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Title: The Reflective Fostering Programme (RFP): background and development of the approach.

Abstract

Looked after children represent a vulnerable group in society, many of whom are exposed to maltreatment, particularly in the form of relational trauma, prior to placement with a foster family. Challenging behaviours can place foster placements at risk and looked after children often confront the possibility of placement breakdown. A carer's capacity to retain a robust understanding of the children in their care as autonomous individuals with needs, feelings and thoughts may reveal to be important in enabling them to respond more effectively to the worrying or disruptive behaviour they might experience. The Reflective Fostering Programme (RFP) is a new group-based programme aiming to support foster carers of children aged 4-11. This innovative development follows calls by NICE and other organisations to help improve outcomes for children in care, by improving resources to their carers. The RFP is rooted in evidence drawn from the field of contemporary attachment and mentalizing research, which indicates that children who have a carer high in reflective functioning tend to have more favourable outcomes in terms of social-emotional wellbeing. It also draws on the evidence that looking after a child who has impaired capacity to mentalize as a result of early relational trauma has an impact on the carer's capacity to mentalize and respond sensitively to the child (Ensink et al., 2015). This paper sets out the rationale for the RFP, outlines its key elements, and concludes by outlining future service implementation and a planned feasibility study examining this approach.

Key words

Mentalization, reflective fostering, foster carers, looked after children, interventions

Introduction

The number of looked after children in England and Wales has been growing steadily in the last few years. In March 2016 there were 70,440 children in care, up by 5% compared to 2012

(Department for Education [DfE], 2016). Additionally, there has been a move away from residential and toward fostering placements, with three-quarters of looked after children placed with foster carers (DfE, 2016). This is in recognition of the fact that children develop best in the context of stable, predictable relationships, with present and available caregivers, and that foster care is in many ways the most important 'intervention' that can be offered to a child who is not able to live with their birth family (National Institute for Health and Care Excellence [NICE], 2013).

Despite the clear advantages of foster care, children in such placements can place great demand on carers, who aren't always provided with sufficient training and ongoing support to cope with the various demands of the role (Bunday et al., 2015; Gurney-Smith et al., 2017; Schofield et al., 2000; Sinclair et al., 2000). More than 45% of looked after children have a diagnosable mental health disorder—five times the prevalence of mental health disorder among children in the general population (NICE, 2013). Experiences of neglect and trauma are common within this group of children, but even in the absence of serious developmental trauma, foster placements can be associated with considerable stress for both the children and their carers, creating a serious risk of placement breakdown (Sinclair et al., 2000).

Studies have reported placement instability of youth in foster care ranging from 22% to 56%, with multiple disruptions in placement being related to physical, emotional, and behavioural problems among looked after children (e.g., Kufeldt et al., 1995; Rubin et al., 2007). In contrast, Schofield and Beek (2005) reported that looked after children who were doing well had in common increased capacity to use their carer as a secure base. These findings are consistent with the view that placement stability may be important in improving outcomes for looked after children. Joseph and colleagues (2013) studied attachment patterns, assessed by the Child Attachment Interview (CAI; Shmueli-Goetz et al., 2008), of 62 adolescents with both their birth and foster parents and compared them to 50 adolescents in normal-risk families. Results showed that even some of the children who were maltreated and had an insecure attachment to their birth parents were able to develop secure new attachments toward their foster parents. Furthermore, secure attachment in fostered adolescents was associated with fewer disruptive behaviour symptoms (Joseph et al., 2013).

Placement stability is supported by both child and carer commitment to the placement, and how the child relates to the carer and others in the home (Luke et al., 2014). However, challenging behaviour and later placement entry, as well as foster carers feeling unsupported and ill-equipped, have been reported to be related to strained relationships and less sensitive caregiving (Biehal et al., 2010; Farmer et al., 2005). Often even very experienced foster carers struggle when facing the challenging behaviours of children who have experienced relational trauma in their family prior to foster care, and reflective and sensitive carers can be severely compromised in their ability to respond sensitively when in the presence of a very traumatised child.

Recent research suggests that a mechanism to explain the association between attachment, challenging behaviour and placement stability may be found in the capacity of foster carers for mentalizing, or parental reflective functioning (Cooper and Redfern, 2016; Slade, 2005). This refers to the capacity of a caregiver to think about their own and their child's mental states and how these mental states may influence behaviours (Slade, 2005). A growing body of literature is confirming the importance of parental reflective functioning (PRF, Fonagy et al., 2006; Ordway et al., 2015). Adequate PRF appears to help caregivers to respond sensitively to their children's mental states and behaviours, allowing children to discover and understand their own internal experience via the caregiver's representation of it (Slade, 2005). PRF appears to be related with parental behaviour, in particular parental tolerance of infant distress (Rutherford et al., 2013, 2016) and sensitive caregiving (Huth-Bocks et al., 2014; Smaling, et al., 2016; Stacks, et al., 2014). Furthermore, there is growing evidence that the caregiver capacity to mentalize is associated with improved mother-child relationships (Suchman et al., 2004), as well as with secure attachment in both children living with their birthparents (Fonagy et al., 2007, 1991; Sharp and Fonagy, 2008) and adopted children (Steele et al., 2003). The benefits of PRF appear to extend beyond attachment outcomes, with evidence suggesting that the caregiver's capacity to mentalize about their child may be positively related to children's social and cognitive development (Laranjo et al., 2010; Meins et al., 2003), and negatively related to childhood internalizing and externalizing problems (Ensink et al., 2017).

Recent research into the different components of good mentalizing indicate that the need to attend to the mental states of a child appears to require carers to be able to effectively and actively separate out self from other (Suchman et al., 2010). This often becomes particularly difficult in the face of high arousal, where the influence of implicit mentalizing dominates and guides quick and automatic interpretation of behaviour. Given the high proportion of relational trauma experienced by children in foster care, a capacity for PRF (both of the child, and their own self) might be particularly important for foster carers (Taylor, 2012). The context of caring for a child with emotional or behavioural difficulties, especially when there is a lack of sufficient support, makes foster carers vulnerable to breakdowns in mentalizing. One study of foster carers indicated that it can be difficult for foster carers to understand that their children's feelings and behaviours in the present moment can be a result of their past traumatic experiences, rather than the circumstances in which they currently find themselves (Bunday et al., 2015). Even foster carers' previously relatively high in reflective functioning and sensitivity can find their capacity to reflect is compromised greatly by caring for a child with a history of trauma and a difficulty with close relationships, as the challenging behaviour such children can present with may affect the foster carer's parenting and reflective functioning capacity (Ensink et al., 2015).

This highlights the need for interventions designed to improve mentalizing capacity in foster carers. Providing programmes to assist carers in their challenging role by focusing on PRF may enable foster carers to better understand their children's mental states and often challenging behaviours, as well as their own responses to those behaviours. In turn, this may facilitate the development of strong and positive relationships with their children and increase the chances of placement stability.

This paper intends to set out the rationale for, and describe, the Reflective Fostering Programme (RFP), a new group-based programme aiming to support foster carers, as well as to outline future service implementation and a planned feasibility evaluation of the programme.

Current Interventions

Given the concerns about the poor outcomes of looked after children and placement instability, there have been concerted efforts to develop programmes/initiatives to support foster carers and

enhance children's quality of care (for reviews, see Dickson et al., 2009; Fisher, 2014; Luke et al., 2014). A recent comprehensive report listed several interventions as promising, including: Attachment and Bio-behavioural Catch-up (ABC); Parent-Child Interaction Therapy (PCIT) for children under seven; Fostering/Nurturing Attachments; Keeping Foster Parents Trained and Supported (KEEP); Middle School Success (MSS) for older children and adolescents; and the Multidimensional Treatment Foster Care for Adolescents (MTFC-A) (Luke et al., 2014).

ABC is an intervention for foster carers of 12-24 month olds, designed to target and improve child behaviour and nurturing caregiving. The developers of ABC have reported promising changes post intervention, such as reduced levels of infant cortisol (as an index of stress responsivity), improved infant attachment security, and improved parental sensitivity (Dozier et al., 2006, 2008, 2009). However, these studies also found no improvements in children's general problem behaviour, and inferences about the findings are limited by the absence of baseline measures. A randomised control trial of ABC found reduced carer-reported infant internalising and externalising symptoms, compared to a waitlist control who did not receive any intervention (Sprang, 2009). Longevity of effects observed across these studies is unclear (Luke et al., 2014).

Evaluations of PCIT, which attempts to improve child behaviour through targeting the caregiver-child relationship, have identified improvements in problem behaviours in both foster and birth families (Timmer et al, 2006), but due to a lack of longer term follow ups in the study, it is difficult to establish strong conclusions about its efficacy (Luke et al., 2014).

KEEP is an intervention designed to strengthen foster carer and kinship carer behavioural management skills. The intervention does not focus on improving carer-child relationships. Evaluations of KEEP have yielded promising results, such as improvements in carer-reported child behavioural issues (Chamberlain, 2003; Chamberlain et al., 2008). In light of these positive findings, a pilot version of KEEP has been successfully implemented in the UK since 2009, and pre-post evaluation has revealed positive benefits for both foster carers and their children, such as significant and maintained behavioural difficulties (Roberts et al., 2016). However, without a control group and a fully randomised controlled trial inferences are limited, and it is not possible to conclude that findings are directly attributable to the intervention.

An adaption of the Solihull Approach (SA; Douglas and Rheeston, 2009), tailored to foster carers and designed to improve carer-child relationships, was delivered to carers in Scotland (Solihull Approach, 2011). A thematic analysis of feedback from foster carers who received the evaluation of the approach indicates that it was well received foster carers, however, the pre-post evaluation of the children's wellbeing did not reveal any statistically significant difference (Madigan et al, 2017).

Researchers have begun to develop more integrative interventions that combine both attachment and social learning theory approaches. Fostering Changes, for example, is a 12-week course for carers, based on these theories. Evaluation of Fostering Changes has revealed mixed results. For example, an evaluation of Fostering Changes, with no control group, showed reduction in children's problem behaviours and emotional problems but no changes in conduct problems or hyperactivity (Warman et al, 2006). A randomised control trial of Fostering Changes showed a reduction in problem behavior among children in the intervention group compared to the control, and improvements in carer-reported carer-child attachment quality (Briskman et al, 2012). However, there was no difference between the groups on children's prosocial behavior, emotional problems, conduct problems, or peer relationships, and there were limited effects on general parenting strategies. Longevity of effects observed across these studies is unclear, in the absence of follow-up data (Luke et al., 2014). As with most interventions targeting foster carers, Fostering Changes it is not specifically designed to fit the needs of children with more serious mental health diagnosis, and it is focused on problematic child behaviours rather than underlying emotional issues (Luke et al., 2014).

While some of the interventions presented are promising, in 2013 the NICE guidelines for looked after children concluded that 'there is a lack of robust, adequately controlled, studies completed to a high standard – the UK evidence base does not serve the needs of looked after children and young people as well as it might' (NICE, 2013, p. 86). In particular, the report noted a need for the evaluation of interventions targeting looked after children under the age of 11, particularly given that almost 50% of looked after children in the UK fall into this cohort. In July 2016, the Department of Education and the Department of Health in the UK convened an

expert working group (EWG) to look at how to improve mental health and wellbeing support for looked-after and previously looked-after children. The EWG report (Social Care Institute for Excellence, 2017) noted that the National Adoption and Fostering Service commented that placement stability can have a positive impact on looked-after children’s “attachment relationships” and subsequently their mental and emotional health and wellbeing. They concluded that placement stability in its own right can be a valuable asset for improving children’s wellbeing, and based on research, their attachment security.

While some existing intervention (such as SA and PCIT) focus on improving care-child relationship, the majority focus on reducing problem behavior and have been criticized for their lack of focus on improving relationships between carers and children (Luke et al., 2014). Given the prevalence of attachment problems and relational trauma in looked after children, it seems appropriate to focus on the quality of the child’s relationship with their carer as a key component of an intervention.

Recent reviews (e.g., Dickson et al., 2009; Kerr and Cossar, 2014; Luke et al., 2014) have indicated that interventions for this population should be rooted in a broad developmental psychopathology approach that integrates attachment with social learning theory. Contemporary mentalization theory offers such a framework, particularly as the most recent work in this area has focused on the role of social learning, attachment and mentalization (Fonagy et al., 2015).

Enhancing PRF in caregivers has gradually become the focus of several recent interventions with families, aiming to improve the carer–child relationship (Midgley et al., 2017b; Slade, 2005; Suchman et al., 2008). Psychosocial interventions using this approach have received some empirical support, particularly when used with individuals characterized by severe early and/or current adversity, such as with Borderline patients (Bateman and Fonagy, 2008) or at-risk carers (e.g., Sadler et al., 2006, 2013; Suchman et al., 2012). Some preventative programmes rooted in mentalizing approaches have also demonstrated efficacy among children and young people (e.g., Fonagy et al., 2006; Keaveny et al., 2012; Twemlow et al., 2011), including adolescents who harm themselves (Rossouw and Fonagy, 2012), as well as with foster carers (Adkins et al., 2018; Bammens et al., 2015) and in post-adoption support (Midgley et al., in press). In the UK, there

are currently no known group-based, psychoeducation programs designed to increase mentalizing that target foster carers. The RFP aims to address this gap.

The Reflective Fostering Programme

It is the potential fit between mentalizing theory and the identified needs of foster carers that led to the development of the RFP. The RFP has been developed by staff at the Anna Freud National Centre for Children and Families in response to a call from the NSPCC to develop more effective interventions for looked after children and their foster carers. The approach draws on the Centre's long-standing involvement in developing mentalization-based interventions, including more therapeutic (rather than psychoeducational) interventions specifically for looked after children and adopted children and their families in a range of settings, such as CAMHS and post-adoption targeted services (Midgley et al. 2017a, in press). The RFP is unique in its approach and will be the first group psychoeducational (as opposed to therapeutic) intervention developed to be delivered to foster carers outside the clinical setting. This is the first paper to outline the RFP approach.

The RFP is an adaptation of the Reflective Parenting model (Cooper and Redfern, 2016). This model promotes self-focused mentalizing and parent-child mentalizing within a context of managing emotional arousal and providing mentalization-based psychoeducation. Its central focus is in promoting the distinction and separateness of the foster carer's capacity to mentalize the self and to mentalize the child in their care. In keeping with best practice guidelines (e.g. NICE, 2013; Luke et al., 2014), the intervention is integrative in orientation, yet theoretically consistent and coherent, so that it can be easily learned, implemented, disseminated and tailored to fit the needs of a large range of looked after children and their carers. The programme focuses on the practical application of a set of tools for foster carers to use on themselves and on the children in their care. These tools represent the principles of mentalizing in a shortened, highly applicable form, designed for parents to use as self-help tools or with professional support.

The *primary aim* of the RFP is to improve foster carer's mentalizing capacity (of both self and other), with the hypothesis that this will in turn help to reduce foster carer stress and improve the carer's sense of parental efficacy. A related proximal aim is to improve the quality of the foster

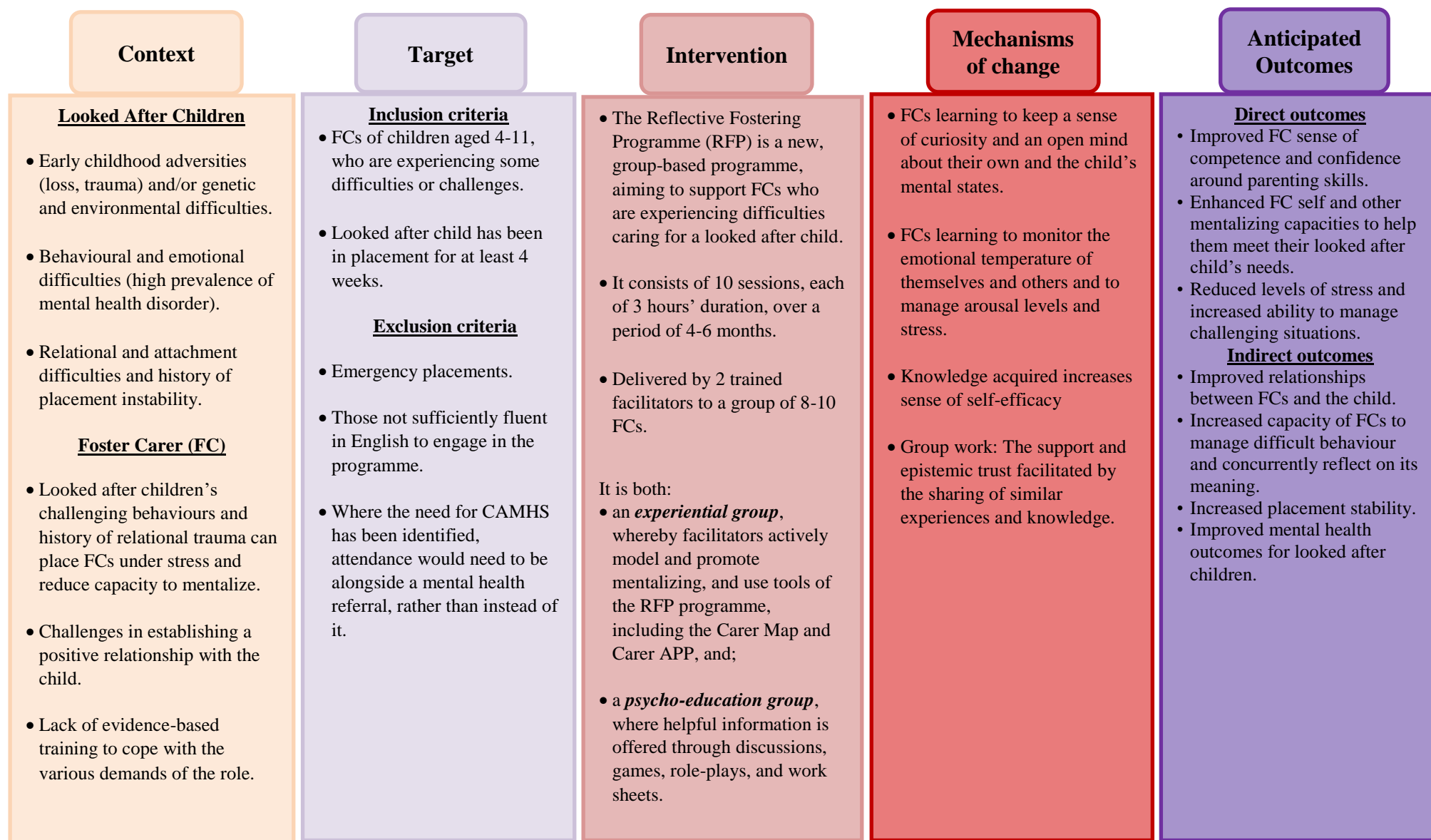
carer-child relationship, with the expectation that this will improve placement stability and foster child wellbeing. (The logic model for the approach is set out in Figure 1).

The programme consists of ten sessions of three hours' duration each, over a period of 4-6 months, delivered by two trained facilitators to a group of 8-10 foster carers. Throughout the programme, psychoeducational discussions, games, exercises and work sheets are used to support and enhance of foster carers' capacity for mentalizing, consistent with the primary aim of the programme. (See Table 1, for a breakdown of the programme session by session).

Table 1: Content of the Programme

Session 1 – Introduction to the Reflective Fostering Programme
Session 2 – Reflecting on yourself as a foster carer: The Carer Map
Session 3 – Seeing and Thinking about your foster child in different ways
Session 4 – Responding to Problematic Behaviour in a Reflective Way
Session 5 – Understanding and helping your foster child who has had early trauma
Session 6 – Trust, relationships and helping your foster child get on with other people
Session 7 – Getting the help and support you need as a foster carer - family, friends, and the team around you
Session 8 – Family and Friends meeting- Significant others invited to this session, partner, friend or other member of the family
Session 9 – Moving on - getting ready for the end of the RF programme
Session 10 – Top up session

Figure 1: Logic Model



The RFP is a group intervention model to support foster carers comprising a combined mentalization-based psychoeducational input with a group reflective fostering intervention. It offers a highly collaborative approach that seeks to promote the quality of foster family relationships, supporting effective and sensitive parenting, and breaking unhelpful patterns of relating.

The RFP has been designed to support foster carers who are experiencing some difficulties or challenges in their relationship with their looked after child. The RFP is not targeted at emergency or respite fostering, or at cases where some concern has been identified either by the child's social worker or the supervising social worker. Nor is the programme intended as an alternative to a CAMHS referral where there is an explicit need for mental health services.

During the programme, psychoeducation about attachment and mentalizing is delivered to the foster carers in order to support their understanding of any current difficulties with their foster children. The programme includes practical, easily learned techniques and tools that help foster carers keep in mind and practice the skills of mentalizing self and other. Emphasis on these themes seeks to address the primary and secondary aims to improve the carers capacity for RF, reduce their parenting stress, and increase their sense of efficacy and competence in their caregiving role. The carers work collaboratively in a group-based model that emphasises the strength of the carers' own resources, ideas and strategies to deal with problems, enabling a supportive mutual learning process, and, again, hopefully increasing group members' sense of efficacy.

The Programme utilises the key tools from the Reflective Parenting Model, namely:

- *The Carer APP*: Grounded in research linking self mentalizing with the ability to self-regulate the related affective experience, the Programme hypothesizes that the carer's ability to understand their own mental states will be instrumental in facilitating a carer to begin to mentalize the child. This, in turn, should support the capacity of the carer to respond adequately to the child's needs. Self-mentalizing, as operationalised in what the RFP terms the Carer Map, is the core tool of the Reflective Parenting Model. It is

designed to help carers to identify their current state of mind, current influences, past family history/early experiences, and to see how these have influenced and continue to influence them as parents/carers. It helps carers to be aware of things that ‘trigger’ a certain emotion and relationships that impact on how they feel, and be aware of strong feelings and current preoccupations (work/relationships).

- *The Emotional Thermometer:* This is a way of helping professionals and parents/carers to monitor arousal.
- *The Two Hands approach:* This concept, which was first introduced by Dan Hughes, is used in the manualised programme to help carers to understand the balance between action and reflection in interactions around discipline. The image refers to one hand for dealing with or directly responding to a difficult behaviour, and the other hand (the mentalizing/reflective hand) for understanding what led to the behaviour.

Foster carers are invited to practice various techniques at home, in between sessions, with an emphasis on noticing and managing arousal levels in the self, increasing mentalizing, stress reactivity and confidence around parenting skills. These techniques include devoting some thought and time to building a Carer Map which plots out their own stance as a carer and all the influences that go to making them into the carer they are today. The emphasis in the group-based activities is on practising the techniques of Reflective Fostering and going through incidents from home in the room with the group.

Being a group-based programme, the RFP also intends to emphasise the strength of the carers’ own resources, ideas and strategies to deal with problems, enabling a mutual learning process (Asen, 2002). The aim is for carers to be able to share their feelings with other carers experiencing similar difficulties, while facilitators provide them with accessible tools targeted at enhancing their skills, in particular their PRF, thus, assisting them to deal with the powerful feelings involved in fostering (Hojer et al., 2013). Sharing seemingly similar experiences will also hopefully help reduce social isolation of families and their individual members and reduce feelings they may have of being singled out or stigmatised. Evidence suggests that group-based

interventions may also improve parenting sense of efficacy in their caregiving role (Wittkowski et al., 2016), indicating that structuring the intervention in this way may improve foster carer sense of efficacy.

Facilitators are encouraged to validate and connect with foster carers' experiences, as well as keep a curious and open mind about participants, who may hold rigid beliefs about specific areas (e.g. about social workers, or specific aspects of parenting such as discipline). Having the experience of being understood can be the necessary key to open up to learning, therefore the idea is that mentalizing in the group will enhance the ability to learn in and from social situations through establishing of what has been termed 'epistemic trust' (Fonagy and Allison, 2014).

The RFP is distinctive from other programmes currently offered to foster carers in its combination of the following components:

- It has a coherent, operationalised and learnable *facilitator stance*, that promotes mentalizing in both self and participants. The stance of the facilitator (called the Professional APP) underpins the whole programme. The Professional APP, representing the core principles of the mentalizing stance of attention and curiosity (A), perspective taking (P) and providing empathy (P), is a tool for professionals to apply in their work supporting parents and carers and involves self-focused mentalizing on the part of the professional as a first step.
- The Programme is *integrative*. It is rooted in a broad, integrative theoretical model that builds on mentalizing theory, attachment theory and social learning approaches. This strong theoretical foundation ensures the consistency and coherence of the model. The central focus of the programme is to foster a mentalizing stance in both carers and children, as well as others involved health care providers. It emphasises the need to build a model (or Map in the RFP) of the self before trying to mentalize the child through use of the Carer APP. The Programme incorporates different features and interventions that have been demonstrated to be effective in fostering, including: emotional difficulties;

behavioural problems; relational and attachment difficulties; attention control, emotional regulation and stress reactivity; trauma.

- The focus of the programme is on foster carers *building reflective strengths*. The foster carers are the key agents of change. The aim is that this will facilitate strengths and resilience in the child, the carer and the child–carer relationship. The programme is strengths based and connects with the foster carers’ own resources, ideas and thoughts about how to deal with problems.
- The Programme is *flexible* and can be tailored to fit the specific needs of each foster family attending the programme.
- The programme is *scalable*. It is designed to be relatively easy to implement in children’s social care, and to be carried out by a large range of professionals, as well as potentially by foster carers who will be trained to carry out the programme themselves.
- The programme is designed to maximize *cost-effectiveness* by offering a group-based intervention.

Conclusion and future directions

Given the prevalence of attachment problems and relational trauma in looked after children, supporting the quality of a child’s relationship with their carer is likely to be a key component of any effective intervention. Therefore, interventions that focus on improving caregiver mentalizing and supporting relationships between foster carers and the children in their care may offer the most promising avenue for future work.

While we feel there is a strong conceptual and theoretical rationale for the approach, it will be important to establish whether the RFP is acceptable and relevant to foster carers and feasible to implement in a social care context. A pilot version of the RFP is currently being tested in two NSPCC sites in the UK. Each RFP is being delivered by two trained facilitators, who are provided with weekly consultation from clinicians trained in mentalizing at the Anna Freud

National Centre, and includes four groups of 6-10 foster carers of children aged 4-11 years. The feasibility study of the RFP includes a mixed-methods design with collection of both qualitative and quantitative data from both foster carers and facilitators involved in the delivery of the programme. The foster carers' perspectives will be explored in a mixed-methods design to allow the possibility of understanding how the carers make sense of their own and their child's difficulties, as well as their thoughts on the acceptability and relevance of the programme more generally. The training of NSPCC staff and their capacity to deliver the RFP according to the programme manual will also be evaluated. A pre-post and follow-up evaluation will be conducted, to give preliminary data on the acceptability and effectiveness of the 10-session programme, and also the acceptability of the research and evaluation of the approach. By testing the feasibility of the RFP, potential challenges of completing a larger-scale trial will be identified, allowing us to modify and improve the programme, or if necessary, not proceed if results of the feasibility study suggested that this programme is not viable and does not have a significant chance of improving outcomes for participants. The result of the feasibility study will therefore help clarify if and which foster carers may benefit from the RFP, and inform the further development of the RFP and plans towards a fuller evaluation of the programme's effectiveness. Identifying potential challenges of completing a larger-scale trial will allow us to improve the programme, or, if necessary, not proceed.

If the feasibility study of the RFP is successful and provides the platform to continue to a full impact evaluation, this would be a step towards creating an evidence-based programme to help address the needs of foster carers and looked after children. In time, it is hoped that the RFP has the potential to have a direct impact on the day-to-day practice of those working in social care, to bring savings to local authorities, and - most importantly of all - benefits for some of the most vulnerable children in our society.

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References

- Adkins T, Luyten P and Fonagy P. Development and preliminary evaluation of Family Minds: A mentalization-based psychoeducation program for foster parents. (Preprint)
- Asen E (2002) Multiple family therapy: an overview. *Journal of Family Therapy*, 24(1), 3-16.
- Bammens A, Adkins T and Badger J (2015). Psycho-educational intervention increases reflective functioning in foster and adoptive parents. *Adoption & Fostering* 39(1).
- Bateman A and Fonagy P (2008) 8-Year Follow-Up of Patients Treated for Borderline Personality Disorder: Mentalization-Based Treatment Versus Treatment as Usual. *American Journal of Psychiatry*, 165(5), 631-638.
- Biehal N, Ellison S and Baker C et al. (2010) *Belonging and Permanence: Outcomes in long-term foster care and adoption*. BAAF, London.
- Bernard K, Dozier M, and Bick J et al. (2012) Enhancing attachment organization among maltreated children: Results of a randomized clinical trial. *Child development*, 83(2), 623-636.
- Briskman J, Castle J, and Blackeby, K et al. (2012) *Randomised controlled trial of the Fostering Changes programme*. London: Department for Education (DfE). Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183398/DFE-RR237.pdf
- Bunday L, Dallos R and Morgan K et al. (2015) Foster carers' reflective understandings of parenting looked after children: an exploratory study. *Adoption & Fostering*, 39(2), 145-158.
- Chamberlain P (2003) *Treating Chronic Juvenile Offenders: Advances made through the Oregon Multidimensional Treatment Foster Care model*. Washington, DC: American Psychological Association.
- Chamberlain P, Price J, and Leve LD et al. (2008) Prevention of behaviour problems for children in foster care: outcomes and mediation effects. *Prevention Science*, 9(1), 17-27.

- Cooper A and Redfern S (2016) *Reflective parenting: A guide to understanding what's going on in your child's mind*. London, UK: Routledge.
- Department for Education (2016) *Children looked after in England (including adoption) year ending 31 March 2016*. SFR 41/2016 29 September 2016. Retrieved from <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016>
- Dickson K, Sutcliffe K, and Gough D et al. (2009) *Improving the emotional and behavioural health of looked-after children and young people (LACYF)*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), London.
- Douglas H and Rheeston M (2009) The Solihull Approach: an integrative model across agencies. In: Barlow J and Svanberg PO (eds) *Keeping the Baby in Mind*. London: Routledge, pp. 29–38.
- Dozier M, Lindhiem O, and Lewis E et al. (2009) Effects of a foster parent training program on children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child and Adolescent Social Work Journal*, 26, 321-332.
- Dozier M, Peloso E, and Lewis E et al. (2008) Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Development and Psychopathology*, 20(03), 845–859.
- Dozier M, Peloso E, and Lindhiem O et al. (2006) Developing evidence-based interventions for foster children: an example of a randomized clinical trial with infants and toddlers. *Journal of Social Issues*, 62(4), 767–785.
- Ensink K, Normandin L and Target M et al. (2015) Mentalization in children and mothers in the context of trauma: An initial study of the validity of the Child Reflective Functioning Scale. *British Journal of Developmental Psychology*, 33(2), 203-217.

- Ensink K, Bégin M, Normandin L and Fonagy, P. (2017) Parental reflective functioning as a moderator of child internalizing difficulties in the context of child sexual abuse. *Psychiatry Research*, 257, 361-366
- Farmer E (2005) Foster Carer Strain and its Impact on Parenting and Placement Outcomes for Adolescents. *British Journal of Social Work*, 35(2), 237-253.
- Fisher P (2014) Review: Adoption, fostering, and the needs of looked-after and adopted children. *Child and Adolescent Mental Health*, 20(1), 5-12.
- Fonagy P and Allison E (2014) The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy*, 51(3), 372-380.
- Fonagy P, Gergely G, and Jurist EL et al. (2006) *Affect regulation, mentalization, and the development of the self*. London: H Karnac (Books) Ltd.
- Fonagy P, Gergely G and Target M (2007) The parent–infant dyad and the construction of the subjective self. *Journal of Child Psychology and Psychiatry*, 48(3-4), 288-328.
- Fonagy P, Luyten P and Allison E (2015) Epistemic Petrification and the Restoration of Epistemic Trust: A New Conceptualization of Borderline Personality Disorder and Its Psychosocial Treatment. *Journal of Personality Disorders*, 29(5), 575-609.
- Fonagy P, Steele M and Steele H et al. (1991) The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, 12(3), 201-218.
- Gurney-Smith B, Downing P and Kidd K et al. (2017) ‘Minding the gap’: developing mindfulness for adoption. *Adoption & Fostering*, 41(2) 110-119.
- Hojer I, Sebba J, and Luke N (2013) *The impact of fostering on foster carers' children: An international literature review*. Rees Centre for Research in Fostering and Education, University of Oxford.

- Huth-Bocks A, Muzik M and Beeghly M et al. (2014) Secure base scripts are associated with maternal parenting behavior across contexts and reflective functioning among trauma-exposed mothers. *Attachment & Human Development*, 16(6), 535-556.
- Joseph M, O'Connor T and Briskman J et al. (2013) The formation of secure new attachments by children who were maltreated: An observational study of adolescents in foster care. *Development and Psychopathology*, 26(01), 67-80.
- Keaveny E, Midgley N, and Asen E et al. (2012) Minding the family mind. In Midgley N and Vrouva I (Eds.), *Minding the child: Mentalization-based interventions with children, young people and their families* (pp. 98-112). London: Routledge.
- Kerr L and Cossar J (2014) Attachment Interventions with Foster and Adoptive Parents: A Systematic Review. *Child Abuse Review*, 23(6), 426-439.
- Kufeldt K, Armstrong J and Dorosh M (1995) How Children in Care View Their Own and Their Foster Families: A Research Study. *Child Welfare*, 74(3), 695-715.
- Laranjo J, Bernier A and Meins E et al. (2010) Early Manifestations of Children's Theory of Mind: The Roles of Maternal Mind-Mindedness and Infant Security of Attachment. *Infancy*, 15(3), 300-323.
- Luke N, Sinclair I, and Woolgar M et al. (2014) *What works in preventing and treating poor mental health in looked after children?* London: NSPCC.
- Madigan S, Paton K and Mackett N (2017) The Springfield Project service: evaluation of a Solihull Approach course for foster carers. *Adoption & Fostering*, 41(3) 254-267.
- Meins E, Fernyhough C and Wainwright R et al. (2003) Pathways to Understanding Mind: Construct Validity and Predictive Validity of Maternal Mind-Mindedness. *Child Development*, 74(4), 1194-1211.
- Midgley N, Besser S and Dye H et al. (2017a) The Herts and minds study: evaluating the effectiveness of mentalization-based treatment (MBT) as an intervention for children in

foster care with emotional and/or behavioural problems: a phase II, feasibility, randomised controlled trial. *Pilot and Feasibility Studies*, 3(1).

Midgley N, Ensink K, and Lindqvist K et al. (2017b) *Mentalization-based treatment for children*. American Psychological Association. Washington, DC.

Midgley N, Alayza A, Lawrence H and Bellew R (in press). 'Adopting Minds', a mentalization-based therapy for families in a post-adoption support service: preliminary evaluation and service user experience. *Adoption and Fostering*.

National Institute for Health and Care Excellence (2013) *Looked after babies, children and young people* (Nice Quality Standard 31). Retrieved from <https://www.nice.org.uk/Guidance/QS31>

Ordway M, Webb D and Sadler L et al. (2015) Parental Reflective Functioning: An Approach to Enhancing Parent-Child Relationships in Pediatric Primary Care. *Journal of Pediatric Health Care*, 29(4), 325-334.

Roberts R, Glynn G and Waterman C (2016) 'We know it works but does it last?' The implementation of the KEEP foster and kinship carer training programme in England. *Adoption & Fostering*, 40(3) 247-263.

Rossouw T and Fonagy P (2012) Mentalization-Based Treatment for Self-Harm in Adolescents: A Randomized Controlled Trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(12), 1304-1313.e3.

Rubin D, O'Reilly A and Luan X et al. (2007) The Impact of Placement Stability on Behavioral Well-being for Children in Foster Care. *Pediatrics*, 119(2), 336-344.

Rutherford H, Goldberg B and Luyten P et al. (2013) Parental reflective functioning is associated with tolerance of infant distress but not general distress: Evidence for a specific relationship using a simulated baby paradigm. *Infant Behavior and Development*, 36(4), 635-641.

- Rutherford H, Maupin A and Landi N et al. (2016) Parental reflective functioning and the neural correlates of processing infant affective cues. *Social Neuroscience*, 12(5), 519-529.
- Sadler L, Slade A and Mayes L (2006) Minding the Baby: A mentalisation based parenting program. In: Allen J and Fonagy P (eds) *Handbook of Mentalisation-based Treatment*. Chichester: John Wiley & Sons, pp. 271–288.
- Sadler L, Slade A and Close N et al. (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.
- Schofield G and Beek M (2005) Providing a secure base: Parenting children in long-term foster family care. *Attachment & Human Development*, 7(1), 3-26.
- Schofield, G., Beek, M., Sargent, K., & Thoburn, J. (2000). *Growing up in foster care*. BAAF, London.
- Sharp C and Fonagy P (2008) The Parent's Capacity to Treat the Child as a Psychological Agent: Constructs, Measures and Implications for Developmental Psychopathology. *Social Development*, 17(3), 737-754.
- Shmueli-Goetz Y, Target M and Fonagy P et al. (2008) The Child Attachment Interview: A psychometric study of reliability and discriminant validity. *Developmental Psychology*, 44(4), 939-956.
- Sinclair I, Wilson K, and Gibbs I (2000) *Supporting foster placements: Report two*. York: Social Work Research and Development Unit, University of York.
- Slade A (2005) Parental reflective functioning: An introduction. *Attachment & Human Development*, 7(3), 269-281.
- Smaling H, Huijbregts S and van der Heijden K et al. (2016) Prenatal Reflective Functioning and Development of Aggression in Infancy: the Roles of Maternal Intrusiveness and Sensitivity. *Journal of Abnormal Child Psychology*, 45(2), 237-248.

- Social Care Institute for Excellence (2017) Improving mental health support for our children and young people: Expert Working Group final report Available at: <https://www.scie.org.uk/children/care/mental-health/report>
- Solihull Approach (2011) *Solihull Approach Course for Foster Carers: Understanding your foster child's behaviour*. Available at: <https://solihullapproachparenting.com/>.
- Stacks A, Muzik M and Wong K et al. (2014) Maternal reflective functioning among mothers with childhood maltreatment histories: links to sensitive parenting and infant attachment security. *Attachment & Human Development*, 16(5), 515-533.
- Steele M, Hodges J and Kaniuk J et al. (2003) Attachment representations and adoption: associations between maternal states of mind and emotion narratives in previously maltreated children. *Journal of Child Psychotherapy*, 29(2), 187-205.
- Sprang G (2009) The efficacy of a relational treatment for maltreated children and their families. *Child and Adolescent Mental Health*, 14(2), 81–88.
- Suchman N, DeCoste C and Castiglioni N et al. (2010) The Mothers and Toddlers Program, an attachment-based parenting intervention for substance using women: Post-treatment results from a randomized clinical pilot. *Attachment & Human Development*, 12(5), 483-504.
- Suchman N, Decoste C and Rosenberger P et al. (2012) Attachment-based intervention for substance-using mothers: A preliminary test of the proposed mechanisms of change. *Infant Mental Health Journal*, 33(4), 360-371.
- Suchman N, DeCoste C and Castiglioni N et al. (2008) The Mothers and Toddlers Program: Preliminary findings from an attachment-based parenting intervention for substance-abusing mothers. *Psychoanalytic Psychology*, 25(3), 499-517.
- Suchman N, Mayes L and Conti J et al. (2004) Rethinking parenting interventions for drug-dependent mothers: From behavior management to fostering emotional bonds. *Journal of Substance Abuse Treatment*, 27(3), 179-185.

- Taylor C (2012) *Empathic Care for Children with Disorganized Attachments: A model for mentalizing, attachment and trauma-informed care*. London: Jessica Kingsley
- Timmer, S G, Urquiza A J, and Zebell N (2006b) Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. *Children and Youth Services Review*, 28(1), 1–19.
- Twemlow S, Fonagy P and Sacco F et al. (2011) Reducing violence and prejudice in a Jamaican all age school using attachment and mentalization theory. *Psychoanalytic Psychology*, 28(4), 497-511.
- Warman A, Pallett C, and Scott S (2006) Learning from each other: Process and outcomes in the Fostering Changes training programme. *Adoption & Fostering*, 30(3), 17–28.
- Wittkowski A, Dowling H and Smith D (2016) Does Engaging in a Group-Based Intervention Increase Parental Self-efficacy in Parents of Preschool Children? A Systematic Review of the Current Literature. *Journal of Child and Family Studies*, 25(11), 3173-3191.