Teaching Children to Love and Be Loved: Foster Carers’
Experiences of Bonding with Children in Care

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D.Clin.Psy Thesis (Volume 1) [2019]

University College London
Declaration

UCL Doctorate in Clinical Psychology

Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signature: 

Name: Kirsty Langley

Date: 18/07/2019
Overview of Volume

Part 1 – The first part consists of a conceptual introduction, which presents a broad overview to context of foster care in England and goes on to explore attachment theory and its relevance to children in care. Attachment-based interventions adapted to the foster care context are reviewed, as well as a small body of literature on the experience of forming bonds with children in care. This chapter evaluates the literature and argues that the paucity of research in this field limits opportunities to effectively support foster carers and the children in their care.

Part 2 – The second part consists of the empirical paper, which explored the experiences of foster carers in bonding with young children, and the support offered to them in these roles. The study utilised a qualitative approach, generating a number of themes about the experiences of bonding, difficulties developing bonds and accessing support and the pervasive sense of grief at the loss of children from care. The themes are discussed within the broader context of foster care and attachment-based interventions. The study concludes that consideration of the complex professional, social and cultural landscape in which foster carers look after children need to be considered, to adapt support and interventions to adequately meet the needs of foster carers and the children in their care.

Part 3 – The final part consists of a critical appraisal, which provides a reflection of the experiences conducting qualitative research as a novice to the field, bearing witness to the stories of vicarious trauma and how this research has broadened my thinking around attachment.
Impact Statement

This doctoral thesis project aimed to elucidate foster carers’ experiences of bonding with young children in care and the support they receive in caring for such children. A number of useful insights were gained through the qualitative approach taken to this project, drawing attention to the need for attachment-based interventions to be adapted to meet the unique needs of foster carers and the children in their care. A number of questions were highlighted to be answered by future research.

Foster carers described bonding with children as a natural process, however there were several factors which could impact upon the process of bonding. These included a child’s behaviour, contact with birth families and wider professional views, particularly where those views did not privilege bonding. Carers often felt ignored and ostracised from professional’s, relying on family and other foster carers as a resource to gain support. Lastly, fostering was described as a role in which carers have to endure the loss of many children, with promises of future contact following the end of placement frequently broken. There is little consideration as to the impact of cumulative and repeated experiences of loss on foster carers.

This study suggests, that an ecological approach to delivering and adapting attachment-based interventions for foster carers and children in their care would enable the consideration, and acknowledgement, of wider systemic factors that may affect bonding, such as professional and societal views as well as children’s interactions with their birth families. In doing so, this may help to validate some of the additional challenges foster carers face in their roles caring for young children who are not biologically their own and where the presence of such wider factors
would not ordinarily face birth parents. Such an approach could ensure that interventions are adapted to the specific context of foster care.

This study highlighted a number of areas where the lack of research limits our understanding of how several key issues facing foster carer-child dyads may impact upon emerging attachment relationships and security. Areas warranting further research include; the impact of contact with birth families on attachment relationships between foster carers and the children in their care; wider professional views of fostering and bonding, with consideration as to how this supports or hinders a system in which attachment security is a priority; and the experience of cumulative loss in foster care and how this impacts upon foster carers ability to form bonds with new children entering their care.

Disseminating the results of this study through publication and through liaison with commissioners, services and clinicians involved in the design of service delivery and interventions for children in care, would be beneficial in highlighting the social-cultural and professional contexts within which foster carers are positioned. It may also support foster carers to feel that their voices are important and heard, particularly in a role, where the carers in this study, described feeling ignored.
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Part 1: Conceptual Introduction

Parenting Children in Foster Care
Introduction

The empirical paper in this doctoral thesis aimed to explore foster carers’ experiences of bonding with young children in their care and their experiences of support within this role. This introductory chapter will provide a broad introduction to the context within which the empirical study is situated, starting with an overview of foster care, the early experiences of children entering foster care, and how attachment theory can provide a lens through which the impact of early caregiving relationships can be understood. This chapter will review the literature on attachment-based interventions tailored to foster carers, in keeping with what should be offered according to evidence-based guidelines (NICE, 2015) and the small literature on the process and experience of bonding with children in care that does exist. The paucity of literature in this field in general, but especially qualitative literature, will be discussed, with particular reference to the value of this as a methodology to capture rich data not necessarily accessible through quantitative methodology. The introduction will conclude that through gaining an in-depth understanding of the experience of bonding with young children in foster care, which the empirical study aimed to do, it will provide us with the opportunity to tailor attachment-based interventions to meet the unique needs of both foster carers and the children they care for.

The Foster Care System

Children in England enter the care system and become ‘looked after’ by their local authority under the Children Act (2004) when their biological parents are not able to care for them or where care may cause harm or suffering to the child (Kessler et al., 2008; Pecora, White, Jackson & Wiggins, 2009). Foster care is one type of alternative care arrangement in which ‘ordinary families’ with no biological
relatedness, take care of children (Sinclair, Gibbs & Wilson 2004) in an arrangement in which the vast majority, 73%, of children in England are looked after (Department of Education, 2018). The number of children entering foster care is increasing (Baginsky, Gorin & Sands, 2017; Thomas, 2018) and continues to increase year on year (Baginsky et al., 2017) in a trend seen across Western societies (Warman and Roberts, 2003). It is hoped that early experiences of maltreatment and adversity can be mitigated through the provision of alternative carers (Schofield and Beek, 2005), however, the quality of care depends on the foster carers whose recruitment, retention and training are essential (Sinclair & Wilson, 2009). Children are remaining in the care system for longer, (Rahilly & Hendry, 2014) amid growing concerns about the long-term consequences for their psychosocial and emotional wellbeing and adjustment and without the provision of support to them or their carers (Baginsky et al., 2017; Meltzer, Corbin, Gatward, Goodman and Ford, 2003).

**Exposure to Early Adversity**

Children in foster care have often experienced multiple adversities within their families, (Oswald, Heil & Goldbeck, 2010; Greeson et al., 2011) with the most common reason for which they are removed and placed into foster care in England is abuse and neglect (63%; Department of Education, 2018). As a result of both the inter and intrapersonal traumas they have experienced, (Fisher, Gunnar, Dozier, Bruce & Pears, 2006) as well as disruptions in caregiving (Oswald, Heil & Goldbeck, 2010), lack of stability in their families of origin (Salazar, 2013) and the trauma of being removed from their biological families (Rahilly & Hendry, 2014) they often arrive in foster care with substantial and complex needs (Steenbakkers, Ellingsten, van der Steen & Greitens, 2018). Their exposure to cumulative adverse experiences can have a profound impact on their emotional and psychosocial...
wellbeing, resulting in many children presenting with significant behavioural
difficulties on placement (Greeson et al., 2011) which, without appropriate support
can continue into adulthood (Lawrence, Carlson & Egeland, 2006).

The prevalence of mental health difficulties (MHD) are significantly higher,
by an estimated four to five times, in children in foster care, even when
socioeconomic status is controlled for (Ford, Vostanis, Meltzer & Goodman 2007)
compared with the general population in England (Meltzer et al., 2003). Rates of
multiple and comorbid difficulties are significantly higher than same age peers
(Lehmann, Havik, Havik & Heiervang, 2013). Arguably, this is still an
underestimate of the level of distress experienced within this population, as the
complex trauma and difficulties which they experience are not well represented by
current classification systems (Tarren-Sweeney, 2013), which do not capture the
pervasive impact of traumatisation on their psychobiological development (De
Bellis, 2001). In addition to experiencing more disabling MHD into adulthood,
previously fostered young people are found to have higher rates of homelessness,
contact with youth offending services, substance misuse and poorer employment and
earning prospects (Gypen, Vanderfaeillie, De Maeyer, Belenger & Van Holen,
2017), indicating substantial emotional and financial burdens to both individuals and
society (Parton & Berridge, 2011).

**Attachment Theory**

One important way in which early adversity and trauma can affect young
children, is in their ability to form meaningful and healthy attachments with primary
caregivers or attachment figures (Bowlby, 1969). The significance of early
attachments was first highlighted by Bowlby (1969) who described attachment as an
evolutionary task occurring within the first year of life and characterised by seeking
proximity to and comfort from a caregiver, particularly when threatened, anxious or distressed (Ainsworth, Blehar, Waters & Wall, 1978). It is a mechanism through which Bowlby (1969) conceptualised children elicit essential care from their caregivers and develop a secure base from which they can explore, play and learn. A secure base can develop in the context of a relationship with a caregiver, where that figure is available and provides stability and safety, allowing a child to confidently explore their surroundings and return for comfort, protection and connection (Woodhouse, 2018).

Bowlby (1969, 1982) theorised that children who experience their caregivers as consistently available and responsive to their needs are able to build cognitive representations, known as internal working models (IWMs), of others as safe, reliable and trustworthy (Kerr and Cossar, 2014). A child with a secure attachment can develop an IWM whereby they expect their parents will respond to their needs and where they view themselves as worthy of care (Juffer, Struis, Werner & Bakermans-Kranenburg, 2017). IWMs, provide a blueprint for how a child experiences and understands their emotions, behaviour and others (Fonagy et al., 2010) and provides a mechanism through which early attachment experiences, continue to influence one’s experiences across the lifespan, including when becoming parents (Bowlby, 1973; Woodhouse, 2018).

Ainsworth et al. (1978) developed the Strange Situation procedure (SSP) as a paradigm through which attachment and attachment security with primary caregivers could be assessed, through the observation of brief separations and reunifications with a caregiver. Through this procedure, three distinct patterns of attachment behaviour were initially recognised; secure, anxious-resistant/ambivalent and anxious-avoidant. During the SSP a securely attached infant will explore an
unfamiliar environment in the presence of their caregiver, will show anxiety in a stranger’s presence, be distressed by their caregiver’s absence but will rapidly seek contact and crucially, be reassured upon their return, enough to resume exploration of their environment. An anxious-resistant attached child, however, shows limited exploration and play, is highly distressed by the separation and is not easily soothed upon reunion with their caregiver. An anxious-avoidant infant appears less explorative, less upset at separation, inconsistently seeks contact on the caregivers return and may not prefer the caregiver to the stranger. Main and Solomon (1986) later described a fourth attachment style, namely that of a disorganised attachment from the observation that some children in the SSP demonstrated inconsistent and disorganised strategies, or indeed no discernible strategies for coping with separation and reunion with their caregiver. Their behaviour can be contradictory and unpredictable (Hesse & Main, 2006).

**Attachment and Foster Children**

It is perhaps unsurprising, given the experiences that can typically bring children into foster care, that they are at a much higher risk of developing insecure (Howe & Fearnley, 2003) and disorganised attachments (van den Dries, van Ijzendoorn & Bakermans-Kranenburg, 2009). Disorganised attachments in particular, are typically found in caregiving relationships where children have been maltreated (Cyr, Euser, Bakermans-Kranenburg & van IJzendoorn, 2010) and where children have experienced frightening or frightened parenting (Hesse & Main, 2006; Lyons-Ruth, Bronfman & Parsons, 1999). Frightened and/or frightening parenting may occur when parents have experienced their own traumatic experiences or unresolved losses, leading to emotionally unavailable and inconsistent parenting (Abrams, Rifkin & Hesse, 2006). These circumstances place children in an
irresolvable paradox where their parent is both their source of safety, yet also a source of fear, placing them in a position of ‘fright without solution’ (Hesse & Main, 2006). In the context of frightening, inconsistent or impoverished parenting a child has to learn to organise their behaviour in response to the parent to survive the consequences of abusive and neglectful caregiving.

As a consequence, a different profile of IWMs develop (Zeanah & Gleason, 2015; Main & Solomon, 1990) where children may not believe themselves worthy of care and love and furthermore, display a profound lack of trust in others and a need for control (Lyons-Ruth & Jacobvitz, 1999). There is mounting and compelling longitudinal evidence demonstrating that insecure and disorganised attachments in infancy are associated with later psychopathology (Sroufe, Egeland, Carlson & Collings, 2005), including both internalising (Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg & Fearon, 2012) and externalising problems (Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley & Roisman, 2010) which have long-term consequences for children’s interpersonal functioning (Prior & Glaser, 2006) social competence (Groh et al., 2012) and mental health (Fearon et al., 2010).

In extreme cases where there has been an extreme lack of a basic opportunity to develop an attachment with a caregiver (Hall & Geher, 2003) attachment disorders may develop. Children with attachment disorders demonstrate a persistent disturbance in their ability to bond with caregivers and in how they relate to others across situations (Zeanah et al., 2004). They are rare in the general population (Richters & Volkmar, 1994), however children who have experienced seriously neglectful and abusive environments are at increased risk of developing Reactive Attachment Disorder (RAD) or Disinhibited Social Engagement Disorder (DSED; Lyons-Ruth et al., 2009; Gleason et al., 2011). Defined in the DSM-V, RAD refers
to behaviour in attachment relationships characterised by highly fearful, withdrawn and emotional volatility and DSED, to the persistent disturbance in social relatedness and indiscriminate attachment behaviour towards unfamiliar adults. The prevalence in the looked after population is not known (Allen, 2016; Zeanah et al., 2004), however the development of attachment disorders in the fostered population may be further compounded by high rates of placement disruption and breakdowns, which create further insecurity and instability for these children (Pears et al., 2010).

Attachment and Parenting

Ainsworth et al. (1978) extended Bowlby’s attachment theory to highlight the crucial role of sensitive parenting in the development of secure attachments (De Wolff & van IJzendoorn, 1997). Sensitivity is characterised by the ability of a caregiver to accurately perceive, interpret and respond to a child’s signals (Ainsworth et al., 1978; Verhage et al., 2016). It is also associated with appropriate stimulation (Belsky, Rovine & Taylor, 1984), autonomy support (Bernier, Matte-Gagne, Belanger & Whipple, 2014) and mutually responsive interactions (Kochanska, Aksan & Carlson, 2005). Children whose mothers in the SSP for instance, who accurately perceive their child’s signals of distress and respond in appropriate and prompt ways, typically have children classified as secure (Ainsworth, Bell & Strayton, 1974), whereas insecure-avoidant children tend to have mothers who react insensitively by rejecting or ignoring their child’s distress. Insecure-ambivalent children tend to have inconsistently responsive mothers. The link between sensitivity of parenting and security of attachment has been replicated cross-culturally (Fearon & Belsky, 2016) and has become a large focus for parenting interventions in at risk families. In a systematic review of 29 studies Bakermans-
Kranenburg et al. (2003) found that those interventions which focused on enhancing parental sensitivity were most effective in promoting secure attachments.

The association between sensitivity of parenting in promoting attachment security however is controversial, with varying estimates as to the amount of variance it can account for depending on the methods used, ranging from 25% (De Wolff & van IJendoorn, 1997) to 65% (Pederson, Bailey, Tarabulsy, Bento & Moran, 2014). Pederson et al. (2014) recently found through using multiple and detailed observations of parental sensitivity, a more robust association was found between sensitivity and attachment security for instance. Nonetheless, the gap between sensitivity and attachment security is referred to in the literature as the ‘transmission gap’ (van IJzenfoorn, 1995), with meta-analytic studies consistently demonstrating that sensitivity is not the only factor promoting attachment security (Verhage et al., 2016). A range of other factors are thought to impact upon attachment security in children through their mediating role on the sensitivity of parenting or through their independent contribution to attachment security.

Other factors implicated in the development of parent-child attachment security (see Figure 1) include parental representations of attachment (Main & Goldwyn, 2000), ‘mind-mindedness’ (Meins, Fernyhough, Fradley & Tuckey, 2001) reflective functioning (Fonagy & Target, 2005), contextual factors such as family functioning (Verhage et al., 2016) and factors related to children such as the their temperament (Bakermans-Kranenburg & van IJzendoorn, 2011). Whilst genetic influences on attachment are hard to rule out (Sherlock & Zietsch, 2017), twin and sibling studies have consistently supported the finding, that variance in attachment relationships in young children and their parents are largely attributable to environmental caregiving factors such as parental sensitivity and parental attachment.
representations (Bokhorst et al., 2003; O’Connor & Croft, 2001; Roisman & Fraley, 2008). Studies with foster children and their caregivers (Dozier, Stovall, Albus & Bates, 2001), who are not biologically related, have found that attachment security is predicted by caregiver attachment security, providing further and compelling evidence that genetic mechanisms, are not the primary mechanism driving attachment security.

Figure 1 – Proposed Theoretical Model of the Transmission of Attachment, (Verhage et al., 2016)

The development of the corollary to the SSP in adults, the Adult Attachment Interview (AAI; George, Kaplan & Main, 1996; Main & Goldwyn, 2000), enabled adult’s attachment representations to be categorised (see Table 1 for corresponding child attachment equivalent). Adult attachment representations are based on how coherent their narratives of early caregiving and current relationships are (Dozier & Sepulveda, 2004), rather than their experiences per se. An adult may have experienced a number of traumas in the context of a caregiving relationship, however, hold a coherent account of their experiences, considering their experiences from the perspective of their caregivers and neither completely idealising nor denigrating them. Such an adult would be rated as autonomous as they are able to
reflect on those experiences, making allowances for their own parents’ shortcomings. Anxiously-preoccupied adults however, express confusion, anger or fear in relation to their early attachment relationships and as adults have a tendency towards hypervigilance to rejection and abandonment (Barone, Fossati & Guiducci, 2011). Adults with avoidant/dismissing attachment narratives lack coherence and tend to idealise or devalue attachment figures (Fonagy et al., 2010). Adults with disorganised attachment styles demonstrate unresolved patterns of response to past trauma and loss, holding narratives about childhood attachment relationships characterised by confused or irrational understandings and accompanied by pervasive emotional dysregulation in current relationships (Fonagy et al., 2010).

Table 1 – Adult Attachment Representations and Corresponding Child Attachment

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<th>Child attachment category</th>
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<td>Secure-Autonomous</td>
<td>Secure</td>
</tr>
<tr>
<td>Dismissing</td>
<td>Anxious-Avoidant</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>Anxious-Resistant/Ambivalent</td>
</tr>
<tr>
<td>Unresolved</td>
<td>Disorganised</td>
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There is a robust link between birth parents’ own attachment representations and their children’s attachment styles (van Ijzendoorn, 1995) across mothers and fathers (Steele & Steele, 2005; Stovall-McClough & Dozier, 2004). According to attachment theory, a parent’s state of mind with regards to their own attachment histories may influence how well they can anticipate, interpret and respond to attachment related events, including a child’s attachment signals and needs (Dozier & Sepulveda, 2004). Other factors such as ‘mind-mindedness’, which refer to the readiness of a parent to treat their child as separate from themselves with their own mind (Meins et al., 2001), has also been linked to the ability of a parent to sensitively and appropriate interact with infants (Laranjo, Bernier & Meins, 2008). Reflective
functioning (RF), closely linked to the concept of ‘mind-mindedness’ and defined as the ability to recognise and reflect on the mental states of others and how those feelings may influence behaviour (Fonagy, Gergely, Jurist & Target, 2002), is also associated with parent’s attachment representations. Autonomous mothers have been found to have higher levels of RF and higher rates of securely attachment children as assessed in the SSP (Slade, Grienenberger, Bernbach, Levy & Locker, 2005). These factors are both thought to mediate parental behaviours such as sensitivity as well as independently contribute to a child’s attachment security.

**Parenting Children in Foster Care**

Although attachment theory was initially developed to be a theory of mother-infant relationships, it is now largely considered a theory that encompasses caregiver-child relationships more generally and thus has been extended to relationships with non-biological caregivers, such as foster carers. Some argue that the parenting provided by foster carers should act to mitigate the impact of early adversity and trauma experienced (Schofield & Beek, 2005) enabling children to achieve more positive trajectories into adult life. Children coming into care, however, have often been the recipients of early adversity and maltreatment and therefore have often developed attachment strategies to manage relationships that may reject or alienate new caregivers (Stovall & Dozier, 1998), making the task of parenting more difficult. Children may furthermore elicit behavioural responses from their caregivers which reinforce their perceptions of their environment, others and intimacy as unsafe (Sinclair & Wilson, 2003) which over time may create coercive cycles of interactions that disrupt the relationship and placement stability (Sprang, 2009).
In addition to the child’s attachment history, foster carers will have their own history of attachments and associated narratives that may interact with the child’s. Dozier et al. (2001) extended the finding that attachment representations of biological mothers’ impact on a child’s attachment security, finding that autonomous and non-autonomous states of mind for foster carers corresponded with the security, or insecurity, of their foster infants. Foster carers may also have a degree of uncertainty about the length of placement for many children entering their care, resulting in uncertainty about how much to invest in the relationship with the child. Dozier and Lindhiem (2006) found that foster carers who rated themselves as more ‘committed’ to raising a foster child in their care, were more likely to show delight and nurturance in their relationships. With greater degrees of commitment there were fewer placement breakdowns, however the association was contingent on the level of behavioural problems, particularly externalising problems, such that where children had lower reported behaviour problems, there was greater commitment to caring and raising the child. This study did not measure foster parent attachment representations, which may also have impacted on the level of commitment to the children.

With increasing numbers of children moving into foster care, and foster carers expected to provide sensitive and committed care in the context of uncertain placement lengths, children with traumatic backgrounds and oftentimes difficult behaviour, it is imperative that tailored and theoretically driven interventions are developed. There have been a number of attempts to provide training to foster carers, for instance adapting the Incredible Years Programme (Webster-Stratton, 2000) and other interventions drawing primarily on cognitive and behavioural approaches to manage challenging behaviour (Macdonald & Turner, 2005; Pallett, Scott, Blackeby,
Yule & Weissman, 2002; Pthouse, Hill-Tout & Lowe, 2002). However, there is limited evidence for the long-term effectiveness of these interventions and no evidence of any impact on attachment security (Kinsey & Schlosser, 2012; Nilsen, 2007; Turner, Macdonald & Dennis, 2007). NICE (2015) recommends that looked after children and their foster carers receive access to interventions focused on improving the stability of placements, improving attachment difficulties and supporting the development of attachment through interventions targeting parental sensitivity and attachment informed approaches. However, in the context of the aforementioned difficulties of caring for children in foster care, it is not clear what attachment-informed interventions have been adapted or rigorously tested with foster carers and the children in their care. Therefore, a search of the literature was conducted to explore what is currently offered to foster carers.

**Attachment Based Interventions with Foster Carers**

To explore the literature on attachment-based interventions offered to foster carers a search of the PsychInfo database (https://www.apa.org/pubs/databases/psycinfo/) was conducted in February 2019 using the subject heading terms ('attachment-based' OR 'attachment-informed' OR 'attachment') AND ('foster care*' OR 'foster parent*' OR foster*) AND (intervention* OR therap* OR training OR treatment OR program*) AND (child* OR ‘looked after child*’ OR ‘foster child*’ OR ‘young people’ OR ‘adolescent*’ OR ‘infant’ OR ‘toddler’). Additional studies were found through searching the reference lists of identified articles and through google scholar. Only peer-reviewed articles were identified, in the English Language and a species limiter of humans was applied. This was initially done to gain a pool of 77 studies, of which 8 were considered relevant and included below. Interventions with a theoretical basis of attachment theory were included. Studies where
institutionalised care, residential homes, adopted children or special guardianships were discussed were excluded.

**Overview of Studies**

Whilst there is mounting evidence for the effectiveness of attachment-based interventions and their application to children within biological families at risk of separation (Woodhouse, 2018), there is less research on attachment-based interventions for foster carers. The main intervention that has been designed specifically for foster carers is Attachment Biobehavioural Catch-up (Dozier, Dozier & Manni, 2002), from which several studies have found benefits on self-regulatory capabilities, executive functioning and language skills. A further study aimed at targeting foster carers own attachment representations (Bick, Dozier & Moore, 2012) and a group training programme (Davies, Webber & Briskman, 2015) drawing on social learning theory and attachment theory are also discussed.

**Attachment and Biobehavioural Catch-up (ABC)**

Dozier, Dozier and Manni (2002) developed Attachment and Biobehavioural Catch-up (ABC), a manualised 10 session programme delivered through a mixture of video feedback and live coaching, specifically to support foster carers with the particular needs of infants and young children in foster care. ABC was developed and informed by the fundamental principle that children need sensitive and nurturing parenting to develop secure attachments (Dozier, Stovall, Albus & Bates, 2001). ABC is informed by three theoretical issues; that maltreated foster children are unable to physiologically and behaviourally regulate themselves in the context of their early life experiences (Dozier, Manni, Gordon, Peloso, Gunnar et al., 2006); their propensity to engage in resistant and avoidant behaviours towards caregivers’ attempts to support them (Stovall & Dozier, 2000; Stovall-McClough & Dozier,
2004), which can be reciprocated with withdrawal by caregivers; and that lastly foster carers’ own attachment representations (“voices from the past”) can impact on their ability to provide nurturance, especially in the face of rejection or withdrawal by a child (Dozier, Stovall, Albus & Bates, 2001).

The intervention is informed by the growing literature on the impact of maltreatment and disruptions in care on the capacity to physiologically and biologically regulate oneself (Pears & Fisher, 2005). Dysregulation, i.e. when a child cannot regulate themselves or find ways to soothe themselves, can occur at biological, emotional and behavioural levels, for example, a child may be behaviourally dysregulated when they appear frightened and do not act in any coherent manner to obtain comfort from a caregiver. The adversity and maltreatment which foster children have typically experienced, represents a breakdown in the process through which a child learns how to do this (Dozier et al., 2006; Kaufman & Charney, 2001), whereas the provision of responsive and attuned responding (i.e. sensitivity) enables a child to develop the skills to regulate themselves (Bernier, Carlson & Whipple, 2010).

Biologically, foster children show atypical patterns of cortisol production across the day (Dozier et al., 2006; Pears & Fisher, 2005), compared with children raised in more typical circumstances, who show a diurnal pattern of cortisol production, peaking in the morning and reducing until near zero levels in the evening (White, Gunnar, Larson, Donzello & Barr, 2000). This is a typical pattern seen throughout the lifespan (White et al., 2000). The atypical cortisol pattern seen in foster children may predispose them to further developmental difficulties and mental health conditions as they get older (Dozier et al., 2006). Therefore, the ABC interventions aim to support foster carers who even when faced with misleading cues
and signals from a child are able to provide nurturing, sensitive and attuned care, to support the development of secure attachments and regulatory capabilities.

Dozier, Manni, Gordon, Peloso, Gunnar et al., (2006) completed an RCT in which foster carers with children ranging from three to 39 months, were randomly assigned to receive the ABC intervention or an educational intervention and all children had saliva swabs taken. The educational intervention did not contain teaching on parental sensitivity as this formed a central component of the ABC intervention. Researchers analysing the data were blind to the condition, finding that ABC was effective in enhancing the children’s regulatory capabilities compared with a control intervention, demonstrated through a more typical diurnal cortisol production. Foster carers in the ABC condition also reported fewer behavioural problems compared with the control condition suggesting improved behavioural regulatory capacities. This effect was more marked in the younger infants, ranging from birth to 17 months, compared with older children ranging from 18-36 months, suggesting that a brief manual intervention had the potential to improve self-regulatory skills which could have long term implications for the children growing up. Whilst the study collected information on the attachment styles of the children, as assessed through the SSP, there was no assessment of the intervention on the attachment of the children.

In a further study Dozier, Peloso, Lewis, Laurenceau and Levine (2008) added a further control group of parents whose children were not in foster care and who received no intervention. All children participated in the SSP (Ainsworth et al., 1978) and saliva samples were collected by parents (who had been trained to do so) when they arrived at the laboratory and then 15 and 30 minutes after completion of the SSP. Those caregivers who had participated in the ABC intervention, had foster
children who showed lower initial levels of cortisol on arrival and following the strange situation than foster children in the educational group. Their profiles were closer to those children who had never been in foster care, providing compelling, further evidence that a relational and attachment-based intervention can affect the neurobiological functioning and self-regulatory capacity of infants and toddlers going into a potentially stressful situation (i.e. the SSP). Again, whilst the attachment securities of the children were presumably assessed through the SSP they were not explored pre-post intervention, making it hard determine the direction of the effect on biological functioning, i.e. is it a shift in attachment security that precedes an ability to self-regulate or vice versa.

Lewis-Morrarty, Dozier, Bernard, Terracciano and Moore (2012) conducted a follow up study of children at ages four to six, whose foster parents had received the ABC intervention before the children were aged 20 months. They found that those children whose foster parents had received ABC, compared with an educational group, demonstrated stronger cognitive flexibility, assessed through a card sort task (Zelao, 2006) and their theory of mind skills were also found to have improved (Oswald & Ollendick, 1989). Bernard, Lee and Dozier (2017) found that at follow up, one-year later, foster carers who received the ABC intervention had foster children who developed better receptive language skills compared with control groups. These results further suggest that ABC supports normative development and the development of self-regulatory capabilities and skills and that the effects of an attachment-based intervention are maintained up until at least two years post-intervention. The results may indicate that foster children can be supported to access more normative developmental trajectories and catch up with their peers.
Lind, Raby, Caron, Roben and Dozier (2017) adapted the ABC intervention to toddler age children (around 36 months) in foster care (ABC-T). They developed the protocol to help foster carers serve as co-regulators to foster children’s emotional dysregulation, acknowledging that although responding to children with nurturance involves responding to the child’s needs, the additional co-regulation, referred to as ‘calming’ in their programme, involves learning to respond to emotions such as anger, frustration, aggression and defiance with strategies to settle or calm these. In doing so, the foster carer can prevent escalation, whilst remaining physically and psychologically available to the child. Foster carers were helped to become aware of their own feelings towards the child in their care and identify how their own experiences impact their responses, especially how the child’s behaviour can elicit feelings and responses from them that can further escalate dysregulation. The calming strategies of ABC-T use attachment theory to theorise how the caregiver, even when a child is dysregulated can be reassuring, available and responsive to the child and are different to some other parenting strategies such as time out, which may escalate a child’s negative affect (Eyberg, Funderbunk, Hembree-Kigin & Mcneil, 2001). They found at follow up when children were 48 months of age, executive functioning skills, attentional skills and behaviour difficulties had improved.

**Attachment Representations of Foster Carers**

The state of mind or attachment representations of biological parents has been found to be an important predictor of intervention success for children at risk of going into care (Korfmacher, Adam, Ogawa & Egeland, 1997; Main & Goldwyn, 2000), a finding which has been extended to foster mothers (Dozier & Sepulvelda, 2004). The ABC intervention seeks to educate and enhance foster carers’ functioning
with regards to their attachment representations so that they can provide nurturance similar to autonomous parents, although is not explicitly assessed and targeted. Bick, Dozier and Moore (2012) however, using the Adult Attachment Interview (Main, Kaplan & Cassidy, 1985) with 56 foster mother-infant dyads of children under 36 months of age completing the ABC intervention (Dozier et al., 2006) rated mothers according to their attachment representations and reflective functioning, and explored their understanding of treatment. Foster mothers with autonomous states of mind had a higher understanding of the treatment components (rated by independent coders) and higher reflective functioning compared with non-autonomous foster mothers, however those mothers with non-autonomous states of mind showed higher rates of change in their understanding across the intervention, and both groups showed improvements in their reflective functioning.

These results highlight the importance of considering foster carers’ state of mind with regard to attachment, and their capacity for reflectivity in interventions with foster children, in terms of how they are able to use and implement treatment components. Autonomous foster mothers showed greater understanding of attachment related intervention components, which may be a result of greater accessibility and coherence in their own attachment narratives allowing them to see the value of attachment-based components of the treatment. The non-autonomous foster carers were, however, able to develop an understanding of the need for sensitive, nurturing care at greater rates which was a promising finding for the study. It is of note that parent trainers were aware of the foster carers attachment styles and so may have interacted differently accordingly, particularly encouraging or challenging the non-autonomous foster carers’ behavioural patterns which may be influencing the parent child interactions. Nonetheless awareness of foster carers’
states of mind may be helpful to consider, particularly for parent coaches in tailoring the intervention to ensure that the foster carer and child benefit the most from the support, rather than a ‘one size fits all’ application of interventions. It is also of note that this study did not investigate the behavioural or attachment outcomes for the children, which will be important to do in order to understand the mechanisms through which the treatments are effective, and whether they do impact attachment security.

Imrisek, Castano and Bernard (2018) presented a set of case studies of foster carers who had received the ABC-T intervention, reporting positive changes in compliance, attention and reduced aggression in the children, but of particular interest was their discussion of the attachment states of minds of the foster carers and their interaction with treatment. Those foster mothers rated as autonomous were rated as more cooperative and qualitatively, described as more eager to collaborate and open to considering their own experiences in relation to their responsiveness to the children. Those carers with dismissing states of mind however were dismissive of the role of earlier attachment in their own narratives and were reticent to explore their own experiences and the impact on their parenting, making the task of implementing the intervention more difficult. They found that the foster mothers rated as preoccupied also presented difficulties, with them becoming enmeshed in their own difficulties rather than focusing on the process of parenting. Unresolved foster carers required more coaching to see the benefit of learning about the treatment principles and the need for enhancing the relationship with the foster children they cared for. They concluded through this case series that the state of mind is a critical dimension in any interpersonal intervention and that tailoring
treatment to the needs of the foster carer is crucial, particularly in terms of how the intervention is understood and implemented.

**Park’s Parenting Approach**

The ‘Park’s Parenting Approach’ (Davies, Webber & Briskman, 2015) is a programme designed for independent fostering agencies to support carers who were caring for children with ‘very challenging behaviour’. The principles underling the programme purported to be attachment and social learning theory based (Davies, Webber & Briskman, 2015) with the aim to support carers in developing positive relationships with children. Foster carers (n=54) with foster children ranging in age from one month to 18 years completed the training over 9 weeks, once a week for 2 hours. The programme focused on formulating challenging behaviour in the context of the children’s earlier life experiences and learning to map the antecedents of behaviour as well as practical skills to improve the frequency and quality of positive interactions, through praise, rewarding positive behaviour and encouraging family time. An important component of the course was to encourage foster carers to acknowledge their own needs within the caring relationship, for instance the need for respite.

Measures of parenting practice (Alabama Parenting Questionnaire APQ; Elgar, Waschbush, Dadds & Sigvaldason, 2007), carer efficacy (Carer Child Dysfunctional Interaction Scale; Pallett, Scott, Blackby, Yule & Weissman, 2005) child problem behaviour (using Visual Analogue Scales) and carer satisfaction were used to evaluate the programme. There was a significant decrease in behaviours of concern, including risk taking, manipulation, stealing and lying, and an increase in carer confidence in managing behaviours. There were no significant changes in parenting practices as measured on the APQ, although it was argued this may not be
sensitive to small changes in parenting styles. Whilst it provides promising preliminary evidence that carer’s can be supported to feel more confident in managing foster children’s behaviour, the ratings were all based on self-report measures and there were no measures of attachment security of the children or foster carers. It is unclear how long term the benefits were, and whether the changes the foster carers were able to implement would generalise to their overall parenting, other behaviours that may become challenging or their attachment relationships with the children in their care.

**Summary of Current Intervention Studies for Foster Carers**

The ABC intervention (Dozier, Dozier & Manni, 2002) is the main intervention that has been developed to support the unique needs of foster carers and their foster infants and toddlers. It has good preliminary evidence for long term gains, however, is yet to focus on the needs of children over the age of three to four in foster care, whose attachment difficulties may continue to be salient, become more complicated and entrenched as they age in foster care without the appropriate support (Fisher et al., 2006). There is promising, yet only preliminary evidence that focusing on foster carers’ own attachment representations can have beneficial effects on their use of treatment and reflective functioning in relation to the care of their foster children. This, in turn is theorised to enhance the sensitivity of their parenting and the attachments of the children they care for, however, is yet to be thoroughly explored. The results do indicate the need for highly tailored interventions to match the attachment needs of the child, as well as the attachment needs of the foster carers.
**Bonding with Children in Foster Care**

Despite the importance of the foster carer and child’s relationship in terms of developing a secure attachment, promoting placement stability and positive developmental trajectories, there is a paucity of research conducted on understanding this complex relationship and as above, how support can be adapted and adjusted accordingly. Children placed in foster care are typically placed within families or with carers with whom they have no prior relationship and at developmental points when they may have already formed attachments relationships and templates. This can affect how they relate to carers and carers relate to them. It is important therefore we develop our understanding of the process and experience of bonding with children in care, so that interventions can be tailored to meet the specific needs of this unique relationship. Following the initial literature search further qualifiers and other search lines were edited to explore the experience of bonding. The search terms included the following; (qualitative OR experience* OR explor*) AND (‘attachment*’ OR ‘bond*’) AND (‘foster care*’ OR ‘foster parent*’ OR foster*) AND (child* OR ‘looked after child*’ OR ‘foster child*’ OR ‘young people’ OR ‘adolescent*’ OR ‘infant’ OR ‘toddler’). Four relevant studies were identified which were categorised thematically into a discussion around the process and then the experience of bonding.

**The Process of Bonding**

Stovall and Dozier (2000) explored the process of bonding with foster infants, across 10 dyads through an innovative approach using diaries. Foster carers were asked to keep a daily diary in which they recorded situations where attachment behaviours were likely to be elicited, such as when a child was hurt, scared or where separation from the carer occurred as well as their own responses to those situations.
The use of multiple data points captured in the diaries allowed the developing attachment relationships to be examined. The diaries were coded based on whether each behaviour and response involved proximity seeking, contact maintenance, successful calming by the parent, avoidance or resistance. Parental behaviour towards the children was coded for evidence of nurturant behaviour which was classified if the parent validated the child’s need for nurturance, e.g. hugging or holding the children. Foster carers were also assessed using the AAI and the children and carers underwent the SSP.

The analyses revealed that dominant patterns of attachment behaviour emerged within the first two months of placement for most children in this study, which could be predicted using the SSP. Parents’ attachment states of mind were associated with security of attachment but only for those infants placement early, i.e. before the age of 12 months. For those placed beyond 14 months, even with autonomous foster carers it was not predictive of security of attachment as measured in the diaries and strange situation, supporting earlier studies which suggest more long-term adverse reactions to separation from biological parents when it occurs later in age (Tyrell & Dozier, 1999). They argued however that it may be that those children placed later require longer in placement, with a nurturing foster carer to develop a secure attachment. Where the children were categorised as disorganised, again it may be that the infants had not spent enough time with their new carers to develop a consistent strategy or learn that their needs will be consistently met, albeit dependent on the attachment representation held by the foster carer.

Where parents were rated as Autonomous, children were responded to with nurturant behaviour and this was true even when the child’s behaviour was rated as insecure and potentially rejecting. As such these responses were argued to encourage
trust and security in the infants and therefore promote secure attachments. In insecure dyads, where foster carers themselves had dismissing or preoccupied states of mind, they responded in a complementary way to the child’s behaviour, so they tended to turn away from avoidant behaviour and show frustration or anger in response to resistant behaviours. This, the authors concluded, was likely to perpetuate attachment insecurity and a model of others as unavailable and rejecting, especially when carers are unable to respond to the underlying neediness masked by avoidant or resistant attachment behaviours.

The authors argued that foster carers need to challenge infants’ current models of relating, particularly the alienating and rejecting behaviour of later placed infants, if they are to develop trusting and secure attachments. Only those parents who responded with predominantly nurturant behaviour to avoidant or resistant attachment behaviours developed a secure relationship with their foster child. The authors suggested such responses and parenting could be considered therapeutic, as they are likely to challenge the child’s usual patterns of behaviour. Parents who responded to what the child indicated they needed were acting sensitively, however this was not enough to promote a secure attachment for later placed infants. Sensitive and therapeutic parenting may be needed for later placed infants.

In a further follow up study Stovall-McClough and Dozier (2004) used the previous diary method over two months, the AAI (George, Kaplan & Main, 1996) and the SSP (Ainsworth et al., 1978) with a sample of 38 infant-carer dyads. Using hierarchical linear modelling they concluded that those infants placed at younger ages showed higher levels of secure behaviour when with autonomous foster carers compared with infants placed with non-autonomous foster carers indicating that children organise their attachment behaviour around the quality of caregiving they
receive. In addition, the authors created a ‘coherence’ score which reflected the consistency of a child’s attachment directed behaviour across each day (over 60 days) which enabled them to use longitudinal growth modelling to explore whether children became more or less coherent over time. Earlier-placed infants displayed more coherent attachment strategies and were more likely to display a single type of attachment behaviour (secure, avoidant, resistant) compared with infants placed over the age of 12 months. Older infants were more likely to be withdrawn in their attachment behaviour and not seek the caregivers when they were distressed and tended to become less coherent and secure in their attachment style, at least within the first two months on placement. This study concluded that it was the age at which the children moved into placement, over the number of adverse experiences they’d had that predicted their attachment style with new foster carers within the first two months.

Neither age of placement nor foster carers’ attachment representation however predicted change in attachment related behaviours within the first two months on placement for children with more risk factors in their history (e.g. physical abuse, disruptions in care). These children became less coherent and less secure in their attachment style over time, indicating that a history of maltreatment has detrimental effects on the development of attachments over time. The relationships between attachment behaviours and later consolidated attachments is not well understood and is still being explored, although there is some evidence to suggest that the quality of the consolidated attachment (i.e. the eventual attachment) over a longer period of time is dependent on the parent’s own attachment state of mind (Dozier, Stovall, Albus & Bates, 2001).
The Experience of Bonding

In a study conducted in the United States Storer, Barkan, Stenhouse, Eichenlaub, Mallillin and Haggerty (2014) facilitated focus groups, exploring the experiences of foster care for adolescents. This included focus groups with young adults who had previously been in foster care, foster carers and child welfare staff (the equivalent of social workers in the UK). Where foster carers felt there was ‘no’ bond, they found it difficult to step into a parenting role or feel they had any influence over the young person. Foster carers discussed the stress of caring in the context of limited connection, which could result in reactive, vigilant and inflexible parenting approaches that left the fostered youth feeling as though they were ‘problem children’. This, they concluded further impacted on caregivers being able to foster positive bonds and relationships with the teenagers in their care. Across the focus groups where the young adults felt like there had been a lack of meaningful connection and that they were simply ‘foster kids’ within their foster families they felt stigmatised and disconnected. Key components of feeling ‘connected’ were structure, consistency and guidance from their foster parents that gave them a sense of belonging. The young adults discussed the value of feeling their foster parents ‘cared enough’ to set boundaries and provide consequences to their behaviour.

Storer et al. (2014) concluded that genuine relationships between foster carers and foster children are critical to foster children’s feelings of wellbeing and that positive relationships between foster youth and their caregivers is vital in promoting resilience of young people in care. Whilst acknowledging the complexity of the circumstances surrounding adolescents moving into foster care, they concluded that there is a need for training and interventions to focus attention on relationship building. Particularly to evoke a sense of stability, trust, positive
connections and belonging that can promote resiliency that is critical to the future
development of the young people.

In a UK study Schofield and Beek (2005) explored the challenges of caring
for foster children, in middle childhood through to early adolescence through data
from a longitudinal study of children in long term foster care. Their data consisted of
interviews with foster children and foster carers at two times points, three years
apart, however the discussion here focuses primarily on the interviews with the
carers. All of the children (n=52) were from high risk backgrounds, with 90% having
experienced maltreatment and were expected to remain in long-term care. At the first
time point interviews focused on the children’s behaviour patterns and relationships
and their responses to the children. At the second time point, the Experience of
Parenting Interview (ExPI; Steele, Hodges & Kaniuk, 2001) was used to explore
current behaviours, relationships and change over the duration of time the children
had been in care. The ExPI, as in the AAI, invited foster carers to reflect on the
children’s mind and behaviour as well as their own ideas, feelings and thoughts with
regards to their own attachment, however, they were not coded in terms of their
attachment patterns. Due to the level of complexity in the sample of children, the
progress between time one and two was rated in terms of three key areas in their
lives; whether the children had developed a sense of the carers as a secure base,
evidenced by use of the carers for support and comfort; the relinquishing of
destructive defensive behaviours and improved social functioning outside of the
family home at school and with peers; and lastly the child’s sense of permanence
evidenced through how they related to the family.

Through analysing and synthesising the qualitative data they collected,
Schofield and Beek (2005) developed a model of parenting for foster children with
five key dimensions (see Figure 2). This model was informed by the ideas of acceptance, co-operation and accessibility (Ainsworth et al., 1971; 1978) and the role of FCs in promoting resilience and the foster children’s sense of foster carers as secure attachment figures. Whilst the dimensions of promoting trust, reflective functioning, self-esteem and autonomy can be seen as components of parenting for children with their biological parents, Schofield & Beek (2005) added the dimension of promoting family membership to recognise the additional and specific needs of foster children. They argued that the need for family membership is necessary to gain a sense of psychosocial security (Schofield, 2002).

![Figure 2 – Schofield & Beek’s (2005) Dimensions of Parenting Model for Foster Children](image)

This model of parenting fits with Stovall and Dozier (2000) and Stovall-McClough and Dozier’s (2004) earlier studies of developing bonds and therapeutic parenting, where parenting is needed that is both sensitive but also therapeutic. It also fits with Storer et al. (2014) where ideas of connection and belonging feel vital to the relationships within foster families. Whilst this study developed a model of parenting in which various dimensions of parenting can be targeted, it also considered foster carers attachment states of mind to be useful targets in terms of
developing tailored and theoretically driven interventions, to ensure the benefits of the dimensions can be understood. They did not however assess the foster carers states of mind.

**Summary of Studies Exploring the Process and Experience of Bonding**

In summary, there have been some efforts to elucidate the processes and experiences of bonding with young infants (Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004) and older children in foster care (Storer et al., 2014; Schofield & Beek, 2005). Studies with young infants suggest that within the first few months on placement, particularly for those infants under 12 months, a consistent way of relating to a carer develops, however those infants placed after 12 months, and with a greater number of early adverse experiences appear less coherent in their attachment behaviours and strategies. How these children develop attachment relationships with carers over a longer period however is unclear and has not yet been explored. Qualitative studies identified key phenomena that promoted bonding and positive relationships for older children as those that provide a sense of belonging and family membership.

Foster carers own states of mind with regards to their attachment histories appeared to be particularly important in developing bonds with infants, especially in terms of whether the infants were able to develop more secure attachment styles. Non-autonomous foster carers were likely to react to children’s insecurity in a complimentary fashion, meaning that children remained insecurely attached to their caregivers, supporting evidence presented earlier in this review which suggests attachment interventions need to be tailored not only to meet the needs of the foster children but also to the attachment needs of the foster carers. It is not clear how this
relates to bonding with older children; however, the literature would indicate it is likely to play a role.

**Paucity of Qualitative Literature**

With increasing numbers of children entering foster care, the importance of facilitating good quality foster placements and interventions to support secure attachments is of the upmost importance (Schofield & Beek, 2005). Children in foster care form a heterogenous group with varying and substantive needs, and despite NICE (2015) recommendations for attachment-based interventions to support foster carers in their roles, there is only a small body of literature on adapted attachment-based interventions for foster carers and a very small pool of qualitative literature on what it is like to form attachments with children in care or how intervention and professional input can support this. Arguably, without developing an understanding of the experience of caring for and bonding with children in care, which can be obtained through qualitative methods, the task of providing tailored interventions is a difficult one. Simply applying interventions that work with at-risk birth parents to foster carers is a task that will not acknowledge the specific and unique needs of foster carers as non-biologically related parental figures to children with often significant traumatic histories and complex needs.

The use of qualitative methodology allows for a rich exploration of the experience of caring for and bonding with vulnerable young children. Through understanding this process, we may be better able to facilitate the process of developing attachments between children and their carers and consider how to tailor the development of attachment-based interventions to support the needs of children in care. Using qualitative approaches, we may also be able to highlight the unique, and perhaps overlooked needs of foster carers who are tasked with the job of caring.
for children with such complex needs. This too, can be used to support the adaptation of interventions so that both the needs of the children and their foster carers are accommodated.

**The Current Empirical Study**

The empirical study reported in this thesis is situated within a broader study aimed at adapting a video-based attachment intervention for children with significant attachment difficulties in foster care. The intervention being adapted, ‘Video-feedback Intervention to promote Positive Parenting’ (VIPP: Juffer, Bakermans-Kranenburg & van Ijzendoorn, 2008) has been shown to promote sensitive parenting and secure attachments in families where children are at risk of going into care (Juffer et al., 2008), however it has not been adapted for the children who have moved into alternative care arrangements, such as foster care. In light of the complex needs of children in foster care this empirical study aimed to explore the experiences of foster carers in bonding with young children in care and the support offered to them in this role, to elucidate key phenomena that enable the process or prohibit the process of bonding. Furthermore, it was hoped that the rich data obtained through a qualitative approach could be used to consider how this intervention, as well as attachment interventions more broadly, can be further tailored and adapted to meet the needs of the foster carers and children.

**The associated research aims were:**

1. To explore foster carers’ experiences of bonding with young children in foster care.

2. To explore foster carers’ experiences of support in caring for young children in foster care.
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Part 2: Empirical Paper

Teaching Children to Love and Be Loved: Foster Carers’

Experiences of Bonding with Children in Care
Abstract

Aims: This study aimed to explore foster carers’ experiences of bonding with young children in foster care and the sources of support they receive in these roles.

Method: Semi-structured interviews were conducted with 10 foster carers (eight females; six shared carers) with experience caring for children age seven and under. Interviews lasted on average 95 minutes and were analysed using thematic analysis (Braun & Clarke, 2006).

Results: Four main themes were generated from the data which each had between three to five subthemes that described the experiences of ‘Building Bonds, ‘Barriers to Building Bonds’, ‘Barriers to the Accessing Support” and the ‘Breaking of Bonds’. The themes and sub-themes built upon one another to provide an idea of the landscape in which foster carers are expected to provide care and opportunities for bonding.

Conclusions: The experience of bonding with young foster children was invariably described as a natural process, where carers felt like parents to the children they cared for. Endings for this reason often felt to foster carers like the loss of their own child, which they felt was often not acknowledged by professionals. Foster carers discussed a number of factors that impacted upon their ability to bond and care for young children, depicting a complex landscape in which they often felt their voices were not listened to and support was hard to access. The themes generated are discussed in relation to how attachment interventions can be adapted to meet the unique needs of foster carers and the children in their care, with particular reference to the idea of taking an ecological approach (Bronfenbrenner, 2005), to capture and acknowledge the wide range of factors that can influence the foster carer-child relationship.
Introduction

Children in foster care represent some of the most vulnerable in our society (Sinclair, Gibbs & Wilson, 2004). Concerningly, increasing numbers of children are moving into foster care in England (Baginsky, Gorin & Sands, 2017), amid growing numbers of foster carers (FCs) leaving the role (Lawson & Cann, 2019). This has resulted in a growing desire to understand the experiences of FCs looking after children within an increasingly stretched care system (Sellick, 2007), to find ways to better support them in their roles and improve the outcomes for children (Department for Education, 2018). The introduction to this chapter provides an overview of the task of parenting children in care, drawing on attachment theory to highlight the impact of foster children’s early experiences upon the task of parenting. The broader context within which FCs are providing care, the variable levels of support they receive, and the limited efforts dedicated to understanding the experiences of parenting within this context are described, before outlining the current study. The current study used qualitative methodology to gain a rich understanding of FCs’ experiences of bonding with young children in their care and the sources of support surrounding them in their caregiving roles. It was hoped that this would build a picture of the complex landscape facing FCs in their parenting roles to children in care with significant and complex needs.

The Task of Parenting in Foster Care

Children in foster care have often experienced multiple early adversities and relational trauma through emotional and physical maltreatment (Woodhouse, 2018), disruptions and breakdowns in caregiving (Oswald, Heil & Goldbeck, 2010) and removal from their biological families (Vig, Chinitz & Shulman, 2005). One way these experiences can impact upon children is through their ability to form secure
and healthy attachment relationships, as highlighted by Bowlby (1969). Through early caregiving experiences, Bowlby (1969) theorised children develop internal working models, representing cognitive and affective templates for how they expect to experience, and how to relate to others in relationships. A secure attachment tends to develop in the context of a parent who is sensitive, attuned and responsive to a child’s needs (Ainsworth Blehar, Waters & Wall, 1978), enabling a child to learn that others are reliable, and importantly that they are worthy of receiving care (Bowlby, 1969). Foster children, however, are at a disproportionately higher risk of having experienced insensitive, inconsistent or neglectful parenting (Zeanah & Gleason, 2015) and parental frightening and/or frightened behaviour (Hesse & Main, 2006), where their needs will not have been reliably, or consistently met. These experiences are thought to account for the elevated rates of insecure and disorganised attachment styles, and in extreme cases, attachment disorders in foster children (Cyr, Euser, Bakermans-Kranenburg & van IJzendoorn, 2010; van den Dries, van Ijzendoorn & Bakermans-Kranenburg, 2009; Zeanah & Gleason, 2015) and further place foster children at high risk of experiencing mental health difficulties (Gypen, Vanderfaeillie, Da Maeyer, Belenger & Holen, 2017).

Foster care aims to mitigate the effects of such early experiences and relational trauma through the provision of a substitute caregiver, who is able to provide consistent, attuned and responsive care (Beek & Schofield, 2004; Schofield & Beek, 2005), enabling more positive outcomes and trajectories for children (Biehal, Ellison, Baker & Sinclair, 2009; Gypen et al., 2017). As a consequence of their early experiences, foster children may have learned to organise and adapt their attachment behaviour to the caregiving environments they have encountered (Crittenden, 1995; Schofield & Beek, 2005) making the task of providing such care
difficult. Foster children may interact with and respond to FCs, with a range of behavioural strategies that they have learned to manage relationships, including ignoring or rejecting caregivers’ efforts to build relationships (Crittenden, 1995; Dozier et al., 2001; Selwyn, Wijedasa & Meakings, 2014). This can be confusing, frustrating and alienating for carers (Khoo & Skoog, 2014; Lawson & Cann, 2019; Stovall & Dozier, 1998), making the task of parenting, and bonding with foster children a challenge (Golding, 2003; Whenan, Oxlad & Lushington, 2009).

Furthermore, FCs may vary themselves in their capacity to provide responsive caregiving and how they respond to challenges in their relationship with children, in part due to their own attachment histories and reflective capacities (Dozier et al., 2001; Fonagy & Target, 2005). This may be especially true where a child’s behaviour is difficult to mentalise and understand (Fonagy & Target, 2005; Slade, 2005) and where FCs own unresolved losses or insecure attachment narratives are triggered by such behaviour (Caltabiano & Thorpe, 2007; Dozier, Stovall, Albus & Bates, 2001). It is, therefore, important to understand what the experiences are, of FCs when forming attachments with children in their care, including how they feel about ruptures and challenges to this process.

The Broader Context to Parenting in Foster Care

In addition to parenting in a context where children may present significant challenges to the formation of a mutually rewarding relationship, and where these challenges may elicit complex feelings related to FCs’ own early life experiences, it is important to recognise the additional complexity incurred through the context within which FCs are positioned, and the potential for this to also impact upon their experience of parenting. FCs sit within complex, multi-agency systems, in which they have to navigate multiple services and systems involved in children’s care
In such systems, they often have to endure and witness a number of situations, including difficult contact with birth families, allegations made against them and disagreements between and with services (Sinclair et al., 2004). The complex landscape in which foster cares are parenting children goes beyond the ‘typical’ experiences of parents caring for children within their biological families (Dorsey et al., 2008; Murray, Tarren-Sweeney & France, 2010), and can place additional strain on the parenting role (Murray et al., 2011; Whenan, Oxlad & Lushington, 2009). Such strain is beginning to be recognised in the literature (Sinclair et al., 2004) with high levels of stress (Vanschoonlandt, Vanderfaeillie, Frank, De Maeyer & Robberechts, 2013), secondary trauma, compassion fatigue and emotional burnout (Hannah & Woolgar, 2018) increasingly documented in FCs.

Concerningly within this context, research has highlighted variable, and often limited support for FCs managing the emotional and behavioural difficulties of children in their care, as well as in supporting their own mental health and wellbeing (Dorsey, Farmer, Barth, et al., 2008; Lawson & Cann, 2019; Octoman & McLean, 2014; Sinclair et al., 2004; Sinclair, Baker, Wilson & Gibbs, 2005). Variable access to support can place further strain on the fostering role, with implications on retention and job satisfaction (Murray, Tarren-Sweeney & France, 2010), in addition to increasing the risk of placement instability for children (Farmer, Lipscombe & Moyers, 2005; Rock, Michelson, Thomson & Day, 2013). Unfortunately, this can result in multiple placement breakdowns, at times in quick succession (Narey & Owers, 2018; Newton, Litrownik, Landsverk, 2000), as different carers are faced with similar challenges and limited support (Oakley, Miscampbell & Gregorian, 2018). Very little however, is understood about the experience of FCs, and children, living within a care system filled with high levels of instability, frequent endings and
losses, and importantly what implications this has on the process of emerging attachment relationships within this context.

The Experience of Parenting Children in Foster Care

There has been some limited research on the experiences of caring for and bonding with older children in care, which has begun to draw attention to some of the precursors to, as well as difficulties of forming attachments in care. Schofield and Beek (2005), interviewed FCs of children (mean age 10), focusing specifically on the factors that enabled foster children in care to feel secure and bonded in their placements. Carers highlighted the value of providing a home life that encouraged trust, self-esteem, autonomy and a particular value on providing a sense of belonging and family membership. Storer, Barkan, Stenhouse et al. (2014) facilitated focus groups exploring the development and difficulties of parenting adolescents in care, similarly highlighting the importance of ensuring foster children felt a part of the family. However, they also highlighted that when FCs felt children had not bonded with them, or where they were ‘not matched’ to the children in their care, they felt less able to adopt a parenting role. In these circumstances FCs reported feeling that there was an ‘absence of connection’, resulting in caregivers themselves withdrawing from the relationships.

These studies highlight the value of qualitative research in elucidating factors important to the experience and process of bonding with children in care, which may not otherwise be identified through quantitative methodology. The importance of seeking, pursuing and establishing meaningful relationships for instance and the value of providing a sense of meaningful belonging and connection within foster families was highlighted across these studies. Doing so enabled FCs, to feel as though they were able to provide the conditions in which children were able to
develop a bond with them. However, where a connection was felt to be absent this had negative consequences for the capacity for bonding and resulted in FCs, at times, responding in a reciprocal way to the children and adolescents perceived rejection (Dozier et al., 2001). The current study, sought to extend the current literature, through exploring FCs’ experiences of bonding with younger children coming into and out of their care, the role of contextual support in helping or hindering this and the experience of disruptions and loss in the attachment relationships between FCs and the children in their care.

**The Current Study**

Despite its potential value, there has been limited qualitative research devoted to understanding the experiences of caring for and bonding with children in foster care; an understanding of which could support efforts aimed at facilitating this process, particularly where there are difficulties. This may be especially important in a context where children often present with behaviour which may be rejecting and alienating towards carers (Dozier et al., 2001), where there may be varying levels of support to manage this (Sinclair et al., 2004) and where there are multiple demands and strains on this parenting role (Dorsey et al., 2008). The lack of research in this area limits our understanding of what supports and hinders the process of bonding and how the availability of support for carers, or lack thereof, further impacts them in these processes. The current study therefore utilised a qualitative approach (Braun & Clark, 2006) to attempt to capture the complexity of such experiences and build a picture of the landscape of foster care.

The study was anchored within a larger feasibility study aimed at adapting and developing a Video-feedback Intervention to promote Positive Parenting (VIPP; Juffer, Bakermans-Kranenburg & van Ijzendoorn, 2008) for foster care. VIPP is a
manualised intervention, focused on developing awareness of parents own attachment experiences and promoting the sensitivity of parenting through the use of video-feedback and psycho-education. VIPP has been found to promote attachment security between parents and children at risk of going into care (Juffer et al., 2008), however, has not been tested within the foster care context, where there are arguably a number of factors outside of the typical child-rearing environment, which may affect the development of emerging attachment relationships. It was hoped therefore that the data collected in the current study would also act as a resource to the future development of adapted protocols in attachment interventions, such as VIPP and more broadly aid the development of more tailored support to meet the needs of FCs and the vulnerable young children in their care.

**Research Aims**

The associated research aims were:

1. To explore FCs’ experiences of bonding with young children in foster care.
2. To explore FCs’ experiences of support in caring for young children in foster care.

**Method**

**Participants**

Participants were 10 foster carers (FCs; 8 Female), from a range of ethnic groups, with experience fostering children aged seven and below. FCs often discussed multiple children, so the overall mean age, at entry into care, of all the children discussed was calculated for each foster carer (see Table 2), which was calculated to be 34 months (range = one month to 84 months). FCs had between five to 24 years of experience fostering (mean = 13.3; standard deviation = 7.30; see Table 2 for FCs characteristics). Foster carers were all local authority carers from
different counties across the south of England, however all discussed having experience caring for children within local authorities and independent fostering agencies.

**Table 2 – Foster Carer Characteristics**

<table>
<thead>
<tr>
<th>Number</th>
<th>Age</th>
<th>Carer type</th>
<th>Gender</th>
<th>Experience fostering (years)</th>
<th>Age of children (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>47</td>
<td>Single</td>
<td>Female</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>FC2</td>
<td>57</td>
<td>Single</td>
<td>Female</td>
<td>24</td>
<td>12</td>
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<tr>
<td>FC3</td>
<td>55</td>
<td>Shared</td>
<td>Female</td>
<td>18</td>
<td>43</td>
</tr>
<tr>
<td>FC4</td>
<td>55</td>
<td>Shared</td>
<td>Female</td>
<td>18</td>
<td>37</td>
</tr>
<tr>
<td>FC5</td>
<td>48</td>
<td>Shared</td>
<td>Female</td>
<td>8</td>
<td>48</td>
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<td>FC6</td>
<td>61</td>
<td>Shared</td>
<td>Male</td>
<td>6</td>
<td>66</td>
</tr>
<tr>
<td>FC7</td>
<td>59</td>
<td>Shared</td>
<td>Female</td>
<td>7</td>
<td>38</td>
</tr>
<tr>
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<td>Shared</td>
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<td>7</td>
<td>38</td>
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<tr>
<td>FC9</td>
<td>46</td>
<td>Single</td>
<td>Female</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>FC10</td>
<td>61</td>
<td>Single</td>
<td>Female</td>
<td>19</td>
<td>51</td>
</tr>
</tbody>
</table>

**Procedure**

FCs were recruited whilst being assessed to take part in a larger feasibility study, aimed at adapting Video-feedback Intervention to promote Positive Parenting (VIPP; Juffer et al., 2008) for foster care. During this initial assessment process, they were invited to take part in the current study exploring the experiences of bonding with foster children and the support offered to them in their roles as carers. Those who expressed an interest were contacted to discuss the research further and for those who consented to take part, a date and time was arranged for the interview. Prior to interviews, FCs were provided with a study information sheet (see Appendix 2) and written consent was obtained (see Appendix 3).

Confidentially was discussed and FCs were assured that the names of children, professionals and services discussed in the interviews would be anonymised in the transcription process and their views would not be reported in an
identifiable fashion to their respective services. FCs were assured that anyone discussed, including children would be given pseudonyms and any identifiable information, such as locations, removed. Given the potential for the interviews to evoke emotive material, FCs were informed that they could stop or take a break at any stage. At the end of the interviews all FCs reported having found the interviews a useful space to think about their experiences, however had the contact details for the researchers if they wanted to discuss anything further.

FCs were interviewed individually, with the exception of FC7 and FC8, shared carers, who wanted to be interviewed together. All of the interviews occurred in FCs’ homes, were audio-recorded and lasted between 73-115 minutes (mean 95 minutes). FCs were contacted following data analysis (see below) to gain their feedback on the themes generated (Seale, 1999).

**Interviews**

A semi-structured interview schedule (see Appendix 4) was developed with the consultation of a foster advisory group (see Appendix 5 for feedback). The schedule was piloted with a fellow trainee and through the process of interviewing, the questions were further iteratively developed. The interview broadly contained sections focused on the experiences of bonding with children and the sources of support offered to FC in their roles caring for and bonding with children. It was felt by the researchers that asking more broadly about experiences of support, rather than only support in the process of forming attachments would be useful so that the interview was not too closed or leading and enabled for a richer exploration around support offered to carers. Whilst conducting the interviews, it became clear that the two sections were highly interconnected, so questions were asked flexibly and when they became appropriate to the responses of the FCs.
The schedule initially included a section focused around exploring FCs’ views around the feasibility and implementation of VIPP in foster carer (Juffer et al., 2008), however, after including it with several FCs and seeking their feedback, it was felt that this section should be removed as FCs felt unable to comment on it. A further group of FCs who go through the adapted intervention will be interviewed about their experience of this in a further phase of the study.

**Data Analysis**

All interviews were transcribed verbatim by the researcher and checked for accuracy by the project supervisor and an independent researcher. The transcripts were analysed using thematic analysis (TA), a widely used method for identifying, analysing and reporting patterns within qualitative data (Braun & Clark, 2006). The transcripts were approached from an inductive, bottom-up and data driven manner, seeking latent themes that conveyed an interpretation of the data that went beyond a simple surface level presentation. Data analysis consisted of six steps, as outlined by Braun and Clarke (2006). The first step consisted of familiarising oneself with the data, which was achieved through transcribing all of the interviews and reading and re-reading them through multiple times. As part of this phase notes were made during each reading and summaries of each interview were produced following the readings of the transcripts (see Appendix 6). During the second phase, the transcripts were read and each paragraph and sentence in turn were annotated with codes, which refer to short interpretative summaries, aimed at capturing some meaning from what was said in each piece of text coded (See Appendix 7). Codes did not simply paraphrase what had been said in the text.

As part of the third phase, each of the codes from the transcripts were transferred on to post it notes, which were read and re-read and then arranged into
categories, based on commonalities between them. These categories were then organised into themes and further divided into a number of sub-themes (see Appendix 8). Sub-themes captured different concepts but were connected together under one broader main theme. Codes which did not fit within any of the themes were discarded. During the fourth phase the themes and sub-themes were reviewed and assessed to ensure each theme was coherent and distinct from one another; an important criterion for good quality TA (Braun & Clark, 2006). Themes and sub-themes which did not fit were discarded. In the fifth phase the chosen themes were defined and organised to provide a well-organised narrative, as presented in the results. Lastly, in the sixth phase a comprehensive discussion of the themes and subthemes and how they were related was pulled together. This was also drawn out into a thematic map to depict visually, the links between the themes and sub-themes (see Appendix 9). The transcription of the interviews and the data analysis occurred over several months, ensuring sufficient time was dedicated to each phase of the analysis and interpretation of the data (Braun & Clark, 2006).

**Epistemological Position**

It is important to recognise that the themes and subthemes within this thesis did not ‘emerge’ from the data and instead were generated by the analysis (Braun & Clark, 2006). The analysis, therefore, was informed by my epistemological position and experiences prior the study. The epistemological position which formed the context to the approach in this study was social constructionism, holding that meaning and experiences are developed within socio-political and cultural contexts. As such, this position holds there is no single theory or account of the world or experiences that can be privileged, as in a more realist and positivist approach (Braun & Clarke, 2013). The approach to data analysis therefore was relativist,
aiming to provide an interpretation of the data through deconstructing the meanings in the experiences FCs described, rather than privileging a positivistic position, which would hold there is a ‘truth’ to be discovered in their narratives (Thorne, 2000).

Within this approach it is important to acknowledge the position of power I held as a white, female, educationally privileged researcher and trainee clinical psychologist compared with FCs being interviewed, who described many disempowering experiences such as feeling ignored and excluded by professional systems; the sorts of systems I am typically a part of. It felt important therefore, to explicitly acknowledge the difference between myself and the FCs in each interview, through identifying my position, professional training and detailed discussions around confidentiality. The latter was important so that FCs did not perceive my professional identity to mean that I would be relaying what they had said about services or experiences to specific people within their professional systems. Discussions about how the ideas from the interviews would be used, as a future resource to shape and develop support for other FCs felt especially important, enabling FCs to feel like their voices were valuable, important and fundamental to the research. Additionally, through offering FCs, the opportunity to read, evaluate and provide feedback on the themes and subthemes generated (see Appendix 10), it was hoped that their voices could be further elevated. It was hoped that this would enable FCs to feel like active collaborators and co-producers to the research, rather than passive recipients of it, further reducing the power difference between myself as the researcher and FCs as interviewees. This process also aimed to ensure FCs felt that what they had communicated was authentically captured and used in a
meaningful way in the research, in line with the epistemological approach of social constructionism and relativism.

**Credibility and Trustworthiness of Qualitative Research**

Qualitative research is open to a significant amount of interpretation (Willig, 2008), therefore several methods were used in order to promote the credibility, validity and trustworthiness (Nowell, Norris, White & Moules, 2017) of the themes and sub-themes generated. Credibility checks were conducted throughout analysis and at different stages. For instance, when codes and themes were generated, a selection of transcripts were offered to several researchers external to the study, my supervisor and through further consultation with professionals involved in qualitative research. This process of triangulation aimed to offer further validity to the process of analysis. Additionally, as above, FCs who expressed interest in providing further feedback, were contacted after the analysis was completed and provided with a summary of the themes and sub-themes (see Appendix 10). They were asked how well the themes accorded with their experience and whether the themes captured what they were trying to convey through the interviews (see Appendix 11). The FCs reported that the themes and sub-themes mapped onto their experiences. This process aimed to provide further interpretive rigour and validity to the themes generated, lending greater scientific credibility and trustworthiness to them (Kitto, Chesters & Grbich, 2008; Nowell et al., 2017; Willig, 2008).

An important aspect of establishing good quality qualitative research and evaluative rigor in qualitative research is self-reflexivity (Braun & Clark, 2006; Kitto, Chesters, & Grbich, 2008; Stige, Malterud & Midtgarden, 2009). Self-reflexivity in this context requires consideration of one’s own experiences, values, biases and preconceptions; all of which may be elicited through doing research.
Reflection on these aspects of my experience, aimed to mitigate the potential for them to affect the collection, analysis and interpretation of the data (Korstens & Moser, 2018). Supervision, in addition to a reflective journal, was used alongside all aspects of the study to enable consideration of such factors. Through my journal and supervision, I became aware of various views, informed by my academic teaching and professional experiences, such as working in social care, of the value I placed on attachment and the discomfort I noticed arising when the role of attachment was dismissed. By using the journal however, I was able to make visible my thoughts and feelings, enabling me to be mindful and aware of these during interviews, as well as during data analysis. This helped me to remain open and curious, rather than closed and frustrated in light of discomfort or disagreement with views being expressed. Failure to recognise these feelings may have affected how able I was to authentically explore FCs’ experiences of bonding with children. The reflective journal and supervision therefore, helped to minimise the possibility for my own views to bias or impact upon the research, which is especially important as a novice qualitative researcher (Boden, Kenway & Epstein, 2005).

**Ethical Approval**

NHS ethics approval was gained through the Integrated Research Application System (reference: 17/LO/0987; see Appendix 1).

**Results**

The thematic analysis generated four central themes, which were the building of bonds, barriers to building bonds, barriers to accessing support and the breaking of bonds, each of which contained between three to five sub-themes. Each theme is described, followed by the sub-themes which are illustrated with quotations from foster carers (FCs). Each foster carer is identified by FC with an associated number
and all names in the extracts are pseudonyms. To provide insight into which themes were referenced by each foster carer see Table 3.

**Building Bonds**

The first theme captured the process of forming attachments with children in care, with FCs describing their sense of bonding with children as natural, as if they were their own. FCs emphasised the importance of responding sensitively, investing in quality time and described noticing when children had formed a bond with them when the children sought them out for physical proximity. FCs emphasised the reparative and resilience enhancing function of helping children to form attachments in their care.

**1.1 A natural process**

All of the FCs described the process of forming an attachment with the children in their care as one that came naturally, and a process which was difficult to decipher how it happened.

“I just think it all shifted (4-year-old) naturally with her you don’t really notice it at the time it’s just happening” (FC4)

“I don’t think I’m not bonding and then I suddenly bond, I think it just gradually grows in that the way you feel about them” (FC9)

FCs invariably spoke of the process of bonding and caring for the children as if they were biologically their own. For those with their own ‘birth’ children they described the bond as ‘no different’ and how their own children had also formed bonds with the children that resembled sibling relationships. The process of bonding and feeling like a parent to children in care was described as instinctive across the age ranges of children (birth to seven) and formed soon after the children entered their care and remained when they left their care.
### Table 3 - Themes and Sub-Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-Theme</th>
<th>FC1</th>
<th>FC2</th>
<th>FC3</th>
<th>FC4</th>
<th>FC5</th>
<th>FC6</th>
<th>FC7</th>
<th>FC8</th>
<th>FC9</th>
<th>FC10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Bonds</td>
<td>1.1 A natural process</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>1.2 Responding sensitively</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>1.3 Investing in quality time</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>1.4 Preferentially seeking out foster carer</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td></td>
<td>1.5 Reparative value of forming attachments</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Barriers to Building</td>
<td>2.1 Child’s rejecting behaviours</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>2.2 Contact with birth families</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td></td>
<td>2.3 View of fostering as a business</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
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<td>Barriers to Accessing</td>
<td>3.1 Not feeling listened to</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
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<td>X</td>
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<tr>
<td>Accessing Support</td>
<td>3.2 Ostracised from professional support</td>
<td></td>
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<td>3.3 Lifelines of support</td>
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<td></td>
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<td>X</td>
</tr>
<tr>
<td>Breaking of Bonds</td>
<td>4.1 The grief of losing children</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>4.2 Guilt and relief at endings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td></td>
<td>4.3 Loss of post-placement contact</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
“You just go into an instinct, you just let yourself look after that child” (FC2)

“When they come in that door, they are my children and when they leave my door is always open” (FC10)

Additionally, FCs spoke about disliking the term ‘foster children’ feeling this was not how they viewed the children and that through not referring to them this way it helped them to feel a part of the family. Additionally, they thought it further supported children to feel able to feel ‘more secure’ and bonded with FCs, providing reassurance to the children of their sense of importance and belonging within the foster family.

“FC6: we never call them foster children...though sometimes they will bring it up, ‘that’s because I’m a foster child’ and we don’t like that...

I: what do you say to that?

FC6: “no you’re ours, you’re here all the time you are not a foster child” and that’s just kind of reassurance.”

1.2 Responding Sensitively

Many carers discussed the early lives of the children they cared for as characterised by trauma and instability. They, therefore discussed the value and importance of learning to understand the children and their needs, enabling them to respond and interact with them in an attuned and consistent manner.

“You are not going to get this perfect like toddler coming through the door and everything’s going to be rosy, something’s happened to that child, or that child’s witnessed something and you’ve got to work with it...you’ve got to work to make that child feel it’s not going to happen here, you are going be safe and secure here you’re going to get fed every day and whatever else” (FC2)
“Isaiah (1-year-old) knows if he is tired, I will help him go to sleep and if he is hungry, I will feed him, and this is the cot he will sleep in and I am there, and the routines are the same” (FC9)

Learning to understand and meet the children’s needs was described by some FCs as easy, as children were so receptive to care they had never experienced. Meeting the needs of the children and responding to them in appropriate and attuned ways, provided what many FCs felt the children had missed in their early lives; a sense of normality.

“You can really bond quite easily because they want someone to make them feel loved and someone that can give them that affection” (FC7)

“I like to think that we put in what a so called normal life is like...that probably, they haven’t experienced before, and I like to think we do give them some sort of family life, that they’re loved and we cater for all their needs” (FC2)

One carer however, discussed how despite responding sensitively to a child’s needs, they felt the child did not bond with them, indicating that sensitivity may not be the only component to the process of bonding.

“The placement just took place in the end, they said he was doing well at school and he did a lot, but all I felt was just that I was meeting his needs, that was all I was doing, giving him lots of experiences that he had never had, but it was like there was something missing” (FC10)

1.3 Investing in quality time

Many FCs discussed the importance and value of spending quality time with the young children in their care. Particularly when children were of an age where they could talk or communicate more clearly, they discussed the importance of finding out what they liked. These could be simple things they liked, but the value in
knowing them, meant that FCs could find something quite quickly to forge a bond over.

“I always give my children a book and ask them to write down what they like, and with the younger children even if you have to write one word about what you like to eat” (FC10)

Investing in quality time with the children, talking or doing activities with them felt, for many, to be a simple exercise but one that supported the process of bonding.

“I: ... and what were you doing to get that bond?
FC6: ... nothing out of the ordinary really ... we go over the green or in the garden to play football and he loves drawing so I would help with that ... little things like that’s all really”

1.4 Preferentially seeking out foster carers

FCs discussed a hallmark feature of knowing when children had formed a bond with them, as the point at which they sought them out preferentially for physical contact or to spend time with.

“She (7 year old) would come and cuddle me, that’s how I know children have bonded because they come and cuddle you unexpectedly or they’ll give you a kiss on the cheek, sometimes they will tell you ‘I love you’” (FC10)

“Francis (4-year-old) would never ever come over here and sit with me, he would always sit with Francine on the sofa ... it’s different now he’ll sit down here with me and we’ll watch football” (FC6)

The seeking of physical proximity was noticeable across the ages, however for babies and infants was noticed through the children being preferentially soothed
in the care of the foster carer and particularly noticeable when young infants and children preferentially sought them out over biological parents.

“She (11 months) would still come to me more than she would come to mum and that’s been the case with all my under ones that have come, that even if mum is present, they would prefer to come to me than to their parents” (FC10)

The moment a child sought out physical closeness was experienced as significant, for both the child and carer, but especially so for older children.

“For the first time ever, he (6-year-old) woke up and got up and hugged me ... so then you know you are doing something right ... very emotional moment for me” (FC7)

1.5 Reparative value of forming attachments

Half of the FCs discussed the value of ensuring the children in their care developed ‘good’ attachments whilst on placement, providing a sense of security and stability and providing a fundamentally reparative function to some of their early life experiences.

“I like to think that when they do leave our care ... there's some sort of improvement and the anxieties and things like that have basically ... they might still have it in the background, but I think we have put a patch on it somewhere” (FC2)

A fundamental value of bonding was in teaching children how to love another and learn to be loved.

“That's our job and if they are bonded and attached, great and if they are bonded it is hard when they go... but it's your job to teach that child to love and to know what love is and to reciprocate and to become attached” (FC5)
The value of ensuring a good bond was linked to children being able to transfer their attachment experiences to future relationships, such as when transitioning to adoption, future foster care placements or back home. When there was a good bond with FCs, this process was observable through a good transition as, they felt the children had learned to trust others.

“We had him for three years and I was really worried about him, but he went off brilliantly, I think the stronger their attachment is, they can transfer because they can trust people” (FC4)

The value of good quality attachments with FCs was thought to promote resilience and carry benefits that may result in a different experience of relationships in the future and into adulthood. Some linked it to having the power to break intergenerational transmissions of poor-quality attachments to others.

“I think that’s why a lot of children that have been in care have their own children in care ... they make the wrong decision sometimes of how they live their lifestyle, but I think they find it hard to actually bond properly and I don’t think you can bond or whatever strongly enough ... I think you need to really have a good bond with someone” (FC2)

**Barriers to Building Bonds**

The next theme related to barriers to building and maintaining bonds with young children in foster care. FCs spoke about a number of factors which impacted upon their ability to develop bonds with the children in their care, factors that related to the child’s behaviour, continued contact with birth families and wider professional views where bonding with children is not always a priority.
2.1 Child’s rejecting behaviours

One way in which FCs found it difficult to bond with children was when their behaviour was in some way rejecting or reactive towards the care being offered or where it left the FCs feeling unsure as to how to support the child.

“She (3-year-old) was really good on knowing what to do, to each individual person to wind them up” (FC4)

“I found it incredible difficult, I had no idea what to do and you have so much patience, but when you try everything in your locker, and it isn’t working” (FC5)

Children’s behaviour towards carers and other family members, whilst reported to be understandable in the context of the children’s early life experiences, were also described as difficult to manage, moving FCs into positions of having to protect themselves or protect others.

“FC8: ...at the end I was spat on and kicked and hit every day that was a regular thing ...

FC7: ...the only support we got was the extra tuition from Gavin (agency worker) teaching us how to handle him ...”

The experience of rejection for FCs was described at times as hurtful, bewildering and resulting in placement breakdowns in some cases, including through requests for placements to end.

“It doesn’t matter who you are, it hurts when you are rejected” (FC6)

2.2 Contact with birth families

Half of the FCs described the disruptive impact contact with birth families could have on both the emotional wellbeing and behaviour of the children they were caring for, but also on the children’s ability to bond with FCs. Due to the impact it had on the children, leaving them feeling confused, unsettled and emotionally
dysregulated, some carers characterised contact as damaging to children and to their bonds with FCs.

“It (the bond) comes back after a few hours but it is very damaging … contact is the most damaging thing they do as part of the process … it makes them even more confused” (FC10)

Across the age range, when contact stopped or was significantly reduced, FCs felt the children were able to develop a stronger bond with them.

“You know when the contact stopped, that’s the time when he (2-year-old) really got attached to me … so I feel he’s, I don’t know maybe he’s forgotten, and he knows I’m the only mum … I don’t know” (FC3)

The reduction in contact, lead FCs to hypothesise it led to a greater sense of stability and belonging for the children within the foster families, with the knowledge that they would be remaining in their FCs homes long term.

“The less contact and he’s (4-year-old) now feeling secure and he knows he’s not going to be moved on” (FC6)

2.3 View of fostering as a business

A number of FCs discussed wider professional views of fostering as a business, in which the idea of forming bonds with children is not always privileged.

“FC10: They [social worker] think it is a business, we are not supposed to have a bond, I think it is very much you are supposed to really keep these kids at arms-length, but I can’t do that as it seems mean

I: where is that idea coming from?

FC10: I think it comes from the whole process of being a foster carer and I get it, it makes me feel frustrated, they advertise it as a job and I always think some of
the things we are asked to do, because they are paying you, you have a duty to do what is asked of you”

All of the FCs who spoke about the wider view of fostering as a business described unease with it, with this not their expectation of the role they were doing and at odds with their experience of bonding with the children.

“A lot of the people who gave the talks used to say ‘foster kids have got nothing to thank their foster carers for, there is no bond there … there is no real commitment’ and I thought well no, that’s not how we see it, we are in there for these kids 100% … and I don’t know where they get that” (FC7)

It was interesting to note that, whilst FCs discussed not agreeing with the idea of fostering as a business, the language used throughout a number of FCs narratives (n=7), to describe the movement of children through the foster care system appeared transactional and business like in nature. The language used was that which might be exchanged, in the use of currency or property rather than children.

“After six weeks I broke down and I was crying, and I said we’ve got to send her (3-year-old) back” (FC4)

“He (7-year-old) was with us for six months and we gave notice on him” (FC6)

Barriers to Accessing Support

The next theme referred to barriers to accessing support. There was a general consensus across carers that young children can present with significant emotional and psychosocial needs due to their early life experiences, however when raising concerns about children to the professional network they often felt ignored or that support was impossible to access. In the context of limited support from professional sources, many FCs spoke about the value of being able to share their experiences with others with experience fostering.
3.1 Not feeling listened to

FCs spoke about how oftentimes they felt that their voices, when expressing concerns or their views about the children in their care, were not listened to by the professionals around them.

“I feel a lot of time they don’t listen to us (foster carers), we are in a really awkward position ... because we are with the children 24/7, we get to know the children, yet when we try and say something nobody listens ...” (FC4)

This was often frustrating for FCs, more so as they felt they had built up good understandings of the children having cared for them within their home, rather than relying on information in their case files. FCs discussed ‘knowing’ the children, compared with the limited experience and short snapshots of time professionals spent with the children in their care.

“In general, I think...it would help if I was listened to more...I think there is not much time spent getting to know the child. All these people involved they don’t actually know him (3-year-old) ...no one really knew him it’s just like it’s just like a profile or a pretty picture and that’s it, no one actually knew him” (FC1)

This left FCs feeling hopeless about expressing their views, as they were not taken into consideration, losing confidence in the relationships with professionals in the system. Invariably this was linked to the idea that FCs felt they are not viewed as professionals, in comparison to others involved in the children’s care such as social workers, and that this therefore means their voices are lost or ignored. This was often linked to the fact that was a difference in qualifications and that FCs’ perceived role was to care for the children and for the ‘real’ professionals to make decisions.

“... we are classed as the ... “unprofessional”, not me, not us, but all foster carers are classed in the system as more like amateurs and social worker,
they’re professionals … which I don’t agree with really because we are the ones doing all the graft” (FC6)

“I don’t think they think we have got the qualifications basically, although you do all these courses and things, I think they just don’t think you are worthy of giving that opinion…their opinion is the right one” (FC8)

One foster carer spoke about the privilege of feeling their voice was heard when being included in an adoption panel for a child. The feeling of having some input into the future of the child was daunting, due to the sense of ‘responsibility’ but overwhelmingly, left the carer with a sense of their value within the system.

“I felt like because you are not treated as a professional very often as a foster carer, so it felt like our value and opinion was valued” (FC9)

### 3.2 Ostracised from professional support

FCs described the limited support they were able to access for the foster children in their care, especially when they had significant behavioural concerns such as aggression. Additionally, they spoke of how suggestions of solutions to difficulties were either minimal or that support was not available without a significant wait.

“My social worker at the time she suggested about the researching on the internet” (FC1)

“FC7: how long did it take for us to get him (5-year-old) into CAMHS? FC8: 22 months”

When FCs were able to access an assessment, such as through CAMHS, they discussed how difficulties were assessed but often no further support was given due to thresholds.
“Waiting times have always been an issue and the threshold ... I mean ‘they are bad, but they are not suicidal’ ... they have to be really teetering on the edge of something. I don’t even know what the threshold is anymore ...” (FC5)

Many carers therefore felt left in isolation with the children and their behaviours, with the lack of support in many cases resulting in a considerable emotional cost to the FCs and the children in their care.

“We just got on with it, we had to... I will say FC7 and I’s relationship was at breaking point, I became, and I didn’t realise it at the time, I became very aggressive towards anyone and I didn’t realise it ...” (FC8)

“a lot of the time you are sort of left on your own to deal with things” (FC2)

When therapy was accessed through CAMHS one carer discussed not knowing what was happening within the sessions because of issues of confidentiality. Another discussed how input was so late in the placement, due to the wait, and that the focus was on transition to adoption rather than anything that would have been helpful to the behaviour or bond during the placement, limiting how useful the support was for them.

“At the very end of the placement we went to see CAMHS, had a couple sessions of that, but that was mainly focusing on what had happened, why he’s (1-year-old) come to live with us, why he had to leave mummy and daddy in that house ... and he then he’s going to have a new mummy and daddy, so it was more of his transition rather than anything else” (FC2)

For several carers (n=2) they resorted to privately funding therapy as they felt the risk of not doing so would risk placement stability. This, however, was only accessible to those who could afford it.
“To be honest Finley (6-year-old) was getting to the stage where we were struggling to look after him properly, he wouldn’t let us as such ... he fought everything we wanted to do” (FC6)

3.3 ‘Lifelines’ of support

In the context of feeling limited support from professionals, one thing that FCs discussed as helpful was sharing experiences with friends and family, but particularly with others with experience as a foster carer. This, for many was a validating experience, enabling them to find help and receive both emotional and practical support.

“I tend to sort of mainly use my foster friends because, I think my family even though they are always here for me ... other foster carers understand what I’m going through or what I need help with” (FC2)

One way through which FCs met others was through foster carer support groups, usually set up by Local Authorities. For many, these were spaces where they sought validation of the difficulties they experienced, helping them to feel less isolated.

“Oh god, when I had Dania (3-year-old), it was my lifeline going there because it’s other carers knowing what you are going through” (FC4)

One carer discussed a particularly powerful experience of the value of sharing with others in a group, helping her to feel that skin colour was not a reason for which she felt her voice was not heard as a foster carer.

“There was a time when I thought ... because of my colour, I’m not being listened to and I’m not being helped out, maybe I should quit ... there was a time when I thought like that but going to these groups I understood it wasn’t only me” (FC3)
As in the previous quote, many carers spoke about the need for time off or nearly quitting, and that in addition to their ‘love for children’, the support from other FCs was particularly instrumental in enabling them to continue in their roles as FCs. There were, however, times where FCs discussed sharing with other FCs as unhelpful, leaving them feeling hopeless due to the focus on sad cases and ‘moaning’. They wanted such spaces to be about supporting one another, hearing about cases that went well and finding new ideas and solutions to difficulties.

“The only thing I will say, it was the negativity of fostering and the bad cases, we just said wouldn’t it be nice, just once to hear a happy case but it was all these sexually abused children, and yeah I know it happens and I don’t want to fluff it up and make it a fairy tale, but there have got to be some out there that it really turns out ok for and we used to come out feeling really down” (FC7)

Breaking of Bonds

The last theme related to the emotions related to saying goodbye and endings with children in care. The majority of FCs described experiences of sadness and grief at losing children in their care, which even when planned and expected were still sources of pain for them, their families and wider networks. For some there was a mixture of grief, relief and guilt in endings and the additional loss of post-placement contact, added a further layer of sadness to the loss.

4.1 The grief of losing children

Nearly all of the FCs discussed the sadness and grief associated with endings, when children leave their care to go back to parents, into adoption or onto other carers. Many FCs described goodbyes as a ‘heart-breaking’ time and a time which was hard to prepare for.
“I don’t think about it … I do the work like getting the suitcase ready getting things ready getting the baby ready, but I keep it out of my head, I don’t want to think about it … and then the minute they leave I start thinking about it” (FC10)

Following goodbyes, FCs often wanted time to grieve the loss of the children, or some space alone to avoid thinking about their loss. In these moments gestures of praise for the good work, by others were neither comforting nor helpful.

“I always like to be left on my own … I don’t want anybody saying to me ‘oh you’ve done a good job’ and ‘that went all well’, I just like them to all go now and just leave me and I have to tell my head to tell my heart to let go and that’s it” (FC2)

One carer discussed the desperation of wanting another child to fill the void of the loss, whilst another discussed the impact it had on her subsequent bond with the next child.

“Oh, I’ve lost a child … another child and … so I tell my social worker I want another child as soon as possible” (FC3)

“I would say I was a little more reserved to fall in love with Isaiah because I’d fallen so hard for Ivy” (FC9)

The pain around endings not only occurred for the FCs, but also their families and wider network, and was especially painful when endings were sudden and not planned for both carers and children.

“FC10: … the goodbye was terrible, they went to school in the morning and I got a call to say they weren’t coming back because mum had been released

I: So that was when they left you?

FC10: Yeah I never saw them again”
The repetition of loss was described as an emotionally draining experience, that felt unsustainable to the role in the long term. Whilst FCs reported having training sessions on endings, none discussed support offered specifically catered to the unique needs of each carer and lost child.

“*It’s very difficult ... and it’s not something we can do forever*” (FC9)

4.2 Relief and guilt of endings

The grief and pain of goodbyes was pervasive across FCs, however for some, even when they felt bonded with the child the ending had a sense of relief due to the stress the placement had caused as a result of the child’s behaviour.

“I did bond with him (3-year-old), but I wasn’t so unhappy that he left in the end it was a bit of a relief ... I felt that was bad on my part because I shouldn’t have been relieved that he was going ...” (FC2)

There was often a sense of guilt and feeling of failure for not having been able to support some children to develop a bond or remain in placement.

“I just couldn’t build that relationship and you do get one, he was my first one, that what’s made it even harder, because you didn’t want to fail” (FC10)

Where there was a sense of relief and guilt at endings, irrespective of whether FCs felt there was a bond, there was a feeling of missed opportunity in keeping the child, making the loss and guilt feel worse.

“That’s the other thing, you feel like you’ve let them down because as far as they know they were going to be with us forever, and all of a sudden it couldn’t be and you feel guilty don’t you that you are letting them down again” (FC7)

4.3 Loss of post-placement contact

After children move out of FCs care, the majority of FCs’ narratives discussed their desire to continue to have some post placement contact, be that
through physical contact, photos or an update from social workers to let them know how the child was doing.

“For me that is a real honour and a privilege that you still love these children unconditionally and then it’s gone, it’s done and finished” (FC9)

Here, FC9 depicts the bluntness with which the end of a placement felt for many, with them left with a chasm of silence or battles to get information about children following the end of placement. Although there was acknowledgement by FCs of the difficulties continued contact may bring for children, such as further confusion, there was a pervasive sense that FCs would only stay in contact if a child wanted to. There was a sense that continued contact may be able to mitigate the sense of another loss.

“We agreed straight from the off that it would always be the children’s decision, the children have got to want to do it otherwise it will never be effective” (FC8)

FCs discussed the limited control they had in maintaining contact after placement and where continued contact was often discussed and promised, by local authorities and adopters, these agreements were more often than not broken. FCs were exhausted by trying to get updates about children after placements had finished or trying to arrange attempts at contact, which inevitably ended in failure.

“The social workers say, ‘keep in touch’, the adoptive parents say, ‘we’ll keep in touch, you’ve done a good job you’ve given us a child’ but nobody does” (FC3)

**Discussion**

This study aimed to explore the experience of foster carers (FCs) in bonding with young children in care and the support offered to them in their roles. This study found that across the ages from birth to seven, FCs reported feeling that bonding was a natural process for which they instinctively felt like parents. Learning to understand the children, their needs and responding to those sensitively, offered,
what carers felt was a sense of stability and security, that enabled children to bond with them. Investing in quality time and getting to know the child, provided what FCs felt to be a space within which children felt they belonged and were able to bond. FCs also discussed the reparative function of children forming bonds with them, with the potential to promote their emotional resilience and reduce the chances of reliving their own early attachment experiences in future relationships.

FCs reported a number of factors which impacted upon the ability of children to develop and sustain bonds with them, ranging from a child’s behaviour, continued contact with birth families and wider professional views of fostering as a business where bonding should not always be privileged. FCs also discussed a number of difficulties accessing support to help with caring for their foster children, which was felt by many to be a result of not being viewed as a professional, with their opinions and concerns not listened to. This meant they often felt isolated and ostracised from the care teams of the children they looked after. For this reason, FCs often discussed relying upon their own experience or friends with fostering experience to find solutions to difficulties.

Lastly, FCs discussed the pervasiveness of loss as children left their care and the limited thinking there is about the grief associated with this. Despite often being told they could remain in contact, FCs in this study discussed this often not being the case, resulting in a further loss. These themes generated by the analysis, will be further explored with reference to how they can be useful to consider how attachment-based interventions, such as VIPP (Juffer et al., 2008) can be adapted and delivered to meet the needs of FCs and the children in their care.
**Bonding with Young Children in Foster Care**

In this study, FC’s unequivocally discussed bonding as a natural process as if the children were their own, however there were a number of important aspects of caregiving that appeared to enable young children to develop bonds with them. These included developing an understanding of the needs of the children and responding to those needs, in what would otherwise be recognised as sensitive parenting (Ainsworth 1967; Ainsworth et al., 1978). Although FCs did not use the term, they described behaviours associated closely related to the concept of sensitivity, such as responding to children’s cues when hungry, tired or emotionally dysregulated and crucially, responding to support them. Similarly, to Schofield and Beek (2005), who emphasised a model of therapeutic parenting with adolescents, in which a secure base was supported through the provision of a sense of belonging, this study extended this finding to young children. The themes in this study, suggested that supporting young children to feel their needs would be consistently met, where time is invested in getting to know them and where they are not referred to as ‘foster children’ but as FCs ‘own’ children, facilitated a sense of stability and belonging within a family. This, of course may be challenging when the plan for children’s future in foster care and their current placement is uncertain (Lawson & Cann, 2019), and most acutely when children are in respite care and where placements are uncertain in length.

FCs in this study discussed the inherent value they placed in helping children to develop bonds, viewing attachments as having a fundamentally reparative function. They discussed the resiliency-building potential forming secure bonds had, both in terms of the children’s emotional wellbeing, but also in terms of their ability to break intergenerational cycles of attachment relationships (van IJzendoorn, 1995).
Whilst this sample of FCs spoke passionately about fostering and caring for children, it was acknowledged that fostering could be run as ‘a business’ with ‘children as jobs’. It could, therefore, be useful and interesting, to explore some of the issues highlighted within this study with FCs not so eager to take part in research, and where investment in promoting attachment security may be differentially endorsed. It would also be useful to consider how interventions can be adapted to educate and meet the needs of such families.

**Barriers to Bonding and Caring for Young Children in Care**

A number of barriers were discussed that impacted upon bonding and accessing support to help the young children in care. Rejecting behaviours were highlighted as particularly difficult for FCs to respond to, often leaving them feeling uncertain about how to support children. At times this resulted in FCs acting in a reciprocal manner, for instance requesting a placement to come to an end (see Figure 3). Whilst attachment-based interventions focus on developing an understanding of the child’s cues and responding sensitively to these (Bakermans-Kranenburg et al., 2003), FCs may benefit from additional and intensive support, in this regard. Support around managing rejecting behaviours may therefore be especially important in a context where children in foster care, can be seen to be ‘given back’ to local authorities or agencies when their behaviour is too difficult to manage.

![Figure 3 – Depiction of Rejection in Interactions](image-url)
One limitation of this study was that there was no measure of the attachment styles of the children who were discussed. It is likely, given the high prevalence of attachment insecurity in looked after children (van den Dries et al., 2009), that some of the children described by the FCs in this study, will have been exhibiting signs of disorganised attachment styles or attachment disorders (Cyr et al., 2010; van den Dries et al. 2009; Zeanah & Gleason, 2015). This may have made their behaviour particularly hard to understand and intervene with, especially without the appropriate provision of support. This may increase the chances of FCs acting in a rejecting manner (Dozier, Dozier & Manni, 2002) and may increase the risk of placement breakdowns and further place children at risk for poorer outcomes and attachment difficulties in the future (Barber & Delfabbro, 2003b). Furthermore, attempts to identify, as a priority, young children with behavioural profiles characterised by rejection may be particularly beneficial in preserve placement stability.

Contact with birth families was discussed by a number of FCs as impacting upon their sense of the children’s ability to bond with them. This is in contrast to a recent study by Fossum and Holtan (2018), who found that contact with birth parents for a similar cohort of young children, entering care at an average age of 2.3 years, did not have any significant impact on the foster carer-child’s attachment, as rated by carers. The current study raises questions over how attachment interventions might best be implemented with FCs and children who have continued contact with birth parents. Interventions may need to take into consideration the people involved in the children’s lives, as well as the long-term plans for the children, in order to consider for instance if biological parents could or should be meaningfully involved. Although this would involve more time and financial investment in an already strained system (Lawson & Cann, 2019), if there are plans for reunification this may
help lower the high risk of placement breakdowns following reunification, which ranges from 37% (Sinclair, Baker, Wilson & Gibbs, 2005) to 47% (Farmer & Wijedasa, 2013). Further research is required to understand the impact of continued contact with birth families on children’s attachment relationships with FCs, which may have implications for the effectiveness of any attachment-based interventions delivered to FCs and the children in their care.

**Loss in Foster Care**

The pervasiveness of loss and grief when placements ended was evident throughout the FCs narratives. Endings are important experiences to consider as they are times when attachment systems become activated in anticipation of, or as a result of loss (Bowlby, 1969; Bowlby, 1973). Loss in foster care, therefore, may activate attachment representations for both caregivers and children, resulting in the experience of grief for both (Shear, Monk, Houck, Melhem, Frank et al., 2007). The grief associated with losing children in foster care, however, appears to be a relatively underexplored area of research, with most of the research on grief focused on the physical loss of birth children (Herbert, Kulkin & McLean, 2013). In one qualitative study of FCs who had cared for children with disabilities who had died (Schormans, 2004), they discussed the grief as comparable to that experienced during the loss of a birth child. The FCs felt that their experience of grief, however, was disenfranchised (Doka, 2002), i.e. minimised and not recognised in the same way as if they were biological parents. Similarly, the FCs in the current study reported feeling like they had lost their ‘own children’ and rarely had the opportunity to see them again. In a similar way, their experience of grief seemed disenfranchised and minimised by the professionals around them.
The experience of grief and loss is an important experience to understand and one with potentially significant implications, for how FCs are able to remain in their roles fostering and continue to be able to offer a safe base from which children are able to develop secure attachments. FCs in the current study, discussed wanting to avoid thinking about losses before and after they occurred, (Rando, 1986). Whilst avoiding thoughts about the loss of someone important is a common response, there is increasing evidence to indicate that chronic avoidance of loss-related thoughts can contribute to the development of complicated grief (CG; Shear, 2012). CG is recognised as an interference to the typical adjustment process following loss (Shear et al., 2011) and from an attachment perspective is characterised by an individual unable to integrate the finality of a loss into their existing attachment schemas (Shear et al., 2007). Whilst this study does not suggest the FCs were experiencing CG, it raises the issue that we are not aware of the impact of the amount of loss on FCs, their experience of grief and what impact chronic experiential avoidance of loss can have over time.

Mourning or integrating the loss of children in care, may be made more complicated by the fact that many of the FCs in this study spoke about being told they could see the children after the placement had finished, yet this was often not followed through. This may represent a further loss for FCs, especially when they had hoped to see the child again. Understanding the emotional impact of these losses on FCs, with further consideration as to how this may impact upon their capacity for developing new bonds with children in their care, will be important in terms of further developing our understanding of factors which may affect the attachment security of children in foster care. One FC in this study for instance, discussed how the loss of one child, made them feel more ‘reserved’ to love the next child,
suggesting that this is an experience which warrants further research and consideration in interventions. With exposure to multiple endings between FCs and children, a focus on endings in attachment-based interventions, as in attachment-based therapy for children in foster care (Hughes, 2004), may support the processing of endings and provide a sense of closure for both FCs and children leaving their care.

**Taking an Ecological Approach to Attachment Interventions**

This study highlighted a number of factors which could potentially impact upon the ability to bond with and care for young children in foster care. These factors included factors outside of the micro-system, characterised as the carer-child relationship (Bronfenbrenner, 2005), indicating that it is perhaps simplistic to focus only on those interactions in attachment-based interventions. This may be especially true in the context of foster care where there may be multiple factors across different systems with the potential to influence the relationship between the carer and child (Lickenbrock & Braungart-Rieker, 2015). An ecological systems perspective (Bronfenbrenner, 2005; see Figure 4), would indicate that early attachment relationships develop and can be affected by, interactions across and between many systems, both proximal (such as sensitivity) and distal (such as social care systems) to the child and caregiver.
Figure 4 – Bronfenbrenner’s (2005) Ecological Model of Human Development

Taking an ecologically informed approach to delivering attachment-based interventions with FCs, may enable clinicians to consider the complex social-cultural and professional factors potentially influencing FCs and their parenting. An ecological approach may enable views such as fostering as a business, where for example the idea that bonding should not be privileged, could be explored. Whilst the view of fostering as a business was unequivocally disagreed with by the FCs in this study, without acknowledging and exploring such issues it will be difficult to address the impact they have on FCs and how their effects may filter down into the interactions with the children in their care. It was observed that, whilst all of the carers spoke compassionately about fostering, many used language which may be associated with the exchange of currency or money, such as ‘giving back’ or ‘giving notice’ on children. Such language perhaps reflects the wider societal discourses (macrosystem level) around fostering as a business and the ability, or need to move
or discard of children who are more ‘challenging’, perhaps connected to Dozier and Lindheim’s (2006) finding that some FCs may not feel as ‘committed’ to parenting foster children where there are lots of behavioural difficulties. Such ideas would be interesting to explore through future research, including with children and young people in care, as well as professionals, such as social workers, to consider how the use of language facilitates or hinders a system in which supporting children to develop secure attachments is a priority.

FCs often discussed feeling devalued and dismissed, with little power or control over decisions made for the children in their care. This included at times children being removed suddenly from their homes with no explanation. In this context they may feel less receptive to help from professionals. Understanding and exploring their experience of receiving help, i.e. their relationship to help (Reder & Fredman, 1996), may be especially important in supporting a space where interventions can be experienced as useful and not potentially critical or threatening. This may be particularly important to consider in the context of attachment-interventions such as VIPP which use video feedback (Juffer et al., 2008) and where such feedback may feel very personal and potentially critical. The hopelessness expressed about accessing support from professional sources, may be an indication of the need for FCs’ struggles to be acknowledged and validated. This may also be why they experienced a high level of validation sharing their experiences with other FCs with lived experience of fostering, who ‘know what it is like to foster’.

Facilitating a space to support FCs to connect with people within their systems who feel supportive, as well as making space within interventions for a space for reflection of their experience of help from the professionals around them, may support engagement with, and the effectiveness of interventions.
Limitations

This study sought to gain a rich pool of qualitative data from which to understand the experiences of bonding with and caring for young children in foster care. However, it is important to acknowledge a number of limitations to the study. Firstly, whilst this study aimed to explore bonding, which was invariably described as a ‘natural’ process, it is quite conceivable that FCs found this an abstract task to engage with. Forming bonds with children in care may not have been the most salient aspects of care, for instance more dramatic challenges such as managing allegations may be easier to remember and recall. In addition, the sample had on average 13 years of experience, and it may be that the ability to notice the process of bonding reduces with time, as the salience or novelty of bonding with children who are not biologically one’s own dissipates. The processes of forming an attachment may be more noticeable in novice FCs or through a procedure using diaries, where attachment behaviours can be tracked daily (Dozier & Dozier, 2000). This may produce a more nuanced understanding of the experience of bonding with young children in care.

There is an emerging literature on the role of FCs’ own attachment narratives, on the attachment security of foster children, engagement with parenting interventions and the sensitivity of caring offered (Dozier & Sepulveda, 2004; Imrisek, Castaño & Bernard, 2018). It may have been useful therefore to assess and understand how FCs’ own attachment narratives and related concepts such as reflective functioning (Dozier et al., 2001; Fonagy & Target, 2005) interacted with the concepts being explored in the study. This could have been useful in terms of understanding the experience of emerging attachments in the context of FCs’ own experiences of being parented. This may however have required a substantially
larger sample size to gain enough data and more time so that attachment narratives of FCs could be assessed. A measure of attachment security for the children discussed in the interviews, may have further developed our understanding of the experience of bonding and caring for children with different attachment styles. This may have allowed for more specific questioning, focused on the experience of developing a relationship and bond with a child who may display behaviours characteristic of different attachment styles.

Lastly, due to the qualitative nature of the research this study took steps, through triangulation, foster carer validation (Seale, 1999) and an account of the context in which it took place to promote the credibility and trustworthiness of the results. The study however, had a small number of participants and was bound to one geographical location so the views are not generalisable or representative of the whole population of FCs and young children in care. As FCs all discussed having a mixture of experience fostering for their local authority, as well as independent fostering agencies it is also not clear to what extent the experiences and difficulties, are present in different settings and whether they are more or less salient.

**Summary and Clinical Implications**

This study provided several useful insights into FCs’ experience of bonding with and caring for young children in foster care, including the experience of building bonds, the difficulties building bonds, accessing professional support and the pain of, and loss in endings. It concludes that through broadening the focus of attachment-based interventions, to include not only support aimed at enhancing sensitivity of caregiving and awareness of caregiver’s own attachment representations, as in VIPP (Juffer et al., 2008), but also addressing wider professional, social, cultural and political contexts (Bronfenbrenner, 2005)
surrounding fostering, interventions may be better able to accommodate and adapt to the needs of both FCs and children. In doing so, outcomes for children in care may be more favourable and FCs may feel more supported and validated in their roles.

This study particularly highlighted the significant loss and trauma that FCs are exposed to and reflected on the lack of thinking space and accommodation for this in current attachment based-interventions or in wider social care support for FCs. This is clearly an area that requires further research to better understand how exposure to multiple losses and endings, impacts FCs, not only on a personal and emotional level but also in their ability to act as a base from which children can develop secure attachments. Arguably, without acknowledging the grief associated with the losses they experience, we are not only contributing to a system where grief may be disenfranchised and invalidated (Doka, 2002) but we are not using attachment theory properly to support meaningful endings where closure can be provided for both FCs and children.

References


NICE. (2015). *Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care*. London: NICE.


Part 3: Critical Appraisal
Introduction

This critical appraisal reflects on several key areas relevant to the process of completing the doctoral research presented in this thesis. It draws on reflections recorded in a journal kept throughout the research project, beginning with a discussion of the difficulties conducting qualitative research as a novice to the field, the experiences of bearing witness to the stories of trauma relayed throughout the foster carers’ narratives and finally how the research has broadened my view of factors contributing to the development of attachment. This appraisal will conclude with how the experiences conducting this research have developed my appreciation for the value of qualitative research and the social, political and professional factors surrounding fostering and foster carers.

Navigating Qualitative Research

Coming to qualitative research as a novice, I had preconceived expectations about the process of collecting and analysing qualitative data, specifically, that it would be more ‘intuitive’ than a quantitative research project and analysis (Hammarberg, Kirkman & de Lacey, 2016). By being ‘immersed’ in the data through conducting the interviews and completing the transcription myself (Braun & Clark, 2006), I had hoped, and expected, that ‘making sense’ of the data and generating themes would be a straightforward and intuitive process. I had not however, anticipated the length of time to undertake the transcription, coding and analysis, nor how difficult it would be to make sense of the volume of data that I had collected. Once I had managed to transcribe all of the interviews, navigating the volume of data in this research was a daunting prospect, with over 100,000 words in my transcripts alone. I was left feeling overwhelmed with the sheer amount of data I
had in front of me and how it would be possible to organise it all, (Kitto, Chesters & Grbich, 2008).

One of the more difficult tasks during the analysis was coding the data. This felt especially difficult as during the process of transcribing I began to develop ideas of what the data was ‘saying’ and what I ‘could’ present in my results. In hindsight, at this point in the process I was jumping ahead in the analysis (Braun & Clark, 2006). Through consultation with those with experience in qualitative research, I was able to pause, reflect and then approach the data analysis from a more bottom-up and inductive manner. This ensured all of the data were given equal attention, without any imposition of my own ideas or theories. Fortunately, with growing interest in the use and dissemination of good quality qualitative research (Kitto, Chesters & Grbich, 2008), there are an increasing pool of resources to draw upon in the process of analysing and presenting qualitative research (Braun & Clark, 2013). A particularly helpful resource was Braun and Clark’s (2013) guide to good quality research, highlighting a 15-point checklist for ‘good quality’ qualitative research (see Appendix 12). For the process of coding the data, this was particularly helpful, enabling me to take a systematic approach throughout the process, giving me more confidence in what I was doing.

Reflecting on my research journal, I was struck by a sense of fear in my entries relating to the fact that my project, by virtue of it being qualitative, would not be seen as ‘good enough’ or ‘rigorous enough’. This, at least initially, resulted in a pressure to want to present something substantial, novel or interesting in my results to give it a sense of importance or validity. Connected to this idea, was a concern throughout the project, that I would not be able to do justice to the data that I had collected and would therefore not adequately capture the voices of the foster carers.
in my study. Through consulting the academic literature however, my understanding of concepts used to evaluate quantitative research, such as validity and reliability, evolved in this context to consider the quality of qualitative research in terms of its credibility, trustworthiness and privilege afforded to reflexivity (Kitto, Chesters & Grbich, 2008). One way in which I was able to provide a level of credibility and validity to the results, was to seek foster carers feedback about the themes I generated (Seale, 1999). This helped relieve the fear of not doing justice to the voices of the foster carers, with their feedback confirming that the themes captured issues important to them. Gaining their feedback felt especially important, as throughout this study foster carers spoke often about how they felt their voices were not heard or listened to.

**Bearing Witness to Foster Carers’ Vicarious Trauma**

Prior to and whilst on doctoral training, I have worked across a number of settings with vulnerable children and families. Across these settings I have been involved in the assessment and exploration of a high level of trauma, therefore it has been a relatively common experience to bear witness to stories of pain and sadness. However, this did not make bearing witness to some of the stories of foster carers’ in this study any easier. During the process of interviewing, listening to the experiences of the carers and the children who had come in and out of their care was saddening. Whilst transcribing, and listening repeatedly to the stories, I was struck by the sheer volume of trauma that the foster carers had vicariously witnessed, and I, through their retellings of the stories. As I was transcribing, this left me with a sense of numbness for having heard the pain in the stories and a subsequent sense of frustration and anger at the wider child protection system for failing children. I also felt a sense of injustice that foster carers’, at least in this study, described experiences
for which they were not offered emotional support or protection. The value of supervision and spaces for reflection on these issues, were vital in feeling less hopeless, and also helped me to connect with the stories of compassion and hope in the foster carers’ narratives.

Offering an opportunity to elevate the voices of foster carers, in a culture in which they may otherwise ‘feel ignored’ felt especially important in this study, and relevant to a context where the psychological impact, such as secondary trauma and burnout, of caring for children and young people in care, is being recognised (Hannah & Woolgar, 2018). This study made me reflect on how the professional systems around foster carers, may act like the inconsistent, frightened or frightening parents that the care system acts to intervene with. It seems to be a professional system where support can be withheld when children are not deemed to be suffering enough, where foster carers often feel ignored or excluded and where children can be removed carers without explanation. This made me further wonder if as professionals, myself included, we contribute to a system that creates further instability, uncertainty and loss, and unnecessary trauma by not listening to those within the system calling for more support. With increasing numbers of children becoming looked after and the growing demand, recruitment and expectation on foster carers to care for these vulnerable children (Hannah & Woolgar, 2018), this study highlighted for me, the need for systems to consider the burden of caring not just the need for more foster carers. Without provisions to support the emotional burden of caring, the system will continue to need more foster carers as they continue to burnout and leave the role as it is unsustainable (Lawson & Carr, 2019).
Broadening the Focus in Attachment-Based Interventions

Through conducting the literature review in the first chapter and the empirical paper in the second, I was reminded of the complex interplay between a range of factors on children’s emerging attachment styles. Through attempting to explore the experience of bonding with children in care, this project hoped to elucidate some of the processes affecting that process. Bonding was felt to be a natural process however there were several factors which affected it. These included continued contact with birth families and wider professional views of bonding, particularly where there was an idea that bonding should not be privileged. In addition, carers spoke more broadly about difficulties accessing support for children, due to wider views of them not being seen as professionals and not being listened to as carers, resulting in a reliance on others with lived experience caring. In considering the impact of these different factors on bonding, Bronfenbrenner’s (2005) ecological model of human development provided a useful model within which to consider how to broaden the focus of interventions, to focus not only on the child and caregivers relationship, but to also consider some of the broader factors which may interact with that relationship and influence the process of bonding. This seems especially important to consider, when services and clinicians place the focus of attachment interventions, such as VIPP (Juffer, Bakermans-Kranenburg & van Ijzendoorn, 2008), at the level of the caregiver-child relationship.

There is currently little consideration, built into current attachment-based interventions which consider how factors outside of this dyad may be influential in the forming of bonds, which may be especially relevant to a foster care context where there are multiple systems around them. Whilst this study only explored the experiences of fostering within one broad geographical location and with a small
number of carers, a recent survey of foster carers across England (Lawson & Cann, 2019) suggests similar contextual difficulties facing the role, such as a wider views of not being viewed as a professional or a member of a child’s care team meaning it is hard to get one’s voice heard. This in combination with the results of this study therefore might suggest that broadening the focus of all interventions to include consideration of factors that might affect the effectiveness, if not addressed, may be beneficial.

This study especially highlighted, the role of loss in foster carers’ experiences bonding and caring for children furthering developing my thinking around attachment theory in loss. The experience of loss, and especially the experience of repeated losses of children in foster care is a highly under-researched area. The experience of endings and loss in this population of foster carers, seemed further complicated by the fact they were often told by local authorities or future adoptive families that they would be able to continue contact with the children who left their care, despite in the majority of cases this not occurring, representing another loss. It is not clear what impact these experiences of loss have on foster carers’ grief and how the repetition of this experience further impacts the resources they have available to continue bonding with subsequent children. Broadening the focus of attachment interventions between foster carers and children, to include a focus on managing endings may be beneficial, however it is also an area that warrants more consideration by the research.

Concluding Reflections

Through conducting the research presented in this doctoral thesis and drawing on the growing body of literature advocating for good quality qualitative research, I have developed my skills and confidence in approaching research from a
qualitative perspective. The experience has taught me the value of qualitative research, especially through its power to give a voice to its interviewees, and how the quality and validity of such an approach can be considered in terms of trustworthiness and the transparency with which it is contextualised. The use of supervision and spaces to reflect on the material evoked has been especially important to this study, where the material was highly emotive. This also enabled me to reflect on my own views about the wider child protection system. Whilst this has raised questions for me over how the system around foster carers may at times be traumatising for both children and foster carers in it, I have not been left hopeless and instead feel encouraged and passionate about disseminating the results of this study as well as considering further research to continue to explore these issues further. Lastly, this research supported my own thinking around the wider factors that contribute to the development of attachment, outside of the caregiver-child relationships and further made me consider the validation that may be offered, through acknowledging the wider systemic factors impacting upon foster carers in their roles offering a base from which children are to develop secure attachments.

References


Appendices
Appendix 1 - Ethics Confirmation

Health Research Authority

Professor Pasco Fearon
Joint Director UCL Clinical Psychology Doctorate
University College London
Research Department of Clinical, Educational and Health
Psychology
University College London
Gower Street, London
WC1E6BT

18 August 2017

Dear Professor Fearon

Letter of HRA Approval

Study title: A feasibility study and pilot trial of a modified video-feedback intervention for children and foster carers to improve mental health outcomes of children with reactive attachment problems

IRAS project ID: 215947
REC reference: 17/LO/0987
Sponsor University College London

I am pleased to confirm that HRA Approval has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications noted in this letter.

Participation of NHS Organisations in England
The sponsor should now provide a copy of this letter to all participating NHS organisations in England.

Appendix B provides important information for sponsors and participating NHS organisations in England for arranging and confirming capacity and capability. Please read Appendix B carefully, in particular the following sections:

- Participating NHS organisations in England – this clarifies the types of participating organisations in the study and whether or not all organisations will be undertaking the same activities
- Confirmation of capacity and capability - this confirms whether or not each type of participating NHS organisation in England is expected to give formal confirmation of capacity and capability. Where formal confirmation is not expected, the section also provides details on the time limit given to participating organisations to opt out of the study, or request additional time, before their participation is assumed.
- Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria) - this provides detail on the form of agreement to be used in the study to confirm capacity and capability, where applicable.
Further information on funding, HR processes, and compliance with HRA criteria and standards is also provided.

It is critical that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details and further information about working with the research management function for each organisation can be accessed from www.hra.nhs.uk/hra-approval.

Appendices
The HRA Approval letter contains the following appendices:
- A – List of documents reviewed during HRA assessment
- B – Summary of HRA assessment

After HRA Approval
The document “After Ethical Review – guidance for sponsors and investigators”, issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:
- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

In addition to the guidance in the above, please note the following:
- HRA Approval applies for the duration of your REC favourable opinion, unless otherwise notified in writing by the HRA.
- Substantial amendments should be submitted directly to the Research Ethics Committee, as detailed in the After Ethical Review document. Non-substantial amendments should be submitted for review by the HRA using the form provided on the HRA website, and emailed to hra.amendments@nhs.net.
- The HRA will categorise amendments (substantial and non-substantial) and issue confirmation of continued HRA Approval. Further details can be found on the HRA website.

Scope
HRA Approval provides an approval for research involving patients or staff in NHS organisations in England.

If your study involves NHS organisations in other countries in the UK, please contact the relevant national coordinating functions for support and advice. Further information can be found at http://www.hra.nhs.uk/resources/applying-for-reviews/nhs-hsc-rd-review/.

If there are participating non-NHS organisations, local agreement should be obtained in accordance with the procedures of the local participating non-NHS organisation.

User Feedback
The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/.

HRA Training
We are pleased to welcome researchers and research management staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

Your IRAS project ID is 215947. Please quote this on all correspondence.

Yours sincerely

Rekha Keshvara
Senior Assessor

Email: hra.approval@nhs.net

Copy to: Hannah Charle, Joint Research Office, (Sponsor and R&D contact)
Appendix 2 - Study Information sheet
Scoping Study Information Sheet

We are contacting you because we are undertaking research that is investigating interventions to support looked after children and we would like to invite you to help us with the development process. Before you decide whether you would like to be involved, it is important for you to know the background of the study and what your role would entail.

The Study

Children who are in care can sometimes get upset or worried, or have difficulties interacting with others, and currently there is a lack of research on which forms of support or therapy work best for these children. The aim of this research study is to evaluate a new program designed to specifically address these areas of concern for looked after children, called Video Feedback to Promote Positive Parenting –Foster Care (VIPP-FC). VIPP-FC aims to help foster carers to recognise signals from the child that may be quite challenging and difficult to understand, so that they are better equipped to respond sensitively. We currently do not know which type of support is better for different families and by carrying out this research we hope to be able to improve the kinds of services offered to looked after children.

Your Role

We understand that delivering interventions and testing their effectiveness is inevitably a complex process for children in foster care for a number of reasons. Therefore, we would like to interview key participants to help develop solutions to possible concerns which could arise in the trial. In this scoping study, we will talk to some foster carers, CAMHS practitioners, social workers and other representatives of local authorities.

The interview would explore several key topics, such as the potential barriers and solutions to operating a common screening system for identifying foster children with emotional difficulties. We are also interested in what treatments or support are currently offered to foster children and what referral criteria are applied. We would like to know if there are any possible concerns regarding children's participation in the research, in particular if there are any clinical or ethical concerns of stakeholders about diagnosis, randomization and treatment in the population. Furthermore we would investigate the barriers to obtaining appropriate consents for children in foster care who are on different care orders. We would greatly value your opinions and advice on these matters.

The interview would last approximately 1 hour and would be carried out in your place of work or at your home.
Confidentiality

We treat all data provided by our participants as confidential. We collect information from you solely for the purposes of doing this study, and will not use it for any other purpose. All information (including questionnaires and audio recordings) gathered will be filed in a locked cabinet at our research site, and electronic files transferred and stored safely (using a secure UCL platform). All information that could identify you or your foster child personally (e.g. names, addresses, telephone numbers, email addresses), will be retained for 10 years after the study is complete and then securely destroyed.

To oversee the quality of the study, officials from UCL may look at your research records to check that the study was done properly. Nobody else, apart from the Nurturing Change study team, will be able to see the information you give us without your permission.

When we report the results of the study, we will not include any personal details about any of the families or children that took part, so they cannot be recognised. When the research is complete we will send out a report to all families who took part to let them know about the results of the study.

Who is responsible for looking after the information I give?

University College London is the sponsor for this study, based in the United Kingdom, and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained.

Contact for further information

If you would like further information about the study, please contact the research team directly on 0207 443 2239. If for any reason you were unhappy about the research process, you may contact you can contact the Chief Investigator Pasco Fearon on 0207 679 1244 (p.fearon@ucl.ac.uk).
Appendix 3 - Consent form
Consent Form for Stakeholders
Scoping Study

Please initial all boxes that apply

I confirm that I have read and understand the information sheet (13/07/2018, Version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my interview will be audio-recorded and stored securely at University College London.

I understand that all published material from this study will not identify any individuals or organisations by name. I understand that publications may use anonymised quotes from my interview.

I am happy to take part in the study.

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Appendix 4 - Interview Schedule
Interview Schedule

Thank you for taking part in this interview. As part of this study we are really interested in understanding what it is like to look after children in foster care age seven and under. We are particularly interested in how a child and you as their carer begin to form a bond. We are interested in situations where that has gone well and situations in which that has felt more difficult.

Section One – Bonding with children in foster care

One aim of this project is to think about how to support carers who may have a young child in their care who may have significant emotional and social needs and who may struggle to trust and bond with the people around them.

Can you think about a time where bonding with a child in your care feels like it has gone well? (prompts; What was it like when you first met? When did you notice the bond? What did you notice? How did you notice they had formed a bond with you? How did you notice you had formed a bond with them?)

How did your bond develop or change after that?

Can you think about a time where forming a bond has felt more difficult or has felt like it has not happened with a child? (prompts; What did you notice?)

What sort of things did you notice that told you they did not have a bond with you?

What did you notice in yourself? (prompts: how did you notice you had formed/not formed a bond with the child?)

How did your bond develop or change after that?

If describe developing bond: After you felt a bond have you ever noticed any changes to that bond? What do you make of that?

If discuss never forming a bond: What do you make of that? Is forming a bond with [child’s name] something that ever concerned you? How did you manage the difficulties forming a bond?

What support did you get around that?

What is it like when you have to say goodbye to a foster child such as [child’s name]? (Prompts: What was the process like? What things stood out?)

How do you manage saying goodbye for the child?

How do you manage saying goodbye for you?

What support have you had around saying goodbye? (prompts; Is this something you would want?)

Have you ever stayed in contact with young children such as [child’s name]? Is that something you would want to do?

What support have you had around staying in contact? (prompts; Is this something you would want?)

Is there anything we have not discussed which relates to bonding with a young child such as [child’s name]?

Section Two – Support for foster carers
One of the things we are also interested in are the sources of support foster carers receive in caring for young children. We are interested in the professional sources of support, such as from social workers and children’s mental health services, however we are also interested in the less formal or professional sources of support such as from friends, family and support groups.

Use examples, already given, however if they have not come up in the interview, can you think of any times where you have had concerns about a child’s emotional, behavioural, social wellbeing whilst they’ve been in your care? Who did you share those concerns with?

**Formal and professional sources of support**

Can you give examples of where support from [insert examples] has been helpful/useful?

What difference has professional support, such as [insert examples] made to your bond with [child’s name]?

If discussed; What support have you had in understanding [difficulties bonding]?

Can you give examples where you have had support and it’s been unhelpful/not useful? Why?

Can you think of times where you have turned down support? Why?

**Informal Sources of support**

If examples not elicited: Can you give examples where you have had support from sources who were not professionals (e.g. family, friends, other foster carers)?

In what ways have sharing concerns with [insert example] been helpful/useful?

Can you give examples where you have had support from [insert examples], and it’s been unhelpful/not useful? What was it about that that was unhelpful/not useful?

What difference have those sources of support [insert examples] made to your bond with [child’s name]?

**Support for the foster carer**

We have spoken about the support you get for [child’s name] but we know that fostering is a role that can be emotionally and physically exhausting.

I am wondering what support you get or have had in the past in terms of looking after your own wellbeing? Who supports you?

Can you give examples of support that has been helpful to you? What difference has that made?

Have there been times where that has not been helpful?

If you wanted support for yourself now in your role as a foster carer, what would you want that to look like?

Do you have any questions for me?

Thank you so much for your time.
Appendix 5 - Feedback from the Foster Carer Forum
Feedback and Input from the Foster Advisory Group

The following feedback was received from the foster carer advisory forum. The suggested adjustments were taken on board and additional questions were asked about endings and staying in touch.

Hi. We think it’s excellent! The words are really good and sensitive, but simple enough to make sense. The only feedback I would give, is in the section about bonding. I would add a section asking about staying in touch if appropriate and what that looks like, and whether or not the foster carer would need support with that or whether they would like to do that and if so how do they think it would look? obviously all if appropriate! hope that’s ok and constructive keep up the good work! Thanks XXX
Appendix 6 – Interview Summary as Part of the First Stage of Thematic Analysis
Example of summary of one interview as part of step one of TA (Braun and Clark, 2006)

FC2 discussed foster children being “damaged” and having “attachment” issues, however she discussed the valued that fostering and building a bond can offer children in care, providing at the very least a “patch” over their difficulties, which can be helpful. Offering children, a “good routine” and “boundaries” and something within the realms of a “normal life” hopefully helped foster children to be able to form healthy attachments into their adult life.

FC2 acknowledged that the parents of the children in foster care themselves have often had difficult and traumatic early lives and how this results in what appears to be a cycle of coming into the care system. FC2 discussed knowing a child had bonded with her when they preferentially sought her out, which can often be over a preference for their own birth parents. Discussed one child who she cared for in which bonding was difficult as the child was ‘not very nice’ to her son who had ‘special needs’. Bob was ‘lovely when on his own’, however she felt a sense of relief when he left. She also felt she had let him down for feeling this way. This raised the issue that often what social workers saw was a ‘lovely young child’ during their brief visits, which seemed to undermine what FC2 concerns being raised. Additional support, through CAMHS may have helped to keep him in placement and help with his bond to her but also her son.

FC2 discussed endings and goodbyes as difficult times, even where the children have been difficult to care for or where there have been difficulties managing their behaviours. FC2 discussed needs time alone after saying goodbye and how contact with children post placement is inconsistent with little power or control over whether it will happen. When contact is maintained, or future adoptive families contact her for advice she reported this to be highly validating of the work she has done with the children.

FC2 described the role of fostering as the ‘job of caring’.
Appendix 7 – Example of Step Two of Thematic Analysis
## Example of Step Two of Thematic Analysis (Braun & Clark, 2006)

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| FC1: well I just thought well what does that mean, does that mean it’s my fault, so anyway I went away and kind of just did my own thing ... change his routine a bit and you know ... just try to manage ... had an earlier bedtime I made sure he had a nap in the afternoon, after his morning activities he’d nap and go bed earlier just little things like that I: mmm FC1: and then I researched a little bit on the internet and that’s how I got through it I: … thinking about the professional side was there anything that was helpful? FC1: my social worker at the time she … she suggested about the researching on the internet I: What sorts of things did you research? FC1: I know it’s a normal thing at that age, it’s just the extreme of it that that was the concern, but yeah I just researched about how to manage tantrums and I read a lot about other people’s experiences with extreme tantrums or what they thought of as extreme tantrums and yeah I just did that really | Feeling blamed for child’s behaviour  
Finding own solutions to difficulties  
Minimal suggestions of support from professionals  
Extremes of behaviour  
Value of others with similar experience |
| FC10: … the goodbye was terrible as they went to school in the morning and I got a call to say they weren’t coming back because mum had been released I: so that was when they left you? FC10: Yeah, I never saw them again I: really? FC10: I was told to pack their clothes and belongings I: and how long had they been with you? FC10: 12 weeks I: what was that like for you? FC10: I don’t really know, it would have been nice to say goodbye | Difficult endings  
Abrupt ending  
No control in ending  
No control in ending |
| FC8: we had two years of absolute hell, I have to say because social workers didn’t believe us, they just didn’t have … they said ‘oh no you are just being negative’ and ‘it can’t be that bad, they can’t be doing these things’ and … I: and were they your social workers or the boy’s social workers? FC8: both, and it went on that way for about 18 months and it wasn’t until Harry went upstairs with our social worker and he started saying things and she came flying down the stairs and she said ‘I’ve got to go’ and then we find out two days later he’d said about killing people … now we’d been saying this, I mean you would not see someone leave so quick I: and had you been raising concerns? FC8: Oh, we’d been raising concerns for about 18 months | Not believed about concerns  
Concerns about children dismissed  
Concerns believed only when social worker listens to child  
Concerns repeatedly ignored |
Appendix 8 – Step Three of Thematic Analysis
Example step three of TA (Braun and Clark, 2006)

An image of the codes being moved to create categories, which would be later moved into themes or subthemes or discarded.
Appendix 9 - Thematic Map of Analysis
Appendix 10 - Summary Sheet of Themes Sent to Foster Carers
Themes from Interviews

The headings below in **bold** are the main themes and within each theme are a series of smaller themes in *italics* which support the bigger theme. In brackets are brief descriptions of the themes.

Building bonds

1.1 A natural process
(Bonding with children was described as a natural process whereby foster carers spoke about feeling like parents to the children in their care).

1.2 Responding with sensitivity
(Especially in the context of often chaotic and unstable early lives or birth families, many foster carers spoke about the importance of learning to understand the child’s needs and responding to them in sensitively).

1.3 Investing in quality time
(Many foster carers discussed the importance of getting to know the child, their interests and the importance to the bond of spending quality time with the children in their care).

1.4 Preferentially seeking out the foster carer
(Many foster carers discussed a hallmark feature of knowing when children had bonded were in moments when they child looked for them or sought them out for physical comfort or to just be with them).

1.5 The reparative value of forming attachments
(The importance of giving children a good experience of bonding was discussed, especially in terms of the benefits it could provide the children in the future, such as being able to move to new carers or adopters and into their adult relationships).

Barriers to building bonds

2.1 Child’s rejecting behaviours
(Foster carers spoke about difficulties bonding due to the child’s behaviour towards them which could be reactive or rejecting towards them).

2.2 Contact with birth families
(Many foster carers discussed the disruptive impact contact with birth families could have on the bond with the carers, even if this was only a temporary effect).

2.3 View of fostering as a business
(Some foster carers discussed how fostering can be perceived by other professions as a job where children should be kept at ‘arm’s length’ and bonding was not always a priority. This was not how foster carers viewed the role of being a foster carer).

Barriers to accessing support

3.1 Not feeling listened to
(Many foster carers discussed how it was difficult to get their voices heard or listened to, especially when raising concerns within the wider professional network. This was often due to them feeling as though they were not seen as professionals by other professionals).

3.2 Ostracised from professional support
(Many foster carers discussed how there was often not much support available when they had concerns about the children in their care and that they often had to wait a long time for support, told that their children did not meet thresholds for support or rely on the experience they have developed to support themselves).

3.3 Lifelines of support
(Many foster carers discussed the importance of close friends and family around them who offered them emotional and practical support and how often other foster carers were useful sources of support as they also had experience of many of the difficulties to the role).

Breaking of bonds

4.1 The grief of losing children
(The loss and grief of losing children in foster care to new placements, back to birth families or into adoption was discussed, which was especially difficult as carers felt bonded to the young children they lost and there is limited support for foster carers in this respect).

4.2 Guilt and relief at endings
(Some foster carers discussed having mixed feelings at the endings of placements, with some feeling relief, even when they felt they had bonded, due to the difficulties they had on placement as well as a sense of guilt they could not do more for the child).

4.3 Loss of post-placement contact
(Not only do foster carers experience the physical loss of the child, they often lose all contact with them after placement despite wanting to stay in contact. Whilst foster carers discussed that post-placement contact was usually discussed they often experienced these discussions as empty or ‘broken promises’, adding another layer of sadness to the losses of the children they cared for).
Appendix 11 - Foster Carer Feedback to Themes
<table>
<thead>
<tr>
<th>Foster Carer Feedback on Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“These themes are definitely what I discussed in the interview. Thanks for the hard work”.</td>
</tr>
<tr>
<td>“The themes and sub-themes seemed to represent what I said in the interview and I hope that they can be used to make people realise how important things like ending and contact with children when they leave are. They system can be really traumatising”.</td>
</tr>
<tr>
<td>“They are all great, they all make sense and definitely capture what we discussed. The one about fostering as a business is really important and the one about post-placement contact is a big one too. It’s all so traumatising and we really aren’t valued. You’ve covered it all”.</td>
</tr>
<tr>
<td>“Everything we discussed is covered in there. Thank you for gaining my feedback”.”</td>
</tr>
</tbody>
</table>
Appendix 12 – Criteria for Good Quality Thematic Analysis

<table>
<thead>
<tr>
<th>Stage of TA</th>
<th>Point</th>
<th>Quality criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcription</td>
<td>1</td>
<td>The data have been transcribed to an appropriate level of detail, and transcripts have been checked for ‘accuracy’.</td>
</tr>
<tr>
<td>Coding</td>
<td>2</td>
<td>Each data item has been given equal attention in the coding process.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Themes have not been generated from a few vivid examples (an anecdotal approach) but, instead inclusive and comprehensive.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>All relevant extracts for all each theme have been collated.</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Themes have been checked against each other and back to the original data set.</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Themes are internally coherent, consistent, and distinctive.</td>
</tr>
<tr>
<td>Analysis</td>
<td>7</td>
<td>Data have been analysed rather than just paraphrased or described.</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Analysis and data match each other – the extracts illustrate the analytic claims.</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Analysis tells a convincing and well-organised story about the data and topic.</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>A good balance between analytic narrative and illustrative extracts is provided.</td>
</tr>
<tr>
<td>Overall</td>
<td>11</td>
<td>Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase</td>
</tr>
<tr>
<td>Written report</td>
<td>12</td>
<td>The assumptions about TA are clearly explicated.</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>There is a good fit between what you claim you do, and what you show you have done</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>The language and concepts used in the report are consistent with the epistemological position of the analysis.</td>
</tr>
</tbody>
</table>
|              | 15    | The researcher is positioned as active in the research process; themes do not just ‘emerge’.