

Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative research. *SagePublications Ltd, London*.

Coppola, G., Cassibba, R., & Costantini, A. (2007). What can make the difference? Premature birth and maternal sensitivity at 3 months of age: The role of attachment organization, traumatic reaction and baby's medical risk. *Infant Behavior & Development*, 30(4), 679-684. doi:10.1016/j.infbeh.2007.03.004

Corbin, J., & Strauss, A. (1990). Grounded Theory Research: Procedures, Canons, and Evaluative Criteria. *Qualitative Sociology*, 13(1), 3.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory (3rd ed.)*. Thousand Oaks, CA, US: Sage Publications, Inc.

Coyne, I. T. (1997). Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries?. *Journal of advanced nursing*, 26(3), 623-630.

Crittenden, P. (1997–2004). *Care-Index Manual*.

Crocket, K. (2014). Introduction to the Special Section on Research Ethics. *Counselling & Psychotherapy Research*, 14(2), 138.

Davis, H., & Day, C. (2010). *Working in partnership: The family partnership model*. London, England: Pearson Education.

De Brock, A.J., Vermulst, A. A., Gerris, J.R.M., & Abidin, R.R. (1992). *Nijmeegse Ouder Stress Index*. Lisse: Swets & Zeitlinger.

DSCF. *The Foster-carers' Charter*. DFE-00033-2011

Department for Children, Schools and Families (2009). *Statutory guidance on promoting the health and well-being of looked after children*. London:DCSF.

Department for Education. (2011). *Fostering Services: National Minimum Standards*. London: DFE
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192705/NMS_Fostering_Services.pdf

Department for Education (DfE). (2015). *Children looked after in England (including adoption and care leavers) year ending 31 March 2015*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464756/SFR34_2015_Text.pdf

Department for Education. (2015). *Children Act 1989: Fostering Services*. England. Retrieved from <https://www.gov.uk/government/publications/children-act-1989-fostering-services>

Department for Education (DfE). (2016a). *Statistical First Release. Outcomes for Children looked after in England, 31 March 2015*. London:DFE Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/509965/SFR11_2016_SFRTText.pdf

Department for Education (DfE). (2016b). *Putting children first: Delivering our vision for excellent children's social care*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535732/Putting_Children_First_-_delivering_our_vision_for_excellent_children_s_social_care.pdf

Dey, I. (1993). *Qualitative data analysis: A user friendly guide for social scientists*. Routledge.

- De Wolff, M. S. and van IJzendoorn, M. H. (1997). Sensitivity and Attachment: A Meta-Analysis on Parental Antecedents of Infant Attachment. *Child Development*, Vol 68, 4. pp 571-591.
- Dickstein, S., Seifer, R., & Albus, K. E. (2009). Maternal adult attachment representations across relationship domains and infant outcomes: The importance of family and couple functioning. *Attachment & Human Development*, 11, 5–27. <http://dx.doi.org/10.1080/14616730802500164>
- Doria, M. V., Kennedy, H., Strathie, C., & Strathie, S. (2014). Explanations for the success of video interaction guidance (VIG): An emerging method in family psychotherapy. *The Family Journal*, 22(1), 78-87. doi:10.1177/1066480713505072
- Dozier, M. (2005). Challenges of Foster-care. *Attachment and Human Development*, 7(1), 27-30.
- Dozier, M., & Lindhiem, O. (2006). This is My Child: Differences Among Foster Parents in Commitment to Their Young Children. *Child Maltreatment*, 11(4), 338-345.
- Dozier, M., Manni, M., & Lindhiem, O. (2005). Lessons from the Longitudinal Studies of Attachment. In K. E. Grossmann, K. Grossmann, E. Waters (Eds.) , *Attachment from infancy to adulthood: The major longitudinal studies* (pp. 305-319). New York, NY US: Guilford Publications.
- Dozier, M., & Sepulveda, S. (2004). Foster Mother State of Mind and Treatment Use: Different Challenges for Different People. *Infant Mental Health Journal*, 25(4), 368-378. doi:10.1002/imhj.20011
- Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster-care: The role of caregiver state of mind. *Child Development*, 72(5), 1467-1477. doi:10.1111/1467-8624.00360
- Dunne, C. (2011). The place of the literature review in grounded theory research. *International Journal of Social Research Methodology*, 14(2), 111-124.
- Edelstein, S. B., Burge, D., & Waterman, J. (2001). Helping foster parents cope with separation, loss, and grief. *Child Welfare: Journal Of Policy, Practice, And Program*, 80(1), 5-25.
- El Hussein, M., Hirst, S., Salyers, V., & Osuji, J. Using Grounded Theory as a Method of Inquiry: Advantages and Disadvantages. *Qualitative Report* [serial online]. July 7, 2014;19(27):1-14.
- Evidence for Policy and Practice Information and Co-ordinating Centre. (2007). EPPI-Centre Methods for Conducting Systematic Reviews. Social Science Research Unit, Institute of Education, University of London.
- Falkenström, F., Solbakken, O. A., Möller, C., Lech, B., Sandell, R., & Holmqvist, R. (2014). Reflective functioning, affect consciousness, and mindfulness: Are these different functions?. *Psychoanalytic Psychology*, 31(1), 26-40. doi:10.1037/a0034049

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.

Feltham-King, C. (2010). What are the perceived benefits of an adoption support package using video interaction guidance with prospective adopters? An exploratory study.

Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford, CA:Stanford University Press.

Fogel, A. (1992). Movement and communication in human infancy: The social dynamics of development. *Human Movement Science*, *11*(4), 387-423.

Fonagy, P., & Allison, E. (2012). What is mentalization? The concept and its foundations in developmental research. In N. Midgley, I. Vrouva, N. Midgley, I. Vrouva (Eds.), *Minding the child: Mentalization-based interventions with children, young people and their families* (pp. 11-34). New York, NY, US: Routledge/Taylor & Francis Group.

Fonagy, P., & Bateman, A. W. (2006). Mechanisms of change in mentalization-based treatment of BPD. *Journal of clinical Psychology*, *62*(4), 411-430.

Fonagy, P., & Target, M. (2008). Attachment, trauma, and psychoanalysis: Where psychoanalysis meets neuroscience. In E. L. Jurist, A. Slade, S. Bergner, E. L. Jurist, A. Slade, S. Bergner (Eds.), *Mind to mind: Infant research, neuroscience, and psychoanalysis* (pp. 15-49). New York, NY, US: Other Press.

Fukkink, R. G. (2008). Video-feedback in widescreen: A meta-analysis of family programs. *Clinical Psychology Review*, *28*(6), 904-916.

Fukkink, R. G., Trienekens, N., & Kramer, L. C. (2011). Video-feedback in education and training: Putting learning in the picture. *Educational Psychology Review*, *23*(1), 45-63. doi:10.1007/s10648-010-9144-5

Gardner, S., Loya, T., & Hyman, C. (2014). FamilyLive: Parental skill building for caregivers with interpersonal trauma exposures. *Clinical Social Work Journal*, *42*(1), 81-89. doi:10.1007/s10615-012-0428-8

George, C., Kaplan, N., & Main, M. (1985). *Adult Attachment Interview*. Unpublished manuscript, University of California, Berkeley.

Ghosh Ippen, C., Harris, W. W., Van Horn, P., & Lieberman, A. F. (2011). Traumatic and stressful events in early childhood: Can treatment help those at highest risk? *Child Abuse & Neglect*, *35*(7), 504-513. doi:10.1016/j.chiabu.2011.03.009

Gilligan, R. (2012). Promoting a sense of 'secure base' for children in foster-care – Exploring the potential contribution of foster fathers. *Journal Of Social Work Practice*, *26*(4), 473-486.

- Glaser, B.G. (1992). *Basics of grounded theory analysis*. Mill Valley, CA: Sociological Press.
- Glaser, B. G. (2012). Constructivist Grounded Theory?. *Grounded Theory Review*, 11(1), 28-38.
- Glaser, B. G. (2012). Stop. Write! Writing Grounded Theory. *Grounded Theory Review*, 11(1), 2-11.
- Glaser, B. S., & Strauss, A.(1967). *The discovery of grounded theory: Strategies for qualitative research*. New York.
- Goldberg, D.P. & Williams, P. (1988). *A User's Guide to the General Health Questionnaire*. Windsor: National Foundation for Educational Research.
- Goldblatt, H., Karnieli-Miller, O., & Neumann, M. (2011). Sharing qualitative research findings with participants: Study experiences of methodological and ethical dilemmas. *Patient education and counseling*, 82(3), 389-395.
- Golding, K. (2007). Attachment Theory as a support for foster-carers and adoptive parents. *Adoption & Fostering*, 31(2), 77-79.
- Goldsmith, R. E., Martin, C. G., & Smith, C. P. (2014). Systemic trauma. *Journal Of Trauma & Dissociation*, 15(2), 117-132. doi:10.1080/15299732.2014.871666
- Gough, D. (2007). Weight of evidence: a framework for the appraisal of the quality and relevance of evidence. *Research papers in education*, 22(2), 213-228.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*, 24(2), 105-112.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Guideline, N. I. C. E. (2015). Children's Attachment.
- Hallberg, L. R. (2006). The "core category" of grounded theory: Making constant comparisons. *International journal of qualitative studies on health and well-being*, 1(3), 141-148.
- Harré, R. (2009). Saving critical realism. *Journal For The Theory Of Social Behaviour*, 39(2), 129-143. doi:10.1111/j.1468-5914.2009.00403.x
- Harlow, E., & Blackburn, F. (2007). Fostering matters: A foster-carer's perspective. *Social Work & Social Sciences Review*, 13(2), 48-56. doi:10.1921/19650
- Haywood J. & James C. (2008) Improving the health of children in care and care leavers in London. 2008/9. *Unpublished paper, Care Services Improvement Partnership*
- Hennighausen, K., and Lyons-Ruth, K. (2010). Disorganization of Attachment Strategies in Infancy and Childhood. In R.E. Tremblay, R.G. Barr, R. de V. Peters and M. Boivin (Eds) *Encyclopedia on Early Childhood Development* (online). Montreal,

Quebec: Centre of Excellence for Early Childhood Development. Available on www.child-encyclopedia.com/documents/Hennighausen-LyonsRuthANGxp_rev.pdf, accessed on 17 November 2012.

Hoare, K. J., Mills, J., & Francis, K. (2012). Dancing with data: An example of acquiring theoretical sensitivity in a grounded theory study. *International Journal Of Nursing Practice*, 18(3), 240-245. doi:10.1111/j.1440-172X.2012.02038.x

Hodges, N. (2011). Qualitative research: A discussion of frequently articulated qualms (FAQs). *Family And Consumer Sciences Research Journal*, 40(1), 90-92.

Hoffenkamp, H. N., Tooten, A., Hall, R. S., Braeken, J., Eliëns, M. J., Vingerhoets, A. M., & van Bakel, H. A. (2015). Effectiveness of hospital-based video interaction guidance on parental interactive behavior, bonding, and stress after preterm birth: A randomized controlled trial. *Journal Of Consulting And Clinical Psychology*, 83(2), 416-429. doi:10.1037/a0038401

Høivik, M. S., Lydersen, S., Drugli, M. B., Onsjøien, R., Hansen, M. B., & Nielsen, T. B. (2015). Video-feedback compared to treatment as usual in families with parent-child interactions problems: A randomized controlled trial. *Child And Adolescent Psychiatry And Mental Health*, 9doi:10.1186/s13034-015-0036-9

Ironside, L. (2004). Living a provisional existence: thinking about foster-carers and the emotional containment of children placed in their care. *Adoption & Fostering*, 28(4), 39-49.

Ironside, L. (2012). Meeting of minds. *Adoption & Fostering*, 36(2), 29-42.

Jensen-Doss, A., Cusack, K. J., & de Arellano, M. A. (2008). Workshop-based training in trauma-focused CBT: An in-depth analysis of impact on provider practices. *Community Mental Health Journal*, 44(4), 227-244. doi:10.1007/s10597-007-9121-8

Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2005). The importance of parenting in the development of disorganized attachment: Evidence from a preventive intervention study in adoptive families. *Journal Of Child Psychology And Psychiatry*, 46(3), 263-274. doi:10.1111/j.1469-7610.2004.00353.x

Juffer, F., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2008). Supporting adoptive families with video-feedback intervention. In F. Juffer, M. J. Bakermans-Kranenburg, M. H. van IJzendoorn (Eds.), *Promoting positive parenting: An attachment-based intervention* (pp. 139-153). New York, NY: Taylor & Francis Group/Lawrence Erlbaum Associates.

Juffer, F., and Steele, M. (2014). What words cannot say: the telling of video in attachment-based interventions. *Attachment and Human Development*, Vol. 16, No. 4, 307-314.

Kelly, W., & Salmon, K. (2014). Helping foster parents understand the foster-child's perspective: A relational learning framework for foster-care. *Clinical Child Psychology And Psychiatry*, 19(4), 535-547. doi:10.1177/1359104514524067

Kennedy, H., Landor, M., & Todd, L. (2010). Video Interaction Guidance as a method to promote secure attachment. *Educational And Child Psychology*, 27(3), 59-72.

Kennedy, H. (2011). *What is video interaction guidance (VIG). Video interaction guidance: A relationship-based intervention to promote attunement, empathy and wellbeing*. London: Jessica Kingsley Publishers.

Kennedy, H., Landor, M., & Todd, L. (2015). *Video Enhanced Reflective Practice: Professional Development through Attuned Interactions*. London: Jessica Kingsley Publishers.

Klein Velderman, M., Bakermans-Kranenburg, M. J., Juffer, F., & van IJzendoorn, M. H. (2006). Effects of attachment-based interventions on maternal sensitivity and infant attachment: Differential susceptibility of highly reactive infants. *Journal Of Family Psychology*, 20(2), 266-274. doi:10.1037/0893-3200.20.2.266

King, N. (1998). Template analysis. In G. Symon, C. Cassell (Eds.) , *Qualitative methods and analysis in organizational research: A practical guide* (pp. 118-134). Thousand Oaks, CA: Sage Publications Ltd.

Koren-Karie, N., Oppenheim, D., Yuval-Adler, S., & Mor, H. (2013). Emotion dialogues of foster-caregivers with their children: The role of the caregivers, above and beyond child characteristics, in shaping the interactions. *Attachment & Human Development*, 15(2), 175-188. doi:10.1080/14616734.2013.746822

Lasch, K. E., Marquis, P., Vigneux, M., Abetz, L., Arnould, B., Bayliss, M., & ... Rosa, K. (2010). PRO development: Rigorous qualitative research as the crucial foundation. *Quality Of Life Research: An International Journal Of Quality Of Life Aspects Of Treatment, Care & Rehabilitation*, 19(8), 1087-1096. doi:10.1007/s11136-010-9677-6

Leenarts, L. W., Diehle, J., Doreleijers, T. H., Jansma, E. P., & Lindauer, R. L. (2013). Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: A systematic review. *European Child & Adolescent Psychiatry*, 22(5), 269-283. doi:10.1007/s00787-012-0367-5

Levine, S. Z., Laufer, A., Stein, E., Hamama-Raz, Y., & Solomon, Z. (2009). Examining the relationship between resilience and posttraumatic growth. *Journal Of Traumatic Stress*, 22(4), 282-286. doi:10.1002/jts.20409

Lewis, C. (2011). Providing therapy to children and families in foster-care: A systemic-relational approach. *Family Process*, 50(4), 436-452. doi:10.1111/j.1545-5300.2011.01370.x

Lindheim, O., & Dozier, M. (2007). Caregiver commitment to foster-children: The role of child behavior. *Child Abuse and Neglect*. 31:361–374.

Lo, C. (2014). Enhancing groundedness in realist grounded theory research. *Qualitative Psychology*, 1(1), 61-76.

- McAuley, C., & Davis, T. (2009). Emotional well-being and mental health of looked after children in England. *Child & Family Social Work, 14*(2), 147-155. doi:10.1111/j.1365-2206.2009.00619.x
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, E. M. Cummings, M. T. Greenberg, D. Cicchetti, E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121-160). Chicago, IL, US: University of Chicago Press.
- Matthews, J. (2003). A framework for the creation of practitioner-based evidence. *Educational And Child Psychology, 20*(4), 60-67.
- Maxwell, J. A. (2011). Paradigms or toolkits? Philosophical and methodological positions as heuristics for mixed methods research. *Mid-Western Educational Researcher, 24*(2), 27-30.
- McCaffrey, J.M. (2010). Working with Relational Trauma: Do Educational Psychologists have a role in working with children and young people who are looked after or adopted? *Unpublished Work*.
- McGhee, G., Marland, G. R., & Atkinson, J. (2007). Grounded theory research: literature reviewing and reflexivity. *Journal of advanced nursing, 60*(3), 334-342.
- Mclean, S., Kettler, L., Delfabbro, P., & Riggs, D. (2012). Frameworks for understanding challenging behaviour in out-of-home care. *Clinical Psychologist, 16*(2), 72-81. doi:10.1111/j.1742-9552.2011.00037.x
- Meins, E., Fernyhough, C., Wainwright, R., Gupta, M. D., Fradley, E., & Tuckey, M. (2002). Maternal mind-mindedness and attachment security as predictors of theory of mind understanding. *Child Development, 73*(6), 1715-1726. doi:10.1111/1467-8624.00501
- Mikic, N., & Terradas, M. M. (2014). Mentalization and attachment representations: A theoretical contribution to the understanding of reactive attachment disorder. *Bulletin Of The Menninger Clinic, 78*(1), 34-56.
- Moore, M. (2010). Working with Relational Trauma: Lessons from neuroscience and attachment research in working with children and young people who are looked after or adopted. *The Tavistock and Portman Conference Paper*
- Moos, R. H., & Moos, B. S. (1986). Family environment scale manual. Palo Alto, CA: Consulting Psychologists Press.
- Morse, J. M. (2015). Critical Analysis of Strategies for Determining Rigor in Qualitative Inquiry. *Qualitative Health Research, 25*(9), 1212-1222. doi:10.1177/1049732315588501

Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development And Psychopathology*, 23(1), 195-210. doi:10.1017/S0954579410000738

Moss, E., Tarabulsy, G. M., St-Georges, R., Dubois-Comtois, K., Cyr, C., Bernier, A., & ... Lecompte, V. (2014). Video-feedback intervention with maltreating parents and their children: program implementation and case study. *Attachment & Human Development*, 16(4), 329-342.

Moss, J. T. (2014). Professional Identity Development: A Grounded Theory of Transformational Tasks of Counselors. *Journal Of Counseling & Development*, 92(1), 3-12.

Murphy, D., & Jenkinson, H. (2012). The mutual benefits of listening to young people in care, with a particular focus on grief and loss: An Irish foster-carer's perspective. *Child Care In Practice*, 18(3), 243-253. doi:10.1080/13575279.2012.683772

Nathaniel, A. (2006). Thoughts on the literature review and GT. *The Grounded Theory Review*, 5(2/3), 35-41.

National Institute for Health and Care Excellence (NICE). (2012). *Social and emotional wellbeing: early years*. NICE guidelines (PH40). Retrieved from <https://www.nice.org.uk/guidance/ph40>

National Institute for Health and Care Excellence (NICE). (2013a). *Autism. The management and support of children and young people on the autism spectrum*. NICE clinical guideline 170.

National Institute for Health and Care Excellence (NICE). (2013b). *Children's attachment: the attachment and related therapeutic needs of looked-after children and children adopted from care*. Draft for consultation.

National Institute for Health and Care Excellence (NICE). (2015a). *Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care*. NICE Guidelines (NG26). Retrieved from <https://www.nice.org.uk/guidance/ng26>

National Institute for Health and Care Excellence (NICE). (2015b). *Looked-after children and young people. Quality Standard*. Retrieved from <https://www.nice.org.uk/guidance/qs31/resources/lookedafter-children-and-young-people-2098601204677>

Negrão, M., Pereira, M., Soares, I., & Mesman, J. (2014). Enhancing positive parent-child interactions and family functioning in a poverty sample: A randomized control trial. *Attachment & Human Development*, 16(4), 315-328. doi:10.1080/14616734.2014.912485

Odell, T. (2008). Promoting foster-carer strengths. *Adoption & Fostering*, 32(1), 19-28.

- Oke, N., Rostill-Brookes, H., & Larkin, M. (2013). Against the odds: Foster-carers' perceptions of family, commitment and belonging in successful placements. *Clinical Child Psychology And Psychiatry, 18*(1), 7-24.
- Ong, B. (2012). Grounded theory method (GTM) and the abductive research strategy (ARS): A critical analysis of their differences. *International Journal Of Social Research Methodology: Theory & Practice, 15*(5), 417-432.
- Osterman, G., Möller, A., & Wirtberg, I. (2010). The Marte Meo method as a means of supporting new adoptive parents. *Adoption & Fostering, 34*(2), 49-57.
- Palmer, S. E. (1996). Placement stability and inclusive practice in foster-care: An empirical study. *Children And Youth Services Review, 18*(7), 589-601.
doi:10.1016/0190-7409(96)00025-4
- Patton, M. Q. (2002). Qualitative interviewing. *Qualitative research and evaluation methods, 3*, 344-347.
- Pawson, R., & Tilley, N. (1996). What's crucial in evaluation research: A reply to Bennett. *British Journal Of Criminology, 36*(4), 574.
- Pawson, R., & Tilley, N. (2004). Realist evaluation. *Changes*.
- Pawson, R., & Tilley, N. (2009). Realist evaluation. In *DPRN thematic meeting 2006 report on evaluation*.
- Pawson, R. (2006). *Evidence-based policy: A realist perspective*. London: SAGE
- Pearce, J. W., & Pezzot-Pearce, T. D. (2001). Psychotherapeutic approaches to children in foster-care: Guidance from attachment theory. *Child Psychiatry And Human Development, 32*(1), 19-44. doi:10.1023/A:1017555529166
- Pereira, M., Negrão, M., Soares, I., & Mesman, J. (2014). Decreasing harsh discipline in mothers at risk for maltreatment: A randomized control trial. *Infant Mental Health Journal, 35*(6), 604-613. doi:10.1002/imhj.21464
- Petticrew, M., & Roberts, H. (2006). *Systematic Reviews in the Social Sciences: A Practical Guide*. Oxford: Blackwell Publishing.
- Ponciano, L. (2010). Attachment in foster-care: The role of maternal sensitivity, adoption, and foster mother experience. *Child & Adolescent Social Work Journal, 27*(2), 97-114. doi:10.1007/s10560-010-0192-y
- Reber, S. (1985). *The Penguin Dictionary of Psychology*. Penguin Books.
- Reeves, J. (2006). You've got to keep your head on, A study of the stories young male service users tell about the transition to fatherhood. *Dissertation*.

- Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. (2009). Role of foster family belonging in recovery from child maltreatment. *Australian Psychologist*, *44*(3), 166-173. doi:10.1080/00050060903147075
- Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. (2007). Basically it's a recognition issue': Validating foster parent identities. *Family Matters*, (76), 64-69.
- Robson, C. (2011). *Real World Research*, Third Edition. Chichester, West Sussex ; Hoboken, N.J. Wiley-Blackwell.
- Rostill-Brookes, H., Larkin, M., Toms, A., & Churchman, C. (2011). A shared experience of fragmentation: Making sense of foster placement breakdown. *Clinical Child Psychology And Psychiatry*, *16*(1), 103-127. doi:10.1177/1359104509352894
- Salas, M. D., García-Martín, M. Á., Fuentes, M. J., & Bernedo, I. M. (2015). Children's emotional and behavioral problems in the foster family context. *Journal Of Child And Family Studies*, *24*(5), 1373-1383. doi:10.1007/s10826-014-9944-1
- Sadler, L. S., Slade, A., Close, N., Webb, D. L., Simpson, T., Fennie, K., & Mayes, L. C. (2013). Minding the baby: Enhancing reflectiveness to improve early health and relationship outcomes in an interdisciplinary home-visiting program. *Infant Mental Health Journal*, *34*(5), 391-405. doi:10.1002/imhj.21406
- Samrai, A., Beinart, H., & Harper, P. (2011). Exploring foster-carer perceptions and experiences of placements and placement support. *Adoption & Fostering*, *35*(3), 38-49.
- Sayer, R. A., & Sayer, A. (2000). *Realism and social science*. Sage.
- Schechter, D. S., & Willheim, E. (2009). When parenting becomes unthinkable: Intervening with traumatized parents and their toddlers. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, *48*(3), 249-253. doi:10.1097/CHI.0b013e3181948ff1
- Schofield, G. (2002). The significance of a secure base: A psychosocial model of long-term foster-care. *Child and Family Social Work*, *7*, 259-272.
- Schofield, G., & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster family care. *Attachment & Human Development*, *7*(1), 3-25. doi:10.1080/14616730500049019
- Schofield, G., Beek, M., & Ward, E. (2012). Part of the family: Planning for permanence in long-term family foster-care. *Children And Youth Services Review*, *34*(1), 244-253. doi:10.1016/j.childyouth.2011.10.020
- Schofield, G., Beek, M., Ward, E., & Biggart, L. (2013). Professional foster-carer and committed parent: role conflict and role enrichment at the interface between work and family in long-term foster-care. *Child & Family Social Work*, *18*(1), 46-56.
- Seligman, S. (2007). Mentalization and metaphor, acknowledgment and grief: Forms of transformation in the reflective space. *Psychoanalytic Dialogues*, *17*(3), 321-344. doi:10.1080/10481880701413538

Sinclair, I., & Wilson, K. (2003). Matches and Mismatches: The Contribution of Carers and Children to the Success of Foster Placements. *British Journal Of Social Work*, 33(7), 871-884. doi:10.1093/bjsw/33.7.871

Slade, A. (2002). Keeping the baby in mind: a critical factor in perinatal mental health. *Zero To Three*, 22(6), 10-16 7.

Slade, A. (2006). Reflective parenting programs: Theory and development. *Psychoanalytic Inquiry*, 26(4), 640-657. doi:10.1080/07351690701310698

Slade, A. (2008). Mentalization as a frame for working with parents in child psychotherapy. In E. L. Jurist, A. Slade, S. Bergner, E. L. Jurist, A. Slade, S. Bergner (Eds.), *Mind to mind: Infant research, neuroscience, and psychoanalysis* (pp. 307-334). New York, NY, US: Other Press.

Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment & Human Development*, 7, 283-298. <http://dx.doi.org/10.1080/14616730500245880>

Smith, J. D. (2014). Focusing on reflections: Mentalization and mirroring in brief dynamic therapy. *British Journal Of Psychotherapy*, 30(2), 212-228. doi:10.1111/bjp.12078

Squires, J., Bricker, D., & Twombly, E. (2002) *The ASQSE User's Guide: For the Ages & Stages Questionnaires: Social-emotional*. Baltimore, MD: Paul H Brookes Publishing.

Stern, D. N. (1985). *The Interpersonal World of the Infant. A View from Psychoanalysis and Developmental Psychology*. New York (Basic Books) 1985.

Stern, T. (2014). The development of reflective functioning in a mother traumatized by past and present events: Facilitating change in the parent-infant relationship. *Journal Of Infant, Child & Adolescent Psychotherapy*, 13(1), 24-36. doi:10.1080/15289168.2014.880291

Stovall, K. C., & Dozier, M. (2000). The development of attachment in new relationships: Single subject analyses for 10 foster infants. *Development and psychopathology*, 12(02), 133-156.

Stovall-McClough, K. C., & Dozier, M. (2004). Forming attachments in foster-care: Infant attachment behaviors during the first 2 months of placement. *Development And Psychopathology*, 16(2), 253-271.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Strauss, A., and Corbin, J. (1998). *Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory*. Sage

- Suyemoto, K. L., Day, S. C., & Schwartz, S. (2015). Exploring effects of social justice youth programming on racial and ethnic identities and activism for Asian American youth. *Asian American Journal Of Psychology, 6*(2), 125-135. doi:10.1037/a0037789
- Swick, K. J. (2007). Empower foster parents toward caring relations with children. *Early Childhood Education Journal, 34*(6), 393-398. doi:10.1007/s10643-007-0158-7
- Thompson, H., McPherson, S., & Marsland, L. (2016). 'Am I damaging my own family?': Relational changes between foster-carers and their birth children. *Clinical Child Psychology And Psychiatry, 21*(1), 48-65. doi:10.1177/1359104514554310
- Urquhart, C. (2013). *Grounded Theory for Qualitative Research: A Practical Guide*. Sage Publications.
- Van Andel, W. H., Grietens, H., & Knorth, E. J. (2012). Foster-carer--Foster-child Intervention (FFI). *Adoption & Fostering, 36*(2), 19-28.
- Van Zeijl, J., Mesman, J., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., ... & Alink, L. R. (2006). Attachment-based intervention for enhancing sensitive discipline in mothers of 1-to 3-year-old children at risk for externalizing behavior problems: a randomized controlled trial. *Journal of consulting and clinical psychology, 74*(6), 994.
- Verhage, M. L., Schuengel, C., Madigan, S., Fearon, R. P., Oosterman, M., Cassibba, R., & ... van IJzendoorn, M. H. (2016). Narrowing the transmission gap: A synthesis of three decades of research on intergenerational transmission of attachment. *Psychological Bulletin, 142*(4), 337-366. doi:10.1037/bul0000038
- Vygotsky, L. S. (1962). *Thought and language*. Cambridge, MA: MIT Press.
- Weinfield, N. S., Sroufe, L.A., Egeland, B. and Carlson, E. (2008). Individual Differences in Infant-Caregiver Attachment. In J. Cassidy and P.R. Shaver. (Eds.) *Handbook of Attachment. Theory, Research, and Clinical Applications* (pp. 78-101). The Guilford Press: New York.
- Whenan, R., Oxlad, M., & Lushington, K. (2009). Factors associated with foster-carer well-being, satisfaction and intention to continue providing out-of-home care. *Children And Youth Services Review, 31*(7), 752-760. doi:10.1016/j.chilyouth.2009.02.001
- Williams, D. D. (2011). Qualitative inquiry in daily life: Exploring qualitative thought. *Provo, UT*.
- Wilson, K. (2006). Can Foster-carers Help Children Resolve Their Emotional and Behavioural Difficulties?. *Clinical Child Psychology And Psychiatry, 11*(4), 495-511. doi:10.1177/1359104506067873
- Wilson, K., Sinclair, I., & Gibbs, I. (2000). The Trouble with Foster-care: The Impact of Stressful 'Events' on Foster-carers. *British Journal Of Social Work, 30*(2), 193-209.
- Wright, B., Barry, M., Hughes, E., Trépel, D., Ali, S., Allgar, V., & ... Gilbody, S. (2015). Clinical effectiveness and cost-effectiveness of parenting interventions for

children with severe attachment problems: a systematic review and meta-analysis. *Health Technology Assessment (Winchester, England)*, 19(52), 1-348.
doi:10.3310/hta1

Vrouva, I., Target, M., & Ensink, K. (2013). Measuring mentalization in children and young people. *Minding the child: Mentalization-based interventions with children, young people and their families*, 54-76.

Yagmur, S., Mesman, J., Malda, M., Bakermans-Kranenburg, M. J., & Ekmekci, H. (2014). Video-feedback intervention increases sensitive parenting in ethnic minority mothers: A randomized control trial. *Attachment & Human Development*, 16(4), 371-386. doi:10.1080/14616734.2014.912489

Zeanah, C. H., Smyke, A. T., Koga, S. F., & Carlson, E. (2005). Attachment in institutionalized and community children in Romania. *Child development*, 76(5), 1015-1028.

de Zulueta, F. (2006). The treatment of psychological trauma from the perspective of attachment research. *Journal Of Family Therapy*, 28(4), 334-351.

Websites

<http://www.videointeractionguidance.net>

<http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/>

<http://www.childtrends.org/?programs=attachment-and-biobehavioral-catch-up-abc>

<http://www.martemeo.com/>

<http://www.marinusvanijzendoorn.com/video-feedback-intervention-vipp>

<http://www.mtb.yale.edu/index.aspx>

<http://oxpip.org.uk/About.aspx>

<https://www.youtube.com/watch?v=8d2grzTn3M4>

Appendices

Appendix 1: Principles of Attuned Interaction and Guidance

Table 6: Principles of Attuned Interaction and Guidance

Being attentive	<ul style="list-style-type: none"> Looking interested with friendly posture Giving time and space for other Turning towards Wondering about what they are doing, thinking or feeling Enjoying watching the other
Encouraging initiatives	<ul style="list-style-type: none"> Waiting Listening actively Showing emotional warmth through intonation Using friendly and/or playful intonation as appropriate Naming what the child is doing, might be thinking or feeling Naming what you are doing, thinking or feeling Looking for initiatives
Receiving initiatives	<ul style="list-style-type: none"> Showing you have heard, noticed the other's initiative Receiving with body language Being friendly and/or playful as appropriate Returning eye-contact, smiling, nodding in response Receiving what the other is saying or doing with words Repeating/using the other's words or phrases
Developing attuned interactions	<ul style="list-style-type: none"> Receiving and then responding Checking the other is understanding you Waiting attentively for your turn. Having fun Giving a second (and further) turn on same topic Giving and taking short turns Contributing to interaction / activity equally Co-operating - helping each other
Guiding	<ul style="list-style-type: none"> Scaffolding Extending, building on the other's response Judging the amount of support required and adjusting Giving information when needed Providing help when needed Offering choices that the other can understand Making suggestions that the other can follow
Deepening discussion	<ul style="list-style-type: none"> Supporting goal-setting Sharing viewpoints Collaborative discussion and problem-solving Naming difference of opinion Investigating the intentions behind words Naming contradictions/conflicts (real or potential) Reaching new shared understandings Managing conflict (back to being attentive and receiving initiatives with the aim of restoring attuned interactions)

(Kennedy, 2011, p.28 – reprinted with permission)

Appendix 2: Databases Used for Literature Searches

Table 7: Databases used for Literature Searches

	Literature Searches
Electronic Databases	PsycINFO via EBSCO Psychology and Behavioural Science Collection PsycARTICLES
Hand Searches	Educational and Child Psychology Educational Psychology in Practice
Grey Literature	SpinLink and subsequently Group Spaces AVIG (Association of Video Interaction Guidance) (published and unpublished work) Delaware University, Psychology Department – publications and research Video Interaction Guidance. A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing. Edited by Kennedy, Landor and Todd (2011). Promoting Positive Parenting. An Attachment-Based Intervention. Edited by Juffer, Bakermans-Kranenburg and van IJzendoorn. (2008). Attendance at conferences and consequent references made to relevant research

Table 8: Search Terms Used in Initial Literature Searches

Participants	Foster-care* Child* in Care Looked After Child* School-age
Setting	Home All countries were included with articles written in English
Intervention	Video Interaction Guidance Video-feedback
Relationship	Parent Carer
Study Design	Intervention targets interaction/ relationship between carers and child

Inclusion Criteria	Exclusion Criteria
Peer reviewed	Reviews of books or articles Articles not written in English Autism Hearing Impairment School

Appendix 3: Literature Review - Initial Searches

Table 9: Search Criteria with References and Abstract of Studies Considered

Search criteria: Video Interaction Guidance or Video-feedback and school-age children – 100 results of which these fit the inclusion/ exclusion criteria

	Author / Title / Abstract	Based upon video of attunement principles	Mental health issue	Include
1	<p>Hoffenkamp, H. N., Tooten, A., Hall, R. S., Braeken, J., Eliëns, M. J., Vingerhoets, A. M., & van Bakel, H. A. (2015). Effectiveness of hospital-based video interaction guidance on parental interactive behavior, bonding, and stress after preterm birth: A randomized controlled trial. <i>Journal Of Consulting And Clinical Psychology, 83</i>(2), 416-429. doi:10.1037/a0038401</p> <p>Objective: This study examined the effectiveness of hospital-based Video Interaction Guidance (VIG; Eliëns, 2010; Kennedy, Landor, & Todd, 2011) for mothers and fathers of infants born preterm (25–37 weeks of gestation). Method: VIG is a preventive video-feedback intervention to support the parent–infant relationship. One hundred fifty families (150 infants, 150 mothers, 144 fathers) participated in a pragmatic randomized controlled trial to evaluate the effects of VIG as adjunct to standard hospital care. Primary outcome was parental interactive behavior (sensitivity, intrusiveness, and withdrawal) as observed in videotaped dyadic parent–infant interaction. Secondary outcomes comprised parental bonding, stress responses, and psychological well-being based on self-report. The intervention effects were assessed at baseline, mid-intervention, 3-week, 3-month, and 6-month follow-ups. Data were analyzed on an intention-to-treat basis, using multilevel modeling and analyses of covariance. Results: VIG proved to be effective in enhancing sensitive behavior and diminishing withdrawn behavior in mothers (Cohen’s d range = .24–.44) and in fathers (d range: .54–.60). The positive effects of VIG were particularly found in mothers who experienced the preterm birth as very traumatic (d range = .80–1.04). The intervention, however, did not change parents’ intrusive behavior. Analyses additionally revealed positive effects on parental bonding, especially for fathers, yet no significant effects on stress and well-being were detected. Conclusions: The results indicate that VIG is a useful addition to standard hospital care, reducing the possible negative impact of preterm birth on the parent–infant relationship. VIG appeared particularly beneficial for fathers, and for mothers with traumatic birth experiences. High levels of parental intrusiveness, however, need complementary intervention. (PsycINFO Database Record (c) 2015 APA</p>	Yes	No	Yes

2	<p>Rackett, P., & Macdonald, B. (2014). Fun with Mum': Using Video Interaction Guidance to enhance early relationships and diminish maternal postnatal depression. <i>Educational And Child Psychology</i>, 31(4), 82-92.</p> <p>Aim: This study describes the implementation of a group intervention using Video Interaction Guidance (VIG) to decrease maternal postnatal depression and increase attunement and pleasure in mother-infant relationships. Rationale: Interventions that focus on reducing maternal depression levels do not always have an impact on the relationship between mother and child. Yet depression can limit a parent's emotional availability and thereby impair the child's emotional, social, cognitive and physical development, in the long as well as in the short term. An intervention using VIG was designed to increase parental sensitivity and confidence. Method: 22 participants received the Fun with Mum' intervention in closed groups of six to eight mothers and infants. Individuals were referred by health visitors, midwives, family doctors or through the Family Support Service. Criteria for referral included a score of 10 or above on the Edinburgh Postnatal Depression Scale (EPDS) and a stated desire for support. Findings: Pre- and post-intervention EPDS data was collected from 20 of the participants. Sixteen individuals reported a marked decrease in maternal depression. All 22 participants indicated positive change on individually defined targets. Qualitative analysis of targets showed the nature of change experienced. Feedback from mothers indicated improved mindfulness and enjoyment in the relationship with their infant. In addition to video work, organised activities and peer support were identified by mothers as crucial aspects of the intervention. Conclusions: Group-based interventions using VIG can offer an effective approach to developing positive relationships between mothers and their infants in vulnerable circumstances. (PsycINFO Database Record (c) 2015 APA, all rights reserved)</p>	Yes	Yes	No
3	<p>Pereira, M., Negrão, M., Soares, I., & Mesman, J. (2014). Decreasing harsh discipline in mothers at risk for maltreatment: A randomized control trial. <i>Infant Mental Health Journal</i>, 35(6), 604-613. doi:10.1002/imhj.21464</p> <p>This study tested the effectiveness of the attachment-based program Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD; F. Juffer, M.J. Bakermans-Kranenburg, & M.H. van IJzendoorn, 2008) in decreasing harsh discipline of 43 mothers and their 1- to 4-year-old-children from severely deprived families. Based on previous studies, parenting stress was tested as a potential moderator of intervention effects on harsh discipline. Using a randomized control design, maternal harsh discipline was observed during home visits at the pretest and posttest, and mothers filled in questionnaires at both assessments. The VIPP-SD proved to be effective in decreasing maternal harsh discipline, but only for mothers who experienced higher levels of parenting stress at intake. These findings provide support for the program's ability to improve parenting in families who are most at risk for harsh parenting and for potentially maltreating child-parent interactions. The results are discussed in terms of the VIPP-SD elements most relevant to decreasing harsh discipline, and the challenges of parenting interventions in severely deprived</p>	Yes	No	Yes

	populations. (PsycINFO Database Record (c) 2014 APA, all rights reserved)			
4	<p>Negrão, M., Pereira, M., Soares, I., & Mesman, J. (2014). Enhancing positive parent–child interactions and family functioning in a poverty sample: A randomized control trial. <i>Attachment & Human Development, 16</i>(4), 315-328. doi:10.1080/14616734.2014.912485</p> <p>This study tested the attachment-based intervention program Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) in a randomized controlled trial with poor families of toddlers screened for professional’s concerns about the child’s caregiving environment. The VIPP-SD is an evidence-based intervention, but has not yet been tested in the context of poverty. The sample included 43 families with 1- to 4-year-old children: mean age at the pretest was 29 months and 51% were boys. At the pretest and posttest, mother–child interactions were observed at home, and mothers reported on family functioning. The VIPP-SD proved to be effective in enhancing positive parent–child interactions and positive family relations in a severely deprived context. Results are discussed in terms of implications for support services provided to such poor families in order to reduce intergenerational risk transmission. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	No	Yes
5	<p>Moss, E., Tarabulsky, G. M., St-Georges, R., Dubois-Comtois, K., Cyr, C., Bernier, A., & ... Lecompte, V. (2014). Video-feedback intervention with maltreating parents and their children: Program implementation and case study. <i>Attachment & Human Development, 16</i>(4), 329-342. doi:10.1080/14616734.2014.912486</p> <p>This article describes a video-feedback intervention program with maltreating parents and their children aged 1 to 5 years using a case-study approach. The 8-week program is of interest to researchers and clinicians because it is the first short-term attachment-based intervention program to demonstrate efficacy in enhancing parental sensitivity, improving child attachment security, and reducing disorganized attachment for children and parents who have been reported for child abuse and/or neglect. We have previously described the theoretical and empirical basis of the intervention program and evidence for its efficacy. Details of program implementation and a case study are currently presented. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	No	Yes
6	<p>Yagmur, S., Mesman, J., Malda, M., Bakermans-Kranenburg, M. J., & Ekmekci, H. (2014). Video-feedback intervention increases sensitive parenting in ethnic minority mothers: A randomized control trial. <i>Attachment & Human Development, 16</i>(4), 371-386. doi:10.1080/14616734.2014.912489</p> <p>Using a randomized control trial design we tested the effectiveness of a culturally sensitive adaptation of the</p>	Yes	No	Yes

	<p>Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) in a sample of 76 Turkish minority families in the Netherlands. The VIPP-SD was adapted based on a pilot with feedback of the target mothers, resulting in the VIPP-TM (VIPP-Turkish Minorities). The sample included families with 20–47-month-old children with high levels of externalizing problems. Maternal sensitivity, nonintrusiveness, and discipline strategies were observed during pretest and posttest home visits. The VIPP-TM was effective in increasing maternal sensitivity and nonintrusiveness, but not in enhancing discipline strategies. Applying newly learned sensitivity skills in discipline situations may take more time, especially in a cultural context that favors more authoritarian strategies. We conclude that the VIPP-SD program and its video-feedback approach can be successfully applied in immigrant families with a non-Western cultural background, with demonstrated effects on parenting sensitivity and nonintrusiveness. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>			
7	<p>Vik, K., & Rohde, R. (2014). Tiny moments of great importance: The Marte Meo method applied in the context of early mother– infant interaction and postnatal depression. Utilizing Daniel Stern’s theory of ‘schemas of being with’ in understanding empirical findings and developing a stringent Marte Meo methodology. <i>Clinical Child Psychology And Psychiatry</i>, 19(1), 77-89.</p> <p>This paper provides an overview of basic Marte Meo video interaction guidance concepts and describes the therapeutic performance of the method applied in the context of early mother–infant interaction and postnatal depression. Weight is put upon the importance of the therapeutic relationship. Further Marte Meo therapy is understood in the light of Daniel Stern’s theory of ‘schemas of being with’ and accompanied by clinical vignettes from therapy sessions. The empirical basis for the paper is a study of postnatal depression, mother–infant interaction and video guidance, carried out in Southern Norway. The study examined Marte Meo from a phenomenological perspective. Marte Meo was offered to mothers with either postnatal depression or depressive symptoms. In in-depth interviews the participants reported that the Marte Meo method, ‘from the outside looking in’, increased their reflections about their infants and their own mental states as well as their sensitive interaction with their newborn. Their mothering was improved and they reported feeling less depressed. We argue that Marte Meo methodology can guide new mothers with depressive symptoms, and contribute to the creation of new schemas of being together. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	Yes	No
8	<p>Smith, J. D., Dishion, T. J., Moore, K. J., Shaw, D. S., & Wilson, M. N. (2013). Effects of video-feedback on early coercive parent–child interactions: The intervening role of caregivers’ relational schemas. <i>Journal Of Clinical Child And Adolescent Psychology</i>, 42(3), 405-417.</p> <p>We examined the effect of adding a video-feedback intervention component to the assessment feedback</p>	No	No	No

	<p>session of the Family Check-Up (FCU) intervention (Dishion & Stormshak, 2007). We hypothesized that the addition of video-feedback procedures during the FCU feedback at child age 2 would have a positive effect on caregivers' negative relational schemas of their child, which in turn would mediate reductions in observed coercive caregiver-child interactions assessed at age 5. We observed the caregiver-child interaction videotapes of 79 high-risk families with toddlers exhibiting clinically significant problem behaviors. A quasi-random sample of families was provided with direct feedback on their interactions during the feedback session of the FCU protocol. Path analysis indicated that reviewing and engaging in feedback about videotaped age 2 assessment predicted reduced caregivers' negative relational schemas of the child at age 3, which acted as an intervening variable on the reduction of observed parent-child coercive interactions recorded at age 5. Video-feedback predicted improved family functioning over and above level of engagement in the FCU in subsequent years, indicating the important incremental contribution of using video-feedback procedures in early family-based preventive interventions for problem behaviors. Supportive video-feedback on coercive family dynamics is an important strategy for promoting caregiver motivation to reduce negative attributions toward the child, which fuel coercive interactions. Our study also contributes to the clinical and research literature concerning coercion theory and effective intervention strategies by identifying a potential mechanism of change. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>			
9	<p>Lawrence, P. J., Davies, B., & Ramchandani, P. G. (2013). Using video-feedback to improve early father-infant interaction: A pilot study. <i>Clinical Child Psychology And Psychiatry, 18</i>(1), 61-71. doi:10.1177/1359104512437210</p> <p>Preventive interventions with parents of infants have tended to focus on mothers. Recent research focused on fathers suggests that their involvement in interventions might enhance effectiveness. One effective approach with mothers is the brief, home-based Video-feedback Intervention to promote Positive Parenting (VIPP). This paper is a report of a pilot study of VIPP with fathers to assess its feasibility. Five fathers were recruited from an existing longitudinal study of parents. The primary outcome was acceptability, assessed using a semi-structured questionnaire after completion of the intervention. All fathers completed all sessions of the intervention. Fathers rated the intervention as having had a significant impact on their understanding of their child's thoughts and feelings, and as having improved their communication and relationship with their baby. Fathers' feedback was generally positive. The flexibility to conduct sessions at home (or at fathers' places of work) and the flexible timing of sessions were identified as fundamental to successful delivery. The results of this pilot study are encouraging, as VIPP with fathers was feasible. In light of the modest sample size, and the use of a non-clinical sample, the intervention must be evaluated with larger, clinical samples to evaluate its efficacy with fathers. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	Yes	No	Yes
10	<p>Beebe, B., & Markese, S. (2011). Theory and research that informed the clinical approach of the project for mothers, infants, and young children of September 11, 2001.</p>	No	No	No

	<p><i>Journal Of Infant, Child & Adolescent Psychotherapy</i>, 10(2-3), 170-186. doi:10.1080/15289168.2011.599725</p> <p>We outline the central clinical theories that informed the Project for Mothers, Infants, and Young Children of September 11, 2001. We looked to Bowlby, Winnicott, Mahler, and Ainsworth for the core ideas about the nature of loss and the mother-infant relationship. We also looked to empirical infant research and the microanalysis of videotaped mother-infant interaction to understand early communication patterns. An understanding of nonverbal communication and its use in video-feedback was central to our approach. We also describe early childhood psychotherapy and mother-child support groups. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>			
11	<p>Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. <i>Development And Psychopathology</i>, 23(1), 195-210. doi:10.1017/S0954579410000738</p> <p>The efficacy of a short-term attachment-based intervention for changing risk outcomes for children of maltreating families was examined using a randomized control trial. Sixty-seven primary caregivers reported for maltreatment and their children (1-5 years) were randomly assigned to an intervention or control group. The intervention group received 8 weekly home visits directed at the caregiver-child dyad and focused on improving caregiver sensitivity. Intervention sessions included brief discussions of attachment-emotion regulation-related themes and video-feedback of parent-child interaction. Comparison of pre- and posttest scores revealed significant improvements for the intervention group in parental sensitivity and child attachment security, and a reduction in child disorganization. Older children in the intervention group also showed lower levels of internalizing and externalizing problems following intervention. This is the first study to demonstrate the efficacy of short-term attachment-based intervention in enhancing parental sensitivity, improving child security, and reducing disorganization for children in the early childhood period. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes	No	Yes
12	<p>Vik, K., & Rohde, R. (2014). Tiny moments of great importance: The Marte Meo method applied in the context of early mother– infant interaction and postnatal depression. Utilizing Daniel Stern’s theory of ‘schemas of being with’ in understanding empirical findings and developing a stringent Marte Meo methodology. <i>Clinical Child Psychology And Psychiatry</i>, 19(1), 77-89.</p> <p>This paper provides an overview of basic Marte Meo video interaction guidance concepts and describes the therapeutic performance of the method applied in the context of early mother–infant interaction and</p>	Yes	No	No

	<p>postnatal depression. Weight is put upon the importance of the therapeutic relationship. Further Marte Meo therapy is understood in the light of Daniel Stern's theory of 'schemas of being with' and accompanied by clinical vignettes from therapy sessions. The empirical basis for the paper is a study of postnatal depression, mother–infant interaction and video guidance, carried out in Southern Norway. The study examined Marte Meo from a phenomenological perspective. Marte Meo was offered to mothers with either postnatal depression or depressive symptoms. In in-depth interviews the participants reported that the Marte Meo method, 'from the outside looking in', increased their reflections about their infants and their own mental states as well as their sensitive interaction with their newborn. Their mothering was improved and they reported feeling less depressed. We argue that Marte Meo methodology can guide new mothers with depressive symptoms, and contribute to the creation of new schemas of being together. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>			
13	<p>Doria, M. V., Kennedy, H., Strathie, C., & Strathie, S. (2014). Explanations for the success of video interaction guidance (VIG): An emerging method in family psychotherapy. <i>The Family Journal</i>, 22(1), 78-87. doi:10.1177/1066480713505072</p> <p>Video interaction guidance (VIG) is an effective method for family work that is increasingly popular in clinical practice in several European countries. However, the factors that explain the success of this method are still unclear. This research provides a first contribution to fill this gap, by exploring the explanations of those who directly experience VIG. Five client families, three VIG professionals, and five VIG supervisors participated in the study. Content analysis of 15 therapeutic sessions, interviews, and focus groups was carried out. Results suggest that VIG improves family happiness, parental self-esteem and self-efficacy, and attitude–behavior change due to four key methodological components of VIG: (a) the professional's reception and support, (b) the videoed interaction, (c) the success-focused approach, and (d) the video as a proof of success and change and two key underlying mechanisms of VIG success: (a) the metacognitive processes and (b) the shared construction of a new reality. The identified factors were integrated in a model, aiming to explain the success of VIG in the context of family psychotherapy. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	No	Yes
14	<p>Kennedy, H., Landor, M., & Todd, L. (2010). Video Interaction Guidance as a method to promote secure attachment. <i>Educational And Child Psychology</i>, 27(3), 59-72.</p> <p>This paper discusses Video Interaction Guidance (VIG) as a highly effective intervention to help develop secure attachment between parents and young children. What is important in bringing about change is shown to be a focus not on the behaviours of child or infant by themselves, or on the parent's internal understanding or representation of attachment, but rather on the interactional relationship between them. Theoretical ideas underlying both VIG and attachment theory are drawn upon to explain this. Research evidence relating to interventions that focus on concerns of attachment, that are relationship-based, or that focus on parent sensitivity or video-feedback, and those looking at the effectiveness of VIG itself, are</p>	Yes	No	Yes

	discussed. A tentative conclusion is drawn from a pilot study that VIG has been successful in increasing maternal sensitivity as measured by the CARE-Index when compared with a control group (Robertson & Kennedy, 2009). It is proposed that VIG is a sensitivity-focused intervention where the underlying theory of 'intersubjectivity' permeates the method at every level, from the selection of clips of attuned interaction , and the therapeutic learning process in the shared review, to the supervision of guiders delivering the intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved)			
15	<p>Kalinauskiene, L., Cekuoliene, D., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., & Kusakovskaja, I. (2009). Supporting insensitive mothers: The Vilnius randomized control trial of video-feedback intervention to promote maternal sensitivity and infant attachment security. <i>Child: Care, Health And Development</i>, 35(5), 613-623. doi:10.1111/j.1365-2214.2009.00962.x</p> <p>Objective: This randomized control trial examined the effects of a short-term, interaction-focused and attachment-based video-feedback intervention (VIPP: video-feedback intervention to promote positive parenting). Design: VIPP effect on mothers' sensitive responsiveness and infant-mother attachment security was evaluated in a sample ($n = 54$) of low sensitive, non-clinical, middle class Lithuanian mothers. Methods: Maternal sensitivity was assessed in a free play session with the Ainsworth's sensitivity scale, and attachment security was observed using the Attachment Q sort for home observations. Results: We found that the intervention mothers indeed significantly improved their sensitive responsiveness through participation in our VIPP. The effect size was large according to Cohen's criteria, $d = 0.78$. VIPP enhanced maternal sensitive responsiveness even when maternal age, educational level, depression, daily hassles, efficacy, infant gender, and infant negative and positive affect were controlled for. However, attachment security in the VIPP infants was not enhanced after the intervention, compared with the control infants, and the infants did not seem to be differentially susceptible to the increase in maternal sensitivity dependent on their temperamental reactivity. Conclusion: We suggest that a relatively brief and low-cost programme can provide effective support for mothers who lack sensitivity in the interactions with their infants. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	Yes	No	Yes
16	<p>Vik, K., & Braten, S. (2009). Video interaction guidance inviting transcendence of postpartum depressed mothers' self-centered state and holding behavior. <i>Infant Mental Health Journal</i>, 30(3), 287-300. doi:10.1002/imhj.20215</p> <p>By sometimes evoking self-absorbed and avoidance behaviors in new mothers, postnatal depression affects the quality of mother-infant interaction, which in turn may invoke distress and avoidance in the infant and cause even more lasting impairment in the child's development. Three depressed mothers, A, B, and C, are reported upon after having been offered counseling in accordance with the Marte Meo approach through jointly watching with the therapist video replays of themselves interacting with their newborns. Clinical vignettes are offered which indicate how empathic and positive support of a sensitive therapist can be</p>	Yes	Yes	No

	<p>helpful in inviting the mother's recognition of her importance to her infant and facilitating mutually gratifying interaction between mother and child. Protocol analyses of select sessions of video-related therapy reveal that two of the mothers sometimes complete the therapist's unfinished statements in an other-centered manner, thereby transcending their initial self-centered state. This is most dramatic in the case of Mother A, who starts out in the first session almost incapable of speech, merely nodding or shaking her head. In addition to other indications of improved mother-infant interaction, comparison of pre- and postguidance windows regarding the three mothers' holding behaviors reveals a shift from an avoidance or anxious stance to closer and more secure holding. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>			
17	<p>Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., Mesman, J., Alink, L. A., & Juffer, F. (2008). Effects of an attachment-based intervention on daily cortisol moderated by dopamine receptor D4: A randomized control trial on 1- to 3-year-olds screened for externalizing behavior. <i>Development And Psychopathology</i>, 20(3), 805-820. doi:10.1017/S0954579408000382</p> <p>The effect of the Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD) on daily cortisol production was tested in a randomized controlled trial with 130 families with 1- to 3-year-old children screened for their relatively high levels of externalizing behavior. Six 1.5-hr intervention sessions focusing on maternal sensitivity and discipline were conducted with individual families at their homes. Children in the intervention group showed lower cortisol levels, with a moderating role of the dopamine receptor D4 (<i>DRD4</i>) VNTR exon III polymorphism. The VIPP-SD program proved to be effective in decreasing daily cortisol production in children <i>with</i> the <i>DRD4</i> 7-repeat allele, but not in children <i>without</i> the <i>DRD4</i> 7-repeat allele. Our findings indicate that children are differentially susceptible to intervention effects dependent on the presence of the 7-repeat <i>DRD4</i> allele. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes but focus was genetic	No	No
18	<p>Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Pijlman, F. A., Mesman, J., & Juffer, F. (2008). Experimental evidence for differential susceptibility: Dopamine D4 receptor polymorphism (<i>DRD4</i> VNTR) moderates intervention effects on toddlers' externalizing behavior in a randomized controlled trial. <i>Developmental Psychology</i>, 44(1), 293-300. doi:10.1037/0012-1649.44.1.293</p> <p>In a randomized controlled trial we tested the role of genetic differences in explaining variability in intervention effects on child externalizing behavior. One hundred fifty-seven families with 1- to 3-year-old children screened for their relatively high levels of externalizing behavior participated in a study implementing Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD), with six 1.5-hr intervention sessions focusing on maternal sensitivity and discipline. A moderating role of the dopamine D4 receptor (<i>DRD4</i>) variable-number tandem repeat (VNTR) exon III polymorphism was found: VIPP-SD proved to be effective in decreasing externalizing behavior in children with the <i>DRD4</i> 7-repeat</p>	Yes but focus was genetic	No	No

	<p>allele, a polymorphism that is associated with motivational and reward mechanisms and Attention Deficit Hyperactivity Disorder (ADHD) in children. VIPP-SD effects were largest in children with the DRD4 7-repeat allele whose parents showed the largest increase in the use of positive discipline. The findings of this first experimental test of (measured) gene by (observed) environment interaction in human development indicate that children may be differentially susceptible to intervention effects depending on genetic differences. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>			
19	<p>Phaneuf, L., & McIntyre, L. L. (2007). Effects of individualized video-feedback combined with group parent training on inappropriate maternal behavior. <i>Journal Of Applied Behavior Analysis, 40</i>(4), 737-741.</p> <p>[Correction Notice: An erratum for this article was reported in Vol 41(1) of <i>Journal of Applied Behavior Analysis</i> (see record 2008-04475-019). The mean level of inappropriate behavior reported for Dyad A in the GT+IVF condition should be 28%, not 58% as published on page 739.] The effects of adding individualized video-feedback (IVF) to Webster-Stratton's (2000, 2001) group-based parent training program (GT) were evaluated using a multiple baseline design across four mother-child dyads. During all phases of the study, inappropriate maternal behavior was recorded from videotapes of playtime with their preschoolers with developmental disabilities. Results suggested that GT + IVF reduced inappropriate maternal behavior to levels below GT alone. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	Yes	No	Yes
20	<p>Jones, A. (2006). How video can bring to view pathological defensive processes and facilitate the creation of triangular space in perinatal parent-infant psychotherapy. <i>Infant Observation, 9</i>(2), 109-123. doi:10.1080/13698030600818923</p> <p>This paper explores what it can mean to use video in psychoanalytically informed parent-infant psychotherapy (B. Beebe, 2003, Brief mother-infant treatment: Psychoanalytically informed video-feedback. <i>Infant Mental Health Journal, 24</i>(1) 24-52). I use case material to show how the use of video helped illuminate previously unseen transference dynamics between a mother and her baby; and also the defensive processes roused in the mother since her baby's birth. I discuss the purpose of filming and describe how to work with the material that emerges whilst watching the film. I suggest a parent's super-ego is likely to be roused in the context of filming and watching (S. Freud, 1923, <i>The Ego and the Id</i>. S.E. 19: 3-66. J. Sandier and A. M. Sandier, 1998, <i>Internal Objects Revisited</i>, London: Karnac). If used sensitively working with video can introduce a helpful observer position (R. Britton, 1989, The missing link: parental sexuality in the Oedipus complex. In: R. Britton, M. Feldman and E. O'Shaughnessy (eds) <i>The Oedipus Complex Today: Clinical Implications</i>, London: Karnac. D. Birksted-Breen, 1996, Phallus, Penis and Mental Space, <i>International Journal of Psycho-Analysis, 77</i>, 649-657), a different <i>triangular</i> perspective from which new thoughts can emerge that, in time, might help to modify a parent's defensive responses and soften his or her punishing super-ego (J. Strachey, 1934, On the therapeutic effect of psycho-analysis, <i>International Journal of Psycho-Analysis, 15</i>, 127-129). For the baby, this can bring relief: for as the projected aspects of the</p>	No	No	No

	parent are reclaimed, the baby becomes freer to be noticed as a separate being with thoughts and feelings of its own. In this way the use of video can enhance a parent's reflective functioning and mentalizing capacities (P. Fonagy, M. Steele, H. Steele, T. Leigh, R. Kennedy & G. Mattoon, 1995 Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development, In S. Goldberg, R. Muir and J. Kerr (eds), <i>Attachment theory: Social, developmental and clinical perspectives</i> , pp. 233-279 (Hillsdale, NJ: Analytic Press). A. Slade, 2002, Keeping the Baby in Mind: A Critical Factor in Perinatal Mental Health, <i>Zero to three Press</i> , June/July, 10-16). (PsycINFO Database Record (c) 2012 APA, all rights reserved)			
21	Beebe, B. (2006). Co-constructing mother-infant distress in face-to-face interactions: Contributions of microanalysis. <i>Infant Observation</i> , 9(2), 151-164. doi:10.1080/13698030600810409 We describe a range of interactions of maternal intrusion and infant avoidance, based on microanalysis of videotaped face-to-face play between mothers and 4-month infants. After a brief review of our theory of interaction , and approach to microanalysis, we describe the following interaction patterns: facial mirroring, chase and dodge, chase and dodge in a mother-infant treatment case, vocal rhythm coordination, mutually escalating over-arousal, oral teasing and the disturbance of infant self-regulation, and pulling the child into the parent's agenda. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	No	No	No
23	Klein Velderman, M., Bakermans-Kranenburg, M. J., Juffer, F., & van IJzendoorn, M. H. (2006). Effects of attachment-based interventions on maternal sensitivity and infant attachment: Differential susceptibility of highly reactive infants. <i>Journal Of Family Psychology</i> , 20(2), 266-274. doi:10.1037/0893-3200.20.2.266 The current intervention study aimed at breaking the potential intergenerational cycle of insecure attachment. The authors randomly assigned 81 first-time mothers to one of two intervention groups or a control group. The interventions involved four home visits when the infants were between 7 and 10 months old. The first intervention, VIPP, consisted of video-feedback and brochures to enhance sensitive parenting. The second intervention, VIPP-R, involved additional discussions of mothers' childhood attachment experiences in relation to their current caregiving. After the intervention, intervention mothers were more sensitive than control mothers. The interventions were most effective for highly reactive children and their mothers, providing experimental support for Belsky's (1997) hypothesis of highly reactive versus less reactive children's evolutionary based differential susceptibility to rearing influences. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Yes	No	Yes
24	Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2005). The importance of parenting in the development of disorganized attachment: Evidence from a preventive intervention study in adoptive families. <i>Journal Of Child Psychology And</i>	Yes	No	Yes

	<p><i>Psychiatry</i>, 46(3), 263-274. doi:10.1111/j.1469-7610.2004.00353.x</p> <p>Background: As infant disorganized attachment is a serious risk factor for later child psychopathology, it is important to examine whether attachment disorganization can be prevented or reduced. Method: In a randomized intervention study involving 130 families with 6-month-old adopted infants, two attachment-based intervention programs were tested. In the first program, mothers were provided a personal book, and in the second program mothers received the same personal book and three home-based sessions of video-feedback. The third group did not receive intervention (control group). Results: The intervention with video-feedback and the personal book resulted in enhanced maternal sensitive responsiveness ($d = .65$). Children of mothers who received this intervention were less likely to be classified as disorganized attached at the age of 12 months ($d = .46$), and received lower scores on the rating scale for disorganization than children in the control group ($d = .62$). In the book-only intervention group children showed lower disorganization ratings compared to the control group, but no effect on the number of infants with disorganized attachment classifications was found. Conclusion: Our short-term preventive intervention program with video-feedback and a book lowered the rate of disorganized attachment. The effectiveness of our intervention documents the importance of parenting in the development of infant attachment disorganization. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>			
25	<p>Beebe, B. (2003). Brief mother-infant treatment: Psychoanalytically informed video-feedback. <i>Infant Mental Health Journal</i>, 24(1), 24-52. doi:10.1002/imhj.10042</p> <p>A parent-infant brief treatment model is described that includes face-to-face split-screen videotaping and therapeutic observation of the videotape with the parent. The intervention uses "video-feedback" informed by a psychoanalytic approach, including positive reinforcement, modeling, and information giving, as well as interpretation, while watching the videotape. Specific interactions in the areas of attention, arousal, affect, and timing regulation are evaluated. The psychoanalytic intervention links the "story" of the presenting complaints, the "story" seen in the videotape, and the "story" of the parent's own upbringing. An attempt is made to identify specific representations of the baby that may interfere with the parents's ability to observe and process the nonverbal interaction. The mother's powerful experience of watching herself and her baby interact facilitates the mother's ability to "see" and to "remember," stimulating a rapid integration of the mother's procedural and declarative modes of information-processing. By applying the specificity of interactive regulation identified by microanalysis of videotape into the psychodynamic treatment of mother-infant pairs, basic research can be translated into clinical practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No	No	No
26	<p>Bakermans-Kranenburg, M. J., Juffer, F., & van Ijzendoorn, M. H. (1998). Interventions with video-feedback and attachment discussions: Does type of maternal insecurity make a difference?. <i>Infant Mental Health Journal</i>, 19(2), 202-219. doi:10.1002/(SICI)1097-0355(199822)19:2<202::AID-IMHJ8>3.0.CO;2-P</p>	Yes	No	Yes

	<p>Parents' insecure representations of attachment are associated with lower parental sensitivity and insecure infant–parent attachment relationships, leading to less optimal conditions for the children's socio-emotional development. Therefore, 2 types of short-term intervention were implemented in a group of lower middle-class mothers with an insecure representation of attachment as assessed with the Adult Attachment Interview. In one group of Ss, the intervention efforts were directed at promoting maternal sensitivity by means of written information about sensitive parenting and personal video-feedback (VF). In the other group, additional discussions about the Ss' early attachment experiences took place, aiming at affecting the Ss' attachment representation. The interventions were implemented during 4 home visits between the 7th and the 10th mo after the baby's birth. Preliminary results on 30 mothers pointed at an intervention effect: Ss in both intervention groups were more sensitive at 13 mo than Ss in the control group. Ss who were classified as insecure-dismissing tended to profit most from VF, while Ss who were classified as insecure-preoccupied tended to profit most from VF with additional discussions about their childhood attachment experiences. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>			
27	<p>Juffer, F., Hoksbergen, R. C., Riksen-Walraven, J. M., & Kohnstamm, G. A. (1997). Early intervention in adoptive families: Supporting maternal sensitive responsiveness, infant–mother attachment, and infant competence. <i>Child Psychology & Psychiatry & Allied Disciplines</i>, 38(8), 1039-1050. doi:10.1111/j.1469-7610.1997.tb01620.x</p> <p>Results from adoption studies suggest that adoptive families may experience special impediments with respect to the developmental progress and outcome of their children. Based on attachment theory, 2 early intervention programs (IPs) were designed to support families in the Netherlands with an internationally adopted child. The IPs aimed at promoting maternal sensitive responsiveness, secure infant–mother attachment relationships, and infant exploratory competence. 90 families with an interracial adopted infant (71 from Sri Lanka and 19 from Korea) were assigned to either a control group or one of 2 IP groups. The 1st IP group ($N = 30$) received a personal book, which focused on sensitive parenting. The 2nd IP group ($N = 30$) was provided with the same book and 3 video-feedback sessions at their home. The control group ($N = 30$) received no IP. In the control group sensitive responsiveness and security of attachment were comparable to outcomes from normative samples. The personal book IP did not bring about change in mothers or infants. However, intervention effects were established upon maternal sensitive responsiveness, infant competence, and infant–mother attachment in the book and video IP group. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	Yes	No	Yes More fully discussed in 24
28	<p>Field, T. (1992). Interventions in early infancy. <i>Infant Mental Health Journal</i>, 13(4), 329-336. doi:10.1002/1097-0355(199224)13:4<329::AID-IMHJ2280130408>3.0.CO;2-Z</p> <p>Describes 3 interventions to help infants of high-risk pregnancies and deliveries facilitate attachment both to and from their caregivers. Prenatal intervention includes giving high-risk pregnant women video-feedback</p>	No	No	No

	<p>during prenatal ultrasound, which reduced maternal anxiety, obstetric complications, and fetal activity and improved neonatal outcome (increased weight gain, better performance on the Brazelton Neonatal Behavioral Assessment Scale, and decreased irritability). Intervention aimed at reducing stress in the neonatal intensive care unit includes providing preterm neonates nonnutritive sucking opportunities to reduce stress during heelsticks and gavage feedings and providing preterm neonates and preterm cocaine-exposed neonates massage therapy, which facilitated weight gain and better performance on the Brazelton scale. Following improved neonatal behavior, infants would be expected to have better interactions with their caregivers. (French, Spanish & Japanese abstracts) (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>			
	<p>Høivik, M. S., Lydersen, S., Drugli, M. B., Onsøien, R., Hansen, M. B., & Nielsen, T. B. (2015). Video-feedback compared to treatment as usual in families with parent–child interactions problems: A randomized controlled trial. <i>Child And Adolescent Psychiatry And Mental Health</i>, 9doi:10.1186/s13034-015-0036-9</p> <p>Background: For the first time to our knowledge, short- and long-term effects of a multi-site randomized-controlled trial (RCT) of video-feedback of infant–parent interaction (VIPI) intervention in naturalistic settings are published. The intervention targets families with children younger than 2 years old and parent–child interactions problems. Outcome variables were 1) observed parent–child interactions and 2) parent-reported child social and emotional development. Between-group differences of the moderating effects of parental symptoms of depression, personality disorders traits, and demographic variables were investigated. Method: The study had a parallel-group, consecutively randomized, single-blinded design; participants were recruited by health- and social workers. Seventy-five families received VIPI, and 57 families received treatment as usual (TAU). Videotapes of each parent–child interactions were obtained before treatment, right after treatment, and at a 6-month follow-up and coded according to Biringen’s Emotional Availability Scales. Parental symptoms of depression and personality disorder traits were included as possible moderators. Results: Evidence of a short-term effect of VIPI treatment on parent–child interactions was established, especially among depressed parents and parents with problematic interactions—and, to some extent, among parents with dependent and paranoid personality disorder traits. A long-term positive effect of VIPI compared with TAU on child social/emotional development was also evident. In a secondary analysis, VIPI had a direct positive effect on the depressive symptoms of parents compared with TAU. Conclusion: The findings of the study support the use of VIPI as an intervention in families with interaction difficulties.</p>	Yes	No	Yes

Search items: video and foster-care – 7 results

29	Van Andel, W. H., Grietens, H., & Knorth, E. J. (2012). Foster-carer--Foster-child Intervention	Yes	No	Yes
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	(FFI). <i>Adoption & Fostering</i> , 36(2), 19-28.			
	The Foster-carer--Foster-child Intervention (FFI) was developed to help foster-carers recognise and cope with the stress that foster-children under the age of five might experience when placed in a new family. Children who have been neglected or abused may have difficulty coping with stress and develop behavioural problems, and young children in particular can develop passive avoidance behaviour as a way of adapting to their new situation. The FFI aims to improve the interaction between foster-carer and foster-child by optimising the emotional availability, parenting skills and confidence of carers in a way that makes the child feel more secure. This article by WH van, Andel Hans Grietens and Erik J Knorth explains the aims and principles underlying FFI and discusses its theoretical background, which includes attachment theory, psycho-education, mindfulness therapy and video interaction training. It then details the intervention and describes how it is being implemented in Dutch foster-care practice. The article ends by outlining an ongoing randomised control study to determine the effectiveness of the intervention.			

Search items: Marte Meo – 28 results

30	Osterman, G., Möller, A., & Wirtberg, I. (2010). The Marte Meo method as a means of supporting new adoptive parents. <i>Adoption & Fostering</i> , 34(2), 49-57.	Yes	No	Yes
	The study discussed here by Gunnel Osterman, Anders Möller and Ingegerd Wirtberg aimed to find out if any observable themes or patterns recur when using the Marte Meo (MM) method with adoptive parents, and if the parents feel that working with this method helps them to interact with their child. The study used qualitative methods and comprised two parts: use of the MM method with couples who had adopted their first child within the past two months, and semi-structured interviews with the parents. The study group consisted of seven parent couples who had adopted children aged 5-15 months from overseas. The principle of the MM method is for the child's need to be approached at its own tempo and rhythm. It encourages and motivates the parents to adjust their interplay to the child's actual behaviour, leading to better adjustment to the child's tempo and rhythm. This is important because initial video filming reveals that most parents adopt a tempo that is too fast for their child. During this initial period, the MM method may be one way of working to meet adoptive parents' need for advice and support in their efforts to be sensitive to the developmental needs of their child.			

Hand searches

31	Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (2012). Enhancing attachment organization among maltreated children: Results of a randomized clinical	Yes	No	Yes
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	<p>trial. <i>Child Development</i>, 83(2), 623-636.</p> <p>Young children who have experienced early adversity are at risk for developing disorganized attachments. The efficacy of Attachment and Biobehavioral Catch-up (ABC), an intervention targeting nurturing care among parents identified as being at risk for neglecting their young children, was evaluated through a randomized clinical trial. Attachment quality was assessed in the Strange Situation for 120 children between 11.7 and 31.9 months of age ($M = 19.1$, $SD = 5.5$). Children in the ABC intervention showed significantly lower rates of disorganized attachment (32%) and higher rates of secure attachment (52%) relative to the control intervention (57% and 33%, respectively). These results support the efficacy of the ABC intervention in enhancing attachment quality among parents at high risk for maltreatment. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>			
32	<p>Feltham-King, C. (2010). What are the perceived benefits of an adoption support package using video interaction guidance with prospective adopters? An exploratory study.</p> <p>An adoption support package using video interaction guidance (VIG) with a focus on child-led play was provided by two educational psychologists to eight prospective adopters with whom a pre-school child had been placed recently. Piloted with the encouragement of social workers, it promoted working in partnership with parents to share successes and address concerns. VIG is an attachment-based coaching method, which works collaboratively on client-chosen goals for improved relationships, building on their existing strengths and insights.</p>	Yes	No	Yes

Search: video-feedback – 81 results

	<p>Gatta, M., Sisti, M., Sudati, L., Miscioscia, M., & Simonelli, A. (2016). The Lausanne Trilogue Play within the outcome evaluation in infant mental health: A preliminary report. <i>Research In Psychotherapy: Psychopathology, Process And Outcome</i>, 19(1), 19-30. doi:10.4081/ripppo.2016.198</p> <p>This study aims to contribute to the scientific debate about the evaluation of the intervention in infant mental health and presents the main results after one year of intervention based on integrated types of treatments (psychodynamic psychotherapy for the child/adolescent, parental support and observation and assessment of family interactions). Furthermore, the study aims to explore the use of the Lausanne Trilogue Play (LTP) as a new assessment tool for planning the of treatments. The sample consists of 23 children and adolescents, aged between 4 and 17 years old, and their families, attending the Infancy, Adolescence and Family Service, Local Health Unit 16 of Padua due to their psychopathological problems. In order to assess their psychological conditions we used the Child Behavior Checklist</p>	No	No	No
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	<p>(CBCL) to evaluate psycho-behavioral problems and the LTP to assess family interactions. The CBCL was used at the time of the diagnostic assessment (T0) and after 12 months of treatment (T12). Concerning the application of LTP, the sample was divided randomly in two groups: one where LTP was used in two different time intervals during therapy (T0 and T12) and another one where it was used in three different time intervals during therapy (T0, T6 and T12) with a video-feedback intervention at time T6. Results report a favorable outcome in regards of the gravity of patients' symptoms, displaying, after one year of treatment, a statistical significant decrease in the clinical level of internalizing symptoms. In terms of family interactions, results show stability within the family patterns except for a statistically significant deterioration in the management of interactive mistakes. Regarding the use of LTP as evaluator of the above intervention, the study shows that the assessment of family's interactions during long-term psychotherapy helps clinicians focus the intervention on those aspects that remain dysfunctional. These results and the possible interpretations, however, emphasize the need for further studies on this topic. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (journal abstract)</p>			
	<p>Beebe, B. (2010). Mother–infant research informs mother–infant treatment. <i>Clinical Social Work Journal</i>, 38(1), 17-36. doi:10.1007/s10615-009-0256-7</p> <p>A brief mother–infant treatment approach using "video-feedback" is described. This approach is informed both by psychoanalysis and by research on mother–infant face-to-face interaction using video microanalysis. Two cases are presented. In the first, descriptions of the videotaped interactions which informed the interventions are presented. In the second, knowledge of mother–infant microanalysis research informed the treatment, even though videotaping was not an option. The respective "stories" of the presenting complaints, the video interaction, and the parent's own upbringing are linked. Specific representations of the baby that may interfere with the parent's ability to observe and process her nonverbal interaction with her infant are identified. The mother has a powerful experience during the video-feedback of watching herself and her baby interact. Our attempts together to translate the action-sequences into words facilitate the mother's ability to "see" and to "remember," fostering a rapid integration of implicit and explicit modes of processing. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>	Yes	No	No
	<p>Van Zeijl, J., Mesman, J., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., & ... Alink, L. A. (2006). Attachment-based intervention for enhancing sensitive discipline in mothers of 1- to 3-year-old children at risk for externalizing behavior problems: A randomized controlled trial. <i>Journal Of Consulting And Clinical Psychology</i>, 74(6), 994-1005. doi:10.1037/0022-006X.74.6.994</p> <p>The home-based intervention program Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) was tested in a randomized controlled trial with 237 families screened for their 1- to 3-year-old children's relatively high scores on externalizing behavior. VIPP-SD, based on attachment theory and coercion theory, focuses on mirroring and discussing actual parent-child interactions in six 1.5-hr sessions with individual families at</p>	Yes	No	Yes

	<p>home. VIPP-SD proved to be effective in enhancing maternal attitudes toward sensitivity and sensitive discipline and in promoting sensitive discipline interactions in the intervention group as compared with the control group. Moreover, in families with more marital discord and in families with more daily hassles, the intervention resulted in a decrease of overactive problem behaviors in the children. The authors conclude that VIPP-SD should become an important module in attachment-based interventions. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>			
	<p>Velderman, M. K., Bakermans-Kranenburg, M. J., Juffer, F., Van Ijzendoorn, M. H., Mangelsdorf, S. C., & Zevalkink, J. (2006). Preventing preschool externalizing behavior problems through video-feedback intervention in infancy. <i>Infant Mental Health Journal</i>, 27(5), 466-493. doi:10.1002/imhj.20104</p> <p>In the present study (1) intervention effects on children's preschool behavior problems were evaluated in a high risk sample with an overrepresentation of insecure adult attachment representations in 77 first-time mothers, and (2) predictors and correlates of child problem behavior were examined. Early short-term video-feedback intervention to promote positive parenting (VIPP) focusing on maternal sensitivity and implemented in the baby's first year of life significantly protected children from developing clinical Total Problems at preschool-age. Also, compared with the control group, fewer VIPP children scored in the clinical range for Externalizing Problems. No intervention effects on Internalizing clinical problem behavior were found. The VIPP effects on Externalizing and Total clinical Problems were not mediated by VIPP effects on sensitivity and infant attachment or moderated by mother or child variables. Maternal satisfaction with perceived support appeared to be associated with less children's Internalizing, Externalizing, and Total Problems. More research is needed to find the mechanisms triggered by VIPP, but the outcomes could be considered as promising first steps in the prevention of disturbing, externalizing behavior problems in young children. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>	Yes	No	Yes
	<p>Jones, A. (2006). How video can bring to view pathological defensive processes and facilitate the creation of triangular space in perinatal parent-infant psychotherapy. <i>Infant Observation</i>, 9(2), 109-123. doi:10.1080/13698030600818923</p> <p>This paper explores what it can mean to use video in psychoanalytically informed parent-infant psychotherapy (B. Beebe, 2003, Brief mother-infant treatment: Psychoanalytically informed video-feedback. <i>Infant Mental Health Journal</i>, 24(1) 24-52). I use case material to show how the use of video helped illuminate previously unseen transference dynamics between a mother and her baby; and also the defensive processes roused in the mother since her baby's birth. I discuss the purpose of filming and describe how to work with the material that emerges whilst watching the film. I suggest a parent's super-ego is likely to be roused in the context of filming and watching (S. Freud, 1923, <i>The Ego and the Id</i>. S.E. 19: 3-66. J. Sandier and A. M. Sandier, 1998, <i>Internal Objects Revisited</i>, London: Karnac). If used sensitively working with video can introduce a helpful observer position (R. Britton, 1989, The missing link: parental sexuality in the Oedipus complex. In: R. Britton, M. Feldman and E. O'Shaughnessy (eds) <i>The Oedipus</i></p>	No	No	No

	<p><i>Complex Today: Clinical Implications</i>, London: Karnac. D. Birksted-Breen, 1996, Phallus, Penis and Mental Space, <i>International Journal of Psycho-Analysis</i>, 77, 649-657), a different <i>triangular</i> perspective from which new thoughts can emerge that, in time, might help to modify a parent's defensive responses and soften his or her punishing super-ego (J. Strachey, 1934, On the therapeutic effect of psycho-analysis, <i>International Journal of Psycho-Analysis</i>, 15, 127-129). For the baby, this can bring relief: for as the projected aspects of the parent are reclaimed, the baby becomes freer to be noticed as a separate being with thoughts and feelings of its own. In this way the use of video can enhance a parent's reflective functioning and mentalizing capacities (P. Fonagy, M. Steele, H. Steele, T. Leigh, R. Kennedy & G. Mattoon, 1995 Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development, In S. Goldberg, R. Muir and J. Kerr (eds), <i>Attachment theory: Social, developmental and clinical perspectives</i>, pp. 233-279 (Hillsdale, NJ: Analytic Press). A. Slade, 2002, Keeping the Baby in Mind: A Critical Factor in Perinatal Mental Health, <i>Zero to three Press</i>, June/July, 10-16). (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>			
	<p>Klein Velderman, M., Bakermans-Kranenburg, M. J., Juffer, F., & van IJzendoorn, M. H. (2006). Effects of attachment-based interventions on maternal sensitivity and infant attachment: Differential susceptibility of highly reactive infants. <i>Journal Of Family Psychology</i>, 20(2), 266-274. doi:10.1037/0893-3200.20.2.266</p> <p>The current intervention study aimed at breaking the potential intergenerational cycle of insecure attachment. The authors randomly assigned 81 first-time mothers to one of two intervention groups or a control group. The interventions involved four home visits when the infants were between 7 and 10 months old. The first intervention, VIPP, consisted of video-feedback and brochures to enhance sensitive parenting. The second intervention, VIPP-R, involved additional discussions of mothers' childhood attachment experiences in relation to their current caregiving. After the intervention, intervention mothers were more sensitive than control mothers. The interventions were most effective for highly reactive children and their mothers, providing experimental support for Belsky's (1997) hypothesis of highly reactive versus less reactive children's evolutionary based differential susceptibility to rearing influences. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</p>	Yes	No	Yes
	<p>Beebe, B. (2006). Co-constructing mother-infant distress in face-to-face interactions: Contributions of microanalysis. <i>Infant Observation</i>, 9(2), 151-164. doi:10.1080/13698030600810409</p> <p>We describe a range of interactions of maternal intrusion and infant avoidance, based on microanalysis of videotaped face-to-face play between mothers and 4-month infants. After a brief review of our theory of interaction, and approach to microanalysis, we describe the following interaction patterns: facial mirroring, chase and dodge, chase and dodge in a mother-infant treatment case, vocal rhythm coordination, mutually escalating over-arousal, oral teasing and the disturbance of infant self-regulation, and pulling the child into the parent's agenda. (PsycINFO Database Record (c)</p>	No	No	No

	2012 APA, all rights reserved) (journal abstract)			

Appendix 4: Summary of Study's Outcomes in Initial Literature Review

Table 10: Summary of Study's Outcomes in Initial Literature Review

Study Authors	Participants	Intervention	Where	Design	Measures	Impact
Hoffenkamp, Tooten, Hall, Braeken, Eliëns, Vingerhoets, and van Bakel (2015).	Pre-term Infants – 150 Parents – 150 mothers and 144 fathers Netherlands Clear inclusion criteria available	VIG – 3 cycles within first week of life	Hospital	Random allocation to intervention or control with standard hospital care.	Parental Sensitivity, Intrusiveness, Withdrawal - measured by independent coders blind to conditions Self-report of parental bonding, stress and psychological wellbeing Traumatic Event Scale	Sensitivity and Intrusiveness not sustained effect sizes after 6 months Paternal bonding maintained at 6 months Mothers with greatest birth trauma benefited considerably from VIG
Moss, Tarabulsy, St-Georges, Dubois-Comtois, Cyr, Bernier, & Lecompte (2014)	Parent of a 30 month old boy who had recently regained custody of her child	Video-feedback focussing on parent-child relationship – 8 sessions	Home	Case study	Preschool Attachment Classification System (Cassidy and Marvin, 1992)	Changed attachment classification and now secure
Pereira, Negrão, Soares, and Mesman (2014).	Children (1-4 years old) – Highly deprived and high risk Mothers – 43 Portugal	VIPP –SD (Juffer, Bakermans-Kranenburg and van IJzendoorn, 2008) – 6 home visits	Home	Control group had 6 telephone calls Random assignment to control group. Allocation not	Harsh discipline (adapted from Verschueren, Dossche, Marcoen, Mahiew and Bakemans-Kranenburg, 2006)	VIPP-SD effective in severely deprived families under conditions of self-perceived parenting stress

	Clear inclusion criteria available			clear		
Negrão, Pereira, Soares and Mesman (2014).	43 Families screened for concerns about child's caregiving environment - Portugal	VIPP-SD (Juffer et al, 2008) 6 home visits distributed at 2 week intervals for 4 visits and final visits one month apart	Home	Random allocation to condition – computer generated Control group 6 telephone calls	Emotional Availability Scales (Biringen, 2008) Family Environment Scale (Moos and Moos, 1986)	Significant effects on parenting, positive child behaviour and family relational functioning in intervention group. Control group showed no improvement or worsening effects.
Yagmur, Mesman, Malda, Bakermans-Kranenburg and Ekmekci (2014).	76 Second generation Turkish mothers in the Netherlands with children 20 -47 months old	VIPP-SD (Juffer et al, 2008) adapted so that culturally sensitive	Home	Random allocation to intervention – computer generated Control group 6 telephone calls	Child Behaviour Checklist (CBCL/11/2-5; Achenbach and Rescorla, 2000) Sensitivity and Non intrusiveness Scales (EAS; Biringen, 2008) Maternal Discipline – coded using Verschueren, Dossche, Marcoen, Mahieu and Bakermans-Kranenburg (2006)	Effective in increasing maternal sensitivity and non-intrusiveness but maternal discipline not affected by this intervention

					Pre-test and post-test measures 6 months apart	
Lawrence, Davies, and Ramchandani (2013).	Fathers -5 Children – 6 months to 15 months	VIPP	Home	5 of 8 fathers approached agreed to intervention	Acceptability of intervention Edinburgh Postnatal Depression Scale (Cox, Holden, Sagovsky, 1987) The Infant Characteristic Questionnaire (Bates, Freeland, Lounsbury, 1979) Father Involvement Pre and post measures	Intervention appeared acceptable and delivery was possible if done flexibly. Measures did not show significant change.
Moss, Dubois-Comtois, Cyr, Tarabulsy, St-Laurent, and Bernier (2011)	67 French speaking Canadian primary caregivers reported for maltreatment Children – 1-5 years old	8 weekly home visits to improve caregiver sensitivity with video-feedback central to intervention	Home	Control and intervention groups got services as usual as well as intervention group received home visits	CBCL (Achenbach and Rescorla, 2000) Maternal Behavioural Q-sort Attachment Pre and post measures	Enhanced parental sensitivity (d=0.47), improved child security of attachment and reduced child disorganised behaviour (r=0.37)
Doria, Kennedy, Strathie, and	5 client families, 3 VIG professionals	VIG – 3 cycles	Not given	Grounded theory methodology	Content analysis Semi-structured	Explanatory Model created

Strathie (2014).	and 5 VIG Supervisors Children under the age of 5 with one exception				interviews Focus group	
Kennedy, Landor, and Todd (2010).	15 Parents placed in a residential treatment centre Children described as babies – no further age information	VIG -3/5 cycles	Residential setting	Voluntary uptake by parents- 8 dyads had VIG and the other dyads had treatment as usual	CARE Index pre and post measures taken	Increase in families considered to be good enough in intervention group (d=0.5)
Klein Velderman, Bakermans-Kranenburg, Juffer, and van IJzendoorn, (2006).	81 First time lower middle class mothers with an insecure representation of attachment in the Netherlands Children between 7 and 10 months	Intervention 1 – written information about sensitive parenting and video-feedback (VIPP) Intervention 2- as above with additional input regarding mother's early attachment experiences (VIPP-R)	Four home visits during 7 th and 10 th month of child's life	Random allocation – not described	AAI (George, Kaplan and Main, 1985) Sensitivity (Ainsworth, Bell and Stayton, 1974) Infant-Mother Attachment in the Strange Situation Procedure	Intervention mothers significantly more sensitive than controls (d=0.49) Attachment security did not differ across conditions The most reactive infants were more susceptible to their mother's change in sensitivity
Juffer, Bakermans-Kranenburg and van IJzendoorn (2005)	130 (upper) middle class families with 6 month adopted infants	Intervention 1 – personal book and video-feedback Intervention 2-	Home and laboratory	Random allocation – not described Control group –	Maternal Sensitive Responsiveness (Ainsworth, Bell and Stayton, 1974) Strange Situation	Enhanced maternal responsiveness (d=0.65) Reduction in

	Netherlands	personal book 3 sessions of video-feedback		received written information about adoption issues	Procedure Dutch Temperament Questionnaire (Bates, Freeland and Loundsbury, 1979)	continuous disorganised ratings of attachment ($d=0.62$)
Van Aniel, Grietens, and Knorth (2012).	Children included if they meet criteria, circadian cortisol pattern in their saliva, younger than 4 years old, consent from carers, recruited within 2 months of placement, child is stressed Netherlands	6 x 1hour home visits Mixture of different approaches, mindfulness, video-feedback, homework, psycho- education	Home	Randomised conditions – how not explained Control- care as usual	Emotional Availability Scales (Biringen, 2000) Nijmegen Parenting Stress Indicator (De Brock, Vermulst, Gerris and Abidin, 1992) Ages and Stages Questionnaires Social-Emotional (Squires, Bricker and Twombly, 2002)	Case study evidence – data not yet analysed (or collected)
Bernard, Dozier, Bick, Lewis- Morrarty, Lindhiem and Carlson (2012)	Parents recognised to be at risk of maltreating their children 120 children aged between 17 and 32 months	ABC – Video used to reinforce positive and desired parental behaviour	Home	Control group received a manualised programme that ran alongside intervention – sensitive parenting aspects were removed Random	Strange Situation (Ainsworth et al, 1978)	Lower rates of disorganised attachment in children who had been part of ABC ($d=0.52$)

				assignment but allocation not explicit		
Osterman, Möller and Wirtberg (2010).	7 parental couples Children between the ages of 5-15 months from overseas placed with adoptive parents within 2 months	Marte Meo Between 3-7 filming sessions	Home	Qualitative interviews for content analysis	Themes were identified and ways forward generalised	Parents were initially mis-attuned The intervention was sufficient for parents to feel supported
Feltham-King, C. (2010).	7 prospective adoptive parents and 10 social workers Children's age not mentioned	VIG – 2 cycles	Home	Qualitative analysis of adoptive parents experience of VIG and their social workers	Pre and Post interviews and likert questionnaires Content analysis of semi-structured interviews	6 out of 7 positively viewed the intervention. Social workers noted the benefits in positive affirmation of adoptive parents and both saw the positives of child led play and building security in the children.
Van Zeijl, J., Mesman, J., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., ... & Alink, L. R. (2006).	237 families screened for 1-3 year old children with relatively high scores on externalising behaviour	VIP-SD for six 1.5 hour sessions	Home	Randomised controlled trial	Daily hassles (Kanner, Coyne, Schaffer & Lazarus, 1981), Marital discord (Koot, 1997), Well-being (Cantrill, 1965), Difficult	Improved maternal attitude towards sensitivity and sensitive discipline. Decrease in overactive behaviour in

					temperament (Achenbach & Rescorla, 2000), Maternal Attitudes towards sensitivity and sensitive discipline (Bakermans-Kranenburg & Van IJzendoorn, 2003), Ratings of sensitivity and discipline pre and post intervention	families with higher levels of daily hassles and families with higher levels of marital discord.
Høivik, M. S., Lydersen, S., Drugli, M. B., Onsøyen, R., Hansen, M. B., & Nielsen, T. B. (2015)	132 families with children younger than 2 years old where there were parent-child interaction problems	Video-feedback of infant-parent interaction (VIPI)	Home	Randomised control trial	Biringen's Emotional Availability Scale	VIPI supports families with interaction difficulties

Appendix 5 Weight of Evidence for Studies Included in the Initial Literature Search - based upon Gough (2007)

Table 11: Weight of Evidence for Studies Included in the Initial Literature Search

Study	Hoffenkamp, Tooten, Hall, Braeken, Eliëns, Vingerhoets and van Bakel (2015).	Pereira, Negrão, Soares, and Mesman (2014).	Negrão, Pereira, Soares and Mesman (2014).	Yagmur, Mesman, Malda, Bakermans-Kranenburg and Ekmekci (2014).	Lawrence, Davies, and Ramchandani (2013).	Moss, Dubois-Comtois, Cyr, Tarabulsky, St-Laurent, and Bernier (2011)	Doria, Kennedy Strathie, and Strathie (2014).	Van Zeijl, J., Mesman, J., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., ... & Alink, L. R. (2006).	Kennedy, Landor, and Todd (2010).
Weight of Evidence A – Quality of Execution	High	Medium/High	High	High	Medium/Low	High	Medium/High	High	Medium/Low
Weight of Evidence B – Quality of Design	Medium	Medium	High	High	Medium	High	High	High	Medium
Weight of Evidence C – Relevance	Medium/Low	Medium	Medium	Medium	Medium/Low	Medium/High	High	Medium/High	High
Weight of Evidence D - Overall Weight of Evidence	Medium	Medium	Medium	Medium	Medium/Low	Medium/High	High	Medium/High	Medium/High

Study	Høivik, M. S., Lydersen, S., Drugli, M. B., Onsjøien, R., Hansen, M. B., & Nielsen, T. B. (2015)	Klein Velderman, Bakermans-Kranenburg, Juffer, and van IJzendoorn, (2006).	Juffer, Bakermans-Kranenburg and van IJzendoorn (2005)	Van Aniel, Grietens, and Knorth (2012).	Bernard, Dozier, Bick, Lewis-Morrarty, Lindhiem and Carlson (2012)	Feltham-King (2010)	Osterman, Möller and Wirtberg (2010).	Moss, Tarabulsky, St-Georges, Dubois-Comtois, Cyr, Bernier, & Lecompte (2014)
Weight of Evidence A – Quality of Execution	High	High	High	Low	High	Medium	Medium	Medium/High
Weight of Evidence B – Quality of Design	Medium	Medium	Medium/ High	Low	High	Medium	Medium	Medium
Weight of Evidence C – Relevance	Medium/ high	Medium	Medium/ High	Low	Medium	High	Medium/ High	Medium/ Low
Weight of Evidence D Overall Weight of Evidence	Medium/ high	Medium	Medium/ High	Low	Medium	Medium/ High	Medium	Medium

Appendix 6: This is My Baby Questionnaire

The TIMB Interview Questions (Foster Parent version):

1. I would like to begin by asking you to describe (child's name). What is (his/her) personality like?
2. Do you ever wish you could raise (child's name)?
3. How much would you miss (child's name) if (he/she) had to leave?
4. How do you think your relationship with (child's name) is affecting (him/her) right now?
5. How do you think your relationship with (child's name) will affect (him/her) in the long-term?
6. What do you want for (child's name) right now?
7. What do you want for (child's name) in the future?
8. Is there anything about (child's name) or your relationship that we've not touched on that you'd like to tell me?
9. I'd like to end by asking a few basic questions about your experience as a foster parent:
 - a. How long have you been a foster parent?
 - b. How many foster-children have you cared for in all?
 - c. How many foster-children do you currently have?
 - d. How many biological and/or adopted children are currently living in your home?

The ninth question provided background information and was asked at the initial interview only.

Appendix 7: Characteristics of the Carers and Children in the Purposive Sample

Table 12: Characteristics of the Carers and Children in the Purposive Sample including the Helping Questions

Foster-carer(s) Anonymised	Placement status	Number of children fostered previously	Number of children in placement	Child(ren) Anonymised	Child(ren)'s age by school year	Child's Gender	Helping Question
Daisy and Frank	Long-term with current carers	2	6	Katie	6	Female	For Katie to take an active lead
Rachel	Long-term with current carer – request for permanence	3	3	Emma Mark	2 R	Female Male	For Emma to be more independent in her play and Rachel to support Mark to manage his emotions better
Tricia	Long-term with current carer	13	2	Claire	6	Female	For Tricia to be able to enable Claire to manage her arousal
Nannette	Long-term with current carer	0	2	Sally	2	Female	For Nannette to manage Sally's arousal levels
Jacqueline	Been with current carer for two years – plan for move for adoption		3	Georgia Jack	2 R	Female Male	To enable Georgia to show her emotions and for Jack to be able to take the lead in play
Abi	Been with carer for 10 weeks with plan for long-term placement with current carer	4	4	Liam	4	Male	For Abi to be able to understand Liam

7.1 Brief synopsis of each family

Daisy and Frank

Katie lived her three older natural siblings and two other siblings within a long-term placement. She joined the family when she was four years old. Daisy and Frank had three other children who lived close by, with one daughter living next door with her children.

Prior to this intervention Katie had been raised through consultation because of concerns about her learning and rate of progress. Assessment and interventions previously had focused upon her literacy.

Rachel

Emma and Mark were siblings who lived with Rachel, her husband and their two older daughters. Mark was a baby when he was placed and Emma was a toddler.

Emma and Mark were not known to the psychology service prior to this intervention.

Tricia

Claire lived with another child in placement who was of a similar age and Tricia and her husband. She was placed with the family when she was 6 years old.

Claire was not known to the psychology service prior to this intervention although subsequently she received a Statement of Special Educational Needs.

Nannette

Sally lived with her younger half-sister and Nannette. She had been placed with her sister just over a year previously.

Sally was raised during consultation because of concerns about her behaviour and she was included within this research as a result of this.

Jacqueline

Georgia and Jack lived with a baby who was also fostered in the placement, Jacqueline and her husband and two of their children. The plan was for the children to be placed for adoption and during the intervention there had been active seeking of an adoptive family.

Georgia and Jack were not known to the psychology service prior to this intervention.

Abi

Liam had recently moved into the placement following a two year placement in another part of the country.

As part of a Statutory Assessment of Liam's Special Educational Needs, one of the strategies suggested to support his ongoing inclusion in school was to use VIG to enable adults working with him to have a greater understanding of his interaction, social and emotional needs and how they might best support him.

Appendix 8: Consent Form

Information Sheet for Children's Participation in Research Studies

You will be given a copy of this information sheet.

Title of Project:

Can using Video Interaction Guidance change interactions between foster-carers and children in their care and does this have a positive impact on learning and social interactions in school?

Name:

Work Address:

Contact details:

I would like to invite you and Child to participate in this research project.

Details of Study:

I am an Educational Psychologist and Video Interaction Guider carrying out some research. I would like to invite Child to take part. Please read the following information before you and Child decide whether you will take part. It tells you what the research is about and what you and Child will be asked to do. Please discuss the information with others if you wish, or ask me if there is anything that is not clear or if you would like more information. Please do not hesitate to contact me on

What is the purpose of this study?

The aim of the study is to explore how using a technique called Video Interaction Guidance, promotes positive interactions between foster-carers and a child in their care and whether this also has an impact on a child's performance and engagement in school.

Why have you been invited to participate in this study?

A small number of children who are in Care in Local Authority have been selected in conjunction with colleagues from the Virtual School on the basis that this intervention might be supportive of the continued placement at home and in school.

What does this study involve?

You will be asked to attend a meeting where a number of questions will be asked. This will also enable you to ask any questions about the process and what is involved in this study. You and Child will be filmed on three occasions for about ten minutes and then there will be a shared review after each filming at a mutually agreed time. The film will be edited to show your effective skills interacting with you and Child.

What are the benefits of this study?

Once this study has been completed the information will be shared with other interested groups, including social services, foster-carers and schools.

I would like to know if focusing resources on supporting foster-carers has an impact on foster-children's experience of education and whether children become more ready for learning, both socially and academically at home and in school.

Who is taking part?

Young people within the primary phase of their education who are Looked After in County Council will be invited to take part. The child's foster-carer and class teacher will also be involved. The foster-carer will be filmed with their foster-child. A semi structured interview will be carried out with the foster-carer.

What will happen if Child takes part?

Child will be filmed on three occasions for about ten minutes. The times of the filming will be at a mutually agreed time, between the foster-carer, child and the school. I will talk to Child to let them know what we will be doing and then if they are happy to continue.

Are there any risks?

I do not anticipate there being any risk to the young people or foster-carers involved. Schools will be consulted about times when it would be appropriate for them to come out of lessons if necessary. Most children enjoy the opportunity to have time with their foster-carer, playing a game or doing an activity together. If any of the children do not want to take part, it will be assumed that their consent has been withdrawn and they will no longer be considered part of the study.

How will information be kept confidential?

All information will be made anonymous ensuring that participants cannot be identified. The film footage will be kept secure for further analysis and transcription. Once the research is completed and has been accepted, the tapes will be destroyed.

Who will have access to the written research?

Young people's names, foster-carers and teacher's names will not be used in the research, and they will not be identifiable. All data will be collected and stored in accordance with the Data Protection Act 1998.

Do you have to take part in the research?

No. It is up to you and child to decide together whether you will take part. Before participating in school your child will be asked to sign a consent form, indicating whether or not you are still happy to take part. If consent is given now, but Child wants to withdraw at a later date, that is okay, and they can leave the study. Data may be withdrawn from the project at any time up until it is collated for use in the final report on 1/8/13. From this point the data will be completely anonymous; therefore it will not be possible to remove your data. Child's decision to withdraw at any time, or decision not to take part, will not at any time affect the standard of education they receive.

How to contact the researchers

If you have any questions about this research, please do not hesitate to contact me on . If

you prefer e-mail, I can be contacted by email

If you and child are happy for them to take part in this research, please complete the consent form attached, and return it to school or to me at the address provided.

Informed Consent Form for Children's Participation in Research Studies

Thank you for your interest in taking part in this research. Before you agree that your child can take part, the research should have been explained to you in the information sheet. If you have any questions arising from the information sheet, please ask the researcher before you decide whether to join in. You will be given a copy of this consent form to keep and refer to at any time.

Title of Project:

Can using Video Interaction Guidance change interactions between foster-carers and children in their care and does this have a positive impact on learning and social interactions in school?

This study has been approved by the Tavistock and Portman University Research Ethics Committee (Project ID Number):

Social Worker's statement

- I have read the notes written above and the Information Sheet, and understand what the study involves.
- I understand that if foster-carer or child decides at any time that they no longer wish to take part in this project, I can notify the researcher and withdraw immediately.
- I consent to the processing of personal information for the purposes of this research study.
- I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.
- I agree that the research project above has been explained to me to my satisfaction and I agree that child can take part in the study.

Child's
name.....

Date

.....

Signature

.....

Name

.....

Foster-carer's statement

- I have read the notes written above and the Information Sheet, and understand what the study involves.
- I understand that if I or child decides at any time that they no longer wish to take part in this project, I can notify the researcher and withdraw immediately.
- I consent to the processing of personal information for the purposes of this research study.
- I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.
- I agree that the research project above has been explained to me to my satisfaction and I agree that child can take part in the study.

Child's
name.....

Date

.....

Signature

.....

Name

.....

Appendix 8.1: Child Consent Form

Information for Child

I am doing some research about how children and their foster-carers get along together.

I would like to ask you some questions about what you think about school and home.

I would then like to video you and your foster-carer doing something together.

I will take the video away and clip it to show the good things that you and your foster-carer do together. I will share this film with your foster-carer.

I would like to video you and your foster-carer three times.

I would then like to talk to you again to find out what you thought of the filming and how things at home and school are going.

If you would like to see the videos, I would be happy to show them to you.

If you have any questions, let your teacher or your foster-carer know and I will make sure that I come into school and talk to you.

This has been shared with Child.

Signed

.....

.....

.....

Date

Appendix 8.2: Approval Letter Granting Ethical Consent

Appendix 9: Comments from VIG Conference at DECP

- When things are difficult in a family – no basis/ space left for VIG? It's scary any way but if lots of anxiety – too much
- Is it commitment and attachment that is important? Does commitment and no attachment work? Or insecure and avoidant?
- What about misplaced commitment?
 - We are your forever family
 - Call me mum
 - You can stay here forever
 - And then they get to be teenagers and it breaks down.
- Sometimes when things are in crisis, it's too hard for people to think about VIG.
- Some children can't 'attach' so commitment gives them the security of a safe base and the opportunity to become attached as time goes on
- Nelke Poldman - Basic Trust – Netherlands – teaches 'noticing' to foster-carers. Is this a way of sharing the child commitment? Mentalisation.
- I agree with your first explanation. I am an adoptive mum and when our boy and girl arrived the boy was rejecting of dad, the girl of me. Despite 6 years and much evidence of change, whenever things go wrong we fall back on these explanations, we actually now give each other examples when we notice times that are different – seeing it would be better.
- Helping Question – this is what the person wants to be more aware of. I like the use of awareness rather than improvement because sometimes parents (for example) aren't aware of their child attending to them, for example.
- Work record sheet sounds like an evaluative form not a Traject plan. Have you considered using a Traject plan as a way of 'fixing' shifts and new understanding in clients?

Appendix 10: Codes – including descriptors of codes

						Number of Codes	Code Descriptors
Mechanisms						0	What it is about VIG that makes a difference
	VIG					0	
		Time to analyse and reflect				5	Watching film allows time to analyse interactions
			Linking			2	Linking other experiences and VIG - ripple effect
			Unstuck			1	VIG allows carers to become unstuck, not continuing with same perceptions, behaviours, and attitudes.
			Perception			3	How the carer thinks about the things they saw on the film clips
			Specific time			2	Doing VIG - the act of spending explicit time with child has been of benefit (the filming bit)
			Enjoying time with each other			3	Recognition that child and carer enjoy times together
			Changes			13	Carer describes changes that they have noticed -

						change in perspective or thoughts about child
	What I do				2	Recognition that what the carer does is important and might make a difference
		Other people			1	Other people have noticed the changes since the intervention
		Behaviour changes			18	Changes in what the carer does in relation to supporting child
		Unconscious competence			4	VIG showed competence that carer was unaware that they had
		Conscious competence			3	Carer sees themselves doing something well that they use in other contexts
		What the adult needs to do			4	The carer recognises what they might need to do to make the intervention work
	Reassurance				8	Clips have provided carer with feedback that they are doing a good job
		Positive feedback			2	
		Making a difference			2	Carer feels that they are making a positive difference to the child
	Seeing is believing				9	Having an opportunity to see responses / interaction has an impact

		Emotional state			2	Recognise emotional state of child
		See change			4	Carer can see how the child has changed when watching clips
	Recognition of uses				2	Carer recognises that this technique could be used for a variety of purposes
		Opportunity to learn			1	VIG offered carer opportunity to learn about themselves or the child
		Skills transferrable			1	Skills with carer might transfer into different contexts and with different people
		Benefit			6	Carer states that has benefited from being involved with the intervention
		Learning tool			3	VIG as a tool to support learning of carers
	Anxiety-feelings				4	Thoughts that carer had regarding being involved in the intervention
	Attuned responses				4	Carer sees that child shows attunement and they show attunement with the child
		Following			1	Child follows adult's lead
		Importance			2	Carer recognises the importance of attuned responses with a child

Push						0	Factors that separate the child and the carers
	Making sense					7	Trying to make sense of the complexities of the child and how they present
		Confusion and Complexity				16	Foster-carer not able to make sense of what the child is doing.
	Carer Needs					5	What the carer needs from the child
		Reassurance				1	Foster-carer's need for reassurance that they are doing a good job, that they are making a difference.
			Reassurance			5	Foster-carer seeks reassurance for what they are doing/ how they are responding
		Need for attuned emotional response				6	Carer needs to see the child exhibit appropriate emotional response to behaviour intervention, remorse for actions etc.
	Furniture					5	Children are part of the furniture, something that comes and goes, attachment is to a thing not a person, removal of person
	Child acceptance - negative					1	Child does not accept the family, carer

Behaviour					0	What the child does that might be described as 'behaviour' - how a child shows their distress, discomfort
	Impact of behaviour on carer				8	Impact of the child's behaviour on the well being of the carer
		Family impact			10	Impact of behaviour on the rest of the family - negative
			Not getting along		4	Children and family members do not get along together
		Response - emotional			14	Foster-carer's emotional response to child's behaviour
			Hope		2	Hope that the carer's response will be different e.g. less stressed
	Triggers				4	Carer recognises possible triggers to behaviour
	Extreme				7	Extremeness of behaviour, outside what is known about from previous experience
	Prospective behaviour				5	Foster-carer's concerns about future behaviour and risks that child might encounter or present with
		Interaction			5	Behaviour a result of an interaction between people
	Situational presentation				19	Child's behaviour differs in different contexts The situation or context means that child might

						behave in different ways or have an impact in itself on how the child can or does behave
		Carer presentation			3	Carer's presentation affects behaviour
	Strategies that foster-carer uses				39	The strategies that the foster-carer uses to manage the child's behaviour
	Display				26	Description of what the child does when distressed, is challenging, checking boundaries
Grief, loss, trauma					9	Experience of foster-carer of trauma, loss or grief in relation to children
	Life changing				2	Impact of having child in life has on how life works, routines change etc.
	Initial presentation in placement				10	How the child presented when they first arrived in placement
New family					0	Child needs a new family
	Moveable				14	Attachment is something that you can move from one person to another, transferrable
	Detach				2	Carer actively works to detach from child
	Somebody				5	Carer describes 'somebody' doing something, not

						relating to themselves as major actor in child's life
	Mixed feelings				2	Carer shares mixed feelings about the child
	Better for them				1	New placement/ family will be better for children
	Fresh start				4	New family, new start, leaving things behind Implication that fresh start is not reflective, moving on, leaving the past behind, not based on understanding
	Someone looking				3	Someone is looking for the child, wanting them to be part of their family
	Ready for move				1	Child is ready for a move to a new family
	Belong				6	Somewhere to belong - different to current situation
Attributes					0	What the adult says about the child
	Foster-carer's Views				4	What foster-carers says about child's attributes
		Ambivalent			9	Carer expresses views about the child in a way that indicates mixed feelings or thoughts about the child. Seems to give some distance with regard to their

						relationship - a separation
		Complex			8	Attributes mood dependent, or situation, not straight forward, complex
		Two sides			2	An attribute could be seen as positive in one context and negative in another and appreciating that it is not fixed
		Negative attributes			14	Negative descriptions that the foster-carer uses in relation to the child
Previous experiences					3	What happened to the child before they came into carer's care
	Impact of past				8	Past experiences impact on how child currently is
	Strategies				2	Things the child did/ does related to previous experiences
	Feelings towards Biological Family				3	Child's feelings towards their biological family - from carer's perspective
Unthought through					2	Carer describes events but does not make link between child's needs, emotions, behaviours and their needs thoughts, emotions and behaviours - it is not thought through - separate

Being torn					6	Carer's feeling pulled between being parent to foster-child and own children or other children within the home
Differences					2	How the child does not fit in with the family or there are differences in how they are
	Interpretation of behaviour				3	Foster-carer's interpretation of the behaviour not seen as way of seeking of attention/ interaction
	Feelings not mutual				2	Feelings expressed by carer do not appear to be mutual with those of child
		Mismatch			3	Carer and child not in tune - emotionally, physically. Needs and wants not the same.
	Competition				2	Child trying to get attention or work out the complexities of how to get this appropriately
	Between siblings				6	Differences between siblings
	Difficult to read				7	Child's emotions are difficult for carer to read, comprehend
	Perceptions				2	Child's perceptions of what was going on different to that of carer
	Child and biological children				3	Differences the carer experiences with how they might treat foster-child and their biological children

		Child responses			6	Child responds differently to other children in the home
	Values				5	Child and foster-carer have different values
	Guilt				2	Feelings of failure or guilt at possibly not getting things right for the child
Pull					0	Factors that bring the carers and children together
	Resources				0	Resources available to the child
	For carer				2	Other people who provide carer with support or sounding board
	Other people				1	Other people provide resource for the child
	Acceptance				1	How child is accepted by foster-carer
	Acceptance - positive				13	How foster-carer accepts and values the child's attributes, personality, being within the family
	Knowing, seeing, living with				0	Due to time with child, seeing developmental milestones
	Time in placement				15	Age and time in placement comments
	Older				1	Knowing a child from older

	Younger				4	Knowing a child from a younger age
Looks					2	How the child looks - attractiveness
Child acceptance					2	Child shows that they accept the carer, family
Emotional care					5	Strategies that the carer used to care for themselves at times of child's emotional arousal
Child's strategies					3	Strategies that child uses to manage situations
Attachment					4	<p>Attachment</p> <p>Attachment is a deep and enduring emotional bond that connects one person to another across time and space (HYPERLINK "mary-ainsworth.html" Ainsworth, 1973; HYPERLINK "bowlby.html" Bowlby, 1969).</p> <p>Attachment does not have to be reciprocal. One person may have an attachment with an individual which is not shared. Attachment is characterized by specific behaviours in children, such as seeking proximity with the attachment figure when upset or threatened (Bowlby, 1969).</p>
	What child does				11	What the child does to have needs met by others

		Child attachment			3	Things the child might do to elicit attachment behaviours from the adult.
	Loss				1	Foster-carers feelings of loss should child leave them
		Child's need			2	Child's need for attachment and enduring positive relationship with key adults
	Secure base				6	Provide ongoing support - safe place
	Feeling needed				1	Adult expressing need to feel needed or wanted
	Bonding				3	Relationship that foster-carer shares about the bond/ attachment that they feel
	Exploration				1	Child in a place where they can learn and explore in the sense of attachment relationships
Reflection on what has happened					28	Adult shows that they have thought about the context and what is happening for the child
	Naming				3	Carer names what is going on for the child for the child
	Planning				7	Foster-carer is thinking ahead and working out what they might do in a given situation to support child
	What the adult does				26	What the adult recognises they need to do to support the child given their needs - in response to child's behaviour

	Just get on with it				1	Actively get on with doing rather than thinking things through
	Empathy				3	Carer shows empathy with the experience of the child
	Supporting child reflection				3	Carer thinking about how they can support child to develop their reflective thinking
		Understanding			3	Child and carer's attempts to make sense of the past
		Support child's understanding			1	What the carer does to support the child to understand their needs and how best they might be supported
		Supporting child to develop strategies			9	The adult recognises that they need to teach the child skills in managing their behaviour
	Linking behaviour and emotion				28	Carer links child behaviour and emotion together
		Recognising child emotion			2	Adult recognition that the child's behaviour might be related to thoughts or feelings about their needs
		Attribution - normalising			16	Where the foster-carer attributes the cause of the behaviour - how they frame the behaviour within 'normal' acceptable limits
	Mentalisation				8	Adult thinks about what the child might be thinking or

						doing and changes their behaviour as a result
Positive attributes					53	Positive description given by foster-carer about child
Roles					0	The roles that participants take on.
	Foster-carer's role - parent				12	How the foster-carer sees their role with respect to parenting
		Being there			1	Carer states that they will be there for the child
		Best placed			2	Carer knows child best and what is needed to meet their needs
		Within the family			1	Role the carer takes on within the family
	Foster-carer's role - job				8	Role foster-carer takes on as paid role
		Money			3	Caring for children costs money and this is one of the incentives for being able to do this job.
		Previous experience			2	Carer's previous experience of fostering and possible impact on how they now think and feel about being a carer
		Responsible			3	Foster-carer feels responsible for child

			Questioning		1	Carer questions cost of role to them, the family, etc.
			Need to protect		1	Carer's perception that they are the person to protect and care for the child
		Fulfilling needs			2	Carer fills needs for child
		Finite			2	Role has a time limit
		Reach potential			3	Carer recognises that they can support child to reach their potential
		Broadening			6	Supporting child to see that there are alternatives, big world to explore
		Breaking the cycle			2	Carer's role to break the cycle, child repeating mistakes of biological family
		To teach values			8	Carer's role is to teach values
			Learning values and culture of family		6	The family is a place of learning for child to learn different culture /aspirations
			Values		2	Family/ cultural values that the carer wants for the child
			Values (1)		5	Child fitting in with family values, routines and

						expectations
		Positive Influence			5	Carer's perception that they have had a positive influence with the child
		Ease of job			2	How hard the job is seen to be by carer
		Healer			11	Carer's desire to heal, to fix the child
		Life			2	This job is integral to whole of life
		Learning			3	Learning the carer has done as a result of being a carer
		Other people's perceptions			2	Other people's perceptions of the role that the carer has taken on
	Child role				8	Role that child has within the family
Child independence - getting older					4	Carer recognises that the child is increasingly independent
	Change behaviour and thinking				7	Carer recognises that they need to change to support child because of their increasing age, independence and skill
Family block					0	Foster-carers block - includes family patterns, factors, culture, beliefs
	We are family				22	How the adult sees the child fitting in with the family -

						the use of 'we' or collective pronouns
		Managing demands			1	Carer able to manage demands by 'natural family' vs those of child in care - has mental space to meet their needs
		Organic nature of family			1	Family grows and changes naturally
		Claimed			9	The child is claimed as like one of the foster-carer's biological children
		Emotional bond			13	Strong positive emotional bond that the carer/family feels towards child
			Love		15	Carer expresses love or strong positive emotion for child
		Part of my life			7	Child is part of carer's life, cannot imagine life without them now
		Different to other CiC			2	Something about the child makes them special, different to other children that the carer might have looked after
		Commitment			4	Commitment that the carer describes -
			Effort		9	Effort made by the carers towards including the child
			Child effort		5	Effort made by the child to 'fit in' to be included, be part of the family

			Not moveable		1	Carer does not see attachments or relationships as transferrable, reflects their perception of whether they could lose the child
			Fighting		3	Willingness to fight for child
		I am part of this family			2	What the child does to show that they are part of the family
			Strength		4	Child draws strength from the family. The family meet and give support, emotional, behavioural and social.
			Similarities		0	Comparison by foster-carer of child with others - relating to similarities between family members
				With self	4	Comparison made with child and carer and other adult family members
				With natural children	23	Comparisons made with natural children
					1	Recalling development of siblings as a result of reminders from foster-child
				With siblings	3	Comparison made by foster-carer between siblings (natural)
			Good sibling relationships		1	Child has a good relationship with their siblings
				Other siblings	1	Other family members say or do things that show the

				include		child that they are included and part of the family
			Child's perspective		16	What the child thinks about the relationships within the family
				Reliance	1	Child's reliance on the adult
				Emotion	5	Child's positive feelings towards the family
			Getting along		7	Description of how the child gets along with other family members
				Have fun	2	Child and family have fun together
			Banter		3	Things that family members might say or do to each other
			Fitting in		5	Child changing behaviour in response to what the adult did or the context that they are in
				Says sorry	2	Child will try and make amends for behaviour
				Follows routines	1	Child follows routines within the family
				With siblings and family	6	Child fits in with the family

				Listens	4	Child follows what the carer says - listens
				Role model	4	Family members act as role model for child
				Imitation	6	Child copying what the adult does
		Long-term plans			13	How the foster-carer describes moving into the future and the plans or aspirations that they have with regard to maintaining and sustaining the family dynamic
			Aspirations		18	What the foster-carer wants for the child in the future
				Positive emotional affect	20	The desire for the child to be happy, have wellbeing, positive psychological state
Post Intervention					0	
	Noticed behaviour change				3	Carer notices change in behaviour following intervention - no attribution to intervention
Change in behaviour					4	Noticed change in behaviour since time in care - not related to intervention
	Behaviour change backwards and forwards				2	Carer recognises that there will be some hard times whilst there are good times too and vice versa

		Made a difference				4	Carer feels that they have made a difference to the child
		Child change in behaviour				28	Noticed change in the child's behaviour, not related to intervention
Border						0	External factors, people, services, perceptions that act upon the make-up of the quilt and contain it
	Other people					0	
		Other people's views of family relationships				6	What other people say about the relationships within the family - "we are family"
		People looking at me				11	Other people looking at carer whilst child is behaving inappropriately, showing their distress, lack of coping etc.
			Other people's views about child's attributes			6	What other people say about the children - attributes
			What other people say			0	
				Negative		2	Things that other people say that are not positive about the child

				Positive		1	Positive feedback that other people give to foster-carer
			Showing me up			1	Carer feels child is showing them up
Child Block						0	The child - what the child brings - observable factors Patches that make up the child, how they might fit together, the parts, that make up the child
	Child's needs					32	Things that the foster-carer feels are the child's needs
		Barriers				15	Within child barriers to reaching potential or aspirations
		Child perspective				7	What the child thinks
	Child resources					3	Things that the child does or shows that indicate their resources.
		Child resource				2	Child has the resources for change, to make a difference
	Friendships					11	Foster-carers perception of child's peer relationship
	Child development					2	Where the foster-carer sees the child with respect to their development in terms of emotional state, behaviour, learning etc.
		Age prompts				1	Carer to uses increasing age to increase expectations

						of independence, skill etc
	Going back				3	Taking the child back to an earlier stage of their development to support ongoing development
	Child's emotion				6	Child's emotion as expressed by carer
	Physical				3	Development needs in relation to their physical status
	Other children				11	Using and recognising the behaviour of other children as a way of judging how child is reacting, responding and developing
	Education aspiration				4	Aspirations that foster-carer has for child with respect to education
		Potential			2	Child fulfilling their potential
		Importance			11	The importance foster-carer places on education for future prospects of child
		Support			7	What foster-carer or others need to do to enable child to access education more fully
	Learning - education perception				9	How the child is doing in school and how this is seen by the carer
		learning needs			1	Learning needs identified by the carer

CiC					0	Things related to being CiC status
	Vulnerability				2	Foster-carer's perception of their vulnerability with respect to their role as foster-carer
	Wanting what can't have				1	Child/ young person's desire to have a home, or a place that is their's but because of circumstance this can not happen.
	Normality				10	Desire for child to be treated like other children who are not in care
		Children not CiC			1	See children as children and behaviours not solely linked to CiC
	Benefits				3	Benefits of being a child in care
	Perception				5	Child has potential despite CiC limitations
	Rules				7	Rules about what needs to happen because child is CiC
	Nurture vs Nature				4	Foster-carer supporting child to come to terms with where they are from, what possibilities there are - past does not have to affect future or past is so significant that always will be there
	Natural family				9	Issues with regard to natural family and knowing them
		Change in what people			1	Adults do things differently, child is responded to differently to what previous experience with biological

		do				family did
	Advice				5	Advice, strategies from other professionals or sources (including the media) that influence foster-carer
	Perceptions of child vulnerability				2	Foster-carers concerns about child because of their CiC status
	Other people CiC status				9	Foster-carer's relationship with other professionals and the possible impact on the child as a result of CiC status

Appendix 11: Transcripts of Foster-carers

11.1 Daisy and Frank Interview One Transcript

Para	Daisy and Frank Interview One Transcript
1	M: I'd like to begin by asking you to describe what Katie's like, what her personality is like.
2	D: Katie is, when she is in places she is not wholly comfortable in, she's quite quiet, and reserved she wouldn't, she wouldn't speak unless she was spoken to probably. And, not very confident. However when she is in an environment that she is comfortable in, she's completely the opposite. She's quite outgoing, she offers information all the time and she whizzes around and she's like your average child.
3	F: She's very proud of the things she does. Accomplishments. If she has drawn something, made something, she wants you to see it. Wants you to take notice of it. That's one of the things that I really notice about Katie.
4	D: She tells us that she loves us all the time. And she loves every one. She particularly loves her family. She likes school a lot. But the Katie at school is not the same as the Katie at home. Completely two different little girls.
5	M: It sounds quite different.
6	F: She is really. Not in a negative way. She's opinionated. And you can't, you wouldn't take the mick out of Katie. None of the children would.
7	D: No they wouldn't.
8	F: She'd tell them off. And she wouldn't do that here. It would be completely different.
9	D: The children are all, one of the things, because we've got, Katie's siblings all live with us and one of the things that they complain about the most, is that Katie does not speak so very nicely when she is cross with them. Whereas here you would probably not hear that. She's very, very different at school and at home. Completely, she's comfortable at home. She trusts us.
10	F: She's comfortable, she's accepted, she knows that she lets her hair down.
11	D: She knows we love her regardless. She doesn't mind. At home she doesn't have the worries about what people might say, what they might think. But at school she does obviously worry about that. And also it is an academic area. And that isn't her strongest point. So she is also aware of that as she has become older.
12	M: Okay.
13	M: Do you ever wish you could raise Katie, and I appreciate you are, I'll leave the question as it is. Do you ever wish you could raise Katie?
14	F: We are.
15	D: Without the restrictions of social services do you mean?
16	M: Mmmm, yes
17	F: That is not our bag.
18	D: No they are quite, you know, we are quite, we are able to raise her in many ways. We have a great working relationship with social services and they do allow us to raise her. However, there are restrictions obviously. Restrictions that we have not got and didn't have with our birth children. Like jumping into our bed on a Sunday morning. And stuff like that. You can't do that. There are things that you can't do. So yes, in those areas, yes, I do wish I could raise her. I wish, my girls used to run around the house, and we'd go, oh, my God, there's naked babies, we could never do that with Katie. Cos' we are not allowed to. So yes it would be nice

	to have freedom to raise her. As we raised our own children.
19	F: But within the guidelines we do. There's no, this is not going to end. This is where she lives. We're family.
20	D: She's living with us until she's older.
21	F: Until she goes. Until she moves on into independence and when she wants to. That's, that's the plan.
22	D: And her place won't end with us when she is not fostered. Because we love her, it's too late for that.
23	F: She moved in when she was four. You wouldn't recognise her. She used to have a, when she got upset, she didn't have any teeth, because, you know, they had been taken out. And she would end up with her whole fist in her mouth, at her previous school she would hide under the table most of the time.
24	D: They couldn't get her out. She used to go under the table and they couldn't get her out. So the Katie today is very different to the girl we first encountered.
25	F: Massively different. Making wonderful improvements. Got some educational issues. We know that. Socially she's a completely different person.
26	D: At home, at home, socially she is not completely different here. She's not completely different if somebody she doesn't know comes to our house either. She immediately reverts back to being quiet and not offering any opinions about anything, even if she was to ask, was asked an opinion at home, it would probably be, a couple of words answer. Whereas if I asked her, and if there wasn't someone there she did not know she would chat on and on, she's a real chatterbox. A real little chatterbox. But she is not very confident outside of our house. It would be how I would describe her. The self-esteem is really high at home, we have to kind of tame her a bit, and at school it is probably the opposite.
27	M: Yeah, very different.
28	F: Strange hey?
29	M: How much would you miss Katie if she had to leave?
30	D: Ohh,
31	F: Horrible.
32	D: Masses. We love her. She's one of our babies. How much would you miss your child if they left. She's ours. I know she is not our birth child, and I know that we foster Katie but she's our baby anyway. We are a patchwork family. That's what we call ourselves don't we. We have been patched up but we are still together. We'd miss her dreadfully.
33	M: That's a lovely description.
34	D: It's just how we have always described it, isn't it.
35	F: It grew. It didn't happen. It wasn't planned. It just kind of grew. Come home and there's another pair of shoes out the front. What's going on?
36	D: I don't do short term fostering very well. I'm not very good at short term fostering. I have the children and they stay with us and once it's established that they are going to be in foster-care for a long time, I am always quite happy to be that foster-carer. I don't like the thought of them moving to a different foster-carer. That wouldn't, that wouldn't be logical for me. I don't understand why that happens. 'Cos I love our children. And we are very much a patchwork family because we got the four, Katie's siblings and Katie, and two other children and they are not siblings by birth, but they are siblings by every other, everything else. Two

	of them share a room now. They took that to social services themselves and said that they want to share a room, we are sisters. We understand we are not birth sisters but we want to share a room. And they do.
37	M: How wonderfully assertive.
38	D: Mmmm Katie can be quite assertive though. Now you wouldn't, Mister Teacher wouldn't describe her as assertive. And nor would I if I knew her here. But she can be quite assertive at home. In saying what she wants to do. And why she wants to do it, the children are not the same at school particularly Katie.
39	F: She's got quite a presence at home.
40	D: If you spoke the other children you'd see the difference between, if you spoke to her classmates and asked them to describe Katie and then you asked to, spoke to all of her siblings and spoke to her, you'd have two completely different ideas of what she is like.
41	F: I would not say that they are unrecognisable, but it's pretty close.
42	D: She'd, Katie would describe herself as pretty. We did her, for LAC reviews now, you have to do the online LAC review, and Katie described herself as pretty, not great at reading but improving so getting better, maths was her favourite subject, and she's friendly, she's got lots of friends all written down, that's how she sees herself
43	M: Wonderful.
44	D: She was working with me when we did that. I don't know if she would say the same things if she was working with someone she did not know so well. If she would be as confident to tell how she really felt about herself.
45	M: And you think that would make a difference if she sat with someone else?
46	D: Yeah I think she might be, when she is with me she tells me everything, she's not frightened to tell me anything, about how she feels whether that is negative or positive. Or it's a good thing that is happening or a bad thing that's happening. But she is wary of telling someone she doesn't know of everything, so even if it's good stuff like she's really pretty she'd be probably wary to, of saying that to someone she didn't know very well.
47	F: She trusts us. She trusts that we are not going to hurt her feelings. Sometimes we have to say things that aren't positive. But you do the best to say them in the nicest way that you can.
48	D: You can say negative things positively, can't you? And that's what we try to do. So if, so if something isn't positive like education Katie needs extra help. She asked me once why she has to have extra reading help and she also asked me why she couldn't do the Test, because the other children in the house had done the Test, and, I had to describe to her, that actually grammar school was not the right school for her. There were better schools for her. Grammar School was not a better school for her, it was High School, so it was a negative thing in a positive way. So we started to talk about how great High School was you know and we move from there.
49	F: Regrettable but essentially true
50	M: Yeah, absolutely.

51	D: And her history is why she is like she is. Of course that's why. She's like she is because of , other children treated her in a certain way when she didn't live with us. And her siblings too. So they have described how they used to get treated, when they went to school, maybe their clothes weren't clean, maybe they had head lice stuff and maybe the other children weren't very kind. So now they are frightened of everything that they say and do in case it's not accepted by others at school. I assume that is why they are like that. It is an assumption 'cos it's just what they tell me coupled with what I see. But she is so different at home. She's really different at home. You'll see if you come to the house. Although she probably won't be because you'll be there. And you're a stranger. You know. Anyone she doesn't know really well is a stranger. My mum lives with us now and she didn't. When she first moved in Katie was quiet, she was very careful, the more she got to know mum, now she writes her little letters, I love you so much and you are my favourite nana in the whole world. She reads to mum now. But she does have big insecurities. And she has, she has, views of herself at school, views of herself at home, I think and they are different.
52	M: It sounds like it's very different in the two places.
53	F: There's a lot of us, it's a very busy house, we not only have our own birth children, who are in their 30's. We have grandchildren, 7/8 come to the same school and another grandchild and another grandchild on the way there's a very big family, but we are very close. And I know the patchwork thing comes up quite a lot, it's really the only way to describe it. Because they are all treated in the same way.
54	D: I described that to Colin, because when Colin kept asking. He came home one day, and asked me, when I was in your tummy, he'd been learning about feeding the baby, I said to him, no sweet heart, 'cos you weren't in my tummy were you? You were in your tummy mummy's tummy, and he said, no, I was not, and I said you were, and he said, I remember being in your tummy, and so we had to have this big talk about our whole family, and we talked about how our whole family have been a bit stitched together. And now we can't let go, so now we are stitched together, that's us. And that is where it came from. Patch work family. And every time a child comes along we stitch them on. There aren't going to be any more.
55	F: No, no. No room.
56	D: Not stitching any more on.
57	F: I said the inn was full and then your mum moved in. How's that happened?
58	M: How do you think your relationship with Katie is affecting her right now?
59	F: I would say positively. She draws on the strength of the family. The family gives her the strength. And she comes to school and she does her work, and she has the relationships to the strengths that she wants them and that she can cope with. And a lot of that, not all of it, 'cos a lot of it is Katie's own doing, but I think she draws on the strength from the relationships that we have. Not only our relationship with her but her siblings and the rest of the children that live with her.
60	D: Ours are the ones that don't, because our grandchildren live next door. So they don't live with us but they do live with us in a sense. So she's very much part of a big kind of comfortable family who don't, they don't judge her. I think that's the biggest thing of all, is that they don't judge her. They squabble sometimes and they squabble over things that every child squabbles over. They would never be mean to each other in a mean way. They might squabble over a toy and say that's mine, that's yours but they wouldn't be mean to each other. And she knows that. And I think that's why it's a positive. We wouldn't, we have boundaries, we do have

	boundaries. And we do have consequences. And we use consequences rather than punishments because it's Katie's choice as to whether it's positive or negative. She can decide. If she wants them to be positive she has the choice, she's supposed to do, if she wants them to be negative then she can be mean, or whatever has made them negative. She gets that, she gets the consequences thing. She quite likes that. She likes the positive reward for things that she does right. 'cos that's better isn't it to, better to give someone a positive reward than a negative consequence. Reward them when they do it right rather than chastise them when they do it wrong. So we work on that a lot don't we?
61	F: Most of the time that works.
62	D: We used to have it in jars, but there became too many children. We had too many jars.
63	F: I think you stripped a whole beach, of pebbles.
64	D: Pebble jars. Pebble jars they were. And they used to get a pebble every time they did something that was kind. 'cos our biggest thing at home, our only real rule at home, is that they respect each other. And that they are kind. Because everything bounces off that one rule. You don't need to have a million rules. Because it's too complex. Katie wouldn't be able to do a million rules, she wouldn't understand that. And everything bounces off of being kind. Doesn't it?
65	M: Mmmm.
66	D: And treating other people with respect, it all bounces off of there, there aren't any other rules in our house are there? You know, if Katie doesn't pick her plate up after she has eaten her dinner, that isn't wholly respectful of me because then I have had to come and collect it. So it all kind of comes from one thing.
67	M: Yes.
68	D: And she is very independent at home. Really independent. She does everything herself. If she needs help it would be with homework or reading or something like that. She's all of her hygiene is taken care of by Katie, she looks after her bedroom, she's a really, really nice little girl. There's not much to say about her, other than, they all are.
69	F: Because of the ages, she can indulge herself in, in regression, what's the opposite of regression?
70	D: Progression.
71	F: Progression, that's it, very good. So she can step up to the 15 year olds, 13 year olds and step down to the 2 year olds, or 6 year olds or 7 year olds.
72	D: We've never had to actually set up anything particularly, because we know obviously that the children we look after need to go back quite often. Maybe they are going to play with play dough or perhaps they are going to get messy or we used to set up little tables in the garden but not because we were working with the kids necessarily but because there were so many varying ages. So we used to put tables in the garden in the summer and they used to go from table to table, we do sticking on one, play dough on another and paint and I love all that. I'm like a big child. They have got their painting shed as well where no adults are allowed to go. Grown-ups are not allowed in there. They've grown out of that now. We use that for storage now.
73	F: Can't get them in there anymore. They all have to stand like that. They are too big now.

74	D: There aren't many things that I would be able to say about Katie that were negative. I wouldn't say anything negative about her because she is such a nice child. And she always tries. Even if she, even if she doesn't necessarily get that, she will still try. You know, she always, she makes little books, and she isn't, she isn't the best at writing maybe, but that doesn't stop her from making books, and she writes reams and reams and writes it all down and sends it all out. She makes the books, folds the paper in half, staples the pages makes little books and cards for people. It's never stopped her, her, her being behind which I guess she is educationally, that would be true to say, has never stopped her from displaying her work. You know what I mean?
75	M: Yes
76	D: There's always someone in our family that isn't doing as well as Katie, because there is always someone younger. So you know. And even where she might not be good at maybe maths, somebody else in our family might not be good at finding a friend when they got out. And she is really good at that. I mean that's one of her, I mean if we go to soft play or the farm she always finds a friend. Got someone else coming along, Look I got this friend and so she's always doing that. She's quite able to socialise. In her own way.
77	M: Yes
78	D: Often the children she will socialise with will be younger. Not massively but a few years younger because Katie is quite immature emotionally. She'll quite often find younger friends. She always finds a way round the things, you know, that she struggles with.
79	M: How do you think your relationship with Katie will affect her in the long-term?
80	F: Again in the long-term, because we are in it for the long game, we do think of tomorrow and next year, and not constantly, not constantly, not planning the young person's life but you want to have a positive effect, and hopefully they can become the best adult that they can be. Whether that be educationally, socially, or it could be a mixture of the whole lot. So I hope a positive relationship with her. As long as we are around.
81	D: A long-term one certainly. A long-term relationship with the children if they, when they need us we will be there.
82	F: She's approaching those horrible teenage years.
83	D: And as role models we will teach them, we'll teach them, how families, how families work. You know, how we as a family run, and that it doesn't matter if you do something wrong your family are still there. You know, that's what I hope to teach her that we don't go running off when she does something that isn't desirable. You know, teach her about family. And life, and work and work ethic, you know. And stop this cycle, for Katie and her siblings, to stop that cycle to go round again. So to stop her having a child who will suffer what she suffered. There is a way of living your life where you don't have to do that. You got choices in your life. You know, and we are enabling those children to have those choices. Which is why we do push the Test, as a rule, and try and get our kids to grammar school because they have more choices there. We educate them, educate them to their potential and then they have more choices. And that's what we try to teach them, is about choices. And life can be really good. That's it really isn't it.
84	M: That's fine that's great.
85	F: You can broaden someone's horizon. If they are looking at the ground all the time, they are only going to see the ground. Look high.

86	D: Because its foster-children, particularly looked after children, they are given, often given, given their potential. Rather than somebody seeing their potential they are often given it. And it is not often very high. Many times people expect them to fail and not to do well educationally. One of our children is a wizard educationally, he is top of his class, he goes to grammar school. He goes to grammar school, Katie's brother. And he is really, really smart. And we will not allow anyone to lower Katie's potential. Or any of the children in our house because we want them to reach it. Perhaps that's another thing that we would gain from
87	F: Because looked after children they are normally, I think that a lot of people will put less effort in, simply because they think that they won't perform that well.
88	D: And they will, if you give them choices, and you tell them how great they are, and be realistic, you have to be realistic, along the way, but you can give children self-esteem, these kids have not got self-esteem when they move into our house. They don't see, in fact, sometimes they don't have any sense of self at all. And you have to find that, and look for what they are good at and try and see what they see, and tell them that that is not necessarily it. And we do that a lot. Because we got so many children, but they to each other. What happens is we had C and A first, we had our own birth children first, and they had a high self-esteem they really have, so then Katie, A and C saw this high self-esteem, and thought, Oh, okay, I like that, so they learn to have more self-esteem, our two children are not part of Katie's sibling group, birth group are really high in self-esteem really high, they've got really good self-esteem, and they learnt it from our children and Katie learns it from A and she learns it from C and they all learn it from each other, and then they are all boosting each other up, and then our job is easier because,
89	M: Absolutely, they are doing it for you.
90	D: That's what happens, it's, it's kind of, you just have to, be good role models really. That's what we hope to give them. A role model, a positive role model. And they still see their parents, and they love their parents, of course they do, they love their mum, but realistically we hope to show them that is not the only way to live. You know there are other choices. For them.
91	M: What do you want for Katie right now?
92	D: To begin with, for her to be happy, that comes before education, that comes first, for me.
93	F: Yeah, happy child. If you are happy, you are confident you are going to do the best you can. And that's really it. I'm never saying, I don't know what Katie's full potential is going to be. But I hope we can help her get to it. Regardless of what it is.
94	D: Always looking for their niche, what they are good at. 'Cos they all good at, there's always a thing that you spot and Oh, wow, she's really good at that, that's just, you know, make that more, that's what we want for her right now. We want her to find, discover herself, and find out what she wants to do today. That might change tomorrow, but you know, for today, find out what she wants, what she's good at. And to be happy. I'd like Katie to reach, age appropriate, I'd like her to go beyond an age appropriate education, but that might not be realistic, we have to be realistic as well. You know, we have to make sure that we are not trying to get her to reach our potential. And our aspirations, it has to be hers. With a little nudge in the right direction as to how high she can go.
95	M: What do you want for Katie in the future?
96	F: I think she, hopefully to be again, to carry on being happy, which would be nice, but to be the best adult that she could be. Contributing to society. And

	understanding what it is all about. Not just taking from society which I think a lot of people do. And I think, that's what I'd like for her.
97	D: I'd like the same, as we want for our own children. You know, we have a mish mash of our own birth children. Because one of our own children is doing a PhD in psychology, another one is really quite high up in a really big insurance company, and we have got our son, he works with special needs adults, he has got learning difficulties, he works with special needs adults, and I want for her what they've got. Whatever her potential is, and whatever she wants to do, I want to help her get there. But you know, I don't want, I don't want for her to go through the same cycle of the care system, because when she is ready to have a family, if she ever has one, and she wants to have a partner and possibly children and I don't care whether her partner is male or female, I don't care what it is, as long she reaches what she wants to reach and that there aren't things put in her way. She might put obstacles in her own way, you can't stop them doing that but you can prevent the system putting obstacles in her way, just because she was once looked after or anyway, because there a lot of stigma attached to that. Our children have suffered it a lot haven't they? The two older, Katie's older sisters, have suffered a lot with kids saying, Oh, you don't live with your mum, you're in foster-care. You know it happens, it still happens today. It happens a lot.
98	F: We spent hours dealing with the older ones. Explaining that a lot of people don't live with their parents. A lot of people live with their grandparents. A lot of people uncles, aunts, a lot of people don't live with their parents at all.
99	D: We spent a lot of time watching Mrs Doubtfire, didn't we for a while? That is brilliant, I love the end of that.
100	F: It's not that unusual now. Children can be unkind. Probably the most unkind period of their lives I would have thought.
101	D: Katie might choose to move back in with her birth mother when she reaches a certain age and that is realistic, that's a realistic thing that happens sometimes, if that's what she wants to do, then that's what she is going to do. You know we are not there to tell her what she can and can't do as an adult, we are there to teach her that she has got choices as an adult. And give her the tools to make those choices. That's really what we do as parents. Isn't that what our job is? You know as parents generally, we don't, we haven't got any young children living at home, our children are adults, so we can concentrate all our time on these guys, and there's no pushing or pulling from the birth children you're taking from your birth children and giving to your foster-children because we haven't got any children at home. And that suits us and it suits Katie. Katie is one of the babies of our family and it's difficult, I used to say, cos they're little, Oh no, leave the babies alone, they don't want to do that, those little ones, come here little ones, come on, I used to do that. And then I realised they were growing older and that is not actually appropriate any more. So
102	M: They catch up on you don't they.
103	M: Is there anything about your relationship with Katie that we haven't talked about that you'd like to tell me?
104	F: I don't think so.
105	D: I guess there's one area that's different for Katie from our children is the area where they snuggle up with their dad. Because they don't do that in our house, none of them do. Because obviously that is part of them living with us.
106	F: Safe care, safe care.
107	D: Yeah, and that's safe care for everyone and Katie doesn't ever, ever, she snuggles up with me but she does not ever snuggle up with you does she? And

	that is one area that I would change if I had my way in fostering although I understand why.
108	F: I have got children from 16 and a half right the way down, to ten and it's just an avenue that you just don't want to go down.
109	D: And I miss that with these guys. That I didn't miss with my own guys, it comes later, F gets that later because they banter, and they joke and they get it that way instead. I miss that, I used to see my girls all snuggled up watching a movie with F, and I used to like that. And that I think is just one area I might change if I could. And education, educationally, this school have been great for Katie, educationally so, I would not change anything that was happening about education I don't think.
110	F: , no, no I wouldn't. I sometimes worry that sometimes, not specifically about this school, but sometimes worry that the support that children get is not individual, that's the thing that worries me. How it could be more individual I'm not sure.
111	D: But as the system goes, as the system is, is what I meant, you know, as it is in place now, Katie gets a lot of help. And she gets help at home from us, from siblings from school, from individual school, they do individual sessions with Katie, she does okay out of that. She's definitely making progress. Definitely.
112	M: Can you think of a situation where Katie was particularly upset or angry?
113	D: Mmmm yes. I can remember when we went to America. We took her on a trip to Disneyland for the first time and her sisters had just moved in as well. 'Cos we didn't have them altogether they came separately. And we squashed them on as well, we made arrangements to get them onto the flight so there were many changes all at once for Katie, we were going to a different country, which we had not done before, and we were going for five weeks, which is a long time. And her sisters moved in, and she, we had tantrums on that holiday I had not seen before. So yes I remember those, about four or five in a five week period. And we thought it was because her sisters had moved in. And she could not handle the amount of attention we had to give out amongst the group.
114	M: okay
115	D: Coupled with the fact that we were somewhere else as well as that. Two big changes at once. And she told you, there is no doubt about it. She threw herself on the floor, and was angry and said angry things. It was quite funny because it was quite out of character for Katie. And she hasn't done it since. It was a one off thing and I did what all the text books always said to do, reasonably ignored it. Asked her what was the matter, she tantrumed and was rude, so I just sat and waited until she stopped tantruming and off we went. It really did clear up as quickly as that. They'd all go off in a group, everyone else would go off, because my daughters were there as well, and I would just sit down waiting patiently, all the passers by looking at us, going, "Oh dear what is that mother doing with that child?" And just saying to her, do you want to talk to me yet? Or are you ready to go yet? And she'd go from screaming and tantruming to, no I want to, okay stay here a bit longer then, and in the end she came out, she never disclosed to me why she was angry, but she always came round, and we went wandering off as if nothing had happened. That's how I handled it. We were on holiday, there were lots of new people, I didn't think it was particularly her fault because she'd had all these changes happen at once, and quite often I was willing to listen if she needed to talk, but she didn't ever talk. Never did find out why she tantrumed and they went away as quickly as they came.
116	M: When all of that was going on, how were you feeling about it?

117	D: A bit guilty because I felt that perhaps I'd made too many changes for her to handle at once. Going on holiday, moving her sisters in, I didn't know if it was to do with her past, 'cos her sisters had moved in, whether it was because she was not having as much attention as she used to have, as we were on holiday and her sisters had moved in I couldn't really, and I asked her, you know we sat and talked and I asked her lots of questions. Never got to the bottom of what it was really. Just felt angry. Just felt annoyed and was apologetic, and kept on saying I'm really sorry afterwards. You know and she was young. She was six, nearly seven.
118	M: So it was a while back, and do you think her reaction was similar or different to yours in that kind of situation.
119	D: You mean what she was doing? Wholly different to mine. My children had tantrums before but there was always a reason why because they wanted that and they couldn't have it, or they, but these were just tantrums. They would start because maybe she didn't want to hold somebody's hand, or she didn't want to wait for a ride, so there were reasons but they were wholly blown out of proportion for what the reason was. There were no real, she would just have a full blown tantrum. It was almost like she was two. And I kind of reasoned with that, I just thought that is perhaps what it is perhaps she has never had the opportunity to tantrum. Maybe that's what it is. And obviously we told her afterwards, we said, that isn't the right way to behave, you can talk to us or if you are worried but she never did. And that's one of the things we have had to learn to do with these guys is not to expect them to talk when we want them to, but when they are ready to. That was hard for us to learn that. Because with our own children we'd be saying, What's wrong with you? Why are you doing that? You know and say Don't do it again. Because we knew the history. With these guys you can't really do that, you can still put in boundaries, you know, if that's what's necessary, or consequences if that's what's necessary but you can't, you don't know why. It's much more difficult to come to what you are going to do about it. So you can just do the same as normally would, consequences, boundaries or nothing. Sometimes nothing, sometimes these children will tantrum or Katie will be rude, and I don't do anything about it, sometimes I over hear her being really rude to one of her siblings, and I don't do anything about it, because they have to find their own hierarchy because I can't keep stepping in, and rescuing someone all the time sometimes you have to let someone find their own place.
120	M: Yes. What do you think other people were thinking, other brothers and sisters about were thinking when she was doing all this?
121	D: Her brothers and sisters were kind of a bit exasperated with her by the end. Because this was their holiday you know. They were a bit exhausted by the whole thing really, but passers-by were, If she was mine, I wouldn't put up with that, because I was just sitting there waiting for her to finish, I don't know what else I would do about a tantrum, a full blown tantrum lying on the floor, I'm not getting up tantrum. There's two ways, I can challenge her and pick her up, and force her to do something she doesn't want to do, or I can sit and wait till she is over it. And I decided to sit and wait until she was over it. It was the easiest way 'cos otherwise, I would have been manhandling her, I'd have been picking her up, and she was a reasonably big almost seven year old.
122	M: Which comes to my last question, would you work it differently now? I appreciate that she is much bigger now but would you do it differently now if that situation were to arise?

123	D: I would probably talk to her more now, because she is older now. So I'd probably, we'd probably, when she was over it, we'd probably talk a lot more than when she was six. Because when she was six she didn't have the words she was very immature emotionally, she didn't really have the words to describe to me why she did that. It would have been unkind to expect her to sit and discuss that with me. Now I would probably want to know why she felt that she couldn't speak to me, why she felt that she needed to throw herself on the floor and have a tantrum, she doesn't do that now but I guess that is how I would handle it differently, and I would probably now, aged 11, almost, put a consequence in. I would probably give her a consequence now. If she did it once I might not, but if she did it as many times as she did when she was 6 I might actually say No, we are not doing this. If you do this again.
124	M: So the consequences would be slightly different.
125	D: Yeh, because she is older now, she understands now, she moved in with us when she was four, and I don't know, adults coming along and talking at children all the time I don't know that I think that works. Consequences do work when they are necessary but I am not sure talking at a child when they are doing something an adult doesn't really understand, works. I have had my own grand children do the same. Tantrum. I just leave them out there and say When you are ready to tell me why you are doing that, you come and tell me, until then I am not entertaining it. I'm going to make myself a cup of tea and I am not standing here with you because you are being, you know, unreasonable. Stay there and when you have finished tantrumming, I will come and have a chat with you. And invariably they do, they come out and they say, Well the reason I was cross, whereas if I force them to they are just going to be crosser, there's no point. The older they get, if I have a tantrumming 17 year old, I would stand outside and say it is unacceptable and Go up to your room, don't come out until you can speak to me in a decent manner. That would be different again. You know. It would depend on their age. But at that time to handle Katie, that was age appropriate, because she was behaving, emotionally she was maybe four. So to expect her to reason with me wasn't really the right thing to do, but she doesn't tantrum now, she gets sad sometimes now if she thinks somebody is being unkind to her in school, she gets, a particular girl who she thinks is mean to her quite a lot so she get sad about that. But it comes and goes so it is just a child hood clash of personalities.

11.2 Daisy and Frank Interview Two Transcript

Para	Daisy and Frank Interview Two Transcript
1	K Final Interview July 2013
2	1. M: I'd like to begin by asking you to describe K and what her personality is like.
3	2. D: She is, she is now she is, probably becoming quietly confident isn't she?
4	3. F: I think with K there is two distinct K's, one here and one at home. The home one is amongst people she is immensely comfortable with, she is also with her brother and sisters and so, there is a hierarchy thing going on there so she is very different here than she is at home.
5	4. D: But here, at home the improvements are very small now, 'cos she made big leaps forward, but here they are still happening and they are still quite evident because she used to have no interaction at all, none and then she slowly interacted with other kids and that improved and improved and improved, but now she is confidently interacting I think. Isn't she?
6	5. F: Mmmm.
7	6. D: Not sure whether or not the word shy would be appropriate but she is less shy.
8	7. M: Okay
9	8. D: Yeah, that is what I would say.
10	9. F: Yes, she is growing up, I think she has figured out that she is not the baby, which was a role that she loved, she loved being the baby. That was reinforced at home and then reinforced to some degree at the first placement she was at.
11	10. D: Yeah, she was a baby, she was five wasn't she?
12	11. F: She was five and not doing five year old stuff. Dressing or at least attempting to dress herself.
13	12. D: She is definitely making leaps forward. Without a doubt. But actually that is evident since we watched these clips. Because you don't see that, we see her every day don't we. We interact with K every day, but we don't see that because we are not looking at it. Does that make sense. So today we have been, and the previous days we actually been looking at it, we had the screen in front of us, analysing what she is doing and what we are doing, we don't do that on a daily basis consciously, we probably do do it, but it is not a conscious thing. So we end up just travelling along and only if you had taken a clip of her when she was five and then seven and then nine and then now would we be able to say, "Wow." Because we do see the differences but they are not as marked as they would be if we had recorded them. And I think we should learn from that because I do think that recording someone's differences in this tiny short period of time from the first one to this one, imagine if you had recorded from five to eleven. A professional, not us because we don't get

	time, we are too in the thick of doing our job.
14	13. F: There are lots of pictures and lots of videos. Might be worth having a look, trawl through.
15	14. D: I don't think we have videos, have we? Not of our foster-children, we are not allowed to.
16	15. F: I prefer stills. With K it's funny. I noticed that she'll come in and, "Hello F, how are you?" "Alright." "What about you?" And she will actually talk to me and tell me what she has been up to and it won't be, it will be appropriate, it won't be down to the last thing, dodgy tummy today or something like that, "It will be, it was a nice day, I did such and such lesson, it was whatever,"
17	16. D: It's varied conversation it's not about school or. One of K's sisters gets stuck on one subject and it's just school, whereas K will have a varied conversation. It will be about someone did something, or she liked it when she went to the park last night, it will be a general two way conversation.
18	17. F: That's the key, two way. It is actually both ways. She is actually able to care what you are saying. So if I were to say that I had a bit of a bad day, and such and such has gone whatever, and she will actually empathise with me. Which is something she never ever did, not really.
19	18. D: This type of thing would help that because this was a clear, there were three people and those three people, we were working really hard to play an equal part to K. Now we don't normally do that. We are normally the parents and K is learning. So this taught me that you can be all on the same level, learn how to do something new, and give the responsibility to the child. We do that but not as poignantly as we did it here. You know what I mean? Here we actually encouraged K to play an equal part. Now there are different children in our house, different ages, and K rarely plays an equal part. She plays her part but it would be a less equal part to the different ages in the house. Age appropriate but sometimes we stick her there on age appropriate level rather than allowing her to come up to a higher level which she clearly can.
20	19. M: How interesting.
21	20. D: Yeah. Do you know what I mean? Does that make sense?
22	21. M: Absolutely, complete sense.
23	22. D: 'Cos I do think we limit people by their age. Maybe. It actually taught me quite a lot this session.
24	23. F: Age not ability.

25	24. D: Age, age not ability. Actually, I would have, if I was doing something, jobs, in the house, they all have their own jobs, K has the tiniest, weeniest little easiest job, that's bizarre after watching this, she should have a better job. You know because she is able. I think we might change that at home, we might give her more
26	25. F: She will be over the moon. Done all this work and got a bigger job.
27	26. D: More responsibility. No but more responsibility, she is able, look she is able, she is able to do that isn't she? She's able to take more on.
28	27. F: I think you are right.
29	28. D: 'Cos what you tend to do when you have got six children, is if you are in a rush or something you would choose the most capable, so we would say, "Blah, blah, blah, could you do that please?" And we are all rushing around and then you'd choose the next most able, "Could you do that please?" Actually K is probably around there somewhere but she would probably come there at the end, we would probably ask her to carry the sandwich bag out. And that isn't right for K. The right thing for K would for her to be right up there and give her a more responsible thing to do. That might be something that we could change.
30	29. F: Also K is very good at not doing the things she does not really want to do. We don't want jobs.
31	30. D: But maybe that's because we don't offer them to her.
32	31. F: It could be.
33	32. D: I think it could be. I reckon, 'cos she loves to help us. I think it is because we don't offer her those. So in the end, if you never got offered the good stuff and only offered, "Carry that sandwich bag out," you'd, "Oh, give me that sandwich bag," you wouldn't want to try to aim higher 'cos someone is going to give you the sandwich bag to carry out to the car.
34	33. F: Maybe.
35	34. D: If we are unpacking the car of shopping all the children say, "Can we help?" And we say, "Yes please." And K will get the packet of crisps, big packet, doesn't weigh anything, easy, can't drop it, it's not the right thing to do. This shows me this is not the right thing to do.
36	35. F: With our group of ages and abilities it really isn't. It really isn't is it? Because there are, you wouldn't just say that the eldest would be the most able.
37	36. D: Oh no.
38	37. F: It's far from it in all honesty.

39	38. D: But K has been, I'm choosing jobs because it is an easy example, but K would be asked to carry the crisps out because that is what she used to be capable of. And she still, and the crisps is a good idea, 'cos if I unpack the car I still give K crisps or toilet roll. Because she won't drop it and she can manage to carry it. Whereas she can probably manage to carry out a bag of jars now. But I have not moved her on. And that is an example of life generally.
40	39. M: No exactly.
41	40. D: Are we moving everybody up at that same level, so there is the oldest or more capable, and the next ones down, and K is down there carrying crisps and toilet roll but actually perhaps she should be somewhere in the middle now. You know, doing something a bit more interesting and more responsible. Because looking at that video she is probably able isn't she?
42	41. F: I would say probably.
43	42. D: So next time I unload the car, as just a small example; I am probably going to let her take a bit more responsibility.
44	43. F: So it's your fault if we have got all Dolmio all over the drive way.
45	44. M: Well it's only a bit of Dolmio.
46	45. D: I don't think I will have. I don't think so. I think we have misjudged her ability. She's a smart girl. We do know that. But she is our baby. Her and C are our babies and so they are always treated as such. Not as babies, obviously we don't treat them as babies, but they are treated with kid gloves and I don't think that she needs to be treated like that anymore. If we expect her to move up a level we have got to move up a level haven't we? So perhaps that is something that we will take with us from here.
47	46. M: Okay. Do you ever wish you could raise K?
48	47. D: I am raising K. So is F.
49	48. F: We already do.
50	49. M: I know.
51	50. D: That is not appropriate to us really.
52	51. M: How much would you miss K if she had to leave?
53	52. D: It does not bear thinking about for me. I can't remember my answer last time but it would be exactly the same. I would not want, I would not want K ever to leave. Because she is our baby like I just said. Although we do need to go up a notch. She's our family.
54	53. F: Do you know what; I could not envisage a circumstance where I'd want her to

	leave. I'd miss her terribly.
55	54. D: It would break my heart. And I do know what that feels like because we did used to foster mothers and babies and we got left with a baby once and he stayed with us for two years and it broke my heart when he left. I love these children you know.
56	55. F: It's a positive. It went on to adoption. So it was a very positive thing.
57	56. D: Not for me. I still see him. I'm very lucky. He's grateful we see him all the time. We are grateful for that. We are uncle F and auntie D, and we are really grateful for that but I am not auntie D for K and I'd be heartbroken so you know, fingers crossed that nothing happens that would ever,
58	57. M: Yeah,
59	58. D: I don't think about it. I think about her leaving when she goes to university, I don't think about her leaving for any other reason.
60	59. M: The kind of growing up thing. Rather than any other reason.
61	60. D: Uni, that's it.
62	61. M: How do you think your relationship with K is affecting her right now?
63	62. D: Positively. Normally. She sees us as her parents. She knows who we are. She knows were are foster-carers doesn't she. She doesn't use that word. And nor do we. Not to K. And she sees us as her mum and dad. That's our role. Is to raise K and we are raising K and she sees us, I am quite sure if you asked her the question, she sees us as looking after her, as keeping her safe. Teaching her to be a productive member of society. That's my answer; hers will be similar in her own language I expect.
64	63. M: Okay. And how do you think your relationship with K will affect her in the long-term.
65	64. D: Positively. I think she will become all the things I just said.
66	65. F: And also one of the things that we have definitely drawn from here is that we need to make sure that we are going up as well. We are bringing her levels up as her levels go up we go up with her.
67	66. D: Yes. That's a really important thing that we preach about all the time and probably need to practice a bit more.
68	67. F: To not get stuck.
69	68. D: I think we have gotten stuck with K.
70	69. F: I think underachieving keeps coming

71	70. D: No, not underachieving, she's smart, she achieves,
72	71. F: No, for us, we are pitching too low. We need to pitch higher.
73	72. D: 'Cos one of the things that happens to looked after children specifically is that people see them only reaching a certain level and so that is what they reach. Their potential is stunted by the world because they are looked after. And we have always said that is not going to happen to our children. And it hasn't. I mean our children are achieving brilliant things. They really are. And K will too. But K, we need to stop treating K like she is our baby and let her grow up a little bit. That's evident from this. You look at her face, she's 11, we hug her and I like cuddling K and she is, and we got grandchildren obviously. They are babies but in our house K and C are our, we see them as our little ones and we need to move up a little bit.
74	73. F: Maybe the medium ones not the little ones. Not big ones. Medium ones.
75	74. D: I was the same with my own son. My birth son. He's 27, still cuddling, no not really. He's only allowed to take crisps out of the car.
76	75. M: What do you want for K right now?
77	76. D: I want for her to be able to reach what her potential is right now. I want her to be able to do all the things her friends are doing as well as all the things that are individual to her. I want her to go to clubs, I want her to be happy, I want her to feel safe, all of the things that we take for granted. I want her to feel all of those things and I am quite sure she does, but I also want her to continue to work at her potential. And I do not want people to limit what her potential is just because she is looked after. 'Cos when I say that S and I probably need to grow with K obviously we have her best interests at heart. I am talking about the world in general, the system in general needs to see K for what she actually is, not as the looked after child that they often see her as. That's what I want for her. I want her to have a normal regular everyday upbringing. I want her to go to university and I don't care what she studies but I think she can have her sight set there. And actually when I used to talk about her older sister like that everyone used to look down and start doing their writing again. I used to spot that, I'm quite observant but actually she is going to go to uni.
78	77. M: Good for her, good for you.
79	78. F: At the moment, specifically, it's the transition from primary to secondary school. What I don't want is for her to walk into secondary school and be labelled and I think that is really where the labels start. I think the secondary school, underachieving looked after child, is a huge label. Teachers sometimes don't put as much effort in, and they have low expectations and that's my view, my time at the moment, what I think is important is making sure that when K goes into secondary school she is treated on a level par with everyone else.
80	79. D: Definitely.

81	80. F: There are instances where being a looked after child is a positive thing. They will always get into the school you want, but that is where it stops.
82	81. D: There are a few things that are positive. In K's case being looked after isn't such a big thing. She has not been shoved around from pillar to post. She has been with us, we are her family; that is how she sees us, she doesn't feel like someone might come along and move her, so she's already running along a normal road as a child that stayed with her parents would have done.
83	82. F: Yeah, but for her transition to be smooth, and for the teachers to understand that we will not allow that. We have come across it before, we didn't allow it then and we are certainly not going to allow it now. Came across it with School.
84	83. D: They actually gave her higher grades because she was a good girl and she was easy in class. Higher English grades and we did our nut, we went there and said absolutely not, as kind as you think you are being, you're actually being unkind, and the proof of the pudding is that she struggles to achieve in English now.
85	84. F: And the problem was we couldn't target it. We could not target the areas that she had problems in because they were massaging the figures if you like because she is lovely and she is not throwing chairs at them and that is a really positive thing but the problem we got was we could not target any help because these figures, or these grades we were getting weren't correct.
86	85. D: In fact one teacher said that she was an academic. And the problem with that is, I would love her to be labelled as academic but the problem is she isn't. And so to let her think that she is when she isn't, the result of that was that she laid back and went, "Ok. I am really good at this and I don't need to work so hard. 'cos I am obviously achieving it already." And so here we are and "I will relax." And I do not want that for K. And we got our eye on the ball with that because as I said it happened before. So we can actually make sure that she is achieving what they say she is achieving.
87	86. F: What she can achieve. Because everyone is different. You can't say, "I want all you ten kids to be brain surgeons or I want all you ten kids to be carpenters," or whatever, you can't 'cos they are all different.
88	87. D: But you can put in extra education. One of the benefits of being looked after is that if a child is finding it difficult in a particular subject, like maths, social services will pay for them to have a maths tutor. Now A didn't get an English tutor because her figures were massaged. Whereas K will get a maths tutor. She struggles in maths; she will get a maths tutor. And we will make sure that she does. So those are the areas where we can help. We can use social services to the maximum of what they offer us. We use all of their resources, we take those, as soon as we find out about them our children get them. 'Cos that is what we are there for, for K as her parents, 'cos it doesn't matter, the fact that we have not got PR (parental responsibility) for K doesn't make me less a parent. I just need permission to do certain things. But I will just go and get the permission or F will go and get the permission. That's the only difference. And that is probably why it works because I don't see myself as a foster-carer, in the back of my mind I have got all the rules and regulations there, they are all there. I understand my job, I understand what I am

	but that is only for the paper work, that's only for my own benefit, that's not for K's benefit, she doesn't need to know any of that, what she knows is that she lives in a family which she is part of, she's loved, she lives with her siblings and she is doing alright. That is what she needs to know.
89	88. F: Simple straight forward.
90	89. D: The rest is for me and F to figure out.
91	90. F: I do think that sometimes we do overcomplicate things and children do need simplicity.
92	91. D: They need simplicity. They don't need to know any of that. Unless they, of course they get that in their LAC reviews. They know. These children are informed, they are well informed. They do not need to hear it every day, you're fostered, you're looked after. They do not need to know that. You are looked after. For right now, as S said, moving to secondary school as smoothly as we can, and keep doing what we are doing.
93	92. M: And then, what do you want for her in the future?
94	93. F: I'd love her to; actually I'd like her to be happy. What she succeeds, what she ends up doing, I think is open, because I do not think that K knows yet. I'd like her to be happy. Whatever she is doing, I'd like her to be productive in society of course. But what makes her happy. So jobs, education, friends, social life, relationships all those kinds of things.
95	94. D: She doesn't have to worry about the things that some kids have to worry about. Our house is her home. When she goes off to Uni and comes to visit, stay, in the bits in between or if she goes to work, this is her home. This isn't somewhere that ends when she is 18, that has never been talked about, to K and never will be. This does not end when she is 18. We are K's family; F and I are not fostering any more children because these guys have been with us too long. We are not going to, I think some people talk about an available bed, we've never had an available bed. What's an available bed? No, we don't do an available bed. So this is their home. Until it isn't. Until they decide they are going to move on the same way our children did.
96	95. M: And then they come back again.
97	96. D: I am sure they do. Hope they do. Can you add that to the future list, the things we want?
98	97. M: Is there anything about K or your relationship that we have not yet touched on that you would like to tell me?

99	98. F: Don't think so.
100	99. D: She has the odd tantrum but no worse than before.
101	100. F: Nothing up to date anyway.
102	101. M: Okay. Can you think of a situation where K was particularly angry, upset or not happy?
103	102. D: Yeah, a few.
104	103. M: What happened?
105	104. F: Upset, yesterday. We are going away to America. This was an upset one because she upset herself because we are all going to America but one of my daughters cannot come with her children. And we asked the children to not talk about it when her children are there. Just 'cos it would upset them. And K forgot. Mentioned it. And she was mortified. C came in and dropped her in it as quickly as he could.
106	105. D: Actually, I remember that, he didn't drop her in it, K has mentioned to E and J that we are going to America but she didn't mean to, she didn't do it on purpose, it just came out in the conversation. That is what he said to me. So he was actually covering up for her rather than trying to get her into trouble. There was no big tantrum or anything, she was just crying she was upset.
107	106. F: She was upset because she had forgotten and I suspect
108	107. D: She loves E and J.
109	108. F: I suspect she felt it was unkind. And so she got upset. It was not throwing knives at each other.
110	109. D: She tantrums occasionally if she does not get her own way. She will stamp up stairs and she will cross her arms and say, "No. I'm not doing that. I don't want to do that. I don't want to go there." Or whatever it is that we are talking about at the time. But I just wait.
111	110. M: So when all of that is happening, what are you thinking?
112	111. D: I am not thinking that she is doing it because of her past, or because she is doing it because, I think, ok, she's having a tantrum she's not going to get her own way, 'cos that is not what I want her to do, that's not what we are going to do, because it is unreasonable, so generally I will say, "Okay K, you can come to me when you have stopped doing that, 'cos I don't accept that behaviour. I am not dealing with that behaviour." And I will just walk in, she's got no audience. No audience, she doesn't tantrum. I remove her audience completely 'cos I think, she's, she finds it difficult to pitch when she wants something, if she really wants something, so if my daughter is going, my daughter lives next door, so if my daughter is going to Castle and she wants to go, and I say to her, "No, you can't go," she starts to have a little tizzy fit, but she can't go. My daughter has a tiny little car, she can't go. So I will just

	say, "K when you have finished doing that, just see me." And she will be out there going, "I wanted to go, it's not fair I can't go, I only wanted to go, F has got a middle seat, I can fit in a middle seat." But obviously there is C who also wants to go so she will do that for a little while and then she will come in and say, "I really wanted to go." "I know you wanted to sweetheart but we can't, there is not enough room in the car." "Okay then. What are we doing today then?" So it will just ease itself out generally. If she is really, really having a tantrum and she is really doing her nut which goodness me hasn't happened for years,
113	112. F: She's a scratcher. She's a little bit of a scratcher.
114	113. D: She scratches me when she is in a tantrum. Not on purpose, she has got reasonably long nails. She likes to keep them like that and she will scratch my arms and grip my arms hard if she gets hold of me. Which I don't generally allow her to do. Yeah, but she will have a tantrum, she's a little tantrummer. Nothing major though.
115	114. M: And is it any different to what anyone else would be doing?
116	115. D: No, I have seen my granddaughter tantrum exactly the same way, the difference is my granddaughter is 9 and K is 11 so she is a wee bit behind what she should be doing maybe. 'cos she does understand. In fact E probably doesn't tantrum now, she did last year. But there is no difference in the actual tantrum there is a difference in the age. K's are less and less.
117	116. F: She's always been a pincher and tantrummed. Only when she gets really angry. She would not walk past you and
118	117. D: She doesn't pinch, no, no. She'll say, "I want to talk to you," and she will grab me by the arm and dig her nails in and I will just pull my arm away and say, "I am not speaking to you when you are like that," and go indoors. So she will push her luck basically but nothing major. Nothing, E would not have done that maybe. Maybe E would not have tried to grab me by the arm but I have always thought that she is not trying to be spiteful, her nails are long. And E's nails aren't long I just look at it like that.
119	118. F: She is trying to express herself. She is trying to do something and it must be frustrating.
120	119. D: But we are great talkers. When she is not tantrumming I will sit and talk to her. And I will say that, "I am not going to talk to you while you are doing that. I have got nothing to say to you while you are behaving like that. When you have finished behaving like that then you can come and talk to me." I have done exactly the same to E.
121	120. M: What do you think the other children, whoever the children are, think when they see that happening? So yesterday, C seemed to work out what was going on with the slipping out and the upset, would the other children work that out?

122	121. D: Oh yeah. C is the youngest. The other children would definitely work that out. They weren't out there, they was the only group out there.
123	122. F: A lot of it would flow.
124	123. D: It's very awkward for C, it's very awkward. See F can't go to America every year because she can't afford to. And she would never let her children away for two weeks, without her.
125	124. F: There is also her ex-husband as well.
126	125. D: And he lives in America, so they go to America quite often. It isn't your average situation. So he goes to America, they go to America reasonably often to see their dad, he takes them there. But we go to Disneyland and they came last time but they can't, they'll probably come averagely every other time. But then they go to America every year so it is not as if they are dipping out. But there is the guilt for F and I because it does not sit well for us. Of course not. But it costs us £20000 to take our children, we can't add some more onto that, we can't afford to. But you know
127	126. M: So is that your guilt or her guilt?
128	127. D: K's or mine?
129	128. M: Your guilt about not being able to take your daughter.
130	129. D: That's mine, ours.
131	130. F: It would be the silliest thing in the world for us to do that. Because their dad would be on it like
132	131. D: We wouldn't be able to take them to America, he wouldn't, he would kick up a fuss.
133	132. F: It would cause so much problems you wouldn't believe.
134	133. D: Specially given that they won't go to see their dad in America this year. They are refusing to go see their own father this year. So we definitely can't take them.
135	134. F: We don't want to get in there.
136	135. D: But K made a mistake. She did, we did say to all of them, we sat them down, we said, "Could you do us a favour? Could you not talk about America in front of E because it would be reasonably unkind 'cos they are not going, and they have not got the excitement in their tummies that you have got. So please do not talk about it in front of them." That is really what we said, that was it. K has obviously slipped it out and felt terrible. But that to me is progress. Because some children can't feel that, empathy, they can't.
137	136. F: That's what I was saying early on, when she asks what kind of day you have had. And sometimes that can be a kind of robotic,

138	137. D: It's not for K.
139	138. F: response, to walking in. But not with K, it's not.
140	139. D: When her older sister, she comes in, she says, every morning, she says the same thing, and it's robotic, her older sister, she's learnt to do it, and she says to me, "Morning D, did you sleep well?" And actually the other day I said to her, "Do you know I didn't. My shoulder was really playing up. I was up at 3 in the morning." She went, "Oh, that's good." And off she went and did the rubbish. Not even listening to my answer. And actually that taught me something. I thought, "Goodness me, she's not actually asking me how I am." It is actually robotic. F had said that he thought it was and I said, "No."
141	140. F: It's basically a tester, I think it's a tester. "Right I am going to have to say something and I want to test the water and I want to find out if it is safe." And I think it is from her past. It's nothing to do with home, nothing to do with now, but I think it is from her past.
142	141. D: She hasn't lived with us as long, she's still there really. But K's is genuine isn't it.
143	142. F: K is, it's genuine. It's just K. That's what you do. That's what she's heard us do that's what she has heard other people do. And it's a natural normal thing. And it's a very social thing.
144	143. D: And she will come out and answer. I'll say, "Yeah, I did sleep alright." So she will say, "Yeah, so did I. It was a bit hot though wasn't it?" So I know she is actually having a conversation with me. Whereas her sister, "I didn't sleep well." "Oh, that's good."
145	144. F: You could say, "I was abducted by aliens." And you literally
146	145. D: I'm going to try that.
147	146. F: She might come back and say, "Did you say that you had been abducted by an alien?"
148	147. D: She probably would. She would probably say, "Oh, that's good." And go and empty the rubbish. It's the guinea pigs actually. That's her job.
149	148. F: You are not going to get very many normal answers.
150	149. M: No, that's fine. Given what we have seen were there any clips that you found particularly interesting? And I realise I have not shown you yet the cooking one.
151	150. D: The cooking one, no.
152	151. M: Yes, so I must do that.

153	<p>152. D: Interesting? I have already said that I think that we have got a lot to learn from those clips and I would have liked to have seen that done over a much longer period of time. 'Cos I think we would all learn a lot. If you did those over the course of a year even and if you did them at the end of year 4, and then did a few in between, and then came back at the end of year 5, we would probably see, we would have learnt much more. But I do think, as we have said already, there is a lot to be learnt from that tiny bit of work that we have done here in terms of what we can do to improve in what we do for K. As well as looking at her progress but more importantly look at what we can do. Because we are in the thick of it every day, those clips were interesting in that she is more independent than I thought that she was. She is more able than I thought that she was. And she is a happy little thing. I did know that already. But actually in this environment, in a more pressured environment where you have got a camera on her, she knows you have, if she can perform so well in that situation then I would say that we are doing a good job here. But it would be nice to see that over a longer period of time so we could improve what we are doing. 'Cos I spotted many things, as we talked about already, where we could improve what we are doing. And not big things, little things but things that would impact. And we are always striving to improve what we are doing with our looked after children. Maybe we should get a bit more real and record, in a setting like this, a bit more often. You know, perhaps that might be something to consider. But the interesting thing for me is that she was more independent than I thought she was. She's more able, she's more able than she lets on. She's got a good sense of humour. She is overpowered by C. Please meet C before you go. She is overpowered by C. And if you saw him, just watch him in the playground, ask them to spot him out and just watch him, because she is overpowered by him. 'Cos she is quite funny. She has got a tiny sense of humour that is quite cute, hasn't she?</p>
154	<p>153. M: Absolutely. That was brilliant in the last clip.</p>
155	<p>154. F: I think she has picked up a lot of your sense of humour, with that wicked streak that goes on.</p>
156	<p>155. D: I am only wicked to F actually and my wicked sense of humour is quite evident. 'Cos we probably do play quite a few tricks on you don't we? As girls and I include E, he obviously bungs in with the girls, but we are kind of a bit girl power in our house because E and C are the only boys. And we probably are a bit and we do play tricks on F. We do little trick playing. Some of the tricks they played on the first of April. They were hilarious. A played some really funny tricks.</p>
157	<p>156. M: I think you have answered this one. After doing this video work, has it made you think differently about K?</p>
158	<p>157. D: Yeah, I think so. In a few ways. We need to give her more responsibility.</p>
159	<p>158. F: I think we need to individualise a bit more than we do. Because a lot of what we do are groups. And we are within a group. It might be a smaller group than the eight of us but we are always within a group. If we decide to go off and do separate things there will be three children with one adult and whatever, and it's a group thing so what this has taught me, and one of the main things was that we need to individualise slightly.</p>

160	159. D: I think that is why K loved my mum so much because when I read the piece she read about my mum, she wrote that she does things with me. We do sewing together. We do knitting together, now they were one on one tasks. And K would sit really close, and my mum was the boniest creature you've ever met, K didn't, and I mean bony, she was five and a half stone, wasn't she? Same height as I am. And K used to snuggle into her and K sees her soft like a cushion. And you know I read that, and that hit me quite hard. 'Cos I thought, "Soft like a cushion, my mum?" She is bony. And K loved her so much. She was K's soft like a cushion. I think that's why she loved her because she did individualise. She was always in the chair, she didn't have very much energy, she would sit in the chair all day and she lived with us for six months and so K really, really loved her. I did as well. They got to be really close to her as well. And perhaps that video coupled with that, tells me, F is right, that perhaps we could individualise a bit more.
161	160. F: Because sometimes we get taken on by the machinery if you like. The machinery of running a big house with lots of people in it and kind of saying, "I've got you to deal with, and you, and you," and it would be better I think if we could try to allot a certain amount of time periodically to an individually and do an individual. And say, "Right, it's your bag."
162	161. D: Periodically even if it was only once a month, 'cos it is not only our house that we run, our son and daughter in law live only round the corner, they don't cut their own grass, it doesn't get done magically but they need help with cleaning and general guiding them through life. Our other daughter lives next door. You know she is doing her PhD. She is not doing yet but she is going to. So she needs lots of support with E and J who live next door to us, our other daughter who has just moved down here, she lives on her own with her new born baby and three year old. So F is right, it's the mechanics of everything, it's really logistically, we have a lot to do. And we like it like that. It isn't something that we don't manage or we don't like. But getting individual time with the children is very difficult, but I think that we are going to try and maybe once a month or some time, so they know what that's like. I am not sure that K knew what that was like, with us. Apart with reading, something academic, 'cos obviously we have to have individual time academically, but apart from her academic time when she is pressured, I don't think we do one on one very much. We talk one on one. Quite a lot but I am not sitting when we talk, I am cooking. K nabs me when I am cooking, always does. So it would be beneficial to do what we have just done here, a little bit more often. Maybe. But I think you should try and do this a bit more often as a rule rather than experiment.
163	162. F: It would be a good teaching tool.
164	163. D: It could be, for teaching foster-carers specifically.
165	164. M: That is what I would love to do.

166	165. D: Specifically foster-carers, because we love our children, that is not always the case. It is not always possible that that is the case because some children move around too much. Some children are literally in foster-care that is not what our children are in, I must stress that. Our children are in what is called foster-care and do we get paid to look after them, yes we do and we love getting paid to look after them because we can take them to Disneyland, they are our children. And they are with us permanently. They have got a new thing called permanency panel which we are not doing 'cos we are already permanent. But they are permanently living with us. And it isn't the same but to do something like this with kids that are not as settled as ours as well as kids that are as settled as ours would be great. 'Cos sometimes when they are settled and when you do feel like we do you miss things. Don't you because, as you do with your own children. That's why parents make mistakes isn't it, because you miss things and you are so busy going along, that's why we as parents are not perfect, because you can't parent retrospectively really. You've already done that bit of parenting but this you can parent retrospectively and that is a really good thing.
167	166. F: Because you can actually rewind.
168	167. D: You can rewind it.
169	168. F: You can rewind it and say, "What was that about?" Was that little bit about?
170	169. D: If someone had said to me, we are going to give you the opportunity to parent your children with a retrospective view on it; I'd be over the moon because you can't do that. And really that is what you are creating here, isn't it? 'Cos you rewind the tape and watch it again and again and again, nit-pick what you are doing great and what you could do more and we haven't nit-picked what you could do more but F and I have, and then you can come out with a much better job, can't you, it's a brilliant idea.
171	170. F: I must admit for me that scene, the scene of sitting round the table, was so normal because we do that a hell of a lot but the reason of saying individualise what you couldn't see in that scene was the other eight people that are normally joining us.
172	171. D: But you learnt a lot from that didn't you? Because you thought you were pressuring K. And actually she doesn't think you are.
173	172. F: I sometimes feel, threatening was the wrong word I used, but it might be the way I feel. It might be the way I feel.
174	173. D: But that is not how K feels. And that is why this sort of work is very good, because it might make you hold back if you feel like that, whereas if you could have watched and had a chat with someone who watches as well, someone who isn't involved maybe you would have realised that is not what it is like for K and then you give a little bit more. 'Cos F doesn't
175	174. F: I am very, not stand offish, is the wrong word, but I maintain a professional distance.

176	175. M: But what do you think the response would be if you were to actually ask the question? Are there times, whatever word you might choose to use, you could use threatening or you could use, whatever, pressure,
177	176. D: "Are there times when I pressure you to do things better?"
178	177. M: You can find the word you are happy with to describe that situation; do you think that you would be able to ask the question? So even if you don't get a response straight away or someone has to go away and think about it.
179	178. D: You could certainly ask, I mean you might not be able to get a response from all the children, they might not know exactly what you mean, but certainly A would know what you mean and I suspect K might. It might be worth asking them.
180	179. F: I think, the older ones I am not sure, I am not sure
181	180. D: We do pressure the children on purpose; I want them to do well.
182	181. M: But it is working out what that means,
183	182. F: It's a balance of encouragement but you want to encourage but you don't want to spotlight if you like; get in front of those headlights, be that rabbit. We don't want them to be like that. We want them to be aware that we are aware of what they are up to, we are interested and I like to think of catching people doing something right. If I get a letter through from school that says you have done really well in school, "I have caught them doing something right." I love it. I really do like it.
184	183. D: We catch them doing something wrong way to often don't we?
185	184. F: And the only thing is I really dislike catching people doing something wrong.
186	185. D: But we don't use the word punishment in our house even if E on Friday. Even in those circumstances, we don't use the word punishment because that would dictate that they haven't got a choice.
187	186. F: Negative, punishment is negative.
188	187. D: Whereas a consequence could be positive. And we say to the children, "Look, we don't give you punishments," but they say, "But you are sending us to bed early," "Yes. That is a consequence of your action. You are responsible. You could have chosen not to do that, in which case your consequence would have been positive because you would still be up." So you have to look at difference between punishment and consequence, that's why. They used to ask us, "Why do you say consequences instead of punishment? Why do you always say consequences?" "Well because you are in charge of whether they are positive or negative. If it was a punishment you are not in charge we are. If it is a consequence you are in charge of what your own actions are, aren't you?" And that is why we use that word. And the consequences for us raising all these children could only be positive. Because the outcome, I look at A and C and I use them a lot as an example, because they have been there a long time, it's just, I try and picture what they might have been like if they had not moved in with us and it doesn't bear thinking about. 'Cos I can look

	<p>outside my, I can go down the town, and have a look and I can see lots of examples of what they would have been like, and we are all so lucky aren't we? We are all so lucky that it worked out the way it worked out. And it is the same for K and her brother and sisters because we are all lucky. We are lucky that we got kids so willing to work with us and they are lucky because we are there without any other children in our house, you know ready to work with them. I could not have done this job if my own children were still at home. I know I could not have done it. It would not have worked like this if they had been at home because I would have been constantly thinking that I am depriving my children in order to give these children and I could not have done that. That is why we waited until they were older. I was desperate to foster-children, desperate for years wasn't I? It kept happening didn't it.</p>
189	188. F: It happened a couple of times.
190	189. D: Private fostering. I desperately wanted to do it. It was something I, from the age of 25 but I said to F, definitely not, not until our children are older.
191	190. M: I can understand that.
192	191. D: You can't do it when your own children are home. People do, I don't know how they do that. You'd be torn wouldn't you, whether you were taking too much from your children to give a lot, because you have to give these children who have been such a hard time such a lot. Of yourself. I have given them all of myself. I barely have any time to do any of the things I like. But that is a short lived thing. I am going to have all those years where I can do everything I like when the kids are grown up. And I will too. I am going to go everywhere I can travelling.
193	192. M: They had better start earning money soon.
194	193. D: One of our rules are, you are not going to sit in our house, by ours we mean all of ours, you are not sitting in our house, any of you, without a job or an education. You don't do that, you either work or you educate. And you can educate yourself your whole life if you can't get yourself a job so you are not sitting here, if my son who has got syndrome, can work, you can all work. Because he has got a learning disability and works and he does a blooming good job, so if he can do it, you guys can definitely do it. And if you can't get a job, because society is as it is, then you can go off and educate yourself some more. We will have really educated children or a load of money coming into your bank.
195	194. M: Either one is fine. Thank you so much.

11.3 Rachel Interview One Transcript

Para	Rachel Interview One Transcript
1	Michelle: I'd like to begin by asking you to describe Emma and what her personality is like
2	<p>Rachel: She's friendly. Kind girl, she likes to help a lot. Has a lot of empathy, if anyone gets hurt she's there right away with a wet tissue. She's a good girl. She needs a lot of attention. Really, really needs a lot of attention. And however much you give her, it's never enough. Even if you have been with her the whole day and you see Mark later on and give him a cuddle, she's clearly not happy with that and muscle herself in. She's quite a jealous child. But she doesn't like coming forward so easy. So if Mark were to say, "Mum can I have a bag of crisps or something?" or even just go and get them, Emma will stand there look at you, shuffling, twiddling her fingers, perhaps twiddling her hair. And you have to say, "Emma, would you like a bag of crisps?" and she would say, "Yes." So she's not as confident as Mark. She is getting better; sometimes she will just go for it. 50% of the time she will just stand there and we will say, "Just ask." She always keen to please. Really wants to please the adults. Would rather be with adults than children. Has no stranger danger. Trying to teach her that now. Used to be overly friendly with men. Now it's a handshake. Hug to the side and she is fine with that. She likes to mother Mark sometimes which is quite helpful in the morning when I am trying to get him dressed. And she is starting to imitate me now. The things I say, she becomes Mum. Her and Mark sometimes fight but Mark will always win. She'll come off crying or run to us. Say Mark has hit her. She's turning into a bit of a teaser. Likes to tease him. She'll hide things from him and sit there an look all innocent. She's started to fib quite a bit but I think it is very age normal, age related. I've got two girls, 18 and 16, and I am starting to remember stuff that I had forgotten. She's really started to get independent, she'll argue back. She will come face to face with my youngest daughter who is 16 and almost say "bring it on, come on then." And my daughter just looks down at her and laughs. She might say something to Kay like, "I'm going to kick you," and she says, "I will kick you back," and she says, "C'mon then." She's good, she's good with the animals. She loves to play. She just wants to play really. She likes dressing up but you can also sit her down with a yogurt and Peppa Pig and she's happy. She's a good girl, she goes to bed really well, she needs to read, she loves reading. Good reader. We do have tantrums sometimes from her. The other night Kay put her to bed and she decided that she did not want to go to bed and she actually punched her. And I had to go up and talk to her and she got up and wrote her a letter of apology. She doesn't have many of these outbursts though. I think she is just missing being at home. She enjoys school, she always enjoys school. Can't wait to get to school. She loves seeing her brother James, she sees about every two weeks. She still has contact with James, 'cos James used to live with us. And she has taken on board all of my family so, my mum and dad are her grandparents, Brad's dad is her grandfather, I have got five brothers and sisters and they are all aunty and uncles to her. As far as she is concerned they are all her family. Yeah, she likes the family. She fits in well. And she likes her food.</p>
3	Michelle: Also good.
4	Rachel: She does fit in well with the family.

5	Michelle: Same question then about Mark. Can you describe what his personality is like?
6	<p>Rachel: Mark is a little mischief maker. As with Emma actually, everyone who meets him adores him. Everybody loves Emma; they always say that she is a lovely girl. But with Mark he has just got this smile that captures everyone's heart. A lot of people who do not know he is fostered say, "Oh my God, he has just got your personality. You can tell he is your son." He is very clingy to me, he is really clingy to me. In fact I have had someone say to me, "Isn't time you broke your umbilical cord to your son?" He is really attached to me. But then we have had him from seven months. So I am all he knew. When he came to us, he was still on bottles, he was so underweight he was not entering the red book, there was nowhere for him to go he was so underweight. And very small. He was still in 0-3 month's clothes when he was 7 months. All that quickly changed. He did not walk until he was quite late actually. I don't know when Emma started but Mark was probably 14 months. He used to bounce along on his belly rather than try and walk. He is fun loving boy right. He is so active. He is constantly running around, playing, dressing up. The big thing at the moment is that he wants to be a girl. But he is living in a house of girls so I am wondering if that has affected him. He loves dresses and my brother just bought him a new outfit for Christmas and he had to have the mermaid outfit, Ariel. He has Rumpelstiltskin, Snow White, he's got Peter Pan and Pirates. But he loves his nails painted, he wants to wear make-up. He's always got a wig on. He just loves all the girl things. But the teachers have said that when it's dressing up times nearly all the boys grab all the girlie things so it's quite natural at this stage, but not having boys it's different for us, we are still learning. He's very, very cuddly. He went from not knowing any numbers, not knowing any letters of the alphabet to all of a sudden telling me all the numbers on the doors, 23, 25. He always did know colours when he was a baby, we did colours apart, and all of a sudden he can write his name Mark which is exceptional. I know a lot of four year olds can but for Mark he couldn't and now he can. And he recognises Brad was hoovering and put the hoover down and he comes running and says, "Look, look, come and see, look outside, look. It's a r." And the hoover had fallen and it looked like an 'r'. It's in my name. And he was so excited. He's demanding for attention. If he can't get his own way sometimes he will have terrible stamping feet, screaming. He will try and punch and kick. He will scream like a high pitched girl for quite a while, until we can persuade him to stop. He is being assessed for autism at the moment or under that spectrum, because he flaps a lot. He still chants and rocks himself to sleep. Really loud even if he wakes himself up in the night, he does it. And I will go and stroke him and I will say, "Are you ok?" and he will say, "Yeah, I like rocking." And I will say, "okay, you rock." I don't want to stop him it's his comfort. But he can have temper tantrums and recently it got really bad at school after school picking him up, as soon as I brought him out he would scream at me, shout at me, punch me. It was totally out of the blue. And they said that he was having a good time at school and he doesn't want to come home and he does see me he lashes out, but my daughter and her boyfriend picked him up and he did exactly the same, it wasn't just me. He wants to do something every night after school, Hippodrome, swimming, Snappy's and it's just not normal life to do that. So he is learning that now. He does not always go straight into school, he plants his feet outside school and he refuses to move. We have started to play this game recently where we take this special route through this car park and make an adventure of it, we are on the sea, and then we are rushing through the tunnel of the castle, "Quick a giants coming," and school is safe, so when</p>

	<p>we take Emma, "Emma's safe. Oh no, Mum, let's run, the giants coming, we got to get to school." So he drags me to school, "Quick get in to see the teacher, you're safe." I think he does it for me. My girls did it. Cos he holds my hand (nods head) and off he goes. I think that is all for me. He knows how to push my buttons, definitely. But you know he will have these rages, like he sees red and then he literally two or three minutes later say "I love you Mum. Give me a kiss, I love you." He's cuddling you and lovely. Really loving, incredibly funny showman. He will show off. He has developed a bit of shyness, that's quite funny, watching him go a bit shy. But he has something called? syndrome which means that one eye is fixed and one eye turns in to compensate, so because he could not see that side rather than just do that he does that, so this eye, he can do it on command now, so if you say, "Mark can you do me a funny eye," he will go, and he just does it. He's so funny with it because he pulls a face with it. And he does it constantly. He goes, "Mum, Mum," (pulls face), so he is very funny. Really loving. Once he is in school, I understand that he is really well behaved. So if he does have these moods outside that's okay if he has behaved at school. I'd rather it was at home than here. But then it is difficult because I have to explain to the teachers that he's different at home to at school and they can't see it. And it's almost disbelieving. He did kick off the other day when the social worker was there, and they saw a little bit of it, and I had filmed him. And he screamed and was crying. He gets it into his head. He had his mermaid costume; we called it a mermaid costume so he thought he could wear it in the pool. And I said, "No you can't because it will get wet and ruined." "But you said it was a mermaid costume." If you say to him can you do me your angry face he will. Very strong, abnormal upper body strength, since he was a baby. When we could finally get him to sit up, the health visitor, and he was playing with this soft ball, and it went 21 foot, through our front room and into the kitchen sink and she just said, "That's not normal." She said let's do some other things and we did. He throws over; he does not throw to the side or anything. Tried gymnastics. We did take him to gymnastics and the lady there said, "This child does not realise how good he could be." She said this is not normal, his upper body strength is not normal." He used to hang on to the rings and he just lifts his feet up and if there were hooks anywhere he would hang on to them. I can do it now, I can show you, he does hands, palm to palm and he lifts his legs up. And he is just amazing.</p>
7	Michelle: Is he still doing gym?
8	Rachel: No, not gymnastics now because the club stopped because he was at part time school in Town and he would go on the days that he was not in school. And at the moment he does not want to go back to gym he wants to do guitar lessons and ballet.
9	Michelle: Okay, he needs strength for that.

10	<p>Rachel: Which I think will really help him because he needs that repetitive continuity to keep his brain occupied. He had his first ever swimming lesson yesterday and he wasn't happy to go in but I have no concern on that because I am a level 2 swimming teacher and all my children are life guards and life savers and swim coaches and their boyfriends. In fact one of them was in the British Commonwealth games for surfing and lifesaving. He has been taught to swim, swim underwater doing fly legs, brilliant, he can do everything but he just did not want to go into that class. He did for the last five minutes, and what we will do is we won't put him in the pool playing first. He'll wait until he does his class and then if he does the lesson then he can go in the pool. Emma, she also had a lesson, she's fantastic, she swam 10 meters straight off, I was so proud of her but then my daughter who is at university now is a really good swim coach and been teaching her and she swims to the side, so I was really (pulls face showing pleasure and pride) and I was one of those mums I used to hate, and when the parents used to do that, excuse me, can you stop that (laughing). They are good kids though. They are really easy. A lot of people would never know they were fostered. And in fact I have had quite a lot of other foster-carers say, if you ever give them up, I'll have them. And when they go into respite, which is really rarely, last four years they have only had three lots of it, people have said, they are so easy, and I say, it's all honeymoon isn't it? They are being good because they are with you. I feel like when I am at home with them, they are just my kids, where are they, what are they doing, what's going on? I know that they are up to mischief somewhere but they are home.</p>
11	<p>Michelle: How much would you miss Emma if she had to leave?</p>
12	<p>Rachel: Well, I wouldn't let her leave. I would go to the Human Rights Courts and fight it. She's my daughter now as far as I am concerned. I could not allow Emma to go. They were almost adopted about a year ago now and unfortunately Emma behaved in a way that was not acceptable toward Mark and that was stopped, the adopters stopped it. Leading up to that, I'd been doing some training accepting children being adopted and so on, and it's great training but it didn't cut it with me, as far as I was concerned they were my children leaving and I could not bear it. We lost my mother in law that year and we had to move from a house I loved because we had sold it and could not find anywhere to live, my cat got knocked down and then it was in a coma and it was so much and Emma and Mark being adopted, I couldn't stand it, I went to the doctor and had a couple of consultations with him, and it was really good, and we discussed it and a lot of it was out of my hands, and I come to accept that they were being adopted, to a level that I would not cry every time I looked at them. You know, I was coping, and then it fell through and I thought, you know, I'm not having this anymore, I need these children to stay. They are our family, so that is when we went for special guardianship but unfortunately that is not going to happen but we are getting permanency.</p>
13	<p>Michelle: What is the difference between the two?</p>
14	<p>Rachel: Special guardianship means that they are no longer looked after, they become our own children, but because the way the special guardianship is set up at the moment, there is no financial package and this is my job, obviously I have to have an income, to look after them, because I don't have another job, at first they did say that it would stay exactly the same as fostering which is brilliant. I don't want any more, but then they have said this new way, this special guardianship there isn't</p>

	<p>funds for payment, for special guardianship, I couldn't take them without a job, I couldn't look after them, and I want them to have a privileged life, like my kids, I want them to have what they want, so we are going for permanence, and that has been accepted. And that should all be completed by March which just means that unless we became so ill, or there was an allegation or the whole placement broke down they will never be moved. They will stay with us forever really.</p>
15	Michelle: So the same as any family?
16	Rachel: Yeah, that's better.
17	Michelle: I am going to ask you the same question about Mark but I suspect I will get the same answer. How much would you miss Mark if he had to leave?
18	<p>Rachel: Mark, well, I don't like to say that I am more fond of Mark, because that would be mean to Emma, but, I think there is a different connection to Mark, because he was so young, 'cos he was such a baby, and he was so vulnerable, he was so weak and he still had scars, and marks and bruising, my heart broke as soon as I saw him, I knew I fell in love with him and even though when you picked him up he was as stiff as a board and cried constantly, usually about 19 times a day you had to feed him, I wondered why am I doing this? Am I mad; last time I did this was 25 years ago what am I doing? So there was a bond there I think with Mark and I. Because he started to cling to me so much. When Mark was going to be adopted I just had visions of finding a sock, after he had gone, and how I would break down. It affected me more with Mark than with Emma. But funny enough over the last year, I really feel like me and Emma have bonded a lot more. She has changed a lot. I think it is because contact is a lot less. So she is less aggressive and miserable towards us. I would fight to the death if they decided to take her. I couldn't bear the thought. Friends of mine actually, just found out that they have lost a child this morning, for a really silly accusation and I am just in shock. It has just brought it home how vulnerable they are really. If somebody made an accusation, they could just go. And this is why I have got to win the lottery so that I can adopt them. That's what I need to do. That's what I have got to do.</p>
19	Michelle: More than a tenner.
20	<p>Rachel: More than a tenner. Three numbers aren't going to do it. If I could win the lottery, to know that I could spend enough time to spend with them properly, I could ... my own girls. When people say how many kids I got I just say four. When people say, "Why did you leave it so long?" I say, "We forgot what to do." I don't want people to know. I don't think it's needed. Where they were in Town, everybody knew they were fostered, everybody knew their mum and dad, they had no friends and they never got invited to parties, and people's houses, I don't want that here. I just want people to see them as normal kids that lead a normal life. Really. And that is why I am really glad that even though they said that Emma needed to know right from wrong, I know that she is looked after, as part of her punishment or discipline or whatever it is, it's absolutely right, I don't give not special concessions to the kids because they are in care, I just treat them like my own.</p>
21	Michelle: How do you think your relationship with Emma is affecting her right now?

22	Rachel: I think Emma and I are really close right now. I think that she is clinging to me more than ever, at the moment, yeah, she has claimed us. She calls me Queen Elizabeth and I was born on her birthday and she knows that and Brad is King Brad, she is princess Emma and Prince Mark. And she has built this little persona there, and you know, we are her king and queen. I think that she is very settled. I think if she was told that she was leaving for anyone she would be devastated. But she is still confident enough to go off to respite. We suggested to her that in March, because we are doing this training, which is really unusual, that a weekend, that she needs to go to respite, and she was, "Yes, will it be Tracey or Nikky or," she's not worried at all. Which is really good, my children would have stayed at other people's houses and had a great time. So she is confident to do that. But yeah, I think that we have a good relationship at the moment. We are working well together me and Emma.
23	Michelle: Same question, how do you think your relationship is affecting Mark?
24	Rachel: Yeah, yeah, we are okay me and Mark. Just the same as ever really. He's challenging more. He's pushing me more. Like at night time he don't want to go to bed, and I said to him last night, this other little girl looking after Kay, "Kay and Emma are going to bed, why shouldn't you?" And he said, "Well I am special." "Yeah, you are but you are going to bed." No, I think we are very close. Really close, it's just a great bond there really. Just normal mum, son bond. He pushes me and I tell him off.
25	Michelle: How do you think your relationship with Emma will affect her in the long-term?
26	Rachel: I think it will be positive. I think that we know, that we have a responsibility, to keep her on the straight and narrow, because my brother fosters teenage girls, he has had, him and his wife through fostering, and they have had girls from 11 to 17 and every single one of them have gone off the rails. But they have come from very, very damaged families, a lot of issues, all of them, but they do take therapeutic fostering girls and things and actually some of them, I could imagine, see Emma in, and I know that we have to build Emma's confidences to the point that she does not feel that she has to buy friendship like giving toys, or sweets or giving, or even when she is older giving favours for boys, so they like her, you know we have really got to build up her confidence so that we make sure that she is quite an independent young lady, because at the moment all she wants is boyfriends. Got to have boyfriends, got to kiss them, got to have boyfriends and you know, I tell her all the time, although she has said that she has not got any boyfriends in this school. I don't need boyfriends. That's right Emma, you don't need boyfriends, you are an independent young girl, you don't need boyfriends. But at the other school, she was really, at the age of three or four, constantly talking about boyfriends and kissing them, and you know, we have cut that out a bit. But there are, there is a possibility, that she was abused so, we don't know, if that has come from that, but we have got to be really firm and positive with Emma, keep her on the straight and narrow. Whether it is through education or through an interest, but we are going to have to keep an eye on Emma. I think. She will be challenging. I think she is going to be showing challenging behaviour when she hits, it's the 9, 10 situation, and then the 12 to 13, they are the times, I have been told that her hormones are going a bit nutty, we are really going to have to control it. I think she will be challenging but if she turns out

	<p>like my girls I will be really proud. Which, they have got plans for Emma, they have already talked about when Emma is older and one of my daughters was just saying today if she gets a flat with her boyfriend, if she manages to buy a flat, they can look after Emma if ever we need some space, and so she is strong with the family. She, she, the funny thing is the daughter, that she fights and argues the most with, I can see she adores. She is pushing Kay but I think she might end up like Kay. Kay and Jane are very different. Jane is very shy and quiet and dyspraxic and severely dyslexic and fought her way to get a good education, and she is at university, so she went down the academic line whereas Kay and I always thought that it would be the other way round, has gone through two different college courses real gregarious, fun, humorous, great friend of mine, will make her way in life doing whatever she does, and I think Emma is almost modelling herself a bit on Kay, I can see that but that's okay, that's fine. If education is not the way for Emma we will get her doing something else. But certainly if I could get both Emma and Mark into grammar school I would because both my girls went to grammar school without any harm and the little boy we used to look after, Jake, their brother is at grammar school and he is at School and he is doing really well and I think that sometimes having a smaller more disciplined school helps them. Just keeps them on track you know. But the same respect if they are not right for grammar school then, we are local I will apply to the high school for them. And there is a grammar stream there anyway. I just know that Emma can be easily influenced and I have got to keep her away from that wrong crowd otherwise she will be the one at 11, 12 smoking and 13 trying to get some alcohol. I just see it in her and I don't want to label her, but I could just know that Emma could do that. Same as I knew Kay would and she did. Whereas Jane absolutely not although she is at Uni now it's a bit different. Still her smoking but</p>
27	Michelle: Would you like to raise both the children? It sounds like that is something in your head.
28	Rachel: Yeah, yeah, I do.
29	Michelle: What do you want for Emma right now?
30	<p>Rachel: I think Emma, she needs a lot of attention, and she needs to be pampered at the moment. So I think I would like for Emma to perhaps start ballet because I think that she needs that for her posture and the way she walks, the way she slouches, her weight, she is putting on a little bit of weight or she is going to be a tubby, I think she needs repetition and also I think that she needs a little bit of extra tutoring at school because her grades are down. And she is actually quite a clever little girl so I think with a little bit of pushing and they have talked about bringing Virtual Schools to help her, we will get them grades up because reading, if you asked her to read that she would read it so she clearly is a bright little spark but she needs to be pushed and encouraged. She needs a lot of attention. A real lot of attention. I am not sure I know the best way to get around that really. Whether to give her loads or not to give her loads. You don't want her to go on in this circle that I get this attention all the time because she has got to learn that she can't have all the attention all of the time. There are lots of other people in the house so. I am not sure how to do that. Perhaps work with the school with that.</p>
31	Michelle: We might be able to look at that. Okay that is fine.

32	<p>Rachel: And also, I'm not, a little bit of knowledge is a dangerous thing, but my husband mentioned the other day that he sees a lot in Emma that we see in Jane and she is dyspraxic, so that is something that I have asked the school to keep an eye on. Even along the dyslexia side because, I mean they have not picked up on anything yet but when Emma writes for instance world would be wld, and I am just wondering if that is normal or they are writing it as they are saying it or is there a problem? So I would like that to be kept an eye on. At this age I do not want this to go much further, pick up on it now because it was not picked up with Jane until she was 12. She had Irlens as well so they really had to do a lot of work.</p>
33	<p>Michelle: What would you like for Mark right now?</p>
34	<p>Rachel: With school I don't think there's much more that we could do with Mark. I'd like him to be more confident going into school. But saying that, there are still children screaming and crying and banging at the windows. So he is not quite that bad. I'd like Mark to be able to control these tempers of his. We have come up with a couple of solutions. One of them was the social worker asked me to ask Mark to make his own decisions. When he leaves school, say, "Mark I want to talk to you, you have a decision tonight, you can either you can throw your bag on the floor, kick me or kick the tree or punch mummy or we can walk nicely home and when we get home we can do a puzzle." And I have been giving these, lots of variations of these, and he is making the decisions, "It's your decision, make a decision," and he is. And the other thing is he is, we have a chair, a thinking chair, and that has stopped him a bit. Definitely calmed down. But still, I'd like him to learn more about, he has been assessed for Asperger's, but that's okay, I'd like to know more about the alcohol foetal syndrome because that was mentioned as a baby, his mother was a heavy drinker, and I just wonder if there is something in his brain that has just not quite developed properly. You know that gives him this urge to be so angry, really just flare up. But of course, the school and everyone never sees any of that. I'm on my own there. But as I said I will video him when I can, but then he calms down. He's such a loving and mischievous little boy, and that outweighs everything you know. So there's not much really for Mark. Nothing that I would change. Maybe trying to understand his behaviour a bit. Even if there is not a reason for it, you know. What can we do to break it down, stop it before it even starts to kick off. Cos he stamps his foot and everything.</p>
35	<p>Michelle: What would you like for Emma in the future?</p>

36	<p>Rachel: I'd like Emma to be really confident and love herself more. She does, she will look in the mirror and say, "I'm beautiful." But deep within I want her to know she is special, she has got a right to be with us and to be loved. It's not her fault that she is not with her mum, she, I think she has got that in her little mind as well. Although she is starting to understand stuff. Rather than us just saying, "Mummy's busy," I will say, "Mummy didn't come to day, Mummy had too much to do." And she will say, Christmas, Mum lets them, sometime of the year, promises them the world and the kids get nothing really, what they do get is nothing at all. Its second hand, broken, damaged. But these are not good, they are filthy dirty, they stink of smoke and they are and so she is quite angry with that. When Mum doesn't turn up for contact, and then she might wet herself which is really unusual. Which she may do after contact. I'd like her to understand in the future that there is nothing to do with her that makes her mum like she is. And I'd like her to understand that she was taken into care because everyone cared great deal about her. And not to punish her or mum. I wonder what she thinks sometimes. It's quite a complex little brain is our little Emma. Sometimes you know what she is thinking and other times but I just want her to be self-aware of herself and happy with herself, confident and just not be a walk over really. Can't let people push her about. I don't want her, another little girl in care I know, when she was 10, she decided the best way to get friends was to give away her foster-carers jewellery, and stuff, and I would hate for Emma to feel that she has got to do that. Because at the minute she is struggling to make friends. Why? Because whenever we go out to ... or ... she makes friends like that. In school she just seems to be holding back and I know they are trying to get a buddy system going for her, so there is one person that we can sort of attach her to. She's never really had a friend, you know, I was sort of one of the misfits at school, I was, I had my friends, Beth who had eczema and Lilly who always smelt of horses, and who was round, she loved her horses, and Josie, a little black girl who was slightly deformed on her shoulder and stuff, we all loved each other and we had really good strong friendships, in fact we still have, and Jane was like that, Jane has got two out of the norm friends, that she stayed with from 11, and they are still great friends, whereas Kay she flitters from friend to friend, to friend, but I don't want Emma to do that I want her to form a friendship and understand about friendships rather than, as soon as she meets someone she says they are my best friend, she might have only known them for ten minutes, cos I think if she was more confident in herself, and more assertive they would come to her. Rather than her hanging behind, walking behind, trying to follow. I don't want her to be a victim; I don't want her to be a follower.</p>
37	Michelle: What would you like for Mark in the future?

38	<p>Rachel: Just the same really. I want him to be confident and aware of his own importance with us and I want him to know that we are his family, he is no different to any of the others, which unfortunately always having a social worker kind of, I mean I really get on well with my social workers, and I'd hate to do their job, but I feel I don't need them, you know we are just a normal family and I just want to get on with it. And I don't want the children to know, I have got a social worker because it's almost a reminder, and I wish they could be called something else, don't call them social workers, call them your friend or something, I don't know, or mentor or anything, the word social worker is such a funny thing to say. But Mark, I want him to grow a bit in height, because the health visitor said recently his height and weight, is fantastic for him, is making great strides, but if there was 100 children, 99 would be taller than him. So I would like him to grow. But his dad is quite short and stocky so maybe he'll be that. I think Mark will get into sports, one thing or another; we are looking at young rugby at the moment, not sure on that. He will be a swimmer, both of them will be definitely swimmers but I am avoiding going to the swimming club for 15 years, volunteered and I am going to get dragged back into it and I just don't want to do it at the moment, but I think they will end up at the swimming club we always get involved in it. I think Mark will end up, one of these cheeky chappy boys, very much like my brother, not necessarily massively academic but always surrounded by mates. He will be a popular boy Mark you know. He's got that personality you know, people like him. So as long as we can get him to keep up with his studying and education, then he will do fine. I look at Mark and I look at other kids, or Emma, my kids are more adjusted and better behaved than 20 % of these kids, you know so at let's not have this stigma that they are looked after kids. Kids, their parents of normal kids, well they are not actually, not their parents. Just a good future for him really, I think he will be hands on career wise, building, plumbing, electrician, that sort of thing, he does all that. My husband is an electrician, he watches, and if they are changing toys batteries he will do the screw driver. He wants to do all that, if he is changing plugs he wants to try and help with that, and James was the same actually, so they enjoy doing that.</p>
39	<p>Michelle: Is there anything about your relationship or anything that we have not touched on about both of the children that you would like to tell me?</p>
40	<p>Rachel: I don't think so. The only worrying thing is when they have these little outbursts of anger, but that is quite normal, kids have to get angry, push their boundaries, and actually it's quite funny sometimes. Mark, he's stopped it now, but when, he's been at the school about a month, and Emma was doing this to him on the sofa, and I swear he turned and went, awwoww, clear as day, and it was like this little Chuckie was sitting there and saying it, and I wanted to laugh so much, I knew it wasn't a good thing, clearly, Brad said did he just say that, yeah, yeah, "What are you going to do about that?" "I can't do anything about it at the moment." I had to just look away because I just wanted to laugh, and then afterwards I talked to him and said that is not nice words. What we have now, with Emma and Mark, is we have an imaginary cross, and before we went to Plymouth to visit my daughter we said we wanted them to be well behaved and we didn't want any of this nasty talk that we had, so we sat down at the table and we wrote down in big letters, I just wrote in big letters, f off, because Mark knew what it was because he had said it three or four times, the next one was blah, blah, blah, because he used to go, "blah, blah, blah, boring," and off he would go, the next one was stupid because he would say, "stupid, stupid you're stupid," and the next one, you're an idiot, spitting, and hitting, and</p>

	beside them all I put a big black cross. And then we wrote some nice things we can do, and a big tick. And we was on the way to Plymouth and Mark did something in the car and Emma went, "You're getting a big black cross now," and he went, "No, Mum, no big black cross." So now, actually when he does do things, I say, I am going to give you big cross now, I have had it up to here, this is it. And he says, "no, please mummy I won't do it again." It works.
41	Michelle: Whatever works.
42	Rachel: Absolutely. That's quite a good thing we do with them.
43	Michelle: Now I am going to ask you to think about a time when Emma was particularly upset, or angry, not herself. Can you think of a time?
44	Rachel: Yeah,
45	Michelle: What did she do? What happened?
46	Rachel: She took off her school cardigan and threw it on the floor. So my daughter Kay walked in and said, "Oh, Emma, pick your cardigan up." She sat on the sofa. She said, well basically she ignored her. And Kay said, "Emma, don't ignore me." And Emma does ignore you. She just likes to play the deaf 'un. She learnt that from Brad, so Kay said, "Emma!" "What?" Which is what she doesn't do. Because after school, I am thinking that she might have been tired, and Kay said, "Can you pick that up?" She went, "No." "Emma, pick it up!" "You pick it up." But really quite aggressive, and I was just sitting there listening to it all, and thinking I should film this, this is incredible, she is really facing up, fronting out or whatever you call it, to this big 16 year old girl. And she went, "I'm not getting it. I don't care. I'm not getting it." "Emma what is the matter with you?" "Nothing." "Don't you talk to mummy like that." That's it, she's gone into, she pulls this face, which kind of made us laugh, which didn't help, because then she got really angry. She picked the cardigan up and threw it on the floor again. Kay said, "Pick it up now!" She picked it up but as she picked it up she whipped around she caught Kay, just under the chin, and Kay went, "Oh," and Emma went, "I don't care, I don't care, I don't care." And she just ran up the stairs. Where did that come from? I put it down to hormones, at six.
47	Michelle: Okay
48	Rachel: That's one of her funny little outbursts.
49	Michelle: You started saying something. What were you thinking through this situation? So whilst all this is going on, what are you thinking?

50	<p>Rachel: At first I was thinking, pick it up you naughty girl. And then, I was a bit bewildered, the fact that she was saying to Kate, come on then. Let's do it sort of thing. I was quite shocked actually. I think I was a bit surprised. And it did tickle me a bit because this was obviously really unusual behaviour. She has done a few things since then, that has been similar but I think it is just the answering back, and the sort of, yeah, whatever, that surprises me because I have not had that from her before, but I suspect it is quite normal. Because as I say she is pushing the boundaries, but I have not had it from Emma, she's always been very meek and okay, whatever, and actually the social workers are telling me actually it's really good because she is being assertive, she's feeling comfortable, she's getting confidence to do that, which is good because I wouldn't want her who was bullied at school and stuff, and she needs to be able to tell someone to back off, so I think it was more of a surprise really. I mean since then, the other day she did it, and I said, "I'm really not happy with this attitude, it's really horrible," and she said "Right I'll sit on the chair then, shall I?" She marched out and sat on the chair. We were cracking up, we were okay. "You can stay out there now." And then we found out she was watching the telly in the mirror on the wall. So we shut the door. And then we hear, "Uhhhh," and you go out there, "Are you alright there Emma?" But she snaps out of it. And she will come and give you a cuddle. And then we will laugh at her and take the mickey out of it, she does it back and its sorted. Never lasts for too long.</p>
51	<p>Michelle: What do you think your daughter was thinking through that? What was going on for her?</p>
52	<p>Rachel: For Kay? I think that Kay at first was a bit surprised because all she had said was pick the cardigan up. And then she probably got a bit angry with her, and then she was really laughing and teasing her. It had become a bit of a tease really. A bit of a wind up. And that is the thing. Kay does wind her up. She does wind Kay up. She'll go, "Kay, you like a bit of chocolate?" And Kay will go, "Oh, thanks Emma." And she will say, "Got ya." And so Emma is doing what Kay is doing to her. So I think at first it was almost, it wasn't banter it was serious, then it became a bit of banter, but then when Kay got hit, then it was serious, and this was not acceptable. And that is what Emma has got to realise, what is banter, what is fun, what's not. Because when she came to us she couldn't take a joke, you couldn't wind Emma up or tease her or anything, she would just cry. But now she is starting to do it. But brothers and sisters tease each other don't they?</p>
53	<p>Michelle: And if something similar were to be happening again, would you do something different?</p>
54	<p>Rachel: Yeah, I do. What I do now is because I know that it is going to escalate with Kay, I'd step in straight away. I will walk up to her, I will walk up to Emma and she does it straight away because she knows she has got to. I am clearly the figure of discipline in the house because if that was Brad she probably wouldn't. I will often say, "Let me step in Kay, let me do it." And it's sorted. But sometimes Kay will actually say, "No, I am her sister, she has got to show me respect." And then Kay will take over. Kay is nearly 17 I mean she is not a child so, its right what she does, but sometimes I say, "Please just leave it, let me do it." But then of course the other night when Kay took her up to bed and she really did punch and kick Kay because she really didn't want to go up the stairs and Kay just got her arm and took her up, I think Emma realised that I can't mess with this. I can't mess with this girl she is too big and</p>

	<p>strong. I say to Emma, "Are you not scared of Kay? Look at her, she is a big girl and you are little, do you not understand that if she kicked you one it would really hurt." 'Cos obviously Kay doesn't. And she will go, "No." But sometimes I don't know, maybe Kay should give her a kick and realise if she, because I am really worried Emma might come into school and do that to a bigger child and think that she can get away with it. All of sudden she is going to get a smack, I told her, I told her, we obviously don't hit in our house Emma but in school if you do that to someone they might turn around and punch you. So you must be careful what you do to people. And that is what we are trying to teach her at the moment. Really, of her behaviour with other children. I tell her, you don't know how other people are going to react, Emma. So you have got to be very careful who you are rude to. Or she would just go up and push Mark, so for her to complain that a little boy has just pushed her one is just a bit kettle calling pot black really.</p>
55	<p>Michelle: And similarly for Mark, can you think of a time when he has got cross, angry</p>
56	<p>Rachel: Yeah, it's mainly after school actually, or home times or yeah, there was one particular time after school, Mark wanted to go swimming, and we had a contact that night with brother that I thought would cheer him up and he'd be great, "No you can't go swimming because we are seeing brother at home." So he said, "I want to go swimming." So I said, "Mark, it's not time for swimming today." Cos we just immediately go after school sometimes, we don't have a set time, we always go at the weekend, guarantee every Friday, Saturday or Sunday. But after school it is just when we can. And plus I like to have one of the girls or the boys, their boyfriends because they are lifeguards, there's two of them and I just like that anyway, could take them both but its easier to have someone else and I said, "No come on Mark, let's go home, I'll tell you what, on the way home," Emma was not at school that day, she was sick, so I said, "On the way home, let's go to the sweet shop and we will get you and Emma something nice and a magazine. And we will take it home to cheer Emma up." But he didn't do it. Didn't do the trick. Normally, something, "I want to go swimming." I said, "You are not going, let's go. Not today." And I had already talked to him, but now I am grumpy, so I got his hand, and I pulled him. He took his bag and he just hit a child, "Stop that, say "I'm sorry."" And he said, "No." I turned to the parent and said, "I'm really sorry." And she said, "It's fine." That was sorted. I'm going to have a fight for him you know. And then imagine, he only hit you with a bag, calm down, and then, so we walked on, and he started kicking the tree. Quite new shoes was well. I said, "Stop it, they are new shoes Mark, you are going to ruin them." "I don't care." "Mark you look really ugly like that, stop it, really horrible face." And he went, "Aaaagh." So I pulled him away from the tree which made him turn round and punch me and I said; "Now you have really hurt Mummy." And he said, "I don't care." And he was screaming. And I could see, feel people looking at me. So stay calm. And now I have got a bit of a hot flush on, stay calm, stay calm. Rise above this you are a professional. And then we walked on and it got to the point where he yanked away from me running between the cars, so I just grabbed hold of him, and pulled him back. And he started punching and kicking and his head was sort of lost in the jacket, and so I straightened him up and said, "Now stop this, we are walking home properly, you are not getting any sweets, you made the decision now, you made the choice, we are walking home." "I'm not, I'm going swimming." And I said, "You're not Mark." As we got to the corner of the school he tried running in the road again. So I said, "Right," so I just got the back of his jacket,</p>

	<p>held his head up and I don't know why I did this because I have never held a kid like this before, I just had to control him and I marched him across the road because he was clearly not going to be safe in the road. And it was like everyone stopped and looked at me, it went really quiet, people were looking and he was screaming, and I thought, this is fine, just get it over and done with and I will get round the corner and I said, "Right now, you will stop," and I did tell him off, and I have actually got it on video, of him screaming and crying. Punching a wall, hitting a bin, "I want to go swimming." And then we got home, and Kay and Roy were there, my daughter and her boyfriend, and they said that they were going to take Emma for a walk to the sea front, was that alright cos she's been in. She had been sick the night before, but they said, "But we are not taking Mark," And I had already rang Brad to say, meet me half way you know, this is really out of control, Roy said, "You are not coming," "I am." "You are not." "I am." "You are not going." And of course they took Emma and he burst out crying. Cos now the realisation. He's not getting his own way. Walking home took about 25 minutes, cos he wouldn't walk, I live just at the top of Road, I am just there, it's usually about a four or five minute walk, and when they had gone, I said, "Would you like to come and sit in the front room with me and we can talk about this?" And he said, "Yes." And he come and sat with me, and he sat on my lap and he cuddled me and said, "I'm sorry." And I said, "Why was you so mean? What made you do that?" "I don't know. I just don't know." And he started crying. But I did speak to somebody else the other day and they said we are an easy cop out for your kids, you shouldn't accept it, but what can I say, he's only four, or do I want a full description of how he is feeling.</p>
57	Michelle: And actually why, he's not going to know why.
58	Rachel: So, and then they came back, and what was he doing? Fast asleep. And we had to wake him up for dinner. But that was pretty awful thing. Really awful. And that happened three or four times before it stopped. Even now I could pick him up and he might kick off.
59	Michelle: So when this is all going on, describe some of your thoughts around people watching you, all of those things. Anything else you are thinking when that is going on?
60	Rachel: Well part of me was thinking I'd like to batter him. You know but that wouldn't do no good. Even if you did he would still carry on. We have pretend, I've come to smack your bum, I've come to smack your bum. And they think it's a game. So there wouldn't be anything there. And then I am thinking, "Oh, I'm really mad." And I am thinking, "No, stop it." Because I think children, like dogs sense it. And he is going to feel it in my hand as I hold him, as I am dragging him. And he is going to react to that behaviour. So I am trying to stay really calm, and okay you have had your training, so I am really calm, I weren't like this with my own kids. Trust me they probably got a smacked bum and dragged home you know. "Come on, let's talk about this. What's going on?" And then it's enough. You know, so he obviously sensed my anger and he probably had my moods going from really calm to now he's seen too much. But usually with Mark I can give a look and he knows he has pushed too far but it wasn't working this time. Nothing was working this time. And in fact

	<p>Roy who he adores, my daughter's boyfriend, picked him up from school with Kay and he said, "Come on little man, get on my shoulders." And he kicked off and started kicking and punching, saying he wanted to go to the Hippodrome. "No," he said, "We are going home, Emma's still at home," this was the next day, and he came in and Kay said, "I am never collecting that boy again from school, never. He's tried running in the road, he's kicked us, he's spat at us," and I can imagine Roy was really trying to be cheerful all the way, "Come on, let's get out of this mood," but even Roy said, "You know what, that child has got the devil in him. He's a demon child." So it's difficult to know how to react because you are trying to be calm and then you are getting angry and then you are trying to calm him and you know. It's really hard.</p>
61	<p>Michelle: If it happened again, would you do anything differently?</p>
62	<p>Rachel: I think what I have done recently when he did kick off was I stopped and I said, "I am not going anywhere until you hold my hand and walk properly Mark because this is not nice, this is no good for any of us, do you want Mummy angry?" And he says, "No." I said do you want to get angry and he says yes. And I says, "Tell me why you want to get angry," I have tried to distract him recently. We will talk about other stuff that we have done or going to do. But he just hasn't kicked off so bad recently. He has been much better. But I have always got a bit of that fear. Oh God is, but I was coming out, coming out the car there, fine. So what we done was let Emma use her scooter to and from the school, she loves that, and we have done it with Mark but he won't do it now, I don't know why, he will not ride his scooter. And he begged me, "when we start a new school can I have a scooter", "absolutely, of course you can," but he won't ride it. And I think he doesn't like the walk, it's not a long walk it's along Road, and into school, but I try and distract him, like we look at trees or birds. I say, "Look at those men, working on that roof," you know, but I think if he had a scooter, we have brought the bike once for him, but it wasn't practical for the amount of kids, it just wasn't good. But yeah, if I can get him on his scooter or something like that, I think that would help him because it he was doing something that he really wants.</p>
63	<p>Michelle: It's a different thing isn't it.</p>
64	<p>Rachel: But it is difficult to know what to do. Sometimes I just want to pick him up and carry him, say, "Right this is enough," but he is getting too big, and plus he will kick, and hurt you here, sometimes I just pick him up and sit him on my shoulders and let him cry as I am walking home with him on my shoulders. The trouble is I don't want to be seen to be giving into him because then he is never going to learn that it is wrong behaviour but at the same time I have got to get him home. I did a couple of times bring the pram, because I thought perhaps he is tired but then one of the boys said, "You are a baby, you are in a pram." That was it; he won't sit in a pram no more. He is still only four, so maybe he is tired after school. He definitely shows off more when there's other people there. And he has started to do this with my face, if I am talking with people and he is sitting on my lap, he will go, "Mummy, mummy." I'll say, "Can I talk with other people?" Oh, he's a monkey. He can be hard work. But I am sure he is not as bad as some. I think it's no boys in my life apart from my brothers. I have had two girls who were actually quite easy to bring up, my girls, I never really had that much trouble with them at all, in fact I cannot even think of it. Somebody said that you remember through rose tinted glasses, and I am like,</p>

	<p>maybe I do, but it was never that extreme. I had my nephews and things coming home drunk at 13, tummies pumped, and at 15 being involved with drugs and fighting, nah, they didn't do that. Worst we had was Kay running out of school because a teacher would not let her keep her shoes on to toilet after she doing something, dancing or something, she wanted to put her shoes on to go to the toilet and the teacher said no so she was not happy and went out of school and come home. That was the drama of our life. So this behaviour is quite extreme to what I am used to. But probably isn't that bad but when I have talked to other parents about it, there's really similarities in the way their children are behaving as well, really. And in fact, I stood outside school the other day and it was raining, and I said to Mark, "Please don't go in that puddle, your new shoes are going to get very wet." And he was teasing me, touching the puddle, but this kid come in and run it, and I heard, "Get back here you little whatever." And I thought that's nice, and Mark looked at me and I said, "Don't copy that." He would pick up on it, and the kid done it again and he was kicking the water all over himself, splashing with his hands, "Get back here," she called him about four times, 'til she marched over and got him, "Yes, it's not just me."</p>
65	Michelle: You always have to be reassured that it is not just you.
66	Some final questions.
67	How long have you been a foster-carer? 4 years
68	How many foster-care children have you had? 3 permanent, that included their brother who went last June, and I think I have had 5 on respite. They are all I have ever had.
69	<p>How many do you currently have? 3. We have little Jane, but there has been an issue with her family so she is apparently not going home, it's really awkward, because they are my friends, really difficult. I may be asked to keep Jane, I am not sure. She is autistic, apparently she has a y chromosome missing, I don't know, how do you describe Jane? You could say, the light's on but no-one's home. She's more work than Emma and Mark but they love her, absolutely love her. Because she is 7 going on 8 her development is a four to five year old. So she is right in the middle of them. So they love playing with Jane. She does have her little moods. And I wonder if it's because Emma is behaving the way she is behaving, I don't know. I wonder if that has had anything to do with it. Because we have had Jane for six weeks. She was supposed to go on Wednesday. As I said they rang me up and asked if I would look after her until after the weekend. They may ask us to have her long-term. Which we could do, we've got plenty of space, she clearly fits in with Emma and Mark, but I have to be very careful because I don't want anything to upset our family. The logistics at the moment are just lovely. So we will see.</p>
70	<p>How much training have you had about children in care? We have to do lots of training. I have done all the training that's available. I have done some of it twice. Every year they do want you to do 8 or 10 courses. It's quite a lot. I don't do them all. I can't do them all. In the beginning I could not do them all, because they would not give me respite for Mark. And obviously he was at home, and I have done everything that was needed and more. It's quite comprehensive. Fostering training. Fall asleep half the time. Because it's stuff that is gone over, it amalgamates with each course, it overlaps, and I'm sure I have done this, and it's really warm, and a nice lunch they have given you, a cup of coffee, that's embarrassing. I have learnt a lot. They have been useful. Especially the adoption one, that really helped me come to terms with it, and so my emotions were up here, then they was here, they are</p>

	<p>were not being adopted and then they were up here again, Oh my God what do I do now. It messes with your emotions. Really, it's a massively emotional job, fostering. I don't know how people look after children two or three years and then move them on. I couldn't imagine doing that ever.</p>
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11.4 Rachel Interview Two Transcript

Para	Rachel Interview Two Transcript
1	Michelle: Can you describe Emma and what her personality is like?
2	Rachel: Emma is a very happy loving little girl. She can be reserved, a bit insecure. She loves adult attention of any sort. She loves it if you play a game or read a book. And she is very needy. However much attention you give, it's not really enough. She is good with her brother. They play lovely imaginative games. And she is very proud of the way she behaves and works in school. She loves it. She likes teachers to give her complements. I think that is what she is striving for really. She wants adult approval. She needs that, well done. All the praises that you normally give she needs, needs, needs. But saying that, she is getting more feisty, she is answering back and squaring up to my 17 year old daughter for a fight, if she does something wrong and gets told off, she is getting a lot more stubborn, pushing the boundaries, but I think it's all age. Emma is fine. Nothing we can't handle but there is a personality coming out there. There's definitely a personality coming through. She has got a stubborn streak in her that one. She does not like to give up on anything but then that might do her well. She swam 25 meters for the first time last week unaided, and we have been telling her well done ever since.
3	Michelle: Similarly, can you describe Mark and what his personality is like?
4	Rachel: Mark is a mischievous imp. He's always up to something. Never sits still for a second. He adores his sister. He likes to play with her. Gets the hump if she won't play. Similarly he gets really angry if she beats him in a race, so poor Emma can never win at a race. He loves school. Loves his teachers, but if he could he would stay at home every day with me. He wants to be at home with me every day. I have to make things up, like I am going to work, or I am going out, and then you are not at home and you are fine. He counts the days to the holidays when he can stay at home, he loves being at home. But his last reports were saying that he was really delightful and a joy to have in the class. Very helpful, shared, caring. His anger seems to have got less after school. On Friday he can be a bit ratty but it's Friday he's tired. But after school he's a lot more understanding that we can't always go somewhere and do something, so he is not kicking and punching like he was. Mark's just, he loves cuddling, he loves hugging, he loves dressing up, wants to be a girl. Whenever anyone comes to the house he's wearing a dress and long hair, but equally he will wear Spiderman or Peter Pan, so he does dress up. He's doing well at swimming as well. Very well. He's a bit of a lunatic really. He sits at the bottom and puts up his hand when he wants to come up. We are down there with him watching him with goggles, laughing. What else does Mark do? He seems to, both of them seem to have a really good circle of friends at school. But no-one special. And I am going to work on inviting people over to my house in the hope that they will invite them to theirs. That is what I want to do. Because they never get invited anywhere. They get party invites but not one to one, though apparently that is not so unusual in year R because after school they are tired and not so.
5	Michelle: Do you ever wish you could raise them both? Or hope that you can forever?

6	Rachel: Yeah. Oh, yeah, I just assume that I am anyway.
7	Michelle: That's good.
8	Rachel: As far as I am concerned they are here forever, if anybody said for whatever reason they were going I would sell my house to fight to keep them, we are their family it would be dreadful for them. How would they ever get over that? No, they are not going anywhere. They are ours now.
9	Michelle: Leads beautifully on to, How much would you miss them if they had to leave?
10	Rachel: Oh, I'd be devastated. Couldn't stand it. When I thought that they were getting adopted I swear to God I think I nearly had a breakdown. In that same time, my cat got knocked down and was in a coma, Brad's mum died, and the house we were living in had to be sold because I owned it with my brother and we had too much for the offer, and every time I looked in the mirror at them I just cried, put them to bed, I cried. In the end I had to go to the doctor and I sat there for about 40 minutes just talking to him, and he made me realise that what's, oh and my brother Stan was diagnosed with cancer, so he made me realise, I can't do nothing with Stan he was getting the best treatment possible, the cat was in the vet getting the best treatment possible, Judy died, can't do anything about that, she had an illness, that is life, the house being sold, that's fine, move on, get another house, at least you still own a house, some people don't even own a house, you've got another house, move on, and with the children he made me realise that you are a foster-carer and this is what you do. You lead them into being adopted, and then I went on a special adoption planning course, and so I kind of accepted it, not really, but had to, and then the adoption fell through, and I said no more, I have either got to have Special Guardianship or Permanency, not going through that again, family and everything, so that is why we are on Permanency now.
11	Michelle: Good. That is a good outcome.
12	Rachel: Really good.
13	Michelle: So how do you think your relationship with Emma is affecting her right now?

14	<p>Rachel: I think she feels really secure and stable. She feels safe. And she is very happy. When she comes out of school she is, mum, mum, mummy. And I think she does it sometimes deliberately to tell everybody that her mum is there. She wants to look, look, my mum's here. I think she is happy. I think she is developing well; her grades at school are really good, everyone is saying that she is content and happy. Yes, she is a good girl. I think she is doing alright. She seems settled at home. She knows her bedroom, she likes her room, and she respects other people's rooms, she had learnt to knock on doors and things, so, she still asks me to go to the toilet though. Mum, can I go to the toilet? Which is very weird. Don't know why she does that. No, I think she is in a good place. I think that she needed that secure set family. She loves her big sisters; she can't wait to see them. If she comes home when the sisters aren't there, she wants to know where they are. If Jane, and she loves all their friends. Friends spoil Emma rotten. The girls, they absolutely adore her they do. Nails, her hair, she adores it, she's their princess. She's got all the names for them. Little nicknames, silly things but yeah. She loves it. So I think it is a good placement for Emma with the older girls because she is getting all that older attention and the same as well, with Kay, I don't know if, why it's worked with Kay, maybe it's because Kay is getting wound up as well, Kay will tease her and she will tease Kay as well, and it will get into a bit of a shoving thing, and they gently shove each other, might go a bit harder and I will say, "Emma, are you really worried that Kay is going to really shove you and hurt you?" "Bring it on." But then she is laughing when she is saying it and Kay does go for her, she will run and scream, chase and it's all fine you know. But it is teaching her a bit as well. I told her, you don't want to get too mouthy and feisty with people because some people won't play at school, be very careful Emma, when you say bring it on, someone might. So be very careful what you say because she can be quite a, she, I think she thinks she is a lot tougher than she is. She's a bit funny like that, comes out as tough but she's not. But then I want her to look a bit tough because I don't want her to be a push over in school. I mean as much as I don't want to her to be bullied I don't want her to be a bully either. She was showing signs of becoming a bully about a year ago, she was a bit dominant, telling the others what to do and she is in charge and it's her game but that has gone. That has had to stop. And she knows that now, but at the same time I do not want her to be a pushover. I want her to be assertive. I want her to be a good strong assertive young lady, growing up. Cos I was bullied and pushed about at school and I would not want it for her. I need her confidence growing not knocked. She is doing well.</p>
15	<p>Michelle: And how do you think your relationship with Mark is affecting him right now?</p>
16	<p>Rachel: He's just in love with me. He loves his mummy. Although he did say to me the other day, "I want you to die." "And that's really not nice Mark, that's really horrible. That really upset mummy." He said, "Well, you won't let me have another bag of popcorn." And I said, "That's because you got one for you and one for your dad. You have had enough." Then he said, "When I'm bigger, I'm going to get my own popcorn." And I said, "Will mummy still be dead then? Cos you said you want me to die." He went, "Yeah." And then Kay intervened, and said that's really not nice Mark. I want you to go to your room. She sent him to his room, because she was upset with it. And then he come out, "Sorry mum. You not dying, not dying. I love you." But then really weirdly about a week ago, when I wouldn't let him do something, felt tips over one of the library books, he said, "When I am older, if you</p>

	<p>don't let me do that I'm going to kill myself." How weird is that? Where does that come from? "I'll kill myself," he says. "Goodness, Mark, don't say that, it's not nice. Where have you heard that?" You know, we tried to work out where he was getting all this from, but actually I was going to speak to the teacher tonight and see if anything has been said in school by the other kids, because he doesn't hear anything like that at home or on telly, you know, he watches Disney Channel or CBeBees. He can't hear anything like that. And I don't know where he has got that from. If it is something he has heard, somebody say, so we have got to constantly reinforce now, just going through this funny little thing, maybe it is to get a reaction or shock. But still how does he know?</p>
17	<p>Michelle: Also it could be about this death thing. And he is at the right age.</p>
18	<p>Rachel: So I think, I, think Mark is so connected to all of us now, I know people say, if a child is removed, they adapt really quickly, blah, blah, blah, but I can't believe, knowing Mark as I know him, if he was removed from us, I don't know, believe he will ever be what he could have been if he had stayed with us. Because I think there will be a feeling of detachment or removal or you know, lack of confidence because of that, I am sure there would be. Because he is just tuned into us now. He is us. He, people come up all the time and say, "You can see Mark is yours, he is so much like you." Or just what I seen on the video, I'll say stuff to him and he's looking, he's already looking at me. Pushing it. Really pushing it. Don't want to go bed, don't want to get up, comes in the morning, half five, "Can you put my hair on, can you clip my hair on?" Not shy about waking you up at all. Good with the animals. My new pup. He plays really well with his school class, but, doesn't have anyone individual. When I take him in swimming there's, "Mark, Mark." His friend adores him apparently. He's got something about him that one. I think he will be a bit like the Artful Dodger. I think he is cheeky and mischievous but he will get away with it. In a nice way, not in a vicious nasty way. I don't think anything is going to develop about the autism, adhd. One of the teachers mentioned something about; I haven't looked into it yet, shwimmers, or something? It's the way, you know, the way that Mark liked to line up his colours, his chips and put his Lego in the same colour order, apparently she said there's a Swedish doctor or something, discovered a brain pattern waves, it's not how they digest information, it's how they process it, so basically, it's usually children that are quite clever, slightly higher IQ, not mastermind but slightly higher IQ, and in order to process information they do this colour order and line order them, and normally by the time they are five or six it's gone, and that is why a lot of the things he's doing, I've been thinking there's autistic traits here, but actually it's not, it's this other thing. And I think that she is probably right from what she said. Because that is why the doctor at the autism place, the paediatric doctor was saying, he is showing signs of autism but the other side isn't. And that could be it. Which actually, in a way is good because what it means is that he is a very clever boy, and his brain is trying to process so much information, that he has to get it in order of colours. She said one of the things was being really attached to playing with cars and lining them up and if someone kicks one out he goes nuts and actually he does do that. Constantly, his room is full of garages, cars and things. A lot of that might be to do with that. So both of them are clever kids, not silly children. Common sense wise I have got no idea with Emma. She's dippy as a button that one. I think Mark will be quite sharp.</p>
19	<p>Michelle: How do you think your relationship with Emma will affect her in the future,</p>

	in the long-term?
20	<p>Rachel: I think that as long as I can show her that I am a long-term, a constant secure safe figure there, that's got to enhance her. That's got to give her confidence to know that I am always there for her. That would be good for her. That's what she needs. She needs to know that we are supporting her. If things go wrong, we are there for her. Even if she breaks something and she doesn't want to tell us then I will generally give her a cuddle for telling me. Rather than telling her off for breaking it because she has been honest and she has told me. We have got to be there to build up her confidence. We have got to make her secure and independent, realise that she can do stuff herself and not rely on others. That's what we want to do with her. Get her socially adapted in with every day, not just whinge and moan at every little thing that happens, sort it out, you know. Mark will really think of something to sort it out where as Emma will just sit there and moan or cry. She hasn't quite got that yet so she needs to get up and do something. In the same respect she is so helpful. And caring round the house. Yes, I think it is important that she has us and my daughters as role models. She can see them going through school, university, college, she sees them working, she sees us talking about them going to work, she knows Brad goes to work, she knows I have to go to work, it's all good role models. That's what she needs with the reading, the studying, the homework, what my girls do she does. Even silly things like dressing appropriately, I like that because my girls are quite modest. So she has been brought up to that right dress mode really. She doesn't understand anything about being tipsy, she just thinks they are happy. They are 19 and 17. The kids are normally in bed so it's not too bad.</p>
21	<p>Michelle: So similarly for Mark, how do you think your relationship will affect Mark in the future?</p>
22	<p>Rachel: I think it is very important for Mark, us in a relationship with him because we are all he knows. Emma remembers her mum, Mark doesn't. So we are that security. We are just always there. That is what he needs to know that we are always there. Sometimes before he goes to bed, he's, "Will you be here in the morning?" "Mummy's always here." "Yeah, okay." He needs that reassurance. Yeah, being with us will be good for Mark because we know him so well. And one of the things when he was being adopted, they don't know when he rocks at night and chants that's his way and he likes it and he smiles and they don't know, so they said that they would get to know, but they don't know. They might not like it. Because we have grown with him, and he has grown with us, I think Mark more than Emma, because he was so young, we know his little ways and tactics to change his mood around when he does kick off. Whereas other people wouldn't know that. So I think that it is important that we work with him on them issues, which we have been doing. You know, this silly thing of having a thinking chair or it's your decision Mark, you make the choice, tell him to make a choice, if he is really rotten after school and he kicks you, then he can't go to his swimming lesson, he's got to make a choice. And even at four, nearly five, he is making them choices. But I did find out the other day he's almost the youngest child in his year. So really he can be 11/ 12 months behind the other children. So his progress in school, they said, they can't chart him, because he has not failed, he is where he is for this age, but the others because they are 10/12 months older they are right ahead of him. So I think they are thinking of giving him some extra help. To boost him up which my daughter Jane needed. She has only got five days difference to Mark so, she suffered that as well. When my daughter's</p>

	<p>friends were in the pub or driving, she weren't really allowed out. Mark will have that, so I think a lot of Mark's development in the past, it's a shame, we didn't click onto that really, and realise that he is four, but the others are five. Most of his children are five now, he's not five until July. But he has got two parties one this weekend one the next, they are all five. So we have to bear that in mind with him, he will always be slightly behind but then if that happened, like with Jane, we will get extra tutoring and stuff. We'll just work more with him cos he's going to need that, he's got a lot of months to catch up on him. And when people say to me does it really make that much difference. I say, "Well look at a new born baby and look at a 10 month old baby, what can that 10 month old baby do? They are probably crawling by now and eating solids, this baby would die if no-one touched it, this one could grab something. Or tell you it's hungry. This one would just lay there. The difference is immense." And that's what I think now, why didn't we think about that before? We can work on that. Other than that his development is brilliant. He is doing well.</p>
23	Michelle: So, what would you like for Emma right now?
24	Rachel: What do you mean, what I'd like her to be?
25	Michelle: Yeah, what would you like for her, is there anything right now that you would like for her?
26	<p>Rachel: I'd like her to be more confident in herself. I have applied to Dance School, she keeps on saying she'd like to do ballet, and so does Mark so we are going to see about doing that. There is also a theatre school, I might apply to that for a Saturday but I have asked social services if they can help with the funding on that. It is incredibly expensive. So with Emma, I would like her to be a little more confident, a little more assertive, less of the fibbing, she has really started fibbing about really silly things, a little bit less back chat but then I suppose she is learning to be assertive by doing that so maybe not. I'd like her maths to improve. She is getting help with Virtual Schools but I'd like her to be more confident in it because she gets stressed at home, she doesn't do it. She can't do it, so she gets stressed, even Brad will sit there and some stuff Brad's like but I don't get it. It is the wording you see, it's the mathematical wording, can be confusing. So, she has certainly improved on that but she's a 2c or something so she is not dreadful, dreadful. But I think just get her a bit more secure in herself and confident.</p>
27	Michelle: So sticking with Emma what would you like for her in the future?
28	<p>Rachel: I'd like her to feel really sure of herself, she can be a bit down on herself a little bit, like we have told her for so many years how beautiful she is, how gorgeous she is, she'll look in the mirror and say that she is a beautiful princess. I don't want her to grow up to be too vain, I want her to grow up to a modest, respectable teenager. I worry that she may get drawn back into her mother's life, which will go against everything I would like for her, because it is not a very modest pleasant life. Unfortunately I do have the real worries that she could be drawn back into that, so I would like her to stay on track with education. As she gets older we can get her off</p>

	<p>to uni somewhere. So she is away from County really and experiencing being independent like Jane had to be, just growing herself. I'd like to get her travelling. Get her to realise, so if I ask her what she wants to do, she will say things like work at the doctors, work in Tesco, be a lolly pop lady, everything she has seen, she wants to do. But like my girls, you have got to tell them, there is a whole world out there, got to get out there. you know, we didn't, they can. So that is what I would like her to do. To get out and see the world. Be confident enough to do it. But what she chooses to do really, she might choose to be a primary school teacher and stay in County, if she's happy, but, I need her to know that there are opportunities out there. It's not just us, and it's not just her mum, there's a lot more world out there.</p>
29	Michelle: What would you like for Mark right now?
30	<p>Rachel: Now, I'd like him to really concentrate on his work. Hopefully extra lessons will boost him up a bit; see he's failing a bit. Not for his age for his peers. I'd like him to be less aggressive because he can turn really aggressive and when he cuts out of it in seconds, when he is nasty he is nasty, and sprouting these horrible things about, "I want you dead, I want you to die." All that is really horrible and we just try and ignore that. "We are not talking to you when you are talking like that Mark." And again to be confident. Stop this shyness. He's quite confident at home; if he wants something he will just ask or go and take it. But he can be quite stubborn, that's another thing I don't like about him at the moment. If we give him turns to watch something on telly and he wants something and it's Emma's turn, he'll just stamp his feet. And you are like, "Mark you just need to go to your room and think," and then he's, "Okay," and then he's happy again. And you will be, "What was that about? Are you winding me up?" Yeah, Mark's mood swings I'd like to sort out at the moment. Again it might be all age appropriate and I am just forgetting because I have not had boys so what do I know. I have had little girls who were pretty good, so.</p>
31	Michelle: And in the future what would you like for him?
32	<p>Rachel: Again I want him to be confident and independent. Have belief in himself, realise that he can do well. Education, I want him to do well with education, whether he uses it or not, but in the same respect it might work out that he's not particularly academic but he's going into something like the building trade. One of my nephews did that, one of them is an estate agent and the other is a hod carrier and they are like really close in age. It doesn't matter what he does as long as he is really happy. But, just like my girls I'd like Mark to know that there is a lot of world out there. Luckily I have got a lot of people who live abroad. Malaysia, Australia, New Zealand, so like my girls will go and stay out in Thailand, hopefully they can. I want to do that, see the world, lots of opportunities; I think he will be a surfer dude. I could imagine him doing that. Australia somewhere.</p>
33	Michelle: How nice, somewhere to go visit.
34	<p>Rachel: Yeah, absolutely. I need Mark to know who is mum and dad are, his brother, cos he doesn't know much. I need Mark to learn and accept that it doesn't matter that he didn't come out of my tummy. He's just as important as if he did. And the only way you can do that, is constantly tell him that you love him and building his confidence. That's just what you do, but you do it in a way that you don't even realise that you are doing it, don't you? Just do it through life really. What do you do</p>

	special because they are in care? I just say I treat them like my own children. My own children didn't feel like, Emma can be a bit more insecure than mine were but not Mark. He's always been there as far as he knows. They are alright.
35	Michelle: Is there anything about the children that we have not touched on that you would like to tell me?
36	Rachel: No, I don't think so.
37	Michelle: Okay, now I am going to ask you the tricky thing. Can you think of a time when Emma was upset or cross? Recently.
38	Rachel: Yes.
39	Michelle: What was she doing?
40	Rachel: She had scribbled in some Angelina Ballerina books. That I had put in her bedroom that Kay had collected when she was a little girl. And she knows that she is not allowed to scribble in books anyway but she just had.
41	Michelle: So what were you thinking when she had done it?
42	Rachel: I was really disappointed with her because she knew they were Kay's books, and we have had them for about 12 years and they are wonderful colourful books and she had just been scribbling on them with a black marker pen. It wasn't even writing or anything, it was just scribble. It was almost like she was ruining them on purpose.
43	Michelle: And what do you think that was going through Emma's head when she was doing it?
44	Rachel: I don't know. She wasn't doing it maliciously. She definitely wasn't doing it on purpose because they were Kay's books or anything like that. I think she just got carried away. She was enjoying doing the lines and the scribbles. Watching the felt tip pen glide over the gloss. She just went off into a little tangent on her own and she was just doing it. Doodling and, I was rushing around and getting ready to go on my course, it was early Sunday morning and I saw her doing it, and Mark copying.
45	Michelle: So what was your response to her doing that?
46	Rachel: I yelled at her. Made her jump. Both of them. "Are you allowed to draw on books of any sort?" And Emma went (shook her head), "And what are you doing?" And Emma went, "..... sorry." And Mark said, "Emma got me the pen." And Emma said, "No you got them." And then they started bickering. At which case Brad came in and said, "Stop it. Listen to mummy." And I said, "These are Kay's books, how do you think Kay's going to feel about this Emma? And Mark, look what you done." He had a pink marker and was scribbling over all the faces and he, "Woo, waaaa." Burst out crying straight away. And Emma sort of, but then to make it worse, Kay got out of bed, and come in. "Oh my God Emma. What have you done to my books?" And

	then Emma went, "Well Mark did it." And it was the fact that she got her arms like that (folded), very defensive, so Kay then shouted at Emma, which made her cry, Emma sorting out the books, "I don't want them in my room anymore."
47	Michelle: At that moment what do you think Emma is thinking?
48	Rachel: I think that she was actually thinking, still at that point, "Why can't she draw in them? What's the problem?" Cos she gives that look of adamant, stubbornness, and when I came back, it finished about half three, she was happy and she was playing nicely but she come in and she said sorry. She said it wasn't nice I ruined them books. And I said, "What if those books belonged to the library or something? Would you do that?" Cos Mark had already done it in a library book and he had been told of so she knows, they know that they can't write or draw in books. It's a golden rule, books are sacred, I got books everywhere, bookshelves of them, and they know it, we all love reading. They do. But I think she just got a bit carried away she was in her own little mind. I don't think, at the time she was whatever, but then after, she was tearful and sorry and she looked like remorse and she had tried to wipe it with a wet wipe but it would not do it. And I did think that she felt bad, which was good, she felt empathy there. Cos I need her to feel that feeling of wrong doing so that she knows she doesn't want that feeling again. She needs to know that you can't just ruin somebody's property and that it will be all okay. Because otherwise how is she going to grow as an adult. She can't do stuff and get away with it. Not ruining of somebody's stuff. So when James stole the telephones from school I said to the teachers, "How did you discipline him?" and she said "We didn't because he admitted it." "No he didn't admit it, you caught him with it, he was holding it, and opening it in the changing rooms," "Yes, but he admitted that he stole it." "So when he's sixteen and he admits he's thieved a car, you think the judge is going to say, "Thank you, High Five James, you admitted that, off you go." There has got to be some form of punishment. He started with the phone, so when he come to us we took the DVD and the TV out of his room for a week, he's got to learn. That is a big time that was theft. And he was 11 he knew it. So at the same time I do believe in some form of discipline and boundaries because otherwise I think what are we preparing them for as adults? You know, Mark cannot just run up and kick someone cos he wants to do something. And Emma cannot just scribble on something just because she wants to. She has got to think, "Should I be doing this?" Because they have got so many books as well, before I left for the course, I went in and got them both a pile of books that big, they have got sticker books, colouring books, painting books, just with water, painting books to paint in, you know, felt tip books, felt tips art, and I gave them a big pile and I said, "This is what we use. Not books. Not hard back solid books." And so they did a lot of that yesterday. In the correct books. So it is not like they have not got stuff to do. They have.
49	Michelle: So do you think their response was similar to what your response would have been or did it feel very different what they were doing or was it just one of those things?
50	Rachel: No, I think it was just one of those things. I think both of them responded how I would expect my girls would have responded, Jane would have burst into

	tears, Kay would be been adamant.
51	Michelle: So you have got one of both?
52	Rachel: Yeah, I have. And funnily enough though, it's the other way round. Jane is the older one would be more sensitive whereas Kay she is a bit of a toughy. They are going to be the best of friends, I know it, they are really going to, as soon as Kay is 18 and old enough and we have permission Kay will take her out the park and swimming on her own constantly because they will get on so well.
53	Michelle: So when all of this is going on, when Mark was doing this, what do you think he was thinking?
54	Rachel: Again, he was just colouring in their faces. He wasn't thinking, I shouldn't be doing this, he was away, he was one book up, and colouring the face in and getting another book up, and it is not even the monetary value of the books, even though they are very collectable, it was just, they were Kay's. And they were given to Emma on an element of trust. She did get the pens out. I don't even have felt tips in the house. I don't like felt tip pens at all. But they went in and they went into our private drawers, there are drawers there that have the calculators, paper clips and things in, and there is a drawer that has got marker pens in for when I do my win a mini stand or boot fairs, or whatever, and they have discovered them and got them out. But they have known that they are there, they have always known that they are there. Normally, they have got a bag, this big, filled with crayons and with pencils and there is no shortage of anything that they can use in the house,
55	Michelle: So there was two things, they had taken the books and found the pens? So after watching all the clips, was there anything that you found particularly interesting?
56	Rachel: I found it interesting how much Emma responded to my attentions. Because we just assume that but when you see it, it is really different. I found it really interesting how I have to lead Emma but Mark almost leads me. Without realising, he takes the lead. So I think he is quite a strong personality to do that. And also actually I am finding it more interesting now, looking at Emma differently. How she is changing, now she is getting extra help with her maths, now she is growing older, she is getting a bit more certain a bit more confident. I can recognise that now. I can see that in the way, even, in her adamance and stubbornness, it's coming through now. My little girl is growing up.
57	Michelle: Yes, she is, isn't she?
58	Rachel: Yeah.
59	Michelle: Has doing the work made you think, you started saying, think differently about either of the children really?

60	<p>Rachel: Yeah, definitely. Both the children, I do. I do think of it. I discussed it with the family last night. Our friend has two, disabled, because she asked what I was doing today and I said I was seeing you and what you do and that. She said that's interesting because they had people come into their school in Town to do stuff, and I said it does make you think of stuff, it definitely does, like, "Why are they doing that, what are they expecting to get out of that. What response do they want from me?" As well because of my own personal development now I am thinking lately I am less likely to "Arrgggh." I am more likely to, "Really." "How do you think I am going to feel about that?" In other words put a guilt trip on them, if Mark says he wants me to die I will say, "Mummy will be so upset, mummy will just cry. How do you feel about that?" As opposed to saying, "I'm really angry, get in your room." Saying that never did any good anyway. I am just hoping that sort of thing will pass through with him though. Definitely looking back I think I am aware more of their responses. I do think that. Specially seeing it, as much as I don't like looking at myself, when I see it, it's funny watching how we respond to each other. I think you could almost do that to test if people are really connected to their kids. There is my kid and we are really connected, yeah, Love you more than anyone and then she is looking at the kid and the kid is off doing something else, clearly not.</p>
61	<p>Michelle: They are actually using this. That is not what I am looking at. Just thinking about telling other people, what would you say about this if someone were to say to you this is what is being offered or I, can you see it would be useful for other people?</p>
62	<p>Rachel: Yes. I'd say, if someone said to me, I'd say, well at first I thought I'd just do it and help you, because obviously you're doing further education or what ever, which makes me feel good because it's nice to help someone with something, if you can, you got the dubious points, obviously you are thinking, "Are they assessing me? Is this something secret service, or social services, am I going to get told off, these things I say. So you got that. So I can see why people would be dubious of that, but then on the other side, "Well you know what, it is not much time to give up and actually it is quite fun looking back at the videos. If you can ignore yourself and look at the expressions on their faces, watch how you respond to them and how you interact with them, subconsciously we are doing it, you are doing it with your children, mums and dads all over the world are doing it with their children, but unless you see it you don't know. And it is really weird what we do. Although it must be what other people see, because I have had a few people recently say to me, really complementary things like, "Oh my God, you're such a different foster worker to anyone I have ever met. These kids they are yours. There's no difference. The kids are really doing well. Clearly they love you. How do you manage that? They are not yours." "What do you mean, they are not mine? They are mine. I have claimed them, they have claimed me. What does mine mean?" So that is one of the things as well, you can get a bit that, you can have a great relationship with children, whether they will be with you, for six months a year or life. You can still build that relationship. And it must benefit the child because if they are in sync with you it must mean that they are confident and happy and secure. They are thriving. I think. Because otherwise, if a child was scared of you or dubious, they wouldn't would they. They wouldn't have that eye contact or communicate with you or interact with you, so you could probably use that as well.</p>

11.5 Tricia Interview One Transcript

Para	Tricia Interview One Transcript
1	M: Okay, this is the structured bit and then I am going to ask you some questions.
2	T: Okay
3	M: Okay
4	M: Can you describe Claire? What's she like? We've already started.
5	T: She's lovely. I adore her. When she is in a good place she's just everything you would want in a little girl. She's kind, sweet. When she's in a bad place she's the complete opposite. She's rude, she smashes things up. She can look me in the face and call me the most terrible names. Terrible names. She does do cruel things. Like break other people's precious things. Ummm. I have tried to; this is just an example of the other day. I was bought an Eskimo dolly, it's really insignificant but it was a really pretty dolly and we just done her bedroom up and I said to her, tell you what you have this 'cos it's really precious.
6	M: Mmm
7	T: Put it on your shelf. It's really lovely. Well I was Hoovering, I think it was last Monday and I found it all smashed up, all the china legs were mangled and smashed to pieces. It's very sad. But sometimes also as a parent you think, Why? When I gave that to you?
8	M: Yes
9	T: I gave that to you and that was precious and that was very old dolly and I just thought what a shame. That she does not feel that feeling of love and wanting to keep something and protect it. Because she really doesn't. I mean I have spent hundreds on clothes. You know because she is beautiful. And I love it when she is all dressed up and she has got everything, cos my children are quite spoilt and I treat these exactly the same. You know. So she has got ten pairs of shoes, she has got, but you'll go in her bedroom and I can stand and iron for an hour and I will put all her stuff and she will mangle it all up and put it in drawers. So it is all screwed up and I will say, Why did you do that? Dunno. You know if they were hung up in your wardrobe and they look all lovely and you can put them on. It's really complex.
10	M: Mmm
11	T: Because I do so try to get under there and get in. Because when she wants to she can be so, so lovely and so loving and so caring but that would be a small part of her. You know the angst and the crossness and the break and the twisting everything that would be the bigger.
12	M: That must be difficult.
13	T: Ah yes, umm, it's difficult for everybody. The whole family and being her parent. Because, I do sometimes just think, just stop now. We've proved that we love you, we've proved that this is your home, you know for three years, I've constantly reassured her, whatever happens, we are here, you know, and actually the other day, there's another little girl in care here, and she's moved and moved and moved and of course her and Claire have talk. So she said, she's moved again, so I said that's so sad. I said because you know everybody needs somebody to look after them. Well I said she must be really, really naughty or doing something for all these parents to say, I'm sorry I can't look after you. She said, well she's not as naughty as me. So I said, so don't you think that's lucky then that you have found parents, that will you know. So she's like, I suppose. But trying to get that across to her. No-ones perfect. But it does help to try. You know and if you live in a family unit, you all have to give a little bit. You can't constantly take.
14	M: Yes

15	T: Otherwise people get mizzled. Don't they and then she wonders, What? What have I done and you will say, you've just done that. Or you've just done that, Oh, God she says. and she has to be centre of attention. But it's, yeah it's complex, but it's my life. You see, other people say to me, what are you doing woman? Your life could be so much. No. No, she's my little girl now and until I am flat on the floor, I will try. Because they are not here to be given up on are they.
16	M: No she's
17	T: I hope so; I hope I'm doing a good job by her because she's turning me grey.
18	M: What's your plan for her? When you think about her? Long-term?
19	T: She's just with us. That's how I see her. She has no, where the typical, if you like, foster-child 16 plus come in, they will say to them and we all know it's true, we can pretend that everything goes on to protect the kid, it's a fallacy, I have looked after 14 children and I have seen most avenues, they will come in and they will say to other children, Oh, you can go home now if you like, we can set you up a home near your family. Would you like that? Of course, of course every child would like that. Of course, of course.
20	M: Mmmm.
21	T: Whether it's good or bad they want that. Because we all want our parents. Don't we? And, but I know that's different with her. Because
22	M: Ahhh
23	T: Because she has such angst. Such anger. And hatred, that would be the word that I would see when she is talking to me about her family.
24	M: Right
25	T: About her family and what they did to her. And why they did it to her. And I truly do believe that she will just be unless something horrendous happens between now and God knows, 21
26	M: Mm Mm
27	T: Then she will be with us.
28	M: And that's because she's different.
29	T: No
30	M: To the other people you fostered.
31	T: Not different. She doesn't ache for her, um, blood family, blood relatives. Um. The others, all good. I've got teenagers now, 19, 20 and they will ring me up and go, Tricia can I come home? And I will say you are a bit big now. Because they had that 16 plus, they had that really delusion that it was all going to be lovely when they got home and it hasn't been. And I feel so sorry for them. But if I had a humongous house with loads of free bedrooms, they could all come home because that's how they all feel. Which is lovely for me and my husband
32	M: Yes
33	T: Because it feels like they want to come home. But I can't. So, so I do feel that's the difference with her. Yeah. She, she wants us to be, I know she does and she loves us. And it's really amazing, I do jokingly say to my husband, Did you go astray? Because she couldn't be more like our birth children. I swear to God. You know her, some of her funny ways, the way she's made, her looks; she couldn't be more like my daughter if she tried. And it's really strange. But obviously not the, not the bad, the difficult side of her but, when she's in a good place, she joins in just like a puzzle. It's when she's in a bad place, she puts barriers round herself and just fights the world. But no, I do believe that she will be in my life forever. If I am not cursing myself.
34	M: Ah. No, that's good.

35	T: No, we are quite happy. She's, she's our girl now. She needs to be our girl. Nobody else has looked after her properly. so, she needs someone to say, I love you whatever you do. But please stop.
36	M and T: Yes, Yes.
37	M: How do you think your relationship with Claire is affecting her, right now?
38	T: Truthfully, After talking to, I didn't realise this until I spoke to the therapist and everything. Umm. To be really truthful with you, I think, the only people who can actually help her and make her believe that actually she is loved, and that she can do so well and that even when we are telling her off, or she is getting told off, or chastised, is because we love her. I think it will be me and Roy I think, you know, that's, that's where she is going to learn and that's what the therapist did say to me in the end you know because we tried all the different ways and it's just having and knowing that parents just love you and that they will love you whatever you do. You know. Even if they are cross with you one minute that doesn't mean, I said to her sometimes, I don't like you all the always and I really don't when she stands there and calls me names, but I love you always that's the difference. But then I used to say that to my own. And I said that to all kids. You know.
39	M: Yes
40	T: But yeah, I think we would be what mends. Not mends, I don't think that anyone is going to mend her because I think her wounds are too deep but I think if we could put plasters over a little bit of it, at least, I just want to feel whole. You know. As a being. Because she doesn't. Very sad to watch a little girl so beautiful. God gave her everything and someone mangled it and scrunched it up and then threw it away. And it's so sad. To watch what it has done to her. That is really sad. But I don't feel sorry for her. You know, I don't feel pity for her. Because trust me when she's standing there calling me every nasty name, that no-one has ever done in my life, I think you little minx, really. Really. And I do say, enough. And I walk away. Cos I know when I have had enough. Which is what I have learnt through fostering.
41	M: Yes
42	T: I have my limits. Cos I'm a human being as well. And actually this is my life. So I have had enough now. And that is when I say to my husband; there you go I've gone. And I have taken myself away. Just to have time out. But yeah, it's about knowing her and knowing us, I suppose.
43	M: Okay. Um. How do you think your relationship will affect Claire in the long-term? You started to talk about some of that.
44	T: What do you mean?
45	M: So I suppose it would be heading on into secondary school and beyond potentially.
46	T: Well, hopefully she will see me like my kids see me. You know, I'm there, I'm a support, I'm mum. We do talk about all the appropriate things. Periods, sex. And we are quite open, and she's quite happy to, you know, talk with us, as you can imagine at her age, with her age, we have just started talking about all those things. And she is really quite open. I mean we have the silliness, which is, Ahhh, I don't want to talk about it. And I say, There are certain things that you do need to know. And I'm a girl as well. I've got a min, and I've got boobs and you have You know, it's very similar to how it was with my daughter. In fact a little bit more open. Because my daughter is a little bit more refined, she doesn't want to hear at all. Shut up, Mother. But, yeah. It's quite good actually. And she got quite a good relationship, although all the problems we've had you know, with the dog, and the issues that we've had, there is a bond.
47	M: Mmm

48	T: That can't be broken. And even, 'cos Cathy found it really hard for two weeks after she lost her dog. Because Cathy is not a maternal person. She is an animal person. And her dog was her baby. And she was crucified when that dog died. And that was very hard for me as her Mum because Claire was saying, Me, me, me. Me, me, and I had nothing left for her that week. Because I watched my 26 year old daughter dissolve. So you can imagine it was very hard for me, as a mum. But we got over it, we worked through it, and we survived it and yeah, so it's good. And it actually shows you the bond that we got because now Cathy and Claire are on a good place as well. Which
49	M: And it's Cathy's dog whose
50	T: Cathy's dog
51	M: Cathy's got the new
52	T: The puppy. And she's letting her do it. So that just shows you.
53	M: Wow
54	T: Yeah. That does just show you Because; you're, as a human being, I think all of us would go, that's it. Don't even go near it. But she is part of the family and you know it's got to be done. You just don't leave unsupervised.
55	M: And Cathy visits?
56	T: Yeh
57	M: Cos, so
58	T: Well, because we got horses. My children only sleep at their own homes. They're at mine. We are all together 90% of the time. It is different to other people's lives but it works. It's fabulous.
59	M: How much would you miss Claire if she had to leave?
60	T: That would be like saying, Would I lose a leg? and that's the God's honest truth. Because she was so little when she come and she was like a five, six year old when she come and I know that was three years ago, but she really was, she was tiny, no, I couldn't lose Claire now. No, I'd fight wars for her. Yeah, I'd never thought about that actually before. For as much as some days I'm No I would. And my husband feels the same. Yeah, no, I couldn't let her go now. No. God never thought about that before.
61	M: Ooh. Yeah.
62	T: Yeah.
63	M: That's quite a big question.
64	T: She's ours now. Yeah. No. I couldn't. I couldn't let her go now. I couldn't let her down now. Cor, not after all the work we put in. No, I couldn't. No I could not imagine getting up in the morning and not having Claire, no, no
65	M: She's part of your family
66	T: Yeah. She's part of us now. Oh my God. You wait till I tell Roy that. You know, I'm 99.9% that he'd say the same. Isn't that funny. Yet she can be one of our most challenging children you've ever looked after. But we love her. We're both very grey over it, but we love her. Isn't that funny?
67	M: That's good though. Good for her
68	T: Oh, yeah. I think if you got past all the angst, I think she'd feel exactly the same. Cos she says, I wish I'd come out your tummy. And I feel like she did. So, so It's just the way it is. Yeah, I never thought of it that way before. Well you've opened a can of worms there
69	M: What do you want for Claire right now?

70	T: To settle. To believe that it's alright to just to plod along. Without angsting over every single thing that happens. Every time we get a hiccup, like a conversation, with her brother about her dad, she takes that in like a sponge and it festers inside her and you can watch, watch her do it. And you can't take that out of her. I really wish, I could stop that for her. Stop that, stop that because it pains her. It angers her. And she feels powerless. Especially when you have, wrong or right, useless social workers. Who are very tackless, and who don't, you know, help her emotionally. You know she feels very let down by the system. Very let down.
71	M: By the system but not you?
72	T: Not me, no. Because I have always, if I say something, it's the one thing that I have learnt, not just for Claire but for all children, if you promise something you have to see it through. Whether it means telling the social worker, or disclosing, you've got to see it through. And they have to see the proof of that. Which I have tried. You know with everything. And I always back her up on it. And I will say to her, No, this I have told, I have written a letter, they are doing something, they're checking and everything could be fine. I promise you. You know. I don't promise, unless I know I can see it through.
73	M: No, okay. That's good.
74	M: In the future what would you like for her?
75	T: I'd just like her to be happy. You know, inside. Her soul to be happy. Yeh. When you get glimpses of her when she is in a good place, if she could be that person all the time for her sake. I'd love that for her. And to believe, that it's lovely life, not a big angst.
76	M: Yeah
77	M: Is there anything about your relationship, or Claire that you have not touched on or that you would like to tell me?
78	T: I can't think of anything. I'd like to learn how to show her empathy. I know I can't give it to her, you know like mend the fact that she has not got it, but ideas of how, because she needs empathy. Because I do believe that is a big hole in her. Cos I think if she could learn to love and hug and feel that feeling I think that could help mend her. And help something inside.
79	M: Okay
80	T: So that she can love something unconditionally. Rather than worrying about or wanting to destroy it. Like treasuring things. I bought her some designer horses, it's not about, I'm not saying, when I say these things, I'm not buying them because they're flash or, I just want her to have things. Nice things you know. Self-worth isn't it. Who you are, what you've got and how you feel. I brought her these beautiful horses, that my daughter had when she was little. Now my daughter is 27 she's still got all her horses. I know it's a totally different ball game, but I wanted Claire to feel that she was the same as Cathy. So I bought her all these beautiful horses. I like pretty things. And I said to her look after them, put them up, because they're very expensive. She had a paddy. She had to do her bedroom out, because she trashes her bedroom, I'm talking trashes. And, er, I had to actually go out, and I came home, and the next morning I went in to check, and she had chucked everything out. And it was just such bad timing, because it was the wheelie bin man day. And when I went into check, the wheelie bin man had gone. So that was all the horses, all the real precious stuff that I bought. And I know it was because she was angry I know it was because she didn't want to tidy her bedroom, but they're gone.
81	M: Yes. What a hard lesson.

82	T: Isn't it. So that's the sort of thing I'd like her to stop. Or teach her to stop. So because, she's got nice things. She's got a memory box. On top of her wardrobe. Now you are forbidden to touch the memory box. We put your pictures, cards, nice things up there, for when you're a grown up, you can look back and think, that was nice, that was nice, that was nice. Her memory box has been broken into about 50 times, mangled, twisted, ripped up I'd like to be able to stop that. And just to enjoy, embrace that nice stuff. Yeh, yeh, 'cos I know she wants it. Really. That she loves it. Loves all that. But she just can't handle it. She doesn't know how to embrace it. Because we are, because we are a big family. There's me, my husband, my best friend lives with us as well, lived with us for 20 years, and then there's my two grown up children, obviously they've now got their parents, their, sorry, their children and their partners. So we're huge. And we are different to other families, 'cos we are very much our own clan. You know. And it's lovely and she should be able to embrace it and join in. Instead, like yesterday, we're all sitting round the big table in the garden, the baby's running around, Claire's playing football with Charlie, and it's all lovely, lovely, she can't have that. She can't have that ease. She has to start a row. He's telling me, to. And shouting and balling. Enough. Enough, just chill. Just chill. She can't, just can't hack it. She can't cope with niceness. She has to do something to aggravate somebody. But as soon as she's done it, No, No, No, no. It's too late now. When she was smaller, I was more lenient but now she is going to big school I have got to be, zero tolerance. On violence, on viciousness, and verbal abuse. And I will say, "Last chance." When she was smaller she got 3 chances. Now it's (signs one.) Nanny 911, we get some tips from her. Trust me, oh, I need something. But I do watch, I'd be truthful, I do watch some of those and read some of their books because they got some brilliant hints.
83	M: There are some good ideas in there.
84	T: There are some dodgy ideas, that you wouldn't even tolerate but there are some really good ideas. But I do do, and she knows it. 'cos she actually said to her head, Oh, Tricia's zero tolerance. Now. Cos, Where I used to, she's, she's such a little dolly, I used to think, she's all right. No, I can't do that anymore.
85	M: No
86	T: But then we do that with our own grandchildren. You know, and now it's ...
87	M: They're always a couple of steps ahead of us
88	T: I tell you. Most definitely.
89	M: Can you think of a situation where Claire was particularly upset or angry?
90	T: Oh, gosh there's lots.
91	M: Think of one that you can think of. That you can think.
92	T: The worse one, that stands out at this moment in time was we was at a horse show. Now you got to picture it, there's a big ménage, there's horses jumping over jumps, there's seats, there's me, my friend, other friends all sitting along here and there's lots of like stones on the floor.
93	M: MMmmm

94	<p>T: Well, as the horses were coming round, Claire was in a bad place that day. She had the misobs, she could not go in the lorry to drive there, so I took the kids in the car to follow. That was it. She weren't happy with that, so we were going to be. And she was sitting there and she was throwing stones at the horse as, as the horse took off to go over, yeah, exactly. So, do it again and you'll be out of here. You ..., in front of everybody Public humiliation, oh yes. The whole uh. So anyway, my friend, we're a very, it's brilliant how it works actually it's not until you are out of it and looking, because he could see that I had had enough and she was, she was just showing me up, Matt went down, got her by the hand, took her out and said, Now listen, you either stop now, or you sit in the car. You can't, you can imagine. Shouting, everybody looking, so embarrassing. Well anyway, my poor daughter is trying to ride her horse round these twelve fences and it was really quite ironic how she did it, Sit there then, this is your last chance, sit on that chair, watch the show jumping and behave yourself. She's gradually slid down the step and got to the stones and she did it again. Well, I don't know, my daughter just got off her horse, handed to a friend of hers, come over, picked Claire up, Are you trying to kill me? Because she had publicly humiliated all of us. You know, can you imagine. Soul destroying and she's so cute got all the gear, you know, and I was like ooh, Oh Claire, please stop now, please. But she would not give it up this day. So Cathy just picked her up like that, cos Cathy's quite muscly and she went, Are you trying to kill me? Are you trying to kill my horse? Of course everybody is looking. Up, uh, ppp, so she went Sit on that chair, you move one more time, I'll, I really will be finished with you. Got it. So she went, Yes. And because it was such a public thing, it was so embarrassing when I think about it, and Cathy merrily turned round went back on the ménage and got back on her horse and carried on, Claire never moved again. Not a word was said.</p>
95	<p>M: Oh, okay.</p>
96	<p>T: But I think, I don't know whether it was because she pushed everybody to their complete limit, because we were, Oh fuck off, can you imagine in public and I was like, ooh, God, stop it. And she wouldn't give up. Don't look at me, who do you think you're looking at you know It was, you know, but, I think Cathy made such a show of , and everyone one looked, ahhh, and she was so cool and calm I shall never forget it as long as I live, cos you couldn't write it. She, Are you trying to kill me?</p>
97	<p>M: No</p>
98	<p>T: Are you trying to kill my horse, sit there and do not move again. And she just went uh, and of course everybody was looking at her so I don't know, that stopped her.</p>
99	<p>M: Wow</p>
100	<p>T: Yeah, oh, yeah, there have been some occasions. Some nightmare occasions. And dangerous occasions. Very dangerous occasions. You know like</p>
101	<p>M: So, so Through that, what, you started talking about lots of things you were thinking about. What kinds of things were you thinking about?</p>
102	<p>T: Ah, there's lots. Umm. Goodness me. Erm. It can happen quite frequently. You know, I can turn up at school and she's standing there calling the deputy head and the head teacher idiots and swearing at them. And I will say, I don't think so young lady. Cos I won't have that. I will not, we don't have that at home. When she really blows her top she'll say, you know, fuck off, or naughty words and I will say, Enough, cos I won't have that it's so disrespectful. Erm, bless them, teachers haven't got that much authority, I suppose, which they haven't. Which is another story. I disagree with. But that's fine. Erm, but at the end of the day, children want</p>

	to be taught, children want rules, and they want boundaries and they want it done healthily but they want it, they want it. We all wanted it. How would we have learnt? If someone hadn't said, No, stop it. Sit there, do as you're told. They don't now. But I won't have that. See and when I get to school, and uh, cos it's embarrassing, cos she's my child. And, ooh, God. And I go in the playground, and she has had words outside before. She told one of the parents for fuff off. Ohhh, Claire, Nooo. It just doesn't happen. Not in my house.
103	M: Okay
104	T: There is lots. If I could sit and think of them all over the last three years. It would make your hair curl.
105	M: It's okay, it's okay. It's fine, it's fine. Umm, when all that was going on, so some of the things you talked about were about your feelings, those feelings of embarrassment, were there any other feelings?
106	T: Yeh, yeah, for me?
107	M: Yes
108	T: I would honestly say, this is hand on heart, I am very passionate about her, and the only time, honest to God, in the last three and a half years that I have actually sat and thought, I can't do this, was the night that Fifi got put down.
109	M: Okay
110	T: When Cathy was heartbroken. And this dear little dog, from head to tummy was perfect condition Her back end had just gone. And that was all through what Claire had done. It was heart breaking. And I did sit on my bed, and I said to my husband, I don't know whether I can go forward from this. So he said of course you can. He said, you got enough in there to go forward, we'll be fine. I did find that, I had a week, a week and a half, of questioning my loyalties if you like to my daughter and to Claire. Because generally it would be equal but she broke that. But it's really funny, cos I suppose I'm funny because I can forgive. I never forget and she will never ever be trusted. Ever. Because the heart break she caused. But it's done. It's you know. We will go forward now.
111	M: What an incredible family you are.
112	T: We try. We're not perfect by any means.
113	M: Of course not.
114	T: Sometime you are like, aaahhh. I will be truthful, my husband will be saying, For God's Sake it's like a bloody mad house, but it works.
115	M: He obviously likes it too.
116	T: Yeah, yeh, especially madam. He proper loves her. He proper loves her and she knows it. It's lovely because it's a very similar relationship that he had, has with my daughter. Of course my daughter is 27.
117	M: Yes.
118	T: And their both minxes. Cos they will play him. Ohh, I really want those shoes. I mean she is 27, and Claire will go I've seen some purple boots, they're so nice Roy. So nice, And they play him. But then I do. So make a fool of him. My husband is.
119	M: This fits beautifully. What do you think his reaction would have been, you know in that situation, you know, thinking about the situation with the horse and all of those things. Do you think his reaction would have been the same? If, to your reaction? On what was going on that day.
120	T: No, because if he had been there, it would not have got as big as it did because they have huge respect, both of the kids I've got for Roy. And if he said, I mean it now, she knows he means it now.
121	M: Ahh, so something might have been different.

122	T: Yeah, it would have been dealt with a lot quicker, and Roy is not into embarrassment, he doesn't care. He would have gone in, scooped her up, took her out to the car, done. Don't even go there. And she wouldn't have reacted. And you know, she wouldn't have screamed and shouted and public humiliated everybody. She would have been a little bit more subdued. Yeah, it would have bit a little bit different.
123	M: That's interesting.
124	T: Yeah, but then that's how it works in our house.
125	M: No, no ...
126	T: Dad's Dad, but they adore him. But they won't mess with him.
127	M: But can set boundaries, that's interesting.
128	T: Yeah, but then, that's how it works in our house.
129	M: No, no, that's
130	T: Dad's dad, but they adore him. But they won't mess with him.
131	M: But can set boundaries.
132	T: But it's good, I'm the person about the lovely stuff. The girly bits. And I have the cuddles and I, actually no, she does love cuddling him. The other child, it's a shame, he has issues with touching and that which is a great shame. But no, she does love cuddles. We will go through the odd little attitude thing. You know and I will say, Oh please. And I will say to her jokingly, it's her, it's her and my little thing, and if you were to ask her, You can have as much attitude as I when your boobs are as big as mine. And she says, well that's never going to happen is it? And I said, fine. I'll always We always have them like little banter. No, she's delicious. I just wish we could get to the core of her and unreel it a little bit.
133	M: And then, actually, would you like things to be different, so in that situation with the horses, would you it to have happened differently?
134	T: Well yeah, in a perfect world, the whole situation would never have happened. You know, she would not have reacted in, in such a negative way when something bad, something she doesn't want to happen, happens, because that is what it is, I want it and I want it now. And if I'm not going to get it, I throw a big paddy. Yeah, of course it would have been better if it didn't happen. But it does happen.
135	M: No, no that's fine.
136	M: How long have you been a foster-carer for?
137	T: 9 years, approximately.
138	M: How many children have you cared for in all?
139	T: 13
140	M: How many do you currently have?
141	T: 2
142	M: Biological, adopted, living at home.

11.6 Tricia Interview Two Transcript

Para	Tricia Interview Two Transcript
1	M: Can you describe Claire? What she's like? What her personality is like?
2	T: She's got two sides to her. She can be very loving, very sweet, very caring and lovely to be around, she can also be very complex very moody, very angry and quite abusive, she loves to challenge power. You know if I say blue she says green. But not always, it depends on where she is in her moods. She is a very complex character. But I think if you could empty all the rubbish out of her, she'd be delicious. She's not easy to look after.
3	M: How much would you miss Claire if she had to leave?
4	T: I could not comprehend that thought. It would be like losing one of your own. And that thought does not come to me.
5	M: okay
6	M: Do you ever wish you could raise Claire that she could be with you forever?
7	T: Yes. If I could stop the really hard times, 'cos sometimes it is really hard and really stressful, I could honestly say, perfect for ever. Because I would never want to see her go. But when she has had a week, where it's constant abuse, constant, constant, fight, fight, fight, then it's hard work and then you do find yourself, what am I doing? But overall, yeah, no.
8	M: How do you think your relationship is affecting her right now?
9	T: After seeing what I have seen with you, I know that I am doing her good. Until then I did not know that I was. I did question sometimes whether I was helping her, now I know I am. After seeing what I have seen with you.
10	M: Good.
11	M: And how do you think your relationship with Claire will affect her in the long-term?
12	T: She can only get good from it. She can't get any negative, because all I do is care. And try and be the adult that she would want to be. Yeah, so I can't see that it would do any damage to her.
13	M: And what you like, want for Claire right now?
14	T: Just to be happy. And settled, and less anxious, angry sometimes, in the real life you could not see where that was coming from, but you know, knowing her problems, I know where it comes from, but I just wish I could let some of that go and just enjoy life rather than living the angst, you know.
15	M: What do you want for Claire in the future?
16	T: I wish she could show her true potential. If she went to school, behaved and learnt she could do anything, anything, because you know she is bright. She's beautiful, she's got so much that she could be if we could just ease some of the ride for her. She could do anything she wanted to do. She could do.
17	M: Yes, yes.
18	T: If she just allowed it. If she allowed herself to flourish, you know she holds back, and gets all cross and blames the world for everything. But if she could just take that edge off, she could be anything, and do anything. She really could.
19	M: Yeah.
20	M: Can you think of a situation where Claire was particularly upset or angry?
21	T: At school. When she is chastised. For want of a better word, or they are trying to stop misbehaving in one way or another. Erm, she's infuriated, and she's made to do as she is told, you know, when they try and put her into a classroom, to try and conceal, because you know she gets very violent with the other kids and then I'll turn up when they have rang me and she will be so outraged. How dare you come to

	school? But the school have rang me Claire. No they haven't. You know sheer anger. And she has bit me, kicked me, said I'm leaving and took off down the road, and oh yeah, we've had quite a scene and that is generally from school. If I go to school and they have told me to pick her up.
22	M: Okay
23	T: Uh huh.
24	M: And when that happens, what are you thinking about when this is all going on?
25	T: What am I thinking? If I am in a good place, like all humans, we have good days and bad days, some days, I think, Oh no, not again. Because this can happen four times a week.
26	Break for Claire.
27	M: I'll go back now. This time when she was cross and upset, and I asked you what you were thinking about in that situation?
28	T: Oh, yeah, what. As a being, I have to think right, okay, she's irate, so I have got to try and come down, because yes, when someone is being rude to you, and fighting against you, it does, you get irate, 'cos it's a natural human instinct you know, do as you're told, you know when they are being rude, you know, bashing and crashing but I have to stop, I have to come in, I have to come in at a lower area, I did not realise how I did that until I saw your video. Now I know that I do do it. But I do it automatically; I don't have to think about it. Yes, it does make me cross, that she is acting up, showing me up, because you know, that is a normal motherly instinct, isn't it, don't do this, show your best side. But she does do it, and her reaction you have just seen will follow on and we will have a lovely afternoon, because now she is irate, because she is not in control of this, and she wants to know what I am saying to you, and what we have been talking about, and because you have just spoken to her and asked her questions about me she knows that I am saying the same about you. So now she is feeling totally out of control, and furious that somebody else is talking about her.
29	M: okay
30	T: yeah; And we will have to come down from that. But she will take it all out on him, because he's the weaker party.
31	M: I wish I had not done that for her or you.
32	T: It happens whatever. It doesn't matter whether we are here with a social worker or I am doing paperwork, if she sees it, it triggers. It's just who Claire is.
33	M: Okay.
34	T: And now, see the reaction that, that's like lighting the fire, that's not the explosion.
35	M: I appreciate that there's more to come potentially.
36	T: That's what I have every time I have a visit from the social worker, now you can see how I would perceive it as a parent right, that's going to do more damage, than if she wasn't to have all these visits, 'cos I get her on an even keel. And that is why that week, this is such a big deal, that week, that she had her SATS, I said, please don't come out, because it makes her upset, 'cos the social worker, it will go on for a week, you know, her anxiety levels will go up down, up down, and I understand that but it is not easy to live with 'cos of the constant explosions. I know it is a chemical reaction in her head, I know why she does it, I know how she does it, I know the reason for it, but living with it, totally different ball game. Especially when you are trying to get her through her SATS. But that is when the social workers don't help you. Because they say, I've got to come out, I've got to come out, a bit of paper
37	M: After watching all the different clips, was there anything that you found particularly interesting?

38	T: Say again.
39	M: After watching the clips was there anything you found interesting?
40	T: I found it all fascinating. When you watch the reactions that you do, 'cos you don't know you are doing it, until you see it. I was really quite fascinated by that. Totally fascinated actually. I have got a lot of positive feedback, cos I actually do do what I would like to be able to do. Does that make sense?
41	M: It does.
42	T: Yeh.
43	M: Okay, good. What was it about them that was interesting. So you said that they were interesting but what, is there anything?
44	T: About my reactions to things. And how I cope with things and I don't even know I am doing it. You know. Because with this job, you do question, because these kids are so difficult, you question, am I doing the right thing, am I? You know with your own kids, you haven't got no choice. You know you just have to get on with it. But, and also, I do believe you have got so much more freedom with your own kids, you are so much more at ease with your own children, so it doesn't matter if you mess up because it's a learning curve, because they are your own kids. When they are someone else's and you've got external people, constantly, you know almost making you feel like you are insignificant, or that you are not doing a good job, 'cos you do feel like that sometimes, with social services, or they pick holes in things or try and do this or, or and cover yourself, that's not life, you shouldn't be covering yourself, you should be able to just live life. Erm, no, it's proved to me that I am what I wanted to be, which is, I think, a good carer.
45	M: Good.
46	T: Yeah.
47	M: And having done this work does it make you think differently about Claire?
48	T: No, I knew Claire. The only thing it does make me think, is about her, is that, I am helping her. Which I didn't know that I was.
49	M: Okay
50	T: Yeah.
51	M: Does it make you feel differently about her?
52	T: No, I've always loved Claire to bits. That's why we are still here now. After pulling my hair out. But, yeah, no, from the minute I set my eyes on her. She was a special little girl. But this has made me know that I am doing good by her. Rather than questioning it.
53	M: Do you think she knows that?
54	T: I don't know. She might do because she is very clever.
55	M: How would she know?
56	T: Very intuitive her. She listens. There's nothing she misses. She'd have seen your reaction, my reaction, the fact that you and me chat, she'll know that you and me are in a good place. You know, conversing, erm you know, she can read people. She's a very bright little girl.
57	M: But there are things she misses you know.
58	T: Oh, most definitely, she's not 100%
59	M: I appreciate that, so I just wondered if she, would she really know?
60	T: Think if she allowed herself to really know, she would know.
61	M: Okay.
62	T: Does that make sense.
63	M: Okay

11.7 Nannette Interview One Transcript

Para	Nannette Interview One Transcript
1	Sally and N – 1.4.13
2	1. M: I'd like to begin by asking you to describe Sally and what her personality is like.
3	2. N: When she is a good mood, she has got a lovely bubbly personality actually. She erm, finds things quite amusing, she find the amusing side of things and she's got a very kind personality, you know, erm she's cute, she's kind and just exciting. She's not a quiet withdrawn little girl, she's bubbly and exciting. Definitely, so.
4	3. M: Brilliant
5	4. M: How much would you miss Sally if she ever had to leave?
6	5. N: Millions. Absolutely millions. I can't imagine life without her. When things went wrong last year and I was just distraught at the thought of not being able to have her or keep her or no, I'd hate it. It would destroy me. Literally, and you know, if it was for her benefit, I suppose, I'd have to be brave but I am not brave. Where it comes to her, she's cute and no, it would destroy us all I think. Couldn't part with her. No.
7	6. M: That's really good news. It is.
8	7. N: It breaks my heart to think of it. I could not think of it. No. I love her to bits. And she has become good fun now. We go skating, A goes to school and then if it's half term Sally and I go skating and we actually have fun. It's fun to take her out now. Last year was hard work. This year is fun. So far. Fingers crossed.
9	8. M: Brilliant. That's really good. Okay. How do you think your relationship with Sally is affecting her right now?
10	9. N: Er, I think it has given her a steadier outlook on life. I think she is accepting of our relationship. I think she is happier with our relationship. Because she does kind of nice things that seems to show that she is happy with our relationship. Erm, she will draw pictures, she just says nice things. And I think our relationship is giving her a stable outlook on life. I think she is a lot happier and a lot more content with life. The way we are going. Yeah.
11	10. M: Good. Well done. How do you think your relationship with Sally will affect her in the long-term?
12	11. N: Well I hope it will be positive outlook for her. Well, I hope it will be positive, yeah. I think she is settled and realised that we live together as a family. And she does seem to listen to what I say and respect that. And I hope that it will have a positive outlook on her future.
13	12. M: That's brilliant. I missed a question out, so I will just ask you that one. Do you ever wish, or I suppose it is, what your feelings are about, raising Sally, so the

	question here is, do you ever wish you could raise her? I appreciate you are. But just what your thoughts are about that.
14	13. N: I am raising her and I can't imagine not raising her. I would definitely would want to keep her and raise her. I have put such a lot of effort into her, and it's really showing now. And she is delightful. You know, she sits at the table, lovely manners, please may I, even when she wants to draw and do things you can take her anywhere, to a restaurant, you know, she's really picked up on life and I definitely want to raise her.
15	14. M: Good. And what do you want for Sally right now?
16	15. N: Just to feel content and happy with life. Because then the rest will come. And I think 90% plus of the time she is happy with life. And I just want her to feel safe and content within herself. Definitely, because that was what was missing last year. There was anger. There was something that was missing, that was obviously mum, and her life that she thought that she wanted, and I just want her to feel content, safe, and the rest will come with it. I think that she does feel content and safe. Her stutter has gone. There are so many things that are gone and I am so proud of her now, yeah, I just want her to feel safe and content and the rest will just fit in after it, and I think she is beginning to feel safe and content. She is always drawing our happy house and she says A, N and Sally. And she puts in, our happy house and things like that and I think she is really thinking, "this is it." She's settled. It upsets me now when I think about it because she was so upset and distressed last year. She wanted to be happy and something wasn't letting her and she was scared and she was discontent and she wanted mummy or she thought that she wanted mummy, and this year she is just so happy and just so nice with it and you can tell she's content, the way she speaks and acts and tries to look after A now whereas she wanted to be the baby. I just think she is content now and she does feel happier. She used to worry, and now she just sings, everywhere she sings, everything she is doing she is singing and bouncy.
17	16. M: How lovely.. N: I know it is a delight. It is a delight. And now when A gets upset, she said to me the other day, "Are you feeling cross N" and I said "No, but I have come out of the kitchen to count to ten." She said, "Give me five minutes with Amy, she's going, you can't talk to N like that." She's taking over as to how it should be to A:
18	N. But she has already now accepted, life is brilliant, being the older sister as well. So yeah, I'm pleased. Really over the moon.
19	18. M: What would you want for Sally in the future?
20	19. N: Just to do her best. Just to thrive in life. I want her to feel happy, content, and obviously I want her to do the best she can. Because you need to do the best you can in this life don't you? I want her to do well. As well as possible. Happiness, content, just get rid of all the bad things, feelings in her life, if she feels good the rest will come with it, the rest will follow, I hope.
21	20. M: Is there anything with your relationship with Sally that we have not yet touched on?

22	21. N: Erm, not now a days, not now, I don't think there is. No, it's just last year when she wanted to reject me and did try and reject me big time, and erm, I can't put my finger on anything at the moment no, 'cos we are getting on super. Really super, she's happy and she respects what I say, and even if she wants to be right and I am sort of correcting her, she stops and thinks about things, she might have a huff, but she is not having a temper, so I can't pinpoint anything about our relationship that I'd like to talk about right now. I'm quite happy.
23	22. M: Can you think of a situation where Sally was particularly upset or angry?
24	23. N: In the last month?
25	24. M: Just generally. When I ask you that question is there something that comes to mind? There was that time and you can think about it.
26	25. N: If we are talking about in the last month, she hardly gets angry now. She doesn't feel that anger. Last year she felt angry at the slightest situation.
27	26. M: Ok, so can you think of a time when she did, it could be in the last year, it does not have to be recent? But could you think of a time when she was upset or angry? An incident.
28	27. N: She would just feel angry at bedtime or if I said no to a biscuit, or she might be playing with A and A might have something and she would want to take it and I would say no you can't take it off a little one, she would fly upstairs and have a temper. But they were regular tempers.
29	28. M: So it's difficult to find a situation, 'cos there were so many.
30	29. N: Yes. They were all the time.
31	30. M: Okay.
32	31. N: There was a lot of tempers all the time. And they were over nothing. I would call it inappropriate action or reactions to a situation. She acted inappropriately to a situation really, the word no, and she'd be up in the air, or A would be doing something that she wanted to do, and perhaps A did not want her to join in, she would get in a terrible state, cry and then lead into a temper. But I mean this year it has not happened. She has not had a temper this year. She has had a huffy, what I call a hissy, but not a temper. She used to kick doors, scream and shout and get a hairbrush and bang the wall, doesn't happen.
33	32. M: Okay. So if you think about when she was upset and angry, and I appreciate that we have not got an incident, but just how she was, at those times, when those things were happening, what were you thinking about?

34	<p>33. N: Gosh, All different things really. I used to think, I used to worry about her, because she felt like that over nothing, what I felt that was over nothing, obviously it wasn't to her, but I used to feel really upset, that she felt so angry and upset, it used to hurt me. But sometimes it used to stress me out because it was happening so much. And I used to worry for A because A got scared or upset about it. Mostly I used to think, I wish she wouldn't feel like that, I was so worried about her, why she'd feel so angry. Well, I sort of know why she feels so angry, because I know it was her mum she wanted, and everything but I think it is her mum she wanted then, erm, I used to worry for her, but sometimes I used to worry for myself because my heart rate used to go up and A used to get upset, and I used to think "oh, gosh, what can we do, what can we do?" Because whilst she is like that, you could not actually approach her to calm her down. Really, I tried, when she was in a rage, going near her, she wasn't listening, she was in that rage, and actually if you spoke to her, she thought that you were shouting at her. 'Cos I that is what had happened to her. So even if you told her off, you said no, or you was trying to talk to her, because she was in a rage she thought that I was in a rage. So it was better for me to stay away, she saw me in a rage, what I wasn't in. That actually used to upset me. 'Cos she'd say "You're mean. You're horrible," so I used to stand in the kitchen and quite often ring my mum, to calm me down, or to tell mum that she was doing it again. I almost felt that I needed a witness that I wasn't shouting at her. And she would still be shouting and my mum would be able to hear that she would say that you are mean, you are still shouting at me. Well of course, I'm having a conversation with my mum. That used to quite upset me. Because she could see that I was in a rage when I wasn't. And I might be going in the garden to have a quick cigarette to calm down, wasn't going near her. So that felt horrible. But mostly it felt horrible that she felt like that. I found it worrying because I thought if she feels like that when there's only myself, A and her, and everything seems to be going well, I thought "what else can I give her or do so that she doesn't do this?" Because in actual fact, the more time we seemed to spend together, the worse she got at a period, as if I'm going to do this massive rejection, I'll have to get sent back to mummy, perhaps, really, I don't know what really goes through her mind, so it was my goodness, will she ever stop? I used to worry she wouldn't grow out of it or stop doing it. For her sake, my sake and A's sake. It was a mixed bag feeling, sometimes I was completely worried just for her, sometimes I was worried for A and myself. In all truths as well, you know.</p>
35	34. M: Well you have to
36	35. N: My sanity, A's sanity.
37	36. M: I think you've already described your feelings, are there any extra feelings you've had, you had at the time when all of that was going through?
38	<p>37. N: I had lots of mixed feelings when was that was happening. Lots. I used to think "God, am I doing it right? Am I doing enough?" "What am I doing wrong?" Just lots of feelings. And then I had guilty feelings 'cos what if I can't do this, and I have got to part with her? For her own sake, I did ring the support worker and say "Everybody said in the beginning that she will thrive better, to go on her own somewhere, not go with A, and I thought, Oh, my goodness, I felt guilty that I'd asked to have her sort of thing." And of course we were fully assessed, it wasn't taken on my word, but it still made me feel, gosh.</p>

39	38. M: So your judgement and all of those things
40	39. N: Yes, I had a lot of guilty feelings, I felt down sometimes because I was used to being on my own, and going to work and suddenly I had this situation. A was having terrible twos across the floor, and Sally was doing that, and A didn't sleep at night, so it was quite difficult. It was quite difficult. Not all the time. We had some lovely days out, take them out, I was always taking them out, on their bikes, take 'em to the woods, it did give respite to all that. Yeah, there were some bad times. You wouldn't think that we were talking about the same child, now, honestly you wouldn't.
41	40. M: No, as I said, I have seen her in the classroom and I couldn't pick her out.
42	41. N: It's just been such a huge step, I can't believe it.
43	42. M: Do you think her reaction is similar or different to your own? If you think about her would you be reacting the same way or not?
44	43. N: A lot of the time now yes, because she has watched me and learnt, and she knows if she feels, erm, angry or she's going to get upset, she can go in her room and she's got a sign in her room, or she'll go and look at the clock and the second hand going round, she's she's, I've taught her, what I do to calm down. And it's like going out to the kitchen, counting to ten, or go, just take a space for a few minutes, and yes really, because what she would do is what I would do or what I would tell her to do. I think.
45	44. M: Yeah, things have shifted quite a lot.
46	45. N: Yes, quite a lot. Because at first she couldn't mimic or copy you. As soon as I had the two children, A was able, she would repeat, "Oh, you're welcome" or "Yes honey." She would repeat my words quite quickly. And act like me very quickly. It took Sally ten to eleven months to be able to properly use words or copy what I'd done, she'd prefer not to look, or she just couldn't do it. Whereas A would copy actions or things I'd done all the time. From as soon as I had her, where as Sally did not do that.
47	46. M: That's interesting isn't it?
48	47. N: Mmm, yeah. A picks up all the language. So give something, "You're welcome," so A would say "You're welcome." And she used to call out to Sally, "Be careful, honey." Because that's what I said, "Be careful, honey." and er, but Sally did not talk like that. It has taken her a while, and now she can talk like that and you hear her talking like that to A.
49	48. M: If the tantrums came back again, some of the behaviours came back again, do you think you would handle them differently now?
50	49. N: I don't know about differently, I might feel different.
51	50. M: So how would you feel different?

52	51. N: I am hoping that I won't be so upset in myself. I'd probably be upset if Sally reverts back to it, because I will be thinking, aaah, you know, why does she feel like this, because I don't like her to feel hurt or damaged or what ever the word is. I used to let her just have her tempers, let her get them out of her system, and as soon as she was ready to apologise I would give her a kiss and a hug. So I don't know how we could deal with it differently but I hope that I won't feel stressed about it. At times.
53	52. M: So what about what you are thinking now and how you are feeling now, means that you might be thinking or feeling differently.
54	53. N: I am hoping that I am feeling a bit stronger now we've got to this point. Where it went on so long when I first had her, I think it got me down, as well, my heart used to beat as soon as she had a temper, and I felt rotten, and I feel if I feel rotten then I can't really deal with her.
55	54. M: Right okay.
56	55. N: Probably as well as I should have done. Mind you, in most cases I stayed out of her way. I was kitchen, garden whilst she went up, she always done it on the stairs, and went up the stairs kicking and banging, kick the door, but erm, I didn't scream or shout back or do anything anyway, so I don't think my reaction, I just hope, that I am not in the kitchen shaking thinking. And feeling for her, feeling for myself,
57	56. M: So, think about this weekend, say it does go ahead, and the contact happens, with mum, what are you thinking about what Sally's going to be thinking about mum? And what are you thinking about what you are thinking? So if we start off with what you are thinking about what you're thinking? What are you anticipating possibly happening?
58	58. N: I am anticipating that she will feel a little upset. I think she might cry quickly over an incident perhaps. I hope we are ready for this one. I hope I can nurture it out of her if you like, I am hoping if she starts to cry quickly I know that she is feeling something and I am going to ask her to talk about it or invite her to talk about it. Because that is what we have been talking about over the last few months, it's been easier, since she has got better, we can talk about, "Well, yes, if you do feel bad, we can sit down together, or we could go out and jump on the trampoline." We've put ideas, well I've put ideas about how to deal with this, and told her she can come to me. If she can't come to me I'm going to try going to her. I've got a few things up my sleeve. I'm going to try and nurture her back. I don't know. But I will certainly offer her the chance of a cuddle and a talk and of course you miss mummy, I don't know, I don't know what she will want to talk about. She may not want to talk about it. Won't force the issue. She's never really talked about it. She'll shout it. That's when you know she's upset. But that sort of shouting about mummy hasn't gone on for such a long time. So I am hoping that we can deal with it.
59	59. M: Right, and what do you think Sally is going to be thinking during all of this? Seeing her mum again.

60	60. N: I don't know. I think she will be a little bit more settled about it. I think she does realise she's really happy and settled and this is her life. But obviously mum is mummy and she going to have a spoilt day round a farm, she's going to get gifts, sweets, a good day out, lots of cuddles, but we have lots of them, in fact she would actually have less than she would at home. Cuddles, because I don't know how she is going to react this time, Christmas, at the beginning of December, she had a contact, she'd just started to settle and there was hardly a settling down period from it, but we had a lot of exciting things leading up to Christmas and her birthday, we've got this happening, I don't know, I think we may have a little bit of an upset Sunday, most likely on the Monday, the day after, when she has had a sleep. She'll be tired Sunday after the visit, if it happens, she might get a little bit tired and have a think, and a little cry on Monday.
61	61. M: And do you think it will happen before she goes to school or once she has had her day in school?
62	62. N: It quite often happens before and after.
63	63. M: Okay.
64	64. N: But if it happens before, I have a quick chat with the teachers to say that she has had contact. And now she has Mrs B and they will have a little chat with her.
65	65. M: So there is something in place already in school.
66	66. N: So I am hoping that it is not going to be so severe this time.
67	67. M: Brilliant.
68	68. N: She lives in B her mum and it's snowing, so,
69	69. M: That's quite tricky as to whether she's going to get down. But actually there would be a good reason for her not getting down. It's not about her not wanting to see her.
70	70. N: But I haven't told Sally, that is something I don't do because mum is unreliable. I don't tell her on the visits. I never used to tell Sally about anything because as I said she is a bubbly happy child but she gets over excited and it's her over excitement and it turns her, she can actually go very upset from an exciting position, so this morning she was a little bit tearful because she didn't have the disco ticket and she thought all the children in the class had been given one. So we was a little bit upset this morning and cried quickly and when I approached her on that, I found out it was all about the disco tonight. She gets over excited about things. And it could actually ruin her time leading up to it.

11.8 Nannette Interview Two Transcript

Para	Nannette Interview Two Transcript
1	Final Interview S and N
2	1. M: How would you describe Sally?
3	2. N: Happy, fun loving, likes to have games and be happy and please. She likes to please people. So generally, although we have had some setbacks since we started with you, and I don't think it is anything to do with you, it's just our setbacks, I would still describe her as likes to have fun, and she's happy, and likes to please.
4	3. M: That's good. Yeh, good. And this is that strange question, Do you ever wish you could raise Sally, I know you are, so what do you think about raising her?
5	4. N: I love raising her. Its hard work sometimes, and I feel upset about it sometimes, because we have taken this huge step forward and then we have taken this little step back and it can be quite hard work. But I would not have it any other way, I would not turn the clock back, I would not change a thing. So I am thrilled to be raising her. Definitely, definitely, I would not change a thing, ever, I well, as I stand and sit here, I could not imagine life without Sally.
6	5. M: How lovely for her.
7	6. N: Yeh, yeh, I would not want to swap her at all. Ever.
8	7. M: Good.
9	8. M: And how much would you miss her if she had to leave?
10	9. N: I have sort of answered that, the whole world. It would be dreadful. Massive hole.
11	10. M: I can see you are getting
12	11. N: Yeh, definitely. Can't imagine it, even though some days I get upset and I think ohh, but I could not imagine life without Sally. I have put a lot of work into it as well.
13	12. M: Absolutely you have. Yes, and it is working. How do you think your relationship with Sally is affecting her right now?
14	13. N: Fully, I think. Full, because, my relationship with Sally, that is what you said? Fully, because I think she does look at me for the way to go, and what with school and myself I think it is totally affecting her life. Because I think she is trying to please and follow what we say is right, hopefully.
15	14. M: Very positive. And how do you think your relationship is going to affect her in the future? So long-term.

16	15. N: I'd like to think it will. I would like to think that she would listen and be affected by the way we live. Already lots of things are in her, you know, even just sitting at the table, we all eat together. There are lots of little things and she will tell people 'you got to take your elbows off the table, that's very rude.' So she listens to me, we got our own silly little ways, and I think how we live is going to affect her. Totally.
17	16. M: Yes. And what do you want for Sally right now?
18	17. N: Right now, just to relax and be happy. That's all really. That's a big ask though, isn't it? Yeh, just to be happy. Just chill out, enjoy life and be happy.
19	18. M: Okay and what would you want for Sally in the future?
20	19. N: The same thing. And I think the rest will follow. I want her to do well. I want her to realise you got to get on in life. I'd like her to do well at school. If she doesn't we will find another avenue. But I am opening as many doors in sports and in bits and pieces, so that she can feel her way really. Find something that she finds really comfortable with. I just want her to be happy, comfortable and I think if you feel all of that, everything can just follow and slot into place hopefully.
21	20. M: Yeh, and is there anything about your relationship that we have not touched on that you would like to share?
22	21. N: I don't think so because I think we have talked about the bits where we have stepped backwards, and she tries to reject me and I think she tries to destroy it because I think she is so frightened that it is going to end. I don't think still that she believes this is her life. She can't trust still. I think she does start to trust, and something, ooooh, can't trust this, can't trust this, it's happened before, she's moved on.
23	22. M: It's a big thing.
24	23. N: It is a big thing. And it's only been a year and a half, and sometimes I think, it has been a year and a half and you know, but we had four perfect months, we have had a few setbacks in the last couple of months, but, she seems to be dealing with them quicker. Everything is being resolved quicker. Instead of having a whole bad day, we will have a couple of bad minutes, or a bad hour, depends how bad the situation is or how she feels, but certainly resolving things much quicker.
25	24. M: That's a big difference.
26	25. N: That is a big, big difference, yeh, she can get over something in a few seconds now. If she wants to. Sometimes it can roll on, but mainly we are resolving things much quicker, we can move on, I don't hold a grudge, when I say something is dealt with, it's dealt with. No good keep talking about anything we move on. And I think that she is learning that, we don't keep talking about what went wrong, let's talk about all the good things that we are going to do later. Yes, so move on. I always say to her if she feels bad, 'let's think of something happy, what makes you feel happy?' Let's do something that makes you feel happy. There were times that she used to feel bad in bed, 'let's make your bed a happy bed,' How many things should

	we put on it? Don't matter how many things, they can all fall off in the night, it don't matter, let's make it happy. Well of course she did, I like that one, I like that one. I think we counted one time, 19 in her bed, but, makes you feel happy, makes you think of good things, that's good. I always think that the bedroom has got to be a happy place because that is where you got to go to bed and have sweet dreams well for them, 11 /12 hours. So I try and keep that sweet. The bedroom.
27	26. M: Yeh, Building on that, can you think of a situation where Sally was particularly upset or angry, or just when she was just unsettled? Recently.
28	27. N: Yeh, last time, I can remember this, and I could not think of one thing because we had just had four months, and we had incident after incident. Erm, yeh, I think I have already mentioned to you, last Saturday, were trying to go off and trampolining, they were on the trampoline and we were going off, and she would not get off the trampoline, she said, no, no, no, I'm not getting off, and she got extremely upset, about that, because we were going out, I think her mind got over excited, she did not know how to cope with the excitement, but also recently we have had a lot of incidents where if I have said 'no honey, no you can't have that,' she has had an outburst that is not really appropriate to what I said. The one where she was banging her head against the car seat, she had a big board, with three felt pens, you know the 99p ones, pound boards out of the market, 'Can I colour in in the car?' I said, 'no because you might go over the edge, when we get home,' 'cos she likes to do it neatly, she doesn't like to go wrong, 'I hate it when you say no' and she was banging her head on the back but there has been quite a few of them just recently, for some reason, she thinks we don't care if we say no.
29	28. M: So when those things are happening, what are you thinking about?
30	29. N: First of all I might think, whoa, this isn't, I only said no, but erm, depends, when we are indoors, and she does it, I let her have her rant, and then I talk to her, no doesn't mean that I don't care. Actually it's because I care that I need to say no.
31	30. M: That's quite a different way of looking at it isn't it?
32	31. N: Because if you care, because if you don't care, you could just let that person have or do. Food sometimes it's because of her teeth, or because we are going out for a meal, I do try and give a short explanation, not too much because it over fills her head, and she's bored by the time I've finished talking. But erm I try and talk about it. I mean sometimes I think, oooh, gosh this is just not on, I have only said no, and sometimes I don't give much of an explanation if it has gone on several times, I might, I'm going to walk away. And actually that's quite a good thing for Sally sometimes, 'cos then she will come, Sorry N, and write me a little note. So if I don't always explain, it's not always bad, because she will come and 'well I am sorry.' Sometimes I feel upset about it, she knows, 'oh good, I have upset her because she said no' but she'd soon say she was sorry. But I do feel upset sometimes when she says I don't care, I know it's only words from her, but you think, care, I love that child to bits. And I tell her that as well.
33	32. M: Maybe that's the reassurance that she needs at that particular time.

34	33. N: Yeh
35	34. M: As you were saying that uncertainty she's feeling.
36	35. N: Yeh, yeh, she thinks, no means you don't care, that's it, no is going to be to everything now. I'm finished for. It is insecurity that she gets like that.
37	36. M: It must be terrible.
38	37. N: It must be terrible to feel like that. It really must, I really feel for her. When she is getting upset over nothing, I do totally feel for her. Because she does little instances at school, loses her friends for few hours, or a minute, and then that knocks her back for a day or two. So I can understand her feelings, but not everyone around her can. So I might be able to deal with it, 90 odd % of the time okay, but a lot of the people around her aren't willing or don't know to understand.
39	38. M: And do you think that your clear understanding of her feelings and what she is doing, do you think that goes with her when she is dealing with other situations so that she knows that there is somebody that understands her?
40	39. N: I think sometimes, yes, because sometimes she is really focused on that, 'cos you can hear it if she is dealing with A. She will repeat something I have said, or do a reassuring thing to A so I think, when S is in the right mind, yes, what I have said to her comes out and I have heard her talk to other people like it. And the school have heard her say to someone, 'we love you but we don't like what you are doing right now.' So I think that she does think about what I say and I think she does understand and use it on other people. But she doesn't understand why other people don't understand her. I think sometimes.
41	40. M: But that is also an age thing isn't it?
42	41. N: Yes, yeh, probably.
43	42. M: So are there times when she is in those situations that you think I should have done that differently?
44	43. N: Oh yeh, oh yeh, I am always reflecting on myself. But I think I am quite hard on myself from what people say. I am learning that now. I used to worry sick when she gone to bed, and I used to think of a situation and she'd flared up and I might have walked away, and then I think I should not have walked away, I should have comforted her. But I have learnt, you know, if you comfort her it is too soon, she's not ready for that. So it does not matter what I do, I always criticise myself, and I always think, especially if it has turned into quite a biggy, and she has gone upstairs screaming and kicking, and I think, oh, have I fuelled that? You know, because sometimes I am quite firm, I am quite matter of fact, no, won't give in and then sometimes I sit there and think, should I have given in, no she can't walk over you, she's only a child, you know. I come from one conclusion to another, in a few minutes. I criticise myself all the time. And I do reflect and I do think of how I have done. With both the children. I am quite hard on myself and I try and explain to myself and talk to myself why I done what, 'did I feel ratty?' 'Cos sometimes I think, I was a bit hard, but then I have just woke up, I haven't had a cup of tea yet, you

	know. I am only human but I am hard on myself. I think I am quite hard when I sit there thinking about what I should have done perhaps shouldn't have done.
45	44. M: Okay, on from that, after watching the clips were there any that were particularly interesting for you?
46	45. N: Well, I thought most of them were pretty interesting, because when you see yourself it is quite interesting. I am quite pleased with it. Even on my side, I could criticise myself quite easily because there's time when I am like, no, you know I am quite matter of fact but that's obviously the way I am 'cos it's, I am quite pleased, I do appear to give space, and they do, well S does connect with me, and listens, so I think overall I am quite pleased.
47	46. M: Good. Good, good, good.
48	47. N: I could pick myself to pieces, but at times, but. If I have been a bit quick to jump in, like when I thought there was the bit when I ... don't do take one out the box, I was quite aware of that in some ways, 'cos I was soon bring the voice down, get in there, get her back on track, you know I think, you know, for me, you know, I don't normally boost myself up but I think there is some good bits in there.
49	48. M: Loads of good bits in there. Loads. And is there anything from the video work is there anything that has made you think differently about S? From having done that, the work.
50	49. N: Yeah, I realise how much she has changed by watching it. I do anyway at home, but to actually watch her because if I am playing with her I can't always tell how relaxed she is but to watch her, she is totally relaxed, totally likes her time with me, and when she is interested she is, and sometimes she doesn't want to listen to perhaps the way it is but she does. Within a few seconds she's doing it. Copying, I didn't realise how she copied me so much but I was told that when I was assessed in the very beginning about having the children and she said, the first thing she noticed was S, when I was playing a game with A on her hand, S was straight away tipping her head and doing. But I had forgotten about that little bit 'til I've watched that. So yes. I am pleased with that, very pleased. To see S so relaxed, you don't quite notice it when you, you do, but not in the same way as watching that.
51	50. M: Well just at having looked at how, with that really tricky, the last one we looked at, how tricky that was, it would be very difficult I think to be thinking at the same time, 'oh isn't she looking relaxed.' You're thinking what do I have to do next? How do I make this alright? Because there is an awful lot going on. At that time there was an awful lot going on.
52	51. N: I can feel if she is relaxed and enjoying it, and I can feel if we are at home, oh

	she is getting a bit tense, let's do something about this. But to actually watch it is quite lovely. Yeh. I think we have benefited from seeing that.
53	52. M: I have asked about S, is there anything you think about, having seen yourself do you think about yourself differently having looked at the clips.
54	53. N: I am probably a bit more positive but then you boost me and you are working on the positive, and I think it does help me when people are more positive because I never think I am very good at anything anyway, so I do need to stop thinking silly stuff. It does help that yes, you've done very well there, you think oh, good. 'Cos when S has a setback I think it is me who feels a failure, and that's why I question myself and think 'what could I have done differently?' I blame myself I suppose. When I sit and I am very rational, I don't blame myself because I know what S was like when she came and I know what she's like now. So I don't really, but obviously if you feel a bit low 'you done that a bit wrong. If I'd done that perhaps she wouldn't have done that.' I think it does help doing this sort of thing and somebody helping you along a little bit. Because it is hard work isn't it. Bringing up two, when you have already brought your own up. And you are frightened of going wrong; you are frightened of doing the wrong thing so I think it has been really helpful.
55	54. M: Good. Generally, happy you have done it?
56	55. N: Yes, mmm. I like to do anything that might be useful. 'cos it only sometimes takes one little thing, probably me watching myself, I probably picked it up unconsciously and I have gone off and corrected it, I don't know. But it never hurts to do anything like this. See what's happening. You get a clearer picture of everything.
57	56. M: Do you want to have the clips?
58	57. N: Only is it is not too much trouble.
59	58. M: Is it something that you would like?
60	59. N: It might remind myself. I don't know if I would use it right now, but I think maybe, if things got bad or it would be nice to have in years to come. Perhaps.
61	60. M: And we haven't shown S either. So if you wanted to show S and I am also very happy to show S if S wanted to have a look, so it might be something you could ask her, and if she does want to have a look
62	61. N: Well she'd say yes anyway, just to get some more time with you.
63	62. M: We can do that. I can do it or we can do it. We can show S. And see what she thinks of the game playing
64	63. N: She loved it. She still comments, 'are you coming to my school today?' She's thoroughly, oh yes, mentions it quite regular.
65	64. M: So if we were to find a time where you and I can have a look at the clips together with S, let's do that. So that she can see. And then I will make sure that

	there is a copy for you to have.
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11.9 Jacqueline Interview One Transcript

Para	Jacqueline Interview One Transcript
1	M: If we start with Georgia, I'd like to begin by asking you to describe Georgia and what her personality is like?
2	<p>J: She can be very loving; you find it hard to read her emotions sometimes. She finds it hard to express how she is feeling. She likes a lot of praise, and she responds very well to praise. She likes to be in control if she can be and she tries to control everybody from youngsters to adults. It is getting easier; she is learning that she can't do that so much. She doesn't have anger tantrums or anything like that, but if she is asked to do something that she is not really interested in doing she will just go silent and blank you, and sort of blank everybody else. And cut herself off. If you ask her a question, it could be anything, something nice or something that she had done and you are asking her about it, she will just go silent, look at you and won't answer. Depending on mood, sometimes she can just answer you straight away, and other times she will just cut herself off and she will just look at you as if you have just come from another planet. So you have to work round that and you have to try and figure out a way of approaching her to find out how sort of, open her up and get her to answer questions. She has got a very nice personality, most of the time, she finds it difficult to make friends and I think that is because she does not show how to show emotions and she does not know how to show that she likes somebody or not. She finds that very hard. Even though we have spoken to her about it and we try to explain to her she still sometimes reverts back to what she was before and she can be quite blank, her expressions people don't know she is happy, sad, or wants to play or not to play. Sometimes she can sit there like that, and they will think she is angry with me but she is not, it's just that she has gone back in herself. And if you talk to her and say, 'What's the matter? Are you okay?' She might snap out of it, and she will say, 'I'm fine. What's the matter?' So it is something that she is learning slowly but she does revert back. But she is always willing to please, and at home she is, and my understanding she is at school as well. Sometimes she is a little bit lazy, and might disappear somewhere so she does not have to do something. But that is quite normal. Yeah, no, she is a lovely girl, I mean, she is lovely, I think anybody would fall in love with her, as a child because she is quite adorable. And when she does smile and she is happy, she's quite sort of like, you feel like picking her up and cuddling her. She is a sweetie. She's lovely. She has got a lovely personality, it's just trying to break through the barriers with her sometimes can be quite difficult. Either something has happened at school or maybe a contact hasn't gone as well as should have, or something has clicked in her brain, and she will revert back to what she was before. There will be the blank expression and you don't know what's wrong with her and how to get round her that and find out what's going on with her. She doesn't open up very easily, if there is something playing on her mind, it takes a lot out of her to be able to tell you what is going on. She finds it very difficult to tell you, explain to you what has happened and why she is upset if she is upset. 'Cos she doesn't show emotions, it is not very often you will see her cry or really get upset. It's very, very rare for her to get upset. Which is not good because obviously you want her to be able to show her emotions so, sometimes she does, so you know, if you say that you are not happy with her about something she might a bit upset, you can see, but she does not like to show like openly, show her emotions. So that is something that we are trying to work on, that she needs to be able to express herself more clearly.</p>
3	M: That is something to think about. Okay, same question

4	J: Jack. Again he's lovely. He's very, he's more sociable to a certain extent, I think, he came to us when he was four, so he had a little bit more input. He does show his emotions. When he first came he didn't. Now he will cry if he is upset, if he has hurt himself, which he didn't when he first came, which was quite frightening. We had a eureka moment when he fell over and cried. It was actually, 'yes'
5	M: That sounds terrible,
6	J: But yes, yes he's crying, but good, sounds awful. I phoned the social worker and told her that he actually cried, and she was like, 'oh, great.' He's very bubbly, he's very friendly, he gets on with most people, he tries to make friends, but I think he has got some obviously learning delays and doesn't understand emotions as much as a child of his age would do. He finds it easier to show his emotions. He will show if he is happy or sad. He also has the cutting off with, say if something has upset him, he will cut off and go blank sometimes. Understanding, I think his understanding what people are asking him, or telling him half the time he finds that very difficult. And you have to speak to him very plainly and explain things to him very well otherwise he doesn't understand. And I think that is one thing that he might struggle with within school because obviously in the classroom there's plenty of activity and he might get lost. He also loves praise, he loves to do things right, he doesn't like to upset people. Can be a little bit jealous of his sister, if let's say I am doing something with her, and he is not involved at the time, it could be homework or reading, and of the baby because obviously he needs a little bit more attention, and I think because now he is moving around a little bit more, he finds that a little bit, mmm, you know. So that is one thing that we are trying to work on that his understanding of, he's a toddler, he will be, invading all your space and. He will be getting that bit more attention because he needs to be helped where as he is a bigger boy now. He cries when he gets upset, if he gets upset about something, he shows when he is very happy, he gets excited about things, more so than his sister, like if it's Christmas time, he shows his emotions, a little bit more and shows an interest in other people and what they are doing. Which is great. He has got a few people that he says are his friends in his class, and I think he does have one person that the really likes in his class. But again I think his understanding of people and people's emotions, which he's learning. I think he is really working at, say he's two, kind of three rather than being five.
7	M: Okay
8	J: With understanding people, and emotions and how to keep a space and things and spatial awareness, he's a little unsure of that. He will be on top of them, so he has to understand that people do not want you in their pocket. Like a little bit of space in between. He's very dependent on his sister, which we are breaking a little bit, and he's sort of a little bit more independent, and standing up for himself whereas before he would just, Emma would speak for him, do for him, tell him what to do, and he would just sit there and he would be very submissive. Whereas now he will say, 'no, I don't want to do that,' and he will actually tell her what he wants to do. Which is good. But again, a lovely child, another one that you could easily fall in love with. So hopefully, they will find a home for these two because I think they deserve a good family.

9	M: Okay. Do you ever wish you could raise Georgia and Jack? That they would be with you forever.
10	J: In a way yes, but because of the circumstances with the parents, and the risk to them, it would not be ideal for them to be around the area that their parents live in. The background of these two, they had three children who were put in care, and the placements have all broken down because of mum's interaction, so obviously they live local, she was able to manipulate it a little of what the children were doing as they got older, and I don't want to see that happen to these two.
11	M: okay
12	J: I really don't want to see that, I'd rather them move away, and be somewhere and be away from her influence so that they can have a proper normal life, rather than be subject to that sort of manipulation, which the social worker knows about. I have spoken to about it and she agrees with me, so. Sad but for them. Rather than for us.
13	M: How much would you miss if Georgia and Jack had to leave?
14	J: I'd miss them a lot. It would be part of my life gone. They have been with me nearly two years. So it would be a big part of your life gone. I think, I trained myself to detach from the bit if I knew that they were moving on if I knew that they were moving on to something better for them, for them I would detach myself. Push them to attach to someone else. But obviously a big wrench. It's a big wrench for any of the children moving on from my house. They are part of your life, and they are part of your family, and they are treated like they are part of my family, they are family as far as we are concerned, so we are very strange but, I hoping that one day they will move on to somewhere better for them and they will be able to start a new clean slate, new life, new friends, new school, away from here, away from influences, move on to a good life. Hopefully. I hope. For them.
15	How do you think your relationship with Georgia is affecting her right now?
16	J: I am hoping that it is affecting her in a positive way. In the beginning she was calling me mum, which was obviously a bit confusing in school so it's J. I think that she has a good bond with me and I think that she trusts me. She loves a cuddle, she loves one to one time with me, we try to give that with both children, I am hoping that she feels that the relationship with her is quite positive, and I am giving her what she needs as a child. I took her back to being a little girl, like of 3/4 when she come to me, 'cos obviously she had missed out on quite a bit so I started again with her. So it was basically back to role play, games, and teaching her things and basically treating her like a little child, you know rather than, so I am hoping that's having a positive role on her and she does seem to be happy to come out, when she comes out of school, and happy to come home. From what I understand when she gets contact and she's always very eager to come home again. So I am hoping that's a good sign. She has quite a lot of say in things, when we go places and do things, and like clothes wise and things, so she gets quite excited about things like that, choosing different clothes, like birthdays and Christmas, and choosing what she would like for her presents and things. So that has all been quite positive for her. And she has started Brownies and making cakes. She enjoys that sort of thing. So I am hoping, she might say something different. I think it has been quite positive. I hope so.

17	M: I am sure it is. And same question, how do you think your relationship with Jack is affecting him right now?
18	J: I think also it is quite positive. He relies on me a lot which is good, that's what he needed. He needed somebody to rely on. He's learnt quite a lot. Again I had to take him back to younger to what he was, so he loves playing with baby toys which is fine. Because I think he missed out on that. And he has gained a lot of confidence which he didn't have before. With everything, about going to the park and being on the swings, and the roundabouts, climbing on things, trampoline and that which he he had never had the confidence in himself to do before. He's become a little man, he's really come a long way from what he was. He's running around, which he wasn't before. Health wise he's 100 percent better than he was before he come to me. He's learnt how to eat different foods. He would eat everything now. You could put anything in front of him and he would eat it, whereas before if he did not know what is was he would not touch it. So the same a good relationship, I suppose he treats me like I am his mum basically. He'll look to me if anything is upsetting him, and he's doing something and he's looking to see if I am looking, to make sure, whether I am not looking or whether I am looking to see what he is up to, always happy to go into school, come out of school, and everything, quite chirpy and happy, same when he goes to contact, he will ask when he is going home basically, he's quite happy to come back to the house, I think he has thrived on routines and things which he didn't have before. So he enjoys that, and he knows his routines and one thing that we have to try and do is not change anything unless we tell him before, because otherwise he gets very confused. If you change something he can't manage it. And it's also giving him instructions, small instructions, one or two at a time, otherwise he will forget what he is supposed to be doing and get confused. So I think that is how he has learnt more I think because we do that. Very confident little boy now which he wasn't before, so it's good. I am hoping that he has got the relationship and it has been good for him. It seems to be. Apart from when you tell him off obviously. Which is like most children, they don't like that.
19	M: Its life isn't it? So how do you think your relationship with Georgia will affect her in the long-term?
20	J: I am hoping that it has been a positive relationship and it will help her to build relationships with other people when she moves on. I think that she is more aware now that she can talk to people, people are going to be there for her if she wants them to be, I think that she has that bit more confidence in herself that she can say what she wants and doesn't want. So that I am hoping that it will be positive and that it will help her, be able to build relationships with other people, and obviously I think that she will try the manipulation at first but that is something that she has had to learn to survive, but I think once she gets to know the person, people, where ever she is she will understand that that is not going to work. That she will build positive relationships with people, hopefully soon and if not then in the future. I think because she has had, she will build from that. I am hoping so anyway. I think she has learnt a lot and it shows at school environment and now she behaves in school with teachers, and I think that she has become more talkative, enjoying the school work and being able to talk to people whereas before she would just sit there and would not be able to talk. Be able to open up to people, she communicates more with people in the classroom whereas before she would just sit there and not talk to

	anybody. Not put her hand up or anything whereas now she is more accepting of herself that she can do it. She will be listened to as well. She did not have that before. People help her with her relationships.
21	M: Same question again, for Jack.
22	J: The same, he is now able to trust people and talk to people and know that people are there for him. That he is not on his own, that he does not just have to rely on his sister. Whereas before she was his rock, she was the one who he looked to all the time. He again has become more confident in class, with teachers and other staff and that, saying what he wants, and interacting with people, putting his hand up, if he knows something now he will say it rather than just sitting there not saying it, whereas before he would just sit there and pretend that he did not know anything. Whereas now he is putting his hand up and saying answers to questions. Helping other children which is great. Hoping that's a building block towards other relationships, confidence is there, and that sort of thing a boost for different relationships, with different people and trusting. He's not that confident that he can go to clubs or anything on his own at the moment but he's getting there. I'd say after his sixth birthday I am hoping that he might have that little bit more confidence that I get him to have relationships with other children of his age group, and older children. He's done really well withwho worked with him as well. It's more structured socialising and playing football, and generally you just have to give the ball to each other so it's not so much interacting with other children whereas in scouts and brownies they are having to do things together and interact together, so I am hoping that will help him as well.
23	M: What do you want for Georgia right now?
24	J: I would like them to get a good adoptive parent. A family for them so that they can really feel that belong and it's theirs' and that they are going to be there forever. I think she is ready for it. And she knows that is what they are looking for, so I am hoping that they will find soon for her. Because I think she would just make somebody a lovely daughter. If she has got that stability there she would be quite happy. I think she would just fit in fine, like she has been there forever. Because she did, after she had been in my house after a couple of weeks and we had sorted out all their bowel problems and that, it was like they'd been there forever sort of thing. Part of the furniture. They were there, that was it. So that is what I am hoping for her. That she'd find a family, that she will fit in and she will have a good life. That is what I want for her. That is what I am hoping.
25	M: Well fingers crossed. What do you want for Jack? I appreciate that the answer might be very similar.

26	J: A family. An adoptive family to come forward for Jack. Someone to make him feel that he belongs and that is the thing forever. He would be quite happy to stay with us forever. And has told the social worker that, and obviously that is not the best idea for him, obviously because of the situation with the parents, they can find a nice family for him that he feels he fits in and belongs. And obviously be with his sister still, because of the very good relationship. Just that he is going to be a very happy little boy and start a new fresh life.
27	M: Okay. This is probably very linked, what would you like for Georgia and Jack in the future?
28	J: I just want for them to be happy, to still build on their confidence, and go ahead with their education because they are doing really well at the moment, and hopefully that will carry on in going forward, getting better for them as they are going along, just to make some good friends and to be happy children. Get what they want from life. Happy and exciting things that they can get on with it and be happy. I can see them, if they carry on as they are at school, doing well with their education, that they will go somewhere with their lives. Obviously they are too young to know what they want to do yet, but I think that they both enjoy school, and as long as that carries on, I think that they will do really well, to be happy children, enjoy life.
29	M: It's a biggie, isn't it?
30	M: Is there anything that we have not yet touched on about either of the children, with regards to their relationship?
31	J: Apart from the business of Jack being very reliant on his sister, which has gone down a little bit anyway, and her trying to manipulate, I don't think so. I think that they both got obviously delays, emotionally and educationally, understanding of language and what people want from them, they both find very difficult, sometimes. You have to be very careful how you put things with them so that they understand what you mean. They put their guard up quite quickly, if they feel they are being told off or asked a question that they don't want to answer so, that's about it, I don't think that there is anything else. They might get a bit excitable when they know that they are being filmed which is fine. Like most children anyway, even the 41 year old does that so, that's normal, so, Georgia might put on a bit of a shyness when she first sees you so, she's not really that shy but she might go all quiet. I think it is just making sure that Jack is able to talk for himself, and that Jack, I can handle that initially, because Jack take control, and hopefully he can have the confidence turn around and say, 'I'm talking.' Which he does sometimes. Apart from that, there's nothing else.
32	M: I appreciate what you have been saying about Emma, about not showing emotion, can you think of a time when she was upset or there was clearly something that she was not very happy about, where things were going wrong?
33	J: One incidence where she was really, really upset, was when she come home from a contact once and something had happened in contact, and she didn't tell me anything straight away, was only when I took her to bed, and she started getting upset, and she told me something had happened in contact and she really broke down and cried. Really cried. Which was the first time she'd really ever shown a lot

	of emotion. Other than that, I think, when she has been playing with something, and she has done something to her brother, upset her brother, or something and she has been told that she can't play with that certain thing she might cry, not very often though, it's very sort of, not show any sort of emotion, yeah, she doesn't really show.
34	M: So are there times when, just think about the play with her brother, when it is going wrong, so can you think of a time when it has gone wrong? And it is that she has just not quite got it right.
35	J: I think it is when she is trying to control things, and it doesn't go her way. Say her brother won't do what she wants him to do and she will get, I won't say upset or angry, but she will be quite you are going to do this and she will sulk. If he refuses to do what she wants. She doesn't cry because of it, but she will can, will sulk and she will give him 'the evils.' Because he is not doing what she wants. That's the only time she shows, 'I'm not happy about this.'
36	M: So when that is happening, what are you thinking about?
37	J: If I see that is happening, I usually try to take her to the side and try to explain to her about sharing and about not telling people what to do all the time and if you are playing together to play nicely together and you both should have a say in what you are doing. Say if they are playing shop, and she decides she wants to be the shop keeper, and he is not allowed to have any money, and he has to buy what she wants him to buy, explain about taking turns and if he is the person buying he has to be able to buy what he wants to buy and he does need the money to buy things like you do in a shop. Because when we go shopping I give her money and say, 'right you can go and pay for this.' And explain it to her that you have to have turns and share nicely, and not try to control everything. As often the problem is that she likes to control everything. But that is so she knows what the outcome is going to be. So I try to explain that in certain circumstances you mustn't, especially when you are playing games. Usually talk to her and she is fine. Sometimes she will sit there and sulk and she won't take any notice of what you are saying basically, 'cos she just does not want to, she wants it that way and that's it. So she will sit and sulk. Not for very long, maybe a minute and then she will start playing again and they will be fine. But that initial being told she doesn't like.
38	M: How do you feel about her doing those kinds of things?
39	J: In a way I understand her and I understand that she wants to be in control, because I think that is what happened before. And I always think about what might be going on in the back of her mind from before, from before she came to me. So I don't get angry or upset with her, I just sort of try to explain why you can't do that. The only thing that worries me sometimes 'cos if I think if she is like this at home, what is she like when she is with her friends at school. Does she do the same thing? Obviously that might affect her relationships with other children because of her trying to manipulate and trying to be in control all the time. So that is a worry. I think you just deal with it, you just get on with it. You don't really think about it at the time, but afterwards you think, oh, maybe this or maybe that? Or why is she being like this and then you think, past wise and what she was like when she first came in. That she was in control and she needed to be in control for herself, I just

	get on with it and don't over think it at the time.
40	M: And do you think, and this is a bit of a strange question, do you think your reaction, her reaction would be in a similar situation?
41	J: No, when Jack has tried to be bossy, and telling her what to do, she will turn around and say, you can't tell me what to do. She'll say, 'You can't tell me what to do, you're not my boss.' And then she will say, 'We are playing together, if you are not going to play, I'm not going to play.' And she will do that. And a lot of the times he will stop telling her what to do. Or he will 'J' and you have to go and sort it out. A lot of times she will say you can't tell me what to do, we are all playing together, or we need to share, so I think in that way, she does not like other people doing that to her, but she still wants to be able to do it to other people.
42	M: And when this is all going on, what do you think Mark is thinking?
43	J: I don't think he really takes much notice to be honest. I think he is quite used to it. I think he appreciates that she gets told when she does do it. But I think he realises that he does not have to sit there and be told what to do and manipulated. He didn't show that he took much notice in the beginning but now I see that he does actually stand up for himself a little bit more and he will tell Georgia if she is trying to boss him about, and that, and he will say, 'I'm not doing that, I don't want to do that.' Whereas before he was very much okay, whatever you say, he didn't get upset or anything when she told him what to do, because he was used to it, whereas now he will say, 'I don't want to play if you if you are going to tell me what to do.' 'It's my toy, I want to play with it this way.' So he has started to stand up for himself a little bit more and be able to talk for himself a little bit more.
44	M: And when those things are happening, when she is being controlling, would you like it to be different or what would you like to be happening instead?
45	J: I would like to see her play, to be a child and to play without trying to be in control all the time. To enjoy from the game rather than over thinking things and like trying to be the boss and that sort of thing. Because I think when she is doing that, half the time, she is not actually enjoying the game because she is trying to control everybody else and what they are doing and making sure that they are doing what she wants them to do rather than enjoying from the play which is quite sad. Because she is overthinking all the time. She is not enjoying the moment. I'd like her to enjoy from the game rather than to be in control I think. To understand that to be in control is not always the best part. A game, it is the whole part of taking part and doing the thing.
46	M: And that is quite hard isn't it?

47	J: And I think it is quite hard for her to understand that so, sometimes she is getting there, and then she will revert back a little bit. I think it does all depend on what they are doing but I think if I am sitting with them, maybe doing something with them together, she sort of remembers, that she doesn't have to be in control, it's only when she is left to her own devices she goes back to, 'I'm the person, I'm doing what I want to do, you got to do what I say.' I think that is when she finds it hardest when she is left to think on her own if you know what I mean. And then she has to control it because then she thinks she knows what is happening.
48	M: And you can understand that.
49	J: Definitely.
50	M: Similar question with Jack in mind, a time when he was upset, angry or things were going wrong.
51	J: When he first arrived with me, he used to get very upset, the only thing he got upset about is if I had to take Emma somewhere without him. He was fine if I took him somewhere but not with her leaving him. That used to upset him. He used to get very upset. Not so much now. He still watches, and mmmm, 'what is going on?' He'd get distressed about that. He also showers and baths, not now, he was petrified. He was white knuckled, screaming, like an animal scream, every time I put him in the bath, 'What have I done?' That took us a while for us to get him through that fright and fear of being bathed and showered. That was quite scary, I had to close the windows of the house because people would have thought I was doing something quite bad to him because he was so upset. And that obviously distressed Emma because she, it distressed her before he even got in the bath because obviously something had happened and she knew and she was worried about him so, so at the beginning I had to have Emma stand at the door to make sure that she knew that there was nothing bad happening to her brother, and gradually getting him used to water, and that it wasn't going to hurt him. That was real fright and terror basically. It was really scary.
52	M: So building on that, so what were you thinking, that sounds terrible.
53	J: The first thing I thought was to comfort him and to talk to him, to understand why he was so petrified. He didn't know, not tell me why, obviously he just showed actual fear, so basically, something has happened bad, in the bathroom, so I had to basically reassure him, and talk through while I gave him a bath what I was doing. "I'm going to wash your face; I am going to wash your hands." Everything, I spoke to him as I did it. I just, sort of; basically, it frightened me, because ooh, what am I going to do? But then I took, okay, you know, something has happened. I need to reassure him and for him to understand why I am giving him a bath, and that it is not scary, bubble baths, toys in the bath, make it fun, get him to hold the sponge, whatever, get him to do the sponge himself so that it is not going to hurt him and things like that. That went for a couple of weeks, and then we had a eureka moment when he would actually sit down in the bath and he done that himself, "I'm going to sit down," "Good, okay," so he did, and hey, just act natural, but then phone call to the social worker, "He sat in the bath." That was very frightening. I'd never seen anything like it before in my life. It was like; close all the windows otherwise like all the neighbours will think we are killing him basically, 'cos it was like he was really

	<p>scared. I have never seen anything like it. Frightening, really frightening. And then after a few, it didn't take Emma 2 weeks to understand that nothing was happening to him. I think it was, the first couple of days, she'd be (looking like listening) like that, but afterwards she stood back and she understood that it was fine. Nothing was hurting him it was just that he was upset. So she started to relax bathing that was like her being the carer of him basically that worried about him all the time. That's all subdued and she is quite happy really when there is bathroom, being safe, so that was a bit scary.</p>
54	<p>M: Yeah, wow. And so you described being frightened, and being scared, any other feelings about that time?</p>
55	<p>J: Other than that no. He didn't show any other emotions. If he fell over he wouldn't cry. When he first come to me he would soil himself, and pee himself quite freely, wouldn't even think about it, he'd carry on walking around like it was nothing. So he did not show any emotion towards that at all. But that was, I think because no-one done anything about it when they was at home, so trying to teach him the understanding, that that was not what he should be doing at his age. He didn't smile that much. I suppose he didn't have anything to smile about to be quite honest so he was a bit, quite withdrawn. He didn't get excited either, when he first come to me, he didn't show any excitement about anything. He was quite lethargic; he had an iron deficiency, tired all the time. He basically, he'd be the sort of boy, if you said to him, "Walk into the road," he'd walk into the road. He wouldn't think for himself, anything, he didn't know. If you put the clothes out on the bed, and say, "Get dressed," he'd stand there, wouldn't know what to do. He wouldn't get upset that he did not know what to do, he'd just stand there, he wouldn't show any emotion at all, so you'd have to explain to him, whereas now he will show emotion, he will show when he is happy, and excited, and if he was overwhelmed he would cry, 'cos he was upset, 'cos he knows he is going to get a reaction, that people are going to go to him, comfort him and find out what is wrong. The only thing that he did show was that frightened and terror, there was nothing else, no emotions at all. Couldn't hardly talk to be honest. It was very difficult to get him to talk anyway, so that was trying to find out what he liked to eat, was, okay, we don't know, we are going to have to try everything, and try and get him, he didn't know what things were to be quite honest, so it was quite hard understanding what he liked and what he did not like. Whereas now he will say, if he likes something or he doesn't like something. He will laugh, he likes to laugh, he didn't laugh before, but, he understands jokes and that, he will laugh, and he will try to make the baby laugh, do things because he sees that he laughs at it, so he does things like faces and things. Whereas before so,</p>
56	<p>M: Big changes.</p>
57	<p>J: Oh, definitely. Definitely big changes. I think we had people stand back and look at it from outside afterwards because you don't see it yourself because you are there with it all the time. Then we sort of, oh yeah, that is completely different to what it was before. That's the only emotion I say from him before. That is fright and terror. Nothing else.</p>

58	Number questions
59	How long have you been a foster-carer? 4 years
60	How many foster-children have you cared for? 17 / 18
61	How many foster-children do you currently have? 3
62	Biological children 17 and 22 year old. Both living at home too.

11.10 Jacqueline Interview Two Transcript

Para	Jacqueline Interview Two Transcript
1	M: Can you describe Georgia and what her personality is like?
2	J: Oh, dear, she is a lovely girl, she can be controlling, but obviously I have noticed since doing this, that she can give control to other people as well, sometimes when needed. She has a very dry sense of humour. Takes a bit of time to get a reaction out of her but when you do it is lovely and funny. She is a lovely little girl; she has a caring side which I have noticed in her reading. She got very upset about something that happened to somebody, which is the first time I have seen her show emotions towards other people, rather than herself, which was a fantastic breakthrough. It's not nice to see her cry but it nice to see her cry about something else rather than to do with herself which was great; it showed that she can got that part of empathy in her that was nice. She's quite quiet and sometimes needs a bit of prompting to get her to start talking but once she comes out of herself she is quite chatty, and happy. If she is then doing something that she is enjoying, she will then start to show a reaction and then start to be involved and communicate with people. She's a lovely little girl; I can't say much else really.
3	M: Similarly for Jack, how would you describe him and what is personality is like?
4	J: Again, lovely, funny little boy, I had worries obviously about his being able to control things and taking control of things for himself, 'cos he would sit back and let other people control him. Obviously since doing this, I have realised that he has started to take some control and feels comfortable doing it, which is great. His confidence has gone up a lot in the past couple of years. Grown into a little man really, and he is quite comfortable with himself, which is good. Excellent. He has got a funny sense of humour. That needs prompts about being focused but he does engage quite quickly once he has had a prompt which is good. And again the same as Georgia, if he is focusing on something that he is enjoying to do then he will focus on what you are doing together, which is nice.
5	M: Do you ever wish you could raise the two of them?
6	J: If circumstances were different in relationship to the family, I would not have a problem staying with them staying here forever but obviously for the benefit of them and their futures it would be better for them if they moved further afield. I am hoping that will happen, fingers crossed, very soon. I hope that they get a loving family that they can be with for the rest of their lives.
7	M: Fingers crossed. How much would you miss both of them if they had to leave?
8	J: Oh, it's part of your life, it would be like if you had part of your life taken away. They have been with me for two years now, the television is there, when it's gone it's gone, isn't it, there is something missing and it will be like that, and a little bit of your heart disappears with them, because obviously they are lovely children. And they will be missed a lot. So it will be very sad, but in a happy way for them. They will move onto something better. Hopefully.

9	M: How do you think your relationship with Georgia is affecting her right now?
10	J: Hoping it is affecting her in a positive way. She seems quite relaxed around me and sort of natural, not forced, she feels quite natural with me and it's sort of like, "I am there!" and that's it, so I think her understanding of people and what I am saying to her when I advise her and speak to her about things, is because I can and not because I want to rule her life, or be her boss, it's because I am caring about her and I love her, and I want her to understand, to have a good time and to have a good future. So I am hoping it's positive. I think it is, I don't know.
11	M: And then similarly with Jack, how do you think your relationship with Jack is affecting him right now?
12	J: I think it is in a positive one. And I think it is still very positive with him. He's learning a lot. He's built his own character now. He feels quite comfortable to say what he thinks and chat away, and natural obviously, he is natural with me, he doesn't, there's no sort of, like you would be with your mum I suppose. He's very comfortable, J's there and that is it. I think it is positive. He has come on a long way in the last two years and he is still doing very well and building on his personality and who he is which is great.
13	M: And how do you think your relationship with Georgia will affect her in the future, in the long-term?
14	J: I am hoping that she has learnt that she can trust people. That there will be somebody there for her that she can rely on and to enjoy and be a little girl and not worry about things that she shouldn't have to worry about. That she understands that now, and that in the future she will learn from that and just enjoy her life really.
15	M: Similar question, so how do you think your relationship with Jack affect him in the future?
16	J: The same again. He will understand that there are people here to care about him, obviously he had a sister all the way along, but he has got adults who will hopefully care for him, and worry for him, and there are people he can trust and that he can be a little boy and enjoy himself and have fun, and that he will be able to build attachments to other people quite easily now. That he understands now that he can, and that there are good people out there that will care and look after him. So hopefully positive and that he will excel really. Which I think he will really. He has got the determination there and he's lovely little boy. I think that hopefully it has been a good relationship for him and that he will build from that with other people.
17	M: What do you want for Georgia right now?
18	J: I'd love a family to come along for her basically, a forever family for her, and for her brother and that they can push the past behind them and look for the future, and be happy little children, which they should be. That is what I am hoping.
19	M: And is that the same for Jack as well?

20	J: That is the same for Jack as well. Definitely that they have lovely family and that they can be themselves, and enjoy life, and the past gets pushed back in the memory. And is just a memory and not, yeah.
21	M: Mmm, ok. And what do you want for Georgia in the future?
22	J: That she gets what she wants from life. She carries on with her education, carries on doing as well as she has been doing in school and enjoys from it, just has a nice happy life and excels in whatever she wants to do in life, and knows that she can do it whatever she wants to do and she can try.
23	M: And what about for Jack?
24	J: The same again, like that he carries on enjoying school. To learn that he has a fun life, and enjoys from it, and does what he wants to do in his life knows that he can do it, he can try anything. Not to be worried about it, just do it and enjoy from it.
25	M: And is there anything about Georgia and your relationship that we have not touched on that you would like to tell me, actually both children for that?
26	J: As foster mum to them both, I don't think you see what you do until this is something like this. And you see how they respond to things and how they come on I suppose. You live with it 24/7, you don't see the changes as much and I am pleased with what has happened with them, and I am pleased that they have excelled so much in their lives, in the way that they are and their little personalities have come out. And I have enjoyed being their foster mum and will carry on as long as need be, and hopefully will see them on to a forever family and am very proud of what they have done and what they have achieved in the last couple of years, so like a real mum would be I suppose. Apart from I am going to have to say goodbye to them.
27	M: You are.
28	J: It is for good reason though. And hopefully soon for them as well. I don't think you see what has happened until you look back on things like you have looked at the videos, like you do with your own children, you look back at videos and things, "Oh my God, they used to .." Same sort of thing for these two I think, it's surprising but nice surprise that you see such a difference in them. They got on so well, so it's excellent. And I'd do it all over again.
29	M: Can you think of a situation where Georgia was upset or angry or not calm?
30	J: Obviously we have touched on the book that we were reading.
31	M: So what happened there?

32	<p>J: It's the Selkie Child, I think it is called. Basically it's a story about the selkie seals that change into humans, and there was a fisherman and his wife who had no children and wanted children and there is a storm and the fisherman found a baby on the shore, and he knew it was a selkie child because he found the skin of the seal beside it. He took the baby as his own for his wife and obviously they fell in love with the child and brought it up as their own but the mum realised that it was a selkie baby and it was calling to the sea, to its family and she in the end gave the baby back. And Georgia was reading the book and read it with emotion. You could tell, and we got to the point where she realised that the mum was going to give this baby back and she started tearing up. Luckily I had read the story further ahead and so I knew what was going to happen in the story and I asked her if she was alright she just burst out crying, was really upset, so asked her, "What's the matter Georgia? Can you tell me what is upsetting you?" and I said, "Is it the story?" and she said "Yeah." I says, "Is it because she is having to give the baby back?" And she said, "Yeah." And I asked her what she thinks, what's so sad? And she said, "The mummy's going to miss the baby." So I explained to her that obviously mum realised that the baby did not belong to her and was not a human child, it was really a seal and it needed to go back to its family in the sea, and sometimes things like this will happen sometimes it is good that a child goes from the family to another family but in this instance the baby should have been given back to its real parents in the sea because it was a sea lion and not a child, but I said, "Don't worry, if you read the story on, you'll see that the mum done the right thing and she will get rewarded for it." So she stopped crying and I said, "Do you want to carry on reading or do you want me to read the last bits so you understand?" So she said, "You read it." So I read the rest of it. Basically the mum cried seven tears into the water and the selkie seal's king who was the baby's father gave her, granted her seven wishes of seven children. So they had seven children in the end.</p>
33	<p>M: My goodness.</p>
34	<p>J: So she saw that it was a nice story at the end. It was quite happy. So she was happy in the end about, yeah, it was the first time I'd seen her really, really show any proper emotion towards something else rather than her, about herself. And she was really upset about this story. And that this lady had to give this baby back</p>
35	<p>M: So what do you think Georgia was thinking about when all this was going on?</p>
36	<p>J: I don't, the first thing I thought was, "Oh, maybe she was thinking about her family and being taken away." But then I don't think it was so much that when I was speaking to her. I think it was the fact that it was quite, she knew that this mum loved this baby a lot, and that she was giving it back and I think that she was from when she spoke to me is that she was upset because the mum was giving it back but she knew that it was the right thing to do obviously she felt the emotion that the mum was feeling that she was sad, that she was having to give something that she loved away. For her to show that sort of emotion towards anything was really, because when she came here she did not show any emotion at all. About what had happened or why. Didn't cry or anything. Didn't show. So and also people falling over and hurting themselves and there was not any emotion as such. She wouldn't show any emotion towards being upset or, "Oh they have hurt themselves," or anything. And quite often they see something on television, little things like maybe somebody hurt themselves and she'd laugh and not really funny is it? That person</p>

	has hurt themselves, you should be a bit, sort of, so for her to show emotion, for someone feeling real pain and hurt was a breakthrough basically.
37	M: Do you think any of it was related to you?
38	J: Oh you mean me giving them up? Er, might be yeah. Might be, I hadn't thought about it that way actually to be quite honest. Might be. I have tried to keep it very obviously what's happening is hopefully going to happen is going to be good for them, that obviously I love them to bits, but I know they need to move on somewhere special for them. And that it is going to be good for them, and that they are going to be happy so I have tried to keep it, not show emotion as such, towards that kind of thing, be quite upbeat about things and excited for them. Obviously, show them, I still know that I love them, and that, I care for them, so could be, maybe. Maybe she is thinking about that. It's going on in the back of her head.
39	M: There's a lot to deal with. Very powerful story.
40	J: It is. I was quite surprised being a reading book for a school. It's quite a sad story really, I was quite surprised. And when she was reading it to me but she showed that saw that emotion, bless her.
41	M: Okay, similar question for Jack, can you think of a time when he was angry, upset or out of sorts?
42	J: He shows emotion more than Georgia I think in certain ways. The only time that I have seen him really anxious or angry was, well not angry, upset, and scared is round water. Hysterical, like really, really scared, which is not so evident now. He is still a bit afraid of water, you can see, especially if it is cold water and like in the paddling pool, he is like ooooh, panic, panic, and you have to calm it down, stand here first, and then he will get used to it, but people splashing him in the face and things like that he doesn't like it at all. So that is the only really anxious, upset, like uncontrollable emotion that I have seen. He will cry now if he falls over which he did not used to before. Which is fantastic. Not because I want him to cry 'cos he is showing that emotion. As he knows if he cries he is going to get a reaction, somebody says, "Oh, what's the matter? Come here." And pick him up, give him a cuddle. Clean his knees or whatever, and things, so he knows he is going to get that from somebody which he didn't before so he did not cry, 'cos nobody was going to care. Whereas now he knows that people will care. He has got a good sense of humour, so laughter wise he will laugh at whatever, he will laugh at anything so it is quite amusing sometimes. He will just sit there and burst out laughing about something so it's quite.... "What are you laughing at?" I wish I had your sense of humour. Because he can just laugh about anything which is quite nice. Uncontrollable anxiety about water was quite frightening really.
43	M: So now when you have got the paddling pool out, what kinds of things are you

	having to think about to help him with that?
44	J: Talking him through things. Like first we say, "Do you want to go in?" So he has control of whether he goes in or not and he decides too yes, he wants to go in, letting him go in gradually, standing for a little while, get used to it, slowly sit down, obviously making sure that people don't splash him, obviously a baby will splash him in the face, so that is going to happen and we had to explain, it's not because he wants to do it, it's 'cos he's a baby. But explain that no one is going to do it on purpose to him, making sure that L does not do it on purpose to him to annoy him. And just keep it safe but nothing is going to hurt you. And talk him through basically. We have to do that with most situations with Jack, you have to talk through things and explain things to him so that he understands what is going on and nothing bad is going to happen to him. You have to talk things through things with Jack all the time. Like explain to him what is going on. We have all been invited to a friend of mine, who is also a foster-carer as well, she has got two children, to a swimming party and I need to prep him for that. Obviously got to explain to him before hand, what is going to happen, where we are going, and that you might get splashed, and I am going to be there, I am going to have all three of them there will me, so it's going to be fun.
45	M: How many arms? You need an extra arm.
46	J: Georgia is fine in water. Everything has to be explained to him, what is going on. And reassured about the sort of time and that he is going to be looked after, that nothing is going to happen to him.
47	M: So when he gets that kind of scared, so you can see that coming, what is your feeling about that?
48	J: I think I go into automatic mode of the calming voice, and talking to him. Soothing. So that he comes out of it. Sometimes if he is having a shower, you know sometimes showers go cold, and it's like ooooh, like this, alright Jack. So he doesn't panic, and he does calm down quite quickly now because he understands that nothing bad is going to happen to him. You have to go into an automatic soothing mood, to calm him down. And he comes out of it quite quickly. You can see him going in and calming down and get him to the point where he does not go full blast, panic.
49	M: So that is a change isn't it? Clearly you can see when it is going to happen, but also the coming out, is much quicker. So you have got the strategies in place
50	J: In the beginning weren't there because I didn't know about it.
51	M: Also he has got something he can learn. The practice of it. Will allow him to face his fears and that it will be alright.
52	J: He did swimming lessons last year at school, I think last October, which was a breakthrough for him to go in, you know, so that was fantastic, 'cos obviously there were concerns that he would not go in the water. But he did and he actually managed to put his head under the water in the pool. Which was fantastic. We were all, is he going to do it, but he did it. Very proud of him for that and that he

	actually put his head under and wasn't worried.
53	M: Goodness.
54	J: They will probably start again in September. Hopefully get his confidence even more. Because choice wise, if we say shall we go here or shall we go to the swimming pool, he will rarely ask for the swimming pool. Which is fair enough.
55	M: If he is getting to swimming parties and he can manage them that's great.
56	J: That is not something I am going to force on him or let him do on his own, he needs to feel comfortable with it.
57	M: Ok. So, after watching all the different clips, and the actual work that we have been doing, has there been anything interesting or that has struck you or that you have found useful?
58	J: I think because you do it naturally and you don't think about it, you don't realise how focused you are. Until you see yourself and you see yourself back and you say, "Oh, I am really." Because you don't do you, because you are so busy with everything and I see that I am and it was just good, I am focused on what they are saying and what they are doing, and I am not mind wondering off, doing something else. When we are doing things together we are doing things together which is great. The way they interact and respond with me, to see it, actual live, I do. Which is great. Cos sometimes you think, "Do they really? Am I talking to myself? Or are they?" But they are which is great. I am pleased, I am happy that I did it actually.
59	M: I am very pleased at that. Was there a particular thing that we looked at that you found particularly useful or has it just been useful generally?
60	J: I think generally it has been useful just seeing the whole thing and how they respond to things and how they have evolved, developed over the last few years, it's good. It has all been very good.
61	M: Has it made you think differently about either of the children?
62	J: Dynamics a little bit. It has made me think differently that Jack has got that confidence that he can get on and do which is excellent. And obviously that Georgia can step back whereas before she would not step back. There was no way. And I am hoping that reflects in school that she is letting people take control and not trying to be too much the leader. I think that has been an issue still, a little bit in class, but hopefully the new report that goes with her will help them deal with that.
63	M: Would it be something that you would say to other carers or people that this was worth doing?

64	J: Yes, definitely. I would yes. I would say it is scary in the beginning the fact that you are being videoed, I think so yeah, 'cos I think it is good, I think it is a good idea, and it's a good idea for a learning curve, for us as foster-carers, and also to be able to see yourself back because you don't video yourself everyday do what you do, so it is nice to be able to see it and realise what you are doing. There are positives.
65	M: It is really hard work, isn't it?
66	J: It is. You don't think about it, it is really hard work. I think foster-carers have an easy life and it is not easy at all. Because you have to double think everything. And you treat every child as your own child but it's not your own child so you have to really sort of, well they wouldn't have the problems that they have would they if they were your own child 'cos you would have brought them up the way you bring them up. So you have to think things all the time and what reactions are and why children are reacting that way to certain things so you have to really think about what you are doing to the point that you get so natural that you just do it anyway without thinking about it, what things work for each child and making sure everybody knows they are individuals. They are not the same child.
67	M: They are not are they?
68	J: No, completely different. People need to understand that. Just because they are siblings doesn't mean that they are the same. They are not. I have enjoyed it and I would recommend it.

11.11 Abi Interview One Transcript

Para	Abi Interview One Transcript
1	M: Can you describe what Liam is like, what his personality is like?
2	A: He is a very lovely child, he has got a lot of energy, he has no off switch, he hasn't he really hasn't. He is lovely and he does tend to like to like things his way. He gets a bit stroppy. He's very forgetful. I don't really know, he is genuinely a lovely child though. Academically I think he is very bright. He is very clever; he is not silly although he does act silly. Socially he does not get on very well but academically he is very clever.
3	M: Good, that is fine
4	A: That is about it
5	M: No, do you wish or hope that you could raise him?
6	A: Yes, although he is extremely annoying and aggravating at times. We just had half term and we took him away to my family which was ,very, he had to share a room with my son and we was in each other's faces constantly and that was quite..... You need headspace with Liam.
7	M; Okay
8	A: Otherwise you feel like you're just going to explode and that is probably the wrong thing to say but it is true, you do need to break away from him mentally at times. So at home he can take himself, play on Wii and that just gives you that barrier of him not being in your face.
9	M: Ah okay
10	A: So he can be very mentally draining because he is very attention seeking. He is very want, want, want, want all the time.
11	M: Okay, think about that one, okay. How much would you miss Liam if he had to leave?
12	A: I would miss him. I always do. I always miss the kids. It would be very quiet in our house. But yeah, I would miss him. We haven't had him that long so the attachment isn't as strong as I hope it will become so that is quite a tricky question really as I have only had him 10 weeks. But yeah he is a lovely kid. You just have to get beneath the,.....
13	M: Yes, yeah, okay. How do you think your relationship with Liam is going to be affecting him right now?
14	A: I don't know. I can't. I spend a lot of time trying to work Liam out but I can't seem to get into his head which is not like me. I normally click onto things really fast but with Liam I just can't work out how his mind works and what he is thinking and what he is feeling. He's, he's not as simple as that to work out. I spend a lot of time an

	awful lot of time thinking what is going through his head because he doesn't let a lot you know he doesn't get upset easily, he does get stroppy. He does have outbursts but he is not you know I can't quite understand how his brain is working sometimes.
15	M: How interesting.
16	A: He is very complex Liam, the way he is.
17	M: It's got me thinking now.
18	A: yeah, sorry.
19	M: No, no it's good
20	A: I can normally pick up on kids really quickly and suss them out really quickly but Liam I have had more trouble because he doesn't let a lot go you know. Some kids that get up in the morning you think they haven't had enough sleep and are grouchy today but he seems to be the same regardless. The only time you notice a difference is when he is not getting his own way or you put him into a social situation with a lot of other children then you can see him getting all over excited. But then he doesn't like it if they don't take it you know if they are playing a game for instance and he is out he won't stay out. He will be chasing them around trying to get involved. He can't handle the fact that he is not in the middle if you see what I mean. He can't cope with that.
21	M: Okay
22	A: So he will seek to get the attention in whatever way possible.
23	M: Yeah, okay. Okay. And how do you think your relationship with Liam will affect him in the long-term?
24	A: Again I don't know. I'm hoping that he will grow to trust me and you know that we will be closer but I don't know. Like I say I don't know how Liam's mind will work whether he will shut off to that or I don't know.
25	M: Okay
26	A: But I hope that we will become close and have that connection of trust and loyalty and the rest that comes with it.
27	M: Yeah, okay. And what do you want for Liam right now?
28	A: Right now?
29	M: mmm
30	A: I want him to be happy and to settle and make friends and just be like an ordinary every day child.

31	M: Yeah
32	A: Yeah. I'd like him to listen more and do what is asked rather than getting side-tracked with other things and not taking 3 hours to do one little job. Yeah but yeah. It's listening and then not getting side-tracked into all that.
33	M: Okay and what would you want for him in the future?
34	A: Same really, I just want him to be happy and trust people and obviously not too much but you know just get a level of normality I suppose is the word.
35	M: Yes
36	A: And that's all you would want for any child. The fact that he is in care doesn't matter. He has a few more hurdles to jump himself but that is what you want for any child isn't it? Is just thrive in education and social surroundings, that's Liam's, going to be Liam's real struggle is socially.
37	M: Okay, yes, we talked about that before. Is there anything about Liam or your relationship with him that we haven't yet touched on?
38	A: I don't think so
39	M: Okay that's fine
40	A: I don't know. yeah, I don't think that Liam and I are close even just giving him a cuddle he tenses up he is not a natural cuddler although his previous carer said he was but I don't know whether, I don't know whether it's because I am female and his previous carer was male. I don't know, I'm not sure because like I said I don't know what is going around in his head. He doesn't give a lot away as to his personal feelings.
41	M: Okay, that's really interesting, okay.
42	A: Yeah, he's a bit, you know and I have to say to him when I drop him off here, "Can I have a cuddle?" and he will give me a cuddle but he is a bit like it's very you know
43	M: You told me to do it so I will do it?
44	A: Yeah it is a bit like that
45	M: Yeah
46	A: And nothing has happened like he has not fell over hurt himself or anything like that where he has wanted a cuddle, do you know what I mean? It's not come like that. It's just yeah. At night he will give me a cuddle voluntarily but it is still very. You know it is very yeah and he is very stiff when he does it so and I don't know whether that is always what he has been like or whether it's just change of placement, doesn't know me very well so I don't know.

47	M: And it's hard isn't it because I'm just thinking it's because it's all so new and it is new for both of you.
48	A: Exactly, yeah
49	M: So you are both finding out about each other
50	A: yeah
51	M: Can I ask you about when you were on holiday how did you find your headspace?
52	A: Awful. It wasn't great.
53	M: So what did you have to do?
54	A: We couldn't. We just had to deal with it.
55	M: Oh okay
56	A: There was no breakaway from it at all so it was quite intense is the word I'm looking for. And Liam was very want want want constantly even down to really bad with food. And I think, I think at home the food is all in the cupboards while we were away, so staying with my mum, it was out on the side because obviously her cupboards are full so there was normal stuff like sausage rolls, bread and ham but they were all in the fridge so he never wanted any of that but there was pot noodles and cookies and stuff like that and he would have a meal and straight away, 'Can I have pot noodle?' and I think that if Liam can see it, I have noticed it as well with packed lunches. We go to a friends before he goes to school and I've got a packed lunch for him and as soon as we get there it can be 10.30 it will be, 'Can I have my lunch?'. 'No Liam it's not lunch time'. Half an hour later, 'Can I have my lunch?' I'm adamant that it is because he can see it and he's so, I don't know whether he thinks somebody else is going to eat it or I'm not quite sure what's going on in his head, but it is like he has got to have it because he can see it he has got to have it. And that is all we had on holiday with things like that it was constant.
57	M: Oh okay
58	A: He has got a problem with food any way. He will over eat and gorge on food due to his past. But it is not quite so bad at home because everything is in cupboards and out the way so he doesn't keep to tend asking.
59	M: okay
60	A: I'm adamant it was because it was not in the cupboards and he could see it and I think he was so frightened that somebody else was going to eat it that he just kept, it was constant.
61	M: And did you find a way round it?
62	A: I just said no.

63	M: I just didn't know if you came up with something
64	A: No, I just said are you joking. You know, 'You've just had a great big dinner and now you're asking for that?' I'd say 'You can have it tomorrow for lunch' because you can't let Liam over eat because it is not healthy. He used to be a bit porky before going into care he was overweight so yeah. He wouldn't leave my son alone. If my son was playing on his iPad he was over his shoulder touching and doing it for him rather than leaving him. Generally just being annoying and in his face. My son, he coped really well with that actually he really did. What I have noticed with Liam is that if someone else has something he has to have it. Nobody can have anything else unless Liam has it. We had the same problem ages ago. We went to a friends, it was sunny, and we popped in on a friend and her daughter got her bike out the shed and she got a scooter out for Liam to use but all I heard was 'Well she's got a bike. I haven't got a bike. Why haven't I got a bike?' You know as she had a bike and he didn't and that's all we had for hours and I was like 'okay'. But yeah if somebody has something Liam has to have it otherwise
65	M: That's tough
66	A: Yeah it is difficult, it's really difficult
67	M: Very tough for him as well isn't it
68	A: Yeah, he doesn't understand you know other people have different things. When we was away we went to my brother's and he has a 5 year old child and as soon as we walked in he said 'Oh he's got an iPad, he's 5, why has he got an iPad? I haven't got an iPad' and I said 'Why do you think he's got an iPad' and he said 'And he's got a DS. It's on the side'. I said 'Why do you think he's got these things?' and he looked at me and said 'Because he looks after them' so he does know but it can be hard.
69	M: now I'm going to ask you to think about a time, and I don't think you have had this, where he has been upset or not quite right. You know things where there has been an incident
70	A: Last Tuesday while we was away he wasn't himself. I think he was very tired so he just gets stropky really easily. We had been out shopping, we brought him loads of new clothes, trainers, loads of stuff but it wasn't enough. He wanted more but that is something else with Liam, it's never enough. He did, something got said and he did say he hated Trevor, his previous carer and I said to him 'That's not true Liam, that is not a nice thing to say'. He said 'I know'. I said 'You don't hate Trevor,' and he said, 'I don't really'. So I said, 'Why did you say it?' and he said 'I don't know,' and that is what you get out of Liam a lot. He won't explain his feelings so he yeah. And then he wanted to be with my husband because he realised he was getting into trouble by keep pestering Michael. His initial thinking was I will stay with Steve to stay out of Michael's way but then even when I was with Steve he had a go at me and said 'I'm with Steve' so it was like nobody else could be with Steve apart from him and it was very full on. And then that evening he had a bit of a tantrum, it was about 11 o'clock, quite late. We had got home and I said 'Liam you need to go upstairs and get ready for bed'. That's what had happened, we were coming home in the car and he kept stamping on Michael's feet in the back of the car and I kept saying, 'Liam don't keep

	<p>standing on Michael's shoes', and my mum had told Liam to stop as well and he didn't so I said, 'Liam stop,' you know quite abruptly and quite you know, 'Liam you need to stop now'. Anyway he did stop and when we got you know lip was hanging on the floor and I said, 'Right, come on, you're tired, you need to go upstairs, brush your teeth and get ready for bed'. I gave him 10 minutes and went back up and he was just sitting on his bed like this and I said to him 'What's the matter?' and he just stared at me so I said, 'Liam, come on you need to get ready for bed,' and with that he stood up and threw his pyjamas across the room and shouted 'I hate you'. So I said, 'Right okay, you're tired, you're upset,' and he said, 'You keep having a go at me,' I said, 'Because you keep standing on Michael's feet and it's not fair. You wouldn't like it if Michael did that to you okay? And you can't expect to keep being able to do these things and me not to tell you not to do it,' so I said 'Now you need to get ready for bed and then come back to bed'. 'I hate you'. So he got ready for bed, came back down stairs very stroppy. Did his inhalers and stuff like that and we went back upstairs and he was still very. 'You need to lay down, go to sleep and think about your behaviour today and we will have a better day tomorrow. Going to give me a cuddle?' He said, 'Okay,' and gave me a cuddle. I said, 'Go to sleep'. 10 minutes and he was out. And the next day we did have a better day but yep it was very full on that day.</p>
71	M: While all of that is going on, what are you thinking while all of that is happening?
72	A: Help. It's really difficult because like I say at home he can take himself off and he generally does before I get to the point where I think, Oh God, give me a break. He generally takes himself off so I don't get to that point when I'm at home.
73	M: He goes off because you tell him or because he has worked it out?
74	A: I don't think so, he is not just in my face enough to get me to that point if you know what I mean. We will go to a friends he will have his DS or you know and he will go upstairs. He will do some colouring. He tends to just generally do things like kids do, I'll go play with my Lego, I'll go play with this, and he tends to do that which I don't think he realises but that gives me my headspace. So course being in somebody else's house for a whole week, well 5 days, but you haven't got that headspace because he couldn't go upstairs to the room because although my mum had moved things out of the way they were in cupboards and draws and Liam would start hunting and dragging things out which obviously I didn't want him to do because he has tendency of breaking things so therefore he wasn't allowed to go up there and play. But we did take him stuff to do but he didn't want to do it. So it was very with him all the time and it was difficult, really difficult.
75	M: So if you were going away again would you do things differently?
76	A: I can't see how I could to be honest. Not without putting the risk of him damaging something of somebody else's. If we went on a proper holiday then yeah, it would be different because chances are we would have a caravan or a villa or whatever and he would have his own space that he could go to and there wouldn't be anyone else's belongings there so therefore there would be no risk of him damaging anything. But because it was somebody else's house and obviously has their stuff in it, it is more difficult to deal with in that situation so we were very on top of each other all the time.

77	M: And Michael, what do you think he was thinking all the way through this?
78	A: Probably the same as me. Help! Michael was pretty good when we did get home Michael would take his iPod upstairs and talk to his girlfriend on Skype in that room but Liam would always try to follow him and so I said 'Liam no, come down, Michael needs some time to talk'. So Michael would take himself off when he could.
79	M: So he got his headspace?
80	A: He got his headspace that way. But of course we couldn't really do that because I didn't want to leave my mum and my step dad to deal with Liam's behaviour if he started playing up. It's not the right thing to do is it? I'm responsible for him not them. Does that make sense?
81	M: Oh yeah absolutely
82	A: So yeah it was a bit tricky and not an ideal set up or an ideal situation but it yeah. It was
83	M: Was what it was
84	A: Yeah, it was difficult really difficult. He wasn't doing anything he normally doesn't do it was just more intense because you couldn't get that headspace where ordinarily you would be getting it. Even if it was only 20 minutes you would get some break from it. But we couldn't
85	M: Now I'm going to ask you some basic questions. How long have you been a foster-carer for?
86	A: 5 years I believe
87	M: How many foster-children have you had?
88	A: You don't want to know respite, we would be here forever
89	M: People who you are the official carer of
90	A: 4 including Liam
91	M: so he is your 4th one?
92	A: yeah
93	M: And currently he is the only foster-child you have in your family?
94	A: yeah
95	M: In your family at the moment, how many people are at home?

96	A: 5, me, Steve, Trevor, Michael including Liam
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11.12 Abi Interview Two Transcript

Para	Abi Interview Two
1	M: This is going over the questions we asked all that time ago. I'd like to begin by asking you to describe Liam and what his personality is like.
2	Abi: He is an active child, he is.... this is really hard, he is very active, he is very on the go, he likes to be the centre of attention. He can be a really nice kid. He is a very complex child. I think he has trouble himself understanding things, understanding what his feelings are and what's going on in his brain and that probably contributes towards his behaviours. He has major problems socially, just he doesn't like to, doesn't know how to speak to people. Well he does know how to speak to people and he can be really polite, but then if he doesn't get his own way he can be extremely rude at times, quite nasty. That's it.
3	M: No no, that's fine. Do you ever wish you could raise Liam? That question is about keeping him forever.
4	
5	A: Yeah, possibly.
6	
7	M: Okay, good. How much would you miss Liam if he had to leave?
8	
9	A: I would miss him, even going on holiday and leaving him at respite care leaves me teary eyed so I do tend to get a bit attached to these kids. I would miss him.
10	M: Is that a surprise?
11	A: No, because I am like that, I am like that, I get attached quite quickly. I'm not as close to him as I would like to be because I think Liam puts a barrier up, because bed time he will just give me a cuddle with one hand and its very like this (video), but when I came back off holiday and I picked him up from school he ran and gave me such a big hug, and I was a bit like (video) because I am not used to it as he is not like that. But now he has gone back to the one handed thing. But that was really nice for him to do that, and I wish he would do that more, but obviously I can't make him do that. I can just give him a cuddle and where he goes is where he goes. I would like him to be closer.
12	M: How do you think your relationship with Liam is affecting him right now?
13	A: I don't know, I mean at the moment because we have been away, he has been good when we have been away, he's been back 3 days and he is good so he has been getting his rewards and he has been good but it's sneaking back in now. He was quite argumentative this morning over silly things so it is sneaking back up and I feel he will start to back to where we were before we went away which was quite full on. But I do think it is going to start creeping back again. I don't know how it is affecting him because I can't read him, I just can't read him. He seems happy , he seems content, he voices his opinion, doesn't like not getting his own way, but what kid does. I honestly can't answer that. I really don't know.
14	M: How do you think your relationship with Liam will affect him in the long-

	term?
15	A: I'm hoping it will be a positive thing; we are trying to teach him normality, whatever normality is. He is not grasping it very well but I hope in time he will. I don't suspect as a teenager Liam is going to be a perfect person but I do hope he can manage it better than he is at the moment.
16	M: what do you want for Liam right now?
17	A: I want a magic wand.
18	M: So that?
19	A: I could sort out what is going on in his head, sort out his feelings and just get his head straight because that is what it is with Liam, he is so all over the place that he just doesn't get it. Just need him to get some help to try and sort that out a bit better. And it's a long-term thing, we know it is going to take a long time to help. The quicker we can get it the quicker we can help.
20	M: what do you want for Liam in the future?
21	A: Same as you would want for any kid. You want them to get older, have a good education, good qualifications and get a decent job, college and university and at the end of it you want them to get a decent job and settle down, just normal.
22	M: Is there anything about yours and Liam's relationship that we have not touched on that you would like to tell me?
23	A: No, don't think so.
24	M: Can you think of a situation where Liam was particularly upset or angry?
25	A: There is a couple, he's had a couple of tantrums. His tantrums aren't huge, they are so minuscule I can't.
26	M: something when he was upset, when he was not himself and there was something going on?
27	A: He wasn't great when we when to my mums, but it wasn't anything we don't normally get. It was just constant attention seeking and stuff like that.
28	M: Think of an instance when he has been like that and picture that. So what is he doing?

29	<p>A: When we were in the supermarket and Trevor had to go get the car from the other side of the complex and Liam wanted to go with Trevor and Trevor said no, go with Abi and we carried on to the supermarket and Liam was protesting slightly and we got into the supermarket and Liam said he wants to go with Trevor because he didn't want to argue with Michael my son, because they had been quite full on and I said, but you're not with Michael, Michael is with my mum and you're here with me, you are nowhere near him, there is not a problem but he just kept on and on and on and I said, You're making it a problem, he is over there, you're here.' Trevor arrived and we got into the supermarket, Michael in front and Liam with Trevor and I am behind Liam and Trevor. I can hear Liam saying 'I wanted to come with you, I didn't want to stay with Abi because I want to stay away from Michael'. Trevor said 'You're not near Michael'. Michael went up to Trevor to ask him something and Liam went nuts; 'You're not meant to be here. Go away.' and I said, 'Liam, there was not need for that, now Michael hasn't done anything wrong, he has just come to talk to his dad, there was no need for that'. But again there was just that kept going on and on and on all around the super market and he wouldn't let it go. Then I walked up to Trevor and he did the same to me 'You're not meant to be here,' and I said, 'Excuse me, you haven't got a problem with me, you have a problem with Michael and Michael is up there, I have come to speak to Trevor', 'I'm walking with Trevor. No one else is walking with Trevor. I am walking with Trevor.' Me and Trevor had a bit of a barny because Trevor sort of backed Liam up, not backed up but sort of said. I must admit I did snap and I said, 'You are a child and that is my husband and if I want to talk to my husband I will, you do not dictate to me what I do' and I did, I lost it and Trevor just said, there was not need for that and of course that was it, I just stormed off because I was so angry, by Trevor doing that, that showed Liam that, yes I was wrong but I am human and I am allowed to make mistakes and on that incident because Liam had been at me all day I jut snapped because he was telling me what I could do with my family and I didn't like that and I was really angry so I rose my voice and told him what I thought and then Trevor just sort of agreed with him and even when I got home I sat on the step like I used to when I was a kid and he came out and was like, 'What's the matter' and I said, 'I'm really angry. How dare you do that to me? He was controlling what we were doing and you were letting him,' and Trevor went, 'Yeah but you didn't have to raise your voice when you get angry.' I said 'I did because I am not having him scream at me in the middle of the supermarket as if I'm somebody that is like, stay away from me, the problem was with Michael it wasn't with me but it ended up nobody could go near Trevor apart from him. I did lose it a bit, not majorly, just a bit. Liam knew I was angry, he knew I was really upset. But that is his control thing, that is where he is wanting and having to be in control all the time and I felt he got his way that day.</p>
30	M: Okay.
31	A: it was horrible really when I think about it, the way that he was, he was really quite nasty.
32	M: At the time, it clearly is emotional, but at the time when all this was, because you have just described beautifully what happened, what were you thinking as it was all going on as it was going on?

33	A: As I was going through the supermarket, because I could hear Liam keep going on and on and on, I said to my mum 'Is it me or is he just keeping on going?' and she just said he is keeping on going as there is nobody can hear him but if anybody stopped, you know they are behind and we were in front and I stopped to look at something and you could hear Liam going 'Abi is there' and he was just carrying it on and I said 'Liam, I am just looking at something'. 'Yeah, but you're near me, you're near Trevor'... well and, he just kept. And I eventually said to my mum, 'Is it me or is he being really controlling like horrendous?' and she said, 'He is, he is just carrying it on,' and I said, 'Nobody has done anything?' and she said, 'No.' So yeah, you could see it so blatantly that he was just on this, whatever thing he was on but he was being quite nasty with it, like the tone in his voice and he was telling everybody. Like I said, to just stop and look for something as they are catching up cause bother and I don't know why. I don't know what triggered it. I don't know.
34	M: When you are thinking back now, have you got any idea what he was thinking?
35	A: No, I mean I just think he wanted Trevor to himself, which is fine but... I don't know.
36	M: While all of this is going on, to start off with how are you feeling?
37	A: A little bit stressed as we has been shopping, brought Liam a whole load of clothes, and Liam is pretty awful when you are out shopping because he wants everything, absolutely everything and I said no, no, no to various things and we had spent £170 on clothes and he had picked those clothes as well as me helping him pick those clothes, you know, trainers, trackie bottoms and he even watched me pay for it and gasped and said, 'How much?' and I said, 'That is a lot of money, all on you,' and as we go outside he would say, 'I want this,' and I said 'No, I have had enough, we have brought you loads of stuff,' and he just kept going on and on and on but I mean we hadn't had him long then so we weren't quite used to him on that scale. Now when we take him out shopping we know exactly what he is going to do, where at the time we really didn't as we had only had him about 4 weeks, we hadn't had him that long. So it was quite early days and that was the first time we had seen him on that level and he was like it all week and the problem is it is fine at home because you can say to him, go play on the Wii, watch telly upstairs you have got a way of escaping but when you are at somebody else's house there is no escape, you haven't got that break whereas as home you have as you can go to another room, go wherever, at somebody else's house you can't do that.
38	M: So when this, the supermarket you went to was when you were at your mum's?
39	A: Mmm.
40	M: So now you have got to know him more, would you or do you do things differently now?
41	A: Me and Trevor wouldn't have split up in the supermarket, he was walking with Liam and I was walking with my mum and Michael, wouldn't happen

	now.
42	M: What would happen now?
43	A: We would all walk together, Liam would probably be ahead as he generally has to be ahead, he has to be the leader, but there is no what I would say you stay with him and I will stay with him because it's not right and I think that was my problem with it in the first place, it wasn't right and I didn't like it.
44	
45	M: But you couldn't work out why?
46	A: I was still, it's not normal is it? To divide people up like that, it is just not normal and if Michael and Liam would have been at loggerheads as in punching each other's faces in then fine, separate them, but it wasn't like that. There was nothing. It was just silly things, Liam sitting in the back of the car doing this and Michael is saying stop. I said to Liam, 'I don't want to keep fighting, I don't want to keep arguing with Michael,' and I said, 'Stop poking him and standing on his feet and doing all them things that you are doing, then there won't be a problem,' but he was just like, 'No I'm staying with Trevor,' and then he started calling the shots which I didn't like so it escalated to be more and more and that's why I think I lost the plot and had a bit of a lare so to speak and voiced my opinion that it wasn't on. He's a 9 year old child, I'm and adult and he is telling me what I can and can't do.
47	M: Given Michael was there at the time, what do you think Michael was thinking and feeling through this?
48	A: I have no idea, he just wandered off and he took himself out of the equation and that's what boys do most to be fair, if Liam starts getting too much they will just take themselves off. They just take themselves away from the situation, which is often the easiest way for them to deal with it. I mean they will say stop but, 9/10 with Liam, when he on a bit of a mission, if you say stop he will continue and do it more and more and more so then. A bit like me switching off, I'm obviously da da da and it makes him stop. He doesn't like it but it makes him stop. It's the same with them, they tell him to stop and he doesn't and he keeps on they will just get up and walk away so then you can't do it. But they will go to their room but he will go upstairs and start tapping on their door or something like that, then that's down to me to say, 'Liam, move, come down.' That's the way it goes when he is on one of his things. So as a consequence we got home from the supermarket, I was in a really foul mood, like I said I sat on the step for a while, Liam had his tea and he hated me, he absolutely hated me and I said c'mon, bedtime and he went upstairs, asked if he had done his teeth etc. and he goes upstairs. He was messing with something and he wouldn't get into bed and I said 'Liam, get into bed, don't touch, it is not my stuff, please don't touch,' and he threw his pyjamas across the room and said, 'I hate you', and I said 'Okay, go to sleep, I suggest you think about what you just said, think about your behaviour today and we will wake up in the morning and it will be a new day, go to sleep' and that was that. That's his tantrum, very short lived, very short.
49	M: After watching the different clips was there anything that was particularly interesting or you thought was particularly interesting?
50	

51	A: I didn't think Liam watched me as much as he did, you take it for granted when a child is not doing what you asked that they aren't paying attention but he is paying attention but again I don't know whether he was choosing not to do as he was asked or whether he can't maintain it. That was the thing that shocked me most as I didn't realise he watched me like that.
52	M: Has doing the video made a difference to what you think or what you do?
53	A: I don't think so, I am just aware that he is paying attention more now but that is it really.
54	M: Does that make you think differently of him?
55	A: Sometimes, it depends what he is doing and sometimes I can be more tolerable than others. It's your mental state, what's going on, how tired you are, its all of that, it depends and it depends on what he is doing as well. Reactions are different depending on the circumstance.

Appendix 12: Memos

These provide examples of different memos and share my thinking. They demonstrate analysis of texts that occurred alongside the use of MAXQDA.

12.1 Border Memo

When they are someone else's and you've got external people, constantly, you know almost making you feel like you are insignificant, or that you are not doing a good job, 'cos you do feel like that sometimes with social services, or they pick holes in things or try and do this or, or and cover yourself, that's not life, you shouldn't be covering yourself, you should just be able to live life.

Tricia Interview Two para 44

When they are someone else's

- Not your own
- Not linked biologically
- Owned by someone else or someone else has ultimate responsibility

External people

- From outside the family
- Sense of distance of these other people
- Faceless
- Not wanted

Constantly

- All the time (perception is negative and unsupportive)
- A constant presence

Making you feel that you are insignificant

- Perception of relationship
- Negative interaction
- That not worth anything
- Unequal power relationship

Cos you feel like that sometimes with social services

- 'People' are named but not specific and part of a service
- Moderating that this is not always or constant

They pick holes in things or try and do this

- They – distant and nameless
- Critical and give advice – whether wanted or not
- No positive feedback

That's not life, you shouldn't be covering yourself, you should just be able to live your life

- Not real

- Not supportive
- Want something different
- Want foster-children to be same as natural children – no interference from outside body

Carers shared their concerns regarding other people's perceptions and expectations of them and this influenced how they felt about their role.

12.2 Role of carer and need for financial support

Special guardianship means that they are no longer looked after, they become our own children, but because the way the special guardianship is set up at the moment, there is no financial package and this is my job, obviously I have to have an income, to look after them, because I don't have another job, at first they did say that it would stay exactly the same as fostering which is brilliant. I don't want any more, but then they have said this new way, this special guardianship there isn't funds for payment, for special guardianship, I couldn't take them without a job, I couldn't look after them, and I want them to have a privileged life, like my kids, I want them to have what they want, so we are going for permanence, and that has been accepted. And that should all be completed by March which just means that unless we became so ill or there was an allegation or the whole placement broke down they will never be moved. They will stay with us for ever.

Lyn Interview One para 14

Special guardianship means that they are no longer looked after, they become our own children –

- legal status changes and the carer takes ownership/ possession; as if adopted?
- Something about children who are 'looked after' are not your own, they are different to your own children.

but because the way the special guardianship is set up at the moment, there is no financial package and this is my job –

- Implying that this arrangement might be temporary and that without payment the children would not continue to be cared for by the carer as this was work; her occupation and employment.

obviously I have to have an income, to look after them, because I don't have another job-

- an expectation that people work and have to bring money into the household and relates to her values
- to look after children costs money and the carer needs this in order to care for
- the role of foster-care is a job, career and form of employment
- although I do not think it is meant in this, if there were other employment or source of income then the need for recompense would be reduced or negated

at first they did say that it would stay exactly the same as fostering which is brilliant –

- *they* – social services, other people who know or have power
- staying the same – linking to payment but not to status of children

- preference was for payments to continue but children's status (and maybe that of the carer) to change

I want them to have a privileged life, like my kids, I want them to have what they want –

- desire for children to have an advantaged future
- likening to her own children – having the advantages they had
- lack of funds should not stop them having what they want
- Privileged and having what they want – seems to suggest a desire for children to have more than others might have; not to be deprived, to not want, to have all needs met and not to have to wait or go without

means that unless we became so ill or there was an allegation or the whole placement broke down they will never be moved. They will stay with us for ever.

- Despite the children not being or having the status of in care, the fragility of the placement is evident and other factors outside control was a felt presence
- This is different to 'natural' children without other services involvement

For K as her parents, 'cos it doesn't matter, the fact that we have not got PR for K doesn't make me less a parent. I just need permission to do certain things.

Daisy Frank Interview Two para 87

For K as her parents –

- Taking on role as parent, assumption that this is what they are

the fact that we have not got PR for K doesn't make me less a parent –

- Legal status raised
- Not having parental responsibility, like other parents, who would be able to make decisions
- Parenting is not just about legal status or making decisions, consent issues

I just need permission to do certain things-

- External permission needed for some activities, not explained
- Parenting is more than 'certain things'

I'm the person about the lovely stuff. The girly bits. And I have the cuddles and I actually no, she does love cuddling him.

Tricia Interview One para 132

I could not have done this job if my own children were still at home. I know I could not have done it. It would not have worked like this if they had been at home because I would have been constantly thinking that I am depriving in order to give these children and I could not have done that . That is why we waited until they were older.

Daisy Frank Interview Two para 188

When Cathy was heartbroken. And this dear little dog, from head to tummy was perfect condition. Her back end had just gone. And that was all through what Claire had done. It was heart breaking. And I did sit on my bed, and I said to my husband, I don't know whether I can go forward with this. So he said of course you can. He said, you got enough in there to go forward, we'll be fine. I did find that, I had a week, a week and a half, of questioning my loyalties if you like to my daughter and to Claire. Because generally it would be equal but she broke that. But it's really funny, cos I suppose I'm funny because I can forgive. I never forget and she will never ever be trusted. Ever. Because the heartbreak she caused. But it's done. It's you know. We will go forward now.

Tricia Interview One Para 110

I don't do short term fostering very well. I'm not very good at short term fostering. I have the children and they stay with us and once it's established that they are going to be in foster-care for a long time, I am quite happy to be that foster-carer.

Daisy Frank Interview One para 36

12.3 Memo – Threat to identify

I could see, feel people looking at me. So stay calm. And now I have got a bit of a hot flush on, stay calm, stay calm. Rise above this, you are a professional.

Lyn Interview One para 56

I could see, feel other people looking at me

- External pressure
- Being watched
- Meeting other people's expectations
- Heightened sense of being watched

So stay calm

- Self-talk
- Awareness of strategies that might need to be put in place to manage the situation – both between carer and child and presentation to outside world

And now I have got a bit of a flush on

- Embarrassed that this is happening to her
- Increased emotional arousal

Stay calm

- Repeating the strategy

Rise above this

- Take yourself out of this
- Do not engage with the emotion expressed by the child
- See things from a different perspective

You are a professional

- Position and role expressed
- Expectation that you should be able to cope better than other parents because this is your job
- Challenges identity as carer

Similarly:

I hope I am doing a good job by her because she is turning me grey.

Tricia Interview One para 17

A return to the idea of this being a job and the potential need for reassurance with an added personal consequence to her well-being expressed through the use of the term – turning me grey.

Does VIG give you back your sense of identity?

12.4 Memo - Conceptualisation of Attachment by Different Carers

I know people say, if a child is removed, they adapt really quickly, blah, blah, blah, but I can't believe, knowing Mark as I know him, if he was removed from us, I don't know, believe he will ever be what he could have been if he had stayed with us because I think there will be a feeling of detachment or removal or you know, lack of confidence because of that, I sure there would be

Lyn Interview Two para 18

I know people say –

- external, what other people say, indicating some level of authority. I wondered if this also linked with training that had been received or what might have been picked up in media sources, publications or what other foster-carers had shared.

If a child is removed –

- Something other people do to the child, an action taken by others to take the child away
- Removed – detached, eliminated

They adapt really quickly

- The children are flexible, acclimatise and adjust to the new situation quickly
- Assumption that taking them away has no or little impact on the child
- The children have the power and resources to make the change
- The responsibility is with them to fit to the new situation

But I can't believe

- This does not fit with what I think, it does not make sense. There would appear to be a feeling of dissonance with this view as the word 'can't' would suggest active willpower not to believe the rhetoric of others

Knowing Mark as I know him

- Knowing – living with, understanding him, being able to be in his shoes; see, feel and know things as he does

If he was removed from us

- Becomes personal, moves from a child to referring to a particular child and from 'us' (the family)

I don't know

- Lack of certainty, because seems to be at odds with what others might say or believe

He will ever be what he could have been if he had stayed with us

- Acknowledgement that she makes a difference by being there
- His future is dependent on maintaining a relationship and placement with the family

I think there will be a feeling of detachment or removal

- He will not adapt, there will be something missing
- An ongoing sense of disconnection
- This is not related to anyone person or thing, so the sense would be there all the time and with everything

Lack of confidence

- His feelings of worth are related to his placement and continued involvement with Lyn and her family

I think that she would make somebody a lovely daughter. If she has got that stability there she would be quite happy. I think that she would fit in fine, like she has been there forever. Because she did, after she had been in my house after a couple of weeks and we had sorted out all their bowel problems and that, it was like they'd been there forever sort of thing. Part of the furniture. They were there, that was it.

Jacqueline Interview One para 24

I think that she would make somebody a lovely daughter.

- Somebody – relating to somebody else, not Jacqueline
- This person is not known
- Lovely daughter – relates to child's position within a family and seems idealised
- There would appear to be a notion that daughters can be moved around as long as there is a space somewhere for them

If she has got that stability there she would be quite happy

- What she needs is stability and if she has that everything will be okay
- Seems not be related to the lack of stability in the current situation

I think she would fit in fine, like she has been there forever

- She would blend in, get on with, settle down, integrate
- Georgia would make the effort
- The past would not exist,

Because she did, after she had been in my house, after a couple of weeks

- She has the skills to do this
- Evidence from my previous experience of what she does when she moves to a new place is that she fits in

We had sorted out all their bowel problems

- Managed physical needs

Part of the furniture

- The children were inert objects
- Something that fitted in, something that you could move around

I don't think that Liam and I are even close, even just giving him a cuddle he tenses up, he is not a natural cuddler although his previous carer said he was but I don't know whether, I don't know whether it's because I am female and his previous carer was male. I don't know, I am not sure because like I said I don't know what is going around in his head. He doesn't give a lot away as to his personal feelings.

Abi Interview One para 40

I don't think that Liam and I are even close

- Abi did not feel that there was a mutually positive relationship
- Even – suggesting an expectation of closeness, or a rating of how she and Liam should be

Even just giving him a cuddle he tenses up

- The small act of giving him a cuddle he rejects her physical approaches

He is not a natural cuddler

- Attribute lack of hoped for response to something within Liam that means he does not respond in the way she wanted or that most people might

Although his previous carer said he was

- Provides an alternative perspective

I don't know whether it's because I am female and his previous carer was male

- Attribution moves to another innate factor – her gender

I am not sure because like I said I don't know what is going on in his head. He doesn't give a lot away as to his personal feelings

- Move to relationship view of attachment.
- Lack of knowing
- She cannot know because he does not let her know

My view

From knowledge of attachment theory I wonder about how people talk about and conceptualise attachment and how this influences the internal models that people create.

Georgia's presentation is that of a child who has an avoidant attachment and therefore presents as self-contained. Work on this would be difficult as her carer needs to defend herself against her own feelings of loss when she leaves. The two strategies did not necessarily enable attuned emotional responses. Both of the dyad appeared to be ignoring or not responding to the other's emotion.

Within Abi and Liam's relationship again Abi seems to be perplexed by Liam's incongruent displays of emotion or lack of affect. His behaviour does not fit within a framework that she can understand.

Although VIG is based on the flexible use of a technique I wonder whether for foster-carers, if this were to be offered as an intervention, whether there would be a benefit to additional psycho-educational teaching with regards to attachment and its presentation with a possible explicit link consequently made during shared review sessions. The presentation would need to include both the child's attachment and the carers' usual patterns of interaction.

12.5 Experiences of Trauma, Grief and Loss by the Carers - memo

Grief and Loss

I wouldn't let her leave. I would go to the Human Rights Courts and fight it. She's my daughter now as far as I am concerned. I could not allow Emma to go. They were almost adopted about a year ago now and unfortunately Emma behaved in a way that was not acceptable toward Mark and that was stopped, the adopters stopped it. Leading up to that, I'd been doing some training accepting children being adopted and so on, and it's great training but it didn't cut it with me, as far as I was concerned they were my children leaving and I could not bear it.

Lyn interview 1 para12

I would not let her leave

- Carer believes that she has the power to stop Emma leaving
- Presented as Emma leaving not being taken away

I would go to the Human Rights Courts and fight it

- Lyn has thought of who she might go to in order to stop Emma leaving
- Her proposed method is extreme and indicates the seriousness of her thinking
- She plans to fight a nameless authority who might take Emma; she is not going to be passive and allow things to happen; Emma to leave

She's my daughter now as far as I am concerned.

- Lyn has claimed Emma. She is part of the family and her position is that of daughter
- There is no separation or difference between Emma and any other biological child

I could not allow Emma to go.

- Lyn feels that she is in the position as whether Emma stays or leaves; she has control
- Her intention was to keep Emma

They were almost adopted about a year ago now and unfortunately Emma behaved in a way that was not acceptable toward Mark and that was stopped, the adopters stopped it.

- Explains how carer got to the position she has reached

Leading up to that, I'd been doing some training accepting children being adopted and so on, and it's great training but it didn't cut it with me, as far as I was concerned they were my children leaving and I could not bear it.

- Lack of congruence in thinking; something being 'great' but not agreeing with what the message in the training was
- Again Lyn stresses her ownership or claim of the children and how she would not be able to tolerate the feelings that losing them engendered

D: It would break my heart. And I do know what that feels like because we did used to foster mothers and babies and we got left with a baby once and he stayed with us for two years and it broke my heart when he left. I love these children you know.

S: It's a positive. It went on to adoption. So it was a very positive thing.

D: Not for me. I still see him. I'm very lucky. He is grateful we see him all the time. We are grateful for that. We are uncle S and auntie D, and we are really grateful for that but I am not auntie D for K and I'd be heartbroken so you know, fingers crossed that nothing happens that would ever,

DaisyFrank Interview 1 para 54 -56

It would break my heart. And I do know what that feels like because we did used to foster mothers and babies and we got left with a baby once and he stayed with us for two years and it broke my heart when he left. I love these children you know.

- Expression of strong feeling should the child leave
- A known feeling from past experience
- 'these children' – grouping children into a category

It's a positive. It went on to adoption. So it was a very positive thing.

- Although it was difficult the reason was that the child left was for adoption

Not for me.

- The move of the child to adoption might have been positive for the child but not for the carer

He is grateful we see him all the time. We are grateful for that. We are uncle S and auntie D, and we are really grateful for that but I am not auntie D for K and I'd be heartbroken so you know, fingers crossed that nothing happens that would ever,

- Child has benefited as the carers have maintained contact
- Carers appreciated that they were able to maintain a relationship and had a recognised relational family name
- This level of relationship was not what they wanted for Katie and themselves

Initial Presentation at the Time of Placement

he was so vulnerable, he was so weak and he still had scars, and marks and bruising, my heart broke as soon as I saw him, I knew I fell in love with him and even though when you picked him up he was as stiff as a board and cried constantly, usually about 19 times a day you had to feed him, I wondered why am I doing this?

Lyn interview 1 para 18

he was so vulnerable, he was so weak and he still had scars, and marks and bruising

- Physical state meant that he was highly dependent, and was seen as needing help
- He presented as susceptible, weak, defenceless and helpless
- There was evidence of his maltreatment

my heart broke as soon as I saw him, I knew I fell in love with him

- Mark elicited an emotional response in Lyn – could be described as an attachment response

even though when you picked him up he was as stiff as a board and cried constantly, usually about 19 times a day you had to feed him

- Child gave confusing signals; crying to have care needs met and then responding in such a way as to reject them

I wondered why am I doing this?

- Was effort worth it?
- Child not providing feedback that would create bond
- Linked with role and commitment?

But sometimes it used to stress me out because it was happening so much. And I used to worry for A because A got scared or upset about it. Mostly I used to think, I wish she wouldn't feel like that, I was so worried about her, why she'd feel so angry. Well, I sort of know why she feels so angry, because I know it was her mum she wanted, and everything but I think it is her mum she wanted then, erm, I used to worry for her, but sometimes I used to worry for myself because my heart rate used to go up and A used to get upset, and I used to think "oh, gosh, what can we do, what can we do?" Because whilst she is like that, you could not actually approach her to calm her down. Really, I tried, when she was in a rage, going near her, she wasn't listening, she was in that rage, and actually if you spoke to her, she thought that you were shouting at her. 'Cos I that is what had happened to her. So even if you told her off, you said no, or you was trying to talk to her, because she was in a rage she thought that I was in a rage. So it was better for me to stay away, she saw me in a rage, what I wasn't in. That actually used to upset me. 'Cos she'd say "You're mean. You're horrible," so I used to stand in the kitchen and quite often ring my mum, to calm me down, or to tell mum that she was doing it again. I almost felt that I needed a witness that I wasn't shouting at her.

Nannette Interview 1 para 33

But sometimes it used to stress me out because it was happening so much. And I used to worry for A because A got scared or upset about it.

- Distress felt by carer because of Sally's presentation and the impact it was having on her sister

Mostly I used to think, I wish she wouldn't feel like that, I was so worried about her, why she'd feel so angry.

- A wish to take the pain away
- Competence to deal with issues

but sometimes I used to worry for myself because my heart rate used to go up and A used to get upset, and I used to think "oh, gosh, what can we do, what can we do?"

- Reiteration of whether Nannette had the required skills and strategies to manage
- Recognition of her own physical state and how this might affect her health
- Needing to support another child in the placement and thinking about resources

You wouldn't recognise her. She used to have a, when she got upset, she didn't have any teeth, because, you know, they had been taken out. And she would end up with her whole fist in her mouth, at her previous school she would hide under the table most of the time.

DaisyFrank Interview 1 para 23

An intense picture of the situation is described of a scared child and this image was still strong in the minds of the carers.

He also showers and baths, not now, he was petrified. He was white knuckled, screaming, like an animal scream, every time I put him in the bath, 'What have I done?' That took us a while for us to get him through that fright and fear of being bathed and showered. That was quite scary, I had to close the windows of the house because people would have thought I was doing something quite bad to him because he was so upset. And that obviously distressed Emma because she, it distressed her before he even got in the bath because obviously something had happened and she knew and she was worried about him so, so at the beginning I had to have Emma stand at the door to make sure that she knew that there was nothing bad happening to her brother, and gradually getting him used to water, and that it wasn't going to hurt him. That was real fright and terror basically. It was really scary.

Jacqueline Interview 1 para 51

He also showers and baths, not now, he was petrified. He was white knuckled, screaming, like an animal scream,

- Extent of terror expressed by the child when first in placement
- Outside usual
- Creates a vivid visual and audio picture of the situation
- It feels like a real picture – stuck in memory

Every time I put him in the bath, 'What have I done?'

- Usual event that made the carer question their actions
- Carer questions actions

That was quite scary,

- Child's response was scary for the carer

I had to close the windows of the house because people would have thought I was doing something quite bad to him because he was so upset.

- Awareness that others would think that this response was extreme
- Made foster-carer vulnerable because of emotional response

That was real fright and terror basically. It was really scary.

- Watching a child show extreme fear response and the impact that had on the carer

The carers seemed to have a clear visual image of the child and linked with the emotion of the child's emotion and their own experience and feelings of that time. Their competence and ability to manage this was questioned. It feels like the carers are stuck and still when they bring this back to mind it is revisited with intensity.

Trauma within Placement

I would honestly say, this is hand on heart, I am very passionate about her, and the only time, honest to God, in the last three and a half years that I have actually sat and thought, I can't do this, was the night that Fluffy got put down.

M: Okay

T: When Cathy was heartbroken. And this dear little dog, from head to tummy was perfect condition. Her back end had just gone. And that was all through what Claire had done. It was heart breaking.

Tricia interview 1 para108-110

I would honestly say, this is hand on heart, I am very passionate about her,

- Carer wanted to stress the strength of feeling and love that they have for the child and for me to believe it

and the only time, honest to God, in the last three and a half years that I have actually sat and thought, I can't do this, was the night that Fluffy got put down.

- Stressing the time in placement and that this was an unusual situation
- Carer questioned their ability to carry on in the role even though she loved Claire

When Cathy was heartbroken. And this dear little dog, from head to tummy was perfect condition. Her back end had just gone. And that was all through what Claire had done. It was heart breaking.

- Her daughter was distraught and her dog that appeared to be well needed to be put down because of being thrown by Claire
- The pull of her biological daughter's distress and how Claire felt about that as well as her feelings towards Claire

Overview

The trauma impacts on those who witnessed the child and included the extended family. This seemed to add to the emotional dilemma experienced by the carer.

12.6 Impact of VIG - memo

I am probably a bit more positive but then you boost me and you are working on the positive, and I think it does help when people are more positive because I never think I am very good at anything anyway, so I do need to stop thinking silly stuff. It does help that yes, you've done very well there, you think, good. Cos when S has a setback I think it is me who feels the failure, and that's why I question myself and think, "What could I have done differently?" When I sit and I am very rational, I don't blame myself because I know what S was like when she came and I know what she is like now. So I don't really, but obviously you feel a bit low, you've done that a bit wrong. If I'd done that perhaps she wouldn't have done that. I think it does help doing this sort of thing and somebody helping you along a little bit.

Nannette Interview Two para 54

I am probably a bit more positive –

- Impact of VIG was to change perspective to one of a more optimistic view of how behaviour viewed including her own

You boost me and you are working on the positive, and I think it does help when people are more positive because I never think I am very good at anything anyway –

- Recognition of a strength-based intervention and how reframing could be helpful

Cos when S has a setback I think it is me who feels the failure, and that's why I question myself and think, "What could I have done differently?" –

- Able to take responsibility for when things might go wrong
- Shows that can reflect and consider alternative actions
- Potentially in the moment?" When I sit and I am very rational, I don't blame myself because I know what S was like when she came and I know what she is like now.

When I sit and I am very rational, I don't blame myself because I know what S was like when she came and I know what she is like now –

- Could be likened to VIG shared review where one can sit back and have time
- to reflect without the heat of the immediate behaviour presentation
- An opportunity to reflect when calm
- Attributions change
- Understanding that behaviour could be related to past experiences and not necessarily related to the here and now

I think it does help doing this sort of thing and somebody helping you along a little bit-

- Need for support from someone else to reframe thinking
- The shared review was useful

- Helping you along a bit – denoting scaffolding and activating rather than telling what to do

12.7 Behaviour – changes before and after VIG

Interview One	Interview Two
<p>Daisy and Frank</p> <p>Para 113 <i>There were so many changes all at once for Katie -</i> Recognition that there were factors that could explain K's behaviour</p> <p>She'd go from screaming and tantrumming- Description of behaviour</p> <p><i>In the end she came out, she never disclosed to my why she was angry-</i> There was no shared understanding of the cause</p> <p>Para 117 <i>A bit guilty because I felt that perhaps I'd made too many changes for her to handle at once –</i> Feelings engendered in the carer that acknowledged the cause of behaviour</p> <p>Para 119 <i>My children had tantrums before but there was always a reason why –</i> Although a reason had been given it was not felt enough to explain the behaviour; not linked to a specific event but a general feeling experienced by K</p>	<p>Para 104 <i>K forgot. Mentioned it and she was mortified-</i> Appreciation of K's motives and beliefs</p> <p>Para 135 <i>But that to me it is progress. Because some children can't feel that, empathy, they can't –</i> Recognition that K's emotional state and ability to reflect upon her actions were progress</p>
<p>Rachel</p> <p>Para 46 <i>She took off her school cardigan and threw it on the floor –</i> Recognition of behaviour and it was unusual</p> <p><i>I am thinking that she might have been tired –</i></p>	<p>Para 42 <i>It was almost like she was ruining on them on purpose –</i> Attribution that act was deliberate</p> <p>Para 44 <i>She wasn't doing it maliciously. .. I think she just got carried away. She</i></p>

<p>Attribution of behaviour</p> <p><i>I put it down to hormones, at six – Behaviour attributed to something out of everyone’s control</i></p> <p>Para 56 <i>Mark wanted to go swimming and we had a contact that night with brother that I thought would cheer him up –</i> Expectation of behaviour and how he might react, other presentation given</p>	<p><i>was enjoying doing the lines and the scribbles –</i> Rachel was able to enter Emma’s head and understand her motives</p> <p>Para 48 <i>I did think that she felt bad, which was good, she felt empathy –</i> There was a recognition that although some external behaviours were incongruent with this view others were consistent</p>
<p>Tricia</p> <p>Para 94 <i>Claire was in a bad place that day –</i> Recognition of C’s mood</p> <p><i>She was sitting there and she was throwing stones and the horse –</i> Description of the behaviour</p> <p>Para 96 <i>She was so cool and calm. I shall never forget it as long as I live, cos you couldn’t write it. She, Are you trying to kill me? –</i> Her daughter’s presentation in this difficult situation was unusual and outside what might be expected; very memorable. The incident characterised by a perceived life threatening event.</p>	<p>Para 21 <i>When they have rung me and she will be so outraged –</i> Tricia anticipated what C’s reaction would be when she had been called and accepts what the school might be saying and the need for her support.</p> <p>Para 28 <i>I have to think, right, okay, she’s irate, so I have to try and come down –</i> When thinking about behaviour the first response by Tricia was to think about her own.</p>
<p>Nannette</p> <p>Para 34 <i>It used to stress me out because it was happening so much-</i> Frequency of incidents had impact on Nannette</p> <p><i>She saw me in a rage, I wasn’t in –</i> Recognition of the perception of S</p> <p><i>The more time we seemed to spend together the worse she got</i></p>	<p>Para 28 <i>She got extremely upset, about that, they were on the trampoline and we were going off –</i> Recognition of behaviour and linked with emotion experienced. Distinct incident mentioned.</p> <p><i>She thinks we don’t care if we say no –</i> Able to reflect on S’s view</p>

<p><i>at a period, as if I'm going to do this massive rejection, I'll have to go back to mummy –</i> Able to link context with possible behaviour reactions; possible understanding of attachment</p>	<p>Para 38 <i>When she is upset over nothing, I do totally feel for her –</i> Shows empathy and recognises the impact on other relationships</p>
<p>Jacqueline</p> <p>Para 33 <i>Something had happened in contact, and she didn't tell me anything straight away, was only when I took her to bed and she started getting upset ... she really broke down and cried –</i> Display of behaviour</p> <p>Para 37 <i>I usually try to take her to the side and try to explain to her about sharing –</i> Supporting G to behave in a socially appropriate way; by telling her what to do</p> <p>Para 51 <i>He was white knuckled, screaming, like an animal scream, every time I put him in the bath –</i> Description of behaviour, with extreme emotion displayed</p> <p>Para 53 <i>It was like he was really scared. I have never seen anything like it. Frightening, really frightening. –</i> Able to label his emotion. Outside usual experience. J was left feeling frightened.</p>	<p>Para 32 <i>G was reading the book and read it with emotion. You could tell, and we got to the point where she realised that the mum was going to give this baby back and she started tearing up –</i> Display of behaviour and linked with what she was reading</p> <p>Para 36 <i>She was upset because the mum was giving it back but she knew it was the right thing to do obviously she felt the emotion that the mum was feeling that she was say, that she was having to give something that she loved away –</i> Attribution that J put on G's emotions (convenient?).</p> <p>Para 42 <i>Uncontrollable anxiety about water that was quite frightening really –</i> Modified the severity of feeling about fright – both J's and hers.</p>
<p>Abi</p> <p>Para 70 <i>He wanted more but that is something else with Liam, it's never enough –</i> Display of behaviour and recognition that he would want more, some underlying need that would not be satisfied</p>	<p>Para 37 <i>So it was quite early days and that was the first time we had seen him on that level and he was like it all week –</i> Not moved on from initial difficult behaviour seen</p> <p>Para 46</p>

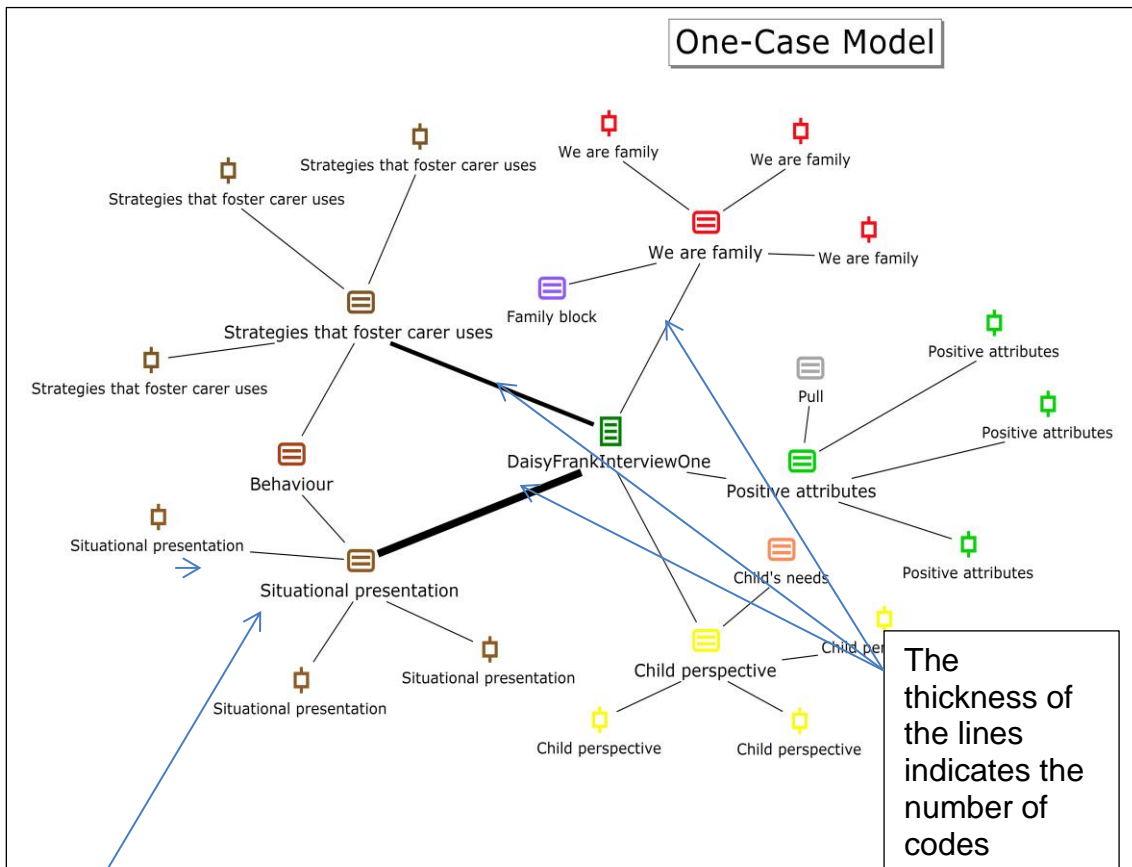
<p><i>He won't explain his feelings-</i> L deliberately not sharing his feelings</p> <p><i>Then he wanted to be with my husband because he realised that he was getting into trouble by keep pestering M. His initial thinking was I will stay with S to stay out of M's way but then even when I was with S he had a go at me and said, "I'm with S," so it was like nobody else could be with S –</i></p> <p>Initial recognition that L was doing something positive by removing himself from a situation. A lack of appreciation of L's views and needs.</p>	<p><i>He just wandered off and he took himself out of the equation and that's what the boys do to be fair-</i></p> <p>Solution the family have for dealing with emotion is to walk away or to remove themselves from the situation</p>
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12.8.1 Analysis of Change For Each Foster-Carer Before and After VIG – Illustration of how codes were selected using MAXMaps

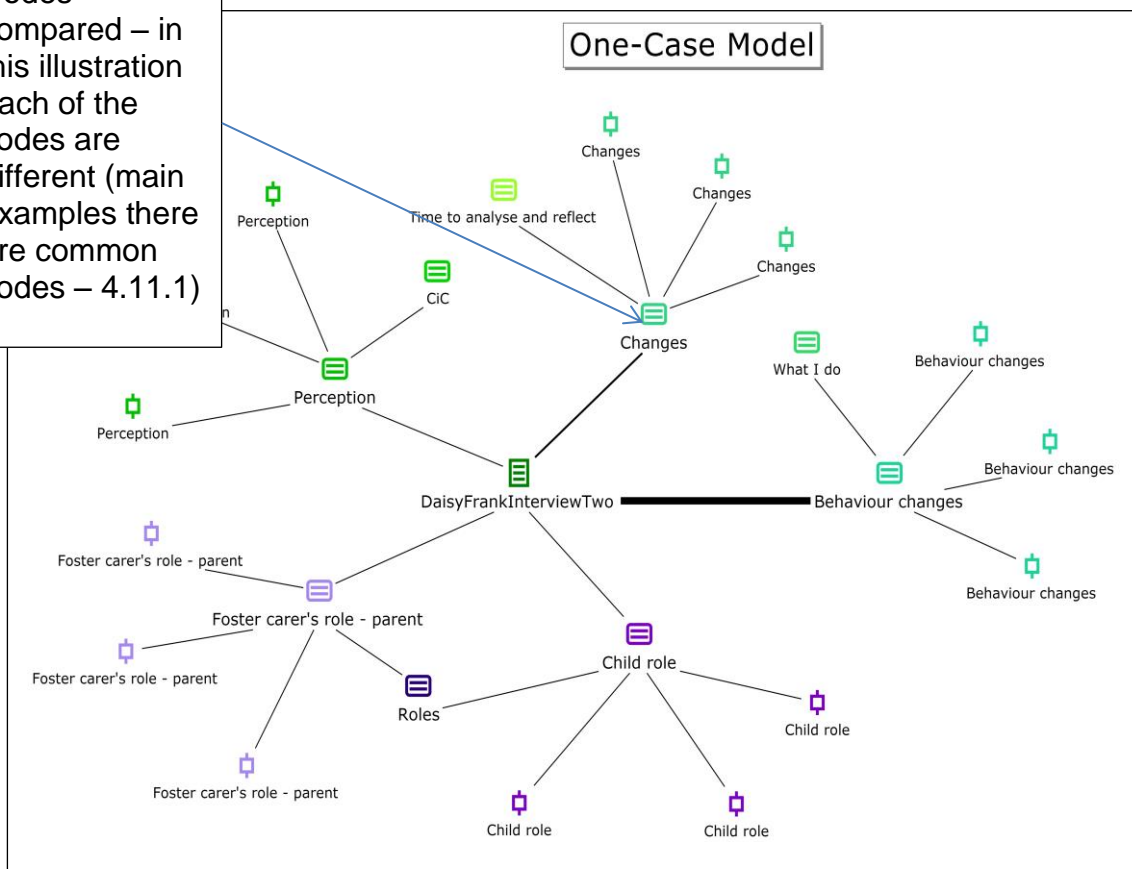
Below are two MAXMaps which illustrate how what Daisy and Frank talked about changed during the two interviews. The MAXMaps identify the codes most talked about. The darkness of the lines indicates the number of codes within the selected code. Within the first interview Daisy and Frank talked most about how Katie responded differently at home and in school, Situational Presentation and the strategies that they had in place to support behaviour. During the second interview the focus changed to how their behaviour had changed or needed to change to support Katie.

The MAXMaps for each foster carer were examined alongside the transcripts in order to identify changes in what was said. These changes were further analysed for their latent content as described in Appendix 12.8.2 Table

Additionally, thorough re-reading and being immersed with the transcripts allowed for other variations to be considered – before and after the intervention.



Codes compared – in this illustration each of the codes are different (main examples there are common codes – 4.11.1)



12.8.2 Analysis of Change For Each Foster-Carer Before and After VIG – Latent Analysis

Table 11: Analysis of changes between Interview One and Two based upon individual comparison of what was said.

Examples of the codes are provided where there appeared to be a difference in what was said before and after VIG during the semi-structured interviews. The differences were identified through visual inspection of the MAXMaps that were produced – see Appendix 12.8.1

Foster-Carers	Interview One	Interview Two	Analysis
<p>Daisy and Frank</p>	<p><i>Strategies that the carer uses</i> Pebble jars they were. And they used to get a pebble every time they did something that was kind. 'Cos our biggest thing at home, our only real rule at home is that they respect each other. And that they are kind. Because everything bounces off that one rule (para 64). And just saying to her, do you want to talk to me yet? Or are you ready to go yet? And she'd go from screaming and tantrumming to, no, I want to, okay stay her a bit longer then, and in the send she came out, she never disclosed to my why she was angry, she always came round, and we went off wandering as if nothing had happened (para 115). Sometimes nothing, sometimes these children will tantrum or Katie will be rude, and I don't do anything about it. Sometimes I overhear her being rude to one of her siblings, and I don't do anything</p>	<p><i>Changes</i> I think we have misjudged her ability. She's a smart girl. We do know that but she is our baby (para 125). We are pitching too low (para 72). But Katie, we need to stop treating Katie like she is out baby and let her grow up a bit. That's evident from this. You look at her face, she's 11, we hug her and I like cuddling Katie and she is, and we got grandchildren obviously. They are our babies but in our house Katie and C are our, we see them as our little ones and we need to move up a little bit (para 73). But the interesting thing for me is that she was more independent than I thought she was. She's more able, she's more able than she lets on (para 153)</p> <p><i>Behaviour Changes</i> Here we actually encouraged Katie to play an equal part (para 19). I would have, if I was doing something, jobs in</p>	<p>In Interview One, Daisy and Frank recognised that Katie is older than when she first arrived in their care. They were able to appreciate that four year olds might have tantrums and that Katie when she was initially in their care was developmentally/emotionally delayed and therefore she needed to be supported in the way a younger child might be helped when they were distressed. Within the family Katie was one of the 'babies' and an such needed to be protected and expectations continued to be of a younger child.</p> <p>During the second interview their perceptions had changed. They were able to re-imagine Katie and acknowledged that there expectations of her were too low. They needed to let her grow up; they were able to see their role in her development. Katie's</p>

	<p>about it because they have to find their own hierarchy because I can't keep stepping in and rescuing someone all the time, sometimes you have to let someone find their own place (para 119).</p> <p><i>Situational presentation</i> She'd tell them off. And she wouldn't do that here. It would be completely different (para 8). Whereas here you would probably not hear that. She's very, very different at school and at home (para 9). At home, socially she is not completely different here. She's not completely different if somebody she doesn't know comes to our house either. She immediately reverts back to being quiet and not offering any opinions about anything, even if she was to ask, was asked an opinion at home, it would probably be, a couple of words (para 26).</p> <p><i>Change in behaviour and thinking</i> Because she is older now, she understands now (para 125). But at that time to handle Katie, that was age appropriate, because she was behaving, emotionally she was maybe four. So to expect her to reason with me wasn't</p>	<p>the house, they would all have their own jobs, Katie has the tiniest, weeniest little, easiest job, that's bizarre after watching this, she should have a better job. You know because she is able. I think we might change that at home, we might give her more (para 25). But Katie has been, I'm choosing jobs because it is an easy example, but Katie would be asked to carry the crisps out because that is what she used to be capable of. And she still, and the crisps is a good idea, 'cos if I unpack the car I still give Katie crisps or toilet roll because she won't drop it and she can manage to carry it. Whereas she can probably manage to carry out a bag of jars now. But I have not moved her on and that is an example of life generally (para 39). If we expect her to move up a level, we have got to move up a level haven't we? So perhaps that is something that we will take from here (para 46). That's a really important thing that we preach about all the time and we probably need to practice a bit more (para 67).</p> <p><i>Linking behaviour and emotion</i> And Katie forgot. Mentioned it and she was mortified (para 105). She is trying to express herself. She is trying to do something and it must be frustrating (para</p>	<p>position in the family had changed. She was now seen as more independent and less needy of their support. Her role had changed and she was no longer the baby of the family.</p> <p>In the first interview, Katie's different presentation at school and home was recognised. It seems their belief was of strangers might make her feel less able to interact or be herself. They had created this environment but they did not have a way of knowing what it was that they did.</p> <p>The strategies that the Daisy and Frank used were related to their values and rules with regards to how they wanted the children in their care to behave. They also understood that Katie needed to have time to calm down and there was no need for further repercussion. The children also needed to develop their own strategies and repair their own mistakes without adult intervention. Within the second interview there was acknowledgement that Katie had made a mistake, she had not deliberately set out to upset someone or break a rule. They were</p>
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	<p>really the right thing to do, but she doesn't tantrum now (para 125). Katie is one of the babies of our family and it's difficult, I used to say, cos they're little, "Oh no, leave the babies alone, they don't want to do that, those are the little ones, come here little ones, come on," I used to do that. And then I realised that they were actually growing older and that is not actually appropriate any more (para 101).</p>	<p>119). <i>Foster-carer's role – parent</i> We are normally the parents and Katie is learning (para 19). And she sees us as her mum and dad. That's our role (para 63). <i>Child role</i> Now there are different children in our house, different ages and Katie rarely plays and equal part. She plays her part but it would be a less equal part to the different ages in the house (para 19). Her and C are our babies and so they are always treated as such. Not as babies, obviously we don't treat them as babies, but they are treated with kid gloves and I don't think that she needs to be treated like that anymore (para 46).</p>	<p>able to put themselves in her shoes. Within the second interview the focus changed to what the adults needed to do to support Katie's independence and more importantly making the changes concrete, something that they would try; moving from toilet rolls to jars.</p>
<p>Rachel</p>	<p><i>Confusion and Complexity</i> But you know he will have these rages, like he sees red and then literally two or three minutes later say, "I love you Mum. Give me a kiss, I love you." He's cuddling you and lovely (para 6). She needs a lot of attention. A real lot of attention. I am not sure I know the best way to get around that really. Whether to give her loads or not to give her loads. You don't want her to go on in this circle that I</p>	<p><i>Natural children</i> But not having boys it's different for us, we are still learning (para 6). I want them to have a privileged life, like my kids, I want them to have what they want (para 14). To boost him up which my daughter Jane needed. She has only got five days difference to Mark so, she suffered that as well. When my daughter's friends were in the pub or driving, she weren't really allowed out. Mark will have</p>	<p>Rachel found some of the behaviour of the children in her care confusing and she was not sure what she should do. She recognised that when one of them was distressed or acting out, this might make her angry but this was not helpful when trying to calm him down. What other people thought was important. Other people from outside the family validated her and her</p>

	<p>get a lot of attention all the time because she has to learn that she can't have all the attention all of the time. There are lots of people in the house so I am not sure how to do that (para 30).</p> <p>Where did that come from? I put it down to hormones, at six (para 46).</p> <p>So it's difficult to know how to react because you are trying to be calm and then you are getting angry and then you are trying to calm him down and you know, it's really hard (para 60).</p> <p><i>Other people's views of family relationships</i> A lot of people who do not know that he is fostered say, "Oh my God, he has just got your personality. You can tell he is your son" (para 6).</p> <p>When people say, "Why did you leave it so long?" I say, "We forgot what to do." I don't want people to know. I don't think it's needed. Where they were in Town, everybody knew they were fostered, everybody knew their mum and dad, they had no friends and they never got invited to parties and people's houses, I don't want that here. I just want other people to see them as normal kids that lead a normal life (para 20).</p>	<p>that, so I think a lot of Mark's development in the past, it's a shame, we didn't click onto that really, and realise that he is four, but the others are (five para 22).</p> <p>If she turns out like my girls I will be really proud (para 26).</p> <p>Emma can be a bit more insecure than mine were but not Mark (para 34).</p> <p><i>Reflection on what happened</i> Well part of me was thinking I'd like to batter him. You know but that wouldn't do no good. Even if you did he would still carry on (para 60).</p> <p>She wasn't doing it maliciously. She definitely wasn't doing it on purpose because they were Kay's books or anything like that. I think she just got carried away. She was enjoying doing the lines and the scribbles. Watching the felt tip pen glide over the gloss. She just went off into a little tangent on her own and she was just doing it. Doodling and, I was rushing around and getting ready to go on my course, it was early Sunday morning and I saw her doing it, and Mark copying (para 44).</p> <p>I think she just got a bit carried away she was in her own little mind (para 48).</p> <p>He wasn't thinking, I shouldn't be doing this, he was away, he was one book up, and colouring the face in and getting another book up (para</p>	<p>comparisons for how the children were faring was related to other children; her foster-children's peers. She wanted other people to see Mark and Emma as 'normal.' She wanted Emma and Mark to not be judged by others because of their histories and therefore to be accepted.</p> <p>During the second interview, Rachel's comparisons included more with her own children. The children seemed more included in her picture of her family.</p> <p>Rachel was able to put herself into Emma and Mark's shoes when she was describing an incident. She could see how the children had become engrossed in the activity and not deliberately decided to ruin books.</p> <p>The family values are recognised in the second interview and this is part of how the children fit in. The relationship between different family members was important. They added to the children feeling safe and wanted and extended the network of relationships and belonging within the family. This also</p>
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	<p><i>Other children</i> There are still children screaming and crying and banging at the windows. So he is not as bad as that (para 34). I look at Mark and I look at other kids or Emma, my kids are more adjusted and better behaved than 20% of these kids (para 38).</p> <p><i>Other people</i> But probably isn't that bad but when I have talked to other parents about it, there's really similarities in the way their children are behaving as well, really. And in fact, I stood outside school the other day and it was raining, and I said to Mark, "Please don't go in that puddle, your new shoes are going to get very wet." And he was teasing me, touching the puddle, but this kid come in and run it, and I heard, "Get back here you little whatever." And I thought that's nice, and Mark looked at me and I said, "Don't copy that." He would pick up on it, and the kid done it again and he was kicking the water all over himself, splashing with his hands, "Get back here," she called him about four times, 'til she marched over and got him, "Yes, it's not just me." But funny enough over the last year, I really feel like me and Emma have bonded</p>	<p>54).</p> <p><i>Values</i> She seems settled at home. She knows her bedroom, she likes her room, and she respects other people's rooms, she had learnt to knock on doors and things (para 14). It's a golden rule, books are sacred (para 48). There has got to be some form of punishment. He started with the phone, so when he come to us we took the DVD and the TV out of his room for a week, he's got to learn (para 48).</p> <p><i>Childs needs</i> She can be reserved, a bit insecure. She loves adult attention of any sort. She loves it if you play a game or read a book. And she is very needy. However much attention you give, it's not really enough (para 2). I think it is very important for Mark, us in a relationship with him because we are all he knows (para 22).</p> <p><i>Getting along</i> I think that she needed that secure set family. She loves her big sisters; she can't wait to see them. If she comes home when the sisters aren't there, she wants to know where they are. If Jane, and she loves all their</p>	<p>extended to knowledge of the children's biological family and what the children knew about there. The less experience relatively added to the strength of the relationships within the newly formed family.</p>
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	<p>a lot more. She has changed a lot. I think it is because contact is a lot less. So she is less aggressive and miserable towards us (para 18).</p> <p><i>Fitting in</i> I think Emma and I are really close right now. I think that she is clinging to me more than ever, at the moment, yeah, she has claimed us. She calls me Queen Elizabeth and I was born on her birthday and she knows that and Brad is King Brad, she is princess Emma and Prince Mark. And she has built this little persona there, and you know, we are her king and queen. I think that she is very settled (para 22).</p> <p>The funny thing is the daughter that she fights and argues the most with, I can see she adores. She is pushing Kay but I think she might end up like Kay (para 26).</p> <p><i>Strategies foster-carer uses</i> He does not always go straight into school, he plants his feet outside school and he refuses to move. We have started to play this game recently where we take this special route through this car park and make an adventure of it, we are on the sea, and then we are rushing through the</p>	<p>friends. Friends spoil Emma rotten. The girls, they absolutely adore her they do. Nails, her hair, she adores it, she's their princess. She's got all the names for them. Little nicknames, silly things but yeah. She loves it. So I think it is a good placement for Emma with the older girls because she is getting all that older attention and the same as well, with Kay, I don't know if, why it's worked with Kay, maybe it's because Kay is getting wound up as well, Kay will tease her and she will tease Kay as well, and it will get into a bit of a shoving thing, and they gently shove each other, might go a bit harder and I will say, "Emma, are you really worried that Kay is going to really shove you and hurt you?" "Bring it on." But then she is laughing when she is saying it and Kay does go for her, she will run and scream, chase and it's all fine you know (para 14).</p> <p>She is good with her brother. They play lovely imaginative games (para 2).</p> <p>He adores his sister. He likes to play with her (para 4).</p>	
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	<p>tunnel of the castle, "Quick a giants coming," and school is safe, so when we take Emma, "Emma's safe. Oh no, Mum, let's run, the giants coming, we got to get to school." So he drags me to school, "Quick get in to see the teacher, you're safe." (para 6).</p> <p>I'd like Mark to be able to control these tempers of his. We have come up with a couple of solutions. One of them was the social worker asked me to ask Mark to make his own decisions. When he leaves school, say, "Mark I want to talk to you, you have a decision tonight, you can either you can throw your bag on the floor, kick me or kick the tree or punch mummy or we can walk nicely home and when we get home we can do a puzzle." And I have been giving these, lots of variations of these, and he is making the decisions, "It's your decision, make a decision," and he is. And the other thing is he is, we have a chair, a thinking chair, and that has stopped him a bit (para 34).</p> <p>with Emma and Mark, is we have an imaginary cross, and before we went to Plymouth to visit my daughter we said we wanted them to be well behaved and we didn't want any of this nasty talk that we had, so we sat down at the table and we</p>		
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	<p>wrote down in big letters, I just wrote in big letters, f off, because Mark knew what it was because he had said it three or four times, the next one was blah, blah, blah, because he used to go, "blah, blah, blah, boring," and off he would go, the next one was stupid because he would say, "stupid, stupid you're stupid," and the next one, you're an idiot, spitting, and hitting, and beside them all I put a big black cross. And then we wrote some nice things we can do, and a big tick. And we was on the way to Plymouth and Mark did something in the car and Emma went, "You're getting a big black cross now," and he went, "No, Mum, no big black cross." So now, actually when he does do things, I say, I am going to give you big cross now, I have had it up to here, this is it. And he says, "no, please mummy I won't do it again." It works (para 40).</p>		
<p>Tricia</p>	<p><i>We are family</i> She's my little girl now (para 15). When she's in a good place, she joins in just like a puzzle (para 33). But she is part of the family and you know it's got to be done (para 54). She's ours now. Yeah. No. I couldn't. I couldn't let her go now. I couldn't let her down now (para 64).</p>	<p><i>Linking behaviour and emotion</i> Her reaction you have just seen will follow on and we will have a lovely afternoon, because now she is irate, because she is not in control of this, and she wants to know what I am saying to you, and what we have been talking about, and because you have just spoken to her and asked her questions about me she knows that I am saying the same about you. So now she is</p>	<p>Claire was thought of as part of the family. The constitution of the family was seen as different to that of others but this seemed to be part of their identity – a clan. Tricia felt committed to Claire. She had persevered and not given up on her. Effort had been expended. She expressed her love of Claire despite the times when Claire did</p>

<p>We are, because we are a big family. There's me, my husband, my best friend lives with us as well, lived with us for 20 years, and then there's my two grown up children, obviously they've now got their parents, their, sorry, their children and their partners. So we're huge. And we are different to other families, 'cos we are very much our own clan (para 82).</p> <p><i>Commitment</i> We've proved that we love you, we've proved that this is your home, you know for three years, I've constantly reassured her, whatever happens, we are here, you know (para 13). No, she's my little girl now and until I am flat on the floor, I will try. Because they are not here to be given up on are they (para 15). Knowing that parents just love you and that they will love you whatever you do. You know. Even if they are cross with you one minute that doesn't mean, I said to her sometimes, I don't like you always and I really don't when she stands there and calls me names, but I love you always that's the difference (para 38).</p> <p><i>Effort</i> We've proved that we love you, we've</p>	<p>feeling totally out of control, and furious that somebody else is talking about her (para 28). Her anxiety levels will go up down, up down, and I understand that but it is not easy to live with 'cos of the constant explosions. I know it is a chemical reaction in her head, I know why she does it, I know how she does it, I know the reason for it, but living with it, totally different ball game (para 36).</p> <p><i>ease of job</i> She's not easy to look after (para 2). 'Cos sometimes it is really hard and really stressful (para 7).</p> <p><i>Role model</i> Try and be the adult that she would want to be (para 12).</p> <p><i>Reassurance and making a difference</i> After seeing what I have seen with you, I know that I am doing her good. Until then I did not know that I was. I did question sometimes whether I was helping her, now I know I am. After seeing what I have seen with you (para 9). When you watch the reactions, that you do, 'cos you don't know you are doing it, until you see it (para 40). I have got a lot of positive feedback, cos I</p>	<p>things that made the relationship difficult.</p> <p>Claire was seen as broken and in need of mending. Tricia thought that this was something she might be able to do.</p> <p>By the second interview Tricia was linking Claire's behaviour with other factors; both internal beliefs that Claire might have as well as external factors including other relationships. Again Tricia acknowledged her knowledge of Claire whilst wanting to ensure that others knew that this relationship could be fraught.</p> <p>Tricia could see that her role was to be the adult that Claire might want to become. Her role/job was to be a good carer.</p> <p>What is striking in this second interview is the apparent internalising that the relationship is key to 'mending' Claire. Tricia was reassured following the intervention that she was making a difference. She now knew she was making a positive difference.</p>
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	<p>proved that this is your home (para 13). Not after all the work we put in (para 64). Yet she can be one of our most challenging children you've ever looked after. But we love her. We're both very grey over it, but we love her. Isn't that funny? (para 66).</p> <p><i>Strategies foster-carer uses</i> And I do say, enough. And I walk away (para 40). You just don't leave unsupervised (para 54).</p> <p><i>Healer</i> Because I do so try to get under there and get in. Because when she wants to she can be so, so lovely and so loving and so caring but that would be a small part of her. You know the angst and the crossness and the break and the twisting everything that would be the bigger (para 11). I just wish we could get to the core of her and unreel it a little bit (para 132). I think we would be what mends. Not mends, I don't think that anyone is going to mend her because I think her wounds are too deep but I think if we could put plasters over a little bit of it (para 40). I'd like to learn how to show her empathy. I know I can't give it to her, you know like</p>	<p>actually do do what I would like to be able to do (para 40). Because with this job, you do question, because these kids are so difficult, you question, am I doing the right thing, am I? (para 44). It's proved to me that I am what I wanted to be, which is, I think, a good carer (para 44). The only thing it does make me think, is about her, is that, I am helping her. Which I didn't know that I was (para 48). From the minute I set my eyes on her. She was a special little girl. But this has made me know that I am doing good by her. Rather than questioning it (para 52).</p>	
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	<p>mend the fact that she has not got it, but ideas of how, because she needs empathy. Because I do believe that is a big hole in her.</p> <p>Cos I think if she could learn to love and hug and feel that feeling I think that could help mend her. And help something inside (para 78).</p>		
Nannette	<p><i>Supporting child to develop strategies</i></p> <p>She knows if she feels, erm, angry or she's going to get upset, she can go in her room and she's got a sign in her room, or she'll go and look at the clock and the second hand going round, she's she's, I've taught her, what I do to calm down. And it's like going out to the kitchen, counting to ten, or go, just take a space for a few minutes, and yes really, because what she would do is what I would do or what I would tell her to do (para 44).</p> <p>We've put ideas; well I've put ideas about how to deal with this, and told her she can come to me. If she can't come to me I'm going to try going to her (para 58).</p> <p>I'm going to try and nurture her back. I don't know. But I will certainly offer her the chance of a cuddle and a talk and of course you miss mummy, I don't know, I don't know what she will want to talk</p>	<p><i>Values</i></p> <p>Be affected by the way we live. Already lots of things are in her, you know, even just sitting at the table, we all eat together. There are lots of little things and she will tell people 'you got to take your elbows off the table, that's very rude (para 16).</p> <p>We got our own silly little ways, and I think how we live is going to affect her (para 16).</p> <p><i>Change in Behaviour</i></p> <p>We have taken this huge step forward and then we have taken this little step back (para 5). Everything is being resolved quicker. Instead of having a whole bad day, we will have a couple of bad minutes, or a bad hour, depends how bad the situation is or how she feels, but certainly resolving things much quicker (para 24).</p> <p>We had four perfect months, we have had a few setbacks in the last couple of months, but, she</p>	<p>Nannette was already aware that she was teaching Sally to manage her emotions. She knew that there would be times when Sally might not take the initiative and that she would need to. She was going to nurture her back – this would be done by offering Sally physical loving contact and opportunities to talk. The pace of the interaction would be led by Sally.</p> <p>Nannette recognised that Sally misinterpreted emotions. Her empathy for Sally could be overwhelming. She could see Sally's needs and her desire to be with her mother.</p> <p>During the second interview Nannette saw that Sally had acquired her values and that Sally was affected by their day to day routines and interactions. She</p>

<p>about. She may not want to talk about it. Won't force the issue. She's never really talked about it. She'll shout it. That's when you know she's upset. But that sort of shouting about mummy hasn't gone on for such a long time. So I am hoping that we can deal with it (para 58).</p> <p><i>Reflecting on what has happened</i> Because she could see that I was in a rage when I wasn't (para 34) I found it worrying because I thought if she feels like that when there's only myself, A and her, and everything seems to be going well, I thought "what else can I give her or do so that she doesn't do this?" Because in actual fact, the more time we seemed to spend together, the worse she got at a period, as if I'm going to do this massive rejection, I'll have to get sent back to mummy, perhaps, really, I don't know what really goes through her mind, so it was my goodness, will she ever stop? (para 34). But obviously mum is mummy and she going to have a spoilt day round a farm, she's going to get gifts, sweets, a good day out, lots of cuddles, but we have lots of them, in fact she would actually have less than she would at home. Cuddles, because I don't know how she is going to react this</p>	<p>seems to be dealing with them quicker (para 24). She can get over something in a few seconds now (para 26). Sometimes it can roll on, but mainly we are resolving things much quicker, we can move on (para 26).</p> <p><i>Listens</i> Because I think she is trying to please and follow what we say is right, hopefully (para 14). So she listens to me (para 16).</p> <p><i>Conscious competence</i> I could criticise myself quite easily because there's time when I am like, no, you know I am quite matter of fact but that's obviously the way I am 'cos it's, I am quite pleased, I do appear to give space (para 46). I can feel if she is relaxed and enjoying it, and I can feel if we are at home, oh she is getting a bit tense, let's do something about this. But to actually watch it is quite lovely (para 52).</p>	<p>noticed that she was listened to and that Sally was trying to please her (that she was important to Sally).</p> <p>Nannette seemed more resilient; she had noticed that Sally was less volatile and although Sally might still become emotionally upset, she would more quickly become calm and be able to manage the rest of her day.</p> <p>Nannette benefited from seeing what she was doing well. She seemed even more attuned to Sally and was more conscious of Sally's emotional state and consequently how she might respond.</p>
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	<p>time, Christmas, at the beginning of December, she had a contact, she'd just started to settle and there was hardly a settling down period from it, but we had a lot of exciting things leading up to Christmas and her birthday, we've got this happening, I don't know, I think we may have a little bit of an upset Sunday, most likely on the Monday, the day after, when she has had a sleep. She'll be tired Sunday after the visit, if it happens, she might get a little bit tired and have a think, and a little cry on Monday (para 60).</p>		
Jacqueline	<p><i>Between siblings</i> He's more sociable to a certain extent (para 4). He finds it easier to show his emotions. He will show if he is happy or sad (para 6). Can be a little bit jealous of his sister (para 6). Apart from the business of Jack being very reliant on his sister, which has gone down a little bit anyway, and her trying to manipulate, I don't think so (para 31).</p> <p><i>Initial presentation in placement</i> Even though we have spoken to her about it and we try to explain to her she still sometimes reverts back to what she was</p>	<p><i>Changes</i> But obviously I have noticed since doing this, that she can give control to other people as well, sometimes when needed. I had worries obviously about his being able to control things and taking control of things for himself, 'cos he would sit back and let other people control him. Obviously since doing this, I have realised that he has started to take some control and feels comfortable doing it, which is great (para 4). Dynamics a little bit. It has made me think differently that Jack has got that confidence that he can get on and do which is excellent. And obviously that Georgia can step back whereas before she would not step</p>	<p>Jacqueline focuses on the children's emotions and the differences between each of their presentations. Jack was able to show more emotion and was reliant on his sister whilst Georgia showed less and manipulated her brother.</p> <p>Of particular note for Jacqueline during the first interview was the description of how Jack initially presented and how frightened he was and how frightening for her the experience had been. The link between the displayed behaviour and emotions was not made. Jacqueline did not appear to link history and</p>

<p>before and she can be quite blank, her expressions people don't know she is happy, sad, or wants to play or not to play. Sometimes she can sit there like that, and they will think she is angry with me but she is not, it's just that she has gone back in herself. And if you talk to her and say, 'What's the matter? Are you okay?' She might snap out of it, and she will say, 'I'm fine. What's the matter?' So it is something that she is learning slowly but she does revert back (para 2).</p> <p>When he first arrived with me, he used to get very upset, the only thing he got upset about is if I had to take Emma somewhere without him. He was fine if I took him somewhere but not with her leaving him. That used to upset him. He used to get very upset. Not so much now. He still watch, and mmmm, 'what is going on?' He'd get distressed about that. He also showers and baths, not now, he was petrified. He was white knuckled, screaming, like an animal scream, every time I put him in the bath, 'What have I done?' That took us a while for us to get him through that fright and fear of being bathed and showered. 51</p> <p>He didn't show any other emotions. If he fell over he wouldn't cry. When he first</p>	<p>back. There was no way (para 62).</p> <p><i>Seeing is believing</i></p> <p>And you see how they respond to things and how they come on I suppose (para 26).</p> <p>The way they interact and respond with me, to see it, actual live, I do. Which is great. Cos sometimes you think, "Do they really? Am I talking to myself? Or are they?" But they are which is great (para 58).</p> <p>Same sort of thing for these two I think, it's surprising but nice surprise that you see such a difference in them (para 28).</p> <p>I think generally it has been useful just seeing the whole thing and how they respond to things and how they have evolved, developed over the last few years, it's good. It has all been very good (para 60).</p>	<p>previous experiences to how current expressions of this might be made and the needs of the children.</p> <p>During the second interview, Jacqueline was able to see the changes that had occurred since the start of the placement. This act of seeing in itself seemed beneficial – allowing for the children to be “re-seen” in a new way; not stuck in the way that they were when they first came into the placement.</p> <p>She was able to see that the children did respond to her and that things had changed but it did not feel as if she had taken on board her influence on this and that she was integral to the changes. I wonder if this was too painful as to acknowledge this would make them leaving for a new placement too hard for her. She would also have to make the link between their behaviour and emotional state and this was something that she continued to find difficult to acknowledge.</p> <p>Jacqueline did not mention any other family members other than another</p>
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<p>come to me he would soil himself, and pee himself quite freely, wouldn't even think about it, he'd carry on walking around like it was nothing. So he did not show any emotion towards that at all. But that was, I think because no-one done anything about it when they was at home (para 55). He didn't smile that much. I suppose he didn't have anything to smile about to be quite honest so he was a bit, quite withdrawn. He didn't get excited either, when he first come to me, he didn't show any excitement about anything. He was quite lethargic; he had an iron deficiency, tired all the time. He basically, he'd be the sort of boy, if you said to him, "Walk into the road," he'd walk into the road. He wouldn't think for himself, anything, he didn't know. If you put the clothes out on the bed, and say, "Get dressed," he'd stand there, wouldn't know what to do. He wouldn't get upset that he did not know what to do, he'd just stand there, he wouldn't show any emotion at all (para 55). The only thing that he did show was that frightened and terror, there was nothing else, no emotions at all. Couldn't hardly talk to be honest. It was very difficult to get him to talk anyway, so that was trying to find out what he liked to eat, was, okay,</p>		<p>baby that was also in the placement at the time.</p> <p>It is interesting that I am calling this a placement rather than family – the feel of this is different to the previous carers.</p>
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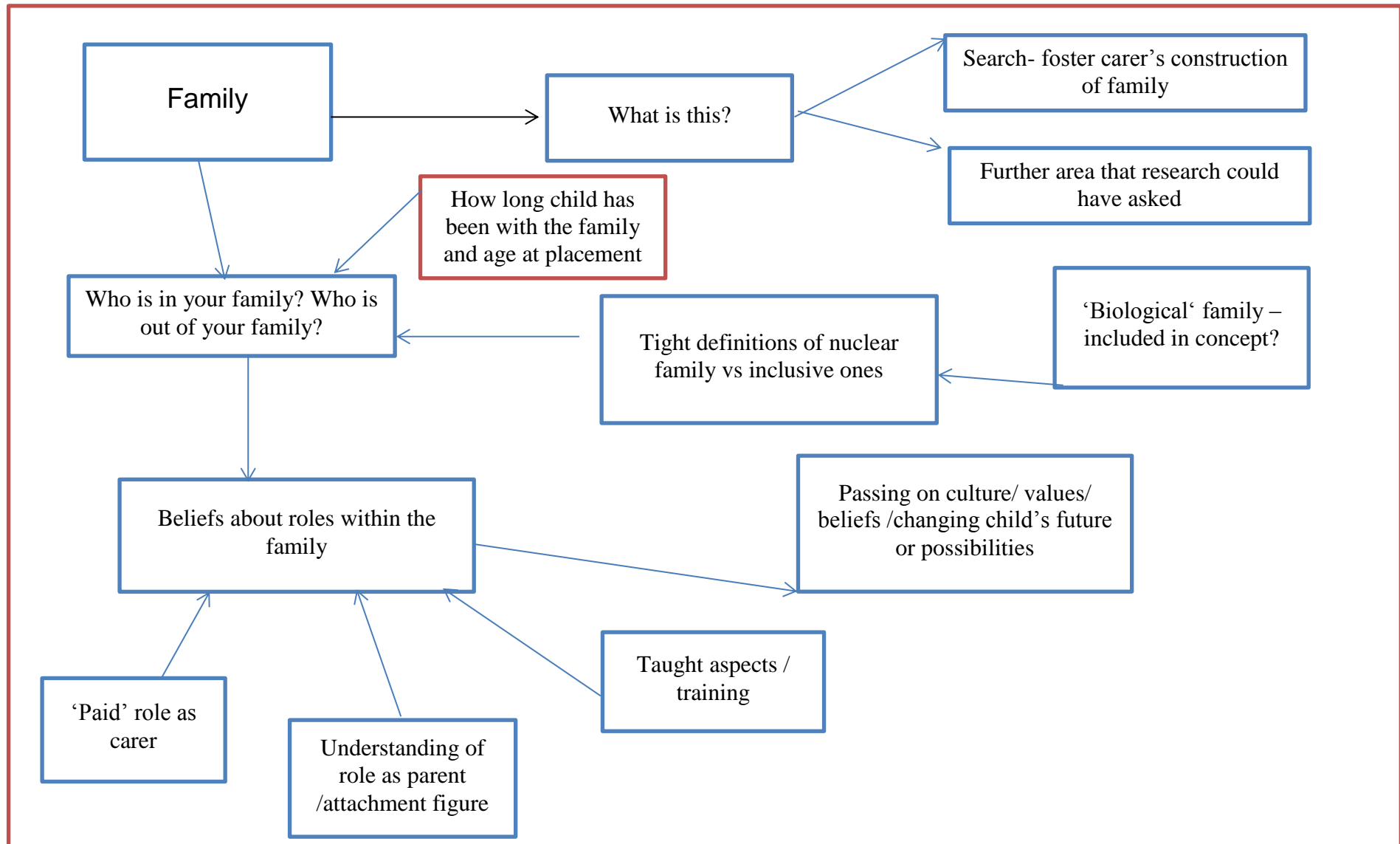
	<p>we don't know, we are going to have to try everything, and try and get him, he didn't know what things were to be quite honest, so it was quite hard understanding what he liked and what he did not like (para 55).</p>		
Abi	<p><i>Difficult to read</i> He doesn't let a lot go you know (para 20). I don't know what is going around in his head. He doesn't give a lot away as to his personal feelings (para 40). And nothing has happened like he has not fell over hurt himself or anything like that where he has wanted a cuddle, do you know what I mean? It's not come like that. It's just yeah. At night he will give me a cuddle voluntarily but it is still very. You know it is very yeah and he is very stiff when he does it so and I don't know whether that is always what he has been like or whether it's just change of placement, doesn't know me very well so I don't know (para 46).</p> <p><i>Struggling to make sense</i> I spend a lot of time trying to work Liam out but I can't seem to get into his head which is not like me. I normally click onto things really fast but with Liam I just can't work out how his mind works and what he</p>	<p><i>Seeing is believing</i> I didn't think Liam watched me as much as he did, you take it for granted when a child is not doing what you asked that they aren't paying attention but he is paying attention (para 51). That was the thing that shocked me most as I didn't realise he watched me like that (para 51).</p> <p><i>Confusion and complexity</i> I don't know why. I don't know what triggered it. I don't know (para 33). I said to my mum 'Is it me or is he just keeping on going?' and she just said he is keeping on going as there is nobody can hear him but if anybody stopped, you know they are behind and we were in front and I stopped to look at something and you could hear Liam going 'Abi is there' and he was just carrying it on and I said 'Liam, I am just looking at something'. 'Yeah, but you're near me, you're near Trevor'... well and, he just kept. And I eventually said to my mum, 'Is it me or is he being really controlling like horrendous?' and she said, 'He is, he is just carrying it on,' and I said, 'Nobody has done</p>	<p>Most notably for Abi is her sense of lack of connection with Liam. She found it difficult to get inside his head and understand his motives. He did not appear to be able to meet her needs to be wanted and needed. She talked about spending a lot of time trying to work him out and in part this seemed to also get in the way of their relationship. As she found this difficult with him this added to her sense of the difficulty with the relationship.</p> <p>The effect of VIG was minimal. She seemed pleased that Liam watched her and was paying attention to what she was doing. They continued to be mis-attuned.</p> <p>Abi found managing Liam and her emotions/responses to him problematic. She continued to find it difficult to get inside his head. The impact on other family members was</p>

	<p>is thinking and what he is feeling. He's, he's not as simple as that to work out. I spend a lot of time an awful lot of time thinking what is going through his head because he doesn't let a lot you know he doesn't get upset easily, he does get stroppy. He does have outbursts but he is not you know I can't quite understand how his brain is working sometimes (para 14).</p> <p>I can normally pick up on kids really quickly and suss them out really quickly but Liam I have had more trouble because he doesn't let a lot go you know. Some kids that get up in the morning you think they haven't had enough sleep and are grouchy today but he seems to be the same regardless (para 20).</p> <p>I don't think that Liam and I are close even just giving him a cuddle he tenses up he is not a natural cuddler although his previous carer said he was but I don't know whether, I don't know whether it's because I am female and his previous carer was male. I don't know, I'm not sure because like I said I don't know what is going around in his head. He doesn't give a lot away as to his personal feelings (para 40).</p>	<p>anything?' and she said, 'No.' (para 33). but again I don't know whether he was choosing not to do as he was asked or whether he can't maintain it (para 51).</p> <p><i>Impact on carer</i></p> <p>I am allowed to make mistakes and on that incident because Liam had been at me all day I just snapped because he was telling me what I could do with my family and I didn't like that and I was really angry so I rose my voice and told him what I thought (para 29).</p> <p>I did lose it a bit, not majorly, just a bit. Liam knew I was angry, he knew I was really upset (para 29).</p> <p>We would all walk together, Liam would probably be ahead as he generally has to be ahead, he has to be the leader, but there is no what I would say you stay with him and I will stay with him because it's not right and I think that was my problem with it in the first place, it wasn't right and I didn't like it (para 43).</p> <p><i>Impact on family</i></p> <p>I have no idea, he just wandered off and he took himself out of the equation and that's what boys do most to be fair, if Liam starts getting too much they will just take themselves off. They just take themselves away from the situation, which is often the easiest way for</p>	<p>repeatedly commented upon.</p> <p>Abi's descriptions of how she and her family were affected by Liam further reinforces the idea of a patchwork quilt where tensions create different pictures; whether these are coherent or not dependent on the stories that the carers tell, think or feel.</p> <p>Jacqueline and her understanding of attachment also provides an interesting contrast to that of the other carers.</p>
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		<p>them to deal with it. I mean they will say stop but, 9/10 with Liam, when he on a bit of a mission, if you say stop he will continue and do it more and more and more so then (para 48). There was nothing. It was just silly things, Liam sitting in the back of the car doing this and Michael is saying stop. I said to Liam, 'I don't want to keep fighting, I don't want to keep arguing with Michael,' and I said, 'Stop poking him and standing on his feet and doing all them things that you are doing, then there won't be a problem,' but he was just like, 'No I'm staying with Trevor,' (para 46).</p> <p>Me and Trevor had a bit of a barny because Trevor sort of backed Liam up, not backed up but sort of said. I must admit I did snap and I said, 'You are a child and that is my husband and if I want to talk to my husband I will, you do not dictate to me what I do' and I did, I lost it and Trevor just said, there was not need for that and of course that was it, I just stormed off because I was so angry (para 29).</p> <p>Trevor just sort of agreed with him and even when I got home I sat on the step like I used to when I was a kid and he came out and was like, 'What's the matter' and I said, 'I'm really angry. How dare you do that to me? He was controlling what we were doing and you were letting him,' and Trevor went, 'Yeah but you didn't have to raise your voice when you get</p>	
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		<p>angry.' I said 'I did because I am not having him scream at me in the middle of the supermarket as if I'm somebody that is like, stay away from me, the problem was with Michael it wasn't with me but it ended up nobody could go near Trevor apart from him (para 29).</p>	
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12.9 Visual Conceptualisation of Family



Appendix 13 – Second Literature Review

This appendix details the terms that were used during the literature search and subsequently the articles that were found (Table 14)

Table 13: Second Literature Review Search Terms

Participants	Foster-carer Foster Parent
Setting	Home All countries were included with articles written in English
Terms	Trauma /emotional trauma Support Reflective Functioning Mentalisation Reassurance / Validation/ strength-based intervention “Seeing is believing” Identity / Roles Internal working model PTSD Attachment IWM Conscious Competence Beliefs History Other people Video-feedback

Inclusion Criteria	Exclusion Criteria
Peer reviewed Children between birth and 12 years	Reviews of books or articles Articles not written in English Autism Hearing Impairment Disability School Not focused on the foster-carer

13.2 Summary of Articles included from the Searches

Table 14: Summary of Articles included from the Searches

Search Terms: foster-carer or foster parent and trauma or emotional trauma and interaction or relationship and children (birth to 12 years) – 257 results

The interaction or relationship described must be with regard to foster-carer and child not external participants e.g. therapists

	Author / Title / Abstract	Foster-carer key focus	Include
1	<p>Salas, M. D., García-Martín, M. Á., Fuentes, M. J., & Bernedo, I. M. (2015). Children's emotional and behavioral problems in the foster family context. <i>Journal Of Child And Family Studies</i>, 24(5), 1373-1383. doi:10.1007/s10826-014-9944-1</p> <p>The main aim of this study was to identify the factors which are related to the greatest emotional and behavioral problems among children in the context of a foster family. Participants were 104 non-relative foster-children and their respective foster families. A structural equation model was designed and tested in order to identify an explanatory model among the most relevant of the studied variables. The results showed that the model obtained offers a satisfactory structural fit and provides good explanatory power for children's problems. More specifically, the data reveal the important role played by affective relationships and parental discipline style in relation to children's problems within the foster family. Other factors involved were also analyzed. These results indicate that both parenting style and the kind of affect shown by foster parents towards the child are important predictors of the latter's problems. Criticism/rejection on the part of foster parents increases problems through its influence on both the foster-carer's burden and the child's self-esteem. These results are useful in order to prepare and support foster-carers. (PsycINFO Database Record (c) 2015 APA, all rights reserved)</p>	Partial	Yes
	<p>Gardner, S., Loya, T., & Hyman, C. (2014). FamilyLive: Parental skill building for caregivers with interpersonal trauma exposures. <i>Clinical Social Work Journal</i>, 42(1), 81-89. doi:10.1007/s10615-012-0428-8</p> <p>Mental health treatments for emotionally traumatized children incorporate family and caregiver-child therapy sessions to promote child recovery and minimize developmental disruption. Such sessions require that caregivers regulate their emotions to remain productively engaged in the therapeutic process. However, caregivers with histories of unresolved interpersonal trauma have difficulty with emotional regulation. Interpersonal trauma also negatively affects the ability to reflect on one's own and others' feelings and intentions. This limitation interferes with caregiver engagement in psychotherapy relationships aimed at supporting child trauma work. FamilyLive is an innovative caregiver-focused family therapy model that uses a one-way mirror, a specially trained reflecting team, structured routines and individualized verbalizations to address this complex clinical phenomenon. Guided by the literature on attachment and trauma, FamilyLive has yielded anecdotal successes and positive pilot results. FamilyLive is a viable approach to engaging caregivers with histories of</p>	Yes	Yes

interpersonal trauma in trauma -focused child and family therapy relationships . (PsycINFO Database Record (c) 2014 APA, all rights reserved)		
<p>Schofield, G., Beek, M., & Ward, E. (2012). Part of the family: Planning for permanence in long-term family foster-care. <i>Children And Youth Services Review, 34</i>(1), 244-253. doi:10.1016/j.childyouth.2011.10.020</p> <p>There are concerns for the stability and outcomes for children in care amongst policy makers in England and many other countries. The goal of permanence for children separated from their birth families and in the care of the state has dominated child care policy and practice in the UK, the USA and Canada since the 1980s, but the meanings of permanence in terms of stability, emotional security and family membership into adulthood are complex and the placements and legal status thought best able to achieve permanence are contested. This research was an investigation of planning for permanence in long-term foster family care in England, where it is accepted by policy makers that this is a legitimate permanence option. The aim was to consider the fit between the planning and reviewing systems designed to achieve permanence in foster-care and the reality of planned permanent placements as experienced by foster-children and foster-carers. Results suggested that although committed relationships within the foster family were helping children to feel a sense of permanence and to become part of the family, planning and reviewing procedures required by corporate parenting were often not adapted to the special nature of these foster placements. It was concluded that although planning and reviewing systems need to be rigorous, they also need to be more child and family sensitive in permanent placements. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No – focus on system matters related to the ‘border’	No
<p>Lewis, C. (2011). Providing therapy to children and families in foster-care: A systemic-relational approach. <i>Family Process, 50</i>(4), 436-452. doi:10.1111/j.1545-5300.2011.01370.x</p> <p>Foster-care is a system created to protect children from an unsafe home environment yet multiple foster home placements, conflictual or nonexistent relationships between foster parents and birth parents, long, drawn out court battles, and living in an ongoing state of not knowing when or if they will be going home are just some of the challenges many children in care are expected to manage. This paper presents a guide for therapists working with families involved in foster-care. Utilizing ideas from the postmodern therapies and structural family therapy, suggestions will be provided about who needs to talk to whom about what, when to have these necessary conversations, and how to talk to people in a way that mobilizes adults to take action for the children, with the goal of minimizing postplacement trauma, strengthening and repairing relational bonds, and moving children out of foster-care and into permanent homes as quickly as possible. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)</p>	No – focus on therapists working with carers	No
Ghosh Ippen, C., Harris, W. W., Van Horn, P., & Lieberman, A. F. (2011). Traumatic and stressful events in early childhood: Can treatment help those at highest risk?. <i>Child Abuse & Neglect,</i>	No – focus on child	No

<p>35(7), 504-513. doi:10.1016/j.chiabu.2011.03.009</p> <p>Objective: This study involves a reanalysis of data from a randomized controlled trial to examine whether child–parent psychotherapy (CPP), an empirically based treatment focusing on the parent–child relationship as the vehicle for child improvement, is efficacious for children who experienced multiple traumatic and stressful life events (TSEs). Methods: Participants comprised 75 preschool-aged children and their mothers referred to treatment following the child’s exposure to domestic violence. Dyads were randomly assigned to CPP or to a comparison group that received monthly case management plus referrals to community services and were assessed at intake, posttest, and 6-month follow-up. Treatment effectiveness was examined by level of child TSE risk exposure (<4 risks versus 4+ TSEs). Results: For children in the 4+ risk group, those who received CPP showed significantly greater improvements in PTSD and depression symptoms, PTSD diagnosis, number of co-occurring diagnoses, and behavior problems compared to those in the comparison group. CPP children with <4 risks showed greater improvements in symptoms of PTSD than those in the comparison group. Mothers of children with 4+ TSEs in the CPP group showed greater reductions in symptoms of PTSD and depression than those randomized to the comparison condition. Analyses of 6-month follow-up data suggest improvements were maintained for the high risk group. Conclusions: The data provide evidence that CPP is effective in improving outcomes for children who experienced four or more TSEs and had positive effects for their mothers as well. Practice implications: Numerous studies show that exposure to childhood trauma and adversity has negative consequences for later physical and mental health, but few interventions have been specifically evaluated to determine their effectiveness for children who experienced multiple TSEs. The findings suggest that including the parent as an integral participant in the child’s treatment may be particularly effective in the treatment of young children exposed to multiple risks. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
<p>Levine, S. Z., Laufer, A., Stein, E., Hamama-Raz, Y., & Solomon, Z. (2009). Examining the relationship between resilience and posttraumatic growth. <i>Journal Of Traumatic Stress, 22(4)</i>, 282-286. doi:10.1002/jts.20409</p> <p>To extend the literature the present study aims to examine the interrelationships between resilience (defined by a lack of posttraumatic stress disorder following trauma) and posttraumatic growth. Two studies were conducted of Israeli: (a) adolescents exposed to terror (<i>N</i> = 2908), and (b) citizens and army personnel following the second Lebanon War (<i>N</i> = 588). Across studies the results showed that high levels of resilience were associated with the lowest posttraumatic growth scores. The results imply that although growth and resilience are both salutogenic constructs they are inversely related. The theoretical and clinical implications of these findings are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No	No
<p>Whenan, R., Oxlad, M., & Lushington, K. (2009). Factors associated with foster-carer well-being, satisfaction and intention to continue providing out-of-home care. <i>Children And Youth Services Review, 31(7)</i>, 752-760.</p>	Yes	Yes

<p>doi:10.1016/j.childyouth.2009.02.001</p> <p>Foster-carers have typically been found to play a key role in meeting the needs of foster-children, yet little research has investigated their well-being, satisfaction and intention to continue providing out-of-home care. The current study investigated the relationships of child behavioral and emotional problems, parenting self efficacy and the foster-carer–child relationship, to foster-carer well-being, satisfaction with fostering and intention to continue providing out-of-home care. Foster-carers completed self-report measures of the above factors, as well as, foster-carer and child demographics and placement factors. Univariately, foster-carer wellbeing was predicted by foster-care training, parenting self-efficacy and the foster-carer–child relationship. Similarly, parenting self-efficacy and the foster-carer–child relationship were also significantly related to foster-carer satisfaction. Intention to continue providing out-of-home care was predicted by parenting self efficacy. No significant associations were identified when multi-variate analyses were conducted, however. Clinical implications of the results are discussed, including the importance of continuing to refine and evaluate foster-care training and interventions aimed to improve the self-efficacy of foster-carers. Limitations of the study and directions for future research are also discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
<p>Jensen-Doss, A., Cusack, K. J., & de Arellano, M. A. (2008). Workshop-based training in trauma-focused CBT: An in-depth analysis of impact on provider practices. <i>Community Mental Health Journal</i>, 44(4), 227-244. doi:10.1007/s10597-007-9121-8</p> <p>Despite evidence that more intensive methods are more effective, many clinical settings continue to train practitioners using workshops. To more fully understand the strengths and limitations of workshops, the present investigation studied changes in practitioner behavior following a workshop in trauma-focused cognitive-behavioral therapy (TF-CBT). A chart review indicated no changes in TF-CBT use following the training, although therapists indicated that CBT was the most effective treatment for traumatized youths and was their primary approach to treating trauma. Analysis of client factors indicated weak relationships between technique use and treatment need. Implications of these findings for future training efforts are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No – practitioner development	No
<p>Coppola, G., Cassibba, R., & Costantini, A. (2007). What can make the difference? Premature birth and maternal sensitivity at 3 months of age: The role of attachment organization, traumatic reaction and baby's medical risk. <i>Infant Behavior & Development</i>, 30(4), 679-684. doi:10.1016/j.infbeh.2007.03.004</p> <p>The influence of prematurity and maternal attachment organization on sensitivity was investigated in 40 mother-infant dyads. Results show a main effect of attachment and an interaction between attachment and prematurity. Sensitivity was differently associated with medical risk and mothers' traumatic reaction, depending on the quality of attachment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No	No

	<p>Swick, K. J. (2007). Empower foster parents toward caring relations with children. <i>Early Childhood Education Journal</i>, 34(6), 393-398. doi:10.1007/s10643-007-0158-7</p> <p>Foster parents face many challenges in caring for children in foster-care. Perhaps the major challenge is to achieve a caring environment for children who have experienced trauma and much change. Thus, this article provides ideas and strategies for nurturing foster parents toward a caring relationship with their children. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes	Yes
	<p>Sinclair, I., & Wilson, K. (2003). Matches and Mismatches: The Contribution of Carers and Children to the Success of Foster Placements. <i>British Journal Of Social Work</i>, 33(7), 871-884. doi:10.1093/bjsw/33.7.871</p> <p>Data were collected on 472 foster-children at an interval of 14 months. The children's social workers, the family placement social workers and the foster-carers reported on disruptions, and the reasons for placement success or lack of it. These views, combined with comments from the children, led to hypotheses about the origins of successful placements. Statistical tests of these hypotheses suggested that success depended on three aspects of the placement. First of these was the children's characteristics. Children, who wanted to be fostered (had attractive characteristics and low levels of disturbance), did better. Second were the qualities of the foster-carer. Placements with warm, child-oriented carers were more successful. Third was the interaction between carer and child. The findings emphasize the crucial importance of the foster-carers to outcomes. They also support the need to pay close attention to children's views, and the potential importance of early intervention to prevent negative spirals of interaction between carer and child. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	Yes	Yes

Search terms: foster-care and internal working model

	Author / Title / Abstract	Foster-carer key focus	Include
1	<p>Kelly, W., & Salmon, K. (2014). Helping foster parents understand the foster-child's perspective: A relational learning framework for foster-care. <i>Clinical Child Psychology And Psychiatry</i>, 19(4), 535-547. doi:10.1177/1359104514524067</p> <p>The behaviour of children in foster-care is influenced by a variety of factors including previous experiences of maltreatment and adverse parenting, as well as the impact of separation from birth parents and placement in care. These factors make it difficult for foster parents to accurately interpret the child's behavioural cues, a necessary precursor to sensitive parenting. The relational learning framework</p>	yes	Yes

	<p>introduced in this article, drawing on attachment theory, facilitates the foster parents' access to some features of the child's mental representations, or internal working model, which may be pivotal in understanding the child's behaviour and therefore successfully managing it. Recent studies suggest that parents' ability to understand the child's psychological perspective, or mental state, is related to the child's cognitive and social development. This article presents a method to enhance the foster parents' understanding of the child's psychological perspective. The model is currently being evaluated for use with foster parents, mental health and social work practitioners. (PsycINFO Database Record (c) 2015 APA, all rights reserved)</p>		
	<p>Pearce, J. W., & Pezzot-Pearce, T. D. (2001). Psychotherapeutic approaches to children in foster-care: Guidance from attachment theory. <i>Child Psychiatry And Human Development</i>, 32(1), 19-44. doi:10.1023/A:1017555529166</p> <p>The diverse psychological and emotional problems of foster-children are reviewed, and an explanatory, interactional model based upon the key concepts of developmental psychopathology is described. The constructs of the internal working model and interpersonal schema, derived from attachment theory, are pathogenic mechanisms that contribute to the emergence of psychopathology in this population. The paper presents a general orientation to therapeutic work with foster-children and describes some specific interventions based upon this interactional model. The authors note that while attachment theory has much to offer clinicians, insecure attachment is just one of a number of risk factors; a comprehensive approach, both in terms of conceptualizing foster-childrens' problems and treating them, is essential. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No – focus on the child	No

Search terms: foster-carer and identity (15)

	Author / Title / Abstract	Foster-carer key focus	Include
1	<p>Schofield, G., Beek, M., Ward, E., & Biggart, L. (2013). Professional foster-carer and committed parent: Role conflict and role enrichment at the interface between work and family in long-term foster-care. <i>Child & Family Social Work</i>, 18(1), 46-56. doi:10.1111/cfs.12034</p> <p>In the literature on work–family balance, role and boundary issues are commonly discussed in relation to parents who work outside of the home. Work and family are considered as two different spheres of activity, with different role identities and cultural meanings. For foster-carers, however, in very significant ways, their family is their work and their work is their family—so roles are not so clearly separated and boundaries are not so clearly defined. This paper reviews theoretical approaches to the work–family interface and draws on qualitative data from 40 interviews with long-term foster-carers. It provides an analysis of their accounts of their roles as professional carers and/or committed parents to explore how they manage different and potentially contradictory role identities. The study found that foster-carers primarily identified as carers or as parents, but that some foster-</p>	Yes	Yes

<p>carers could move flexibly between these roles while others could not. For foster-carers who could be flexible, the two roles enriched each other rather than causing stress and role conflict. Implications for supporting professional foster-carers who can also meet the parenting needs of long-term foster-children are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>		
<p>Murphy, D., & Jenkinson, H. (2012). The mutual benefits of listening to young people in care, with a particular focus on grief and loss: An Irish foster-carer's perspective. <i>Child Care In Practice, 18</i>(3), 243-253. doi:10.1080/13575279.2012.683772</p> <p>This article explores the mutual benefits for social workers and young people of active listening within a collaborative partnership incorporating foster-carers, allowing the possibility to create a virtuous circle. The benefits for young people of increased self esteem, positive identity and resilience among others are explored. The benefits for social workers include creating an effective, accountable, holistic and better-informed practice, leading to an increase in overall job satisfaction. One of the authors has drawn on her personal experience as a foster-carer, with a particular focus on loss and grief as experienced by young people within the care system and foster families themselves. An argument is presented outlining the need for an expert knowledge of grief and loss and attachment theories on the part of social workers working with young people, along with excellent communication and engagement skills to facilitate an understanding of life as experienced by a young person in care. All too often, care plans are created "for" young people, or delivered "to" young people, by well-intentioned but under-resourced social work departments; the author argues for care plans to be created and implemented "with" young people, there by maximising positive outcomes. Listening, advocating and befriending do not require huge additional resources, but are dependent on all professionals actively engaging with young people, on their level and at their pace. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No – focus with child	No
<p>Cameron, R. (., & Maginn, C. (2011). Living psychology: The 'emotional warmth' dimension of professional childcare. <i>Educational And Child Psychology, 28</i>(3), 44-62.</p> <p>Children and young people in public care are arguably the most vulnerable group in our society and, despite considerable support and financial expenditure, the outcomes for these children have remained stubbornly poor. While the worthy intentions of government initiatives over recent years are not in question, it is clear that there is a need for a new theory-led, evidence-based model of professional care and support. This paper presents a psychological perspective which links early childhood experiences with restricted life outcomes. It argues that it is parental rejection (sometimes accompanied by abuse and neglect) which is a major mediating factor in the often-restricted life outcomes for many of these children. The 'emotional warmth' approach to professional childcare enables a visiting applied psychologist to empower residential and foster-carers to provide high quality parenting, sensitive support for post-trauma stress and a deeper understanding of the (often hidden) signature strengths of these children and young people. The inclusion of these three components in a support plan is likely to promote positive emotional, social and academic development of children in public care. The major role of the applied psychologist consultant in the emotional warmth model is discussed and appropriate outcome measures for this approach to childcare are considered. (PsycINFO Database Record (c) 2012 APA,</p>	Partial	Yes

	all rights reserved)		
	<p>Broady, T. R., Stoyles, G. J., McMullan, K., Caputi, P., & Crittenden, N. (2010). The experiment of foster-care. <i>Journal Of Child And Family Studies</i>, 19(5), 559-571. doi:10.1007/s10826-009-9330-6</p> <p>We sought to provide a new framework for understanding the training and ongoing support of foster parents. The experiences of authorized foster parents were viewed in the context of an experiment, whereby foster parents entered an out-of-home care placement with preconceived ideas and expectations of what the provision of care would be like. We have investigated the experience of foster-care from the perspective of the foster parent who tests expectations of providing care as one might conduct any experiment. Focus group discussion yielded five global domains of foster-care experience: birth family, motivation, agency influences, relationship impacts, and attachment. Foster-carers commonly described these domains as central to the overall experience of providing foster-care. Furthermore, specific experiences within each domain were seen to either encourage or discourage the further provision of foster-care. Individual interviews regarding the practical experiences related to these domains uncovered struggles of foster parents who sought to understand their role identity as a “foster parent”, and their self identity as a “mother”. We discuss implications arising from the experience of these domains of care and their related struggles. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes	Yes
	<p>Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. (2009). Role of foster family belonging in recovery from child maltreatment. <i>Australian Psychologist</i>, 44(3), 166-173. doi:10.1080/00050060903147075</p> <p>Research on foster-care suggests that children who have experienced abuse are susceptible to a range of negative life outcomes. Such research also suggests that children removed into foster-care can recover from abuse if given opportunities to develop healing relationships with caregivers. Drawing on qualitative data from a national research project on Australian foster-carers, this paper explores how foster families enact forms of belonging that potentially work to ameliorate experiences of abuse among foster-children. With a specific focus on experiences of family solidarity, rituals, identity, and culture among foster-carers and the children in their care, the findings highlight the role that foster-carers can play in contributing to national child protection agendas aimed at addressing experiences of maltreatment among children removed into care in Australia. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	Yes	Yes
	<p>Harlow, E., & Blackburn, F. (2007). Fostering matters: A foster-carer's perspective. <i>Social Work & Social Sciences Review</i>, 13(2), 48-56. doi:10.1921/19650</p> <p>The views of stakeholders are increasingly seen as important to the delivery of services. The perspectives of foster-carers therefore, can contribute to the organisation, management and provision of placements to children who are looked after by the local authority. This paper reflects the views of Foluke, a member of the symposium 'Fostering Matters' which took place at the University of Salford in March 2007. Foluke is not only an experienced foster-carer and trainer of foster-carers, but also an experienced social worker with current responsibility for educating social work practitioners. There is no suggestion that the views expressed in this paper represent the 'truth' of being a foster-carer. On the contrary, it is appreciated that the</p>	Yes	Yes

	opinions of foster-carers will vary in relation to their social characteristics (such as class, gender `race' or ethnicity), their personal biographies and the context in which their opinions are elicited. Nevertheless, this paper contains important reflections on a main theme of the symposium - the professionalisation of foster-care. Furthermore, comments on the quality of practice in relation to assessment and training may be of value to those responsible for the continued improvement in standards. [ABSTRACT FROM AUTHOR]		
	Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. (2007). Basically it's a recognition issue': Validating foster parent identities. <i>Family Matters</i> , (76), 64-69. The article discusses the suggestions pertaining to the identification and attendant recognition of foster parents in Australia. Historically, Australian foster-care community gave awards for foster , relative or kinship carers who had showed outstanding contribution to the sector. However, it also provides discussion about the exploration on the validity of a foster parent identity . It mentioned key implications, which might inflict problems in the future including foster-carer training, case management and public policy.	Yes	Yes
	Schofield, G., & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster family care. <i>Attachment & Human Development</i> , 7(1), 3-25. doi:10.1080/14616730500049019 This paper reports on a longitudinal study of children growing up in long-term foster family care. It focuses attention on the challenges for foster-carers in providing a secure base for foster-children in middle childhood and early adolescence, who have come predominantly from backgrounds of abuse, neglect, and psychosocial adversity. Separation and loss in the children's lives, often through multiple placements, increase the likelihood of difficulties across a range of development. These children tend to be wary, distrustful, and controlling when they enter foster placements, but need from their carers many of the caregiving qualities most commonly described as providing a secure base in infancy. This study describes a model of parenting which uses four caregiving dimensions that are consistent with attachment theory and research: promoting trust in availability, promoting reflective function, promoting self-esteem, and promoting autonomy. A fifth dimension, promoting family membership, is added, as it reflects the need for children in long-term foster family care to experience the security that comes from a sense of identity and belonging. Qualitative data from the study demonstrates the usefulness of this model as a framework for analysis, but also suggests the potential use of such a framework for working with and supporting foster-carers . (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Yes	Yes

Foster-care and roles (195)

	Author / Title / Abstract	Foster-carer key focus	Include
1	Rostill-Brookes, H., Larkin, M., Toms, A., & Churchman, C. (2011). A shared experience of	Yes	Yes

<p>fragmentation: Making sense of foster placement breakdown. <i>Clinical Child Psychology And Psychiatry</i>, 16(1), 103-127. doi:10.1177/1359104509352894</p> <p>Multiple placement transitions have been associated with poorer psychosocial outcomes for children growing up in local authority care. However, although there is an expanding literature examining the risk and protective factors connected with placement breakdown, very few studies have explored the quality of the move experience for those most closely involved with it. Our study considered how young people, foster-carers and social workers made sense of unplanned placements' endings. Bringing together the lived experiences of these key stakeholders in the placement system added a novel dimension to existing research knowledge. What emerged from our analysis was evidence of a pervasive and shared emotional experience; all of the participants were affected by the breakdown irrespective of age, experience, or professional role. However, despite many commonalities, there was also a strong sense of fragmentation between the groups, which was characterised by discourses of mistrust and miscommunication. This meant that emotional reactions to the breakdown were often suppressed or dismissed, resentments built-up and attempts to find a solution were thwarted by silence or angry recrimination. These findings raise real challenges for practice and policy development. In particular, they stress the importance of shared and meaningful dialogue between all key stakeholders within the social care system, the need for more effective and timely support when placements are in crisis and opportunities for those most closely involved with the placement breakdown to process the emotional experience. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
<p>Ponciano, L. (2010). Attachment in foster-care: The role of maternal sensitivity, adoption, and foster mother experience. <i>Child & Adolescent Social Work Journal</i>, 27(2), 97-114. doi:10.1007/s10560-010-0192-y</p> <p>The attachment relationships between 76 young foster-children and their foster mothers were examined with the purpose of understanding how maternal sensitivity, adoption status, and foster mother experience contribute to relationship quality. Demographic variables were also included in the analyses. Attachment quality was assessed through home observations. More than half of the participating dyads constructed secure attachments. Maternal Sensitivity and foster mothers with little prior experience predicted higher scores on attachment quality. Additionally, variables associated with adoption status and full-time employment predicted maternal sensitivity. The results are interpreted and limitations of the study are discussed within the context of recent foster-care reform policies and applications for practice. (PsycINFO Database Record (c) 2015 APA, all rights reserved)</p>	Yes	Yes
<p>Whenan, R., Oxlad, M., & Lushington, K. (2009). Factors associated with foster-carer well-being, satisfaction and intention to continue providing out-of-home care. <i>Children And Youth Services Review</i>, 31(7), 752-760. doi:10.1016/j.childyouth.2009.02.001</p> <p>Foster-carers have typically been found to play a key role in meeting the needs of foster-children, yet little research has investigated their well-being, satisfaction and intention to continue providing out-of-home</p>	Yes	Yes

<p>care. The current study investigated the relationships of child behavioral and emotional problems, parenting self efficacy and the foster-carer–child relationship, to foster-carer well-being, satisfaction with fostering and intention to continue providing out-of-home care. Foster-carers completed self-report measures of the above factors, as well as, foster-carer and child demographics and placement factors. Univariately, foster-carer wellbeing was predicted by foster-care training, parenting self-efficacy and the foster-carer–child relationship. Similarly, parenting self-efficacy and the foster-carer–child relationship were also significantly related to foster-carer satisfaction. Intention to continue providing out-of-home care was predicted by parenting self efficacy. No significant associations were identified when multi-variate analyses were conducted, however. Clinical implications of the results are discussed, including the importance of continuing to refine and evaluate foster-care training and interventions aimed to improve the self-efficacy of foster-carers. Limitations of the study and directions for future research are also discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
<p>Lindhiem, O., & Dozier, M. (2007). Caregiver commitment to foster-children: The role of child behavior. <i>Child Abuse & Neglect, 31</i>(4), 361-374. doi:10.1016/j.chiabu.2006.12.003</p> <p>Objective: This study aimed to examine the association between child behavior problems and caregiver commitment to their child in a group of young foster-children. Method: The sample consisted of 102 caregiver-child dyads from the greater Baltimore area. Child behavior was assessed using the Child Behavior Checklist [CBCL; Achenbach, T. M. (1991). <i>Manual for the Child Behavior Checklist/4-8 and 1991 profile</i>. Burlington, VT: University of Vermont, Department of Psychiatry; Achenbach, T. M. (1992). <i>Manual for the Child Behavior Checklist/2-3 and 1992 profile</i>. Burlington, VT: University of Vermont, Department of Psychiatry], and caregiver commitment was assessed using a semi-structured interview known as the "This is My Baby" Interview [Bates, B., & Dozier, M. (1998). "This Is My Baby" coding manual. Unpublished manuscript, University of Delaware, Newark]. For a sub-sample of the dyads (N = 76), we examined caregiver commitment and parent-reported child behavior at two time points in order to examine the stability of a caregiver's commitment over time and to examine the direction of the association between the two variables. Results: Overall, caregiver reported child behavior was significantly associated with caregiver commitment. Both caregiver reported child behavior and caregiver commitment were highly stable over an 11-month period. When we examined the data over time, the effect of caregiver reported child behavior at time 1 on caregiver commitment at time 2 was not significantly larger than the effect of caregiver commitment at time 1 on caregiver reported child behavior at time 2. As a result, we were not able to determine the direction of the association between caregiver reported child behavior and caregiver commitment. Conclusions: Our results indicate that caregiver reported child behavior is significantly associated with caregiver commitment to their foster-children, even after controlling for factors including age of entry into foster-care and time in placement. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	find	Yes
<p>Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster-care: The role of caregiver state of mind. <i>Child Development, 72</i>(5), 1467-1477. doi:10.1111/1467-8624.00360</p> <p>The concordance between foster mothers' attachment state of mind and foster infants' attachment quality was examined for 50 foster</p>	Yes	Yes

	<p>mother-infant dyads. Infants (aged 12-24 mo) had been placed into the care of their foster mothers (aged 26-69 yrs) and was assessed for attachment quality, a least 3 mo after the infants' placement into foster-care. The two-way correspondence between maternal state of mind and infant attachment quality was similar to the level seen among biologically intact mother–infant dyads. Contrary to expectations, age at placement was not related to attachment quality. Rather, concordance between maternal state of mind and infant attachment was seen for relatively late-placed babies, as well as early placed babies. These findings have two major implications. First, following a disruption in care during the first year and a half of life, babies appear capable of organizing their behavior around the availability of new caregivers. Second, these data argue for a nongenetic mechanism for the intergenerational transmission of attachment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
	<p>Edelstein, S. B., Burge, D., & Waterman, J. (2001). Helping foster parents cope with separation, loss, and grief. <i>Child Welfare: Journal Of Policy, Practice, And Program</i>, 80(1), 5-25.</p> <p>Major changes in planning for children in foster-care have resulted in significant changes in the roles of and expectations for foster parents, accompanied by even less attention to the issues of foster families' grief and loss. This article focuses on (1) the many ways foster parents encounter loss and grief on a continuous basis; (2) factors that affect the intensity of the loss and the healthy expression and resolution of grief; (3) problems that can result when the grief of foster parents is not adequately addressed; and (4) ways in which professionals can be helpful to these caregivers around loss and grief. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes	Yes
	<p>Palmer, S. E. (1996). Placement stability and inclusive practice in foster-care: An empirical study. <i>Children And Youth Services Review</i>, 18(7), 589-601. doi:10.1016/0190-7409(96)00025-4</p> <p>Analyzed the placement experiences of 184 4–17 yr olds in 4 Ontario Children's Aid Societies. The research provides an empirical test of theories of attachment and development regarding the importance of family relationships, as applied to children in out-of-home care, by seeking links between inclusive practice and placement stability. Baseline information was collected from 46 placement workers on preparation to handle separation issues and degree of inclusiveness in their placement practice. Demographic characteristics, difficulty of child's behavior toward caregivers, reasons for being in care and parents' attitudes toward placement were also measured. Children's placement changes were tracked for the following 18 mo. A significant percentage of variability in placement stability was accounted for by 2 conditions: the children's behavior and the involvement of their parents in preparing them for placement. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	No	No

Search terms: foster-carer and reassurance – 2 (none relevant)

Search terms: foster-carer and validation – 3 results

	Author / Title / Abstract	Foster-carer key focus	Include
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1	<p>Blazey, L., Harris, J., Lines, M., Devasahayam, A., & Minnis, H. (2013). Using the Adult Attachment Interview to inform foster-carer assessment. <i>Adoption & Fostering</i>, 37(3), 297-306. doi:10.1177/0308575913501621</p> <p>This study reports on findings from research carried out with Barnardo's, a voluntary sector (not-for-profit) fostering agency, on its experience of using the Adult Attachment Interview (AAI) to assess foster-carers' attachment style. Despite growing interest in the application of standardised assessment tools to the selection and support of carers, there is currently very little research that focuses on the implementation of these tools and their added value in either an adoption or foster-care setting. Research was conducted in two phases. The first phase used qualitative interviews with staff members to explore their experience of using the AAI in the early stages of its implementation. The second phase drew on qualitative interviews with staff, foster-carers and fostering panel members to assess current practice 18 months later. The AAI was found to add depth and rigour to the assessment process, provided opportunities for carers to reflect on their past experiences and gave staff and carers a common language to discuss issues relating to attachment. However, the use of the AAI was not without its costs and challenges and required a significant investment of time and resources. The implications for foster-care agencies are discussed.</p>	No	No
	<p>Luke, N., & Coyne, S. (2008). Fostering self-esteem: exploring adult recollections on the influence of foster parents. <i>Child & Family Social Work</i>, 13(4), 402-410.</p> <p>Foster parents are in a unique position to improve the self-esteem of children in their care, which may be lower than that of their non-fostered peers. According to Harter's dual-influence model, both general support or attachment and domain-specific support contribute to self-esteem. The current study used this model to explore the ways in which foster parents had influenced the self-esteem of a sample of five adults with differing foster-care experiences. Retrospective interviews were used to gather memories of high self-esteem from time spent in foster-care. A thematic analysis of the interview transcripts supported Harter's model, and provided a number of examples of ways in which foster parents could boost children's self-esteem. The model was further extended to show the importance of 'normality' and inclusion for this sample of fostered adults. Further research on this topic is recommended with a view to widening the scope of foster-carer training beyond attachment theory.</p>	No	No
	<p>Hibbert, G., & Frankl, J. (2011). A psychology consultation service for social workers and foster-carers in a child and adolescent mental health service. <i>Educational And Child Psychology</i>, 28(3), 63-72.</p> <p>In recent years, clinical consultation with foster-carers has been widely developed as a way of supporting placements and indirectly meeting the needs of looked after children. This study aimed to evaluate a consultation model which was set up by Brent CAMHS in 2005 to support foster-carers and social workers. The service aims to provide foster-carers and social workers with quick access to short-term psychology-based support. A qualitative approach was used to provide a subjective account of social workers' and carers' experiences with the service. Data was collected through short telephone interviews and analysed using thematic analysis. The results were positive, and suggested that the Psychology Consultation Service (PCS) met its aims. Both carers and social workers found the PCS easily accessible. Carers reported that it enhanced their skills and understanding of their foster-children, which increased their confidence and provided reassurance. Social workers reported that the PCS helped support them in their roles in terms of planning, offering an alternative perspective and developing their skills. Furthermore, the interventions helped to strengthen the system around the looked after child.</p>	Yes	Yes

	The research supports previous studies that suggest consultations are an effective model of providing indirect therapeutic support to looked after children. The data did not directly show that the service prevented placement breakdowns. However, areas highlighted by the results have been linked to preventing placement breakdowns in other studies. Limitations and ideas for further research are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)		
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Searches: foster-carer and mentalisation/ mentalisation (77)

Foster-carer and reflective functioning (1)

Foster-carer and mind mindedness (2)

	Author / Title / Abstract	Foster-carer key focus	Include
1	<p>Mikic, N., & Terradas, M. M. (2014). Mentalization and attachment representations: A theoretical contribution to the understanding of reactive attachment disorder. <i>Bulletin Of The Menninger Clinic</i>, 78(1), 34-56.</p> <p>This article proposes an understanding of children with reactive attachment disorder (RAD) through psychoanalytic thought and mentalization theory. RAD is presented followed by a discussion on attachment and the need for a better understanding of this disorder. Theories from British psychoanalytic thinkers are used to describe what might be transpiring in the early relationship between mother and child. Particular attention is given to how children's internal objects are influenced by a compromised early mother-child relationship. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	No – focus on child	No
	<p>Sadler, L. S., Slade, A., Close, N., Webb, D. L., Simpson, T., Fennie, K., & Mayes, L. C. (2013). Minding the baby: Enhancing reflectiveness to improve early health and relationship outcomes in an interdisciplinary home-visiting program. <i>Infant Mental Health Journal</i>, 34(5), 391-405. doi:10.1002/imhj.21406</p> <p>In this article, we focus on the first wave of outcomes in a pilot-phase randomized control trial of a home-based intervention for infants and their families: Minding the Baby, an interdisciplinary, mentalization-based intervention in which home-visiting services are provided by a team which includes a nurse practitioner and a clinical social worker. Families are recruited during mother's pregnancy and continue through the child's second birthday. Analyses revealed that intervention families were more likely to be on track with immunization schedules at 12 months, had lower rates of rapid subsequent childbearing, and were less likely to be referred to child protective services. In addition, mother–infant interactions were less likely to be disrupted at 4 months when mothers were teenagers, and all intervention infants were more likely to be securely attached and less likely to be disorganized in relation to attachment at 1 year of age. Finally, mothers' capacity to reflect on their own and their child's experience improved over the course of the intervention in the most high-risk mothers. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	No – focus on biological parents	No
	Bunday, L., Dallos, R., Morgan, K., & McKenzie, R. (2015). Foster-carers' reflective understandings of parenting looked after children: an exploratory study. <i>Adoption & Fostering</i> ,	Yes	Yes

	<p>39(2), 145-158. doi:10.1177/0308575915588730</p> <p>This study explores reflective functioning (RF) in foster-carers using the Parent Development Interview. A mixed-methods design was employed in eliciting personal accounts of fostering by carers alongside an assessment of their RF. Results suggest that the carers displayed varying levels of RF and specifically that the elements of reflection that may be most salient for effective fostering - developmental, systemic and attachment-based thinking - were uncommon among the sample. Given the importance of foster-carers' potential to redirect the lives of children and enhance healthy attachment strategies, therapeutic and training packages that might increase RF are considered.</p>		
	<p>Gurney-Smith, B., Granger, C., Randle, A., & Fletcher, J. (2010). 'In time and in tune' -- the Fostering Attachments Group. <i>Adoption & Fostering</i>, 34(4), 50-60.</p> <p>The Fostering Attachments Group (Golding, 2006) is a group intervention combining social learning theory and attachment theory to inform the parenting of looked after children who present a wide range of emotional and behavioural difficulties. Evaluations to date have consistently found high rates of satisfaction from participants and a greater understanding of the child's needs, but only limited impact on the child's behaviour. Identifying the mechanisms of change in these well-received groups, Ben Gurney-Smith therefore, seems important. Ben Gurney-Smith, Charlotte Granger Anna Randle and Jenny Fletcher report on a novel evaluation of this group using, for the first time, a mixed group of foster-carers and adoptive parents, with measures repeated at pre-, post- and three-month follow-up, and consistent with both theoretical models. The group was rated highly for satisfaction and sustained improvements were found in the caregiver's understanding and the perceived difficulties of the child. Significant positive and sustained changes were found in specific behavioural difficulties named by the caregiver, the child's hyperactivity and in the caregiver's mind-mindedness when they perceived a break in the relationship with their child. The study supports the use of measures capturing change over time in both the child and caregiver, which are consistent with both theoretical approaches used within the group.</p>	Yes	Yes
	<p>Bammens, A., Adkins, T., & Badger, J. (2015). Psycho-educational intervention increases reflective functioning in foster and adoptive parents. <i>Adoption & Fostering</i>, 39(1), 38-50. doi:10.1177/0308575914565069</p> <p>It is well established that looked after children are more likely to develop complex behavioural and emotional difficulties that can leave many carers struggling to help and understand the child. This can lead to the breakdown of placements whereby the lack of placement stability leaves the child even more vulnerable. The Family Minds (FM) psycho-educational and interactive programme is a newly developed intervention for groups of foster and adoptive parents. It lasts for nine hours and comprises elements of mentalisation-based family therapy, lectures, group exercises and homework, with the aim that parents will be able to better understand and support their fostered or adopted child through increased reflective functioning. In a study undertaken in Texas we evaluated whether there was a change in the parents' reflective functioning (verbal mentalisation) pre- to post-FM training compared to a comparison group who experienced a 'treatment as usual' intervention comprising four hours of lecture information about trauma and attachment. Using five-minute speech samples pre- and post-training, we coded whether the capacity to think reflectively about oneself and one's child altered in either training group. We found that, unlike the comparison group, parents in the FM group significantly increased their reflective functioning. This outcome was independent of several factors such as the age of the parent, age of the child and time as a carer. The only factor influencing the significant change was the training group in which the parent was placed. These findings suggest that this novel mentalisation-based psycho-educational training programme can successfully increase parents' reflective functioning which, in turn, should</p>	Yes	Yes

enhance and strengthen the understanding and relationship between the foster/adoptive parent and the child and reduce negative outcomes.		
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Search terms: Foster-care and PTSD

Author / Title / Abstract	Foster-carer key focus	Include
<p>Goldsmith, R. E., Martin, C. G., & Smith, C. P. (2014). Systemic trauma. <i>Journal Of Trauma & Dissociation</i>, 15(2), 117-132. doi:10.1080/15299732.2014.871666</p> <p>Substantial theoretical, empirical, and clinical work examines trauma as it relates to individual victims and perpetrators. As trauma professionals, it is necessary to acknowledge facets of institutions, cultures, and communities that contribute to trauma and subsequent outcomes. Systemic trauma—contextual features of environments and institutions that give rise to trauma, maintain it, and impact posttraumatic responses—provides a framework for considering the full range of traumatic phenomena. The current issue of the Journal of Trauma & Dissociation is composed of articles that incorporate systemic approaches to trauma. This perspective extends conceptualizations of trauma to consider the influence of environments such as schools and universities, churches and other religious institutions, the military, workplace settings, hospitals, jails, and prisons; agencies and systems such as police, foster-care, immigration, federal assistance, disaster management, and the media; conflicts involving war, torture, terrorism, and refugees; dynamics of racism, sexism, discrimination, bullying, and homophobia; and issues pertaining to conceptualizations, measurement, methodology, teaching, and intervention. Although it may be challenging to expand psychological and psychiatric paradigms of trauma, a systemic trauma perspective is necessary on both scientific and ethical grounds. Furthermore, a systemic trauma perspective reflects current approaches in the fields of global health, nursing, social work, and human rights. Empirical investigations and intervention science informed by this paradigm have the potential to advance scientific inquiry, lower the incidence of a broader range of traumatic experiences, and help to alleviate personal and societal suffering. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</p>	Find	
<p>Ai, A. L., Foster, L. J., Pecora, P. J., Delaney, N., & Rodriguez, W. (2013). Reshaping child welfare's response to trauma: Assessment, evidence-based intervention, and new research perspectives. <i>Research On Social Work Practice</i>, 23(6), 651-668. doi:10.1177/1049731513491835</p> <p>Growing evidence has linked early trauma with severe psychiatric consequences. Posttraumatic stress disorder (PTSD) is a potentially debilitating mental health condition found among some youth in foster-care and foster-care alumni. However, the current child welfare practice response has not met the demands in both assessment and intervention. This critical review aims to use the evidence to reshape the child welfare response to trauma in children and adolescents. We begin with research on the psychiatric consequences of child maltreatment and issues related to diagnostic assessment for PTSD. Next, we compare major foster-care/alumni studies showing considerably higher rates of PTSD among young foster-care recipients and alumni than among nationally comparable groups. To inform practice on childhood trauma, we then summarize current evidence-based interventions showing effectiveness with PTSD. Finally, we address new dimensions, such as gene-environment research, posttraumatic growth, and implications for reshaping child welfare practice and foster-care. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</p>	No	No
<p>Leenarts, L. W., Diehle, J., Doreleijers, T. H., Jansma, E. P., & Lindauer, R. L. (2013). Evidence-based treatments for children</p>	No	No

	<p>with trauma-related psychopathology as a result of childhood maltreatment: A systematic review. <i>European Child & Adolescent Psychiatry</i>, 22(5), 269-283. doi:10.1007/s00787-012-0367-5</p> <p>This is a systematic review of evidence-based treatments for children exposed to childhood maltreatment. Because exposure to childhood maltreatment has been associated with a broad range of trauma-related psychopathology (e.g., PTSD, anxiety, suicidal ideation, substance abuse) and with aggressive and violent behavior, this review describes psychotherapeutic treatments which focus on former broad range of psychopathological outcomes. A total of 26 randomized controlled clinical trials and seven non-randomized controlled clinical trials published between 2000 and 2012 satisfied the inclusionary criteria and were included. These studies dealt with various kinds of samples, from sexually abused and maltreated children in child psychiatric outpatient clinics or in foster-care to traumatized incarcerated boys. A total of 27 studies evaluated psychotherapeutic treatments which used trauma-focused cognitive, behavioral or cognitive-behavioral techniques; only two studies evaluated trauma-specific treatments for children and adolescents with comorbid aggressive or violent behavior; and four studies evaluated psychotherapeutic treatments that predominantly focused on other mental health problems than PTSD and used non-trauma focused cognitive, behavioral or cognitive-behavioral techniques. The results of this review suggest that trauma-focused cognitive-behavioral therapy (TF-CBT) is the best-supported treatment for children following childhood maltreatment. However, in line with increased interest in the diagnosis of complex PTSD and given the likely relationship between childhood maltreatment and aggressive and violent behavior, the authors suggest that clinical practice should address a phase-oriented approach. This review concludes with a discussion of future research directions and limitations. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>		
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Search Terms: foster-care and states of mind (9 results)

	Author / Title / Abstract	Foster-carer key focus	Include
	<p>Ironside, L. (2012). Meeting of minds. <i>Adoption & Fostering</i>, 36(2), 29-42.</p> <p>The task for foster-carers is complex and emotionally demanding on many levels. A crucial aspect of maintaining a successful placement is that carers have developed the metacognitive skills for thinking about the foster-child's mind, to mentalise and resist their own impulses to react 'unthinkingly' in the face of sometimes extreme Leslie Ironside provocation. describes a training for foster-carers, rooted in clinical practice, which promotes this reflective state of mind. The effectiveness of this training is enhanced by group work and is therefore also efficient in the use of a child mental health clinician's time. This article describes the theoretical underpinning of the training and uses a case example to illustrate how experiential learning in a group can power fully bring the practical and psychological challenges of the fostering task into the reflective space. The cohesion and mutual trust within the group are shown to be of critical importance for enabling personal exploration. The model is potentially replicable in any local area where there is the availability of suitably experienced child mental health professionals.</p>	Yes	Yes
	<p>Bernier, A., & Dozier, M. (2003). Bridging the attachment transmission gap: The role of maternal mind-mindedness. <i>International Journal Of Behavioral Development</i>, 27(4), 355-365. doi:10.1080/01650250244000399</p> <p>The intergenerational transmission of attachment patterns is one of the most reliable</p>	No	No

	<p>yet least understood findings of attachment research. The aim of this report was to examine the capacity of maternal mind-mindedness to account for the relation between adult attachment state of mind and infant attachment security. Sixty-four foster-children (aged 6-30 months) participated with their foster mothers. The mother's tendency to use mental features in describing her child (mind-mindedness) was negatively related to the security of both maternal state of mind and infant attachment. Further, mind-mindedness accounted for the totality of the predictive power of state of mind on infant attachment. The results suggest that age-appropriate representations of the child may help explain intergenerational transmission, through their interplay with parental interactive behaviours. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>		
	<p>Dozier, M., & Sepulveda, S. (2004). Foster Mother State of Mind and Treatment Use: Different Challenges for Different People. <i>Infant Mental Health Journal, 25(4), 368-378.</i> doi:10.1002/imhj.20011</p> <p>On the basis of our research findings from the last 10 years, we have developed a training program for foster parents that targets three critical needs for infants in foster-care. This treatment program has now been manualized to allow dissemination to other sites. With our intervention as well as any other, we see it as critical to tailor services to the needs of individual clients rather than adhering in doctrinaire fashion to the manual. In particular, we suggest that attending to foster parents' state of mind with regard to attachment is vital to providing an effective treatment. In this article, we present examples of foster parents with different states of mind and describe how treatment is tailored to meet their individual needs. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>	Yes	Yes
	<p>Stovall-McClough, K. C., & Dozier, M. (2004). Forming attachments in foster-care: Infant attachment behaviors during the first 2 months of placement. <i>Development And Psychopathology, 16(2), 253-271.</i></p> <p>This study investigated the development of attachment relationships in 38 foster infant-caregiver dyads over the first 2 months of placement. We used the Parent Attachment Diary to measure foster infants' daily attachment behaviors, the Adult Attachment Interview to examine foster parents' attachment states of mind, and Ainsworth's Strange Situation to capture attachment classifications. We examined differences in diary scales (secure, avoidant, resistant, and coherence) as they related to age at placement and foster parent attachment, using hierarchical linear modeling and analyses of variance. The results indicated infants with autonomous foster parents and infants placed at younger ages showed higher early and overall levels of secure behavior, less avoidant behavior, and more coherent attachment strategies compared to infants placed with nonautonomous foster parents. Changes in attachment behaviors over time were not predicted by the models; however, there was a significant decrease in the daily coherence of attachment behaviors associated with Strange Situation disorganization. Finally, we found significant concordance between the diary and Strange Situation scales for secure and avoidant behaviors. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes	Yes
	<p>Bates, B. C., & Dozier, M. (2002). The importance of maternal state of mind regarding attachment and infant age at placement to foster mothers' representations of their foster infants. <i>Infant Mental Health Journal, 23(4), 417-431.</i> doi:10.1002/imhj.10022</p> <p>Previous research has found that foster mother state of mind with respect to attachment and infant age at placement into foster-care influence the developing foster mother-foster-child relationship. This study extends prior research by assessing factors related to foster mothers' representations of their foster infants. Participants were 48 foster mother-foster infant dyads. The infants ranged in age from newborn to 20.6 months, and mothers ranged in age from 27.3 to 78.9 years. It was expected that foster mothers' states of mind and infant age at placement would</p>	Yes	Yes

	<p>be associated with foster mothers' acceptance of infants, commitment to infants, and belief in their influence on infants' development. Consistent with hypotheses, foster mothers' states of mind interacted with infant age at placement in predicting foster mothers' acceptance of their babies, and the extent to which foster mothers believed that they could influence their infants' development. Specifically, autonomous foster mothers of babies placed before 12 months of age were more accepting and more likely to believe that they could influence their infants' development compared to autonomous foster mothers of infants placed after 12 months of age, a pattern not seen for nonautonomous foster mothers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		

Foster-carer and child characteristics – 51 articles

	Author / Reference/ Abstract	Focus on Foster-carer	Incl
	<p>Koren-Karie, N., Oppenheim, D., Yuval-Adler, S., & Mor, H. (2013). Emotion dialogues of foster-caregivers with their children: The role of the caregivers, above and beyond child characteristics, in shaping the interactions. <i>Attachment & Human Development, 15</i>(2), 175-188. doi:10.1080/14616734.2013.746822</p> <p>The study examined foster-caregivers' sensitive guidance of conversations about emotional themes in a sample of foster-caregivers living in Family Group Homes. Thirty caregivers were observed with two out of the several children under their care: one that was nominated by the Family Group Home's social worker as the most challenging child in the Family Group Home, and one that was nominated as the least challenging child. Based on attachment theory that argues that mothers possess a central role in shaping the interaction with the child by adapting their caregiving to the child's individual characteristics (Bowlby, 1982), we argued that caregivers' sensitivity will reflect the differences between the caregivers and not the differences between the children. We therefore hypothesized that the caregivers would show similar levels of sensitive guidance regarding their children, irrespective of the level of difficulty the children presented. The results supported our hypotheses by showing that caregivers' sensitive guidance of the conversations was similar across the most and least challenging children. The results highlight the importance of the caregiver in shaping the interactions with their children regardless of the degree to which the child is challenging. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	Yes
	<p>Thompson, H., McPherson, S., & Marsland, L. (2016). 'Am I damaging my own family?': Relational changes between foster-carers and their birth children. <i>Clinical Child Psychology And Psychiatry, 21</i>(1), 48-65. doi:10.1177/1359104514554310</p> <p>Foster placements are more likely to break down where the foster-carers already have birth children. Studies that explore the impact of fostering on foster-carers and their birth children have suggested that relational changes occur, but these changes have not been examined in depth. This study aimed to explore the impact of fostering on parent-child relationships within foster families. Nine foster-carers (including three couples) were interviewed separately, and the data were analysed using constructivist grounded theory methods. Analysis indicated that birth children may attribute particular importance to their position in the family (e.g. oldest child, youngest child) and that this is a key element of the way in which they relate to their parents. Emotional security and parent-child relationships can therefore be strained by a foster placement not taking this into account. Foster-children also introduce significant competition for parental resources, putting a strain on relationships. Foster-carers seem to prioritise, consciously or not, the preservation of relationships within the biological family. Reflecting on relationships and making changes to</p>	Yes	Yes

maximise potential improvements in relationships can lead to positive outcomes, and this can have an impact on whether families continue fostering or not. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (journal abstract)			
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Author / Reference/ Abstract	Focus on Foster-carer	Include
<p>Wilson, K., Sinclair, I., & Gibbs, I. (2000). The Trouble with Foster-care: The Impact of Stressful 'Events' on Foster-carers. <i>British Journal Of Social Work</i>, 30(2), 193-209.</p> <p>The article draws on the first stages of a large-scale longitudinal study into foster-care with 'looked after' children. It uses data supplied by 950 foster-carers in response to a postal questionnaire designed to document the proportions who had experienced one or more of six potentially stressful 'events': breakdowns or disruptions, allegations, relationship with birth parents, family tensions, 'tug of love' cases, and other disagreements with social services. The article uses carers' comments to describe their reaction to the 'events'. It then examines the relationship between the 'events' and measures of carer stress, satisfaction with fostering, and intentions to continue fostering. Overall, two-thirds of the sample had experienced one or more of these 'events' and these were associated with a measure of mental ill-health and with attitudes towards continuing fostering.</p>	Yes	Yes

Author / Reference Abstract	Focus on Foster-carer	Include
<p>Meins, E., Fernyhough, C., Wainwright, R., Das Gupta, M., Fradley, E., & Tuckey, M. (2002). Maternal Mind–Mindedness and Attachment Security as Predictors of Theory of Mind Understanding. <i>Child Development</i>, 73(6), 1715-1726. doi:10.1111/1467-8624.00501</p> <p>This study investigated relations between social interaction during infancy and children's subsequent theory of mind (ToM). Infant–mother pairs (N = 57) were observed in a free–play context at 6 months. Interactions were coded for (a) mothers' use of mental state language that commented appropriately on the infants' mental states, and (b) mothers' use of mental state language that did not appropriately reflect their infants' minds. A third variable was (c) security of attachment, which was assessed using the Strange Situation procedure at 12 months. Performance on a battery of ToM tasks at 45 and 48 months was positively correlated with (a), but was not related to (b) or (c). A regression analysis showed that mothers' use of appropriate mental state comments independently predicted overall ToM performance, accounting for 11% of the variance. Children's verbal ability was the only other independent predictor of ToM performance, accounting for 16% of the variance. These findings represent the earliest known social predictor of individual differences in ToM.</p>	No	No
<p>Virmani, E. A., & Ontai, L. L. (2010). Supervision and training in child care: Does reflective supervision foster-caregiver insightfulness?. <i>Infant Mental Health Journal</i>, 31(1), 16-32. doi:10.1002/imhj.20240</p> <p>The goal of this study was to explore the effects of reflective and traditional supervision and training on caregiver insightfulness. Caregiver insightfulness, or caregiver ability to understand "motives underlying the child's behavior in a complete, open, and accepting way" (D. Oppenheim, D. Goldsmith, & N. Koren-Karie, 2004, p. 352) was assessed at two time points with 21 new caregivers at two university-based</p>		

	<p>childcare sites. Trends suggest that caregiver insightfulness was relatively stable while increased levels of components of caregiver insightfulness over a period of approximately 2.5 months were positively associated with reflective supervision and training. These findings suggest that encouraging caregivers to reflect on their interactions with the children in their care fosters caregivers' ability to see from the child's perspective in an open and accepting way. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>		
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Trauma and reflective functioning – 26 results

Trauma and mentalising – 84 results

	Author / Reference / Abstract	Focus on adult	Include
	<p>Schechter, D. S., Myers, M. M., Brunelli, S. A., Coates, S. W., Zeanah, C. J., Davies, M., & ... Liebowitz, M. R. (2006). Traumatized mothers can change their minds about their toddlers: Understanding how a novel use of videofeedback supports positive change of maternal attributions. <i>Infant Mental Health Journal</i>, 27(5), 429-447. doi:10.1002/imhj.20101</p> <p>This study explored the use of a brief experimental intervention that integrates principles of infant-parent psychotherapy, videofeedback, controlled exposure to child distress in the context of parental posttraumatic stress disorder (PTSD), and stimulation of parental reflective functioning (RF). The <i>Clinician Assisted Videofeedback Exposure Session</i> (CAVES) was applied to 32 interpersonal violence-exposed mothers of very young children (8-50 months) with respect to change of maternal perception of her child. While we found no significant reduction over two videotaped assessment visits with a mental health professional, we did find a significant reduction in the degree of negativity of maternal attributions towards her child following the videotaped visit focused on the CAVES ($p < .01$). Maternal RF, a mother's capacity to think about mental states in herself and her child, accounted for 11% of the variance in reduction of maternal negativity after accounting for baseline levels of negativity. Clinician-assisted videofeedback appears to support emotional self-regulation of mothers with violence-related PTSD. Focusing with a therapist on videofeedback of child separation distress exposes mothers to avoided mental states of helplessness and perceived loss of protection. Negative maternal attributions may mark violent trauma-associated emotion dysregulation and projected self-representations of the maltreated mother. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes	Yes
	<p>Seligman, S. (2007). Mentalization and metaphor, acknowledgment and grief: Forms of transformation in the reflective space. <i>Psychoanalytic Dialogues</i>, 17(3), 321-344. doi:10.1080/10481880701413538</p> <p>This paper illustrates the clinical application of current theorizing about mentalization and reflective functioning and shows how it can synergize with established analytic concepts. The paper presents a single case, that of a middle-aged woman patient with a moderate but significant history of trauma and presenting with narcissistic/borderline and masochistic dynamics. Unlike some applications of the new concepts, however, this paper does not focus the case presentation around them but instead shows how a number of processes contribute to the development of mentalization. These include corrective engagement in enacted repetitions of the patient's past mistreatment, the development of a central metaphor that allows for pro to-reflection and playing with painful affects, and a mourning process precipitated by the death of a family member to whom she is ambivalently attached. In the course of the presentation, then, a variety of psychoanalytic concepts are applied, such that the paper works as a synthesis of mentalization theory with them. Specifically,</p>	Yes	Yes

	<p>transference-countertransference dynamics are tracked, projective identifications and containment processes are described, interactions and interpretations lead to progressive change, and fantasies, conflicts, and internal object relations are observed and analyzed. Such direct and detailed clinical application of the concept also makes it more vivid, lucid, and experience near. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
	<p>Stern, T. (2014). The development of reflective functioning in a mother traumatized by past and present events: Facilitating change in the parent-infant relationship. <i>Journal Of Infant, Child & Adolescent Psychotherapy</i>, 13(1), 24-36. doi:10.1080/15289168.2014.880291</p> <p>This article presents clinical work with a woman who experienced trauma in both her childhood and adult life and who demonstrated poor reflective functioning. Treatment began during the patient's pregnancy and continued with dyadic work with mother and baby in an effort to help the patient address and reflect on past and current life stressors and to develop a healthy mother-child relationship. A review of reflective functioning precedes the case material. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	Yes
	<p>Berthelot, N., Ensink, K., Bernazzani, O., Normandin, L., Luyten, P., & Fonagy, P. (2015). Intergenerational transmission of attachment in abused and neglected mothers: The role of trauma-specific reflective functioning. <i>Infant Mental Health Journal</i>, 36(2), 200-212. doi:10.1002/imhj.21499</p> <p>There are still important gaps in our knowledge regarding the intergenerational transmission of attachment from mother to child, especially in mothers with childhood histories of abuse and neglect (CA&N). This study examined the contributions of reflective function concerning general attachment relationships, and specifically concerning trauma, as well as those of maternal attachment states of mind to the prediction of infant attachment disorganization in a sample of mothers with CA&N and their infants, using a 20-month follow-up design. Attachment and reflective functioning were assessed during pregnancy with the Adult Attachment Interview. Infant attachment was evaluated with the Strange Situation Procedure. The majority (83%) of infants of abused and neglected mothers were classified as insecure, and a significant proportion (44%) manifested attachment disorganization. There was a strong concordance between mother and child attachment, indicative of intergenerational transmission of attachment in parents with CA&N and their infants. Both unresolved trauma and trauma-specific reflective function made significant contributions to explaining variance in infant attachment disorganization. The findings of this study highlight the importance of trauma-specific mentalization in the intergenerational transmission of attachment by mothers with a history of childhood maltreatment, and provide new evidence of the importance of the <i>absence of mentalization regarding trauma</i> for infant attachment. (PsycINFO Database Record (c) 2015 APA, all rights reserved)</p>	Yes	Yes
	<p>Smith, J. D. (2014). Focusing on reflections: Mentalization and mirroring in brief dynamic therapy. <i>British Journal Of Psychotherapy</i>, 30(2), 212-228. doi:10.1111/bjp.12078</p> <p>The author begins by noting the growing recognition of the contribution that addressing a client's capacity to mentalize can make to therapeutic effectiveness in short-term psychodynamic work. He outlines the developmental origins of the capacity for reflective function or mentalization in the earliest experiences of infancy and how the primary carer's changing levels of contingency to the infant's feeling states promotes the infant's development of a sense of his or her own mind as well as a sense of the minds of others as sources of the motivation of behaviour. The author compares and contrasts the concept of mentalization with that of mirroring and how the latter contributes to the realization of the self. The contribution that a focus which captures the aesthetic of a client's idiom can make to the experience of being mirrored</p>	Yes	Yes

	<p>and contained by the therapist is highlighted. The author also identifies ways in which working with the components of a focus, as it is tracked through a client's narrative, can enhance a client's capacity to mentalize. These themes are illustrated by a case example which involves complex loss and trauma resulting in unmet adult attachment needs and a diminished capacity to mentalize. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>		
	<p>Falkenström, F., Solbakken, O. A., Möller, C., Lech, B., Sandell, R., & Holmqvist, R. (2014). Reflective functioning, affect consciousness, and mindfulness: Are these different functions?. <i>Psychoanalytic Psychology, 31</i>(1), 26-40. doi:10.1037/a0034049</p> <p>Concepts of mentalization, affect consciousness, and mindfulness have been increasingly emphasized as crucial in psychotherapy of diverse orientations. Different measures have been developed that purportedly measure these concepts, but little is known about their interrelationships. We discuss conceptual overlaps and distinctions between these three concepts, and present results from a preliminary empirical study comparing their measures. To study the relationships between these concepts, data from a group of psychotherapy students ($N = 46$) was used. Mentalization operationalized as Reflective Functioning (RF) was rated on transcripts of a brief version of the Adult Attachment Interview; the Five Facet Mindfulness Questionnaire (FFMQ) was used to measure mindfulness; and the Affect Consciousness Interview-Self/Other version (ACI-S/O) to measure affect consciousness. There was a small but statistically significant relationship between RF and FFMQ, but surprisingly no relationship between AC-S/O and RF or FFMQ. A post hoc analysis showed a relationship between consciousness of others' affects and a reduced version of the RF scale. Results confirm that mentalization and mindfulness share some common variance, but contrary to expectations, affect consciousness seems to be more different from RF and mindfulness than expected. A possible explanation for the counterintuitive finding of no relationship between RF and affect consciousness is that the high end of the affect consciousness scale measures a mature capacity for mentalized affectivity, while RF is largely a buffer against trauma and adversity. Low or absent findings for the FFMQ are explained more in terms of different methods variance. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	Yes
	<p>Schechter, D. S., & Willheim, E. (2009). When parenting becomes unthinkable: Intervening with traumatized parents and their toddlers. <i>Journal Of The American Academy Of Child & Adolescent Psychiatry, 48</i>(3), 249-253. doi:10.1097/CHI.0b013e3181948ff1</p> <p>This article presents the observation of parent-child interaction—holding, communicating, feeding, grooming/diapering, dressing, and, of course, playing. To illustrate this model of parent-child assessment and intervention, we discuss one family whose treatment demonstrates the associations between maternal history of trauma, impaired Reflective functioning (RF), and how the therapeutic intervention of enhancing RF can be ameliorative. We present a case report of Carol, a single mother on public assistance in her mid-20s who entered treatment with her 3-year-old daughter and her 2-year-old son, Monty. In this treatment model, it is the therapist who first demonstrates what it is to consider safely the mind of another. The psychiatrist demonstrates that he can reflect on Carol's feelings and behaviors without himself becoming dysregulated. The process and outcome in this case illustrate the critical links between parenting, trauma, and mentalization. The case demonstrates the importance of assessing parental capacity for mentalization at baseline and in the presence of stress during the parent-child interaction. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Yes	Yes
	<p>Cohen, P. (2016). Dyadic treatment, reflective functioning, and videofeedback: Fostering attachment with families in the foster-care system. <i>Journal Of Infant, Child & Adolescent Psychotherapy, 15</i>(2), 104-119. doi:10.1080/15289168.2016.1167412</p>	Yes	Yes

	<p>The Building Blocks Program encourages parent-child bonding, attachment, and reflective functioning based on theories of nonverbal communication and mentalization. In the Building Blocks Program, young children who are in foster-care or at risk of being in foster-care are seen in dyadic sessions with their birth parents in a clinical setting. The parents come in with traumatic histories, including adverse childhood experiences, disrupted connections, mental illness, ongoing exposure to poverty and violence, and have little social support. The children have significant medical, emotional, and/or cognitive challenges. In this article, all aspects of the Building Blocks Program are described, including training for therapists, treatment for parents and children in supervised play/visitation sessions, Reflective Supervision with therapists in group and individual sessions, and the model of Nested Mentalization. Using video and videofeedback as a vehicle for positive change, therapists promote emotional healing and parent-child attachment. In Reflective Supervision, supervisors make every effort to understand the thoughts and feelings of the therapists. A holding environment is provided for the therapists who, in turn, hold the parent, who can then hold the child. Two cases are described that demonstrate the many layers of complexity in the Building Blocks model, and how the multifaceted levels of complicated systems are addressed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (journal abstract)</p>		
	<p>Jacobsen, M. N., Ha, C., & Sharp, C. (2015). A mentalization-based treatment approach to caring for youth in foster-care. <i>Journal Of Infant, Child & Adolescent Psychotherapy, 14(4)</i>, 440-454. doi:10.1080/15289168.2015.1093921</p> <p>Children and adolescents in foster-care settings are at risk for development of emotional and behavioral problems due to a history of traumatic experiences combined with constant changes in their living environment with frequent shifts in caregivers, creating challenges in forming secure attachments. There has been a wealth of research evidence highlighting the importance of secure attachments in promoting the development of healthy mentalization abilities (Fonagy et al., 1991; Fonagy & Target, 2006), which facilitate the processing of traumatic experiences (Sharp, Fonagy, & Allen, 2013). Mentalization is the ability to think about and interpret self and others in terms of mental states (Luyten & Fonagy, 2009). Given the established link between traumatic experiences including child maltreatment with impaired mentalization abilities (Allen, 2013; Fonagy & Luyten, 2009; Ensink et al., 2014a; Ensink et al., 2014b), a mentalization-based approach to the treatment and care of youth is important to implement in foster-care settings. This paper provides an outline and description of a mentalization-based treatment approach along with several clinical tools for caregivers and staff members to implement in the treatment and care of youth in foster-care settings. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)</p>		

	Author/ reference/ abstract		
	<p>De Zulueta, F. (2006). The treatment of psychological trauma from the perspective of attachment research. <i>Journal of Family Therapy, 28(4)</i>, 334-351</p> <p>This paper looks at the implications of attachment research for the treatment of psychological trauma. This is particularly important in the field of family therapy given that PTSD both impacts on the immediate family system and can be transmitted down the generations. After an initial review of current research in the field, the paper focuses on the assessment and treatment of PTSD, emphasizing the importance of integrating techniques from different models that enable clients to modulate their emotions as part of the therapeutic process. The paper concludes by emphasizing the importance of support and supervision for the therapists in order to avoid secondary traumatization.</p>	Yes	Yes

Attachment, foster-carer, perceptions, attitudes or opinions – 15 results

Attachment, foster-carer, model – 17 results

Attachment, foster-carer, trauma -10 results

Attachment, foster-carer, understanding -

	<p>Oke, N., Rostill-Brookes, H., & Larkin, M. (2013). Against the odds: foster-carers' perceptions of family, commitment and belonging in successful placements. <i>Clinical Child Psychology And Psychiatry</i>, 18(1), 7-24. doi:10.1177/1359104511426398</p> <p>This study examines carer attributes associated with placement stability for teenagers growing up in long-term foster-care, focusing on unexpected placement success. We explored experiences and perceptions relating to family, belonging and commitment in a group of foster-carers providing a stable placement for a young person who had not been expected to settle. These placements showed positive outcome, despite factors in the child's history that might have predicted otherwise. Seven foster-carers were interviewed following a semi-structured guide, which covered their ideas about their relationship with the child in question, about the foster family, and the child's sense of belonging in foster and birth family. Analysis of carers' accounts of placements which had succeeded 'against the odds' revealed four major themes, described under the headings My Child--emotional bonding, the carers' enlarged view of family and their parental regard for the young person; Jam in the Sandwich--working within a 'compromised space' between Local Authority and birth family; Repair and Rebuild--the craft of fostering including managing the foster/birth family boundary; Sticking with It--resilience, tenacity and maintaining hopefulness. The carers' accounts offer pointers towards the ingredients of successful placements and prompt reflection on how these may be supported and promoted. They also highlight tensions inherent in the foster-carer task relating to carers' parental functioning for young people in long-term foster-care.</p>	Yes	Yes
	<p>Gilligan, R. (2012). Promoting a sense of 'secure base' for children in foster-care – Exploring the potential contribution of foster fathers. <i>Journal Of Social Work Practice</i>, 26(4), 473-486.</p> <p>The role and impact of male foster-carers in the lives of foster-children is under-explored. This article reviews relevant research evidence (based on searches of Web of Science and PubMed and other sources) in relation to the particular contribution men as foster-carers can make to a sense of 'secure base' for children in their family's care. It also includes attention to how men as foster-carers may play a special role in helping to cultivate valuable social capital for the young person in their care.</p>	Yes	Yes
	<p>Samrai, A., Beinart, H., & Harper, P. (2011). Exploring foster-carer perceptions and experiences of placements and placement support. <i>Adoption & Fostering</i>, 35(3), 38-49.</p> <p>Amandeep Samrai Helen Beinart Peter Harper, and report on a study exploring foster-carers' experiences of placements and placement support, including their views of current services. Eight foster-carers employed by a local authority, with fostering experience ranging from two to 22 years, were interviewed. The qualitative method of Grounded Theory (Glaser and Strauss, 1967) was used to analyse verbatim data from eight semi-structured interviews. Six main categories emerged through the analysis. The theory constructed from the data suggests that support formed the basis of a successful placement and that there are interactions between the support the foster-carer received and their relationship with social workers and the child. Successful placements occurred when both relationship cycles worked effectively in the context of appropriate support. Related clinical and service implications are discussed and suggestions for future research outlined.</p>	Yes	Yes

<p>Golding, K. (2007). Attachment Theory as a support for foster-carers and adoptive parents. <i>Adoption & Fostering</i>, 31(2), 77-79.</p> <p>The article emphasizes the importance of attachment theory as a support for carers and adoptive parents to understand the children who grew up in foster-care or within adoptive homes. The theory attempts to elaborate the progress of a child from pre-birth to adulthood. Case studies which examined the impact of separation and loss of caregiver on a child are provided, including one involving parents who felt manipulated by the changeable attitude of their adoptive daughter towards them.</p>	Yes	Yes
<p>Joseph, M. A., O'Connor, T. G., Briskman, J. A., Maughan, B., & Scott, S. (2014). The formation of secure new attachments by children who were maltreated: An observational study of adolescents in foster-care. <i>Development And Psychopathology</i>, 26(1), 67-80. doi:10.1017/S0954579413000540</p> <p>Children who were maltreated and enter foster-care are at risk for maladjustment and relationship disturbances with foster-carers. A popular hypothesis is that prior attachment relationships with abusive birth parents are internalized and carried forward to impair the child's subsequent attachment relationships. However, the empirical base for this model is limited, especially in adolescence. We examined the attachment patterns of 62 adolescents with their birth parents and their foster parents; we compared them to a comparison sample of 50 adolescents in normal-risk families. Attachment was assessed using the Child Attachment Interview; adolescent-parent interaction quality was assessed from direct observation; disruptive behavior symptoms were assessed from multiple informants. Whereas nearly all of the adolescents in foster families exhibited insecure attachments to their birth mothers (90%) and birth fathers (100%), nearly one-half were classified as having a secure attachment with their foster mother (46%) and father (49%); rates of secure attachment toward foster parents did not differ significantly from the rate in comparison families. Within the foster-care sample, attachment security to the foster mother was predicted from current observed relationship quality and the duration of current placement. In addition, attachment quality in foster adolescents was associated with fewer disruptive behavior symptoms, and this association was equally strong in foster and comparison families. Our findings demonstrate that there is substantial potential for maltreated children to change and develop subsequent secure attachments in adolescence. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Yes	Yes
<p>Odell, T. (2008). Promoting foster-carer strengths. <i>Adoption & Fostering</i>, 32(1), 19-28.</p> <p>Sixty-eight per cent of looked after children in the UK are in foster-care. Children in foster-care benefit from continuity. Sometimes, due to worker turnover and workloads, that continuity comes not from a social worker but from a foster-carer. Thus, children in foster-care can develop significant attachments to their carers, who are likely to have a valuable role to play in long-term planning for a child. A strengths approach to fostering social work places value on the input of carers as experts on a child, but the social work research literature reveals limited information about the use of such an approach in supervising foster-carers. This article by Tim Odell builds on recent writing and suggests that the strengths perspective could be of value in working with foster-carers, just as it has been in other settings. A case study examines the process of moving on for one child and how social workers and carers worked together to take a creative approach for a child with a history of multiple placements. This case study illustrates elements of a strengths-based approach. Suggestions for further application of such a model with foster-carers are made, and areas for further practice research identified.</p>	Yes	Yes
<p>Wilson, K. (2006). Can Foster-carers Help Children Resolve Their Emotional and Behavioural Difficulties?. <i>Clinical Child Psychology And Psychiatry</i>, 11(4), 495-511. doi:10.1177/1359104506067873</p> <p>Although foster-care is generally seen as providing a positive experience for the children and young people for whom it caters, it is rarely conceived of as a place</p>	Yes	Yes

<p>where the children are helped to address their emotional difficulties and modify their often difficult behaviour. Yet research evidence suggests that some foster-carers are consistently less likely to have placements which break down, and that foster-carers who show particular skills in parenting can make a difference to successful outcomes. The article draws on a large longitudinal study of foster-care to argue that it is possible to learn from what these foster-carers do in order to develop these skills in others. A model of successful foster-care. developed from the main statistical part of the study is first described. Two cases from the qualitative, case-studies component of the research are then analysed to demonstrate a quality of responsive parenting. The model is further developed within the framework of the dynamic of attachment and interest sharing proposed by Heard and Lake (1997), to show how this can be used as a basis for future approaches to working with foster placements. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
<p>Cairns, K. (2002). Making sense: the use of theory and research to support foster-care. <i>Adoption & Fostering</i>, 26(2), 6-13.</p> <p>Based on themes from her recent book, 'Attachment, Trauma and Resilience (BAAF, 2002), Kate Cairns proposes that foster-carers and adopters need theories and models drawn from or supported by research in order to make sense of their life with children who have experienced early adversity. A range of 'great ideas' are briefly presented and placed in the context of child development. Concepts drawn from attachment theory and affect theory are included, as well as issues of trust, shame and resilience, and ideas arising from research on brain development and traumatic stress.</p>	Yes	Yes
<p>Schofield, G., & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster family care. <i>Attachment & Human Development</i>, 7(1), 3-25. doi:10.1080/14616730500049019</p> <p>This paper reports on a longitudinal study of children growing up in long-term foster family care. It focuses attention on the challenges for foster-carers in providing a secure base for foster-children in middle childhood and early adolescence, who have come predominantly from backgrounds of abuse, neglect, and psychosocial adversity. Separation and loss in the children's lives, often through multiple placements, increase the likelihood of difficulties across a range of development. These children tend to be wary, distrustful, and controlling when they enter foster placements, but need from their carers many of the caregiving qualities most commonly described as providing a secure base in infancy. This study describes a model of parenting which uses four caregiving dimensions that are consistent with attachment theory and research: promoting trust in availability, promoting reflective function, promoting self-esteem, and promoting autonomy. A fifth dimension, promoting family membership, is added, as it reflects the need for children in long-term foster family care to experience the security that comes from a sense of identity and belonging. Qualitative data from the study demonstrates the usefulness of this model as a framework for analysis, but also suggests the potential use of such a framework for working with and supporting foster-carers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
<p>Mclean, S., Kettler, L., Delfabbro, P., & Riggs, D. (2012). Frameworks for understanding challenging behaviour in out-of-home care. <i>Clinical Psychologist</i>, 16(2), 72-81. doi:10.1111/j.1742-9552.2011.00037.x</p> <p>Background: Challenging and disruptive behaviour is commonly reported among children placed in the out-of-home care sector. Little is known about how stakeholders in this sector understand or manage challenging behaviour. Method: Ninety-two stakeholders in the South Australian out-of-home care sector were interviewed about their approach to supporting children with challenging behaviour. Participants were teachers, foster-carers, child statutory workers, child mental health workers, and residential care workers. These semi-structured interviews were subject to thematic analysis. Results: The analysis revealed several ways of understanding challenging behaviour: behaviour as learnt, behaviour as purposeful, behaviour as a choice, behaviour arising from constant change, behaviour reflecting strong emotions, and behaviour reflecting attachment history. Conclusions: This analysis suggests that</p>	Yes	Yes

	<p>professionals seeking to engage in collaborative casework on behalf of children may need to accommodate a range of diverse views about the origin and solution to challenging and aggressive behaviour. The possible implications of these divergent understandings for placement policy and practice are discussed. These apparently disparate frameworks are discussed in terms of their underlying assumptions, and possible "common ground" is identified and highlighted. Explicating the implicit assumptions inherent in others' accounts may provide a "way forward" in more effective work on behalf of children. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>		
	<p>Dubois-Comtois, K., Bernier, A., Tarabulsky, G. M., Cyr, C., St-Laurent, D., Lanctôt, A., & ... Béliveau, M. (2015). Behavior problems of children in foster-care: Associations with foster mothers' representations, commitment, and the quality of mother-child interaction. <i>Child Abuse & Neglect</i>, 48(1), 19-130. doi:10.1016/j.chiabu.2015.06.009</p> <p>This study investigated different environmental and contextual factors associated with maltreated children's adjustment in foster-care. Participants included 83 children (52 boys), ages 1-7 years, and their foster-caregivers. Quality of interaction with the foster-caregiver was assessed from direct observation of a free-play situation; foster-caregiver attachment state of mind and commitment toward the child were assessed using two interviews; disruptive behavior symptoms were reported by foster-caregivers. Results showed that quality of interaction between foster-caregivers and children were associated with behavior problems, such that higher-quality interactions were related to fewer externalizing and internalizing problems. Foster-caregivers' state of mind and commitment were interrelated but not directly associated with behavior problems of foster-children. Type of placement moderated the association between foster-caregiver commitment and foster-child behavior problems. Whereas greater foster-caregiver commitment was associated with higher levels of adjustment for children in foster families (kin and non-kin), this was not the case in foster-to-adopt families. Finally, the associations between foster-child behavior problems and history of maltreatment and placement related-risk conditions fell below significance after considering child age and quality of interaction with the foster-caregiver. Findings underscore the crucial contribution of the foster-caregiver-child relationship to fostering child adjustment and, thereby, have important implications for clinical services offered to this population. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (journal abstract)</p>		
	<p>Rogers, K. H., Luton, R., Biggs, H., Biggs, R. (., Blignaut, S., Choles, A. G., & ... Tangwe, P. (2013). Fostering Complexity Thinking in Action Research for Change in Social--Ecological Systems. <i>Ecology & Society</i>, 18(2), 68-79. doi:10.5751/ES-05330-180231</p> <p>Complexity thinking is increasingly being embraced by a wide range of academics and professionals as imperative for dealing with today's pressing social-ecological challenges. In this context, action researchers partner directly with stakeholders (communities, governance institutions, and work resource managers, etc.) to embed a complexity frame of reference for decision making. In doing so, both researchers and stakeholders must strive to internalize not only "intellectual complexity" (knowing) but also "lived complexity" (being and practicing). Four common conceptualizations of learning (explicit/tacit knowledge framework; unlearning selective exposure; conscious/competence learning matrix; and model of learning loops) are integrated to provide a new framework that describes how learning takes place in complex systems. Deep reflection leading to transformational learning is required to foster the changes in mindset and behaviors needed to adopt a complexity frame of reference. We then present three broad frames of mind (openness, situational awareness, and a healthy respect for the restraint/ action paradox), which each encompass a set of habits of mind, to create a useful framework that allows one to unlearn reductionist habits while adopting and embedding those more conducive to working in complex systems. Habits of mind provide useful heuristic tools to guide researchers and stakeholders through processes of participative planning and adaptive decision</p>	No	No

	making in complex social-ecological systems.		
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13.3 Summary of Study's Outcomes in Discussion Literature Review

Table 15: Summary of Study's Outcomes in Discussion Literature Review

Study Authors	Participants	Aim	Intervention	Design	Measures	Impact /findings
Salas, M. D., García-Martín, M. A., Fuentes, M. J., & Bernedo, I. M. (2015).	104 non-relative foster-children and their foster families	Identify factors related to emotional and behavioural problems within the context of foster families	None	Explanatory Correlational	Questionnaire about the preparation and support received Affect Scale Rules-Demands Scale Zarit Burden Interview Child Behaviour Checklist Conners' Parent Rating Scale-Revised Self-Esteem Questionnaire – all from foster-carer perspective	Parenting style and foster parent affect predicted child's problems
Gardner, S., Loya, T., & Hyman, C. (2014).	Caregivers and the children in their care	Support emotionally traumatized children through caregiver emotional regulation and increase reflection on own and other's feelings	FamilyLive – supporting caregivers with unresolved interpersonal trauma	Explanatory model to share a technique using theory and case studies	None	Effectiveness seen through case study participants becoming 'unstuck'

Whenan, R., Oxlad, M., & Lushington, K. (2009)	58 Foster-carers	and intentions Clarify factors that promote foster-carer well-being, satisfaction and intention to continue providing care	None	Correlational	Questionnaires SDQ Difficult Behaviour Self-Efficacy Scale Child Parent Relationship Scale Depression Anxiety Stress Scales Foster Parenting Inventory Intention to continue to provide foster-care	Well-being was predicted by training, self-efficacy and foster-carer- child relationship. Foster-carer-child relationship and self-efficacy related to carer satisfaction. Intention to continue to care was predicted by self-efficacy
Swick, K. J. (2007).	Foster-carers	Empowering foster parents to enhance their caring	Care	Explanatory model for how carers could show care	None	None
Sinclair, I., & Wilson, K. (2003).	472 foster-children, their social workers and foster-carers	Empowering carers to enhance their caring	None	Explanatory Model	Questionnaires – including Goodman Total Difficulty Score	3 aspects of placement for success: child characteristics, qualities of the foster-carer and interaction between child and carer

Kelly, W., & Salmon, K. (2014).	Foster-carers and practitioners	Cognitive technique to aid foster-carers to understand psychological perspectives of the child	Relational Learning Framework	Exploratory Case study	None	Describes uses for case conceptualisation and case reviews but needs further empirical evaluation for use with foster-carers
Schofield, G., Beek, M., Ward, E., & Biggart, L. (2013).	40 long-term foster-carers	To explore carer's motivation to foster long-term; views of permanence, roles and relationships with the children, and life as a family	None	Exploratory Thematic approach with some codes given – role concepts of parent and carer	40 interviews	Identified four types of carer who moved along a continuum between being a parent or a carer. Those who were flexible in their position appeared more resilient and roles enhanced each other
Cameron, R., & Maginn, C. (2011)	Foster-carers and Residential workers	Supporting 'authentically warm caring'	Pillars of Parenting	Explanatory of the model	None	None
Broadly, T. R., Stoyles, G. J., McMullan, K., Caputi, P., & Crittenden, N. (2010).	12 foster-carers	Using Kelly to interpret foster-carers experience of being carers	None	Exploratory – method of analysis not explicitly shared	5 Interviews and focus group	Found Five Domains – Birth family, motivation, agency influences, relational impact and attachment
Riggs, D. W., Augoustinos, M., &	Long-term	How foster-carers	None	Exploratory	10 interviews	Four aspects of

Delfabbro, P. H. (2009).	Foster-carers	enact forms of belonging to ameliorate experiences of abuse		- thematic analysis	with couples and 15 focus groups	family belonging: family solidarity, family rituals, family identity and family cultures
Harlow, E., & Blackburn, F. (2007).	Personal perspective from a carer, social worker and trainer	Consideration of the professionalization of foster-care	None	Descriptive	Transcribed conversation following a symposium	Ambiguous feelings towards professionalization
Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. (2007).	Foster-carers in Australia	Using Foucault develop 'real world' recognition of foster-carers	None	Discursive	Foucault based analysis of a verbatim transcript of a forum	Recommendations for consideration of carer and parent and the consequent constructions and recognition of different family structures
Rostill-Brookes, H., Larkin, M., Toms, A., & Churchman, C. (2011).	5 young people, 5 social workers and 7 carers	Help LA understand high rate of placement breakdown	None	IPA	Mixture of individual and group interviews	Main themes identified: Defining and understanding placement breakdown, how it feels when placements break down and the struggle to identify culpability and

Ponciano, L. (2010).	76 young foster-children and their foster-carers	To understand how maternal sensitivity, adoption status, foster mother experience contribute to relationship quality	None	Correlational	Developmental Profile II, Child Characteristic Checklist, Maternal Behaviour Q-sort and Attachment Q-sort	responsibility Maternal sensitivity and little experience of fostering predicted greater attachment quality. Adoption status and full-time employment predicted maternal sensitivity
Lindhiem, O., & Dozier, M. (2007).	102 caregiver – child dyads	To examine the association between child behaviour problems and commitment	None	Exploratory Correlational	Child Behaviour Checklist TIMB	Child behaviour and carer commitment were related but the direction was not determined
Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001)	50 foster mother – infant dyads	To find whether foster mother's state of mind and infant attachment was concordant	None	Correlational	AAI and The Strange Situation	Following disruption in care, babies were capable of organising attachments with around the availability of new carers and there is a non-genetic mechanism for the transmission of attachment

Edelstein, S. B., Burge, D., & Waterman, J. (2001).	Foster-carers in America	Description of the ways that foster-carers encounter grief and loss	None	Descriptive	None	Grief and loss encountered: the grief of parents, the child, their grief and the grief of other family members
Bunday, L., Dallos, R., Morgan, K., & McKenzie, R. (2015).	12 Long-term foster-carers offering therapeutic care	To assess reflective functioning in carers and explore carers accounts of fostering wrt understanding the child and their relationship	None	Mixed methods	Parent Development Interview and thematic analysis	Foster-carers show varying levels of reflective functioning
Gurney-Smith, B., Granger, C., Randle, A., & Fletcher, J. (2010).	5 foster-carers, 7 adoptive parents and one special guardian	To identify mechanisms of why a well thought of intervention by participants did not appear to affect child behaviour	Fostering Attachments in Children who are Looked After and Adopted	Mixed methods using pre, post and 3 month follow up measures	Mind Mindedness (MM) questions: describe your young person and describe a recent rupture with your young person Parenting Stress Sort Index-Short Form Expression of Feelings in Relationships Questionnaire SDQ	SDQ – positive change post and 3 months later Degree of disinhibition improved (less unselective, demanding and clingy behaviours) Hyperactivity improved No change in emotional regulation No change in parental stress

					Intervention Carer Questionnaire	MM – ambiguous results
Ironside, L. (2012)	Foster-carers and children in planned long-term placement	Providing a space for exploring the complex relationship between carer and child particularly at times of significant distress	None	Exploratory Case study	None	Recommendations for therapists
Dozier, M., & Sepulveda, S. (2004).	Foster-carers	Tailored treatments offered dependent on foster-carer state of mind	The Attachment and Biobehavioural Catch-Up Intervention	Descriptive Case studies	None	Description of different intervention foci
Stovall-McClough, K. C., & Dozier, M. (2004).	38 Foster infant-caregiver dyads	The development of attachment over the first 2 months of placement	None	Explanatory	Parent Attachment Diary Strange Situation Adult Attachment Diary	Infants placed at younger age showed higher levels of secure behaviour and lower levels of avoidant behaviour relative to those fostered when older Infants placed with autonomous carers showed higher levels of secure behaviour

						and less avoidant behaviour during first week. More coherent strategies earlier in placement. Children with more risk factors showed decreasing levels of secure behaviour over time. Recommend earlier intervention and support for foster-carers
Bates, B. C., & Dozier, M. (2002).	48 foster mother-infant dyads	Assessing factors related to foster mothers representations of their foster infants	None	Explanatory	TIMB AAI	Autonomous foster mothers of babies placed before 12 months, were more accepting, more likely to believe they could influence development compared to those after 12 months. Pattern not seen in non-autonomous

						carers.
Bammens, A., Adkins, T., & Badger, J. (2015).	Foster-carers and adoptive parents 18 in intervention group and 13 in workshops (comparison group)	Increase Reflective Functioning in	Family Minds	Exploratory	Five minute speech samples coded for capacity to reflect on own and child's state	The ability to reflect can be trained and enhanced in foster-carers who use mental states non-reflectively or show limited to high reflective functioning
Koren-Karie, N., Oppenheim, D., Yuval-Adler, S., & Mor, H. (2013).	30 caregivers and 60 children in a group home setting	Does carer's sensitivity adapt to challenging and less challenging children?	None	Explanatory	Autobiographical Emotional Events Dialogue Just Story Telling Task Child Behaviour Checklist	Association between the quality of the dialogue of the caregivers with easy and challenging children – link with attachment and sensitive parenting rather than child behaviour
Wilson, K., Sinclair, I., & Gibbs, I. (2000).	950 Foster-carers	To consider the difficult experiences that foster-carers encounter and the relationship between these and carer's mental health and	None	Correlational Mixed methods	Postal Questionnaires – asking for certain types of stress experienced General Health Questionnaire	More than $\frac{3}{4}$ respondents with five or more years' experience had experienced at least one stressful event. Stressful events correlated with

		intention to continue fostering				health measures were: relationships with birth parents, family tensions, disagreement with social services, disruption
Schechter, D. S., Myers, M. M., Brunelli, S. A., Coates, S. W., Zeanah, C. J., Davies, M., & ... Liebowitz, M. R. (2006).	32 interpersonal violence exposed mothers of children 8-50 months old	Explored video-feedback intervention using controlled exposure to child distress would increase reflective functioning	CAVES – Clinician Assisted Videofeedback Exposure Session	Pre and post measures Correlational	Demographic and Treatment History Questionnaire Life Events Checklist Brief Physical and Sexual Abuse Questionnaire Structured Interview for PTSD Posttraumatic Stress Symptom Checklist Beck Depression Inventory Working Model of the Child Interview The Maternal Attributions Rating Scale	CAVES appeared to support emotional self-regulation of mothers with violence-related PTSD

Seligman, S. (2007).	Single case study of an adult	Clinical application of how processes support mentalisation	Psychoanalytic therapy	Descriptive	None	Descriptive analysis of case study using psychoanalytic concepts to add to understanding of mentalisation
Stern, T. (2014).	Single case study of an adult who had experienced trauma and work with her unborn and new infant	Consideration of how reflective functioning changed over the work	Clinical work	Descriptive	None	Examples of how the mother's increasing reflective functioning
Berthelot, N., Ensink, K., Bernazzani, O., Normandin, L., Luyten, P., & Fonagy, P. (2015).	57 mothers with a history of abuse or neglect	Examined the contributions of RF, particularly with respect to trauma, as well as maternal attachment state of mind as a predictor of infant organisation	None	Correlational	Parental Bonding Inventory Childhood Experience of Care and Abuse interview Adult Attachment Interview Reflective Functioning – coded from the AAI Strange Situation Procedure	Absence of mentalisation regarding trauma for infant attachment
Smith, J. D. (2014).	Case study example	Reflections of a psychotherapist of the developmental	Clinical work	Descriptive and theoretical	None	Description of different therapeutic

		origins of RF or mentalisation, changing levels of contingency between mother/ infant dyad and the development of sense of the infant's mind				processes and case study impact
Falkenström, F., Solbakken, O. A., Möller, C., Lech, B., Sandell, R., & Holmqvist, R. (2014).	Students from psychotherapy training courses	To clarify overlaps and distinctions between RF, Affect Consciousness and Mindfulness	None	Descriptive statistics and analysis	RF Five Facet Mindfulness Questionnaire Affect Consciousness Interview	Mentalisation and mindfulness share some common variance Affect consciousness more different to RF and mindfulness than expected
Schechter, D. S., & Willheim, E. (2009).						
De Zulueta, F. (2006).	Theoretical paper	Theoretical paper linking PTSD and attachment with a description of how therapy might proceed	Description of how therapy might proceed	Descriptive	None	Draws together research and practice
Oke, N., Rostill-Brookes, H., & Larkin, M. (2013).	7 long-term foster-carers of teenagers	Exploration of carer attributes associated with unexpected placement stability	None	IPA	Semi- structured interview - TIMB	Carers had an enlarged sense of family Working within a compromised space with

		particularly with regard to commitment and belonging				different expectations with regard to role Managing foster and birth family boundary Resilient tenacity and hopeful stance
Samrai, A., Beinart, H., & Harper, P. (2011).	8 Foster-carers	to explore foster carers' experiences and expectations in relation to placement outcome, current support and what support systems may contribute to positive placement outcome	None	Grounded Theory	Semi-structured interviews	The model developed suggested that the experience of support underpinned and interacted with two relational subsystems (carer and child and carer and social workers).
Golding, K. (2007).	2 case studies	Sharing application of attachment theory and impact on care given by foster-carers	None	Descriptive	None	Illustrated case study of how an understanding of attachment supported carers.
Wilson, K. (2006).	Longitudinal study of 472 children over 14 months	Create a model of how successful foster placements work	None	Longitudinal Study	See Sinclair and Wilson (2003)	Examples of how Sinclair and Wilson (2003) had been applied

Schofield, G., & Beek, M. (2005).	Longitudinal of 52 carers and children in long-term care – 4-11 years at start and then 3 years later	Challenges for carers in providing a secure base	None	Longitudinal study	Experience of Parenting interview Family and Friends Interview	and extended Created a model that showed how the following dimensions were intertwined and necessary for developing a secure base: promoting trust in availability, promoting reflective function, promoting self-esteem, promoting autonomy, and promoting family membership
McLean, S., Kettler, L., Delfabbro, P., & Riggs, D. (2012).	92 respondents: 36 South Australian Child Protection Workers, 12 child and adolescent mental-health workers, 18 teachers and 26 foster-	Develop an understanding of misrepresentations people have regarding attachment	None	Exploratory Thematic Analysis	Respondents were asked to explain their understanding of challenging behaviour and those responses that showed a misrepresentation of attachment theory were examined more closely	Attachment capacity is limited Attachment is a learnt skill that children can learn and transfer Attachment can be unachievable for some children Idealised versions of attachment

<p>Joseph, M. A., O'Connor, T. G., Briskman, J. A., Maughan, B., & Scott, S. (2014).</p>	<p>carers</p> <p>62 carers with children who had been in placement for at least 5 months aged between 10 and 16 years.</p> <p>Exclusion criteria: must speak English, children with severe developmental disorders and kinship carers.</p> <p>Comparison sample matched who had no history of maltreatment from same boroughs and mainstream schools</p> <p>Child's</p>	<p>1. To what extent are adolescents who experienced severe abuse/neglect able to develop secure attachment relationships with subsequent care providers, that is, foster parents?</p> <p>2. What predicts secure attachment to foster-caregivers among adolescents who experienced early abuse/neglect?</p> <p>3. Is a secure attachment associated with fewer delinquent and antisocial symptoms among adolescents in foster care?</p>	<p>None</p>	<p>Correlational Study with comparison group - exploratory</p>	<p>The Child Attachment Interview from carers and birth parents Ratings of video of foster-carer and young person Interviews with young person about foster-carer then birth family Caregiving history from files The Strengths and Difficulties Questionnaire The Antisocial Process Screening Device The Self-Report Delinquency Instrument Weschler Abbrieviated Scale of Intelligence</p>	<p>Half of the children in care formed secure attachment relationships with carers and this was associated with fewer instances of inappropriate behaviour</p>
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	teacher was also sent questionnaires					
Gilligan, R. (2012).	Case studies from other research	Argue the case for the role of male foster-carers in heterosexual couple carers	None	Discursive using Beek and Schofield's (2003) model for a secure base	None	Created an argument for the inclusion of male carers when considering attachment needs in children in their care.
Cairns, K. (2002).	Reflections from own experience	Descriptions of behaviour and possible theories that might be useful for others to consider	None	Descriptive	None	Identified a number of areas for consideration Resilience Trauma Impulse and shame Stress and relaxation IWM Trust and temperament
Rogers, K. H., Luton, R., Biggs, H., Biggs, R. (., Blignaut, S., Choles, A. G., & ... Tangwe, P. (2013).						
Hibbert, G., & Frankl, J. (2011).	7 social workers (SW) and 7 foster-carers (FC)	Evaluation of Consultation Model for FC and SW	Consultation	Semi-structured interviews to explore themes	None	Identified 4 key themes: <ul style="list-style-type: none"> • Ease of access • Enhanced FC knowledge

						<ul style="list-style-type: none"> • Emotional support • Support for SW
Thompson, H., McPherson, S., & Marsland, L. (2016).	9 foster-carers	An exploration of the impact of fostering on parent-child relationships within foster families	None	Grounded Theory	None	<p>Categories:</p> <ul style="list-style-type: none"> • Family System positions • Feeling overstretched • Preserving biological family
Virmani, E. A., & Ontai, L. L. (2010).	21 new caregivers	Explore the effect of reflective and traditional supervision and training on caregiver insightfulness	Insightfulness Assessment	Exploratory	Insightfulness measures	Findings suggest that encouraging caregivers to reflect on their interactions with children in their care contributed to shifts in underlying components of insightfulness
Cohen, P. (2016).	Case study examples of children	Share information about the Building Blocks Program	Building Blocks Program	None	None	Description and theoretical basis for Building Blocks Program
Dubois-Comtois, K., Bernier, A., Tarabulsy, G. M., Cyr, C., St-Laurent, D., Lanctôt, A., & ... Béliveau, M. (2015). Behavior						

<p>problems of children in foster-care: Associations with foster mothers' representations, commitment, and the quality of mother-child interaction. <i>Child Abuse & Neglect</i>, 48(119-130). doi:10.1016/j.chiabu.2015.06.009</p>						
<p>Jacobsen, M. N., Ha, C., & Sharp, C. (2015). A mentalization-based treatment approach to caring for youth in foster-care. <i>Journal Of Infant, Child & Adolescent Psychotherapy</i>, 14(4), 440-454. doi:10.1080/15289168.2015.1093921</p>	<p>Children and adolescents in foster-care</p>	<p>Share information about a mentalization based treatment approach for foster-care settings</p>	<p>Mentalization based treatment programme</p>	<p>None</p>	<p>None</p>	

13.4 Weight of Evidence for Studies included in Discussion Literature Search - based upon Gough (2007)

Table 16: Weight of Evidence for Studies included in Discussion Literature Search

Study	Salas, M. D., García- Martín, M. Á., Fuentes, M. J., & Bernedo, I. M. (2015).	Gardner, S., Loya, T., & Hyman, C. (2014).	Whenan, R., Oxlad, M., & Lushington, K. (2009)	Swick, K. J. (2007).	Sinclair, I., & Wilson, K. (2003).	Kelly, W., & Salmon, K. (2014).	Schofield, G., Beek, M., Ward, E., & Biggart, L. (2013).	Cameron, R., & Maginn, C. (2011)	Broady, T. R., Stoyles, G. J., McMullan, K., Caputi, P., & Crittenden, N. (2010).
Weight of Evidence A – Quality of Execution	Medium / Low	Medium	Medium	Medium / High	Medium	Medium	Medium/ High	Medium /low	Medium /high
Weight of Evidence B – Quality of Design	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Low	Medium / high
Weight of Evidence C – Relevance	Medium/ Low	Medium	Medium	Medium	Medium		Medium	Medium	Medium
Weight of Evidence D - Overall Weight of Evidence	Medium / Low	Medium	Medium	Medium	Medium	Medium/ Low	Medium	Medium /Low	Medium / high

Study	Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. (2009).	Harlow, E., & Blackburn, F. (2007).	Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. (2007).	Rostill-Brookes, H., Larkin, M., Toms, A., & Churchman, C. (2011).	Ponciano, L. (2010).	Lindhiem, O., & Dozier, M. (2007).	Dozier, M., Stovall, K. C., Albus, K. E., & Bates, B. (2001)	Wilson, K., Sinclair, I., & Gibbs, I. (2000).	Thompson, H., McPherson, S., & Marsland, L. (2016)
Weight of Evidence A – Quality of Execution	Medium	Low	Medium	Medium High	Medium /High	Medium /High	Medium /High	Medium	Medium
Weight of Evidence B – Quality of Design	Medium/ High	Medium /Low	Medium	Medium	Medium/ Low	Medium /High	Medium /High	Medium	Medium/ High
Weight of Evidence C – Relevance	Medium	Low	Medium	Medium	Medium	Medium/ High	Medium /High	Medium/ High	Medium/ High
Weight of Evidence D - Overall Weight of Evidence	Medium	Low	Medium	Medium	Medium	Medium/ High	Medium / High	Medium	Medium/ High

Study	Edelstein, S. B., Burge, D., & Waterman, J. (2001).	Bunday, L., Dallos, R., Morgan, K. & McKenzie, R. (2015).	Gurney-Smith, B., Granger, C., Randle, A., & Fletcher, J. (2010).	Ironside, L. (2012)	Dozier, M., & Sepulveda, S. (2004).	Stovall-McClough, K. C., & Dozier, M. (2004).	Bates, B. C., & Dozier, M. (2002).	Bammens, A., Adkins, T., & Badger, J. (2015).	Koren-Karie, N., Oppenheim, D., Yuval-Adler, S., & Mor, H. (2013).
Weight of Evidence A – Quality of Execution	High	Medium/High	Medium/Low	medium	medium	Medium/High	Medium/High	Medium/low	Medium / High
Weight of Evidence B – Quality of Design	Medium	Medium/High	Medium/Low	medium	Medium	Medium/High	Medium	Medium	Medium / High
Weight of Evidence C – Relevance	Medium/	Medium	Medium	Medium / Low	Medium/High	Medium	Medium	Medium / low	Medium
Weight of Evidence D - Overall Weight of Evidence	Medium/High	Medium/High	Medium/Low	Medium /Low	Medium/High	Medium	Medium	Medium	Medium

Study	Schechter, D. S., Myers, M. M., Brunelli, S. A., Coates, S. W., Zeanah, C. J., Davies, M., & ... Liebowitz, M. R. (2006).	Seligman, S. (2007).	Stern, T. (2014).	Berthelot, N., Ensink, K., Bernazzani, O., Normandin, L., Luyten, P., & Fonagy, P. (2015).	Smith, J. D. (2014).	Falkenström, F., Solbakken, O. A., Möller, C., Lech, B., Sandell, R., & Holmqvist, R. (2014).	Schechter, D. S., & Willheim, E. (2009).	De Zulueta, F. (2006).	Rogers, K. H., Luton, R., Biggs, H., Biggs, R. (., Blignaut, S., Choles, A. G., & ... Tangwe, P. (2013).
Weight of Evidence A – Quality of Execution	Medium/ High	Medium	Medium	Medium	Medium	Medium		High	
Weight of Evidence B – Quality of Design	High	Medium/ High	Medium	Medium/ High	Medium	Medium		High	
Weight of Evidence C – Relevance	Medium/ High	Medium	Medium	Medium	Medium	Medium		Medium/ high	
Weight of Evidence D - Overall Weight of Evidence	Medium/ High	Medium	Medium	Medium	Medium	Medium		Medium / high	

Study	Oke, N., Rostill-Brookes, H., & Larkin, M. (2011).	Samrai, A., Beinart, H., & Harper, P. (2011).	Golding, K. (2007).	Wilson, K. (2006).	Schofield, G., & Beek, M. (2005).	McLean, S., Kettler, L., Delfabbro, P., & Riggs, D. (2012).	Joseph, M. A., O'Connor, T. G., Briskman, J. A., Maughan, B., & Scott, S. (2014).	Gilligan, R. (2012).	Cairns, K. (2002).
Weight of Evidence A – Quality of Execution	High	Medium	Medium	Medium	Medium/High	High	High	Medium	Medium
Weight of Evidence B – Quality of Design	High	Medium/ high	Medium	Medium	Medium/High	High	Medium	Medium	Medium
Weight of Evidence C – Relevance	High	Medium	Medium/ Low	Medium	Medium' High	High	Medium/Low	Low	Medium /Low
Weight of Evidence D - Overall Weight of Evidence	High	Medium	Medium/ Low	Medium	Medium' High	High	Medium /Low	Low	Medium /Low

Appendix 14: Characteristics of Different Video-feedback Interventions

Table 17: Characteristics of Different Video-feedback Interventions

The EBSCO Database was searched for programmes that aimed to work with developing positive interactions within families. The search terms included; video, interaction, families, intervention and attachment.

Below is a brief description of the different methods identified based on information from their own websites.

Programme/ Intervention	Brief Description
<p>VIPP –SD Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD)</p>	<p>A preventative intervention aimed at increasing the sensitivity of caregivers and improving discipline strategies in order that positive interactions between adult and child were increased or to prevent behavioural problems for children between 1 to 5 years of age.</p> <p>The programme was carried out where the child lived and consisted of 6 visits of 90 minutes. Each session consisted of recording interactions after which previous edited recordings are viewed.</p> <p>The focus of the sessions comprised 1) the baby’s contact-seeking and explorative behavior, 2) the accurate perception of the infant’s (subtle) signals and expressions, 3) the relevance of prompt and adequate responding to the infant’s signals, and 4) affective attunement and sharing of emotions.</p> <p>The intervener guided the caregiver through different strategies and led the intervention whilst explicitly acknowledging that the parent was the expert in their child.</p>
<p>Marte Meo Video Interaction Guidance</p>	<p>Marte Meo was a strength-based intervention that focused on encouraging people to use their own strengths to stimulate developmental processes on the part of children, parents, professional caregivers and supervisors to learn to optimally utilise their capacities. Video was used to analyse every day sequences of interaction. A number of sequences were generalised to provide information about patterns which can then become known to others through the skilled interactions between the client and the supervisor. The patterns explored within child development include social, emotional, language and intellectual development.</p> <p>Each intervention was therefore unique and tailored to meet the client’s needs.</p>
<p>Attachment and Biobehavioural Catch- up</p>	<p>Attachment and Biobehavioural Catch-up (ABC) was a home-based foster-carer parent skills-training programme that supports parents in providing a nurturing environment for the foster-children between the ages of 0 and 5 years</p>

	<p>old in their care.</p> <p>The goals of the intervention were to; increase caregiver nurturance, sensitivity and delight; decrease caregiver frightening behaviours; increase child attachment security and decrease disorganised attachment and increase the child's behavioural and biological regulation. The focus of the intervention is on the child's dysregulation. ABC targeted dysregulation by helping foster-carers to use nurturance to create environments that enhanced regulatory capabilities.</p> <p>The intervention consisted of 10 weekly sessions which involved the parent and trainer discussing concepts and practicing learned techniques as well as considering successes and failures in the use of the concepts learned in previous weeks.</p> <p>Video was used to review specific activities and identify barriers to meeting nurturance needs of the child as well as identifying times when the child's needs are met.</p>
Minding the Baby	<p>Minding the Baby was targeted and young mothers and their children living in resource constrained urban neighbourhoods. Mothers were visited weekly during the last trimester of pregnant until their child's first birthday and then every other week until their child's second birthday.</p> <p>The focus of the intervention was to support parental reflection and was based upon the premise that parents living in under-resourced communities often find it difficult to listen to their children and wonder about their thoughts and feelings.</p>
Basic Trust	<p>The Basic Trust method was based upon video home training which aimed to increase positive parenting skills using video-feedback. It was aimed at children with attachment difficulties and psychopathology. It used psycho- educational methods to explain the child's behaviour from an attachment perspective and provided advice for dealing with behaviour. The focus was to strengthen the child-parent attachment relationship. The parent was taught to objectively attend to their child's behaviour and signals by naming the child's feelings, intentions, behaviours and thoughts in a specific way. Through naming it was anticipated that the child's ability to recognise their own feelings, thoughts intentions as well as those of others would increase. The child was supported to metalize.</p>
OXPIP	<p>Oxford Parent Infant Project worked with primarily mothers of babies up to two years old who were struggling with the demands of a new baby. The clinicians who worked with families had a range of experience and training including psychotherapy as well coming from different professional backgrounds. Practitioners were also trained in the use of VIG. This mix of knowledge and skills</p>

	<p>meant that the parent could be supported to become aware of how their own past experiences might be influencing the developing relationship with the baby. The use of VIG supported the relationship between the parent and the baby, bringing improvements for them both.</p>
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Websites

<http://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/>

<http://www.childtrends.org/?programs=attachment-and-biobehavioral-catch-up-abc>

<http://www.martemeo.com/>

<http://www.marinusvanijzendoorn.com/video-feedback-intervention-vipp>

<http://www.mtb.yale.edu/index.aspx>

<http://oxpip.org.uk/About.aspx>

Appendix 15: Additional Criteria for Evaluating the Quality of this Research

Table 18: Additional Criteria for Evaluating the Quality of this Research

The table below is based upon the criterion set out by Corbin and Strauss (2008, p.307-309) in which they state that “the detail need not be great ...but sufficient to give some reasonable grounds for judging the adequacy of the research process as such.”

Criterion	As described by Corbin and Strauss (2008)	How this was met within this study
Criterion 1	How was the original sample selected? How did later sampling occur?	The initial sample was purposive and came from a particular population – primary school-aged children whose plan was for long-term foster-care. The last two cases extended the purposive sampling methods and provided variance – one where the children had been in care long-term with the carer but the plan was for adoption elsewhere and another who was newly into the placement with plans for long-term care.
Criterion 2	What major categories emerged?	There were seven major categories: child attributes, beliefs, history, capacity to reflect, what was seen, border, and affective state. The Core Category was Push and Pull tension.
Criterion 3	What were some of the events, incidents and/or actions that pointed to some of these major categories?	Unexpected findings – for instance that issues of grief, loss and trauma would be so dominant when talking about relationships.
Criterion 4	On the basis of what categories did theoretical sampling proceed?	This study varied from that advocated by Corbin and Strauss (2008). After the initial purposive sample was devised, to further explore the major category of ‘Beliefs’ the sample was increased to extend and clarify the dimensions and properties of this category. This category continued to be of significance.
Criterion 5	What were some of the statements of relationships made during the analysis and on what grounds were they formulated and validated?	Iterative coding and re-coding meant that relationships were re-examined. Coding was shared with colleagues who made comments and ensured greater rigor and re-examination of the coding leading to greater abstraction.
Criterion 6	Were there instances when	Negative cases characterised to

	statements of relationships did not explain what was happening in the data (negative cases)? How were these discrepancies accounted for?	some extent by difference which was captured in the dimensions and properties of the categories.
Criterion 7	How and why was the core category selected?	The core category was selected as throughout the analysis tensions within each category generated were apparent. Foster-carers seemed to be pulled in many directions by different people, beliefs, actions and pasts.
Criterion 8	Are the concepts systematically related?	The concepts are shared throughout the findings, discussion and conclusion.
Criterion 9	Is variation built into the theory?	Variation of the different concepts and when different mechanisms might come into play are key to the explanatory model generated.
Criterion 10	Are the conditions and consequences built into the study and explained?	Conditions are included – of note are those working for a local authority at a time of austerity, ethical values and professional standards particularly regarding being an educational psychologist who is a VIG Guider.
Criterion 11	Has process been taken into account?	Process was evident in Chapter 4.
Criterion 12	Do the theoretical findings seem significant and to what extent?	Yes. The findings suggest that aspects of trauma, grief and loss for foster-carers can be ameliorated through the use of VIG. The processes involved in VIG support carer's identify and feelings of competence particularly at times of challenge.
Criterion 13	Do the findings become part of the discussions and ideas exchanged among relevant social and professional groups?	The initial findings were shared with VIG colleagues in December 2013 (See Appendix 9 for comments)

Appendix 16: Possible Research Avenues to Test the Explanatory Model

16.1 Specific Research with regards to Testing the Explanatory Model

Possible research questions that focus on aspects of the model generated could be:

- Given the different research findings with regard to time:
 - Are there an ideal number of sessions? (Schechter et al,2006 – one session; Fukkink, 2008 – short but powerful interventions; Wright et al, 2015 – longer interventions were more effective)
 - Do carers have different behavioural responses and beliefs about children who are perceived to be more vulnerable and in need of their care particularly when siblings are fostered together?
 - When is the best time to support foster-carers in their relationships? At the beginning when new patterns are being established; when patterns have been established or when there is a risk of placement breakdown (Feltham-King, 2010)?
- How do participants IWMs change during and after VIG?
- Does mentalisation change after VIG? Does a carer need to be able to show that they can reflect before VIG or is this something that can occur as a result of VIG?
- Does self-protection explain partial mentalisation or moves between the attuned and discordant cycle? It might be useful to explicitly target this and in doing so, actively seek client's beliefs and thoughts when watching clips. This would not be VIG.
- For whom is VIG most effective? And when?
- Does the feeling of being in situations where one feels out of control affect future feelings of self-efficacy and therefore showing participants times of positive impact within a reflective space using strength-based intervention moderate impact of traumatic events?

- Does observed behaviour of children in foster-care change following VIG?

Future research should include what occurs during the shared review. Given that VIG is an intervention to support effective interaction; does this occur more frequently during and after this intervention? This would require analysis of interactions in a range of different contexts, ideally naturalistic ones.

Appendix 17: Possible Research Avenues to Test the Patchwork Explanatory Model

Table 19: Possible Research Avenues to Test the Patchwork Explanatory Model

Area to Study	Possible Research Methods	Possible Research Questions	Possible Design
Time	RCT	Does the rate of intervention delivery make a difference to outcomes seen?	Deliver VIG at different rates; e.g., three times over a week, once a week and once a month. Ideally check for maintenance of skills after a set time.
		Does when intervention is targeted make a difference to outcomes?	Sort prospective clients into different groups. For instance; before fostering relationship started; early in fostering relationship or when established patterns have been created.
Push – Pull Tensions	Grounded Theory	Do other families also experience these push-pull tensions that have the potential to destabilise relationships?	Extend the sampling to include other family types; short-term fostering, therapeutic placements, kinship care
Attuned Interactions	RCT	Does the type of clip that is shown make a difference?	Clients would need be shown different types of clip; attuned interaction, neither attuned or discordant and discordant. This would not be VIG.
Strength-based Interventions	Qualitative	What is it about this intervention that is valued?	Through questioning, ask participants what about the intervention was valued or useful.
	Quantitative	What differences are found with different interventions?	Use a range of measures to understand the impact of different interventions
Mentalisation	Qualitative	Does the structure of VIG support mentalisation?	Analysis of what is said during shared reviews
	Quantitative	Does mentalisation increase following VIG?	Measure mentalisation before, during and after VIG
Identity	Quantitative	Does using VIG strengthen perception of professional and parent identity?	Measure concepts of identity before and after VIG
Competence	Mixed methods	Does feeling competent enable carer to be better able	Measure competence and mentalisation as well as analyse text

		mentalise or feel more able to change or amend their belief systems?	
Child impact	Mixed methods	Does the intervention of VIG with carers improve the behaviour, interaction and quality of relationships for children?	Focus on the skills of the child; before, during and after the intervention