The Reflective Fostering Programme –

Using a mixed methods approach to treatment development

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A partnership of
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The needs of children in care

- Looked After Children (LAC) represent an **extremely vulnerable group of children;**
- They have often been exposed to maltreatment, particularly in the form of **relational trauma**, prior to becoming looked after;
- These circumstances can impact on the child's **emotional wellbeing** and behaviour;
- Challenges in the child's behaviour can **place stress on the foster carer and increase the risk of placement breakdown.**

- Yet there is **a lack of well-evidenced programmes** that have been shown to be effective in meeting the needs of children in care (NICE, 2013)

The Reflective Fostering Programme (RFP)

The RFP is **a new mentalization-based programme** aiming to support foster carers of children aged 4-11. It is an adaptation of the Reflective Parenting approach (Redfern and Cooper, 2016)

This innovative development follows calls by NICE and other to help improve outcomes for children in care, by **providing better support to their carers.**

NICE noted a particular need for the evaluation of interventions **targeting LAC under the age of 11**, as they are almost 50% of LAC in the UK.

RFP has been developed by **Sheila Redfern** and colleagues at the **Anna Freud National Centre for Children and Families (AFNCCF)** and carried out in collaboration with, and funded by, **the NSPCC.**

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The aims of Reflective Fostering Programme

The RFP is **theoretically consistent and coherent**, whilst allowing for **flexibility in delivery**

Designed to be **easily learned, implemented, disseminated** and tailored to fit the needs of a large range of LAC 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.

The overall aim of RFP is to promote mentalizing and **enhance foster carers' capacities to respond** to the needs of children in their care.

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Structure of the Reflective Fostering Programme

- **10 sessions of three hours' duration**, offered either weekly or fortnightly.
- Delivered by **two facilitators to a group of 6-10 foster carers** of children aged 4-11.
- Combines **psycho-educational discussions, games, exercises and worksheets**, to support and enhance foster carers' capacity for mentalizing (of both self and others)

The RFP 'logic model'

Context

Looked After Children (LAC)

- Early childhood adversities (loss, trauma) and/or genetic and environmental difficulties.
- Behavioural and emotional difficulties (high prevalence of mental health disorder).
- Relational and attachment difficulties and history of placement instability.

Foster Carer (FC)

- LAC's challenging behaviours and history of relational trauma can place FCs under stress and reduce capacity to mentalize.
- Challenges in establishing a positive relationship with the child.
- Lack of evidence-based training to cope with the various demands of the role.

Target

Inclusion criteria

- FCs of children aged 4-11, who are experiencing some difficulties or challenges.
- LAC has been in placement for at least 4 weeks.

Exclusion criteria

- Emergency placements.
- Those not sufficiently fluent in English to engage in the programme.
- Where the need for CAMHS has been identified, attendance would need to be alongside a mental health referral, rather than instead of it.

Intervention

- The RFP is a new, group-based programme, aiming to support FCs who are experiencing difficulties caring for a LAC.
- It consists of 10 sessions, each of 3 hours' duration, over a period of 4-6 months.
- Delivered by 2 trained facilitators to a group of 8-10 FCs.

It is both:

- an *experiential group*, whereby facilitators actively model and promote mentalizing, and use tools of the RFP programme, including the Carer Map and Carer APP, and;
- a *psycho-education group*, where helpful information is offered through discussions, games, role-plays, and work sheets.

Mechanisms of change

- FCs learning to keep a sense of curiosity and an open mind about their own and the child's mental states.
- FCs learning to monitor the emotional temperature of themselves and others and to manage arousal levels and stress.
- Knowledge acquired increases sense of self-efficacy
- Group work: The support and epistemic trust facilitated by the sharing of similar experiences and knowledge.

Anticipated Outcomes

Direct outcomes

- Improved FC sense of competence and confidence around parenting skills.
- Enhanced FC self and other mentalizing capacities to help them meet their LAC's needs.
- Reduced levels of stress and increased ability to manage challenging situations.

Indirect outcomes

- Improved relationships between FCs and the child.
- Increased capacity of FCs to manage difficult behaviour and concurrently reflect on its meaning.
- Increased placement stability.
- Improved mental health outcomes for LAC.

The development and feasibility study

The Reflective Fostering Programme – feasibility study

Research Lead: Nick Midgley, Child Attachment and Psychological Therapies Research Unit (ChAPTRe), UCL / Anna Freud

Research team: Chloe Austerberry, Antonella Cirasola, Grace West, Peter Martin and Erica Ranzato

The study was carried out in collaboration with, and funded by, the NSPCC.

For the NSPCC: Theresa Park, Lucy Morton, Richard Cotmore, Jane Harvey.

Over-arching aims of the RFP study

The longer-term aim is:

- To assess the effectiveness of the RFP as a way to: improve foster carers' sense of competence and confidence in understanding themselves and their foster children; improve foster children's relationships with their carers; reduce placement breakdown; and support best outcomes for children in care.

The primary aim of this phase of the study was:

- to gather preliminary data on *programme effectiveness*
- to gain *feedback on the acceptability/relevance of RFP to support further programme development*;
-to establish whether it is *feasible to implement and evaluate the RFP*;
- and address any obstacles in doing so to *inform the design of a larger-scale Randomized Control Trial (RCT).*

Design

- As this was a feasibility study, a **mixed-methods design** was used, with collection of both qualitative and quantitative data.

- A pilot version of the RFP ran in **two NSPCC sites in the UK** (Sheffield and Gillingham). 2 RFP groups per site, each run by two NSPCC staff, with 6-10 foster carers in each group.

- Data was gathered from foster carers and programme facilitators at **four time points** – baseline (t1), mid-point (t2), endpoint of programme (t3) and six-week follow up (t4)

Participants

Inclusion criteria

- Foster carer currently caring for a child between 4-11 years of age
- Child in placement for at least 4 weeks at the time of study recruitment
- Local Authority identified foster carer as potentially benefitting from RFP

Exclusion criteria

- Emergency placements
- Children needing treatment in CAMHS Tier 3 (in which case, attendance would need to be alongside a mental health referral, rather than instead of)
- Sufficiently fluent in English to engage in the programme without an interpreter

Data collection

Outcome measures to assess the functioning and well-being of the foster carer:

- Parent Stress Index – Short Form (PSI-SF)
- Parental Reflective Functioning Questionnaire (PRFQ)
- Reflective Functioning Questionnaire (RFQ)
- Parenting Efficacy Scale

Outcome measures to assess foster carer's goals in relation to the RFP:

- Goal-based Outcome Measure (GBOM)

Outcome measures to assess the functioning and well-being of the child:

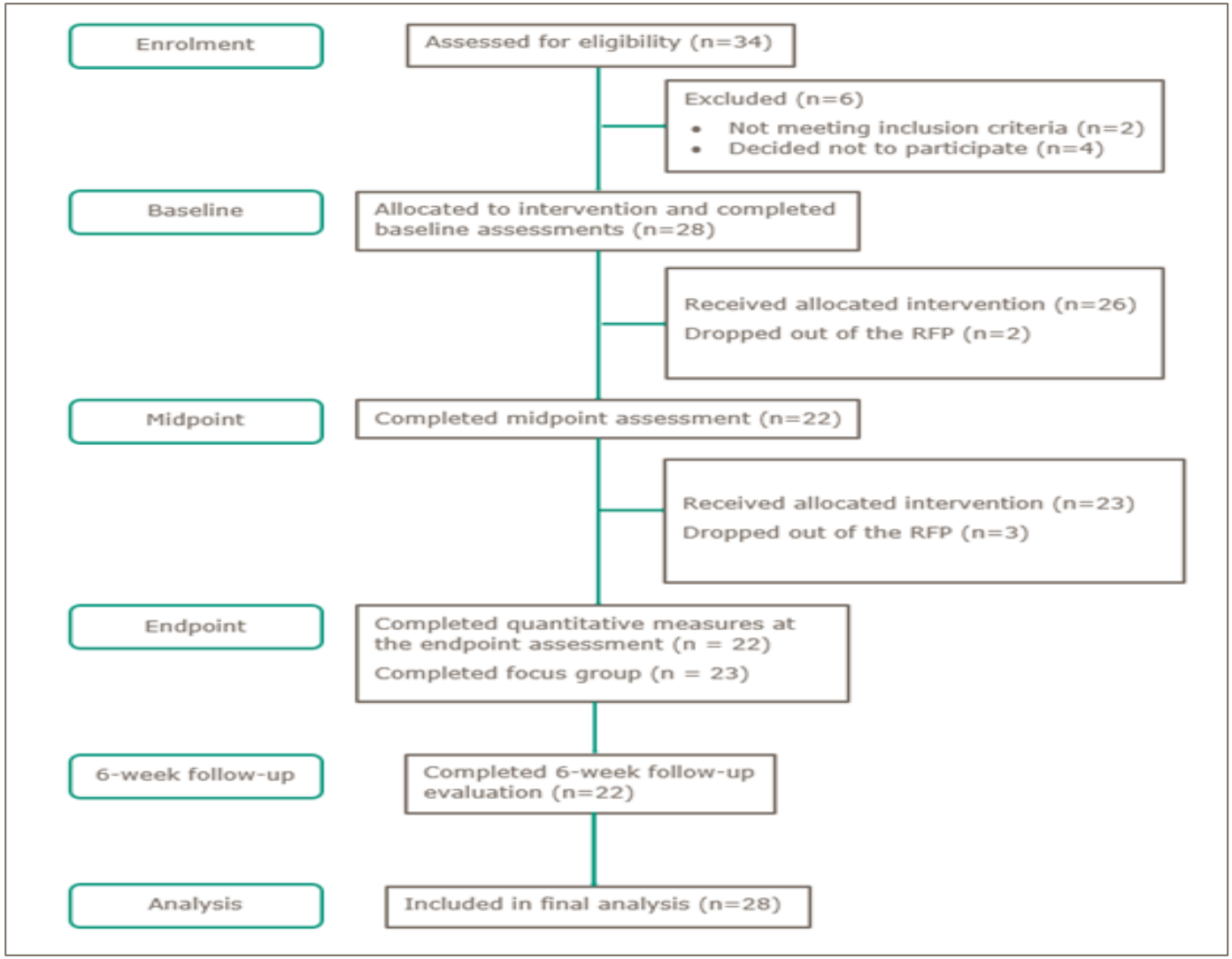
- Strengths and Difficulties Questionnaire (SDQ)
- Brief Assessment Checklist for Children (BAC-C)
- Emotion Regulation Checklist (ERC)

Data collection related to programme relevance and acceptability

- Data collected at each time point on **attendance and drop-out**
- **RFP Evaluation Sheet (RFPES)**, completed by the foster carers during the last 10 minutes of each RFP session.
- Semi-structured **focus groups**, conducted separately with programme facilitators and foster carers at the end of the study

So what did we learn?

Consort diagram



Preliminary data on programme effectiveness: carer-focused outcome measures

Results of paired t-test and descriptive statistics for carer-focused outcome measures

Measure	Baseline		Endpoint						
	M	*SD*	*M*	*SD*	*n*	95% CI	*df*	*t*	*d*
Parenting Stress Index-Short Form									
Parental Distress	56.05	31.11	49.73	30.10	22	[-13.22, 0.59]	21	-1.90	0.41
Parent-Child Dysfunctional Interaction	88.36	15.93	71.64	30.59	22	[5.89, 27.57]	21	3.21**	0.68
Difficult Child	86.77	13.77	70.64	28.04	22	[5.53, 26.74]	21	3.16**	0.68
Total	83.82	21.54	71.73	30.13	22	[3.08, 21.10]	21	2.79*	0.60
Parental Reflective Functioning Questionnaire									
Prementalizing	2.31	0.72	2.07	0.71	22	[-0.57, 0.08]	21	-1.55	0.33
Certainty About Mental States	3.76	0.90	3.95	1.02	22	[0.23, -0.30]	21	0.68	0.17
Interest and Curiosity	6.09	0.69	6.36	0.51	22	[0.14, -0.03]	21	0.56	0.41
Reflective Functioning Questionnaire									
Certainty	1.12	0.78	1.30	0.74	22	[-0.10, 0.46]	21	1.34	0.28
Uncertainty	0.33	0.43	0.27	0.31	22	[-0.13, 0.25]	21	0.65	0.14
Brief Parental Efficacy Scale									
	30.59	2.13	30.91	3.24	22	[-1.47, 0.84]	21	-0.57	0.12
Goal Based Outcomes									
Goal 1	4.45	2.31	7.45	1.88	20	[-4.07,-1.93]	19	-5.85***	1.31
Goal 2	3.80	2.63	7.35	2.08	20	[-4.93,-2.17]	19	-5.39***	1.21
Goal 3	3.53	2.32	6.16	2.48	19	[-4.27,-0.99]	18	-3.37**	0.78

Notes. *M* = mean. *SD* = standard deviation. *n* = sample size. *CI* = confidence interval. *df* = degrees of freedom. *t* = t statistic. *d* = Cohen's d measure of effect size. * p < .05. **p < .01 *** p > .001

Child-focused outcome measures

Results of paired t-tests for child-focused outcome measures

	Baseline		Endpoint						
Measure	*M*	*SD*	*M*	*SD*	*n*	95% CI	*df*	*t*	*d*
Emotion Regulation Checklist									
Lability/Negativity	38.68	5.10	36.68	5.51	22	[0.16, 3.84]	21	2.27*	0.48
Emotion Regulation	21.41	3.03	22.05	3.14	22	[-1.76, 0.49]	21	-1.18	0.25
Strengths and Difficulties Questionnaire									
Emotional	4.91	2.52	3.95	2.46	22	[0.19, 1.72]	21	2.59*	0.56
Conduct	4.73	1.88	3.86	1.96	22	[-0.15, 1.88]	21	1.77	0.38
Hyperactivity	6.86	2.55	6.32	2.70	22	[-0.90, 1.18]	21	1.78	0.38
Peer	4.09	2.39	4.23	2.37	22	[-0.98, 0.70]	21	-0.34	0.07
Prosocial	5.77	1.80	6.32	2.10	22	[-1.12, 0.03]	21	-1.97	0.42
Total	20.59	6.43	18.36	6.11	22	[0.17, 4.29]	21	2.25*	0.48
Brief Assessment Checklist for Children									
	19.59	6.35	17.68	6.35	22	[-0.01, 3.92]	21	1.97	0.42

Notes. *M* = mean. *SD* = standard deviation. *n* = sample size. *CI* = confidence interval. *df* = degrees of freedom. *t* = t statistic. *d* = Cohen's d test of effect size. * = $p < .05$.

Foster carers views on programme effectiveness

In focus group interviews, foster carers **mostly reported positive changes throughout the programme,** including:

- increased understanding of self and others;
- improved sense of competence;
- reduced stress;
- a widened support network;
- and positive knock-on effects on the children in their care.

"… I was thinking about it this morning […] how hard I found it and how desperate I felt at times, but I feel like I've been on a journey and I've come out the other end."

The impact on the carer-child relationship

"[the programme] has helped me take a little step back and question myself when I'm interacting with the child".

"It makes you think more when your kids are kicking off. Literally when they start kicking off, my mind is going...calm down..."

"… Instead of talking through it with your child after an event or whatever, what I do now is... if there has been an incident whatever, I let him tell me his version from beginning to the end rather than say '[name of child] come on'. I just let him tell me the whole story and when he's telling fibs or whatever I can read him better now, but equally give him that chance to go through it"

The impact on children in care

Several foster carers reported that the programme **had impacted positively on the children in their care** because of changes in how they now handled things

"I just feel a lot more regulated in myself and that means the child's more regulated."

"I feel I can move forward now and I've got some tools that are actually going to help me manage the child better, manage myself better, and actually better outcomes for the children as well, I do believe that my kids have got a better chance after me doing this, I really rated it."

Elements of the RFP that foster carers valued

The fact that the group was **non-judgemental**:

"It has been therapeutic. We've all been able to express opinions without being judged. You usually feel very judged. We feel better about it."

"I liked the thing that it was not judgemental at all."

The focus on foster carers **getting practical help on self-care**:

"…in all the other courses it is mentioned that you have to look after yourself, you must keep looking after yourself to be able to carry on, but you don't get any answers on how to do that. So, we all got kept in that way of thinking that we have to look after yourself. But what do we do? Where do we start? And I think that doing this one is the first one where we actually got now how to look after yourself."

The importance of a group-based programme

"it's also been good having a support network as well… so you come away feeling actually yeah people do understand. So, it's the support, as well as the training, that has been really beneficial. "

"Being a foster carer is a little bit isolating… so you come here and actually I'm not on my own."

"I think we've, sort of, sat and listened to each other and I think we've sort of like all listened to each other's stories and we've found everybody to be so amazing and we've sort of like all found strength from each other."

Elements of the RFP that foster carers thought could have been improved

More information about the programme:

"titles should have been given, and said these are what the 10 sessions will be, this is what we'll cover "

"Yeah, more, just more organisation, in terms of what we were expected to learn"

Better targeted to foster carers' specific circumstances:

"I think the presumption and feedback is that it's aimed at people who are relatively new to fostering and who are inexperienced, whereas… most of us have been doing it for years"

Further areas for improvement

More **time to share experiences**:

"*I don't think we had enough time to talk amongst ourselves. It was very, every time we tried to share anything it was nipped in the bud and let's move on to the next thing. I think the timing of the project, of the programme, is key to look at, because FC do learn a lot from each other…"*

Avoid jargon:

"And mentalization sounds like a made-up word [Laughs]*, I mean, I did come to, I do use it now, but at the beginning, all these university terms… What was that one, epistemic trust* [Yeah something like that]. *Why do we need this word that we're never ever going to use again? I can't even say it, let alone think it...*[Laughter]"

Give more space to thinking about how to respond to difficult behaviour

Overall comments on RFP by foster carers

"Having completed the programme, would you been inclined to recommend it to other foster carers?

Yes, definitely. [*Unanimously:*] *yeah!*

"They should definitely try and get it out there for other foster carers."

How this pilot work has informed programme development

RFP Manual – version 2!

Changes to the **structure of the programme:**

- The first session was simplified, to give more time to introduce key concepts, to give time for foster carers to 'tell their story' and get to know each other
- Session 8 (friends and family) was removed, and replaced by an additional session on responding to difficult behaviour

Change to the **format of sessions / the manual:**

- Content cut back, some exercises removed or made optional
- Approx. timing added to all activities, and sections more clearly differentiated

Changes to the **language of the manual:**

- Manual and slides proof read by people less familiar with the main concepts
- Tried to make language less technical/wordy
- Checked for typos and grammar

Conclusion – and next steps…

The new version of the manual is **now being piloted** by the teams in Sheffield and Gillingham - to inform a **third version of the manual**

Simultaneously, work is going on to explore:

- the best approach to training and supervision;
- exploration of who the programme should target (e.g. new / experienced foster carers?), as well as who can best deliver it (e.g. supervising social workers? Foster carers?)
- further development of the fidelity/adherence scale

Aim is to do further work on **programme development while seeking external funding to carry out larger-scale impact evaluation**

Thank you!

For more information please contact:

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