Retaining foster carers during challenging times: the benefits of embedding reflective practice into the foster care role

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Abstract

Retaining high quality foster carers and helping them to manage the intense emotional impact of caring for young traumatised children is still a major challenge. While foster carer training helps in the short term, international findings suggest that training and support structures alone may not sustain foster carers when times get tough. This article considers the benefits of embedding reflective practice into the role of foster carers. It draws on a qualitative study of five foster carers and two birth mothers receiving specialist help whose children have experienced severe trauma, early neglect and/or abuse and who attend a residential special school for primary-aged children where staff reflective practice is at the core of its work. The carers of all new pupils during a 12-month period were interviewed at the start of placement and one year later and the emerging themes were identified. All of the foster carers reported that after the first year children were less violent and aggressive and more able to verbalise their feelings. Some also began to change their perception of their child's difficulties. The birth parents also reported improvements but the focus of their concerns and details of the benefits were different. The article argues that in addition to training, all carers who look after severely traumatised children would benefit from regular opportunities to genuinely reflect on the impact that their caring role has on them and that their children's development will be enhanced by the reduction in challenging behaviour and the risk of placement disruption. However, within the reflective process, different groups of carers will have their own particular concerns.

Keywords

Foster carers, retention, support and training, children with complex problems, reflective practice, placement breakdown, Mulberry Bush School

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Introduction

A recent editorial of this journal drew my attention to a report from the Department for Education (DfE) (Bullock, 2017; Department for Education, 2017) in England which commented on research of its fostering system. I noted two comments. Firstly, that the 'biggest current issue in fostering is how to secure the future recruitment and retention of enough, high quality foster carers' (p. 213), and secondly, that children with complex problems pose a particular challenge. In this article I discuss how regular reflective opportunities might help foster carers look after these most challenging children more effectively. In distinguishing between models of time-limited foster carer training/support and a reflective practice model developed at the Mulberry Bush School, I highlight the advantages of establishing a 'culture' of embedded reflective practice and how this might address foster carer retention. I argue that if foster carers were genuinely supported to reflect on the impact on themselves of looking after emotionally distressed and troubled young children, the problem of the 'retention of enough high quality foster carers' might be addressed.

Research in foster care repeatedly suggests that reducing placement disruption is fundamental to meeting children's long-term social, emotional and mental health needs. Linked to this, the stability of a child's placement can be improved by increasing a carer's ability to manage and cope with their child's disturbed attachment behaviour (Sinclair, Wilson and Gibbs, 2005). In the last 25 years, practitioners and researchers have questioned whether the parenting approaches that benefit typically developing children are appropriate or effective for children with developmental trauma disorder type needs (van der Kolk, 2005). A large body of evidence now confirms that early preverbal trauma and abuse has cumulative and long-term developmental impacts on children (Perry, 2009). Consequently, the focus is moving towards incorporating this research into parenting challenging children. We know that early trauma and abuse affects a child's ability to sustain close relationships, so it is crucial to understand how and why this population of children requires a different, non-normative style of parenting (Alper and Howe, 2015).

Parenting foster children has long been described as a complex task and since the 1970s social work has debated how best to look after children and adolescents (Hazel, 1993). These challenges to parenting are also supported by international research which argues that standard behavioural and cognitive behavioural parenting interventions do not work for traumatised and abused children. Research concludes that different parenting interventions are needed for children with severe attachment problems (e.g. Turner, Macdonald and Dennis, 2009). The researchers suggest that interventions that concentrate on parental sensitivity appeared to have the most promising focus, although they also conclude that further studies need to be undertaken before the specialist skills required to parent traumatised children are properly identified (Wright, et al., 2015).

Training and support of foster carers: recent findings

Training

In 2005, Sinclair and colleagues identified that we need to 'develop forms of training and support which help the carer to parent in a skilled way and prevent negative spirals from developing' (Sinclair, Wilson and Gibbs, 2005: 86). Since then, two systematic reviews have looked at research from the USA and UK. The first reported mixed findings but suggested that programmes with a longer duration would benefit from further research

(Everson-Hock, et al., 2012). The second identified that many studies reported a positive impact on carers, but that overall the programmes were so varied that conclusions about the efficacy of foster carer trainings could not be made (Kinsey and Schlösser, 2012). Other studies have been largely based on interventions in work settings reviewing their own practice. Consequently, the programmes cover a range of different theoretical approaches and each setting has its own design. Many trainings identified that foster carers liked working in groups (Ironside, 2012; Laybourne, Andersen and Sands, 2008; Madigan, Paton and Mackett, 2017) and most reported high levels of participant satisfaction. Some suggested a reduction in participant stress and an increase in self-understanding (Golding and Picken, 2004; Green, 2011; Gurney-Smith, et al., 2010; Roberts, Glynn and Waterman, 2016; Wassell, 2011). With the exception of one study, the longer-term impact of training was infrequently reported (Roberts, Glynn and Waterman, 2016) but interestingly, where it featured, the authors described training run by professionals rather than experienced peer foster carers.

Support

Post-approval training is one type of support given to foster carers, but some research has looked specifically at more intensive interventions. A frequent conclusion is that foster carer support should be comprehensively redeveloped (Lawson and Cann, 2017; Luke and Sebba, 2013; Maclay, Bunce and Purves, 2006; Narey and Owers, 2018; Ottaway and Selwyn, 2016). The studies suggest that parents and carers need ongoing support for the challenging behaviours that they encounter daily and that it should be more than a social gathering. Suggested types of support are: respite; good quality professional relationships with the child's network; in-home support; and group work provided by experienced foster carers (Murray, Tarren-Sweeney and France, 2011; Octoman and McLean, 2014; Samrai, Beinart and Harper, 2011).

Trainings promoting a reflective approach

Parents' ability to reflect on their own mental states and those of their child is known as mentalization (Cooper and Redfern, 2016). Promoting this ability in parents and carers is strongly linked with secure attachment patterns in children, the ability to self-regulate and to understand and reflect on the mental states of self and other (Fonagy and Target, 1997). Research suggests that parent–child relationship difficulties are more likely if parents are unable to mentalize trauma experienced by their child (Ensink, et al., 2014). However, even the most reflective parent is likely to temporarily lose their mentalizing perspective in stressful situations, such as looking after children who are challenging, violent, aggressive, unresponsive or withdrawn, as well as children who do not show affection and reject care. Research into mentalization-based trainings suggests that this approach may help foster carers, although the studies are based on short-term interventions (Bammens, Adkins and Badger, 2015; Bunday, et al., 2015).

The psychoanalytic model of infant observation is a fruitful approach to help parents and carers develop and maintain a reflective mentalizing perspective (Miller, et al. 1993). Developed as an important part of the training of psychotherapists and social workers, it involves the student observing an infant for a period of time while attending a weekly peer supervision group. Ironside (2012) adapted the method for groups of foster carers and found

that it helped them learn about and focus on their own feelings as well as how to recognise when these may reflect the child's state of mind. Parenting traumatised children often involves emotionally charged situations. The observational approach promotes the development of a reflective stance, as we know that the ability to 'keep the child in mind' can be eroded in challenging situations (Midgley and Vrouva, 2012: 2).

Despite repeated acknowledgement that we need to understand the specific parenting skills required to look after severely traumatised children, apart from training and support for foster carers there is not an established way to routinely provide this. This article explores a possible way of delivering the skills necessary to support and retain foster carers who look after young children with complex problems. The DfE report referred to earlier does not define what it means by a child with 'complex problems', so for the purpose of this article I refer to such children as those who: (1) are highly vulnerable due to traumatic events in their early years; (2) have a history of repeated placement breakdowns; and (3) often have a large professional network.

The research study

Setting

The study that informs this discussion was undertaken in England at the Mulberry Bush School, a therapeutic, residential school for children between the ages of 5 and 13, most of whom are or have been in foster care. The children have experienced severe trauma, neglect and/or abuse, and often their early, pre-verbal experiences were exceptionally difficult. They are referred with a history of home and educational breakdowns. On average, placements are 38 weeks per year for three years and children go back to their home setting in the school holidays and every third weekend. Based on referrals between 2013 and 2017, 58% were in foster care, 12% were adopted, 30% had a parent who themselves were in care and 30% lived with birth parents or grandparents. In addition, 73% were exposed to harmful substances in utero and/or during the first year of life, 27% had a parent in prison and 61% had not been in full-time education at the point of referral.

The school is a therapeutic community (Diamond, 2009) for up to 30 children. As a not-for-profit charity, it receives funding from each child's local authority. The aims are to prepare a child to access an appropriate educational provision and, where possible, to integrate back into a home setting; thus, establishing stability for the child and network is vital. The children go to school on site and the support for learning consistently takes into account their social and emotional needs. Teaching plays a key part in the therapeutic milieu and pupils make as much progress as would be expected of children in mainstream schools (Gutman, et al., 2018). The school has had an 'outstanding' inspection (Ofsted) rating since 2004.

The Mulberry Bush model of practice is based on three areas: psychodynamic theory (Dockar-Drysdale, 1968), collaborative working (Richardson and Peacock, 2016) and reflective practice (Roberts, 2010). Staff are trained to foundation degree Level 5 in 'Therapeutic work with children and young people'.[1] Every member of staff irrespective of their role attends a regular facilitated 'reflective space', the purpose being to think and reflect on the impact of working with children who are emotionally troubled following neglect, trauma or abuse; this is in addition to routine individual and group supervision. This exploration of feelings is mirrored in the work with the children and carers.

The school was founded in 1948 and although family work has always been important, a team was established around 20 years ago to focus specifically on parents, carers and the external networks.[2] The type of work depends on the needs of each child and family. In discussion with professionals, the school provides liaison, support, therapeutic residential weekends, foster carer groups, adopters' groups, individual and couple counselling, family therapy, parent work, video interaction guidance and multifamily therapy (Harragan, 2015).

Although foster carers have a supervising social worker from their local authority or fostering agency, the input that carers receive varies hugely. Some supervising social workers remain actively involved whereas others withdraw or are difficult to engage. As a result, we work alongside carers with widely differing levels of experience. Post-approval training and professional support vary but typically, given the complex needs of the children, their local services have rarely engaged them adequately or provided them with what they or their child have needed.

Rationale for the research

The purpose of this study was to find out whether the Mulberry Bush's work improved the understanding that carers had of their child during the first year at the school. Children's placements are usually for three years. The first year is taken up with settling in and getting to know the child and family, and the preoccupation of the final year is finding an appropriate follow-on school. Hence, the child is most likely to be settled in their second year; staff find that this is when children and their families are most receptive to therapeutic work as the painful issues of separation and loss which can lead to a lack of trust, making therapeutic work more difficult, are at a minimum. Therefore, we wanted to know if our provision affected the understanding that parents had of their child during the first year, while being mindful that we are not responsible for employing or training foster carers. In particular, we wanted to know what it was like for parents to share the care of their young child with a residential establishment.

Participants

Eleven participants were recruited for the study (see Table 1). They were all the parents and carers whose children started during the 12-month period described. They comprised four foster carer couples, one single female carer and two single birth mothers. They were aged between early 40s and late 50s. The foster carers had a wide variety of previous fostering experiences: one was new to the role and two of the couples each had 15 years' experience. In all of the foster placements, the child had lived with them for less than a year. One participant was Black British of Jamaican heritage, another was Black British of Barbadian heritage and the rest were White British. Gracie,[3] the Barbadian participant, was caring for a white girl, Eve; the other carers and their child had backgrounds with similar cultural and racial heritage.

Participation in the study was voluntary and no one withdrew from the research. The school's Trustees agreed to the study and ethics approval was granted by the University of Exeter. Participants received information about the study once their child's placement was confirmed and they all agreed to the publication of findings.

In the following discussion, the main focus will be on the experiences of the foster carers but as the feelings and perceptions of the two birth parents showed interesting contrasts to those of the foster parents, their responses will be included.

Table 1. Participant details.

Name	Birth parent (BP) or foster carer (FC)	Child gender and age	Length of time fostering Local authority (LA) or agency	Support or post approval training for parent/carer	Treatment for child
Teana & Derek	FC	Female 8	15 years Agency	Agency offered 6 hours respite per week; child refused after few times	CAMHS* assessment suggested counselling for FC – not taken up SW referred child to NSPCC**
Carol & Will	FC	Male 7	3 years Agency	Attended courses but none aimed at severely traumatised children	CAMHS assessment and medication
Kath & Steve	FC	Female 8	15 years LA	FC support group	No
Gracie	FC	Female 9	New FC Agency	No support/training	No
Petra & Klaus	FC	Male 9	8 years Agency	FC support group	No
Helen	BP	Male 10	n/a	One session of GP counselling for Helen	CAMHS assessment
Steph	BP	Male 7	n/a	Positive Parenting Programme	CAMHS assessment and medication

*Child and Adolescent Mental Health Services
**National Society for the Prevention of Cruelty to Children

Data collection and analysis

Semi-structured interviews were carried out with participants during their child's first week (T1) and then again 12 months later (T2). This generated 15 interviews that lasted between 55 and 100 minutes; one T1 interview took place at the school and the rest were in the home setting. Interviews were recorded and transcribed. There was a comparative thematic analysis between T1 and T2 (Braun and Clarke, 2006) and the emerging themes are reported below.

Carers' views: when children started at the Mulberry Bush

Feeling at rock bottom

Without exception, all of the participants described the extreme emotional toll of looking after their child. They described the task as relentless and overwhelming. The theme 'rock bottom' comprises a cluster of recurring events in which the child's behaviour and extreme emotional states were overwhelming, leaving the parent or carer stripped of their ability to parent effectively or to see the child for who they actually were. Instead, in the adult's mind

the child became a tyrant, as if she or he was replicating the behaviours they had experienced earlier in childhood, but now with the carer on the receiving end. The child's presentation included violent, sexual or bizarre behaviour, which adults found immensely unnerving and eventually intolerable. Four of the foster carers recalled that they had either given notice or threatened to end the child's placement if further help was not provided. A constant source of tension was the impact on their immediate family, leaving them under pressure to choose between their family or the child.

One foster carer couple described how their child would talk to an imaginary friend in violent and abusive terms. Here they give an example of what was said to their pregnant daughter and partner:

> *Will:* They heard him saying things like, 'No, you've got to go and kill the fuckers' and it freaked them.
> *Carol:* They found it scary didn't they?
> *Will:* What used to get me was that all of this happened when [daughter] was here and heavily pregnant and he said, 'You do know I'm going to kill your baby', and that was every day and that moved them out in the end.

Not getting the full picture

In the initial interviews all of the participants described how they had felt puzzled and confused by the bizarre behaviours of their child. Foster carers referred to a lack of information about the child and/or a lack of understanding about aspects of his or her behaviour. Gracie recalled:

> Eve came nine months ago from social services and I didn't have very much information, but what I did know about her was that she pushed the boundaries. I found it out very quickly, in less than a week; she created, she screamed, she shouted, she slammed doors and this was a pattern of behaviour that went on for five weeks, and in that time she did a lot of damage. I knew there was some sort of trauma but what? Until I got some paperwork I didn't actually know what I was dealing with or facing.

Despite the complexity of a child's presentation, most foster carers had received little or no professional help to process and make sense of the child and their behaviour. Not only did they describe difficulty in fully comprehending the reasons for their child's conduct, but they also felt unprepared and out of their depth. For example, Teana wanted help to understand Corine's sexualised behaviour and said, 'I needed to talk to someone, just about you know, the sexual behaviour, because I have never had that before, but they couldn't get it.'

All the foster carers wanted to respond therapeutically and to find ways to explore difficult relationship-based issues and Teana had wanted help to say and do the right thing with Corine when her behaviour was shockingly sexualised. Carers described feeling out of their depth and frustrated, and felt they and their child would have benefited from professional input. The two birth mothers did not convey this.

Maternal guilt

Interestingly, the two birth mothers did not communicate this feeling of bewilderment and fear and talked more about their experience of domestic violence, which their children had witnessed pre-verbally. (The foster carers did not articulate this theme.) Both mothers

presented distressing and grim histories, and grappled with memories of being on the receiving end of persistent physical violence and emotional cruelty over a number of years. They were dimly aware of this impact on their sons but were not able to fully articulate or explore it. Helen was physically abused during pregnancy and feared for Michael's survival. When considering possible reasons for his difficulties she said:

> I think it shows, that me carrying a baby would have enormous amounts of stress, huge amounts of stress and I don't know how that can transfer, you know, to an unborn child. Sometimes I feel guilty that it could have been my fault [crying].

Acknowledging the impact on their sons of witnessing domestic violence was painful for both birth mothers. Their accounts were punctuated with their own feelings about the abuse they had experienced, and shame and guilt for what they considered was their responsibility.

Using a different type of parenting

While the small sample of participants makes generalisation difficult, it is significant that the emotions and focus of concern contrasted between foster and birth parents, suggesting that the support programme might need to differ for each group. In fact, the birth parents and foster carers conveyed two different modes of parenting: the first with foster carers where attention was intensified and focused on monitoring and managing the behaviour of their child; the second with the birth mothers who tended to avoid their child's difficult behaviour in order to not provoke an outburst. All the participants emphasised that these styles were not what they would have liked.

The foster carers' monitoring and managing mode came from a belief that the child was a risk to other children or themselves, and needed to be constantly monitored to give the adult peace of mind, which was stressful and tiring. For example, in relation to Craig, Carol said:

> You know, whereas the others you can just let them play in the garden, with Craig you have to be constantly just behind him watching what he's saying and watching what he's doing.

In contrast, the two birth parents took an 'avoidant' approach to parenting, giving in to the child despite this creating tension in the family. They did this to reduce conflict and violence. Helen said:

> *Helen:* I always avoid confrontation. I suppose I give in to him, within reason, but that really annoys the other two because it's like, 'You always give in to Michael, you always give him everything he wants. It's not fair!'
> *Interviewer:* So there's some tension?
> *Helen:* Yeah, if you do have conflict, then it's big and people get hurt. I know it's not ideal . . . but I know we've needed help for a long time.

The work undertaken in the interim period

Table 2 outlines the focus of family and network practitioner (FNP) work with each participant. The school links with parents and carers in a variety of ways. In the first year this would typically include:

- a weekly telephone conversation with the child's key worker;
- FNP home visits and telephone calls;
- offer to attend family weekend;[4]

Table 2. Work undertaken with participants during the year.

Name Birth parent (BP) Foster carer (FC)	Focus of work undertaken by FNP	Attended family weekend? Yes/No If No why not?	Did foster carer attend termly school foster carer meetings?
Teana & Derek (FC)	Allegations made to carers by child. Liaison with network as carers gave notice.	No Declined for work reasons	2 out of 3
Carol & Will (FC)	Helping FCs engage with residential staff and understanding tension between FCs and school.	No Declined for health reasons	3 out of 3
Kath & Steve (FC)	Network meetings with social worker/other professionals as they had disengaged. Help Steve with relationship with Emma and school staff.	No No reason given	2 out of 3
Gracie (FC)	Psycho-education about Eve's early experiences. Being a black carer to a white child. Mediating between network and school staff.	No Did not attend as dates muddled	3 out of 3
Petra & Klaus (FC)	Helping carers understand approach of school. Made good relationship with supervising social worker.	Not offered due to complex family issue unrelated to MB child	2 out of 3
Helen (BP)	Helen's experience of domestic violence and impact on family.	Yes	n/a
Steph (BP)	Boundary setting and parenting, impact of domestic violence on family. Trying to engage local authority as no allocated social worker.	No Declined following birth of baby	n/a

- offer to foster carers to attend termly FC meetings;[5]
- education open day to speak to teachers about educational progress;
- family open day for families to have fun together with staff;
- contact with the child's therapist (where applicable);
- therapeutic work/supportive work if identified by network.

Families generally find that attending a 'family weekend' during the first year positively influences their understanding about the work of the school, which in turn improves their relationship with their child. However, for various reasons only one participant family attended during this study, indicating the practical complications of delivering intended support.

The FNP's work with the participants involved helping them to understand and process their feelings about aspects of their relationship with their child and the school. Except for with Helen, the FNP's work also included substantial networking. From the start of

placement only one supervising social worker remained actively involved. Three foster carers attended all foster carer groups and six attended two out of three.

Carers' views 12 months later

My child is easier to be with

After 12 months, all but one participant couple said that their child was easier to be with.[6] The interviews revealed that they were less overwhelmed than a year ago, although they still found their child's behaviour challenging and demanding. Most found their child less threatening and aggressive, with fewer threats of violence or actual violence. Will summed this up saying:

> Will: We keep to our boundaries with him, because we think it's important for Craig to understand this is where we are.
> Interviewer: Has that been different since he's been at the Mulberry Bush?
> Will: I'm going to say it's been easier; beforehand the outbursts would come and they would be quite violent. He's more cheeky and rude now.

Sharing the parenting role with a residential setting

All participants were also relieved that the school was sharing the emotional load of looking after challenging children. Petra summed it up saying:

> The relationship we have with the school has been fantastic but it's odd sending someone back (…) but this is the relationship we have (…) this shared parenting we do is difficult to get your head around; you just have to stay focused that it's the best thing for Daryl, without a doubt.

However, the home–school relationship did not always run smoothly and sometimes 'sharing the parenting' caused tension. Most of the foster carers expressed this (in contrast to the birth mothers who were relieved to have had other adults to talk to about their child). An example is provided by Gracie who spoke about Eve's key worker:

> When I speak to the key worker, and ask how she's been and how certain things are, what I find quite annoying or upsetting… I'm not even sure it's upsetting but… I can't really explain the way that it makes me feel, is that if Eve had said something at school that I feel quite strongly about then I'm told [by key worker], 'Don't do anything about it, don't tell her off' and straight-away I just feel like you are telling me how to talk to her and I have my way of speaking to her.

The foster carers tended to feel that when key workers gave their views about how to parent the child, the ways of thinking about parenting could be quite different. The reflective approach of the Mulberry Bush was at odds with more standard parenting approaches taken by most foster carers. Also Eve's experience suggested a tension between her and Eve's key worker, rather than a collaborative partnership as Petra described earlier.

Foster carer gaps in expectations

At the end of the year, some foster carers were struggling to appreciate the extent of their child's emotional and educational needs. This meant that their expectations about what could be achieved were overly optimistic. For instance, Will had this to say

about Craig: 'Because from my point of view, one day I'm expecting Craig to come home and then come back into a normal mainstream world.'

Steve stated something similar about Emma:

> She can't do her ABC right through, she has no idea of a clock, she hasn't a clue if it's Monday, Tuesday, Wednesday, she just doesn't know what day it is and I think when you're that age you should know.

On the other hand, Petra had the opposite thoughts and remarked:

> We thought that he'd possibly need a year or two of therapeutic input and then we could send him off to X [local school]. It's not going to happen, we see now he definitely won't manage mainstream school.

There was a view among some foster carers that all children 'should' attain certain skills irrespective of their developmental stage, emotional or cognitive ability, and they tended not to take into account the long-term impact of early trauma on young children. Some participants thought that receiving an education alongside therapeutic input would quickly put right the early deficits and damage endured. Consequently, they were puzzled and disappointed by certain aspects of their child's progress.

Getting my life back

Again, there were contrasts in the responses of the two birth mothers. They stressed that they had benefited personally from their child being at the Mulberry Bush. For example, Helen commented: 'It made me feel more of a person again, it's given me a life again rather than just having to spend my life for Michael.'

Steph, the second birth mother, described how social and health care had fewer concerns about the family and her parenting:

> We were on a child protection plan – I think I spoke to you last year. We're not on a child protection plan any more, we're now on 'child in need'; we've got a meeting next month and they're looking at taking us off altogether.

The two birth mothers also communicated an important shift in their sense of well-being and confidence, linked to the therapeutic work about the domestic violence. Helen said this about her son: 'When he's home he's not really trying to manipulate us anymore, because he was manipulating me to allow him to do exactly what he wanted to do.'

Most of the foster carers did not talk about the personal impact. With the exception of one, any such effects were discussed in relation to the tension in establishing a combined parenting relationship with the school.

Discussion

This study adds weight to the evidence that looking after vulnerable and traumatised children with complex problems can leave carers feeling overwhelmed and deskilled (Maclay, Bunce and Purves, 2006; Ottaway and Selwyn, 2016; Sargent and O'Brien, 2004). It also shows that after one year of receiving therapeutic help the children were less violent and aggressive and more able to verbalise their distress. However, although this was a welcome shift, some foster carers were still unsure of how best to respond when their child expressed painful feelings.

For some, having a child in a residential setting brought mixed feelings, although sharing the care and the emotional load was a relief. There were interesting differences between the experiences of birth mothers and foster carers. The foster carers talked about the tensions in having a child in a residential school whereas the birth parents indicated that they benefited personally from the school's therapeutic input. Similarly, apart from one, Petra, the carers rarely offered personal reflections or insights in the way that birth mothers did, echoing the literature about the varying levels of reflection of many foster carers (Bunday, et al., 2015), whereas the birth mothers eagerly shared personal changes and their growing understanding of their sons' needs. Nevertheless, Petra did voluntarily share aspects of herself and her personal life that linked to her role as a foster carer. By giving a fuller picture of her understanding of herself as a mother, a foster mother and a woman, her reflections on the difficulties in her relationship with her foster child were balanced, insightful and more than just descriptive. Like the two mothers, she differed from the other foster carers who did not naturally use self-reflection and whose accounts did not convey an impression of how they engaged with and understood the emotional life of their child.

It is recognised that social workers working with traumatised, abused and neglected children commonly limit their level of reflection to protect themselves against the emotional impact of the work (Ferguson, 2018). With this in mind, it could be argued that some of the foster carers who seemed to distance themselves were perhaps defending against the pain they observed in their child (Sloan Donachy, 2017). Foster carers often say they receive inadequate support, so perhaps this was linked to a less personal way of talking (Brown, Sebba and Luke, 2014; Samrai, Beinart and Harper, 2011).

Reflective practice is at the heart of the Mulberry Bush approach. It provides staff with a regular place to talk about the impact of the work on themselves and creates a shared reflective culture in the organisation. This means that the highly emotionally charged situations which accompany this type of work, and which happen all the time, are available for thought. At the Mulberry Bush this approach is explicitly encouraged. In contrast, in some settings 'a reflective culture (is) often replaced by periodic attempts to ''be reflective'', perhaps at a time of crisis rather than in a planned and ongoing way' (Roberts, 2010: 3). Residential staff at the school carry out a similar role to that of a foster carer, and like them, staff are confronted daily with the children's emotional pain and distress. Providing regular reflective spaces enables staff to develop a deeper personal understanding of how they feel and react in relation to the children's powerful emotions. This means that when staff are repeatedly faced with similar situations they can hopefully find ways to tolerate a child's distress. This approach resonates with Ironside's (2012) groups for foster carers and the recent studies looking specifically at reflective function (Bammens, Adkins and Badger, 2015; Bunday, et al., 2015). In contrast, time-limited trainings for foster carers have a different remit to that being suggested here. While they deliver necessary information and knowledge, and give a theoretical grounding, some studies suggest that these trainings do not help when foster carers need it most, particularly when looking after emotionally disturbed and challenging children (Murray, Tarren-Sweeney and France, 2011; Samrai, Beinart and Harper, 2011). Thus, the overwhelming message is that carers who foster extremely troubled young children like those at the Mulberry Bush, not only need post-approval training but also something more to enable them to continue to provide stable placements.

This conclusion is reinforced by the fact that the less reflective foster carers tended to be more implicitly critical of the school. For some, co-parenting seemed to evoke feelings of rivalry rather than collaboration. There is a view that people go into fostering because they

want to make a difference to the lives of children (Sebba, 2012), and it could be argued that the reparation these foster carers had hoped and thought they could make to their child's life had not happened in the way they had wished. Some carers might have experienced disappointment or shame at their perceived failure. Having a child placed in a residential setting may have challenged their views about themselves as carers as well as their reasons for fostering. Feelings of rivalry and shame could be expressed in a number of ways, such as criticism of the school.

Another contributing factor to the tension in co-parenting may emerge if we ask the question 'Who is in charge of this child?' Children in foster care often complain that they have no control over their lives as no one person is in charge (Lee, 2015). The local authority and social worker have parental responsibility, yet the people who look after them do not make final decisions. Perhaps we should view the tension in co-parenting as the Mulberry Bush and foster carers struggling to gain some power and authority over a child whom neither of them 'owns', a child they might both want to claim in order to help him or her feel loved and wanted.

But whatever the dynamics, the study highlights that foster carers looking after emotionally damaged primary-aged children are still not getting the support they need. The Mulberry Bush recognises the personal challenges that this work entails and provides a two-year foundation degree level in-house training course as well as regular reflective groups. This reflective use of the self is a vital aspect of all social work and recommended by Laming (2009) and Munro (2011). But because the children come from a wide geographical area, the school is unable to provide this level of support to all of its parents and carers. The interviews brought home the difference in provision between what Mulberry Bush staff and foster carers in the community receive. Indeed, given what is known about the success of foster placements and the reasons for breakdown, it seems likely that if foster carers were supported in this way, placements for children with 'complex problems' might be more stable, especially if the support was offered by highly trained and experienced foster carers (Octoman and McLean, 2014).

Increasing foster carer training on its own is said not to have a noticeable impact on a child's sense of well-being; instead it is the foster carers themselves who make the difference (Sinclair, 2013). This suggests that we need to care for foster carers in ways beyond social-based support. A report into the mental health needs of looked after children recommends that 'Foster carer training should also be complemented by ongoing "consultation" in order to ensure that carers can generalise what they have learned in the context of a specific carer–child relationship' (Luke, et al., 2014: 126). Taking this into account alongside the findings of this research, it seems that 'ongoing consultation' should focus specifically on helping foster carers reflect on themselves, their parenting role and how they manage living with a traumatised child; in other words that they are given the right level of care to enable them to care for the children. This is different to consultations based on a child's behaviour or issues with the network. The regularity of a reflective space group would enable foster carers to process the experience of the intensity of being on the receiving end of a child's distressing behaviour. Also, it would help them keep up with the tiny but important developmental shifts in their child as they slowly take place. This proposal is different from and in addition to trainings, which are mainly short term and with a specific focus; it is also distinct from support groups.

Perhaps there are such reflective groups for foster carers.[7] Some therapeutic fostering schemes advertise that they offer regular consultation groups but they do not mention the reflective element that is central to the Mulberry Bush approach. In contrast, I believe that

some fostering organisations run reflective groups but call them 'training' as this sounds more professional and provides a better fit with the ethos of the organisation (Thomas, personal communication, December 2017).

Practice implications

Even though these findings are based on a small school in England, they do suggest ideas that could contribute to the retention of foster carers looking after children with complex problems in different countries. Embedding a regular reflective group into the continuing professional development of carers could ensure that they have the opportunity to regularly process the emotional impact of their role, which would also help future placements. The model described could easily be incorporated into fostering agencies and facilitated by child mental health professionals or experienced foster carers. It could also be considered for supervising social workers. It complements Ottaway and Selwyn (2016) who recommend 'the commissioning of inter-agency, locally based and independently run support groups that promote a safe space for carers' (p. 21), although my argument is that there should a reflective focus to such groups.

Limitations of the study

There are several limitations to this study. First is the relatively small sample size which is linked to the research design. Second, adoptive parents did not feature in the sample and they are likely to have added a different perspective. Third, as the participants were mainly female there was a gender bias. Fathers are often missing from research with children so a better gender balance would have added to the analysis (Etchegoyen and Trowell, 2005). Finally, I acknowledge that my role on the school management team and as a child psychotherapist may have affected the interviews although steps were taken to reduce this.

Conclusions

The difficulty of retaining enough high quality carers to look after children with complex problems was raised by the DfE in England (2017) and this article has argued the need to embed reflective practice into the role of foster carers. This study focused on a residential special school looking after children whose needs and histories are exceptional and who have not responded to orthodox parenting interventions. Its distinctive approach is that staff reflective practice is at the core of the work. The findings suggest that most foster carers employed by local authorities and agencies do not receive this type and level of reflective support, yet they look after children with similar needs in their own homes. Providing ongoing reflective opportunities of the type described for foster carers offers a promising way of improving the effectiveness of foster care and improving outcomes for children whose early lives have been highly disrupted and whose emotional worlds are in turmoil.

Notes

1. Accredited by the University of the West of England.
2. Every child and family is allocated a 'Family and network practitioner' (FNP) who liaises with the child's home setting and professional network. They use a mentalising and systemic approach (Asen and Fonagy, 2012).
3. All names are pseudonyms and any identifying details have been changed or omitted.
4. Two to three families are invited for a two-night weekend stay, ideally with the whole family. Fun family activities are provided, plus reflective parent groups and the opportunity to observe staff alongside their child.
5. A group for foster carers to talk about the impact of having a child at the Mulberry Bush and to hear about the school's approach.
6. The exception were Teana and Derek who did not express this view and had given notice on the placement with Corine during the first year.
7. ORB8 is an organisation that offers a regular reflective group as part of its therapeutic foster care training (Herd, 2017).

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