

The Reflective Fostering Programme: background and development of a new approach

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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 can be important in enabling them to respond more effectively to the worrying or disruptive behaviour they may encounter. 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 the National Institute for Health and Care Excellence (NICE) and other organisations to help improve outcomes for children in care by improving resources for 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 well-being. It also draws on the evidence that looking after a child who has impaired capacity to mentalize as a result of early relational trauma affects the carer's capacity to mentalize and respond sensitively to the child (Ensink, et al., 2015). This article sets out the rationale for the RFP, outlines its key elements and concludes by indicating future service implementation and a planned feasibility study examining this approach.

Keywords

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 towards fostering placements, with three-quarters of looked after children so placed (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 can place great demand on carers who are not always provided with sufficient training and support to cope with the pressures of the role (Bunday, et al., 2015; Gurney-Smith, et al., 2017; Schofield, et al., 2000; Sinclair, Wilson and Gibbs, 2000). More than 45% of looked after children have a diagnosable mental health disorder – five times the prevalence among children in the general population (NICE, 2013). Experiences of neglect and trauma are common within this group, 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 an enhanced risk of placement breakdown (Sinclair, Wilson and Gibbs, 2000).

Studies have reported placement instability for young people in foster care ranging from 22% to 56%, with multiple disruptions being related to physical, emotional and behavioural problems among the children (e.g. Kufeldt, Armstrong and Dorosh, 1995;

Rubin, et al., 2007). In contrast, Schofield and Beek (2005) reported that looked after children who were doing well displayed an 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 towards their foster carers. 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 associated with strained relationships and less sensitive caregiving (Biehal, et al., 2010; Farmer, Lipscombe and Moyers, 2005). Often even highly practised carers struggle with the challenging behaviours of children who have previously experienced relational trauma in their families, and no matter how reflective and sensitive they are, can be severely compromised in their ability to respond effectively.

Recent research suggests that a mechanism to explain the association between attachment, challenging behaviour and placement stability lies in the capacity of foster carers for mentalizing or parental reflective functioning (PRF) (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 may influence behaviours (Slade, 2005). A growing body of literature is confirming the importance of PRF (Fonagy, et al., 2006; Ordway, et al., 2015) such as by helping caregivers 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 to 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), with growing evidence that caregivers' capacity to mentalize improves mother-child relationships (Suchman, et al., 2004) as well as secure attachment in both children living with their birth parents (Fonagy, et al., 2007, 1991; Sharp and Fonagy, 2008) and adopted children (Steele, et al., 2003). Looking more widely, 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 internalising and externalising problems (Ensink, et al., 2017).

Recent research into the different components of good mentalizing indicates that the need to attend to the mental states of a child requires 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 the children, a capacity for PRF (both of the child and his or her own self) is likely to 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 reported that they find it difficult 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 compromised by caring for a child with a history of trauma and a difficulty with close relationships.

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

This article sets out the rationale for and describes the Reflective Fostering Programme (RFP), a new group-based project aimed at supporting foster carers. Future service implementation and a planned feasibility evaluation of the programme are also outlined.

Current interventions

Given the concerns about the poor outcomes of looked after children and the risk of placement instability, there have been concerted efforts to develop programmes and 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).

Three of these are especially relevant to PRF. ABC is an intervention for foster carers of 12- to 24-month-old children, designed to target and improve child behaviour and nurturing caregiving. The developers 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 controlled 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, Urquiza and Zebell, 2006), but due to a lack of a longer-term follow-up, 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. It does not focus on improving carer-child relationships. Evaluations 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 improvements for both foster carers and their children, such

as significant and maintained behavioural difficulties (Roberts, Glynn and Waterman, 2016). However, without a control group and a fully randomised control trial, inferences are limited and it is not possible to conclude that outcomes are directly attributable to the intervention.

In addition to these, an adaption of the Solihull Approach (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, although the pre-post evaluation of the children’s well-being did not reveal any statistically significant difference (Madigan, Paton and Mackett, 2017).

As a result of these evaluations, 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. Evaluations have revealed mixed results. For instance, one with no control group showed reduction in children’s problem behaviours and emotional difficulties but no changes in conduct problems or hyperactivity (Warman, Pallett and Scott, 2006). Another, a randomised controlled trial, showed a reduction in problem behaviour 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 behaviour, emotional difficulties, 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 that target foster carers, Fostering Changes is not specifically designed to fit the needs of children with more serious mental health issues and is focused on problematic child behaviours rather than underlying emotional factors (Luke, et al., 2014).

While some of the interventions described 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: 86). In particular, the report noted a need for the evaluation of interventions targeting looked after children under the age of 11, especially given that almost 50% of such children in the UK fall into this age group. In July 2016, the DfE and the Department of Health (DH) in the UK convened an expert working group to look at how to improve mental health and well-being support for looked after and previously looked after children. Its 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 well-being. They concluded that placement stability in its own right can be a valuable asset for improving children’s well-being and, based on research, their attachment security.

While some existing interventions (such as the Solihull Approach and PCIT) focus on improving carer–child relationships, the majority concentrate on reducing problem behaviour and have been criticised for their lack of focus on improving the situation between carers and children (Luke, et al., 2014). Given the prevalence of attachment problems and relational trauma among 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.

In order to take things forward, 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 centred on the role of social learning, attachment and mentalization (Fonagy, et al., 2015).

Enhancing PRF in caregivers has become the focus of several recent interventions with families, therefore 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 characterised by severe early and/or current adversity, such as with borderline patients (Bateman and Fonagy, 2008) or at-risk carers (e.g. Sadler, Slade and Mayes, 2006; Sadler, et al., 2013; Suchman, et al., 2012). Some preventive 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, Luyten and Fonagy, 2018; Bammens, Adkins and Badger, 2015) and in post-adoption support (Midgley, et al., 2018). However, in the UK, there are currently no known group-based, psycho-education programmes 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 programme has been developed by staff at the Anna Freud National Centre for Children and Families in response to a call from the NSPCC¹ to establish more effective interventions for looked after children and their carers. The approach draws on the Centre's long-standing involvement in developing mentalization-based interventions, including more therapeutic initiatives specifically for looked after and adopted children and their families in a range of settings, such as child and adolescent mental health services (CAMHS) and post-adoption targeted provision (Midgley, et al. 2017a, 2018). The RFP is unique in its approach and will be the first group psycho-educational (as opposed to therapeutic) intervention developed for delivery to foster carers outside the clinical setting. This is the first publication to outline the RFP approach.

The RFP is an adaptation of the Reflective Parenting Model (Cooper and Redfern, 2016). This promotes self-focused and parent–child mentalizing within a context of managing emotional arousal and providing mentalization-based psycho-education. 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. Luke, et al., 2014; NICE, 2013), 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 represent the principles of mentalizing in a shortened, highly applicable form and are designed for parents to use as self-help tools or with professional support.

The *primary aim* of the RFP, therefore, is to improve foster carers' 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

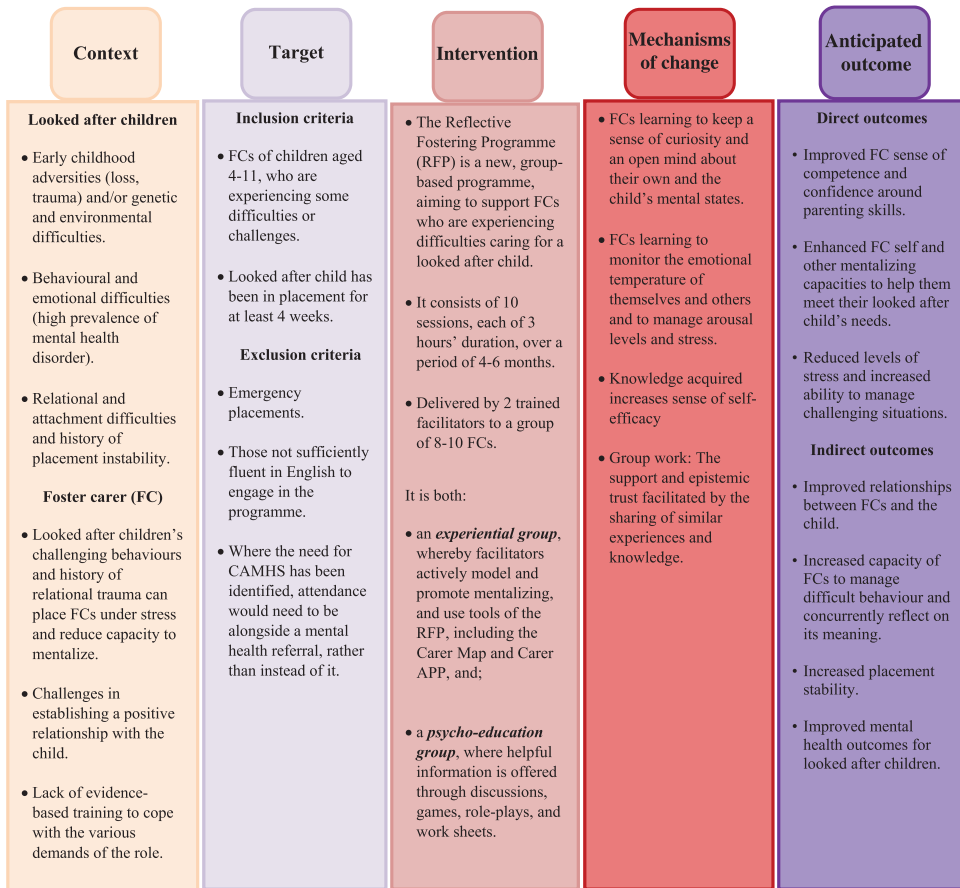


Figure 1. Logic model.

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

The programme consists of ten three-hour sessions delivered by two trained facilitators to a group of eight to ten foster carers over a period of four to six months. Throughout the programme, psycho-educational discussions, games, exercises and work sheets are used to support and enhance 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.)

The RFP is a group intervention model comprising a combined mentalization-based psycho-educational 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. It has been designed to support foster carers who are experiencing some difficulties or challenges in their relationship with their looked after child. It is not targeted at emergency or respite fostering, or at cases where some concern has been identified by the social workers

Table 1. Content of the programme.

Session 1: Introduction to the RFP
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 to 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, i.e. partner, friend or other member of the family
Session 9: Moving on – getting ready for the end of the RFP
Session 10: Top-up session

involved. Nor is the programme intended as an alternative to a CAMHS referral where there is an explicit need for specialist help.

During the programme, psycho-education about attachment and mentalizing is delivered to the foster carers in order to support their understanding of any current difficulties with their children. The programme includes practical, easily learned techniques and tools that help carers keep in mind and practise the skills of mentalizing self and other. Emphasis on these themes seeks to address the primary and secondary aims to improve the carer's capacity for reflective functioning, reduce their parenting stress and increase their sense of efficacy and competence in their role. The carers work collaboratively in a group-based model that emphasises the strength of their 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 Map*: Grounded in research linking self-mentalizing with the ability to self-regulate the related affective experience, the programme hypothesises that the carers' ability to understand their own mental states will be instrumental in facilitating them to begin to mentalize their child. This, in turn, should support the capacity of carers to respond adequately to the children'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 identify their current state of mind, what is influencing this and the impact of past family history and early experiences, and to see how these have influenced and continue to influence their caregiving. It alerts them to things that 'trigger' a certain emotion, impact on relationships and affect how they feel as well as making them aware of the strong feelings and preoccupations associated with their task.
- *The Emotional Thermometer*: This is a way of helping professionals and parents or 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 both dealing with or directly responding to a difficult behaviour and understanding what led to it (the mentalizing/reflective process).

Foster carers are invited to practise various techniques at home in between sessions, with an emphasis on noticing and managing arousal levels in the self and increasing mentalizing, stress reactivity and confidence around parenting skills. These techniques include devoting some thought and time to building a Carer Map that plots out their own stance as a carer and all the influences that have contributed towards 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 them 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 (Höjer, Sebba and Luke, 2013). Sharing seemingly similar experiences should also help to diminish the social isolation of families and their individual members and reduce feelings they may have of being singled out or stigmatised. Research evidence suggests that group-based interventions may also improve parenting sense of efficacy in their caregiving role (Wittkowski, Dowling and Smith, 2016), indicating that structuring the intervention in this way may improve foster carers' sense of efficacy.

Facilitators are encouraged to validate and connect with foster carers' experiences, as well as to keep a curious and open mind about participants, some of whom may hold rigid beliefs about specific areas (e.g. about social workers or certain aspects of parenting such as discipline). Having the experience of being understood can be the necessary key to open up to learning, so the idea is that mentalizing in the group will enhance the ability to learn in and from social situations through establishing 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. 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; and trauma.
- The focus is on foster carers *building reflective strengths*. They 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 RFP is strengths based and connects with the foster carers' own resources, ideas and thoughts about how to deal with problems.

- It is *flexible* and can be tailored to fit the specific needs of each foster family attending the programme.
- It 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.
- It 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 her or his carer is likely to be a key component of any effective intervention. Therefore, initiatives 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 is currently being tested in two NSPCC sites in the UK. Each programme 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 to 10 foster carers of children aged 4–11 years. The feasibility study of the RFP includes a mixed-methods design with collection of qualitative and quantitative data from foster carers and facilitators involved in the delivery of the programme. The foster carers' perspectives will be explored to allow the possibility of understanding how they make sense of their own and their children'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 the acceptability of the research. 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 the results suggest that it is not viable and does not have a significant chance of improving outcomes for participants. The outcome of the feasibility study will therefore help clarify if and which foster carers might benefit from the RFP and inform its further development and plans towards a fuller evaluation of its 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 – benefits for the children.

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Note

1. National Society for the Prevention of Cruelty to Children.

References

- Adkins T, Luyten P and Fonagy P (2018) Development and preliminary evaluation of Family Minds: a mentalization-based psychoeducation program for foster parents. *Journal of Child and Family Studies*. Available at: <https://doi.org/10.1007/s10826-018-1080-x>.
- 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): 38–50.
- 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, Baker C, et al. (2010) *Belonging and Permanence: Outcomes in long-term foster care and adoption*. London: BAAF.
- Briskman J, Castle J and Blackebey K, et al. (2012) *Randomised Controlled Trial of the Fostering Changes Programme*. London: Department for Education (DfE). Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/183398/DFE-RR237.pdf.
- Bunday L, Dallos R, 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, 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: Routledge.
- Department for Education (2016) *Children looked after in England (including adoption) year ending 31 March 2016*. SFR 41/2016 29 September 2016. Available at: www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016.
- Dickson K, Sutcliffe K, Gough D, et al. (2009) *Improving the Emotional and Behavioural Health of Looked-after Children and Young People (LACY)*. London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).
- 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, 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, 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, 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, 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, Lipscombe J and Moyers S (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, Jurist EL, et al. (2006) *Affect Regulation, Mentalization, and the Development of the Self*. London: Karnac Books.
- 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, 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, Kidd K, et al. (2017) ‘Minding the gap’: developing mindfulness for adoption. *Adoption & Fostering* 41(2): 110–119.
- Höjer 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, 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, 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, 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*. London: Routledge, pp. 98–112.
- 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, 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, 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, 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, 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(12). Available at: <https://doi.org/10.1186/s40814-017-0127-x>.

- Midgley N, Ensink K, Lindqvist K, et al. (2017b) *Mentalization-Based Treatment for Children: A time-limited approach*. Washington, DC: American Psychological Association.
- Midgley N, Alayza A, Lawrence H and Bellew R (2018) Adopting Minds – a mentalization-based therapy for families in a post-adoption support service: preliminary evaluation and service user experience. *Adoption & Fostering* 42(1): 22–37.
- NICE (2013) *Looked After Babies, Children and Young People* (Nice Quality Standard 31). Available at: www.nice.org.uk/Guidance/QS31.
- Ordway M, Webb D, 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, 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, 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, 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, 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 and Thoburn J (2000) *Growing up in Foster Care*. London: BAAF.
- 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, 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, 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: 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, 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, 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, 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, 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, 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, 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 Publishers.
- Timmer SG, Urquiza AJ and Zebell N (2006) 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, 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.

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