



**A qualitative analysis exploring the use of Video Interaction  
Guidance within the context of supporting the development of  
successful fostering relationships.**

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## **Abstract**

### **Background:**

As of March 2021, there were 57380 foster children living with 45370 foster families in England (Fostering Network, 2021). Looked after children (LAC) are one of the most vulnerable groups in society and are at an increased risk of experiencing a range of complex needs such as physical, educational and mental health needs (Hare & Bullock, 2006). These outcomes are likely to follow LAC into adulthood, where they are at increased risk of becoming homeless (Dixon, 2008), experiencing substance abuse difficulties and being involved in criminal activities (Gypen et al., 2017).

As such, it is important to explore different interventions that may improve outcomes for foster children, by supporting the development of successful attachments to their caregivers (in this instance foster carers). For the purposes of this research, Video Interaction Guidance (VIG) is the intervention that will be explored in its ability to positively impact the relationship between a foster child and their foster carer.

### **Aims:**

The aim of this research was to gain an in-depth understanding of foster carers' and VIG guiders' lived experiences and understanding of how to build successful fostering relationships, and their lived experience of delivering or taking part in VIG.

### **Methods:**

Semi-structured interviews were used to gather the participants' experiences of developing successful fostering relationships and taking part in VIG. These interviews were then analysed using Interpretative Phenomenological Analysis.

### **Conclusion:**

The findings identified as a result of the data analysis included VIG being viewed as a catalyst for empowering foster carers. By providing them with the time and space to reflect on their positive attributes as carers, it helped to facilitate positive behaviour change on the part of the foster carers and supported them in reframing the relationship they had with their foster child.

Future recommendations for practice include the importance of considering how the VIG process, and how the film will be used, is communicated to clients as well as the necessity for further exploration into child experiences of VIG. The importance of carefully selecting foster carers who are open to the use of relational and therapeutic approaches within the context of a fostering relationship was also recognised.

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# Table of Contents

<i>Abstract</i> .....	2
<i>Acknowledgments</i> .....	4
<i>List of Tables</i> .....	7
<i>List of Figures</i> .....	7
<i>List of Abbreviations</i> .....	8
<i>Chapter One: Introduction</i> .....	9
1.1 Research Rationale .....	9
1.2 National and Local Contexts and Practices .....	10
1.3 Development of Successful Relationships within the Context of Foster Care Relationships.....	11
1.4 Video Interaction Guidance .....	12
1.5 Purpose of Research.....	13
1.6 Researcher Position .....	14
<i>Chapter Two: Literature Review</i> .....	16
2.1 Looked After Children .....	16
2.2 Foster Carers.....	20
2.3 Video Interaction Guidance (VIG) .....	23
2.4 Attachment theory, caregiver sensitivity and caregiver commitment.....	25
2.5. Conclusion .....	31
<i>Chapter Three: Research Questions and Aims</i> .....	33
3.1 Research Aims .....	33
3.2 Research Questions.....	33
<i>Chapter Four: Methodology</i> .....	34
4.1 The Aims of the Research .....	34
4.2 Research Questions.....	34
4.3 Philosophical Assumptions .....	34
4.4 Design .....	36
4.5 Research Methods .....	36
4.6 Qualitative analysis .....	39
<i>Chapter Five: Reflexive Statement</i> .....	42
<i>Chapter Six: Phase One Findings</i> .....	45
6.1 Foster Carers' Experience of Fostering .....	46
6.2. Development of Positive Fostering Relationships .....	52
6.3. Impact of Successful Fostering Relationships.....	62
6.4. Experiences of VIG .....	65
6.5 Impact of VIG .....	73

<b>Chapter Seven: Phase Two Findings .....</b>	<b>79</b>
7.1 How Positive Fostering Relationships are Developed .....	80
7.2 Experience of Delivering VIG to Foster Carers.....	87
7.3 Child Experiences of VIG.....	93
7.4 Impact of VIG.....	98
<b>Chapter Eight: Discussion.....</b>	<b>107</b>
8.1 How Are Positive Fostering Relationships Developed? .....	107
8.2 Participant Experiences of Undergoing VIG Within the Context of a Fostering Relationship. ....	114
8.3 Reflections on the Validity and Quality of the Research.....	119
<b>Chapter Nine: Conclusion .....</b>	<b>122</b>
9.1 Summary of Conclusions from Phase One and Phase Two .....	122
9.2 Strengths and Limitations of Research .....	124
9.3 Recommendations for Future research .....	125
9.4 Implications for EP Practice .....	126
9.5 Implications for My Own Practice .....	127
<b>References.....</b>	<b>129</b>
<b>Appendices.....</b>	<b>145</b>
Appendix A LA Information Sheet .....	145
Appendix B Foster Carer and VIG Guider Information Sheets .....	147
Appendix C Ethical Application and Certificate of Approval .....	153
Appendix D Interview Schedules .....	173
Appendix E Emergent Themes.....	180
Appendix G Master Themes .....	238

## List of Tables

<b>Table 1</b>	Procedure of Analysis (IPA)	Page 39
<b>Table 2</b>	Procedure of Analysis (TA)	Page 40
<b>Table 3</b>	Phase One Overview of Themes	Page 42
<b>Table 4</b>	Phase Two Overview of Themes	Page 74

## List of Figures

<b>Figure 1</b>	Example of Exploratory Notes and Emergent Themes	Page 39
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## List of Abbreviations

DfE	<b>Department for Education</b>
FC1	<b>Foster carer one</b>
FC2	<b>Foster carer two</b>
FC3	<b>Foster carer three</b>
IPA	<b>Interpretative phenomenological analysis</b>
LA	<b>Local authority</b>
LAC	<b>Looked after child</b>
TEP	<b>Trainee educational psychologist</b>
NICE	<b>The National Institute for Health and Care Excellence</b>
VG1	<b>Video interaction guidance guider one</b>
VG2	<b>Video interaction guidance guider two</b>
VIG	<b>Video Interaction Guidance</b>



## **Chapter One: Introduction**

This chapter introduces the research areas of exploration and the aims of the research. The aims of this research are to explore the lived experiences of foster carers who have taken part in Video Interaction Guiders (VIG) and VIG guiders, and how this links to the development of positive relationships within the context of fostering relationships. The rationale for this research is discussed, alongside some of the local and national context of which the research is situated. The process and aims of VIG are explained, along with how this links to the development of positive fostering relationships, this is then further explored within the literature review. Lastly, my position as the researcher is discussed.

### **1.1 Research Rationale**

This research was originally developed after a discussion with the head of the VIG service within the Local Authority (LA) I was on placement with, around how VIG could be used to support foster placements that were at risk of breaking down.

This research explores the mechanisms of how successful fostering relationships are developed and how a video-feedback intervention (in this case VIG) can be used within the context of fostering relationships to support the development of a successful relationship between the foster carer and their foster child

LAs are accountable to ensure that foster carers provide a “stable and nurturing home” to children who do not have a “safe, dependable foundation from which to grow and flourish” (DfE, 2016). This suggests that there “is an inherent expectation that positive relationships will be built” (McCaffrey, 2017, p. 13), and so there is a need to identify and use effective interventions that can support the development of these positive relationships between foster carers and their foster children.

Throughout this research the term 'positive fostering relationships' or 'successful fostering relationships' will be used to encompass a relationship between a foster child and foster carer that is attuned, trusting and securely attached. These terms will be discussed in greater detail within the literature review.

## **1.2 National and Local Contexts and Practices**

The term Looked after Children (LAC) describes children who are under the care of the LA. When a child becomes 'looked after' the LA is then accountable for safeguarding them and ensuring their welfare. As of March 2021, there were 57380 foster children, living with 45370 foster families in England (Fostering Network, 2021). A child experiencing abuse or neglect is the main reason for a child becoming looked after (Department for Education, 2019b). LAC are one of the most vulnerable groups in society and are at an increased risk of experiencing a range of complex needs such as physical, educational and mental health needs (Hare & Bullock, 2006). These outcomes are likely to follow LAC into adulthood, where they are at increased risk of becoming homeless (Dixon, 2008), experiencing substance abuse difficulties and being involved in criminal activities (Gypen et al., 2017).

The LA that I was on placement with provided a VIG service for parents and/or carers who needed support to develop the relationship with their child. The referral criteria for the service were for biological, adoptive or foster families in which either the adult has experienced difficulties bonding with the child, the adult missed out on opportunities to bond with the child when the child was younger or there is a history of negative response between the adult and child.

The head of the VIG service was interested in exploring whether the VIG service could be further employed with foster families, because it had previously been identified that VIG may have been underutilised for these types of relationships. The original aim of this research was to further explore this alongside real time VIG interventions for foster families. However, due to the COVID-19 pandemic I was no longer able to conduct the research in conjunction with the LA (this is explained further in the methodology chapter).

Instead, this research explores the experience of foster carers and VIG guiders who have already undertaken VIG within the context of a fostering relationship with a VIG service in a different LA.

### **1.3 Development of Successful Relationships within the Context of Foster Care Relationships**

As previously discussed, foster children are likely to have prior experiences of abuse and neglect by their previous attachment figures. These experiences can often cause attachment problems for the child (Baer & Martinez, 2006). This can be explained by the difficult situations the children were living in, and that this caused them to not only view their caregivers as trusted attachment figures, but also as threatening ones (Hesse & Main, 2006). The move for the child from the family home into a foster placement also causes a loss of their attachment figures, which again can cause more attachment problems for the child (Juffer, 2010).

For children who have grown up in situations where they have experienced abuse and neglect, they are more likely to maintain states of high alertness and hypervigilance of their surroundings (Schofield & Beek, 2005). They have often learnt that they can only trust themselves, because they may not have been able to depend on their attachment figures, and as a result can often become suspicious and display behaviours which can often be perceived as highly controlling. Even though typically, these children have very little control over their own lives (Schofield & Beek, 2005). These behaviours all combine to create a difficult situation for foster carers when trying to develop a successful attachment relationship with their foster child (West et al., 2020)

Factors that have been identified in research that can have a positive effect on the development of relationships between foster carers and their foster children include; longer placements (Tarren-Sweeney, 2008), foster carers displaying sensitive parenting styles (Quiroga & Hamilton-Giachrits, 2017), foster carers' attachment representations (Stovall-McClough & Dozier, 2004) and lower levels of foster carer stress (Gabler et al., 2014).

It has therefore been suggested that “the use of interventions to stimulate the foster parent-child attachment, focussing on the parenting style and sensitivity of the foster carers, is advised” (West et al., 2020, p. 145).

#### **1.4 Video Interaction Guidance**

VIG is a type of video-feedback therapy that aims to support the development of or enhance communications within key relationships (Kennedy et al., 2017). It works by videoing caregivers interacting with their children during moments of play, and then the VIG guider selecting short clips from these videos that demonstrate moments of attunement between the caregiver and child (Kennedy et al., 2010). A typical course of VIG is normally made up of three discrete sessions (called ‘cycles’), which consist of videoing these moments and then showing the short clips back to the caregiver (this is called the ‘shared review’). These clips are then analysed by the caregiver, with facilitation from the VIG guider to identify and highlight the moments of attuned interactions (Callicott et al., 2021).

In the shared review the VIG guiders are typically focused on finding out what the caregivers notice about the clips, and then aim to use this as a foundation to explore why these interactions are successful. The assumption is that this will then support caregivers in feeling more confident in their relationships with their children (Pardoe, 2016). This “can help them to develop a more positive and hopeful narrative about their relationship” (Callicott et al., 2021, p. 34), and will make them more sensitive to the cues the children are communicating to them (Callicott et al, 2021).

VIG was established in the Netherlands by Harry Biemans and then brought to the attention of educational psychologists in the UK during the 1990s (Kennedy et al., 2010). VIG now has over 1500 practitioners in the UK (Kennedy et al., 2017). It has a substantial research base that has identified it is an intervention that can be related to several positive outcomes (Fukkink et al., 2011).

Chakkalackal et al. (2017) identified that VIG enabled an improvement in parents’ self-efficacy, attachment and sensitivity with their child and reduced rates of parental stress. Much of the current research base into the

effectiveness and outcomes of VIG has been on biological parent and adoptive parent relationships (McCaffrey, 2017). However, VIG is a recommended intervention by the UK National Institute for Health and Care Excellence (NICE) guidelines for children in care (NICE, 2015), children with autism (NICE, 2013) and vulnerable children under the age of five (NICE, 2012). This may be viewed with some scepticism as the research base is currently very small (Maxwell et al., 2019).

## **1.5 Purpose of Research**

Being a foster carer is a difficult role to navigate. Foster carers are required to develop relationships with children who have often experienced high levels of trauma and the disruption of relationships with several caregivers, making it difficult for them to express their emotions in ways that can be easily understood (Selwyn et al., 2014). This can have an impact on the level of stress a foster carer experiences during their role, coupled with the nature of fostering work being within their own home, can make it difficult to separate work from family life, further compounding any difficulties foster carers may be experiencing.

The development of secure attachment relationships for LAC has been found to support positive life outcomes (Bammens et al., 2015), and supporting the development of the attachment relationship between foster carer and foster child may also prevent the placement from breaking down, creating further negative experiences for the child (James, 2004).

It is therefore of interest to explore how therapeutic interventions can be implemented to develop successful fostering relationships. A VIG intervention could be well placed in improving the experiences and outcomes of foster carers and foster children as it is recommended by NICE and is offered by LAs, even though it is an under researched area. This research will address some of the gaps in the research base.

In order to explore the lived experiences of the participants of VIG in the context of fostering relationships, Interpretative Phenomenological Analysis (IPA) has

been selected as the method of data analysis. The structure of this research has been designed to fit alongside the theoretical assumptions of IPA, mainly the small sample size, interview questions and the decision to not include comparisons to relevant literature within the results sections of this thesis. The research consists of two linked phases, phase one being the lived experiences of the foster carers and phase two being the lived experiences of the VIG guiders who delivered the intervention. It is important to note here that it was not possible to include child views in this research due to impact of the COVID-19 pandemic, and the repercussions of this are discussed in the concluding chapter of this research.

## **1.6 Researcher Position**

As a trainee educational psychologist (TEP), I first became interested in the potential applications of VIG after completing the initial training in 2019. Conducting the training introduced me to a whole new way of working and thinking about attachment, and how we can promote attachment between children and their caregivers. The approach seemed to resonate with the clients I worked with, especially in complex cases that felt stuck in a cycle of negative attitudes towards the attachment relationship.

I found that for many of the clients I worked with, taking part in VIG was the first time they had heard something positive about their relationships with their children, and this seemed to have a profound impact on their attitudes towards the relationship. This then appeared to re-invigorate the clients to adapt to new ways of caring and interacting with their children.

Much of the VIG work I had been involved in was around families who had social care involvement, and I wanted to look at how VIG was used for children who were already under the care of the LA. After some research into how the LA I was working for during my placement used VIG with LAC, I realised that this mostly involved working with adopted children and their families and that there was a real gap in involving foster carers and the LAC under their care in VIG. After some initial research, I realised this area was generally under researched too, and I only managed to find one study (McCaffrey, 2017) that

had looked specifically at the impact VIG could have within the context of fostering relationships. I then decided this could be an area of research that could be a valuable research topic.

The impact of the COVID-19 pandemic had a profound impact on the type of research I was able to carry out. I originally intended to conduct this research alongside a VIG service situated within a LA. This would have run alongside the VIG cases as they were being conducted. However, when the COVID-19 pandemic began, the VIG service was temporarily shut down and all work was suspended due to the nature of VIG being very much face to face at that time (Calicott et al., 2021). I then had to change the design of the research and find foster carers and VIG guiders who had already taken part in VIG within the context of a fostering relationship. As previously discussed VIG is underutilised within this area, and so I was only able to find one LA within the whole of the UK who had previously used VIG with foster carers, that was also able to support me in finding and recruiting participants for this research.

The difficulty I experienced in finding participants for this research, further supported my belief that this was a potentially significant research area, if VIG was found to be effective at supporting the development of positive fostering relationships.

## **Chapter Two: Literature Review**

This literature review provides an overview of the research that has been conducted to date on Video Interaction Guidance (VIG) and fostering relationships. I will critically discuss the theoretical underpinnings of VIG, attachment theory, the implications for a child being placed into the care of a local authority and how we can aim to support these children in having positive life outcomes. I will end the literature review with an overview of the research aims and research questions, as I will have identified gaps and inconsistencies in the literature. Through this literature review I hope to gather evidence that supports the importance of researching the use of VIG to build secure attachments within fostering relationships, and discuss why this is an area worthy of investigation.

The literature discussed in this review was sourced through a variety of PsycInfo and EBSCO searches, textbooks and Google Scholar online searches. Several different search terms were employed to ensure a robust literature search. For example, when searching for literature around the use of VIG in fostering relationships, research on adoptive and biological caregiver relationships was searched for as well. Terminology used in the search terms was also changed in order to capture as much of the relevant literature as possible.

### **2.1 Looked After Children**

The term 'looked after' can be used to describe a young person or child who is living away from home and provided with accommodation for a period of more than 24 hours, or who is under the care of the local authority, either through a voluntary agreement or because they have been made subject to a care order (Department for Education, 2019a). When a child becomes 'looked after' the local authority then has the responsibility to safeguard and assure their welfare (Department of Health, 1989), this role has been termed 'corporate parenting'. The expectation placed upon the local authority is that they will look after these children as if they were their own. The local authority is required to ensure that the professionals working with the child view the different aspects of their life



such as their care, health and educational needs, holistically (Bradbury, 2006; Goodall, 2014).

There are varying terms that have been, and are used interchangeably, to describe children who are 'looked after' by the local authority including, but not limited to, "Children in Care", 'Looked After Children' and 'Children Looked After'. Throughout this research the term 'Looked After Children' (LAC) will be used to describe the group of children that are 'looked after' by the local authority, because this is the term that is currently used by the government in both legislation and policy (Department for Education, 2019).

Of the 75420 LAC in England, 55200 are currently living with foster families, which accounts for 73% of LAC (Department for Education, 2019a). These children live with one of the 43500 foster families in England, which is currently at a deficit of 7220 fostering placements. These children are then placed in alternative provisions (The Fostering Network, 2018). The levels of LAC have increased by four percent since 2017 (Department for Education, 2018) and fostering placements have increased by nine percent between the years 2010 and 2015 (Yahed & Harker, 2015). It is also important to note here that the COVID-19 pandemic has also had serious repercussions on the availability of foster placements (Savage, 2021; Turner, 2020), and that foster carers' experience of stress has also increased over the course of the pandemic (Miller et al., 2020). The reasons a child may become 'looked after' include abuse or neglect, their family experiencing acute stress, absent parenting, family dysfunction, the child's disability or parental illness. The most common reason for a child coming under the care of the local authority is being subject to abuse or neglect (63%), with family dysfunction being the second most common cause (14%) (Department for Education, 2019b).

LAC can be considered to be one of the most vulnerable groups in society, they are more likely to have a complex range of needs, such as physical, educational and mental health needs (Hare & Bullock, 2006), they are likely to have had adverse experiences like abuse or neglect (Department for Education, 2019b; Greeson et al., 2011) and they are more likely to have lower outcomes than their peers in a range of different areas including; poor educational attainment

(Department for Education, 2019c), are more than four times as likely than their peers to be diagnosed with mental health needs such as anxiety and depression (Meltzer et al., 2003), and are twice as likely than their peers to be permanently excluded from school (Department for Education, 2013). These disadvantages can follow LAC as they move into adulthood, with research demonstrating that they are more likely to experience a range of disadvantages including becoming homeless (Dixon, 2008), having substance abuse difficulties and becoming involved in criminal activities (Gypen et al., 2017).

As previously discussed, because of the negative life experiences many foster children and LAC are exposed to, they can be more likely to develop complex behavioural and emotional challenges that can be difficult for carers to understand and support them through (Bammens, Adkins & Badger, 2015). Selwyn et al. (2014) found that children who are in foster care or who have been adopted can struggle to accept praise and love from their new caregivers, and can exhibit behaviours that may be interpreted as the child trying to sabotage the relationship. It has been established through research that LAC are at risk of experiencing placement breakdowns as a result of the multiple challenges that they and their foster families face, leaving them vulnerable to experiencing further challenges (Bradbury, 2006). For LAC to have the most positive life outcomes, the LA should facilitate a secure and stable placement that can support the building of secure attachment relationships between the carer and child (Bammens, Adkins & Badger, 2015).

### ***2.1.1 Placement Stability***

The reasons behind foster placement breakdown have been extensively researched, not only because of the potential negative impacts on foster children, who are already a vulnerable population (Bruskas, 2008) but also because of the increased demand it places on social services to have to find more appropriate placements, often at short notice (James, 2004). The reasons why foster placements break down are complex and sometimes difficult to untangle to one single cause, however, research into this area has identified several different factors that can contribute. James (2004) conducted a study in the United States on 580 children between the ages of nought to 16 and found

that in 70% of cases the cause of placement breakdowns were due to system changes or changes to policy. The next most common cause of placement breakdown was due to the child's displays of challenging behaviour, which accounted for 24% of the placement breakdowns.

Compounded with the adverse effects a LAC may have experienced in their early lives, children in foster care are also more likely to have to develop multiple attachments to multiple different caregivers as they move through the foster care system (Spieker et al, 2012). Bowlby (1969) suggested that children who lose an attachment figure, may experience grief as a result of that loss. This indicates that the impact of losing multiple attachment figures can have a profound impact on the children who experience it.

Research has found that children under 12 months of age may start to seek out new caregivers after approximately a week of placement for comfort, reassurance and safety. However, older children and infants may respond to their new caregivers by trying to push them away or by displaying 'confrontational' or challenging behaviours (Stovall-McClough & Dozier, 2004). Displays of this kind of behaviour are likely to make building successful attachment relationships difficult for older LAC, as caregivers very often do not attribute the display of this type of behaviour as an expression of the adverse experiences a child has been through. Rather, they view it as an act of defiance or a display that the child does not care for them (McCaffrey, 2017). This in turn may increase the number of placements a child experiences, further adding to the effects of early trauma, loss and mistreatment.

Early adverse experiences, and the loss of multiple attachment figures mean LAC are less likely or able to use "their caregivers to buffer or regulate stress than infants with consistent caregivers, and are more likely to develop insecure or disorganised attachments, which contribute to regulatory problems" (Speiker et al., 2012). I will go on to discuss attachment theory in greater detail later in this literature review.

Children who experience regulatory problems as infants, are then more likely to experience further difficulties with their mood regulation, integrating sensory

information, and motor function as well as problems with their sleep and controlling their behaviours as they get older (Degangi et al., 2000). This then prolongs the likelihood that they may experience difficulty in building secure attachments with multiple caregivers. Tyrell and Dozier (1999) found that foster mothers reported that they experienced more difficulty when trying to calm or soothe their foster children than the mothers of children who had never been in care. Further providing evidence that LAC are less likely to have attachment figures who can help regulate them when they become distressed. Dozier et al. (2002) also found that foster parents were more likely to think of their foster children as being difficult or challenging, because they did not act in ways the foster carers viewed as 'normal' when trying to cope with regulating their emotions or behaviours. Similarly, Stovall-McClough and Dozier (2004) looked at the behaviours of foster children when they became hurt or frightened, and the reaction of their foster parents. They found that foster children were more likely to respond with avoidant or resistant behaviours, which the foster carers were then more likely to respond to by ignoring or getting angry.

## **2.2 Foster Carers**

### ***2.2.1 The Role of the Foster Carer***

The role of the foster carer can be described as a 'corporate parenting' role, this term has been used in the UK since 1996 to describe the role of the local authority in having parental responsibility for looking after LAC (Bradbury, 2006). This role is defined by the UK government's definition of what the role of the parent entails, which includes but is not limited to; caring about the safety of their child, having an interest in their child's friendships, relationships and interests, having detailed and continuous knowledge of the development of their child and being an advocate for their child (Bradbury, 2006). Whilst the LA is considered to be the corporate parent, the organisation still needs people who can perform these roles, and this is often where foster carers can come in to meet this need.

As discussed, foster parents have the main responsibility for caring for LAC who are unable to be cared for by their birth families, and as previously mentioned,

many of these children will experience emotional, behavioural and learning difficulties, all of which contribute towards making the responsibility of caring for them and building a secure attachment relationship complex and challenging.

Because foster carers carry the burden of responsibility when caring for LAC, they are a key factor in determining positive outcomes for LAC. As a result, the factors that impact the retention and professional development of foster carers has been heavily researched in recent years, not only within the UK but internationally as well (Blythe, Wilkes & Halcomb, 2014).

### ***2.2.2 Foster Carer Retention***

Research into foster carer retention has focussed on how foster carers can be supported in providing good quality care by supporting their wellbeing and professional development. Orme et al. (2006) found that for foster carers to feel adequately supported in delivering not only good quality care and maintaining positive mental health, but also supporting them in having longevity in the profession, they needed input from professionals outside of the direct social work system. They found that foster carers whose only form of support was provided by their immediate biological family provided foster care for 26% less years than those who received professional support. Murray et al. (2011) provides further support, by finding that in order to provide good quality care for their foster children, foster carers require frequent emotional support, which is currently mostly provided by other social care professionals such as social workers.

Another factor that research has suggested may impact upon the retention of foster carers is the social care system itself. The barriers the social care system places on foster carers has been suggested to be more stressful for foster carers than caring for the foster children themselves (Farmer et al., 2005; Rosenwald & Bronstein 2008). Research into this area has found that when foster carers are exposed to positive experiences with professionals, such as effective communication (e.g., information sharing), being treated in a respectful manner and being allowed to have input in decision making, positive child outcomes were facilitated (Samrai et al., 2011), because foster carers were

enabled to feel valued and adequately supported (Broady et al., 2010). Conversely, when foster carers were exposed to negative professional relationships such as poor communication from professionals, not having calls returned, not having information shared with them and not being included in decision making, the frequency of placement breakdown was increased and more difficulties in retaining foster carers long term were created, which the researchers suggested was caused by the foster carers feeling undervalued (Wilson et al., 2010).

### ***2.2.3 Lack of Support/Training***

Because of the nature of foster care and the characteristics of LAC being more likely to display challenging or difficult behaviours, research has suggested that foster carers require access to adequate training to enable them to understand, interpret and react to these kind of behaviours (MacGregor et al., 2006, Murray et al., 2011). Research demonstrates that foster carers have an increased risk of being presented with challenging behaviour from their foster children in comparison to the general population (Broady et al., 2010; Murray et al., 2011). Exposure to challenging behaviour not only impacts upon the foster carers emotional and physical wellbeing (Broady et al., 2010; Murray et al., 2011), but can also have a negative psychological impact upon the whole foster family (Wilson et al., 2010). Foster carers having to cope with and manage the behavioural challenges that they are presented with has been described in literature as ‘stressful, tiring, time consuming and unrelenting’ (Blythe et al., 2014, p. 29). Morgan and Baron (2011) found that there was a significant positive relationship between a child’s display of challenging behaviour and their foster carers experience of stress, anxiety and depression. MacGregor et al. (2006) suggests that in order to be most effective, any training or support should be provided on an individualised basis that is adjusted according to the needs of the foster child and the foster family, with an important factor being that it also provides emotional support. Whilst VIG may not fall under the umbrella of ‘training’, it does provide opportunities for an individualised approach that can be adjusted towards the need to support foster carers in understanding and responding to the difficult behaviours that their foster child may display (Feltham-King, 2010).

Whilst it is apparent that there is much within the literature that supports the application of VIG in fostering relationships, it is important to consider that there are also other substantial factors that can impact upon a foster carers' ability to provide good quality care, that are difficult to change whilst the current system is in place. It has suggested that another important factor that prevents foster carers from being able to develop secure attachment relationships is their worry over the transitory nature of fostering. Research has identified that foster carers experience grief when their placement comes to an end, especially if they feel that they have had a positive impact upon the child placed under their care (Pickin et al., 2011). And so, they may fear becoming too attached to these children because they fear the negative impact the loss of that relationship will have on their emotional wellbeing (Pickin et al., 2011; Thomson & McArthur, 2009).

### **2.3 Video Interaction Guidance (VIG)**

Video Interaction Guidance (VIG) is a "relationship-based intervention that aims to increase carer sensitivity to their child's emotional needs" (Maxwell, Rees & Thomas, 2019, p. 8). To enable this, VIG uses video feedback to promote positive attunement, by developing the carer's sensitivity and awareness of the child's communication to reinforce attuned responses (Hawtin, 2014). The main aspects of VIG involve the Video Interaction Guider (shortened throughout the rest of this research as 'guider') videoing a carer-child interaction during play or a caregiving task. The guider then edits the recording to show short moments of interaction between the carer and child that demonstrate the carer displaying an attuned response to the child's initiatives. The carer and guider then review these videos together with the practitioner enabling a focus on the positive aspects of the videos and facilitating an evaluation of the interactions to support the carer in developing their sensitivity to the child's communication (Barlow, Livingstone, Macdonald & O'Hara, 2016).

The theoretical underpinnings of VIG are based on two core concepts; intersubjectivity theory and mediated learning (Trevarthen, 1979; Barlow, Livingstone, Macdonald & O'Hara, 2016). Intersubjectivity theory "demonstrated

that babies have an innate ability to respond and regulate their communication in reaction to social cues of others” (Kennedy, Landor & Todd, 2011, p. 8). Attunement refers to “a harmonious and responsive relationship in which both partners in the interaction play an active role with “space in their mind” for each other” (Doria et al., 2014, p. 78). Trevarthen (1979) posited that through this kind of communication it is then possible to create emotional connections between the carer and the child, enabling the child to develop a fully formed sense of self. Examples of attuned interaction include forms of verbal and non-verbal communication such as eye contact, turning to face the child, and receiving the child’s interaction in a positive manner through vocal affirmation (Gibson & Marczak, 2018). VIG then aims to capture these moments of attuned interaction between the carer and the child on video, which is then shown to the carer by the guider during the shared review. This process is based on the assumption that watching oneself demonstrating a positive interaction will increase feelings of self-efficacy (Bandura, 1986). The aim for the outcome of undertaking the VIG intervention is that “carers who see themselves interacting positively with their children will be prompted to repeat these behaviours” (Kennedy, Landor & Todd, 2011, p.8), helping to develop the carer and child’s attachment and attuned interactions.

### ***2.3.1 Effectiveness of Video-feedback Interventions and the Fostering Relationship***

There are few video-feedback interventions that have been researched for their role in improving relationships within a fostering context besides VIG, that aim to improve sensitive parenting, secure attachments and child outcomes using video-feedback techniques. Attachment and Biobehavioural catch up (ABC), developed by Dozier et al. (2006) is a video-feedback intervention that has been found to be effective in improving parental sensitivity (Bick & Dozier, 2013), reduce parental stress (Sprang, 2009), reduce avoidant attachment behaviours displayed by the child (Dozier et al., 2009) and to reduce challenging behaviour displayed by foster children (Lind et al., 2017). Promoting First Relationships (PFR) (Speiker et al., 2012) is another video-feedback intervention that has been found to reduce parental stress and improve parenting knowledge and



attachment security between foster carers and their foster children (Pasalich et al., 2016).

Schuengel (2012) conducted research that investigated the impact of video feedback interventions on caregivers of children who had learning difficulties or visual impairments and whether the intervention supported them in improving the quality of their interactions with their children e.g., were they able to confirm and respond to the signals their child was communicating to them and whether affective mutuality was present. They found that caregivers overall improved the quality of their interactions after the intervention, although the type of attachment that they displayed with their child impacted upon how effective the intervention was. Whilst this study used both biological and adoptive parents as their participants, many foster children do present with additional needs including learning difficulties, and so it is important to consider whether video-feedback interventions can be effective in a care giver-child relationship where the child has additional needs.

## **2.4 Attachment theory, caregiver sensitivity and caregiver commitment**

I will now discuss different theories underlying VIG, and how VIG may impact upon the development of secure attachments in the context of fostering relationships. It is also important to note here that much of the research and theory surrounding attachment is based upon maternal and biological parent-child relationships. There is much less research into adoptive parent-child relationships, and even less on foster carer-child relationships (Leighton, 2020; McCaffrey, 2017). Whilst this supports the justification in rationale for my research, in that there is a gap in the literature, it does leave questions around whether the current research and theory can be directly applied to foster carer-child attachments.

### ***2.4.1 Attachment Theory***

Much of the work that has been completed with video-feedback interventions has been to improve or enhance attachment (McCaffrey, 2017). I will define and

discuss attachment theory further below, in order to place the theory within the context of LAC.

Attachment is a theory originally developed by Bowlby (1969) that describes attachment as a biobehavioural system “designed to trigger protection in the face of perceived danger and its associated response, fear” (Barlow, Livingstone, Macdonald & O’Hara, 2016, p. 1). When a child experiences distress or fear, they will seek to locate and move towards their primary caregiver (Bowlby, 1969). Attachment relationships are dynamic and dyadic, where the infant plays an active role in seeking out reassurance and comfort from their caregiver (Shin, 2008). The caregiver-child attachment relationship can also be described as reciprocal, where the infant has the role of the seeker and the caregiver the role of the provider, whose purpose is to provide safety, comfort and reassurance for their child.

Ainsworth’s ‘Strange Situation’ (Ainsworth et al., 1978) further expanded upon Bowlby’s attachment theory, and classified children with different attachment types; securely attached, anxious-avoidant, anxious-ambivalent/resistant, and later by Main and Solomon (1990) as disorganised-disorientated. Each of these attachment types were a representation of how an infant responded after either their mother left and re-entered a room or a stranger entered the room. Children who were categorised as having a secure attachment to their parents displayed behaviours that demonstrated they were confident in leaving their mother and were able to treat her as a safe base for exploration and learning. When securely attached childrens’ mothers were removed from them, they demonstrated that they missed their mother, and greeted her and displayed happiness when she came back to them. When securely attached children became upset, they were able to continue exploring their environment once they had been comforted by their mother. Avoidant children would show behaviours that indicated they did not become distressed when their mother left them, and they would continue to confidently explore their environment and would also display avoidant behaviours towards their mother.

Ambivalent/resistant children were unable to confidently explore their environment and would demonstrate distressed or passive behaviour when their mother entered the room. When their mother left the room, the child would

become overly distressed, and would not be able to be comforted by their mother upon her re-entrance, demonstrating angry and rejection like behaviours or be overly passive towards them (Ainsworth et al., 1978).

Disorganised/disorientated children were categorised in this way because they did not fit into the above categories and appeared to act with intention or with explainable behaviour (Main & Solomon, 1990).

Children who have entered the care system are likely to experience a loss of their main caregivers, and as a result lose their attachment figures. If a child experiences disruption to their attachment figures, they are then at an increased risk of experiencing psychological and mental health difficulties as an adult (Sroufe, 2005). Children who enter the care system as new-borns are more likely to have a low birth weight, been born with birth abnormalities, experience a lack of pre-natal care and are at increased risk of pre-natal exposure to drugs and/or alcohol (Putnam-Hornstein & Needell, 2011).

There is some discussion around what factors impact most heavily upon the development of secure attachments between children and their caregivers. Kagan (1984) would argue that it is the temperament and behaviours of the child that have the greatest impact upon the attachment style. However, Vaughn and Bost (1999) would counter this by claiming that it is the sensitivity of the caregiver and how much support they are able to receive in their environment, that has the most significant impact upon the development of secure attachment relationships. I would argue that it is an interaction of these two factors, and so I will now explore the literature surrounding the different theoretical factors thought to have a role in the development of secure attachment relationships.

#### ***2.4.2 Caregiver Sensitivity***

Caregiver sensitivity can be defined as a carer's ability to receive and accurately interpret their infant's signals and communications, and then respond in an appropriate manner (Ainsworth et al., 1978). Research has indicated that caregiver sensitivity, and the ability of the caregiver to understand and interpret

the meaning behind a child's behaviour has been linked to stronger attachment security (Speiker et al., 2012).

Caregiver sensitivity is an underpinning concept behind many attachment-based interventions, including VIG (Kennedy et al., 2011). De Wolff and Van Ijzendoorn (1997) conducted a meta-analysis of 21 studies that looked at the relationship between maternal sensitivity and the secureness of the parent-child relationship. They found that maternal sensitivity accounted for a combined effect size of  $r = .24$ , indicating that maternal sensitivity is an important factor in building a secure attachment relationship, but crucially, not the only factor. Bakermans-Kranenburg et al. (2003) investigated some of the factors found in video-feedback interventions that improved caregiver sensitivity. They found that those which focussed on promoting positive interactions between the parent and the child were most effective in improving caregiver sensitivity.

Juffer et al. (2008) posited that video-feedback interventions can be effective in improving caregiver sensitivity because they tend to be strengths based, (i.e., pointing out the positive moments of caregiver sensitivity) which then increased the caregiver's "awareness, confidence and competence" (Speiker et al., 2012) However, if the interaction between the caregiver and the child is not such a positive interaction, the guider then supported the caregiver in reflecting on what happened, thereby increasing the caregivers' understanding of what the child's behaviour may actually be indicating, rather than being viewed as a 'defiant' or 'challenging' behaviour. Therefore, the caregiver is supported in improving their responsiveness and sensitivity because they are increasing their skills to be able to think about the needs of the child that are underlying their behaviour. Fukkink (2008) found in a meta-analysis of 29 studies between 1998 and 2006 that video-feedback interventions which were parent directed were effective in positively impacting upon parental attitudes and behaviour. They also found that these interventions had a small to moderate effect in reducing parental stress whilst also increasing their confidence.

Bakermans-Kranenburg et al. (2003) conducted a meta-analysis of 70 attachment focussed interventions with parent-child relationships. They found that brief and focussed video-feedback interventions were the most effective

when measuring increased parental sensitivity, however there were no significant effects on attachment security. Juffer et al. (2005) found that interventions which had a heavy focus on developing parental sensitivity were the most effective at reducing the child's attachment disorganisation.

Whilst these studies indicate that there is evidence to demonstrate that video-feedback interventions which adopt the qualities that are present within VIG can have a positive impact on caregiver sensitivity, it is important to note that many of these studies only used biological parents as their participants, and that many of the interventions used video-feedback as a component, not as the sole intervention.

### ***2.4.3 Caregiver Sensitivity and Reflective Ability***

Grienenberger et al. (2005) found that maternal reflective ability was a skill that is mediated by maternal sensitivity. Lieberman (2003) looked at adoptive parents who were worried about their attachment relationship with their child. They found that these parents were less attuned to their child's cues, including misinterpretation of challenging behaviour as indicators that their child was not well attached to them, rather than viewing the behaviour as an expression of their child's fear, worry, loss or anxiety. This study indicates that those adoptive parents who experienced more difficulty in building a secure attachment with their child, were the parents who were less able to reflect upon their own parenting, skills and their child's behaviours.

The aim of VIG is to support caregivers in learning how to observe, understand and interpret their child's behaviour as well as being responsive to the signals their child is communicating to them (Kennedy et al., 2011). In this research, I will aim to explore whether VIG is an intervention that can be used to support the development of caregiver reflective ability within the context of a fostering relationship.

### ***2.4.4 Caregiver Commitment***

Caregiver commitment can be defined as their determination to be the person who is accountable for looking after their child, and the lengths they are willing to take physical, emotional or social risks on behalf of their child (Oke et al., 2011). Foster carers' commitment to their foster children has been linked to building secure attachments between the two, as well as improving placement stability (Cole, 2005).

Oke et al. (2011) conducted interviews with foster carers who had had a successful placement with foster children who had a history of frequent placement changes, in order to try to further unpick the different factors of commitment that played an important part in building secure attachments and improving placement stability. They found that the aspects of commitment that the foster carers demonstrated in common included; having strong receptive listening skills, making efforts to understand, observe and tolerate when their foster children displayed challenging behaviour, acceptance, being willing to let the foster child take the lead on discussing their previous experiences, taking time to think before saying or acting in response to challenging behaviour and acting in ways that were over and above what was expected of them as foster carers. The authors also discussed how a common subtheme that was demonstrated by all the foster carers they interviewed, was that the foster carers wanted to understand the foster children they looked after. It is interesting to consider that many of these aspects of commitment are aspects that are improved through the course of VIG (Kennedy, Landor & Todd, 2011). However, it is also important to consider that the foster children themselves were not interviewed in this study, and so their views are missed on what aspects the foster carer demonstrated that helped them to demonstrate commitment and to build a secure attachment relationship.

It is clear that there are many relational factors that are of vital importance for foster carers to be skilled at in order to best prepare them for being able to develop secure attachment relationships with their foster children. It is also important to acknowledge that these do not account for all the factors that are necessary to develop secure attachments, and that some of the factors may not be explicitly explored through VIG. For example, Cole (2005) explored the different relational and environmental factors that foster carers who were able to

develop secure attachment relationships with their foster carers exhibited. They found that including support and training that explored supporting the carers to understand their own experiences of attachment as children and how these impact upon their parenting styles in the present, training in childhood development and support in learning how to organise their home environment to best stimulate learning and play, e.g., by providing toys/learning stimulus, played a crucial role in foster carers being able to build secure attachment relationships. These findings are further supported by research that has looked at the effect of birth parents (van Ijzendoorn et al., 1999) and foster carers (Dozier et al., 2000) own internal models of attachment (i.e., their own experiences of attachment as children) impact upon their attachment and parenting styles as adults. For example, Dozier et al. (2000) found that those foster carers who had their own experiences of loss and trauma as children were more likely to display over-anxious monitoring behaviours, that would then increase the likelihood of a disorganised attachment relationship developing.

## **2.5. Conclusion**

Evidence suggests that foster children are at risk of having already experienced numerous adverse life experiences before they are taken into care by the LA, where they are then at risk of negative compounding factors such as further disruption of attachment figures. This can lead to these children being at risk of developing insecure attachments, display challenging behaviour and have difficulty self-regulating their emotions. As a result, foster parents are at risk of experiencing high levels of parenting stress, potentially leading to insensitive parenting, which then further adds to the problems that a foster child may experience. Therefore, there is a need for interventions that support foster carers in developing and maintaining secure and trusting relationships with their foster children. VIG is an intervention that can be used to support the development of secure attachments, and to date I have only been able to find one piece of research that has looked at the impact of VIG on fostering relationships (McCaffrey, 2017), which indicates that there is currently a gap within the literature. This further supports the need for research that explores how VIG can be used the context of fostering relationships, and if it can

positively impact in supporting the development of successful foster carer-child relationships.



## **Chapter Three: Research Questions and Aims**

### **3.1 Research Aims**

The aims of this research come under two parts; the first is to explore the lived experience of foster carers in their role and how they build securely attached, attuned and trusting relationships (referred to throughout the rest of this research as successful relationships) with their foster children. The second aim of this research is to explore foster carers and VIG practitioner's experience of using VIG to support in developing a successful fostering relationship. I will conduct semi-structured interviews to collect the data. I will then analyse the data using Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of the foster carers, and a Thematic Analysis (TA) to explore the VIG guiders' experiences.

### **3.2 Research Questions**

Because of the COVID-19 pandemic it was necessary to change the design of the research due to the restriction and availability of participants. I was no longer able to complete my research alongside foster carers and VIG guiders as they completed VIG, but I now had to find foster carers and VIG guiders who had already completed VIG. Because of this I kept two encompassing themes for the research questions; How are positive fostering relationships developed? And what are the participants experiences of undergoing VIG within the context of a fostering relationship? These themes were then split into two phases, the first to explore the lived experiences of foster carers, and the second for the lived experiences of VIG guiders.

## **Chapter Four: Methodology**

This section will discuss my aims in this research, and explore the philosophical assumptions of the research, before discussing how the research was carried out in greater detail. This research was carried out between September 2020 and December 2020.

### **4.1 The Aims of the Research**

The aim of phase one of this research was to gain an in-depth understanding of foster carer's experience of building successful foster carer relationships with foster children, and their experience of taking part in VIG. The aims of phase two of this research was to gain an in depth understanding of how VIG guiders felt successful fostering relationships were developed, as well as their experience of delivering VIG within the context of a fostering relationship.

### **4.2 Research Questions**

#### ***Phase One***

What are the lived experiences of foster carers in developing positive fostering relationships?

What are the lived experiences of undergoing VIG of foster carers within the context of a fostering relationship?

#### ***Phase Two***

How do VIG guiders understand how positive fostering relationships can be developed?

What are the experiences of VIG guiders in delivering VIG within the context of a fostering relationship?

### **4.3 Philosophical Assumptions**

The first phase of the research aim to explore the meaning of the participants' lived experiences, and as such is phenomenological in nature. The findings will be discussed via an interpretivist theoretical perspective, using Interpretative Phenomenological Analysis (IPA) to explore the participants' experiences and how they have made sense of them.

IPA is a form of phenomenological analysis that can be used to make a detailed exploration of how participants make sense of and understand their world (Smith & Shinebourne, 2012). The aim of using IPA is to explore the participant's world, to interpret how they experience their world in a particular context, or in other words to gain an understanding of their lived experience (Carpenter, 2009; Langdridge, 2007). This research aimed to explore the lived experiences of the participants, how they made sense of participating in VIG, and the meaning they attributed to their experiences; and so these aims fit well with the core aspects of IPA (Smith et al., 2009).

Whilst this phase could also have used phenomenological analysis to analyse the transcriptions, phenomenology typically focuses exclusively on descriptions. Because this research may bring up complex processes and inconsistent narratives, IPA was a more appropriate form of data analysis because it allows for "interpretation, exploration of dynamics and process and involvement of the context" (Davidsen, 2013, p. 237), which I felt would be vital in gaining a deeper understanding of the participants lived experiences.

The nature of the research and the use of IPA as the form of data analysis also means it is influenced by hermeneutics, which is the theory of interpretation (Smith et al., 2009). This theory identifies two levels of interpretation that occur within the process of the research. The first being the participants' own interpretations of their experience and the meanings they create, and the second being my role as the researcher in interpreting those experiences and meanings (Smith et al., 2009). In consideration of this theory, I wrote a reflexive statement (this can be found in Chapter five) at the beginning of the research process, and then finalised at the end of the data analysis to try to identify and consider how my own prior life experiences impacted on the findings of this study.

The second phase of the research will utilise TA to explore VIG guiders' understanding of how positive fostering relationships can be developed alongside their experiences of delivering VIG within the context of a fostering relationship. TA is a "method for identifying, analysing and interpreting patterns of meaning ('themes') within qualitative data" (Clarke et al., 2015, p.297). TA can also be used to explore participants' lived experiences and is a flexible approach that can be utilised for small groups of participants alongside a range of frameworks and research paradigms (such as interpretivism and phenomenology) (Clarke et al., 2015). As such, it is a more appropriate approach for this phase of the research, because it explores the participants' understanding of another groups' lived experiences (in this case the VIG guiders' understanding of the foster carers' lived experiences).

#### **4.4 Design**

Five participants took part in a one-to-one virtual semi-structured interview. These interviews were then analysed using IPA in the first phase and TA in the second phase.

#### **4.5 Research Methods**

##### ***4.5.1 Participants***

Research using IPA as its form of data analysis typically uses small sample sizes, because the analysis is so detailed and time consuming (Smith & Shinebourne, 2012). One of the core assumptions of IPA is a focus on ideography, where the focus of the research is on gaining detail and an in depth understanding of the research phenomena, within a particular context for a particular group of people (Smith, 2009). This again suits the research aims of this study because of the small group of people that participants can be selected from (namely foster families who have taken part in VIG). Although there is no set ideal sample size, important factors to consider include time limits and the availability of participants. Taking these factors into account for this piece of research, means more than 8 participants (which would be made up of four foster carers and four VIG

practitioners) would be too time consuming to complete and, in all likelihood, provide such a huge amount of data that an in depth and detailed analysis would be difficult to complete in the timescale available for this research. After the changes made to this research due to the impact of the COVID-19 pandemic, it also became evident that it would be incredibly challenging to find participants who fit the criteria of the research (i.e., who have completed a course of VIG within the context of a fostering relationship) and so a larger sample size would have been unfeasible.

The research used opportunity sampling to recruit participants. Because of restrictions in being able to recruit participants during the COVID-19 pandemic, it was necessary to be broad in the suitable criteria for participation. As such the criteria was for either foster carers who had participated in at least one cycle of VIG for their foster child or for VIG guiders who had delivered at least one cycle of VIG to a foster carer for their foster child.

Participants were recruited through an information sheet (Appendix A) that was sent to several different VIG services provided by local authorities in the UK. If the VIG service had previously delivered VIG to foster carers, they then contacted any foster carers and VIG guiders who met the criteria for participation in the study and were approached with an appropriate information sheet and consent form (Appendix B) to read and complete if they were interested in taking part. The interested participants then contacted the researcher with their completed consent form.

Five participants took part in the research, three foster carers who had previously taken part in VIG and two VIG guiders who had delivered VIG to foster carers. All participants came from the same local authority in the UK. One of the foster carers was also a family relative of their foster child, and all foster carers and VIG guiders had completed at least two cycles of VIG.

#### **4.5.2 Ethics**

Ethical approval was granted by the University of Exeter ethics committee on the 31<sup>st</sup> January 2020. Due to the COVID-19 pandemic a revised ethics

application was made to the University of Exeter ethics committee detailing how the nature of the research needed to be changed in order to abide by national lockdown guidelines. This was also approved by the University of Exeter ethics committee (Appendix C). All participants who took part in the research gave their informed consent. The information sheet provided to participants prior to their participation informed them of the nature of the research, the purpose of the research and how their data would be used. The information sheet also included details about the voluntary nature of the research and the participants' rights to withdraw their data at a later date or withdraw from the study prior to or during the interview. Participants provided their consent by reading the information sheet and completing the consent form, which they then returned via email. In the case that a participant did not have access to a printer or scanner, they dated and typed their name on the consent form and returned it with an email stating they provide their informed consent to take part in the research.

The only confidential information that was gained about the participants was contained on their consent forms, which were saved on a password protected university provided OneDrive account on a password protected computer. Any confidential or identifying information that was discussed during the interviews were redacted or anonymised in the transcripts, and the recordings of the interviews were permanently deleted once they had been transcribed.

#### **4.5.3 Methods**

Semi-structured interviews were used to gather the participants' experiences of fostering relationships and VIG. Semi-structured interviews were chosen as the method of data collection because they allow the researcher to adapt to the lead of the participant in order to better understand their lived experience, and so can produce richer data than a structured interview (Smith & Shinebourne, 2012). Due to the COVID-19 pandemic the interviews were carried out either through a video call or voice call, depending on the participants' access to technology. The interview schedule was developed using the guidelines in Smith et al., (2009), and questions were designed to be open ended to enable participants to explore

their experiences, but also specific enough that they related directly to the research question. Please see Appendix D for the interview schedules.

#### 4.6 Qualitative analysis

The interviews were transcribed, recording all words that were spoken during the interviews. Prosodic features of the interviews were not transcribed because they are not necessary to record in order to complete an IPA or TA (Smith & Shinebourne, 2012).

IPA was used to analyse the data for phase one, the structure used to complete the analysis was laid out by Smith et al. (2009), these steps are detailed below.

**Table 1**

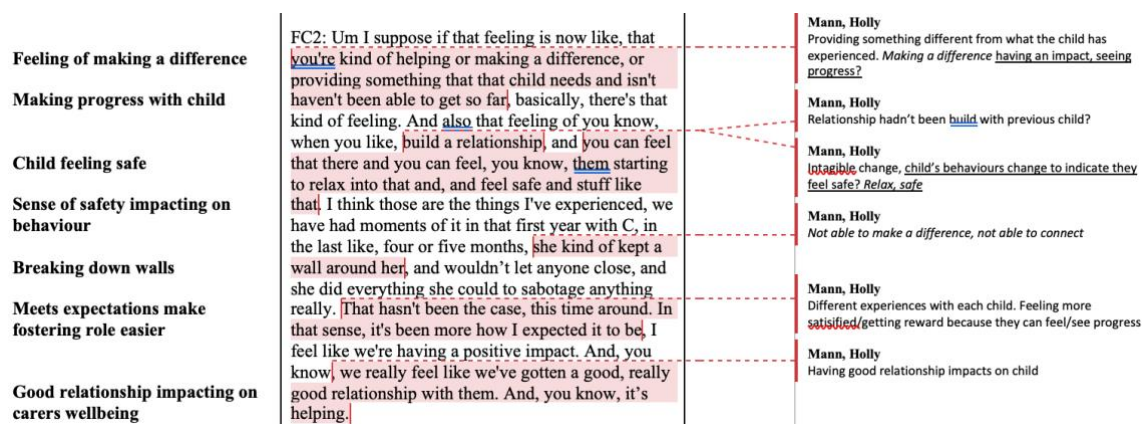
Procedure of Analysis

1	Reading and re-reading the data (transcripts of the semi-structured interviews)
2	Initial noting
3	Developing the emergent themes
4	Searching for the connections across emergent themes
5	Moving to the next case
6	Looking for patterns across cases

Each transcript was read and re-read repeatedly in order to “enter a phase of active engagement with the data” (Smith et al., 2009, p. 82), during this stage I made notes of anything that I felt was significant within the data. The next stage involved re-reading the transcripts again in order to identify any emergent themes (Appendix E) that appeared to conceptualise the participants’ experiences and accounts. Please see Figure 1 for an example of how the exploratory notes and emergent themes were created. Connecting themes were then identified from the emergent themes and were grouped under super-ordinate headings (Appendix F). These stages were then repeated for each transcript. Finally, I looked for any recurring patterns across the data and identified the themes again, grouping these into appropriate master themes (Appendix G).

**Figure 1**

Example of Exploratory Notes and Emergent Themes



TA was used to analyse the data for phase two, the structure used to complete this analysis was utilised from Braun and Clarke (2012), these steps are detailed below.

**Table 2**

Six Phase Approach to Thematic Analysis

1	Familiarising yourself with the data
2	Generating initial codes
3	Searching for themes
4	Reviewing potential themes
5	Defining and naming themes
6	Producing the report

Each audio recording of the interviews was listened to at least twice and the transcripts were read and re-read in order to familiarise myself with the data, notes on the data were also made throughout this stage. Initial codes were then made from the data, with the codes not only describing the data but also making an interpretation of it, to ensure that an interpretivist approach was used throughout the research (Braun & Clarke, 2012). Multiple levels of themes were then generated from the initial codes and then reviewed by going back to the initial codes and transcripts. These themes were then defined and named trying to ensure that “each in turn builds on and develops the pervious theme(s); and



together the themes provide a coherent overall story about the data” (Braun & Clarke, 2012, p. 66). Finally, the analysis was written up where the “themes should connect logically” and “build on previous themes to tell a coherent story about the data” (Braun & Clarke, 2012, p. 69). I used the same terminology to label the different levels of themes (emergent, superordinate and master) to provide a sense of continuity and consistency to the data analysis.

In order to ensure that my interpretations were reasonable and credible, I applied the criteria proposed by Yardley (2017) to assess the validity of my research throughout the research process. These criteria can be grouped into four categories: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. Ways in which I aimed to demonstrate these criteria throughout my research included writing and continually editing a reflexive statement, paying “immersive and disciplined attention to the unfolding account of the participant and what can be gleaned from it” (Smith et al., 2009, p. 180), including details about the steps of my analysis and putting these in the appendices and carefully selecting my research topic and research questions to ensure that “it tells the reader something interesting, important or useful” (Smith et al., 2009, p. 183).

## Chapter Five: Reflexive Statement

By writing this reflexive statement and engaging in reflexivity throughout the course of this research I am hoping to make myself aware of my “own feelings about and expectations of the research” so “I can begin to fully appreciate the nature of our investigation, its relationship to us personally and professionally and our relationship as a researched and experienter in the world to those with whom we wish to gather experiential data” (Shaw, 2010, p. 6).

Because IPA is embedded within hermeneutics and phenomenology it is important to consider and acknowledge the double hermeneutic that is the result of the “participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (Smith & Osborn, 2008, p. 53) which makes it even more important for me to consider how my own expectations, experiences and values have impacted upon this research. When conducting the interviews and engaging in the data analysis, I am aiming to put all my own conceptions about what is meant to one side. So that I can attempt to understand what the participant is trying to communicate about their own experiences, without importing my own beliefs. I am hoping that by identifying my own beliefs and experiences through writing this statement, that I can then be better aware of their impact on myself as the researcher.

I initially wrote this statement at the very beginning of the research, and have added to it as I have come closer to the submission of my thesis.

I am a white, cisgender and straight female who was raised in a middle-class family in Oxfordshire until I was eight years old, I then moved to Cornwall with my family where I still live today. I moved away to Cheltenham and Exeter to study at university (admittedly both relatively affluent areas) and although I have many close friends who are very different from me in terms of sexuality and socio-economic status, I have always been surrounded by people who have similar life experiences and ethnicities.

Education is highly valued in my family, my dad has a PhD in physics, and my mum returned to university to complete her degree after having children. There was never any question about me or my brother attending university, or not having someone to help us revise or complete homework. It is only during this course that I have truly begun to understand how much of an advantage this has provided me with in my educational journey. This isn't just in terms of finances, but also because it has provided me with a sense of self-belief that has meant I have never truly doubted my ability to achieve whatever is important to me.

Both sides of my family come from very deprived backgrounds in London and Manchester, which I was always made to be very aware of when I was growing up. Looking back that I can see the stark difference between my childhood, and the childhood of many of my cousins. Most of my childhood was spent in Cornwall, and although Cornwall is not particularly diverse in many ways, I was witness to a lot of poverty, and the effect it has on children as I was growing up, and so I saw many of my closest friends have particularly difficult childhoods. My mum often took these friends and their families under her wing, by making them school lunches and helping out the other mums with childcare when they needed to work. Similarly, my dad has always been vocal about every person having a duty to become involved in their community, and is incredibly passionate about the environment, to the point where he has started up his own business that aims to tackle both problems.

The concept of social justice has always been discussed around the dinner table, and both my parents told and showed me through their actions that every person has a responsibility to others to ensure social equity. I think this a reason why I chose this specific research topic because I have always felt that LAC are some of the most marginalised and under privileged members of our society. I have therefore been careful to try to ensure that throughout this research I am trying my best to avoid putting my own hopes of this research to be beneficial to children in care and to be conscious of how this mind set may impact my interpretation of the data.

I am also in the process of training to become an accredited VIG guider, which means it is even more important that I try to reflect on my own values and the reciprocal nature of this piece of research because I enjoy delivering VIG and have felt that it is a valuable tool in supporting the relationships between a carer and their child.

Finally, the COVID-19 pandemic has had a huge impact on this research, and by extension, my feelings towards it. The pandemic meant I had to change my research design twice and submit my ethics twice. It took me months to find the five participants I ended up with, and by the time I had collected my data and written up my transcripts I felt disappointed in the research and felt that it would no longer have the impact on EP practice I had aimed for. For a long time, I felt a level of resentment to this research that I wasn't anticipating, and it was only after having some time away from the data that I was truly able to fall back in love with and see the value in it. During this time, I tried my very best to immerse myself in the data and provide it with the attention and pride it deserved, but I am sure that this impacted on my interpretation of the data in a unique way.

## Chapter Six: Phase One Findings

The IPA of the foster carer interviews revealed five master themes and 15 super-ordinate themes. For the purposes of the write up of the themes, they have been organised under the research questions they link to. All master themes were present in at least two of the interviews, 'reflection boxes' are included at points throughout this chapter to provide some examples of decisions and dilemmas that occurred during the research process. Table 3 provides an overview of the themes. For a more detailed overview of the master themes and how they link to superordinate themes please see Appendix J.

**Table 3**

Phase One Overview of Themes

<b>Research Question</b>	<b>Master Themes</b>	<b>Super-ordinate Themes</b>
How are positive fostering relationships developed?	1. Foster carers' experience of fostering	1.1 Being a 'professional'
		1.2 Control and autonomy
	2. Development of positive fostering relationships	2.1 Trust and safety
		2.2 Understanding and providing for the needs of the child
		2.3 Responsibility and reciprocity of relationship
	3. Impact of positive fostering relationships	3.1 Internal factors for carer
		3.2 Impact on child and looking to the future

Foster carer's experiences of undergoing VIG within the context of a fostering relationship.	4. Experience of VIG	4.1 Space to reflect
		4.2 Prior constructs of VIG
		4.3 Improving experiences of VIG
	5. Impact of VIG	5.1 Attitude and behavioural changes
		5.2 Impact on the child

## 6.1 Foster Carers' Experience of Fostering

### 6.1.1 Being a 'Professional'

#### Reflection box 1:

I found it difficult to create a title for this theme that encompassed the participants' understanding of how their role as a foster carer aligned with their own personalities and private identities. I settled on this title because I felt it communicated the distancing and containment the participants were describing in their interviews. They seemed to be communicating how they experienced fewer personal dilemmas if they were able to view the role in a more professional light.

I also reflected on my personal constructs around what the role of a foster carer means and realised that the participants' understanding of their role contrasted with my own. I very much viewed it as more of parental relationship rather than as a job and I felt that this title demonstrated that contrast too.

This master theme encompasses the participants' discussions of their perceptions of the role of the foster carer in terms of being a "professional" or as a "job".

**FC1**

Within FC1's interview she talked about experiencing a change in her identity as a foster carer and her ability to manage the demands of fostering by becoming a 'professional'. Whether it was through adopting a particular professional persona or taking on activities she associated with professionalism, such as training. She identified that having access to support, such as attending training or receiving advice from other involved professionals was part of her transition towards becoming a professional carer, leading her to feeling a greater sense of her own ability as a foster carer.

And, and what's happened for us is we because I was committed to training we've been able to access a wage, and become on the same parity as professional carers. And that for me has made a huge difference one is like actually, this is a job as well as the fact that it's my family. Yeah, we are now foster carers, and it makes me look at things very differently.  
(FC1, lines. 158-160)

In this excerpt FC1 talks about her journey into becoming a foster carer. This was especially meaningful for her, because her foster child was also a biological relative. FC1 talks about becoming a foster carer as making a "huge difference" in her life, providing her with a distinction between being a grandmother and foster carer for the same child, which then impacts upon her perception of her fostering experience. FC1 discusses that she was able to become a foster carer because she was "committed to training", demonstrating that she feels she needed to demonstrate her ability and commitment to becoming a foster carer, and that this role would expect an increased level of knowledge and commitment from her. Her language use indicates she views becoming a foster carer as something to work towards and aspire to, which further cements the value she places on becoming a "professional" foster carer as a way to provide the best level of care for her foster child.

In showing how professional life would be when I go to meetings, instead of kind of crying and wailing and feeling sorry for yourself and being dramatic. It's like, no, I have to, it makes me more think about reporting as a foster carer. (FC1, lines. 165-167).

Here FC1 describes how becoming a foster carer caused her to act differently when she went to the same meetings she attended before she became one. She describes her past self as overly reactive and negative, further indicating how her perception and identity of being a carer changed once she became a “professional”. She refers to herself communicating as a foster carer as “reporting”, demonstrating a more factual and distanced approach to talking about her foster child. It appears that once again having a distinction between her role as grandmother and foster carer has enabled her to compartmentalise difficult emotions and experiences, improving her overall experience of foster caring.

## **FC2**

FC2 talks about the role of being a professional carer in comparison to being a parent and uses that comparison to orientate and explain her experience of the role so far.

So this is okay, for my experience. Okay. Something similar to a parent child, got a lot of a lot of that in it. You know, for me anyway. But there is there is a difference to not only obviously, because it's a job, I suppose, in lots of ways. And you're not on your own, you're answerable to lots of other people, not just your own decision, you know, local authority and everything. (FC2, lines. 66-70)

In this excerpt we see FC2 discuss her experience of the fostering role as being very similar to that of the parent, but also describes it as a “job” in “lots of ways”. Through her language she expresses some hesitancy to label being a foster carer as a job, and when reading through the rest of the interview, FC2 repeatedly refers to fostering as a being a rewarding experience and an opportunity to make a difference in children’s lives. This could potentially explain her hesitancy as a reluctance to think of fostering as a job when she considers it more of an altruistic opportunity. When she goes on to explain the implication of foster caring being a job and what makes it different to parenting, she talks about being accountable to others rather than herself. She uses general language to describe who she is accountable to, indicating there are



many individuals, and organisations (such as the LA) who are involved in making decisions for her foster child.

In this excerpt FC2 mentions twice that this is specific only to her experience, reinforcing her belief that fostering is an experience that is different for each carer. Her beliefs also feed into her hesitant language use, FC2 talks about her lack of experience in fostering frequently throughout the interview, potentially indicating that she feels she has not been a foster carer for long enough to speak with authority about her experience so far.

### **6.1.2 Control and Autonomy**

This master theme involves the participant's understanding of how having control over how to care for and make decisions on behalf of their foster children impacts upon their experience of fostering.

#### **FC2**

Yeah, so I'd say, hm describe the relationship, it's more like, you are the carer, you're looking at somebody, but and it's very similar to being a parent. So if they'll, if they'll kind of let you be a parent to them, but it's got, you know, some strong differences as well, in terms of how much liberty you have to kind of make a decision about stuff and, and how, you know, I suppose these young people have their own families already, and their own parents already that they still feel quite close to in their own way, you know, so you got to be good tread very carefully with that, because you're not trying to be their mum or dad, you know, that, especially if they don't want another mum or dad. So it's a balancing act really providing that care and being parental but not, you know, understanding the limits to your role, basically. (FC2, lines. 70-79).

FC2 discusses two different factors that impact on the level of control and autonomy she feels as a carer; the child and the biological family. She initially discusses how the role is very similar to that of a parent, but is dependent on the child "letting" her initiate that dynamic. Here we see FC2 describing the

fostering relationship as something that is dyadic and reciprocal, in that the child is able to retain some control over the type of relationship they have with their foster carer.

FC2 also talks about being able to make decisions on behalf of the foster child, and that there are different factors that can impact on whether she feels able to make them. She talks about the child still feeling an attachment to the biological family, and that she has to be careful to try not to replace the biological family, again reiterating that the child retains some control here “especially if they don’t want another mum or dad”. She compares the role of foster caring in this way to being a “balancing act” which connotes a situation which is tricky to do correctly, and if it goes wrong as having disastrous effects.

When thinking about how this relates to FC2’s understanding of her identity of a foster carer, it feels as though it is difficult for her to define. She considers the role similar to parenting but suggests that the child’s wishes about their relationship and the impact of their relationship with the biological family changes the way in which she performs her caring role, indicating her feeling a lack of control in how she perceives she can carry out her role. It is interesting to note in this excerpt that FC2 does not explicitly talk about other people or agencies holding the control, but views the child and the child’s biological family as the major factors in facilitating what the role of the foster carer looks like. This could indicate FC2’s approach to foster caring as more child-centered and focussed on attending to the wishes of the child over their own needs.

### **FC3**

You know, whether that be a clash with myself or and them, or whatever, is totally the opposite experience whereby they wanting to make every decision, or every decision I made was, scrutinised and questioned over and over. So therefore, that made it very difficult because they're saying, well, you know, the child needs this or the child should be able to do that, or the child this or whatever. And that isn't the case. They don't know them. They don't live with him. And it's all they're trying to do is tick boxes. (FC3, lines. 47-53).

Here we see FC3 talk about her experience of fostering being impacted upon heavily by the lack of control she felt she was able to have as a foster carer. Her language use describes severe conflict between herself and the social workers about her autonomy to make decisions for how she cares for her foster child. She uses repetition to describe her interactions with social workers, which indicates that she feels they constantly impacted upon her decision making. Her language use also indicates how little value she placed upon the social workers perceived intrusions, that she felt they were unnecessary and slighted her ability as a competent foster carer. When she later says that “They don't know them. They don't live with him. And it's all they're trying to do is tick boxes” this implies she feels they do not have enough knowledge about the child to be able to have input into her decision making, and that the social workers have no emotional connection to providing what is in the best interests for the child. When thinking about how this would impact upon her experiences of foster caring, it seems that her perception of the social workers constant intrusions into the day-to-day care of her foster child could impact upon her confidence to continue making those decisions and a frustration with the systems that are involved with caring for a LAC.

When examining this excerpt closely and considering that this participant has been a foster carer for many years, it could be interpreted that this participant felt that that the social worker took an overly critical approach to her method of being a foster carer. She could consider this a criticism of her own character depending on how closely aligned her sense of self and identity is intertwined with being a foster carer, especially when considering how intertwined the personal and working lives of foster carers become from looking after a child within their home and welcoming them into their family.

### **FC1**

So supervising social worker, and the child worker is is very good, you know, listen, they challenge, and it feels very good, you know, we we do have a lot of freedom to allow the children supervised contact with their parents, and a lot more than most children would get. (FC1, lines. 171-173)

Here we see FC1 reflect positively on her experiences with other professionals in terms of the control and autonomy she perceives she has in her role. She references that she has a “a lot of freedom” in comparison to other fostering placements around maintaining contact with the foster child’s birth family, which reflects her unusual status as a foster carer who is a biological relative of their foster child. FC1 reflects on her experience as one where she has been listened to and challenged appropriately by the other professionals that are involved with the placement. She talks about it feeling “very good” indicating the impact having adequate control and autonomy has on her emotions. She discusses being challenged by her supervising social carer in a positive light, which is interesting to reflect on when considering that FC1 is among the most inexperienced of the foster carers that were interviewed, and that maybe because she felt less certain in her skills as a foster carer and within her role it caused her to be more open to challenge and outside control because she felt she needed that extra support.

## **6.2. Development of Positive Fostering Relationships**

### **6.2.1 *Trust and safety***

In this section of the interviews the foster carers explored how they developed successful relationships with their foster child. All three foster carers discussed how important it is to establish trust and safety with their foster child in order to build a successful relationship with them.

#### **FC1**

I have a lot more empathy with him. And, you know, my, my big focus with him is to make sure he feels safe and secure. Before anything else, the moment you wake up, it’s a very loving, positive relationship. And it is challenging, my husband finds it much more challenging than I do. He gets into situations that I used to get in. (FC1, lines. 198-200)

In this excerpt, FC1 talks about being able to establish a relationship where the foster child feels safe as something she has learnt over time. She talks about the challenging nature of remaining positive in her approach, and that her

husband still finds this aspect of being a foster carer very difficult. She refers to her husband as “still” getting into the situations she “used to get in”, which is an interesting way of phrasing the comment. It could connote a feeling that she views herself as being able to rise above the challenges fostering brings and yet still maintain a positive approach, whilst her husband hasn’t been able to develop those skills yet. Her language use here demonstrates she considers establishing a sense of safety for her foster child as one of the most important aspects of developing a successful relationship, and something she has to work at constantly and consistently, further emphasising that this is a skill she has had to learn and work at. FC1 also talks about having a “lot more empathy” towards her foster child, indicating that part of her development as a foster carer and recognising the importance of establishing a sense of safety for the child, comes from having a greater understanding of where difficult behaviours may be coming from, and having patience towards managing these difficult behaviours. FC1 talks about how establishing a sense of safety for the child comes from maintaining a “loving” and “positive” relationship, and because it is something she feels she has to sustain constantly, it could be inferred that this loving and positive approach is unconditional, no matter if their relationship is going through difficulty or not.

## **FC2**

FC2 discusses establishing both safety and trust in a fostering relationship in separate sections of her interview.

And also that feeling of you know, when you like, build a relationship, and you can feel that there and you can feel, you know, them starting to relax into that and, and feel safe and stuff like that. I think those are the things I've experienced, we have had moments of it in that first year with C, in the last like, four or five months, she kind of kept a wall around her, and wouldn't let anyone close, and she did everything she could to sabotage anything really. (FC2, lines. 53-58)

In this section FC2 talks about a positive fostering relationship as being built, which puts to mind something that happens over time and with hard work (similarly to FC1). She also refers to herself as being the person who builds the

relationship, indicating that she considers the person with the responsibility of establishing a sense of safety for the child and working towards a more positive relationship to be that of the foster carer. She then goes on to discuss being able to “feel” when the child feels safe, and that one of the ways she can do that is because the child starts to be “relaxed”. This suggests that FC2 feels that any difficult behaviours the foster child might exhibit could be from feelings of fear or danger, and that by establishing a sense of safety means the child is able to be calmer and have more control over their behaviours.

So if, and I think that's really important, too, trusting them and trusting that they're gonna make the right choices, and, you know, showing that belief in them (FC2, lines. 130-132)

Here we see FC2 talk about the importance of trust in a fostering relationship. She refers to the foster carer as being the person in the relationship who needs to demonstrate trust, again her language use here indicates that trust needs to be unconditional. She mentions that she must trust that they are “going to make the right choices”, which is an interesting choice of words and could indicate that her initial instincts may be that the child would not be able to make the right choices. She also talks about showing belief in the child, which I feel indicates that in her experience belief in their choices is not something foster children have had much experience with.

### **FC3**

I suppose really is just over time and trust, isn't it? You know, I think that's really what it is it's time and trust. I do it as well, which is emergency fostering have been doing now for about 18 months, and then they're completely a hundred percent different placements, because sometimes take them for a couple of nights or a couple of weeks or a couple of months. But when you don't get time to do anything, really, then it's just a case of making sure, they're settled. But I think it is all about time and trust really. (FC3, lines. 73-78)

In this excerpt FC3 is talking about how time and trust are the main factors in establishing a positive fostering relationship. She repeats the phrase “time and

trust” at the end of this excerpt, highlighting the importance she places on those factors. She goes on to describe her experience of being an emergency foster carer, and how because she never knows how long she is going to be looking after the child this prevents her from having enough time to establish a successful relationship. Unlike FC2 who talks about trust as something she needs to display towards the child, FC3 talks about trust as something the foster child needs to feel towards her. She goes on to talk about this in the following excerpt.

I suppose it's consistency. And putting boundaries in place below. I know, you know, back and long time ago, but you look back, and you do need consistency, whether you like it or not, and eventually you begin to realise that, you know, life is more stable, you're not going to get the things that happened before. And I think that's what he's about until they realise it, that's not gonna happen anymore. (FC3, lines. 83-87)

Here FC3 talks about how she gains trust from her foster children and claims that consistency and boundary setting are important parts of this process. She then goes on to discuss how consistency and boundary setting may be something the foster child doesn't like, but that it leads to a greater sense of stability for the child. She then describes how this shows the child that life with her is different from “before”, which could be interpreted as being when the child was with their biological family, and that their experiences with their biological family aren't going to be repeated. This is an interesting inference, that she feels that her foster children did not feel safe with their biological family, because they lacked consistency and boundaries, and that this is something they are going to be getting for the first time under her care.

### ***6.2.2 Understanding and Providing for the Needs of the Child***

In this theme I will explore the participants' experiences of how meeting the needs of their foster children supported them in developing successful relationships with them.

**FC1**

In this excerpt FC1 is discussing how her foster child has SEN and has previous experiences of trauma, which impacts on his behaviours and the development of their relationship with each other.

FC1: And then the other thing is kind of the psychology of it. Understanding the kids, so he has been diagnosed with an attachment disorder now. And he's clearly experienced huge trauma from being with his mum.

Interviewer: Yeah.

FC1: And he's also being assessed for autism and Attention Deficit Hyperactivity Disorder at the moment. And to be honest, as long as I understand kind of almost what the recipe is, you know, why he behaves the way he behaves, who knows? Yeah, and I learned models of therapeutic parenting and different ways to do things. (FC1, lines. 134-141)

FC1 starts her answer by talking about how important it is to understand the foster child's "psychology" and goes on further to link the psychology of the child to be to their SEN (in this case it is attachment disorder) and their prior experiences of trauma. Here we can see how important it has been for her to gain that understanding of how SEN and prior experiences can impact upon a child's behaviours because she can justify why he is displaying those behaviours as a result of her increased understanding. She links her increased understanding back to the training in "therapeutic parenting" that she had taken part in, and that not only had it furthered her understanding of her foster child's situation but it also provided her with new skills, so she could do things differently than before. This again indicates that FC1 has undergone a learning and change process, that the role of the foster carer is something she has got better at with time and increased access to knowledge, which is something that is reflected on by her throughout her interview.

So yeah, PACE all the time, you know, and I found it, I found it, you know, I found it easy, you know, I found like, just to be playful in difficult



situations, and to have empathy, you know, sort of, you know, to look at all those elements was really helpful. Once I got used to the idea that I kind of did it, you know, I found playfulness more easy at the beginning, then other things, so I use PACE but, but three warning about things, you know (FC1, lines. 237-240)

Here FC1 goes into more detail about how she uses her increased understanding to build a positive relationship. She references using PACE (playfulness, acceptance, curiosity and empathy) techniques with her foster child when they are experiencing difficulty (Hughes & Golding, 2012), and this is something she learnt through training that was provided by the LA to meet the emotional needs of children with prior experiences of trauma and loss. She discusses that using playfulness to interact with her foster child was easiest to adapt to, indicating that acceptance, curiosity and empathy took more time to adjust to displaying. This indicates that by using playfulness to begin to meet the needs of the child, which led to some more positive experiences, then increased her ability to start to empathise with and accept the more difficult experiences of challenging behaviours. She references at the end of the excerpt that she still uses “three warnings about things”, which we can assume means she gives three warnings if her foster child is displaying inappropriate or challenging behaviours before implementing a reprimand of some kind. This is a more behaviourist approach to parenting/caring, which does not explicitly match the more therapeutic approaches that she previously discussed. When thinking about why this mismatch might have occurred, it appears that she feels there is some gap in the ability of therapeutic approaches to consistently prevent or manage challenging behaviours.

## **FC2**

Really, really try to do things that the young person likes doing, and incorporate that into our life, our lives and our day to day stuff, try, you know, even just little things like, I know, it sounds silly, but I think that these things are really taking notice of what they like to eat, what they like to drink, where they like to go, you know, those kinds of things, and then and to show that, you know, you care, kind of getting those things for

them, you know, and making so that they know that you know, something you care about all those little things. (FC2, lines. 121-126)

In this excerpt FC2 is discussing practical changes she makes to meet the needs of her foster children. She talks about finding out the child's preferences and providing for them. Here she is talking about meeting the physiological and safety needs of the child. Her approach to meeting the needs of the child fits alongside Maslow's hierarchy of needs (McLeod, 2007), because she is acknowledging that in order to create a good foundation for a positive relationship, the child's basic needs must be met first before they can progress to meeting the love and belonging needs to further cement their relationship. Her approach also matches very well onto the principles of attunement within VIG, which is the psychological model to identify and build attunement in a relationship (Kennedy et al., 2017). This model also suggests that noticing and providing for a child's basic wants and needs is vital towards building an attuned relationship. FC2 also talks about how she wants the child to notice that she cares about their needs, further indicating the dyadic nature of a fostering relationship that she has described before, that a foster child needs to feel noticed and safe for a securely attached relationship to develop.

### **FC3**

Oh, yeah, great. I'm like the young person I have now could have left when they're 18, they going to be 21 just after Christmas. They have no intentions of going anywhere. Yeah, they tell me. They want to stay, you know, and that having been here for almost 10 years, then, you know, it is their home. So, you know, whilst there is the challenges and there is teenage behaviour, even though they're not a teenager any more you know, because development is delayed. Because of, you know, early-years experience is, it is their home. You know, and that's the way it goes, yeah. (FC3, lines. 146-152)

In this excerpt FC3 is reflecting on one of her foster children who is continuing to live with them even though the child is technically nearly old enough to live independently. FC3 talks about how the foster child displays "teenage behaviour" despite them being nearly an adult, and she relates this to their

previous experiences. We can see how FC3 has reflected on and acknowledges how the foster child's experiences have impacted upon their development and their needs. This makes it difficult for them to be able to live independently at the age of 18, and so she is allowing them to continue living with them in order to meet their individual needs. Her language use is accepting, and she states simply "it is their home", indicating that she considers continuing to allow the child to live with them an integral role of the foster carer. That her role is to continue meeting the needs of the child and accepting the "challenges" that go alongside it, until the child is able to successfully live independently.

### **6.2.3 Responsibility and Reciprocity of the Relationship**

#### **Reflection box 2:**

When deciding on the title for this theme, I felt that it was important to create a title that demonstrated how the push and pull nature of the fostering relationship is different for each dynamic. I wanted to show that foster carers placed the responsibility of who creates the positive fostering relationship on different people within the relationship. I also felt that it was important to use a title that would allow me to explore this freely without having to categorise every participants' experience as the same.

When reflecting on the dilemmas I felt writing about this theme, I identified that I felt that one of the participants demonstrated a more dismissive and blaming approach towards the foster child, and I felt that they didn't take ownership of their role in the relationship. This within child explanation conflicts with my own practice as an educational psychologist. When deciding how to manage this conflict I chose to view their transcript with an empathic lens and looked for exceptions to their narrative to ensure I was trying to encapsulate their lived experience as best as I could.

Within this theme I will explore how the participants view who holds the responsibility of developing a successful fostering relationship, and the reciprocal nature of the fostering relationship.

#### **FC1**

Okay. But one of the things is because they're in foster care, I will grab everything that's going on, I will feed into everything that's going so we've

been so lucky to access what I think has been really good training. And I've been I was begging for training in the first year, and nobody told me what was available. But now there is now we're on this new professional kind of league. We have we have to go certain training, which is fine. But we can actually do optional things in the psychological training, the thing that interests me. (FC1, lines. 309-312)

In this instance FC1 is discussing how she takes on the responsibility of honing her skills and increasing her knowledge base in order to be able to more effectively build a successful relationship with her foster child. She says she "will grab everything going on" indicating her willingness to go above and beyond the normal requirements for training for a foster carer. FC1 also talks about how doing the "psychological training" is something that she is interested in. This indicates that not only does she feel it is her responsibility to go on extra training, but also that she enjoys the training and, possibly, learning new information and approaches to caring. In previous excerpts she has talked about how helpful it has been for her to have a greater understanding of her foster child's needs, and this links as to why she enjoys more psychologically based training too. She also mentions professionalism here again, and that being a foster carer has opened new avenues for training and gaining of knowledge, and that it is all part of becoming part of that "professional league".

## **FC2**

In this section we can see how FC2 talks about the responsibility of developing a positive relationship, as coming from both the foster child and the foster carer, but in slightly different ways. This again reflects her dyadic view of the fostering relationship, that both parties have a say in what the fostering relationship looks like.

And if you just told me, I would come out and it's like, no kid. You've got to learn to come out. And then sometimes there's something good. Other times there isn't, you know, yeah, you've got to learn. You've got to take responsibility to learn the rules. And those kinds of things have been quite life changing for me, you know, it's been really, really interesting. (FC2, lines. 322-326)

Here FC2 is discussing how she views there are some aspects of the fostering relationship she feels are the child's responsibility to work towards, specifically in terms of following the rules and expectations that FC2 has. She also mentions that part of this is getting the foster child used to the fact that sometimes good things and bad things happen and that she feels the child needs to be conditioned to that. She also talks about how the child needs to "learn" the rules, indicating that the rules are something new that the child wouldn't be used to. FC2 describes putting this responsibility onto the foster child as "life changing" demonstrating that she feels a sense of empowerment from taking some of the responsibility of the relationship away from herself and onto the child.

I was caught up in a bit of a thing, you know, I just kind of regret that a little bit. She's the young person I feel like, she's probably partly reacting to my emotion as well, you know. So, but yeah, I mean, maybe if I were in this situation, again, maybe I wouldn't be able to manoeuvre it differently. But I think you live and learn don't you? (FC2, lines. 223-227)

In this excerpt we can see an alternative stance provided by FC2 around who holds responsibility in the development of a relationship. She talks about how in one of her previous fostering placements she felt that she was not able to contain her emotions and became too involved in supporting her foster child to attend school. We can see how she has reflected that a foster child can respond and react to the emotions that their foster carer is demonstrating which can then heighten a situation. As a result FC2 has learnt that it is her responsibility to contain her emotions in order to better manage difficult situations.

### **FC3**

And well I have fostered long term for 10 years. On that one, good. Not so good. I had siblings and one was moved to a specialist placement. You know, in the children's home, you know, through no fault of their own. But they blame me for it. And it's not my fault it's their behaviour, and the other one has stayed and is still here. (FC3, lines. 63-66)

FC3 is reflecting on a previous fostering placement that ended, which caused a pair of siblings to be split up. Interestingly she says that the move was “no fault of their own”, but also that it was the child’s behaviour that caused the move, which at first seems to be a contradiction. However, when considering the entirety of FC3’s interview she consistently describes how the foster child is often not in full control of their behaviour due to the impact of their previous experiences on their development, indicating that she views the child’s behaviour as separate to the child. She also goes on to say that the placement breakdown wasn’t her fault either, but that the child blames her for it. This demonstrates that she does not consider herself ultimately responsible for a placement breakdown, but rather the child’s prior experiences and how these impact upon their behaviour as the ultimate cause.

### **6.3. Impact of Successful Fostering Relationships**

#### ***6.3.1 Internal Factors for Carer***

Within this theme I will discuss how developing successful relationships with their foster child impacted upon the participants. For both carers that discussed this, they explained that it had a positive impact on internal factors for them.

#### **FC1**

Okay, yeah, I am much happier (laughs) I don’t cry on the way back from school anymore. (FC1, lines. 339-340)

In this excerpt FC1 explicitly states how much happier she is now that she has developed a relationship with her foster child, and that she feels she is better able to understand and manage her foster child’s difficult behaviours.

Throughout her interview she states how she now has a better understanding of her foster child’s needs, and it gives the sense that the increased knowledge base and support network that she has gained through being a foster carer, has provided her with a sense of empowerment that has then enabled her to feel happier and has had such a positive impact on her emotions. She states that she no longer cries after dropping her foster child to school, again reinforcing

the profound change she has experienced due to her improved relationship with her foster child.

## **FC2**

The positive impact on foster carers on us, it's just a nice feeling. It's just a really nice feeling, to see them responding positively to your care and the relationship they have with you and your family and see them change and get more confident. And it's just such a nice feeling. To me. It's just that feeling I get is, basically, and I think that's probably true for my husband, as well as just, you know, you know, feel, yeah, should feel good. (FC2, lines. 182-187)

FC2 discusses the impact of developing a positive relationship on herself as something positive yet intangible. She struggles to specify the impact and settles for explaining it as a “nice feeling”. She then goes on to describe how there are two factors she notices from the development of a successful relationship, because herself and her husband got positive feedback from the child, and because she was able to see a change in the child. The positive impact on FC2's emotions indicate how much foster caring is linked to her sense of fulfilment. This is supported throughout her interview where she focusses on fostering as an altruistic opportunity over a professional one.

### ***6.3.2 Impact on the Child and Looking to the Future***

Within this theme the participants discussed that one of the implications of developing a successful relationship with their foster children is that it will have an impact on the children too. In particular, impacting upon the child's future, and their ability to live an independent and enjoyable life.

## **FC1**

Yeah. Its everything really. I mean, you know, a child, any child who's fostered will have had so many negative things happen in their life. You know, so to develop them as young people who can make good choices and check the consequences and all those those things is, is fundamental really to changing their lives. (FC1, lines. 332-335)

Within this excerpt FC1 describes the impact of having a successful fostering relationship as “everything” for the child, with the ability to change “their lives”. She goes on to justify this by referring back to the child’s prior experiences and how a positive relationship with their foster carer can help to make up for their experiences. When talking about how positive relationships can change a foster child’s life, she talks specifically about it supporting their development in being able to make informed choices. It appears that FC1 feels that successful fostering relationships enable a foster child to be able to continue their development, in order to be productive and functioning members of society. She is looking to the future with her explanations and the ‘bigger picture’ about what the impact on the child could be. This is a common theme for all the foster carers, that they refer to the impact on the child being when they hit adulthood and supporting them in adulthood, and less so on the impact on the child during childhood and adolescence.

### **FC2**

And, and, I mean, yes, again I think about safety, you know, feeling of safety and calmness and consistency and stuff. And beginning to be able to maybe process things they’ve gone through and reflect on experiences they’ve had in an environment where you know, they feel settled, then they can do that, I think it can have really good mental health kind of impact.

(FC2, lines. 178-182)

FC2 is the only foster carer to talk about the impact of positive fostering relationships during childhood. Again, she refers to the relationship helping the child to feel safe, and by this process enabling the child to begin to be able to process previous experiences, trauma and loss. She then refers to the child feeling “settled” which connotes that this will have an impact on the child more generally, particularly on their mental health.

### **FC3**

Only what I've just said, which is, you know, that the mistakes of the parents won't be repeated whatever they are, with the young people that I have, permanently, but the young people that you have, temporarily as



well, you know, hopefully, whatever mistakes happen in their life, you know, and you don't always get told those won't be repeated, because they will have learned that those behaviours are not what happens normally, in a house and not acceptable. (FC3, lines. 167-172)

Similarly to FC1, FC3 refers back to the child's previous experiences. Here however she refers more specifically to breaking a cycle of repeated behaviour exhibited by the parents. The language FC3 uses to describe her preferred outcomes for the foster child is around behaviour, and the child behaving in a way that is "acceptable". Although this is similar to FC1's views on the impact of successful fostering relationships, FC3's language choices connote a more behaviourist approach, which reflects her general approach to relationship building that can be seen throughout her interview. We see FC3 talk about not being told about her foster children's previous experiences, and how she is trying to demonstrate that an important part of 'breaking the cycle' is having access to knowledge about the specifics of a child's prior experiences. We can guess that this is because she feels an increased amount of knowledge would support her in meeting the needs of her foster children, and supporting them to become functioning members of society who follow the rules. The cycle FC3 refers to breaking also fits in with much of what is understood about adverse childhood experiences (Boullier & Blair, 2018) and how trauma and abusive behaviours can be passed down through the generations of a family.

## **6.4. Experiences of VIG**

### **6.4.1 *Space to Reflect***

Within this super-ordinate theme, both FC1 and FC2 talked about how VIG provided them with an opportunity to reflect on their fostering relationship and to view it from a different perspective. We can see for two of these participants, how profound the effect of VIG was on their constructs of their relationships and themselves as foster carers. Interestingly, FC3 did not view her experience of VIG in this way. When discussing her experience of VIG, she related to her experience as one where she did not fully understand the implication of the intervention on herself, but rather that it was for her foster child.

## **FC1**

But for me, it was just an eye-opening experience. You know, I did it three or four times. And each time I felt the same kind of wow, I didn't know. You because you don't see yourself? You don't see yourself doing things? Yeah, you have no idea? And you remember we see the negatives a lot. You know, it's actually in it. See, there's little tiny glimmers of heart-warming moments when things are really bad. It was just amazing. I feel like, I'm emotional about it now. So it gave me a lot of confidence as well.  
(FC1, lines. 585-590)

This extract demonstrates how FC1 felt the process of VIG changed her perspective of how she viewed herself and her relationship with her foster child. She describes how she was unaware of the positive aspects of their relationship and that her eyes were literally opened through the process of watching her interactions with her foster child. She describes that before taking part in VIG she was not able to view their relationship outside of the negative constructs she believed their relationship to be. The constructs FC1 had built around their relationship almost demonstrates a confirmation bias, where she only observed and noticed the factors that confirmed her already existing construct. The process of VIG seemed to support her in being able to see an alternative viewpoint, and to build a new more positive construct about their relationship. This extract also demonstrates an identity change that FC1 has appeared to experience, she says "you don't see yourself" and it is interesting to consider that she may mean this literally and figuratively. She saw herself within the construct of a negative relationship, and by the process of watching recordings of herself she was confronted with evidence that challenged her constructs and literally saw herself and the dynamics of the relationship in a new light. The language she uses to describe this process highlights how emotional this process was, and how much meaning she attributes to it, that 18 months on from the intervention she still felt an emotional response to her memories of VIG.

## **FC2**

And I think the experience after looking at the key images and stuff, and some of the key moments, and talking about that, I really enjoyed doing that. And it really, really helps me try to reflect on the relationship we had built, and know the nice reward that we actually have and I'm thinking about, remember, how can we think about, very how often in life do you really stop and focus on minute kind of interactions in our body language, and we're saying, through the body language, you should never stop and really do it. And it was really, I find it really interesting, and also quite reassuring that we had got a nice thing going on. (FC2, lines. 279-286)

Similarly to FC1, FC2 discusses how prior to taking part in VIG she didn't have opportunities to sit back and reflect on her relationship with her foster child. She recalls her experience of VIG as one which gave her space and time to look at their relationship. Whilst FC1 mainly recalls VIG as being confirmation of the positive aspects of her relationship, FC2 also talks about VIG as an exercise in learning about her own behaviours and how she communicates. She talks about the process as being "reassuring", implying that she also found the positive focus of VIG to be an confirmation of the positive aspects of her relationship that already existed. When taking into consideration how FC2 often implies uncertainty in her ability as a foster carer due to what she perceives as her inexperience, it is apparent that VIG might have improved her perceived self-confidence and the constructs she holds about herself as a foster carer.

FC2 refers to the relationship with her foster child as one "we had built", again reinforcing her belief that a fostering relationship is a dyadic one, where the foster child retains some control over the relationship.

#### **6.4.2 Prior Constructs of VIG**

### Reflection box 3:

I wanted to add in a reflection box here because I have noticed that through identifying and analysing this theme, it has had the biggest impact on my own professional practice.

As a VIG guider prior to conducting this research, I had not been as aware of the vulnerable position a person is placed in prior to taking part in VIG. I had not fully considered the impact being filmed would place on a person, or really thought about how they do not know as much about VIG as I do (because I am a guider and fully familiar with the process and purpose). I now ensure that I spend a considerable amount of time going through the process (emphasising the solution focussed and positive psychology nature of the intervention) of the approach and use a range of media to ensure that this is accessible to all the people I work with.

Within this theme, when participants were asked to talk about their understanding of VIG prior to starting, they often talked about how they weren't sure what the purpose of VIG was, or how it would have an impact on their relationship with their foster child. Both FC1 and FC2 talked about how their understanding of VIG, and the constructs they held around VIG changed after their first shared review, when they had a profound emotional response to the intervention.

#### **FC1**

I cried about it. It was like, Yeah, actually, to see those moments of kindness between me and K or laughing or joyfulness on a little video, when I thought it was a bloody horrible experience that I wouldn't want to repeat. It was like, it was like, Oh, my God, I can't believe it. Yeah, it's like, and actually, it made me what it did for me. And it wasn't like, I, I thought it was going to be some sort of behaviour therapy where I was going to be told how to do things, you know, by watching myself doing a video. (FC1, lines. 554-559)

FC1 describes her first VIG recording session as being an unpleasant one, she describes it as one "she wouldn't want to repeat". Throughout her interview it becomes clear that she felt like she was being judged in the initial session, indicating the importance of developing a trusting relationship with the VIG guider and appropriately informing the participants of VIG of the purpose of VIG.

She describes how she initially thought that VIG would be some sort of “behaviour therapy”, again indicating that she had not been fully informed of the purpose of VIG and what it would entail, and that she only knew that she would be “watching myself do a video”. Her language use in this excerpt describes feelings of intense anxiety, and later in her interview FC1 reflects that for some people the initial VIG session is unpleasant enough that it would prevent them from wanting to go ahead with the rest of the intervention if they were not flexible enough or willing to try new things.

### **FC2**

Well, she explained to me what it was, the idea behind, that kind of purpose of it. And I looked at the leaflet a bit, and then I thought this is quite random. I'm not quite sure how that's going to work. Or I wasn't sure about that. Yeah, I was willing to give it a go. Yeah. (FC2, lines. 245-247)

Again, in this extract we see FC2 discuss her uncertainty about VIG and how she could not relate the process of VIG to having an positive impact on her fostering relationship. She talks about “being willing to give it a go”, reflecting FC1 who felt that being willing to try new things made people more willing to persevere with VIG and have some resilience around the anxiety of being videoed and not knowing what the process of VIG would entail. FC2 describes how she thought VIG was “random” again reinforcing her belief that she did not know how VIG would work.

### **FC3**

Interviewer: Okay. And, and it's kind of who, who asked you to take part in VIG?

FC3: And right. Well, I asked for the counselling sessions, and they came through with VIG.

Interviewer: Okay. Okay. And then, what was your, your perception of VIG before you started?

FC3: No idea, I guess I didn't know what it was. (FC3, lines. 220-228)

Here we see FC3 recollect how she was introduced to the concept of VIG, because she had asked for counselling sessions from the LA. This explanation perhaps helps to explain the general approach of FC3 towards VIG as an intervention just for her foster child, rather than as something for them both. Her language use here does not allow for much questioning and feels generally dismissive of the process. She says bluntly “I guess I didn’t know what it was”, indicating she was not aware of the purpose or process of VIG.

### **6.4.3 Improving Experiences of VIG**

All the participants were able to discuss aspects of VIG that they felt could be improved or adapted about the intervention to make it more accessible and a better experience for other foster carers who may take part.

#### **FC1**

And, and it was a really weird situation to be in. Okay, we're gonna do this. And I was, and then I mean, the actual doing that process of playing with him the first time. Oh, my God, I just, I was so it's like, it's such a false situation. (FC1, lines. 530-532)

I have included this excerpt even though FC1 doesn’t explicitly talk about using this as an improvement for VIG, but because this could be viewed as a poignant memory for FC1 and helps to explain her suggestions below with a greater depth. Here FC1 is talking about her first videoing session, and recalls it as being “weird” and a “false situation”. Throughout her interview FC1 recounts this moment as being intensely uncomfortable to the point where she almost considered dropping out of VIG altogether. The first VIG session appears to be a difficult process for most of the carers, who do not recall it in a favourable light. Taking into consideration the previous theme, where the participants talked about a lack of awareness of VIG and how it would help them, may go some way towards explaining why this happened.

It’s a difficult one because when I went to it I felt awful when I came out but I think I needed to go through that process. I would say to myself that

oh no I've got to go back and watch myself on this video. And maybe if I had gone back and had a better. If you had told me they were going to give me positive things I think I needed to be, I was down anyway I needed to carry on being as I was and get a wonderful surprise. I recommended it to other people since, but I told them it was great in the end. I think what I would say is somebody like my husband isn't alone in not quite getting it. And not wanting to look at all that detail and at the moment time isn't going to change how he generally feels. So maybe I don't know what the answer would be but taking their views into account as well. Because I am a convert, what happens for them? (FC1, lines. 695-704)

Here again we see FC1 recount her initial experience in a negative light. She talks about the prospect of seeing herself interacting with her foster child on video as one in which she felt would highlight her flaws, reflecting the negative frame of reference she viewed her relationship with her foster child in, prior to finishing VIG. Because of the nature of VIG being introduced into relationships that are already struggling, it could be suggested that this is something other carers may also experience. FC1 then goes on to say that if she knew they were only going to talk about "positive things" she maybe would have felt better about the first meeting and she now recommends VIG to other people. Interestingly, she then goes onto to split potential VIG participants into two groups, those more similar to her who she talks about in other sections of the video as people who are more willing to "give things a go" and those more similar to her husband who may not have necessarily responded to looking at key small moments of attunement and see the benefit in it. She discusses how people in the second group may not engage well with VIG, and poses the question "what happens for them?", indicating in her view that VIG may not be accessible to all people, depending on their personalities.

## **FC2**

I can think of I mean, finding ways to get a young person to fully engage in it, I think would be beneficial, wouldn't it? you can't make people do stuff like that can you. So I'm not sure how you would do that. I mean, I think

was right for C and I, and I as in terms of doing it more times, because things kind of went downhill. But I think I think I suppose generally speaking, I think you probably need to do two or three times, then you to kind of really kind of make a difference. That I can't now I can't see. Yeah, I can't see really what could have been done differently. (FC2, lines. 381-387)

In this extract FC2 discusses how she thinks it would be more beneficial to find ways to actively engage children in the VIG process. She acknowledges in her situation that this would have been difficult because the placement broke down before they were able to finish VIG and in her case she was not able to see how VIG could have been done differently. However, this is an important consideration when thinking about the practicalities of using VIG in fostering relationships, because if a fostering relationship is experiencing difficulties, there may be a placement breakdown before the VIG cycles can finish. FC2 goes on to suggest a way to address this issue below.

Because with the VIG because it's quite time consuming for the practitioner, isn't it in terms of, you know, facilitating the carer, looking at the videos, picking out the connections? And then obviously, the sessions we do, it's quite time consuming. And I wonder if, because if it was become a more like, regular thing, and a more kind of embedded thing, and in, in practice, I suppose it would be good to maybe find ways where it could be done quicker. I suppose the more people do it, the quicker it all becomes anyway, isn't it? Like more efficient everyone is? (FC2, lines. 416-422)

FC2 discusses here how she feels that embedding VIG more in fostering systems with the LA and making it more of a “regular thing” may help to decrease the time it takes to deliver it. Her suggestion of embedding VIG more within the systems she is involved with suggest that she found value in VIG and thought it was a useful process in improving her fostering relationships. The question of making VIG a quicker process is an interesting one, when thinking about the nature of VIG whether delivering it on a quicker timescale would



reduce the impact of the intervention overall, by giving participants less time to reflect on their sessions and to implement any changes.

### **FC3**

FC3: Um I suppose and likeliest one would be to have them more often or for a longer period of time.

Interviewer: Have more of the sessions?

FC3: Yes, yes. And maybe in an environment where there are no other people around, so the sibling would sometimes wander into the room or, you know, pass through, etc. And on top of that, in a normal household, obviously, it's very difficult. And they will try and be naturally nosy as to what's going on. So it would need to be at a time when others aren't going to be around. (FC3, lines. 332-341)

FC3 discusses the importance of setting and maintaining privacy when delivering VIG, in that it is important that the VIG sessions are not interrupted by other members of the family. She acknowledges that when delivering VIG within a home environment this may be something that is difficult to maintain and ensure. However, when taking into consideration that many of the participants felt VIG was difficult for the foster children to engage with, making them feel more comfortable with the process could be an important part of engaging children with VIG.

## **6.5 Impact of VIG**

### ***6.5.1 Attitude and Behavioural Changes***

Within this theme two of the participants discussed the impact of VIG in terms of eliciting attitudinal and behavioural changes in themselves. FC3 was the only participant who did not perceive VIG to have had an impact on themselves as a carer and viewed the impact as being on the child.

### **FC1**

Interviewer: And so was there an impact of the VIG on your relationship with K?

FC1: Totally yeah. Because I was despairing at that point.

Interviewer: And what was that impact?

FC1: It was the to actually see the joy between us and the communication that I was missing because I was only remembering the bad moments. It was made me cherish them and look for more and notice when they were happening in real life not just in a video. (FC1, lines. 629-633)

FC1 talks about the impact of VIG initially as a comparison between her mental state prior to taking part in VIG “I was despairing at that point” and to after VIG where she is able to acknowledge the positive moments between herself and her foster child. The change in language between prior VIG to completion of VIG is evident in her initially feeling despair, to then feeling joy shows the profound impact VIG had on FC1, as well as evidencing how much a difficult fostering relationship can impact upon a foster carers’ mental health and sense of wellbeing. FC1 goes on to describe how seeing evidence of the positive moments of the fostering relationship was key to eliciting a change in attitude within herself. Again, she refers to only noticing the bad moments, reinforcing the cognitive bias that she talks about in other parts of her interview. She also goes onto to explain that she was able to transfer the skills she was using during the shared reviews to her “real life”, demonstrating that for this participant the principles she learnt during VIG can be transferred out of the VIG sessions to elicit real attitudinal change within the foster carers.

Yeah with C I think I am more relaxed with her and more fun and enjoying things. I think my husband is too. He says to me a lot more, he said something this morning that she said and I do think that he is noticing the positive more than the negatives. Because I was dwelling on the negatives and we would talk about the negative all the time. So I think as a result of doing it I focus more on the positives than I would have done. (FC1, lines. 685-690)

In this excerpt FC1 goes on to explain how taking part in VIG enabled her to initiate behavioural changes that she was also able to use with another of her foster children. She describes feeling more “relaxed” with C because she is able to have more fun and notices the positives more. She also talks about the impact VIG has had on her husband, even though he did not take part in all of the VIG sessions, and that he is noticing a difference too. Again, this emphasises the transferability of the skills learnt in VIG that FC1 talks about in the previous excerpt. She sums up her explanation of the impact of VIG as focussing “more on the positives than I would have done” which in itself does not sound overly meaningful, but when we consider the mindset FC1 describes herself as having prior to VIG we can see how important the skills she has learnt through taking part in VIG have been on her.

## **FC2**

I mean, in a kind of, you know, learning, for me learning about relationships and interactions and do a lot of other stuff I just said to you, in terms of being reinforced for me, and kind of exploring a lot of side of things, and probably just made me a better, you know, carer. So, you know, kind of, not in a massive way but it’s all learning isn’t it? Made me more aware of the importance, which I already kind of knew, but you really when you do it, you really see it of that focusing on that relationship (FC2, lines. 336-341)

In this extract FC2 talks about the impact of VIG as providing an increase in knowledge about relationships and highlighted the importance of successful fostering relationships for her. She describes VIG as a way for her to explore the fostering relationship, and that it made her a better carer, indicating that she experienced both attitudinal and behavioural changes. She repeats the word “learning” throughout this extract, indicating that this was the big takeaway for her from participating in VIG, reflecting her explanation of being able to explore the relationship. She describes the impact of VIG as “not in a massive way”, again reinforcing her experience of VIG as being a tool to increase her knowledge and confidence as a carer, and the change coming from the changes within herself that then had an impact on the fostering relationship. In the last sentence she states that she already knew the importance of successful

fostering relationships, but that VIG allowed her to focus on the relationship in a more intense way, giving the sense that participating in VIG empowered her to feel more confident in focusing and exploring the relationship despite the difficulties she was experiencing with her foster child.

She likes games, we bought another game as well, that traffic cars. We had that when we were in and we bought like, she likes that. So I think I think those little tweaks helped. I mean, the problem was in the last few months, she wouldn't really engage with us at all. So it just became really strange. So even that kind of thing. Just we didn't do anything like that really?. You know, prior to that, yeah, I think it was definitely a help. It definitely helped and trying to do fun stuff with her that, you know, this was a more light hearted, that was like that. So yeah, it kind of it definitely increased the amount we did that. Yeah. (FC2, lines. 369-376)

In this excerpt we see a difference between the positive experiences FC2 had of VIG and implementing the knowledge she had learned contrasted against the breakdown of the fostering relationship. FC2 describes how she made “little tweaks” to her behaviours for example by introducing games that her foster child enjoys. This is something she refers back to throughout her interview, where she talks about VIG highlighting the importance of providing for the wants and needs of her foster children in supporting the development of successful fostering relationships. FC2 then contrasts this when she goes on to explain that her fostering placement later broke down, and the “little tweaks” she had made no longer had an impact because her foster child could no longer interact with the family. This fits in what how FC2 talks about the changes that could be made to the VIG process by embedding them within the fostering service. She perceives that if VIG approaches had been accessible earlier, the placement may not have got to breaking point.

### **6.5.2 Impact on the Child**

#### **FC2**

I think she enjoyed as time as she always had my attention, so I didn't mind being filmed, which was I was surprised about and, and it was fun.

And I think that's probably how she would remember it. But yeah, like I said, I think it'd be a positive memory for her, that that's a good thing in terms of any kind of long-lasting impact I doubt it. (FC2, lines. 358-361)

FC2 talks about the impact of VIG on the child as a “positive memory” but without a substantial impact on them. She describes that she thinks the child had fun because she “always had my attention”, and that it was “fun” reflecting the importance of attunement for foster children. However, she goes on to say that she does not feel that VIG would have had a long-lasting impact on the foster child.

Unfortunately, C was not up for all that it was all a bit intimate for her a bit too, having to talk about feelings or the relationship or, you know what she thought about things. And she just really, really struggled with that kind of thing. So she was happy to do the task and, and play the games and stuff, but she wouldn't engage in doing it. So that didn't happen. I already had a session with her looking at images without C there. So I was I was already kind of done that. But yeah, C when she came into it, she was she wasn't. But yeah, but no, I think. Yeah, I think it was really it was a positive experience. Definitely. (FC2, lines. 286-292)

In this excerpt FC2 discusses how her foster child was not in a place to be able to access VIG or to reflect on her emotions and the relationship she had with her foster carer. FC2 describes her foster child's level of participation as almost surface level, that the foster child engaged with the initial tasks presented to her but had little understanding of the purpose or potential impact of VIG. FC2 goes on to describe how she took part in most of the shared reviews without her foster child being present, again reiterating the surface level involvement of her foster child in the VIG process. FC2 ends this excerpt describing that VIG was a positive experience but doesn't go on to describe in what way it was positive. It could be that FC2 felt the need to justify VIG in a positive light because of the social desirability effect of taking part in an interview about VIG.

### **FC3**

I would say from their point of view, they will probably think, well, maybe it was a bit of a waste of time. They didn't need it. But actually, if you talk to them deep down, they know they did. (FC3, lines. 317-319)

Similarly, to FC2, FC3 describes how her foster child would not have received a substantial positive impact from taking part in VIG and that they would have viewed it as a “waste of time”. Interestingly, she goes onto to talk about how her foster child wouldn't be aware of why they would need to take part in VIG, again reflecting FC2's stance that a foster child may not be in an appropriate mental space to engage in a therapeutic intervention and see an impact from it. She describes that after talking to the foster child “deep down” they would know that they needed to take part in VIG, reflecting her own belief that VIG was more for the benefit of the foster child than herself, and that the child would need support in order to understand why participation in VIG would be useful.

In summary, this chapter has explored some of the lived experiences of foster carers in developing successful fostering relationships, and their lived experience of VIG. Establishing a sense of trust and safety for the foster child, VIG enabling a reframing of the fostering relationship, and the foster carers' understanding of VIG prior to starting the intervention were all important themes that contributed towards answering the research questions. These findings are discussed in greater detail in chapter eight.

## Chapter Seven: Phase Two Findings

The IPA of the VIG guiders' interviews revealed four master themes made up of 12 super-ordinate themes. For the purposes of the write up of these themes, they have been organised around the research questions they link to. All master themes were present in both interviews, 'reflection boxes' are included at points throughout this chapter to provide some examples of decisions and dilemmas that occurred during the research process. Table 4 provides an overview of the themes. For a more detailed overview of the master themes and how they link to the superordinate themes please see Appendix J.

**Table 4**

Phase Two Overview of Themes

<b>Research Questions</b>	<b>Master Themes</b>	<b>Superordinate Themes</b>
How are positive fostering relationships developed?	1. How positive fostering relationships are developed	1.1 Impact of wider forces 1.2 Carer constructs of the needs of the child 1.3 Application of VIG principles
Experiences of delivering VIG within the context of a fostering relationship?	2. Experience of delivering VIG to foster carers	2.1 Embodying and applying VIG principles 2.2 Empowering the carer to make positive changes 2.3 Making VIG accessible
	3. Child experiences of VIG	3.1 'Readiness' of the child 3.2 Impact of the past

	4. Impact of VIG	4.1 VIG as a catalyst for change 4.2 Making the future better 4.3 Lack of control over wider forces 4.4 Accounting for impact
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## 7.1 How Positive Fostering Relationships are Developed

### 7.1.1 Impact of Wider Forces

Within this theme, both guiders refer to the impact of wider forces on the development of positive fostering relationships, but from different viewpoints. VG1 discussed the external factors that a foster carer might encounter, which could then impact on their desire to become attached to a child who may end up leaving them. VG2 however, discusses how the foster carers' prior experiences of being parented as a child then go on to impact how they develop relationships as adults with their foster children.

#### VG1

And I think with grandparents, it's similar but different, I guess. Because, you know, even if they're on a special guardianship order, which is a permanent order. I think because there's an order case I've worked with, there's ongoing contact with birth parents, I think there's always that thought in the back of their mind, you know, will they be returning to their birth parents? Do I need to check this out? So they're never, I guess that's the difference between that and adoption is that, you know, adoption still feels more permanent, even though an SGO is supposed to offer the same thing? Because it's within the birth family. And the birth parents are usually still around. There's always that kind of, I think, nagging thought that, you know, will they be returning will one day, you know, might be well enough to have some back? And so inherent in that as a kind of slight, less permanence, not in everyone's cases, obviously, but in some. (VG1, lines. 417-427)



In this extract VG1 explores how the knowledge that a foster child may be taken away from them, in turn impacts their approach to building a relationship with their foster child. Her language use is hesitant, possibly indicating she feels unsure about defining how foster carers may view their relationships.

She refers to “permanence” repeatedly, indicating her belief that there is a link between the development of relationships and the permanence of the arrangement. It could be inferred that this may be due to the willingness of the foster carers to invest in relationships that they feel are not going to last for long. She refers to the fostering relationship as one which is similar to that of a grandparent relationship. This is an interesting comparison when considering foster carers’ most likely do not have a biological relationship to their foster children (although this is not the case for one of the participants of this research). She also refers to the carers feeling the impact of knowing that the biological parents may still have an involvement in the child’s life, and that this impacts upon the fostering relationship too. She refers to the carers experiencing a ‘nagging’ feeling that the child will leave them at some point in the future, inferring that there is a protective aspect of the foster carer not wanting to become too attached to a child who may then have to leave the placement. Overall, in this excerpt there is an overarching sense that in VG1’s experience, foster carers’ experience a lack of control over their fostering placements, which in turn affects their ability to form strong bonds with their foster children.

## **VG2**

It's often to do with a sort of light bulb moment around the behavioural approach, not really touching a lot of these children and realising that it's all about, you know, building the relationship. And it's foster carers, understand that, you know, a lot of them have had, like, most of us, we've been exposed to parenting, using behavioural approaches, haven't we, a lot of the time, that's the kind of the dominant kind of narrative, I suppose. (VG2, lines. 104-108)

In this excerpt VG2 discusses how a foster carer's prior experiences of being parented impact on the way they develop their relationships with their foster children when they become professional carers. Specifically, she talks about their exposure to behavioural approaches, and how this is typically the norm for foster carers to have experienced, and that in turn they use these techniques themselves when they become adults and care for a child. She discusses how behavioural approaches do not "touch" children in care, indicating that using these types of approaches do not support development of the relationship between the foster carer and the child. It could be inferred that she feels this is because a foster child's prior life experiences, such as trauma and loss, mean behavioural approaches are not an effective way of managing or understanding their behaviours. Her language choice is interesting here as it is reflective of how carers come to the realisation that the behavioural approach may not be effective as being a "lightbulb moment". This not only connotes a positive change for foster carers, but also puts to mind an instantaneous realisation and attitude change, that shines a light on a new avenue they may not have been aware of or open to, prior to having access to knowledge about more therapeutic parenting approaches and

### **7.1.2 Carer Constructs of the Needs of the Child**

Within this theme, both guiders discussed the importance of how the foster carers understand the needs of the child, and how this impacts on their communication and responses to the child. They both identified that this was a key element in the development of positive fostering relationships.

#### **VG1**

Um, I think when it's more challenging, it feels like the carer sees the child's behaviour as intentional and, you know, winding them up and making their life difficult on purpose. And, yeah, that they're, that they view themselves as quite ineffective in, you know, making any positive changes to that. So, so I guess that would be the difference, and then, you know, going from that end, so, you know, not such positive relationship to having a positive relationship would be to, to be a bit more objective. And also to see it as the child is expressing a need of some kind that they can meet,

rather than, you know, the behaviour is being done just to annoy them, and also to recognise that they can have a really positive impact on the child's behaviours. So for example, if they pay attention to them, the escalators don't, sorry, the behaviours don't need to be escalated in the same way. And that actually, they can, they can make a difference earlier on. (VG1, lines. 67-77)

Within this excerpt VG1 discusses how the carer's understanding and interpretation of the child's behaviour impacts on the kind of relationship they will have, as well as the ability of the foster carer to begin to develop a positive relationship with their foster child. VG1 first mentions that it can be difficult for the carers to put themselves in the shoes of the child, and that they may often interpret challenging behaviours as a personal attack on themselves, rather than viewing the behaviours as being the child's way of trying to communicate. VG1 emphasises this point using the word "purpose", demonstrating that the carer views the child as consciously trying to manipulate or control them, rather than as the child having little control over their behaviours.

VG1 goes on to discuss that this can then lead the carer to feel like they have a lack of agency, and that they feel they are not able to make a positive difference to their foster child. She discusses how successful fostering relationships can therefore be supported to develop by changing the foster carers understanding of the child's behaviours, which will then enable them to feel empowered and believing that they are then more likely to believe that they are able to make a difference.

VG1 links how the carers response to challenging behaviours that may be displayed can be stopped if the carer "pays attention to them". This further demonstrates how VG1 feels that the child's behaviours are their way of communicating their needs to the carer, and that by meeting the needs of the child will prevent the child from displaying the challenging types of behaviours.

## **VG2**

And, and to address issues of trauma and loss really being able to, to manage that, understand dysregulation as a response to trauma and loss, essentially (VG2, lines. 62-64)

Yeah, so the positive foster relationships coming out of carers' abilities to understand and how the children's experiences have impacted on them. (VG2, lines. 70-71)

In these two excerpts, VG2 describes how they feel positive fostering relationships are developed out of the carer's ability to understand how the child's prior experiences are impacting on their ability to regulate their emotions and behaviours. They discuss how not only is it important for the carer to understand the impact of trauma, but also how this should impact how the carer responds to the child in turn.

Think more about how you manage the behaviour by building the relationship time in and thinking about what it is that's going on for the child, and how you can help to how acceptance and everything really sort of when they experience what it's like to really accept where the child is at rather than try to correct it then identifies, you know, sort of, if they can show you that sense of empathy, and they will, that's what I feel makes the big difference. (VG2, lines. 110-115)

Here VG2 goes into more detail about how the carer should respond to their foster child when considering the impact of prior experiences of trauma. VG2 emphasises that the carer should respond with empathy to the child, and that they should avoid correcting the behaviours. Again, VG2 is emphasising the importance of the carer's acceptance and understanding of the child. VG2 describes the needs of the child, in terms of how their prior experiences have impacted upon them and how the carer understands this and then adjusts their responses. In particular, by making time for the relationship to be built and ensuring they are empathising with the child.

### **7.1.3 Application of VIG Principles**

#### Reflection box 4:

When analysing and writing up this theme, I was very conscious of what I perceived to be a clear difference in the confidence and competence of the VIG guiders.

Although all VIG guiders are required to complete the same training, I felt that I could see how the guiders other roles impacted upon their understanding of the psychological approaches they were using and why they were using them. It made me reflect on how we can ensure the quality of the intervention that people are receiving, especially if VIG is not fully embedded in a service that is using it. I'm still not sure of the answer to this question, but it is something I am thinking about during my VIG work.

Within this theme, the participants discuss how the application of VIG principles supports the development of positive relationships between the foster carer and the child. VG1 and VG2 focus on how VIG can facilitate the communication between carer and child, by supporting the carer to be better able to identify when the child needs them and what they are trying to communicate.

#### **VG1**

Well, I suppose it's it's that kind of relationship that you would want to see between any parent and child really that kind of that kind of care, the compassion and the understanding that because I think what VIG does is that it recognises, or it helps the parent recognise the little, the little intricacies of communication. The bits that can go can go missing. And I guess, when you're looking at positive relationships between in a carer and child, you want them to be quite intuitive, you want them to be able to spot when the child needs them, or when the child needs reassurance or when they need comfort or when they need care. And I suppose that's where VIG helps that because it helps them notice the bits that they would ordinarily miss. If that makes sense. (VG1, lines. 53-61)

VG1 starts this excerpt by stating that a positive fostering relationship is the same as any parenting relationship, with the core elements being care, compassion and understanding. She then refers to VIG and how it can support carers to develop all of those elements, especially the carers' understanding of how and what the child is trying to communicate. She explores throughout this

excerpt how the child may be using less noticeable methods of communication that can be easily missed by the carer. It may be possible to infer that the small moments of communication and opportunities for the development of intimacy are the “bits that can go missing” because they are being overshadowed by more challenging behaviours the child may be displaying.

VG1 also references that the carer’s understanding of the child’s behaviours and their interpretation of what the child is trying to communicate should be “intuitive”. This indicates that VG1 feels there may be an element within the development of positive fostering relationships that is reliant on the innate communication skills of the carer. However, VG1 then goes on to discuss how VIG can be used to teach those skills to the carer, to notice the child’s communication they may have missed before, indicating that she feels VIG may be able to fill in the communication gaps the carer may have,

## **VG2**

Well, we do a lot of it through using the PACE model. So sort of more generally speaking clients using VIG through do that kind of helping them to be curious minded and show acceptance and an empathy. And and also building relationships through playfulness and being able to engage where they’re a, the child were asked, you know, do you pay a lot of attention to attunement. And I guess the other thing is, I'm thinking more about the VIG is really helping carers to understand how we communicate how positive relationships are developed through through our communication, you know, what do we do to build trust? and build security? (VG2, lines. 87-94)

In this excerpt VG2 refers to teaching foster carers VIG alongside another psychological model called PACE (Hughes & Golding, 2012). She identifies the importance of explicit teaching of skills such as the carer being able to demonstrate curiosity, acceptance, empathy and playfulness when interacting with the foster child, alongside the development of their awareness of moments of attunement with the child. This is interesting because it suggests that the carer feels that VIG alone may not be enough to support foster carers, and that they need explicit teaching of skills alongside this intervention.

She uses the word “building” to describe the development of a positive fostering relationship, connoting it as something that requires both time and work to develop and perhaps it could be suggested that VIG and teaching of explicit skills form different layers of this building process. She goes on to identify that the end goal of teaching these skills through VIG and PACE is to improve the communication between the child and the carer, which then forms trust and security, indicating that she feels these factors need to be present in order for a positive fostering relationship to emerge.

## **7.2 Experience of Delivering VIG to Foster Carers**

Within this master theme there were three super-ordinate themes that were identified around the guider’s experience of delivering VIG to the foster carers; embodying and applying VIG principles, empowering the carer to make positive changes and making VIG accessible.

### ***7.2.1 Embodying and Applying VIG Principles***

Within this theme both participants refer to their application of VIG principles within their own work with foster carers. VG1 refers to a focus on embodying the principles within their whole approach, whilst VG2 demonstrated more of a focus on specific skills in order to develop their attunement with the foster carers.

#### **VG1**

But I guess, do you mean in terms of I know kind of one of the principles of VIG is to believe that the parents carers are doing the best that they can and to kind of you know, to value their attempts and what they're doing and I think that that, yeah, that is really important, because, you know, they're coming. I don't know they come to us for kind of support And, you know, a bit of care really, and some empathy. And I think it's really important that we, that we demonstrate that to them, because we're expecting them to do that to the children that they're looking after. And in order for them to be able to do that, they need to receive some of that as

well, really. And so I don't know, just the principles of VIG, I think, are quite useful to kind of hold in mind and to remember that, you know, they are doing the best they can even if that's not so great at the moment, that's the best that they can manage, given the circumstances they've got. (VG1, lines. 239-249)

In this excerpt VG1 relates the VIG principles of attunement to how they use them in their practice when delivering VIG. She describes her approach as demonstrating unconditional positive regard towards the carers and acknowledging their efforts when taking part in the intervention. She describes this as something that is “really important” to acknowledge that the carers are “coming”, demonstrating that she views them as making progress even if they might not be to the ideal standard, further emphasising the value she places on using the principles of VIG in her own practice.

VG1 then goes on to describe that alongside the carers' needing support for their relationship with their foster child, they also need support, care and empathy from the guider, demonstrating that the carers may also be in emotional distress, as well as the foster child. She explores how by adopting the principles of VIG in her work, she is also providing emotional support for the foster carers as well as validation and acknowledgement of how difficult their situation is. Finally, VG1 discusses the importance of modelling and reflecting the principles of VIG back to the foster carers, because “we're expecting them to do that to the children that they're looking after”, suggesting that she feels it is important to embody the principles of VIG in order for the foster carers' to then reflect these skills to their foster children.

## **VG2**

But I, I didn't really have to have confidence in, in doing it, it takes practice, and you have to, it's, it is a challenge to be in a shared review, and to learn how to go back to the film repeatedly, to really sort of use the triangle (principles of attunement) and be able to and to take short turns, give space or you know, all of the things that I I would never have not done them consciously, but you need to sort of make sure you're allowing to



have all the attunement principles really, you just need to kind of practice in using them and learning them as well. (VG2, lines. 413-419)

In this excerpt VG2 describes how difficult it is to apply the principles of VIG when she is conducting a shared review. She discusses that this is because it takes confidence and practice in order for a guider to be able to demonstrate them effectively. Whilst VG1 describes her use of the VIG principles as more demonstrating the foundations of VIG, VG2 refers more to the practical elements of developing attunement such as turn taking and giving space, indicating she is more focussed on the application of specific skills rather than embodying the approach. A possible reason for this could be because VG2 is still in the process of becoming an accredited guider, and so has less confidence in her skill set. We can also infer how challenging it may be for the foster carers to learn and apply the principles of attunement because of the difficulty VG2 has experienced in applying these skills.

#### ***7.1.4 Empowering the Carer to Make Positive Changes***

Within this theme, both participants discuss the role of VIG in empowering carers to make positive changes within the fostering relationship. They acknowledge that foster carers often feel disempowered within their role, leading them to feel that they can't make an impact within the relationship or to their foster child. They both emphasise that being shown evidence of positive moments of interaction and attunement through the videoing process of VIG help to facilitate this attitudinal and behavioural change, and that this can lead to foster carers being able to take more accountability and responsibility to improve the fostering relationship.

##### **VG1**

And then also developing kind of confidence and competence in them as carers. So actually, you know, that kind of self-belief that self-efficacy that Oh, actually, I can do this. This isn't this isn't beyond me, I've just seen a whole video of me doing all the right things that I'm meant to be doing. So therefore, I can do it. (VG1, lines. 178-182)

In this extract VG1 discusses how VIG has impacted upon the foster carer's understanding of their own ability and identity as a carer. VG1 discusses two different aspects of VIG that have had an impact on the foster carers: their level of competence as a carer and their perception of their own ability as a carer. She discusses how VIG impacts upon the carers' self-belief and self-efficacy, demonstrating her belief that taking part in VIG has improved their confidence and their own sense of autonomy, enabling that sense of empowerment. She describes the carers as saying "oh, actually, I can do this" implying that the carers she has worked with may have felt a level of incompetence in the role before taking part in VIG. VG1 describes how a turning point for the carers change in attitudes towards their own ability comes from seeing video evidence of them "doing all the right things". This indicates that VIG's focus on only the positive aspects of the relationship between the carer and the child is the driving force behind any impact of the intervention.

Um I think it would just be the main thing would be the confidence in the foster carer. And their, their self-efficacy of being able to, to believe that they can do it and believe that they can make a difference and that they they don't need to end the placement or they don't need individual therapy for the child, which is often what's asked for. And just helping them believe that actually they can be really instrumental in making a difference to the relationship, then I think once you've got their confidence and their belief in themselves that they can do it, then that leads then to positive impact on the child and the increase in positive relationships. (VG1, lines. 449-456).

In this extract we see VG1 further explore how the carer's attitudes and beliefs towards themselves as foster carers impact on the quality of the fostering relationship and the foster child. We see that the carers' experience a shift of responsibility from outside sources such as "individual therapy" onto themselves as a source of stabilising the foster placement and improving the relationship. Here VG1 also explores how the placements that are on the verge of ending could be improved through the use of VIG. In this extract VG1 calls carers "instrumental" in making a difference to the fostering relationship, again supporting her view that VIG enables a shift in the carers sense of who has the power to be able to improve the relationship.

## **VG2**

And and that you don't notice, you know, that and when they're not giving it, but when you're looking VIG, you see, you'll have your attention drawn to that attention on that. And you know, that caring, loving attention all sort of. Yeah, watching with enjoying that sort of you know, that all those things that make that relationship feel good, you'll you'll draw your attention to them, and that feels, I think that that changes what foster carers do. And that real cos I think that they can see themselves as not being very important sometimes. And I think that's what is so different is that they see how important they are. (VG2, lines. 509-516)

Here again we see VG2 explain the importance of the focus of positive moments of interaction within VIG. She emphasises how VIG creates opportunities and space for the carer to see and reflect on the positive elements of the relationship that already exist, and that this element is what supports the foster carer in changing their behaviours towards the foster child and then reframe their relationship as a positive one. VG2 also explores how foster carers can very often view themselves as unimportant and that they are unable to make a positive impact on the child, and that seeing proof of their importance within the fostering relationship helps to empower them in building the relationship and making a difference to the children in their care.

### **7.1.5 Making VIG Accessible**

In this master theme, both participants talk about how they try to ensure that VIG is accessible to clients, and explore the barriers that may prevent them from fully activating their clients in the process. They both discuss how they film activities that can easily be replicated outside of the VIG environment. However, VG2 discusses her feelings around not being able to film in the home environments impacts on the experience of clients.

## **VG1**

And it's simple things. It's not, you know, we're not, we're not kind of giving them examples of any kind of exotic activities. They're literally colouring or

puzzles or icing some biscuits. So it's nothing that can't be replicated at home. (VG1, lines. 226-228)

Here VG1 talks about the different activities she typically films during a VIG session and emphasises that the activities are “simple” ones that can easily be done at home. The inference within this statement is that showing that positive moments of interaction can be present in simple activities, makes it easier for clients to replicate them at home, in turn making it more likely that they will carry on doing activities together outside of VIG sessions.

And when we're using. So what is the sheet with them all in a bit more detail? I suppose that's principles, isn't it? But yeah, you go through. So yeah, when we're going through and checking off. You know, what that shows in that video clip, you know, the kind of the smiling or whatever, I think that's really nice and easy to understand, because it's very clear. Examples. You know, you can check off. Yeah, I was smiling. I was looking at him. You know, the kind of the theory is quite well translated into very practical applications. I think. (VG1, lines. 276-282)

In this excerpt VG1 is referring to a resource she uses with clients detailing the principles of attunement, which are then broken down into different types of interaction i.e., smiling, making eye contact and nodding. She talks about how using this resource alongside VIG makes it more accessible for clients because it is easy to understand. She refers to the clients being able to “check off” when they see themselves doing something, making it easy for them to visually see how many times they are engaging in positive moments of interaction. She then goes onto discuss how being able to use resources such as this help to make the psychological theory more understandable and relatable to real life interactions. It could be inferred here that it is necessary to make some aspects of VIG more relatable to clients, because these aspects are not already relatable. Although VG1 does state that the theory can be “well translated into very practical application”, it is implied that the theory does still need to be broken down in a way all clients are able to understand.

## **VG2**

Yeah I suppose the other thing that we don't do is go into children's homes very much, we do do it occasionally and I don't know. I know the VIG community as a whole would advocate using people's homes, but it's a resource issue, there's something about that. It's very tricky for our service, because it is not a community service so we have people come in to us and that is different experience I think. I think that is worth thinking about a little bit, could that, could having a dedicated space? We do do good things, I like doing different activities with biscuit icing and all sorts. We've managed to create some good activities to do with young people coming to us with foster carers not going to their homes, but I sometimes wish. I have gone into people's homes and there's something nice and relaxed and straightforward maybe easier to get good film. (VG2, lines. 592-601)

VG2 is relaying her experience of delivering VIG within her service that is not necessarily how all VIG interventions will be carried out, but more unique to her experience of delivering it within her service. She describes how she must deliver VIG outside of the client's home and within an office base. Although she discusses how she tries to make the activities that are completed within the VIG cycles translatable to the home environment, she makes it clear that the clients have a different experience than they would have had otherwise. She describes the times when she has been able to go into client's homes as "nice and relaxed" and "straightforward", hinting that filming in an office can be difficult to manage and to get an authentic film. When thinking about why this may be the case, it could be that completing VIG in an office makes it difficult for clients to feel comfortable enough to have attuned moments with their children. This then raises the question of how well clients can engage in watching the clips and reflecting on their interactions when they may be feeling on edge or that there may be a power imbalance present.

### **7.3 Child Experiences of VIG**

#### **7.3.1 'Readiness' of the Child**

Within this theme, both guiders discuss how in order for VIG to be most impactful, the child needs to be psychologically ready for the intervention to take place. VG1 discusses how foster children can find it difficult to engage with the intervention itself and VG2 talks about how foster children may not be ready to accept the kind of relationship that VIG aims to enable.

## **VG1**

Interviewer: And with a kind of any challenges and delivering the VIG?

VG1: There weren't challenges in those sessions, there were challenges in including the young person in the shared review, because she just found it excruciating. And that with with a lot of the VIG that I've done, that's been where they have been the challenges is doing, doing a shared review with a young person. And I think I've just got better at it as I've gone on, because I don't include the child as much well, depending on their age and stuff. So I might do the shared review with the child at the beginning of the next recording session.

Interviewer: Yeah

VG1: So I might just, which is why I have 10 minutes showing them and rather than including the child in the shared review itself, because I think it reduces the capacity of the parents to kind of think and ask questions, and also it's too long and boring, and detailed for the child to really engage in. So yeah, haven't found a way of really doing that effectively with the both together. Okay, so I tend to do it separately now. (VG1, lines. 329-244)

In this excerpt, VG1 talks about how she normally conducts a separate shared review for the foster carer and the young person. She describes how a child she had worked with previously found the experience "excruciating" when their foster carer was present and how this was the main challenge in her delivery of the VIG intervention. When discussing why having the carer and child in the same shared review presents a challenge, she mentions their "age and stuff", indicating that the age of the child can impact on their ability to engage with the share review and the "stuff" could be inferred to be because they do not have

the capacity to reflect on their relationships with their care giver, potentially due to a possible prior history of trauma or loss impacting upon their emotional development. Interestingly VG1 mentions how as she has “got better” at VIG, she doesn’t “include the child as much”, indicating that part of her development as a VIG guider has been reflecting on how having the child present in the shared review can negatively affect the impact of VIG.

Further into the passage VG1 gives a possible explanation for this, saying that it “reduces the capacity of the parents to kind of think and ask questions”, possibly indicating that the parents cannot engage fully in the shared review due to their attention being taken away by the child, or that they are too conscious of the child being present to be able to be honest when reflecting on the relationship. VG1 describes how she instead chooses to include both the child and the carer during the initial showing of the clips, and then with just the carers during the rest of the shared review.

She also suggests that the shared review is “too long, boring and detailed” for the child to engage with, indicating that this part of VIG may not be accessible for the children to be included in, in terms of them being able to relate to and understand the purpose and process of VIG.

## **VG2**

I mean, I would never say that would be a choice to make, but it can be okay, just about, if that makes sense that sometimes have a child who needs it, maybe it's too difficult. And that's, that is the best that can be managed at that time. I don't know. Yeah, I don't know. It's very sad. (VG2, lines. 248-251)

In this excerpt VG2 is describing how for some foster children she has worked with are not able to develop an attuned and meaningful relationship with their carer. In these cases they prefer to have a more boundaried relationship with their foster carer, where only their most basic needs are provided for and there is little development of an emotional bond between the child and foster carer. VG2 makes reference to one of the underlying principles of VIG when she states that for the child it “is the best that can be managed at that time”. Here

she is acknowledging that within VIG there is an assumption that every person is acting to their best ability at that time.

She then goes on to repeat that she doesn't know why this is the case, and that this kind of situation is "very sad". This indicates that she feels when a child isn't able to engage with their carer on a level that would invite emotional attachment it is a negative outcome. She justifies that it can be okay "just about", further indicating that she feels this kind of fostering relationship is not optimal.

Interestingly, this indicates that VG2 feels that the child has a level of control over what kind of relationship is developed with their foster carer. This fits alongside the foster carer's experience of the development of fostering relationships.

### **7.3.2 *Impact of the Past***

This theme explores how both guiders acknowledged and discussed how the impact of the child's past and their prior experiences influence their ability to engage with and benefit from VIG. Both guiders discussed how the child's prior attachment experiences with carers as well as their biological parents impacted their behaviour and their ability to accept an emotional bond with their foster carers during the course of VIG.

#### **VG1**

VG1: And she was a child that had been at home until she was quite late. So this literally, this was her first foster care placement. And I suppose you know, some of the difficulties for children coming into care so late is that they've had a very long history of difficulties in relationships and life. And she was refusing to attend school. And the foster carer was a teacher. So attending school was kind of innately quite important. And some of the preliminary work was around accepting that it wasn't the foster carer's total responsibility to get her in school and to take some of that pressure off.

Interviewer: Yeah.



VG1: But what we were finding was that the non-attendance at school was then having an impact on other areas of behaviour and relationships that they were then you know, they'd gone from the point of getting on really quite well, to not get in on and not being able to speak about anything other than school.

Interviewer: Yeah.

VG1: So the idea of VIG was, that just made the child retreat even more and still not attend school. So the idea was to kind of build back up the relationship that had been there. So that we could kind of increase communication and just improve the relationship between the two. (VG1, lines. 290-310)

In this excerpt VG1 describes how the child's prior experiences such as "a very long history of difficulties in relationships and life" impacted on their ability to attend school and this in turn led to difficulties in their fostering relationship, because this was a behaviour that the foster carer found difficult to accept. VG1 discusses how VIG was used in this scenario to support the foster carer in being more accepting of the child's behaviours and to increase the communication between the child and their carer. She describes how the reduced attendance at school was a catalyst for difficulties within the relationship, and that it became such an issue between the child and carer it was all they were then able to talk about. In this excerpt VG2 makes it clear how the child's past can then impact on their ability to negotiate relationships as they develop.

## **VG2**

VG2: But I think it's transformative in that he has a foster carer and who genuinely thinks about what might be going on for him and tries to build a relationship and, and give him space to come to him, because actually, he's not ready for it, because he's actually spent 12 years, 14 years, with very little input from any carers, lots of really quite neglected looking after himself.

Interviewer: Yeah.

VG2: So you know, it can be a huge fundamental shift from being somebody who had no relationships in which trust to somebody who can make that change. Who can offer that. (VG2, lines. 181-189).

Within this excerpt, VG2 is discussing a case where the foster child was not able to initially engage with VIG because of their past relationships with their foster carers where there was “little input”. She describes how this child had to look after himself, to meet his own needs, perhaps explaining why she feels the child found it difficult to engage meaningfully with their carer, because they found it difficult to rely or being emotionally vulnerable to a carer, which they had no prior experience with. She uses the word “neglected” to describe the child’s previous experience of the foster carers, demonstrating the negative association she has around foster carers who do not invest in having an emotional attachment or relationship with their foster children.

She describes the transition for the child in developing an emotionally attached relationship with their foster carer as a “fundamental shift”, connoting that it would involve a huge adjustment for the child for them to invest in a relationship of this type. She ends the statement as an open question, “who can make that change” showing her uncertainty that there could be a foster carer who could facilitate that relationship, indicating how challenging it would be.

## **7.4 Impact of VIG**

### **7.3.3 VIG as a Catalyst for Change**

This theme identifies how the VIG guiders experienced VIG as initiating positive change within the fostering relationship. They identify how VIG can fundamentally change a carer’s perspective of their own ability as a foster carer or the techniques they can use in order to fulfil their role.

## **VG1**

They said to me that, you know, she left the session just thinking that all her little boy wanted to do was to speak to me and wasn't actually interested in her at all. And then when I showed her the clips, obviously, it was the complete opposite. And that kind of really, I don't know, changed her understanding of her ability to engage him. And that fact it was that her that he wanted and needs, not me. (VG1, lines. 184-188)

Here we can see how VG1 talks about VIG being a catalyst for change in the sense that after undergoing VIG the foster carer's perception of how the child feels about them completely changed. VG1 talks about the clips being the catalyst for change, that the carer was confronted with a reality that was the "complete opposite" from their own. VG1 talks about the carer initially feeling like her foster child preferred the guider, showing a deep rift within the relationship, and after being shown the clips, the foster carer experienced a shift in their perception of the relationship. We can also see how VG1 felt that the carer seemed to feel that their foster child preferred the guider, and that this perception changed by the end of VIG. This may demonstrate that there was a rift between the guider and the foster carer during the sessions, perhaps caused by the carer's own feelings of inadequacy in their role, which was then changed through taking part in VIG.

VG1 describes how the change in the carer's perception of their relationship then impacted on the carer's understanding of how to interact with their child. VG1 explores this as the carer's ability to "engage" the child, perhaps demonstrating where the carer's uncertainties lay around their ability to gain the child's attention.

## **VG2**

VG2: And, you know, see, foster carers really, again, it's that sort of light bulb moment, like with social workers, as this is all like we were talking about before, and the sort of therapeutic way of parenting is, can be so transformative of relationships really.

Interviewer: Yeah.

VG2: You know, so you can change from a firm crisis of discipline to a close one through to the sort of approach we've taken to. Yeah, build it is yeah, building relationships. It can it can change that foster carers lives as well. I think they find it very rewarding when it goes well. (VG2, lines. 226-234)

VG2 describes VIG as initiating a “light bulb” moment for carers as the catalyst for change, she describes the change as being a move from a “discipline” approach to parenting, to one that is more therapeutic, which is the factor she links to “building relationships”. The change she describes is one that is “transformative”, indicating that it has a big impact on the relationship between foster carers and the child, and that it has the potential to fundamentally change the lives of the foster children and carers that take part.

VG2 explains that foster carers feel a sense of reward when they have experienced success in building a positive relationship with their foster child. This reflects the opinion of the foster carers that took part in this research, that they experienced an intrinsic reward from their role when they felt they were successful at it, again making evident the reasoning behind some foster carers choosing this role, because of the positive feedback they get from it.

#### **7.3.4 Making the Future Better**

##### **VG1**

Especially I'd hope so. That it wasn't kind of a short-term thing. But I think, you know, people need a reminder every now and again. And I guess that's why it's useful at the end, because I used to put all the clips on like a data stick so that they have them at the end, and then just encourage them to watch it. Every now and again, I suppose, particularly when times are difficult just to remind them, you know, you can do this. So I think, yeah, you'd want it to have a kind of a longer term impact. But I think for all of us, when you focus on it in that moment, it's very fresh in your mind, and then I don't know, a year down the line, and the child's older and the difficulties are different. It's probably at that point that you could do is a bit of a top up or reminder or something, I think. (VG1, lines. 465-470)

VG1 emphasises here the importance of the video clips in taking what has been learnt during the VIG sessions into the future, and to continue having an impact on the relationship between the carer and child. She emphasises how she hopes that the impact of VIG would not be a “short-term thing” and linking this with her clients needing a reminder in order to reinforce what they had learnt during the sessions, especially during more difficult times.

She discusses how when learning something new, it is easier to retain and apply when it has been learnt recently, and that especially within the context of a relationship this may become more difficult as the relationship dynamic, or the needs of the child change as they continue to develop. Her use of language in this passage is interesting because she refers to “hope” repeatedly when she is thinking about the impact of VIG. This connotes that she feels some uncertainty about the longer-term impact of VIG, perhaps because her involvement ends after she has completed the cycles of VIG. She repeats that she feels a reminder for VIG would be useful, again insinuating she has some uncertainty about the impact of VIG in the longer term if clients do not have an opportunity to revisit VIG. We see that this participant gives her clients a copy of the clips they watched together in order to provide this opportunity, but it feels as though she thinks that an official opportunity to revisit VIG would also be useful too.

## **VG2**

And yeah, but you do see it all the time. It's about connection. It's about attunement. And again, and again, I think that's where VIG comes in, really, because it can show foster carers, how any carer or any parents, you know what it is that's going on, that builds that. And I think the video can be very powerful in doing so. But yeah, that's what I think can actually change children's lives because it can be, it could be from one just to have a relationship where we are more than one relationship to learn how to be in relationships, just the relationship is so important. (VG2, lines. 194-200)

Again, we see VG2 refer to the power of watching the clips in changing the carer's behaviours and perceptions of the relationship into the future. Her language use is affirming and positive, and she goes so far as to describe how

it can change the lives of the children whose carers take part in VIG. Here we see her focus on the impact of VIG in the child's future, and she refers to the life changing aspect of VIG being how the child learns to be in relationships, demonstrating the importance of the relationship with a caregiver linking closely to attachment theory. Her phrase "learn how to be in relationships" is indicative of how being in fulfilling and meaningful relationships is not something we know innately, but is something we have to be taught, how LAC children can have this disrupted and that VIG can then be the tool to teach them.

And it can actually have a, an impact you know this example we've been talking about if I can help the system, see how important this carer is not just any carer this character to this young person, and there's that it's going to have a huge impact on his life because he won't move off somewhere else, he won't go into residential care, you know, the next thing would be residential care. And that's, that's not individual relationships or family care at all. And, you know, so it could change the course of his life. (VG2, lines. 526-531)

In this extract VG2 identifies that VIG enables her to work within the system to "help" it and by extension the foster child. She discusses the role of VIG as being a preventative tool in the child's life that can stabilise the current fostering placement, thereby reducing the amount of placement moves and preventing them from ending up in residential care. Her language use around residential care is negative and she associates it with a lack of "individual relationships or family care" again demonstrating the importance she places on ensuring that the foster child is able to develop secure attachments and feel included within a family unit. She links these factors as ones that can "change the course" of this particular foster child's life, which again reflects the importance she places on the development of attuned relationships within fostering relationships.

### **7.3.5 Lack of Control Over Wider Forces**

This theme describes how a lack of control over wider forces (in this case the length of the placement) can impact on the effectiveness of VIG in improving the relationship between foster carer and the child. Both VG1 and VG2 identify

how being unable to have a say in the length of placement can interrupt the VIG process, either because the carer may feel less investment in the relationship, or the cycles could be interrupted completely by the placement ending.

### **VG1**

I think for foster parents, especially in short term placement, because there's always an element of you know, they're not they're never going to be our kids anyway, if you're not, I mean, you know, we're looking after them on a temporary basis. So I don't think it's that there's less investment, it's just that there's always I don't know, the control always lies with the local authority, as opposed to them as parents. (VG1, lines. 408-413)

In this excerpt VG1 discusses how the lack of control a foster carer has over the length of placement and the ultimate accountability for the foster child lying with the LA can impact on the effectiveness of VIG because if a placement move will disrupt the relationship that was developed through VIG. Although VG1 says that foster carers may feel “they’re never going to be our kids anyway” they are careful to then state that they don’t think the foster carers’ investment in the relationship is impacted. This change in viewpoint may be VG1 trying to make their answer more socially desirable, demonstrating how the very effect of having a researcher present in the interview can change the participants’ answers.

VG1 also refers at the end of this statement to the carers being “parents” for the foster child, emphasising the importance they place on the role of foster carer.

### **VG2**

VG2: Yeah. Um, well, I mean, it there is a difference in terms of it is a job, and that what's hanging over for them. And what's hanging over the the the boy that I have just been talking about is that he could get moved on. I mean, I'm really advising against it, because I think he needs to stay in this placement. And, you know, anything that's going wrong with it will go wrong, wherever he's taken.

Interviewer: Yes.

VG2: Or moved to. But, the thing is that ultimately, the foster carer doesn't have a say in that, you know, much of a say, they do have a say, but I mean, they don't have that decision. Whereas if you're a parent, you absolutely do. (VG2, lines. 452-462)

In this excerpt we see VG2 echo similar views to VG1, that the lack of control the foster carer has in the length of the placement can destabilise any efforts that are made to improve the relationship using VIG. They refer to the child also wanting to stay in the placement and that they feel they have no autonomy or power to do so. VG2 describes this factor as "hanging over" the child, indicating it is having a negative impact on the child and is something that is causing worry. In this excerpt we also see how VG2 feels that the child should stay in the placement, emphasising that they feel like they have a lack of control over the placement and as a result, being able to complete the course of VIG.

VG2 also describes how another placement move will go wrong for the same reasons as it has gone wrong in this placement, indicating that they feel that using VIG will help to make things different for the child and foster carer, emphasising the positive impact they feel that VIG could have for this relationship.

### **7.3.6 Accounting for Impact**

In this theme, both participants identify the difficulty in being able to assess the impact of VIG within the context of fostering relationships. They describe how there are multiple factors involved in developing a successful fostering relationship and that any impact from VIG may be from changing the foster carers' attitudes and behaviours, rather than the child's.

#### **VG1**

And I think for the, for the young person, I'm not sure doing the VIG itself, or being there as part of the sessions made a massive difference to her. I



think it was, the difference made for her was that her foster carer could respond differently to her. (VG1, lines. 361-363)

Here we see VG1 talking about how they felt the impact on the young person was difficult to identify. They felt that the child might not have gained anything tangible through taking part in the sessions or the shared review and that it did not “make a massive difference”. We see her reflection that the value of VIG in this case being on the changes the foster carer experienced, which then changed how they responded to the young person. It is evident in this excerpt that the VG1 feels that impacting upon the foster carer is where VIG may be most useful, and that they have the power to have a positive impact on the young person through the way they respond to them.

## **VG2**

I, you know, it's I would say it's quite hard to measure the impact. It'd be hard to measure the impact in this case where I feel there's been full engagement because there's so many other things going on as well. (VG2, lines. 426-441)

In this excerpt VG2 describes how they feel being able to measure the impact of VIG can be difficult even when the clients are fully engaged in the process, indicating that it is even harder to assess if the clients are not fully engaged. She describes how there are “so many other things going on as well”, further demonstrating how the fostering relationship is complicated with multiple factors that can impact on the success of the relationship, which when viewing this extract within the context of VG2’s whole interview could be the parenting experiences of the foster carer, placement moves outside of the carers’ control and the child’s prior experiences.

In summary, this chapter has explored some of the lived experiences of VIG guiders in how they view successful fostering relationships to be developed, and their lived experiences of delivering VIG within the context of a fostering relationship. The carer’s constructs of the needs of the child, application of VIG principles, empowering the carer and VIG as a catalyst for change were all

important themes that contributed towards answering the research questions. These findings are discussed in greater detail in the next chapter.

## **Chapter Eight: Discussion**

The purpose of this chapter is to explore and define the findings from the data analysis across the two sets of participants, and to place the findings within the context of existing research. In order to aid the clarity of this section, it is organised by the research questions, and then by the master themes that were identified in the data analysis. Recommendations for future research and reflections on the research process can be found in the conclusion

### **8.1 How Are Positive Fostering Relationships Developed?**

#### ***8.1.1 Foster Carers' Experience of Fostering***

In the literature review, there were several factors identified relating to the carers' experience of fostering that can be seen reflected in the findings of this study. In particular, the foster carers brought up themes around being a professional, and their experiences of control and autonomy whilst fostering. FC2's perception of control within the fostering relationship related to the child and their biological family, how this impacted on their ability to make decisions for the child, and upon the type of relationship they would feel comfortable in having with the child. FC3 however, describes a difficult conflict between herself and her social worker. She felt a constant need to justify her decisions to outside professionals who she felt did not know the child as well as she did, making her role feel more challenging. She perceived this as not only a slight against her competence as a foster carer, but also a slight against her knowledge of the child. This finding reflects much of the research discussed in the literature review, such as Wilson et al. (2010) who found that not being included in decision making would cause foster carers to feel undervalued.

Conversely, FC1 describes a supportive and positive relationship with their social worker, she explored how this enabled her to be able to set certain boundaries and feel like she had more control and autonomy within her role. This reflects the finding of Samrai et al. (2011), that having an input in decision making can lead to more positive outcomes for the foster carer. The findings within this theme also reflect the importance of valuing the foster carers and

validating their experiences to improve their enjoyment and sense of fulfilment within the role (Brown & Calder, 2000).

A finding from the literature review that was not evident in the results of this study, is how the transitory nature of the fostering relationship would prevent foster carers from feeling that they could develop a secure attachment with their foster child. All the foster carers in this study demonstrated that they invested heavily in their fostering relationship, sometimes to the detriment of their own physical and emotional wellbeing. One factor that could impact upon this is that one of the foster carers was a biological relative of their foster child and another was a long-term fostering placement. This could have led to the carers feeling like they were more able to invest in the relationship. However, FC2's fostering placement was a short-term placement and her interview demonstrated how she tried to make the placement and relationship a success. Interestingly, this factor is something that was identified by the guiders. VG1 discussed how the perceived permanence of the fostering arrangement could impact upon the investment in the relationship on behalf of the foster carer, because they may be trying to protect themselves from hurt if the child leaves.

The second theme identified was the foster carers' perception of themselves as a professional. This is interesting to consider because the nature of the foster caring role causes the lines between the professional and the personal self to become blurred due to the child living within the family home (Schofield et al., 2013) and how these two roles have very different meanings and requirements (Bianchi & Milkie, 2010). Within the UK context there is a current debate around the view of the 'professionalisation' of foster carers, with an emphasis on increasing the training and qualifications that are required to carry out the role, providing them with monetary compensation and recognition for their work, therefore improving their perceived status (Kirton, Beecham & Ogilvie, 2007). The research in this area also brings in to question how a move towards the professionalism of foster carers may make them more accountable towards the LA. This then increases the likelihood that they are going to be managed by someone within the LA, which could then take away from their ability to be autonomous as carers (Wilson & Evetts, 2006)

The participants in this research differed in how they perceived themselves as professionals. For FC1 it was evident that as she began to identify herself as a professional, she was better able to manage the demands of being a foster carer. She linked being a professional to having greater access to external support and training, which increased her knowledge base and her sense of being supported by others, this then aided her in having a more positive experience. FC2 referred to the role as being a 'job', but viewed it more as an altruistic opportunity, and there was a clear link between feeling successful in the role with providing her with an intrinsic sense of reward. She identified the distinction between foster caring and parenting as being more accountable to others (such as the LA), further indicating that the professionalisation of foster caring is linked to an increasing in external controls and loss of autonomy for carers.

There is another difficulty identified within the literature around the foster carers' perception of themselves as professionals. Kjeldsen and Kjeldsen (2010) discuss how carers who view themselves as taking on a job role could hinder the development of secure and positive attachments, because the normal parental role is hindered by the professional one. VG2 discussed this within their interview, and she related that the carers who viewed their role as more of a job and being a 'functional carer' were less likely to adopt more relational approaches or try harder to meet the child's emotional needs. It is important to note here, that she did not talk about this as always necessarily being a bad thing. She explored how for some foster children a more intimate and attuned relationship would be too painful for them at that time, due to their prior experiences impacting on their relationship skills and their ability to trust another person.

### ***8.1.2 Development of Positive Fostering Relationships***

Within the literature review three main factors were identified as contributors towards the development of positive fostering relationships: caregiver sensitivity, maternal reflectiveness and caregiver commitment. These factors were then linked to increasing the caregiver's understanding and acceptance of

the child, their ability to understand the child's behaviours as a form of communication and their tolerance of challenging behaviours.

The data analysis brought forward several themes relating to the development of positive fostering relationships that fit well onto the findings from the literature review. The foster carers discussed three master themes relating to this research question: trust and safety, understanding and providing for the needs of the child and responsibility and reciprocity of the relationship. All the foster carers explored the importance of the child needing to feel safe within the relationship and the need to prioritise the development of trust between the foster carer and the child. Two of the foster carers referred to these factors needing to be developed over time, and that the sense of trust should be unconditional. This reflects the importance of demonstrating their commitment to the child in building the relationship. The need for foster carers and their foster children to have adequate time to develop their relationship is something that has also been identified in research (Mitchell et al., 2010). The values of trust and safety also map well onto the social development model, which suggests that these factors can help to mitigate the risk factors LAC experience and provide them with protective factors, such as improving their levels of resiliency (Pittman et al., 2003).

FC3 discussed the necessity of ensuring that foster carers are consistent in their approach towards the child, and that they set boundaries around behavioural expectations. This finding is supported by Brannen et al. (2003) and O'Neill (2004) who found that foster carers providing consistency, a sense of security and boundaries were vital factors in supporting the development of the fostering relationship. This finding is further supported by Storer et al. (2014) who looked solely at the views and experiences of foster children around what qualities they wanted from their foster carers, and the experiences they wanted to be provided with. They found that the foster children wanted their carers to provide them with a sense of belongingness, that they would demonstrate they were interested in them, and the foster carers would provide them with structure and boundaries, and guidance for the future.

Hallas (2002) also explored foster children and foster carers' views and experiences around what made a successful foster carer-foster child relationship. The foster children in the study identified two key themes that supported the development of this relationship: feeling that the foster carer genuinely cared for them, and that they would be patient with them. Foster carers identified that the relationship was developed through them taking on a protector role, providing for the safety needs of the child and being a positive parenting role model. There were also three themes that were identified by both the foster children and carers: high levels of foster carer commitment, a sense of family and a feeling of connectedness. This maps onto the findings of Brannen et al., (2003); O'Neill (2004) and Whiting and Lee III (2003) who all identified the importance of foster children feeling as though they are involved within the family unit, and that they are provided with opportunities to participate in meaningful interactions and activities.

Interestingly, the foster carers in this study did not identify the importance of their foster children feeling a sense of belongingness within the foster family as an important factor in the development of the fostering relationship. This may reflect a limitation of the present study, that the views of foster children were not collected (this is a direct result of the COVID-19 pandemic), especially when considering that much of the literature that exists that identified this as a factor was identified by foster children rather than the carers.

The VIG guiders described two themes that they felt supported the development of the fostering relationship: the impact of wider forces, and the application of VIG principles. VG1 felt that the sense of permanence around the fostering placement was important, in that if the foster carers felt that they may not be looking after the child for a long period of time, this would then impact on the foster carer's ability to commit to the relationship, again reflecting the findings within the wider literature. VG2 felt that the foster carer's own experience of being parented were a major factor in how they approached building a relationship with their foster child. It is interesting here to consider how the views of the guiders reflect on the wider systems at play in the fostering relationship, and how most of the foster carer's identified factors that were within person or within the family unit.

### **8.1.3 Impact of Positive Fostering Relationships**

It was identified in the literature review that LAC were at an increased risk of experiencing behavioural and emotional challenges (Hare & Bullock, 2006; Meltzer et al., 2003), and those behavioural challenges were a contributing cause of placement breakdown (James, 2004). This would then increase the amount of displacement and separation of attachment figures the children would experience, further compounding the negative effects of being a LAC. This warrants a valid reason for exploring the impact that positive fostering relationships have on the fostering placement.

The impact of positive fostering relationships was only identified as a master theme for the foster carers, where internal factors for the carer, the impact on the child and looking to the future were the two super-ordinate themes that were discussed in the data analysis.

FC1 and FC2 explored how having a more positive relationship with their foster children then had a positive effect on their mental health and wellbeing, with FC1 describing herself as much “happier” now. FC2 similarly described having a “nice feeling” from experiencing an improved relationship. Throughout much of her interview she seemed to derive a sense of fulfilment from her fostering role when she perceived it was going successfully. This finding reflects much of the research into this area, with studies identifying that foster carers experienced much higher levels of satisfaction in their role when they felt that their care for the foster child was recognised and accepted by the child (Hallas, 2002) and higher levels of commitment from the foster carer to the foster child (Bernard & Dozier, 2011). This is an important consideration because foster carer satisfaction has been linked to their intent to continue in the role, thus increasing the likelihood that a fostering placement may be longer term, in turn reducing the amount of placement moves a LAC may experience (Cooley et al., 2005).

In terms of foster carers’ views around how to improve the outcomes and having a positive impact on their foster children, the participants felt that the



development of a positive fostering relationship would have a direct impact on their foster children. FC1 felt that the fostering relationship could help to mitigate the negative effects of being in care. FC2 identified that the development of the relationship would enable the child to be able to process their prior experiences. FC3 described how being a positive role model and providing a stable environment for the foster child would help to break their parents' patterns of behaviour. These factors that were identified by the participants match directly onto much of the research that has explored how the foster care system and fostering relationships can impact on the future outcomes of LAC. However, the focus of much of this research has been on the impact of reducing the amount of placement moves the child experiences, which was linked in part to experiencing a more positive fostering placement.

Ellermann (2007) found that reducing the amount of placement moves a foster child experiences, was associated with fewer mental health conditions in adulthood. This study found that the foster children with increased placement moves experienced more feelings of powerlessness and that they often felt unsupported and uninformed about what was going on. The study also identified that foster children identified that feeling a sense of normalcy, higher levels of autonomy and a greater sense of connectedness, improved their experience within the foster placement and reduced the likelihood of the placement breaking down. Similarly, Perkins (2008) found that higher levels of nurture in the placement and lower levels of conflict between the child and carer had a positive impact on future outcomes for LAC, including lower levels of emotional disorders, anxiety and physical expressions of aggression. Other studies have also found that foster children feeling secure in the fostering relationship, experiencing high levels of foster carer involvement and structure would improve mental health outcomes (Murray et al., 2012; Storer et al., 2014). Rayburn et al. (2017) also found that foster children who felt secure within the fostering relationship could mediate the symptoms of trauma. Lotty et al. (2020) looked at the impact of foster carers taking part in a trauma informed intervention on their foster children. They found that taking part in the intervention increased carer's knowledge of the impacts of trauma and increased their tolerance of challenging behaviours. After 15 months they also found a significant improvement in the foster children's emotional and

behavioural difficulties, although this was a small effect size, indicating there are also other factors involved in the improvement that was seen.

Kessler et al. (2008) explicitly explored how better-quality caseworkers within the fostering placement impacted on outcomes for foster children. They found that when these caseworkers had fewer caseloads and were able to access better quality therapeutic interventions for the LAC, the children experienced lower levels of mental health disorders. Holland (2009) explored the direct impact of reducing the number of fostering placements on future outcomes for LAC. They found that adults who had previously been in foster care and experienced fewer than two placements were more likely to finish school, had fewer problems in romantic relationships and were not as deeply impacted by their prior experiences of abuse. They found that those participants who had only experienced one placement did not feel the desire to talk about their experiences of abuse, and instead talked about their desire to not repeat the same patterns of abuse as their parents.

## **8.2 Participant Experiences of Undergoing VIG Within the Context of a Fostering Relationship.**

### ***8.2.1 The Experience of VIG***

The VIG guiders identified three themes to describe their experiences of delivering VIG within the context of a fostering relationship. Both guiders explored embodying and applying the VIG principles in order to support their delivery of the intervention. VG1 described how she felt demonstrating unconditional positive regard towards the carer and coming alongside them helped to develop the therapeutic relationship, and that an important part of her role was being a source of support and empathy for the foster carer. VG2 described a more practical application of the VIG principles around demonstrating specific behaviours from the principles of attunement to support the development of an attuned relationship with the foster carer.

The focus on positive behaviours and moments of success that are identified during VIG is something that has been recognised as an important factor within

other studies. Doria et al. (2014) found that the success-focused approach that is present within VIG was a vital factor in ensuring the intervention had a positive outcome. This was facilitated by using the video clips which were specifically chosen to demonstrate positive behaviours and the positive attitudes of the guiders. Taylor (2016) found a similar result from their research looking at the experience of parents taking part in VIG. However, they found that although the parents felt empowered by the VIG process, they still experienced some feelings of judgement around their parenting skills. So the author highlights the importance of guiders being honest around the position of perceived power they hold, and to be considerate of the feelings of their clients.

The super-ordinate theme of empowering the carer to make positive changes was also described by the guiders. They described how the foster carers felt disempowered prior to taking part in VIG and that showing them evidence of their positive behaviours (in this case the clips in the shared review) helped to facilitate attitudinal and behavioural changes for them. Namely, they were able to take more responsibility around their role in the development of the relationship between themselves and their foster child. McKeating (2018) also found that participants of VIG felt a sense of empowerment from taking part in the intervention, that was linked to seeing themselves modelling positive behaviours in the clips during the shared review.

The final theme that guiders described their experience of delivering VIG, related to the need to make VIG accessible. Here they discussed the need to ensure that the activities that are being recorded can easily be replicated by the clients, and that they felt completing the course of VIG in the client's home could help to facilitate the process.

Three themes were identified in the data analysis from the foster carer's interviews. Both FC1 and FC2 referred to VIG as offering them space to reflect, all three carers discussed how their constructs of VIG prior to starting impacted on their initial experience of VIG, and all foster carers identified aspects of VIG they felt could be improved.

Throughout FC1's interview she referred to VIG as helping her see her relationship with her foster child in a different light, which she wasn't able to see before. She linked this with being presented with alternative perceptions of the relationship by using video clips in the shared review. She described the whole process as an emotional one, where she felt relief and a sense of empowerment with her own skill set. Similarly, FC2 talked about her experience as a reassuring one, enabling her to affirm her skills and highlighting the positives that already existed within the relationship. These experiences link well onto the descriptions provided by the guiders who both felt the foster carers experienced a sense of empowerment through taking part in VIG. These themes are further supported by Leighton (2020) who found that VIG facilitated self-reflection and an increase in confidence and self-efficacy within the clients.

All three foster carers explored the next super-ordinate theme, that their prior constructs of VIG impacted upon their experience of it. FC1 and FC2 described a sense of unease and apprehension around being filmed, and that they couldn't imagine how VIG could help them in their relationships with their foster children. This again reflects the findings of Taylor (2016) that the process of being filmed can be a negative one for clients, if it is not well managed by the guiders. FC3 however viewed VIG as something which was solely for their foster child, and not for them. This perhaps explains their general attitude and experience of VIG because their expectations were around the intervention being a form of therapy for their foster child, emphasising the importance of properly informing clients as to the purpose of VIG and what is entailed.

The foster carers identified the difficulties around being filmed within the next super-ordinate theme: improving the experience of VIG. FC1 discussed how negative their feelings of VIG were after being filmed and before the shared review, again reiterating her uncertainty around the process of VIG and what the focus of the clips would be. Both FC2 and FC3 identified that they felt having multiple sessions is an important factor in ensuring the success of the intervention.

### **8.2.2 Child Experiences of VIG**

The master theme of the child experiences of VIG was identified within the guider's interviews, where two super-ordinate themes were explored; the 'readiness' of the child and the impact of the past.

Within the theme 'readiness of the child', both guiders referred to how the foster child may not be able to access VIG because they were not in a place where they could accept an attuned relationship with their foster carer, and how the nature of VIG can be difficult for them to access because of the elements of intimacy and self-reflection that are required.

The findings from this data analysis are in contrast of Maxwell et al. (2016) who found that that the children who took part in VIG overwhelmingly enjoyed it. Whilst FC1 talked about their foster child enjoying the one-on-one attention, much of the talk around the child experiences of VIG were more nuanced and emphasised a difficulty in the foster children engaging with it. It is interesting to consider here that in the Maxwell et al (2016) study, the participants were exclusively biologically related care givers, which could in part explain the differences in the experiences of the children in comparison to this study.

It is difficult to discuss these findings in the context of other research, because to date I have been unable to find any research that looks at the child's experiences of VIG.

### **8.2.3 Impact of VIG**

The findings from this research make it evident that assessing the direct impact of VIG within the context of fostering relationships is challenging. The VIG guiders identified practical aspects of fostering relationships such as the placement ending unexpectedly, or the carer feeling a lack of investment in the relationship because they do not have control over the length of the placement, as hindering their ability to assess a tangible impact of VIG.

This finding can be supported by Schoemaker et al. (2020). This piece of research looked at the impact and effectiveness of Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline in Foster Care (VIPP-

FC) on the behaviour and attitudes of foster parents. A randomised control trial was conducted on the intervention, and the results of the study found no statistical significance for the impact of VIPP-FC on the “sensitivity, sensitive discipline and attitudes of foster parents” (Schoemaker et al., 2020, pp. 8). A reasoning they provided for this finding was that the foster carers in their sample already scored very highly in those areas, and so there was little room for them to improve.

Similarly, Dodsworth et al. (2021) completed a systematic literature review to evaluate nine studies into the effectiveness of VIG. Whilst they found the use of VIG would increase attunement and attachment between the parent and child, most of the studies used small sample sizes and there were differences in how VIG was carried out. A final critique of the study identifies that much of the research into the effectiveness of VIG does not look at the long-term impacts of the intervention, and whether the effects of VIG can be maintained over longer periods of time.

One of the strengths of the present piece of research is that it was conducted an extended period after VIG had been completed, indicating that any positive impacts from the intervention may have a longitudinal effect. However, because of the qualitative nature of the research, it is difficult to unpick how much of the impact was due directly to VIG or other factors.

Only two of the three foster carers described VIG as having an impact on themselves as foster carers. FC1 explored how VIG supported her in being able to acknowledge and identify positive moments. In turn it improved her sense of well-being, and she found she could transfer the skills she learnt in VIG to her other foster child. This supports the finding that VIG can have an impact on fostering relationships after an extended period of time.

FC2 however, felt that that VIG did not have a direct impact on her, but rather because it increased their knowledge of how relationships are built it provided them with a sense of empowerment and confidence in their skills, which in turn impacted on the fostering relationships by changing their attitude around their own efficacy as a foster carer. These findings can be supported by Leighton

(2020) who conducted a mixed methods study based in the UK, exploring how VIG could benefit and support adoptive families. They found that VIG provided the adoptive parents with an opportunity to reflect on their relationship with their foster child, and to alter their self-perceptions of them as parents. This study found that VIG also helped adoptive parents to feel more confident and that they had more self-efficacy in their role. On a practical level, the participants also identified that they found it useful to be reminded of and to actual see attuned communications they had with their child, and that they spent more time with and had more fun with their children.

Only FC2 and FC3 explored how VIG may have an impact on their foster children. Both of them described how they felt the children would not have experienced a noticeable positive impact, which leads to a possible recommendation for future research being around further exploration of the experiences and views of the children involved in VIG.

### **8.3 Reflections on the Validity and Quality of the Research**

Within this section, I will reflect on the validity and quality of the research by considering the four criteria proposed by Yardley (2000): sensitivity to context, commitment and rigour, transparency and coherence and impact and importance.

#### **8.3.1 Sensitivity to Context**

Through reflecting on the research process and keeping a research diary, I have often asked myself if I think I have been a researcher who has demonstrated a sensitivity to the context of my research. I have been careful to ensure that throughout the literature review I was adding context to my research by referring to related theory and placing it within the current body of literature. I was also careful to ensure that I utilised semi-structured interviews and open-ended questions in the data collection to try to ensure that the participants were able to talk about the things that had the greatest meaning to them. Finally, (and I think this is one of the most important factors) I have been careful to frame my research as only one interpretation of the data and the participants' lived experiences. I do not assume that mine is the only possible interpretation of the

data or the right one, and by engaging in a reflexive process I hope I have embedded this approach and understanding throughout this research.

### ***8.3.2 Commitment and Rigour***

The main way I feel I have demonstrated this criteria is through engaging deeply with the research in both a personal and professional way. I have adapted many of the findings of this research into my own professional practice, which I hope demonstrates the value I have placed on the findings. One area where I think the commitment and rigour of this research could be brought into question is through my own competence and skill in using the analytical techniques of IPA. This is the first time I have used IPA, and although I followed a robust procedure in my data analysis, I am by no means an expert at using it. This further emphasises the importance of considering my interpretation to be just one of any amount of possible interpretations.

### ***8.3.3 Transparency and Coherence***

I have tried to ensure that throughout the process of completing this research I have been transparent in terms of my data collection and data analysis. I have provided detailed descriptions of how I complete the data analysis and included fully coded transcripts in the submission of this research for examination. I have also kept a research diary since the beginning of this research to try to take account my own positionality as the researcher as well as how my own lived experience has impacted on my interpretation of the data. To try to demonstrate this, I have included reflection boxes within the data analysis to invite the reader into being better informed to make their own judgement of how I have impacted upon the findings of this research. I have tried to demonstrate coherence by structuring the findings in a logical way and providing a table of the themes found within the research at the beginning of each data analysis to give an overarching view of the findings.

### ***8.3.4 Impact and Importance***

These criteria “can only be assessed in relation to the objectives of the analysis, the application it was intended for, and the community for whom the results were deemed relevant” (Yardley, 2000, p. 223). I had originally aimed to conduct this research alongside a VIG service within a local authority, so it



would have a real-world impact on policy and practice. However as discussed previously, I was unable to continue as planned due to the COVID-19 pandemic. To try to account for this, I am hoping to present my findings to the VIG service, with the hopes of it being taken into consideration when taking on new clients and when engaging with other services (such as social care). The findings of this research also indicate that VIG may have a positive impact on fostering relationships, and as an under-researched area will hopefully lead to more research being conducted in this area.

## **Chapter Nine: Conclusion**

This research sought to explore the complex processes involved in developing a successful foster carer-child relationship, alongside the lived experiences of foster carers and VIG guiders when taking part in VIG. I had the intention of exploring this in greater detail because of the small existing research area causing a gap in the literature, and the potential benefits of using VIG to improve fostering relationships, thereby improving the possible future outcomes for foster children.

In the remainder of this chapter, I propose to summarise the conclusions from both phases, discuss strengths and limitations of the research, explore implications for EP practice and my own professional practice, and provide some recommendations for possible future research.

### **9.1 Summary of Conclusions from Phase One and Phase Two**

There were several different conclusions that were identified from the data analysis of this research. It is also important to note here these conclusions only apply to the participants in this study, and although the findings may be indicative of the lived experiences of other foster carers, future research would need to explore this further, this is discussed at a later point within this chapter.

Firstly, the various factors that contribute towards building successful fostering relationships are similar to the principles of attunement that are used within VIG. In that the themes that came through the participant's interviews identified that reciprocal trust and the child's sense of safety were cornerstones of the fostering relationship. Participants explored how these factors were evidenced through their understanding of the child's needs, whilst simultaneously demonstrating a level of commitment to the child over time. These factors map well onto the principles of attunement, such as recognising the child's needs as important, demonstrating interest and enjoyment in interacting with the child, and the care giver receiving and responding to the child's initiatives (Kennedy et al., 2011).

The second conclusion that can be garnered from the results is that the majority of the foster carers who took part in this research were heavily invested in developing positive fostering relationships with their foster children. This finding is one that you would hope to see from foster carers, and is reflected throughout the literature, for example Oke et al. (2011) who identified that foster carers emphasised the importance of “resilience, tenacity and maintaining hopefulness” in creating successful foster placements. However, it is important to remember that whilst many foster carers approach their role as focused on building a positive relationship and nurturing environments with their foster children, the reality of the role is that it is also a career, which may mean that some foster carers have strict boundaries over their levels of emotional attachment to their foster children.

All three participants talked about a lack of awareness and understanding of what VIG was, and what it would entail prior to starting. Some of the participants talked about feelings of worry or anxiety around the prospect of being filmed and felt that either the intervention wasn't relevant to them as foster carers or that they would be judged on their abilities as professionals. It is interesting to consider how a greater flow of information prior to starting VIG would have had an impact on the foster carers willingness to engage with the intervention, given the intense emotional response some of the participants felt around being filmed. It may be especially important to consider this when placing foster caring within the context of being a career, that the foster carers are being paid by the LA, and the conflict of interest this may create. For example, how much this impacts on their confidence in taking part in therapeutic interventions and whether they are concerned their job may be in jeopardy due to taking part and having other professionals come to 'judge' their work.

Through analysing the interviews, it became apparent that VIG may work better for some foster carers than others, and that this could be linked to their prior constructs around relational and therapeutic approaches to being a foster carer. As well as their understanding of who holds the responsibility to build the relationship and whether they place this on themselves or another party (i.e., the child or social worker). The VIG practitioners also explored how therapeutic interventions such as VIG, may not always be appropriate for a child in that

moment, in that they may feel able to accept a more intimate or caring relationship after their prior attachment experiences, or their current relationship with their biological family, in which they may feel guilty for developing an attachment to another care giver.

In conclusion, when trying to understand how VIG can support the development of a successful foster carer – child relationship, this research identified that VIG can be an effective tool at reframing the relationship and improving the efficacy and self-belief of carers. Thereby, indicating that there may not be a direct impact on the fostering relationship, but rather change is facilitated through the use of VIG in changing carers constructs of the relationship, and their belief in their own ability to instigate change. The intervention provides the foster carers with time and space for reflection and with evidence of their own positive attributes as foster carers, increasing their understanding of what works in building a relationship with their foster child, encouraging them to continue demonstrating those behaviours on a more frequent basis.

## **9.2 Strengths and Limitations of Research**

This research utilised an interpretative design, which allowed me to develop a detailed account of the participants lived experiences after taking part in VIG. It was conducted on a small scale, exploring the experiences of a limited number of participants. This makes it challenging to generalise the findings to other examples of VIG that have been carried out with foster families. However, because of the under researched nature of this area, I feel that this research should be viewed as a 'jumping off point' into further exploration of the use of VIG in this way, and as such generalisation is not where the potential impact of this research lies. Therefore, it is important when discussing the strengths and limitations of this research to consider how these link to future recommendations.

Having discussed the value of this project, I now will consider some of the limitations. Firstly, participants differed in the number of cycles of VIG they participated in, this was due to several factors such as the start of the COVID-19 pandemic, the foster placements coming to an end and the type of

relationship they had with their foster child (one participant was also the child's grandparent). Whilst the VIG that had been delivered was all delivered by employees working for the same department in the same LA, the guiders differed in their levels of experience, and this could have had a further impact on the participants' experience of VIG.

The participants that took part in this research were also invested in improving their relationship with their foster children and had the time to take part in the intervention as well as take part in my research. This factor may have influenced their experience of VIG, because they may have been more willing to engage with the process and were more open to honest reflection with themselves, in turn impacting on the type of experience they had and how effective they felt it to be.

Furthermore, participants were interviewed once, in some cases many months after they had completed their course of VIG. Whilst this allowed an insight into their views, experiences and thoughts after completing the intervention after an extended period, which then explores the longitudinal effects of VIG, this reduces the depth of data that was able to be explored because the participants may have forgotten certain experiences.

Finally, an original intention of this research, which I was not able to include because of the COVID-19 pandemic, is the inclusion of child views. This a considerably under researched area within VIG (Maxwell., et al 2019), and is an important factor when trying to gain a greater understanding of the lived experiences of the participants involved in VIG. Especially when considering that the foster child is supposed to be the ultimate benefactor from the intervention. Therefore, questions can be raised around the validity of the findings of this research, around the potential use of VIG in improving the outcomes of foster children.

### **9.3 Recommendations for Future research**

As previously discussed, it appears that there is a role for future research to explore how the process of VIG and being filmed could be communicated to

potential participants, to look at how this then impacts upon their experience of VIG and their openness to engage with the intervention. This is especially vital when trying to understand how to engage foster carers (who may feel that their role is at risk) in taking part in VIG and increasing their understanding of the purpose of VIG and the core principles that underpin it.

Additionally, the views of the children that take part in VIG is an area that needs further exploration. There is limited research that explores the child's experience of VIG, and if they perceived a change in their relationship with their caregiver, as well as how they viewed or felt about any change. The Lundy Model of Child Participation (Lundy, 2007) highlights the rights of the child in being able to express their views and to have their views allocated importance. Further providing evidence of the importance in gaining the views of children when taking part in interventions that will directly affect them.

This research indicated that VIG can, in some instances be a useful intervention in supporting the development of successful fostering relationships, but it was conducted using an interpretative design. As previously discussed, it cannot be directly generalised to larger groups of foster carers. As such, future research could focus on utilising a mixed methods approach to evaluate the effectiveness of VIG as it is being delivered.

When considering other factors that can be researched that look at the efficacy and effectiveness of VIG within the context of fostering relationships, future research could focus on controlling for different factors that weren't controlled for in this study, such as the expertise of guiders and the amount of VIG cycles that are conducted. It would also be important to ensure that any research is conducted jointly with social care services to ensure that placements are not disrupted partway through the course of VIG, and that VIG is started prior to a fostering relationship being in crisis, which could make the placement more likely to break down.

#### **9.4 Implications for EP Practice**

Within the service I practice in, many of the VIG guiders are EPs and the VIG service is also run by an EP. Therefore, the results of this research could be used to disseminate knowledge among the professionals who often complete the VIG work. Especially when trying to affect change to the way VIG is delivered and who it is delivered to.

Additionally, EPs work closely with a number of professionals and agencies that work with children in care i.e., social workers and family workers. They also often work directly with children in care school, and typically work in a systemic way where they often consider how several different factors (such as the child's home life) may be impacting on the child, and so it is important for EPs to be aware of the different interventions that could support the outcomes of foster children.

### **9.5 Implications for My Own Practice**

On a more personal note, because of the reflexive nature of this study, I feel it is important to consider how the process of conducting this research has impacted upon me as a professional.

As a VIG guider within my LA service, I have also made it a professional goal to gain more experience in delivering VIG to foster families, which has therefore slightly increased the amount of VIG that is delivered to children in care and their carers. I have also adapted the way I talk about VIG to potential participants and have accumulated several resources (such as leaflets and videos) that explain the process of VIG and how the filming works, to ensure that I can communicate this effectively, and to foster an environment of positivity and non-judgement from the outset.

I feel that I have gained a greater insight into the complex nature of foster caring, and the multiple factors that can be impacting upon the development of successful fostering relationships. This has affected the way I view any of my casework that involves foster children and children in care, my awareness of their potential future outcomes after multiple placement changes, and as a result how I advocate for them with the professionals I work with.

I am also more conscious of the interplay of context and prior life experiences in how foster carers approach their work, and how LAC might respond in turn. It has highlighted my own concerns around having the time to fully explore these complexities in casework, at a time when public services are being put under huge amounts of strain. It has helped me to appreciate that when I meet children, families and other professionals I am just seeing and understanding a snapshot of their lives, and that perhaps I do not always have the time to fully sit with it and to think how I am going to address it in my work. Especially when I consider that I am only able to make one interpretation based on my prior experiences, and that other people might interpret the situation in a different way. Although this has increased the sense of uncertainty I may feel during my work, it has made me more understanding, considerate and empathetic of other people's views, and I try to gain the voices of those I work with whenever I can. I have often thought of the term 'coming alongside' clients when I am working with them, and I feel that this is a mixture of empathising with and respecting their lived experiences.

When reflecting on the different quality of VIG that may be provided by different guiders, I have often reflected on the phrase 'good enough' and what this means in practice. This is a phrase I have heard often in my work as an EP, because I think it is a profession where there is very rarely a clear-cut correct way of approaching a piece of work (for the reasons I have described above). After reflecting on this for the past three years whilst I have been conducting this research and completing my qualification in educational psychology. I think this means that our own ethics and morals decide what good enough is, and these change across educational psychologists because we each have our own lived experiences and interpretations of the world. I have noticed that the times where I have felt uncomfortable in my practice or with a decision that has been made, it is often because my own ethics and morals are being challenged and so this means that it is not 'good enough' for me. When I came to this conclusion, I realised at that moment I had fully embedded my approach to this research within my own practice, and have become a more reflective, considerate and well-rounded practitioner as a result of it.



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## Appendices

### Appendix A LA Information Sheet



#### Information Sheet

##### **Title of Project:**

**An Interpretative Phenomenological Analysis of Video Interaction Guidance (VIG) with Foster Carers.**

**Dear VIG practitioners,**

My name is Holly Mann, and I am a trainee educational psychologist from the University of Exeter. I am also on placement with Together for Families for Cornwall Council. I am about to begin some research for my doctoral thesis about the use of VIG with foster carers, and I would really like you to be involved.

The research will explore the experiences of foster carers and foster children taking part in VIG and the VIG practitioners who are delivering it. My aim is to generate more research into how VIG can be used to support the relationship between foster carers and foster children.

##### **What would taking part involve?**

I will have a 30-45 minute interview with the foster child after the course of VIG to explore their experiences of the intervention. I will use developmentally appropriate techniques to gain their experiences, such as the use of Lego.

I will also have two separate interviews with the foster carer and the VIG practitioner before and after the course of VIG, where we will discuss what their experiences of VIG and what they think the value of VIG is in supporting fostering relationships.

All of the information gathered will be kept confidential and the identity of yourself and your child will not be included in the write-up of my research. In the unlikely event that I am worried about the safety of yourself or have any safeguarding concerns, I will need to pass this information on to people that can help. Our discussions will be recorded, so they are able to be written up, but will then be deleted. If you decide that you would like to part, but then change your mind, records from our interview can be destroyed until the point that I have started to analyse our interview.

I will also seek to gain informed consent from the foster child before I interview them, and will ensure that they are aware of their right to withdraw from the research and how their data will be stored.

Findings from this research will be written up for my doctoral thesis and may be put forward for further publication in an academic journal. No personal information will be included in these publications. This research study has been approved by the University of Exeter ethics committee and complies with the HCPC and BPS Standards of Ethics.

I would really value and appreciate your participation in this research, as I believe it could help to improve the support offered to foster carers and foster children in the future.

If you choose **not** to participate in this research, this will **not** affect your participation in VIG.

If you are happy to be involved, please contact me for more details. If you would like more information about this research, please feel free to ask. You can also send me an email at:  
[H1m227@exeter.ac.uk](mailto:H1m227@exeter.ac.uk)

If you wish to make a complaint about my conduct please contact:  
Gail Seymour, Research Ethics and Governance Manager  
[g.m.seymour@exeter.ac.uk](mailto:g.m.seymour@exeter.ac.uk), 01392 726621

Thank you for your interest in my research,

Holly Mann

## Appendix B Foster Carer and VIG Guider Information Sheets



### Foster Carer Information Sheet

#### Title of Project:

#### **An Interpretative Phenomenological Analysis of Video Interaction Guidance (VIG) with Foster Carers.**

#### **Dear carers,**

My name is Holly Mann, and I am a trainee educational psychologist from the University of Exeter. I am also on placement with Cornwall Council. I am about to begin some research for my doctoral thesis about the use of VIG with foster carers, and I would really like you to be involved.

The research will explore the experiences of foster carers taking part in VIG and the VIG practitioners who are delivering it. My aim is to generate more research into how VIG can be used to support the relationship between foster carers and foster children.

#### **What would taking part involve?**

We will have a 45-60 minute virtual or telephone interview about your experience of VIG, and the impact that you think it had on your relationship with your foster child.

I will also have separate interviews with VIG practitioners, where we will discuss what they think the value of VIG is in supporting fostering relationships.

All of the information gathered will be kept confidential and the identity of yourself and your child will not be included in the write-up of my research. In the unlikely event that I am worried about the safety of yourself or your foster child, I will need to pass this information on to people that can help. Our discussions will be recorded, so they are able to be written up, but will then be deleted. If you decide that you would like to take part, but then change your mind, records from our interview can be destroyed until the point that I have started to analyse our interview.

Findings from this research will be written up for my doctoral thesis and may be put forward for further publication in an academic journal. No personal information will be included in these publications. This research study has been approved by the University of Exeter ethics committee and complies with the HCPC and BPS Standards of Ethics.

I would really value and appreciate your participation in this research, as I believe it could help to improve the support offered to foster carers and foster children in the future.

If you choose **not** to participate in this research, this will **not** affect your participation in VIG.

If you are happy to be involved, please complete the consent slip below and return it to me. If you would like more information about this research, please feel free to ask. You can also send me and email at:  
[Hlm227@exeter.ac.uk](mailto:Hlm227@exeter.ac.uk)

If you wish to make a complaint about my conduct please contact:  
Gail Seymour, Research Ethics and Governance Manager  
[g.m.seymour@exeter.ac.uk](mailto:g.m.seymour@exeter.ac.uk), 01392 726621

Thank you for your interest in my research,

Holly Mann

### **Consent Slip**

**Please sign and return this consent slip if you would like to be involved in the research above.**

I consent to participate in the above research relating to my participation in the Video Interaction Guidance service as outlined in the letter received.

I have been fully informed about the aims and purposes of the project.

I understand that

- There is no compulsion for me to participate in this research project and, if I do choose to participate, I may withdraw at any stage up the point of data analysis.
- Any information which I give will be used solely for the purposes of this research, which may include publications or academic conference or seminar presentations.
- All information I give will be treated as confidential.
- The researcher will make every effort to preserve my anonymity.
- Audio recordings of the interviews will be destroyed once they have been transcribed.

Signed

.....

Print name

.....

Date

.....

*One copy of this form will be kept by the participant, a second copy will be kept by the researcher.  
Your contact details are kept separately from your interview data.*

## **VIG Guider Information Sheet**

### **Title of Project:**

**An Interpretative Phenomenological Analysis of Video Interaction Guidance (VIG) with Foster Carers.**

### **Dear VIG practitioners,**

My name is Holly Mann, and I am a trainee educational psychologist from the University of Exeter. I am also on placement with Cornwall Council. I am about to begin some research for my doctoral thesis about the use of VIG with foster carers, and I would really like you to be involved.

The research will explore the experiences of foster carers taking part in VIG and the VIG practitioners who are delivering it. My aim is to generate more research into how VIG can be used to support the relationship between foster carers and foster children.

### **What would taking part involve?**

We will have a 45-60 minute virtual or telephone interview where we will discuss your experience of delivering VIG to foster carers, and what you think the value of VIG is in fostering relationships.

I will also have separate interviews with foster carers, where we will discuss their experiences of VIG and what they think the value of VIG is in supporting fostering relationships.

All of the information gathered will be kept confidential and the identity of yourself and your child will not be included in the write-up of my research. In the unlikely event that I am worried about the safety of yourself or have any safeguarding concerns, I will need to pass this information on to people that can help. Our discussions will be recorded, so they are able to be written up, but will then be deleted. If you decide that you would like to take part, but then change your mind, records from our interview can be destroyed until the point that I have started to analyse our interview.

Findings from this research will be written up for my doctoral thesis and may be put forward for further publication in an academic journal. No personal information will be included in these publications. This research study has been approved by the University of Exeter ethics committee and complies with the HCPC and BPS Standards of Ethics.

I would really value and appreciate your participation in this research, as I believe it could help to improve the support offered to foster carers and foster children in the future.

If you choose **not** to participate in this research, this will **not** affect your participation in VIG.

If you are happy to be involved, please complete the consent slip below and return it to me. If you would like more information about this research, please feel free to ask. You can also send me an email at:

[Hlm227@exeter.ac.uk](mailto:Hlm227@exeter.ac.uk)

If you wish to make a complaint about my conduct please contact:

Gail Seymour, Research Ethics and Governance Manager

[g.m.seymour@exeter.ac.uk](mailto:g.m.seymour@exeter.ac.uk), 01392 726621

Thank you for your interest in my research,

Holly Mann

### **Consent Slip**

**Please sign and return this consent slip if you would like to be involved in the research above.**

I consent to participate in the above research relating to my participation in the Video Interaction Guidance service as outlined in the letter received.

I have been fully informed about the aims and purposes of the project.

I understand that

- There is no compulsion for me to participate in this research project and, if I do choose to participate, I may withdraw at any stage up the point of data analysis.
- Any information which I give will be used solely for the purposes of this research, which may include publications or academic conference or seminar presentations.
- All information I give will be treated as confidential.
- The researcher will make every effort to preserve my anonymity.
- Audio recordings of the interviews will be destroyed once they have been transcribed.

Signed

.....

Print name

.....

Date

.....

*One copy of this form will be kept by the participant, a second copy will be kept by the researcher.*

*Your contact details are kept separately from your interview data.*



## Appendix C Ethical Application and Certificate of Approval

### COLLEGE OF SOCIAL SCIENCES AND INTERNATIONAL STUDIES

All staff and students within SSIS should use this form; those in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology should return it to [ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk). Staff and students in the Graduate School of Education should use [ssis-gseethics@exeter.ac.uk](mailto:ssis-gseethics@exeter.ac.uk).

Before completing this form please read the Guidance document which can be found at <http://intranet.exeter.ac.uk/socialsciences/ethics/>

Name	Holly Mann	
Department	Graduate School of Education	
UoE email address	H1m227@exeter.ac.uk	
<p>Please check the meeting dates and decision information online before completing this form; your start date should be at least one month after the Committee meeting date at which your application will be considered. You should request approval for the entire period of your research activity. Students should use the anticipated date of completion of their course as the end date of their work. Please note that <u>retrospective ethical approval will never be given.</u></p>		
Start date:01/01/2020	End date:31/07/2021	Date submitted:30/01/2020
<p>All students must discuss (face to face or via email) their research intentions with their supervisor/tutor prior to submitting an application for ethical approval. Your application <u>must</u> be approved by your first or second supervisor (or dissertation supervisor/tutor) prior to submission and you <u>MUST</u> submit evidence of their approval with your application, e.g. a copy of an email stating their approval.</p>		
Student number	600026470	
Programme of study	Doctor of Educational Psychology (DEdPsych)	
Name of Supervisor(s) or Dissertation Tutor	Dr Andrew Richards and Dr Chris Boyle	
Have you attended any ethics training that is available to students?	<p>Yes, I have taken part in ethics training at the University of Exeter EG the Research Integrity Ethics and Governance: <a href="http://as.exeter.ac.uk/rdp/postgraduateresearchers">http://as.exeter.ac.uk/rdp/postgraduateresearchers</a> OR Ethics training received on Masters courses. If yes, please specify and give the date of the training:</p>	

Lecture provided by Dr Chris Boyle  
13/11/2019

I hereby certify that I will abide by the details given in this application and that I undertake in my research to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change significantly I will seek advice, request approval of an amendment or complete a new ethics proposal. Any document translations used have been provided by a competent person with no significant changes to the original meaning.

Holly Mann

Double click this box to confirm certification

I confirm that if I travel outside the UK to conduct research I will:

Obtain **International Travel Insurance** from the University of Exeter. (b) Monitor Travel Advice from **Worldaware** and the **Foreign & Commonwealth Office (FCO)** and (c) Complete an **International Travel Risk Assessment**

*Submission of this ethics proposal form confirms your acceptance of the above.*

#### TITLE OF YOUR PROJECT

*An Interpretative Phenomenological Analysis of the use of Video Interaction Guidance with Foster Carers*

#### ETHICAL REVIEW BY AN EXTERNAL COMMITTEE

*No, my research is not funded by, or doesn't use data from, either the NHS or Ministry of Defence.*

If you selected yes from the list above you should apply for ethics approval from the appropriate organisation (the NHS Health Research Authority or the Ministry of Defence Research Ethics Committee). You do not need to complete this form, but you must inform the Ethics Secretary of your project and your submission to an external committee.

#### MENTAL CAPACITY ACT 2005

No, my project does not involve participants aged 16 or over who are unable to give informed consent (e.g. people with learning disabilities)

If you selected yes from the list above you should apply for ethics approval from the NHS Health Research Authority. You do not need to complete this form, but you must inform the Ethics Secretary of your project and your submission to an external committee.

#### SYNOPSIS OF THE RESEARCH PROJECT

*Maximum of 750 words.*

Research suggests that looked after children (LAC) are one of the most vulnerable groups in our society, and that they may have a complex range of needs, including physical, educational and mental health needs (Hare & Bullock, 2006). Of the 75420 LAC in England, 73% are currently living with

foster families (Department for Education, 2018). These children live with one of the 43500 foster families in England, which is currently at a deficit of 7220 (The Fostering Network, 2018). The levels of children in care have increased by four percent since 2017 (Department for Education, 2018) and fostering placements increased by nine percent between the years 2010 and 2015 (Zayed & Harker, 2015), and so foster carer retention has become increasingly important for local authorities to manage.

Foster carer retention has been identified as an important factor in improving the outcomes for LAC because it has been linked with saving both time and money for local authorities, increases the skill level and experience of foster carers and improves placement stability for the children in their care (Randle et al., 2017; Chamberlain et al., 2006). Research has identified that disruptions in foster placements can lead to negative impacts upon foster children (Anderson, 2009; Egelund & Vitus, 2009). James (2004) has identified that children in foster care who experience a placement breakdown are more likely to then go on to experience emotional and behavioural difficulties. Research that has further investigated the impact of stable placements found that those foster children who had stable placements displayed increased measures of behavioural wellbeing (Rubin, O'Reilly, Luan & Localio, 2007), improved resilience and psychosocial development (Harden, 2004), positive long term outcomes such as greater feelings of security and belongingness (Randle, 2013) and more positive relationships (Oxlad & Lushington, 2009).

The reasons behind foster placement breakdown has been heavily researched, not only because of the negative impacts on foster children, who are already a vulnerable population (Bruskas, 2008) but also because of the increased demand it places on social services to have to find appropriate placements often on short notice (James, 2004.) James (2004) conducted a study in the United States on 580 children between the ages of nought to 16, and found that in 70% of cases the cause of placement breakdowns was due to changes to policy or system changes. The next most common cause of placement breakdown was due to challenging behaviour that the child displayed, which accounted for 24% of the placement breakdowns.

Video Interaction Guidance (VIG) is a “relationship-based intervention that aims to increase carer sensitivity to their child’s emotional needs” (Maxwell, Rees & Thomas, 2019, p. 8). To enable this VIG uses video feedback to promote positive attunement, by developing the carer’s sensitivity and awareness of the child’s communication to reinforce attuned responses (Hawtin, 2014). The main aspects of VIG involve the practitioner videoing a carer-child interaction during play or a caregiving task, the practitioner then edits the recording to show short moments of interaction between the carer and child that demonstrate the carer displaying an attuned response to the child’s initiatives. The carer and practitioner then review these videos together with the practitioner enabling a focus on the positive aspects of the videos, and facilitating an evaluation of the interactions to support the carer in developing their sensitivity to the child’s communication (Barlow, Livingstone, Macdonald & O’Hara, 2016).

VIG has a UK training and accreditation programme that is provided by AVIGuk, this programme includes reflective supervision and a “rigorous accreditation criteria” (Kennedy, Landor & Todd, 2011, p. 224). VIG is also one of the video-based interventions that is endorsed by the National Institute for Health and Care Excellence (NICE) guidelines that can be used to improve and foster the attachment between children and young people at risk of, or in care and their carers (NICE, 2015). For this reason, VIG is currently used with a range of carers including mothers, fathers, prospective adopters and foster carers, across many different local authorities (Kennedy, Landor & Todd, 2011), although to date I have been unable to find any research explicitly on the use of VIG with children in care and their foster carers.

The proposed study seeks to:

Explore the lived experience of foster carers in building positive relationships with their foster children.

Explore foster carers, ~~foster children~~ and VIG practitioner’s experience of using VIG to support in developing a positive fostering relationship.

I will conduct semi-structured interviews and ~~child appropriate forms of qualitative data collection~~ in order to collect the data. I will then analyse the data using Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of the participants.

This research will take place in the UK.

## INTERNATIONAL RESEARCH

N/A

The following sections require an assessment of possible ethical consideration in your research project. If particular sections do not seem relevant to your project please indicate this and clarify why.

## RESEARCH METHODS

This research will consist of:

Semi-structured **virtual** interviews with foster parents before and after undergoing the VIG intervention.

Semi-structured **virtual** interviews with VIG practitioners before and after delivering the VIG intervention to the foster carers.

~~An elicitation interview with the foster children whose foster parents underwent the VIG intervention, that will take place after the course of VIG has finished. The elicitation interview will involve using Lego to enable the children to create scenes that are related to their experiences of VIG (Maxwell, Rees & Thomas, 2019).~~

### Expected outputs

At this stage, I would hope for the outputs of this project to include the following:

Presentations to professionals.

Journal articles (both academic and practitioner)

Conference presentations

### Discussion of sensitive topics

For individual participants, being taken into care, developing fostering relationships and the delivery of VIG can be a sensitive topic. Please see the section on possible harm below for a discussion of how I intend to minimise harm to participants.

I have read the BERA ethical guidelines and will abide by them.

## PARTICIPANTS

The participants will be selected via opportunity sampling, eligible participants who are referred to the VIG service will be provided with information about the study and asked if they are happy for the researcher to contact them to discuss the study further. ~~I will then contact potential participants and those with the parental responsibility of the foster children, providing them with the information sheet,~~ I will then seek to gain informed consent from all participants in a developmentally appropriate way.

I aim to interview:

2-4 VIG practitioners who are also practicing educational psychologists.

2-4 foster carers taking part in VIG.

~~2-4 foster children between the ages of 4 and 16 whose foster carers have taken part in VIG~~

I will now refer to the different groups of participants jointly as 'VIG participants'.

For further information about recruitment, please see the section on the voluntary nature of participation below.

## THE VOLUNTARY NATURE OF PARTICIPATION

Participants will be recruited by the researcher after they have been referred to the VIG service that is provided by the local authority. An information and consent form will be provided to the VIG participants ~~and those with parental responsibility of the foster children who are interested in taking part.~~ The participants can then look through the information in their own time and make an informed decision. It will also be stated that if any participant ~~(including the children)~~ requires help to understand the information, this can be provided by the researcher.

Prospective participants will be told explicitly (on the information sheet) that non-participation in the research will not affect the VIG participants in any way, and will be reassured of this by the researcher if they express concerns. The researcher will also receive feedback from those involved with VIG service about their opinions on whether or not particular VIGF participants are as willing to participate as they may say they are, and will seek to ensure all participants understand their rights as participants. The researcher will also receive feedback from those involved with the VIG service if they express concerns over the research having a negative impact on particular

participants, and seek to address this through sensitive discussion with the participant concerned.

~~Active consent will be gained from those with parental responsibility of the children after additional discussion with the researcher if necessary, through the signing of the consent form by both the adult and child. The letter will inform the participants that the identity of all participants will be confidential, and that the data will remain anonymous. The letter will explain that identity will only be revealed if a child protection issue arises. Equally if the adults disclose information relating to illegal activity or safeguarding, the letter will explain that anonymity cannot be maintained. This information will be provided in a developmentally appropriate way for child participants.~~

If emailing potential participants, I will use my university email address, to preserve confidentiality and to distinguish my professional and academic roles because I am currently on placement in the local authority where the research will take place.

~~The beginning of the interviews will include an informal discussion with child participants about the purpose and the nature of the study and they will be told that they do not have to participate if they don't want to. The researcher will ensure (as best as possible) that the child understands the voluntary nature of their participation, explaining that they are free to leave at any time or not to take part at all, and that this will not affect them in any way. The researcher will remain mindful of the power imbalance in research, and if they feel a participant is uncomfortable with participating, they will offer the opportunity to stop, by reminding them of their rights as participants in a developmentally appropriate way. With the adult interviews, there will be a short script reminding them of the voluntary nature of participation, processes around confidentiality and anonymity, the right to withdraw at any time and the right to withdraw data before the data analysis stage.~~

Participants will be able to withdraw from the research at any time up to the point of data analysis. The information sheets emphasise that all participation is voluntary and consent can be withdrawn at any time.

## SPECIAL ARRANGEMENTS

~~I will use child friendly and developmentally appropriate methods to inform the children about the nature of the research. I will adjust my methods to take into account any of the special education needs (SEN) any of the participants present with.~~

## THE INFORMED NATURE OF PARTICIPATION

~~Information about the research will be provided to all participants and those with parental responsibility of the children taking part in the research. Active consent will be gained from those with parental responsibility via the return of a signed consent form attached to the information letter. The letter will inform them that the child's identity will be confidential, and the data will remain anonymous. Identity will only be revealed if a child protection or safeguarding issue arises.~~

I will check that children are happy to participate in the research after consent has been provided by the person with parental responsibility, by explaining in child friendly and developmentally appropriate terms what the research is about and asking them if they are willing to continue. Anonymity, confidentiality and safeguarding will be explained to children via brief read to each child before the interview. These topics will be explained to the children in a child friendly way and children will be asked at regular intervals throughout the interview if they are happy to continue. I will also ensure that all children are aware of their rights, as outlined below, again in a child friendly and developmentally appropriate way. I will explain that just because their carers has said they can participate, it doesn't mean they have to. As much as possible, the researcher will ensure that the participants involved in the research feel they are equal to the researcher, by explaining to the children that their participation is up to them and that they can leave at any time. If children express that they are happy to participate, and this seems genuine, the child will then be asked to sign their name on the consent form.

Written into the beginning of all interviews will be a script detailing information about the nature and purpose of the study. This script will be adapted will be adapted for children to promote understanding. The researcher will ensure (as best as possible) that all participants understand the voluntary nature of their participation, as well as the process and procedures in relation to their rights as participants (described previously).

Willingness to participate/non-verbal signs and cues from children will also be monitored by the researcher, and if there is an indication that the child may be reluctant to engage, or they become less enthusiastic, children will be reminded that they can leave at any time and that this will be respected.

Because the researcher is currently on placement in the same local authority that some of the participants may be involved with, the researcher will be mindful of the need to remind participants during the interviews that the research is not conducting in conjunction with the local authority and all information will be kept confidential and anonymous as far as possible.

## ASSESSMENT OF POSSIBLE HARM

It is important to recognise that this group of participants will be recruited from a small population and hence confidentiality will be even more important to consider at all points of the research, including the write up. Some of the participants in this population are also a vulnerable group, particularly the foster children, who are children in care. I will be continuously mindful of this and will adapt my approach as necessary, handling all aspects of the research sensitively.

I will also take into consideration that the VIG practitioners may feel some concern that they could be identified as participants and that they may discuss aspects of their work which could then be held against them. In order to minimise the risk of harm to the participants in this way, I will ensure that the interview questions are carefully worded and do not aim to explore their role or experiences outside of delivering VIG to foster carers.

I recognise that due to the vulnerable nature of the relationship between the foster carers and foster children, they may be more susceptible to stress that may come as part of the research process. In order to minimise the risk of harm to participants, I will seek to ensure that questions are carefully worded and do not aim to directly explore difficult experiences, and so participants should not feel that they must talk about such experiences.

There is a risk of psychological harm if there is a breach of confidentiality. The participants will be informed that no aspect of the interview will be discussed with anyone else and it will be reiterated that this is an independent piece of research that is unrelated to the local authority and the VIG service. As a researcher I will ensure that all audio recordings are handled safely and sensitively and are kept secure. Names of participants will not be mentioned unless a safeguarding issue arises and all documentation referring to the participant will be given a code once transcription is complete. If any safeguarding issues arise as a result of the interviews, this will be dealt with in line with confidentiality protocols, whereby confidentiality must be broken to ensure the safety of the participant. These safeguarding concerns will be reported to the relevant professionals and children will be informed in a developmentally appropriate way what is happening and why.

~~I aim to take a number of measures to ensure that all children can participate in the project safely. These measures will be adapted for different developmental stages. During the elicitation interview, if the children do not feel confident to respond to any question, or simply do not want to, it will be explained that they can skip the question. All children will have a set of visuals to enable them to respond to a question without having to say very much if they wish. Younger children (4-6 years) will have a slightly different set of questions in line with their developmental stage. I will ensure that research with children takes no longer than 30 minutes. At the end of the interview children will be asked if there is anything else in relation to VIG that they wish to discuss as part of the research. Children will then be debriefed, thanking them for their time and reminding them of their rights as participants. At this time it will be checked that children are happy with everything they have said, and they will be given the opportunity to withdraw anything they wish they hadn't said. If any safeguarding issues arise as a result of the interviews, this will be dealt with in line with confidentiality protocols, whereby confidentiality must be broken to ensure the safety of the participant. These safeguarding concerns will be reported to the relevant professionals and children will be informed in a developmentally appropriate way what is happening and why.~~

Another possible risk is that the content of the interviews may evoke some emotional distress for some participants. To minimise the risk of this, the questions in the interviews will focus on the VIG intervention predominantly, and will not involve direct questions about the specific details of the prior experiences of the participants. I do however recognise that such themes may arise indirectly, as a result of these discussions. The researcher is a doctoral trainee educational psychologist with experience and training in dealing with emotional distress, in the unlikely even that this should occur, and can signpost the most appropriate support services if necessary,



depending on the nature of the issue. For example, mental health services, family support services and social services. If any participants are emotionally affected by any of the questions, they will be asked if they would like to stop the interview completely or try again at another time. If participants experience significant distress, the researcher will respond to the participants needs. This may involve spending time talking with the participant, calming the participant and exploring the support network around the participant to determine whether they have appropriate support to manage their distress. Relevant support services will be signposted as necessary. The researcher has enhanced DBS clearance through the university.

~~The interviews may include some children with special educational needs (SEN). As the researcher is trained in working with children with SEN, they can be mindful of the child's needs during the interview and adapt their approach as necessary.~~

All participants will be debriefed in a developmentally appropriate way to ensure participants feel comfortable with what they have discussed and to remind them of their rights as participants. Participants will be reassured of their anonymity and reminded of the confidentiality agreement as well as their right to withdraw any data. My contact details will be at the bottom of the information sheet originally given to the participants, and will be given again if needed.

~~The risk of being a lone researcher:~~

~~I have to consider where participants will feel comfortable in taking part in the interviews, especially when considering that VIG practitioners may not feel comfortable taking part in an interview in the place where they work. This means I will have to be flexible about where I meet people to secure interviews. This may, for example involve interviewing people in their homes. Although I am used to meeting service users alone I will manage the risk of being a lone researcher as follows:~~

~~Ensuring that my supervisor knows the location of where I am going for the interview and that a family member knows the approximate location and timings of the interview and that my supervisor will have the full details (this will balance the need to keep the participants' identity confidential and my own safety).~~

~~Emailing my supervisor and contacting a family member before I go into the interview and when I leave.~~

~~Ensuring that either a friend, family member or my supervisor (I will agree with one of these people in advance depending on who is available):~~

~~Calls me on my mobile if they have not heard from me after 2.5 hours from my initial call.~~

~~If I do not answer that call, calls me again 30 minutes later; and~~

~~If I do not answer that second call, calls the police.~~

~~I will also follow the steps set out above when interviewing professional participants in person.~~

## DATA PROTECTION AND STORAGE

I will only capture confidential information about participants on their consent forms and will not record any personal information about participants on tape at the start of the interview.

I will be conducting the virtual interviews using Microsoft Teams, using my university account which is compliant with University of Exeter information Governance policies and GDPR.

It is necessary to use video-conferencing technology to support the development of rapport with participants, and I will only use audio recording to record the interviews.

Following the interview, I will assign the participants aliases. I will record pseudonyms and actual names on a password protected spreadsheet that will be uploaded onto OneDrive. I will only store this document on OneDrive and not on my home computer or any portable devices.

Participants' spouses, children and foster children will be referred to in transcript as 'spouse', 'son', 'daughter', 'foster son' or 'foster daughter'. Further, details such as place names or professions, will be changed to ensure anonymity if it appears that these may aid identification of participants.

Because the participants will be from a small authority and will be foster carers, ~~children in care~~ or VIG practitioners these are all small pools that the participants can come from and so I will only refer to the general region that the research takes place.

My consent form explains how data will be stored and contains written privacy notice:

Consent forms will be scanned and uploaded into a separate file on OneDrive from the password protected spreadsheet and the original forms will be confidentially shredded.

Digital recordings will be deleted as soon as I have an authoritative transcript of the interview.

I will ensure that any analysis of the data is stored on a University of Exeter password protected database (OneDrive)

## DECLARATION OF INTERESTS

My doctoral research is funded through a government bursary provided through the Department for Education.

My information sheet states that I may be on placement at the same local authority where I will be conducting the research, and that my research has no link the local authority.

## USER ENGAGEMENT AND FEEDBACK

Given the practicalities of participant review of oral transcripts, this approach is not intended. A summary of key findings and access to the final research will be prepared for participants once the research is concluded.

## INFORMATION SHEETS AND CONSENT FORMS

Foster carer information sheet and consent form



Foster Carer Information Sheet

Title of Project:

An Interpretative Phenomenological Analysis of Video Interaction Guidance (VIG) with Foster Carers.

Dear carers,

My name is Holly Mann, and I am a trainee educational psychologist from the University of Exeter. I am also on placement with Together for Families for Cornwall Council. I am about to begin some research for my doctoral thesis about the use of VIG with foster carers, and I would really like you to be involved.

The research will explore the experiences of foster carers and foster children taking part in VIG and the VIG practitioners who are delivering it. My aim is to generate more research into how VIG can be used to support the relationship between foster carers and foster children.

What would taking part involve?

We will have a 45-60 minute **virtual interview using Microsoft Teams.** ~~interview before you start VIG, and a 45-60 minute interview once you have finished the course of VIG. I will also have one separate 30-45 minute interview with your foster child once the course of VIG has finished.~~

I will have **a separate interview with your VIG practitioner** ~~two separate interviews with your VIG practitioner before and after the course of VIG,~~ where we will discuss what they think the value of VIG is in supporting fostering relationships.

All of the information gathered will be kept confidential and the identity of yourself and your child will not be included in the write-up of my research. In the unlikely event that I am worried about the safety of yourself or your foster child, I will need to pass this information on to people that can help. Our discussions will be recorded, so they are able to be written up, but will then be deleted. If you decide that you would like to part, but then change your mind, records from our interview can be destroyed until the point that I have started to analyse our interview.

Findings from this research will be written up for my doctoral thesis and may be put forward for further publication in an academic journal. No personal information will be included in these publications. This research study has been approved by the University of Exeter ethics committee and complies with the HCPC and BPS Standards of Ethics.

I would really value and appreciate your participation in this research, as I believe it could help to improve the support offered to foster carers and foster children in the future.

If you choose not to participate in this research, this will not affect your participation in VIG.

If you are happy to be involved, please complete the consent slip below and return it to me. If you would like more information about this research, please feel free to ask. You can also send me an email at:  
[Hlm227@exeter.ac.uk](mailto:Hlm227@exeter.ac.uk)

If you wish to make a complaint about my conduct please contact:  
Gail Seymour, Research Ethics and Governance Manager  
[g.m.seymour@exeter.ac.uk](mailto:g.m.seymour@exeter.ac.uk), 01392 726621

Thank you for your interest in my research,

Holly Mann

### Consent Slip

Please sign and return this consent slip if you would like to be involved in the research above.

I consent to participate in the above research relating to my participation in the Video Interaction Guidance service as outlined in the letter received.

I have been fully informed about the aims and purposes of the project.

I understand that

There is no compulsion for me to participate in this research project and, if I do choose to participate, I may withdraw at any stage up to the point of data analysis.

Any information which I give will be used solely for the purposes of this research, which may include publications or academic conference or seminar presentations.

All information I give will be treated as confidential.

The researcher will make every effort to preserve my anonymity.

Audio recordings of the interviews will be destroyed once they have been transcribed.

Signed

.....  
Print name

.....  
Date

.....  
*One copy of this form will be kept by the participant, a second copy will be kept by the researcher.  
Your contact details are kept separately from your interview data.*

VIG Practitioner Information Sheet and Consent Form



VIG Practitioner Information Sheet

Title of Project:

An Interpretative Phenomenological Analysis of Video Interaction Guidance (VIG) with Foster Carers.

Dear VIG practitioners,

My name is Holly Mann, and I am a trainee educational psychologist from the University of Exeter. I am also on placement with Together for Families for Cornwall Council. I am about to begin some research for my doctoral thesis about the use of VIG with foster carers, and I would really like you to be involved.

The research will explore the experiences of foster carers and foster children taking part in VIG and the VIG practitioners who are delivering it. My aim is to generate more research into how VIG can be used to support the relationship between foster carers and foster children.

What would taking part involve?

We will have a 45-60 minute **virtual interview using Microsoft Teams**. ~~before you start delivering VIG, and a 45-60 minute interview once you have finished the course of VIG.~~

I will have ~~two~~ a separate interview with the foster carer ~~before and after the course of VIG~~, where we will discuss what their experiences of VIG and what they think the value of VIG is in supporting fostering relationships. ~~I will also complete a 30 – 45 minute interview with the foster child at the end of the VIG.~~

All of the information gathered will be kept confidential and the identity of yourself and your child will not be included in the write-up of my research. In the unlikely event that I am worried about the safety of yourself or have any safeguarding concerns, I will need to pass this information on to people that can help. Our discussions will be recorded, so they are able to be written up, but will then be deleted. If you decide that you would like to part, but then change your mind, records from our interview can be destroyed until the point that I have started to analyse our interview.

Findings from this research will be written up for my doctoral thesis and may be put forward for further publication in an academic journal. No personal information will be included in these publications. This research study has been approved by the University of Exeter ethics committee and complies with the HCPC and BPS Standards of Ethics.

I would really value and appreciate your participation in this research, as I believe it could help to improve the support offered to foster carers and foster children in the future.

If you choose not to participate in this research, this will not affect your participation in VIG.

If you are happy to be involved, please complete the consent slip below and return it to me. If you would like more information about this research, please feel free to ask. You can also send me and email at:  
[H1m227@exeter.ac.uk](mailto:H1m227@exeter.ac.uk)

If you wish to make a complaint about my conduct please contact:  
Gail Seymour, Research Ethics and Governance Manager  
[g.m.seymour@exeter.ac.uk](mailto:g.m.seymour@exeter.ac.uk), 01392 726621

Thank you for your interest in my research,

Holly Mann

### Consent Slip

Please sign and return this consent slip if you would like to be involved in the research above.

I consent to participate in the above research relating to my participation in the Video Interaction Guidance service as outlined in the letter received.

I have been fully informed about the aims and purposes of the project.

I understand that

There is no compulsion for me to participate in this research project and, if I do choose to participate, I may withdraw at any stage up the point of data analysis.

Any information which I give will be used solely for the purposes of this research, which may include publications or academic conference or seminar presentations.

All information I give will be treated as confidential.

The researcher will make every effort to preserve my anonymity.

Audio recordings of the interviews will be destroyed once they have been transcribed.

Signed

.....

Print name

.....

Date

.....

*One copy of this form will be kept by the participant, a second copy will be kept by the researcher.*

*Your contact details are kept separately from your interview data.*

Parental Responsibility Information Sheet and Consent Form



~~Parental Responsibility Information Sheet~~

Title of Project:

An Interpretative Phenomenological Analysis of Video Interaction Guidance (VIG) with Foster Carers.

Dear VIG practitioners,

My name is Holly Mann, and I am a trainee educational psychologist from the University of Exeter. I am also on placement with Together for Families for Cornwall Council. I am about to begin some research for my doctoral thesis about the use of VIG with foster carers, and I would really like you to be involved.

The research will explore the experiences of foster carers and foster children taking part in VIG and the VIG practitioners who are delivering it. My aim is to generate more research into how VIG can be used to support the relationship between foster carers and foster children.

What would taking part involve?

I will have a 30-45 minute interview with the foster child after the course of VIG to explore their experiences of the intervention. I will use developmentally appropriate techniques to gain their experiences, such as the use of Lego.

I will also have two separate interviews with the foster carer and the VIG practitioner before and after the course of VIG, where we will discuss what their experiences of VIG and what they think the value of VIG is in supporting fostering relationships.

All of the information gathered will be kept confidential and the identity of yourself and your child will not be included in the write-up of my research. In the unlikely event that I am worried about the safety of yourself or have any safeguarding concerns, I will need to pass this information on to people that can help. Our discussions will be recorded, so they are able to be written up, but will then be deleted. If you decide that you would like to part, but then change your mind, records from our interview can be destroyed until the point that I have started to analyse our interview.

I will also seek to gain informed consent from the foster child before I interview them, and will ensure that they are aware of their right to withdraw from the research and how their data will be stored.

Findings from this research will be written up for my doctoral thesis and may be put forward for further publication in an academic journal. No personal information will be included in these publications. This research study has been approved by the University of Exeter ethics committee and complies with the HCPC and BPS Standards of Ethics.



I would really value and appreciate your participation in this research, as I believe it could help to improve the support offered to foster carers and foster children in the future.

If you choose not to participate in this research, this will not affect your participation in VIG.

If you are happy to be involved, please complete the consent slip below and return it to me. If you would like more information about this research, please feel free to ask. You can also send me an email at:  
[Hlm227@exeter.ac.uk](mailto:Hlm227@exeter.ac.uk)

If you wish to make a complaint about my conduct please contact:  
Gail Seymour, Research Ethics and Governance Manager  
[g.m.seymour@exeter.ac.uk](mailto:g.m.seymour@exeter.ac.uk), 01392 726621

Thank you for your interest in my research,

Holly Mann

### Consent Slip

Please sign and return this consent slip if you would like to be involved in the research above.

I consent to participate in the above research relating to my participation in the Video Interaction Guidance service as outlined in the letter received.

I have been fully informed about the aims and purposes of the project.

I understand that

There is no compulsion for the child to participate in this research project and, if they do choose to participate, they may withdraw at any stage up to the point of data analysis.

Any information which they give will be used solely for the purposes of this research, which may include publications or academic conference or seminar presentations.

All information they give will be treated as confidential.

The researcher will make every effort to preserve anonymity.

Audio recordings of the interviews will be destroyed once they have been transcribed.

Signed (carer with parental responsibility)

.....

Print name

.....

Date

.....

Signed (child)

.....

Print name

.....

Date

.....

~~One copy of this form will be kept by the participant, a second copy will be kept by the researcher.~~

~~Your contact details are kept separately from your interview data.~~

## SUBMISSION PROCEDURE

Staff and students should follow the procedure below.

Post Graduate Taught Students (Graduate School of Education): Please submit your completed application to your first supervisor.

All other students should discuss their application with their supervisor(s) / dissertation tutor / tutor and gain their approval prior to submission. Students should submit evidence of approval with their application, e.g. a copy of the supervisors email approval.

All staff should submit their application to the appropriate email address below.

This application form and examples of your consent form, information sheet and translations of any documents which are not written in English should be submitted by email to the SSIS Ethics Secretary via one of the following email addresses:

[ssis-ethics@exeter.ac.uk](mailto:ssis-ethics@exeter.ac.uk) This email should be used by staff and students in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology.

[ssis-gseethics@exeter.ac.uk](mailto:ssis-gseethics@exeter.ac.uk) This email should be used by staff and students in the Graduate School of Education.

Please note that applicants will be required to submit a new application if ethics approval has not been granted within 1 year of first submission.

**CERTIFICATE OF ETHICAL APPROVAL**

Title of Project:

An Interpretative Phenomenological Analysis of the use of Video Interaction Guidance with Foster Carers

Researcher(s) name: Holly Mann

Supervisor(s): Dr Andrew Richards  
Dr Chris Boyle

This project has been approved for the period

From: 31/01/2020

To: 31/07/2021

Ethics Committee approval reference: D1920-054

Signature:



Date: 31/01/2020

(Professor Justin Dillon, Professor of Science and Environmental Education, Ethics Officer)

## Appendix D Interview Schedules

### Foster Carer Interview Schedule

#### Draft Hierarchical Structure:

- *Experience of developing a fostering relationship.*
  - o *What does a fostering relationship look like?*
    - *Positive*
    - *Negative*
  - o *Development of a fostering relationship*
    - *Support*
    - *Barriers*
  
- *Experiences of VIG*
  - o *Reasons for starting VIG*
    - *Perception of VIG*
    - *Referral process*
  - o *Experience of VIG process*
    - *Positive*
    - *Negative*
  - o *Impact of VIG on fostering relationship*
    - *Relationship with foster child*
    - *Impact on future fostering relationships*

#### Interview Schedule:

Area	Main Questions	Prompt Question (if required)
In this section I am going to ask you questions about your experiences in developing a positive fostering relationship		
Experience of developing a fostering relationship	Could you describe your experience of fostering so far?	What are the positive experiences of fostering? What are the challenges of fostering?

<p><i>“what impacted upon your experiences?”</i>  <i>“Where there any other factors I haven’t asked about?”</i>  <i>“Can you tell me a little bit more?”</i>  <i>“What do you mean by…”</i></p>	<p>How would you describe the relationship between a foster carer and their foster child?</p> <p>What are the main differences between a positive and a challenging relationship with your foster child?</p> <p>How do you try to develop a positive fostering relationship?</p> <p>Could you describe to me what you think the impact of developing a positive fostering relationship is?</p>	<p>What supports you in developing a positive fostering relationship?</p> <p>What are the challenges in developing a positive fostering relationship?</p> <p>On you? On the child?</p>
<p>In this next section I am going to ask you questions about your experiences of VIG</p>		
<p>Experiences of undergoing VIG</p> <p><i>“what impacted upon your experiences?”</i>  <i>“Where there any other factors I haven’t asked about?”</i>  <i>“Can you tell me a little bit more?”</i></p>	<p>What were the reasons for you taking part in VIG?</p> <p>What was your perception of VIG before you started?</p> <p>Can you describe your experience of participating in VIG?</p>	<p>Were there any challenges in taking part in VIG?</p> <p>What was your experience of being recorded?</p> <p>What was your experience of the shared review process?</p>

<p><i>“What do you mean by...”</i></p>	<p>Was there an impact of VIG on your fostering relationship?</p> <p>What was the child’s experience of taking part in VIG?</p> <p>How has taking part in VIG impacted on other fostering relationships you may have had?</p> <p>Is there anything you can think of that would improve the VIG process for future foster carers?</p>	<p>What was your experience of how VIG ended?</p> <p>What was the impact?</p>
<p>That’s the end of my questions, but before I go</p>		
<p>Ending</p>	<p>Is there anything else, which I haven’t asked you today, which you feel might be of relevance?</p> <p>Do you have any questions for me?</p>	

Exit Script

Thank you for taking part in the interview today.

As discussed, I will now take the interview recording and type this into a transcript which I will use for my data analysis.

This recording and the transcript will be stored in an anonymised format on the University of Exeter's drive, which is password protected. I will only use the recordings for the purpose of my research, and it will be deleted once the research has been submitted and passed.

Your name and any other identifying information will be removed from the transcript and data so that you are anonymised in any reporting.

If you would like to withdraw your data at any time, you can do so by emailing me using the details on the information sheet. You can withdraw your data up until my analysis is complete, which will be in January 2021.

Your involvement in this research will help us to understand how VIG can be used to support fostering relationships.

If you are interested in having a copy of the final research, please contact me using my details on the information sheet up until August 2021.





	<p>How do you think positive fostering relationships can be developed?</p> <p>Could you describe to me what you think the impact of positive fostering relationships is?</p>	<p>How can professionals be supported in working with fostering relationships?</p> <p>On the child On the carer</p>
<p>In this next section I am going to ask you questions about your experiences of delivering VIG to foster carers</p>		
<p>Experience of delivering VIG to foster carers</p> <p><i>“what impacted upon your experiences?”</i></p> <p><i>“Where there any other factors I haven’t asked about?”</i></p> <p><i>“Can you tell me a little bit more?”</i></p> <p><i>“What do you mean by...”</i></p>	<p>How well do you think the theoretical underpinnings of VIG align with the development of positive fostering relationships?</p> <p>Could you describe your experience of delivering VIG to a foster carer?</p> <p>Could you describe the impact you think VIG had upon the fostering relationship?</p> <p>Is there anything you can think of that would improve VIG guiders experiences of using VIG with foster carers?</p>	<p>What were the challenges?</p> <p>What were the positives?</p> <p>How did it compare to delivering VIG to biological parents?</p> <p>On the child On the carer Do you think the VIG will impact upon their future fostering relationships?</p>
<p>That’s the end of my questions, but before I go</p>		
Ending		

	<p>Is there anything else, which I haven't asked you today, which you feel might be of relevance?</p> <p>Do you have any questions for me?</p>	
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Exit Script

Thank you for taking part in the interview today.

As discussed, I will now take the interview recording and type this into a transcript which I will use for my data analysis.

This recording and the transcript will be stored in an anonymised format on the University of Exeter's drive, which is password protected. I will only use the recordings for the purpose of my research, and it will be deleted once the research has been submitted and passed.

Your name and any other identifying information will be removed from the transcript and data so that you are anonymised in any reporting.

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Your involvement in this research will help us to understand how VIG can be used to support fostering relationships.

If you are interested in having a copy of the final research, please contact me using the details on the information sheet.

## Appendix E Emergent Themes

### FC1 List of Emergent Themes

Difficulty with articulating experiences so far

Preference of being a grandparent over parent

Negative experience of being a foster carer

Construct of a bad parent

Ability of a bad parent

Being “brought up well”

What makes a good parent/good parenting

Becoming a foster carer as a negative experience

Aspects of bad parenting/caring for children

Reactivity

Adapting to changing role

Loss of original role

Shame being involved with social care

Importance of early childhood experiences

Consideration of child’s background

Foster children being damaged

Impact of early experiences

Child history of adverse life experiences

Processing what led to becoming a foster carer

Caring for children like own family

Comparison with own children

Trauma around becoming a foster carer

Age as a factor in caring

Loss of being a grandparent

Traumatic experiences becoming a foster carer

Making new support groups

Meeting younger people

Difficulty in articulating process

Not everyone cut out to be a foster carer

Individual differences with ability

Consideration of child's experiences

Caring for a child with additional needs

Understanding the child (behaviours, background, experiences)

Learning new skills (therapeutic approaches)

Changing parenting approaches

Adapting to the child

Difficult beginnings

Mixed experiences

Fostering as a profession (being paid)

Learning new skills

Fostering as a profession (training)

Managing job with caring full time

Changing perception of being a carer

Being a professional (detachment/non-reactivity)

Not being reactive.

Parents as reactive

Accountability as a carer

Being a professional (communicating to other professionals)

Access to supervision

Being challenged

Being listened to

Professionalism going both ways

More say in child's life

Getting support (advice)

Some carers find it more difficult

Change of perspective (things are now positive)

Difficult beginnings

Asking for support

Building relationships with child (empathy, safety, security)

Building relationships (love, positivity)

Individual differences across carers

Learning new skills supports positive change

Ignoring/accepting normal behaviours

Reflecting on behaviours

Consideration of child's prior experiences

Understanding prior experiences

Positive relationships are rewarding for carer

Support happening at crisis point

Not being able to cope

Crisis point facilitating change/support

Managing difficult behaviours

Impact of behaviours on carer

Feeling not able to cope

Support through training

Training facilitating positive change

Introducing therapeutic approaches

Experiencing positive change

Using playfulness, acceptance, curiosity and empathy

Simplicity of therapeutic approach

Consistency of approach (PACE)

Ease of use of therapeutic approaches

Being playful

Empathising with child

Adapting caring techniques

Maintaining boundaries/expectations

Using structure

Preparing child for independence

Positive impact on carer

Impacts heavily on child

Making up for previous experiences  
Improves future outcomes

Prepares for independence (coping with life)

Impacts on carers wellbeing and mental health

Maintaining professional boundaries (dilemma)

Maintaining sense of normality for child

Feeling the child will always be different

Impact of previous experiences

Responsibility for improving own practice

Understanding the child

Fighting for support

Having a support network

Feeling part of the community

Not being judged

Community accepting circumstances/seeing past label/stigma

Doing as much as possible

Being provided with good training

Becoming a professional

Doing more training than is expected

Children will need continuing support

Child needs extra support

Additional needs

Child's prior experiences

Fight for support

Get as much support as possible

Impact of child's family on carer

Impact of child's family on child

Accountability to LA

Lack of autonomy

Tension between carer and biological family

Impact on carer's autonomy/wellbeing

Importance of financial reimbursement

Finances impacting on ability/wellbeing

VIG happening when the foster family is experiencing difficulty

The foster family in crisis

Acceptance of therapeutic approach

VIG as extra support

Carer owning their own actions

VIG as extra support/tool

Apprehension about starting

VIG/agreeing to VIG



Surprise at simplicity of VIG?  
Child not aware of purpose  
Basic resources  
Guider initiating interaction  
Guider directing interaction  
Guider separate from interaction  
Awareness of being videoed  
Difficulty in articulating process  
Feeling uncomfortable of VIG  
Apprehension about being involved  
Uncertainty  
Inauthenticity of situation  
Supportive/attuned guider  
Being videoed  
Feeling uncertain in own ability  
Not wanting to continue  
Need to be certain person to see value  
Openness to experience  
Needing support for shared review  
Openness to experience  
Impact on whole life  
Strong emotional response  
Evidence of ability  
Focus on the positive  
Change of perspective  
VIG as the unknown

Knowledge of VIG prior to starting

Impact of video/evidence of own ability

Change of perspective

Focus on the positive

Strong emotional response

Impact on child

Noticing the small things

Needing suitable resources

Not seeing the point

Feeling like an imposter

Feeling watched and judged

Impact on life/eliciting change

Openness to VIG/approach

Taking lessons on board

Changing perspectives

Seeing new things

Focus on the positive

Eliciting change of attitude to self

Emotional response

Becoming confident in ability

Individual difference

Openness to approach

Not "getting it"

Fear of the unknown

Not active participant

Feeling judged

Pressure to demonstrate skills

Vulnerability about own ability

Inauthentic situation

Positives outweigh negatives

Emotional response

Starting VIG at low point

PACE, playfulness, connection, noticing

Emotional response

Gain confidence over time

Having clips

Reassurance of skills/positive relationship

Clips as reassurance

Relationship may change

Prior relationship with guider

Noticing joy

Confirmation bias

Reminder of positives

Permission to see positives

Confidence in own ability

Child experience

Not all children may enjoy it

Child experiences

Accepting the positives

Noticing the positives

Reassurance of ability/relationship

Confirmation bias

Adopted principle of VIG

Application of VIG

Noticing/focussing the positives

Knowledge of process

Being prepared

Openness to VIG

Openness to approach

May not be accessible to all

Providing quality resources

Meeting the needs of children with SEN

Pressure to perform

Ownership of clips

Reassurance of ability

## FC2 List of Emergent Themes

Mixed experiences of fostering  
Complex experience fostering  
Experience changes, not static  
Placement changes according to child  
Placement experiences changes frequently  
Emotional toll of negative relationships  
Feeling uncomfortable in own home  
Positive moments still exist  
Making progress and feeling rewarded  
Expectations of the fostering role  
Experience always changes  
Feeling of making a difference  
Making progress with child  
Child feeling safe  
Sense of safety impacting on behaviour  
Breaking down walls  
Meets expectations make fostering role easier  
Good relationship impacting on carers wellbeing  
Fostering being similar to parenting  
Fostering as a job  
Being provided with support  
Accountability  
Reciprocal relationship  
Autonomy of role  
Tension between biological and foster family  
Understanding limits of the role  
Individual differences between carers  
Child initiating relationships  
Trust  
Making progress makes it easier to cope  
Children sabotage relationship  
Impacts on wellbeing of carer  
Importance of bond between carer and child

Trust

Bond with foster family

Foster family as barrier to relationship

Child's previous experiences impacting on present relationships

Accommodating needs and wishes of child

Providing wants of the child

Showing you care

Trusting the child

Earning child's trust

Showing you trust the child

Maintaining trust in child

Not holding grudges

Consideration of child's previous experiences

Acceptance of child for who they are

Focusing on the positives

Understanding of child's attachment style

Impact of child's attachment style

Perseverance

Patience

Avoiding behaviourist approaches

Tensions between biological and foster family

Relationship development changes for each child

Providing child with stable placement

Child feeling safe

Consideration of child's past experiences

Child is calmer

Relationship makes child feel calm

Relationship impacts on behaviour of child

Safety and security

Sense of calmness

Being consistent

Space for child to reflect on and process past

Impact on child's wellbeing

Impact on carers wellbeing

Rewarding for carer

Satisfying for carer  
Reflecting on past actions  
Have to learn how to be a foster carer  
Each child is different  
Maintaining authenticity  
Setting realistic expectations for self  
Progress not linear  
Nurture  
Taking things slow  
Maintaining boundaries  
Understanding expectations of role  
Understanding where the child is now  
Reciprocal relationship  
Child responds to carer's emotions  
Reflective process  
Establishing relationship with guider  
No prior understanding of VIG  
Being willing to "give it a go"  
Micro-analysing normal interaction  
Talking about attunement  
Unaware of impact VIG would have  
Child may not benefit  
Normal interactions  
Apprehension being filmed  
Conscious of own ability  
Videoing becoming easier  
Enjoyment of spending time together  
Feelings of being judged  
Reassurance of quality of relationship  
Child enjoying 1-1 time  
Reflecting on key moments  
Noticing moments of joy  
Identifying positive factors  
Acknowledging positives of relationship  
Time to focus on positive moments

Identifying principles of attunement  
Child's ability to engage in VIG  
VIG as a positive experience  
Engaging child in reflective process  
Process of looking at the clips together  
Maintaining relationship with guider  
Impacts on foster carer  
Taking forward noticing positive moments  
Spending time together  
Becoming comfortable together in the relationship  
Adopting principles of attunement  
Openness towards VIG  
Acceptance of approach  
Child's enjoyment of spending time together  
No substantial impact  
Tangibility of impact  
More sessions means greater impact  
Reinforcement of principles of attunement  
Openness to approach  
Willingness to engage with process  
Learning about the child  
Increased understanding of the child  
Adapting to child's abilities  
Importance of play  
Child enjoying time together  
No long-lasting impact on child  
Continuing what has been learnt  
Showing you care  
Reciprocal relationship  
Enjoyment of time together  
Engaging child in process  
Breakdown of relationship  
Increasing cycles increases impact  
Positive experience overall  
Finding the time



Embedding VIG in fostering process

Making VIG a faster process

## FC3 List of Emergent Themes

Mixed experiences  
Experience changes over time  
Experience changes with experience  
Lack of autonomy  
Impact of other professionals  
Impact of autonomy and control  
Knowing the child best  
Living with the child  
Impact of other professionals  
Lack of trust and autonomy  
Who knows child best  
Professionalism of other professionals  
Mixed experiences  
Experience changes with each child  
Child as cause of breakdown  
Behaviours as cause of breakdown  
Acknowledging 'normal' behaviours  
Development of trust  
Relationship developed over time  
Length of placement  
Behaviourist approaches  
Adult knowing what is best  
Instilling stability and consistency  
Developing sense of safety for child  
Things will be different  
Consistency of approaches  
Impact of child's behaviour  
Impact of personalities  
Trust and time  
Understanding development of child  
Unpicking 'normal' behaviours  
Instilling sense of safety and trust  
Consistency

Development of secure attachments  
Taking on extra responsibility for child  
Understanding child's individual needs  
Breaking cycle  
Fitting in to societal expectations  
Being independent  
Relationship changes over time  
Fostering as a learning process  
Internal feelings of reward  
Foster carer as stability for child  
Required to take part  
VIG as therapeutic support  
Processing previous experiences  
VIG as counselling  
Uninvested in intervention  
No understanding point of VIG  
Being authentic  
Unmeaningful  
Lack of investment in process  
No emotional impact  
Understanding of process  
Miscommunication  
Lack of investment  
VIG as intervention for child  
Child's responsibility for how they are perceived  
Quick endings  
Positive impact on child  
VIG as intervention for the child  
No learning process  
Child's understanding of VIG  
Child takes responsibility  
Need for longer process  
Importance of environment  
Maintaining privacy  
CIC need more therapeutic interventions

Child's need to understand and process their past

Increasing communication for child

Foster carer not benefitting

How to engage foster child

## VG1 List of Emergent Themes

Overall positive experience

VIG impacting on fostering relationships

Improving confidence in carer

Individual differences across carers

VIG as a reactionary tool

Focus on positives

VIG as a reaction to difficult relationships

Fostering similarity to biological parent attachment

Good foster carer is like a parent

Aiming for a nurturing relationship

Construct of a good carer as attuned and nurturing

Carer anticipating child's needs

VIG about noticing the positives

Carer is disempowered

Carer taking behaviours personally

Empowering the carer

Noticing the child

Supporting ability to "read" the child

Individual differences across carers

Instilling principles of attunement in carers

Good carers are attuned carers

Guiding the carer

Video as evidence of ability

Guider embodying VIG principles

Needing investment from carers

Providing knowledge

Understanding impact of prior experiences on the child

Seeing past the behaviour

Knowledge of trauma

Providing knowledge and how to use it

Having supervision

Difficulty in watching yourself

Reflecting on own practice

Needing supervision to problem solve

Approaching foster carers in same way as other relationships

Treat the same way as other families

Biological connections complicating process

Sensitivity towards history of the child

Carers approach to fostering

Development of carer's ability to read child

Noticing the small things

Highlighting positives

Improving self belief

Empowering carer

Changing understanding of relationship

Positive responses from carers

Importance of videoing in changing viewpoint of carer

Understanding of the child

Sensitivity towards child's needs

Making the child feel safe

Importance of placement stability

Goals to take forward

Reassuring carer of their impact

Accessibility of VIG

Sitting alongside carers

Providing a safe space for carers

Modelling VIG principles

Sharing VIG theory with carers

Focussing on attunement pyramid

Demonstrating principles of attunement impact on relationship

Accessibility of principles of attunement

Access to accessible resources

Resources to engage carer

VIG not commonly used with foster carers

Child's prior experiences impacting on quality of fostering relationship

Mismatch between child and carer expectations

Relationship in conflict

Rebuilding positive relationships

Increasing communication

Supporting not taking over

Sitting with the client

Accessibility of activities

Noticing moments of attunement

Building on positives already there

Child reflects attunement back to carer

VIG improving connectedness

Inclusiveness of VIG for children and young people

Appropriateness of VIG for all children

Balancing needs and ability of child and carer

Accessibility of VIG for children

Adapting VIG towards client's ability

VIG empowering carers

VIG emphasising the difference foster carers can make

Lack of impact on child

Engaging child in VIG

Child enjoying time with carer

Age impacting on child's ability to engage with process

Younger children enjoy time with carer

Continuing work with younger children

VIG impacts regardless of carers association to child

Impermanence of fostering placements

Guided empowering foster carers  
Empowering carers through VIG

Improving connection between carer and child through VIG

Consideration of permanence of care arrangement

Child may go back to biological parents

Impact of birth parents being in contact on fostering relationship

Impact of VIG and investment in process

Carers prior constructs affect impact of VIG

Length of placement and impact of VIG

VIG improving confidence of carer

Increasing sense of autonomy and empowerment

Secondary impact on child

Aiming for long term impact

Repeating VIG



Transferring ownership of clips

Repeating VIG to adapt to development of child

Start VIG at the beginning of each relationship

Avoiding using VIG as a reactionary tool

Using VIG for younger children

Supporting child's communication skills

Supporting development of relationship from the beginning

Using VIG within the home

Being convenient for carer

Gaining a holistic view of relationship

Gaining greater understanding of home situation

Meeting the practical needs of the family

Apprehension around filming  
Getting carer onside

Accessibility of understanding VIG

Getting carer on board

Identifying buy in from carer

Sharing ownership of video

Using first session to get buy in

Leaving small gaps between filming and shared review

Instilling positive approaches

## VG2 List of Emergent Themes

VIG in response to relationship breakdown

Preventing placement breakdown

VIG as a therapeutic approach

Carer's understanding of attachment theory

Carer's understanding of child's needs

Child unable to form attachments

Building security within the relationship

Child needs to process past experiences

Seeing beyond the behaviour

Carer's knowledge and understanding of the impact of trauma and loss

Reflectiveness of the carer

Carer's attitude to reflection

Carer's constructs around parenting

Impact of child's behaviour on the carer

Supporting carer to accept relational approaches to caring

Upskilling carers to use PACE

Supporting carers to understand the needs of the child

Emphasising the importance of play and attunement

Building trust and security within the relationship

Negative impact of behaviourist approaches  
Carer's own childhood experiences

Foster caring needs different skills to parenting

Supporting carer's acceptance of the child

Need to embed relational approaches within social care

Professionals need time to reflect

Time to reflect improves practice and tolerance

Life changing for the child

Child needs to trust the carer

Negative life outcomes from being in care

Children need to be ready for a relationship

Children have to change

Connection and attunement

Relationship between guider and carer

Impact of the video

Children learning about relationships

Lifelong impact of meaningful relationships for child

Building relationships with carer

Personal sense of reward for carer

Carer's fear of judgement

Sense of reward for carer

Lightbulb moments

Therapeutic approaches as catalyst for change

Change is always possible

Building relationships

VIG rarer for carers

Engagement of carers impacted by construct of role

VIG not appropriate for all children

VIG too difficult emotionally for some children

Child not ready for therapeutic approaches

Differences across caring relationships

Voluntary nature of VIG

Embedding VIG approaches for success

Limited experience with foster carers

Links between VIG and attachment theory and foster carer

Importance of intersubjectivity in building caring relationships

Attachment and security in building positive relationships

Teaching children how to be in a caring relationship

Dyadic nature of fostering relationship

Importance of teaching foster carers about attachment and relationships

VIG informs foster carers about how to build relationships

Carer instigating VIG

Child experiencing negative sense of self

Children's behaviours as a response to trauma

Foster carers understanding of importance of communication

Impacting on child's ability to engage with life

Conducting VIG across different environments

Completing activities together

Challenge of including foster child in shared review

Difficult to manage shared review with child

Importance of VIG being voluntary

Forced VIG impacts on effectiveness

Professional's perception of VIG

Improved impact when VIG is voluntary

Importance of the interaction triangle

Prior psychological knowledge impacting on confidence and ability

Challenging nature of shared review

Embodying principles of attunement

Carer's engagement impacts of effectiveness

Difficulty in measuring impact of VIG

Difficulty measuring engagement and impact on carer

Foster caring as a job

Changeable nature of placements

Foster carer has lack of control over placements

Foster caring as a job

Constructs and attitudes of carers impact on effectiveness of VIG

Carers attitudes are changeable

Changing carers constructs of their role

Foster carers lack of control

Creating new meanings

Fostering new ideas

Importance of paying attention to child

Demonstrating they care

Child feels unimportant

Changing child's constructs about themselves

Impact of stability in placements

Potential impact is lifechanging for child

Child's constructs of themselves

Changing child's ability to accept care

Needing commitment from carer

Potential ability to take skills forward into new relationships

VIG should be voluntary

Who makes the referral

Impact of referrals from professionals

Filming as a barrier for carers

Addressing carers worries around filming

Potential of using VIG in the home environment

## Appendix F Superordinate Themes

### FC1 Superordinate Themes

Research Questions	Emergent Themes	Superordinate Themes
Experience of fostering	<p>Difficulty with articulating experiences so far</p> <p>Preference of being a grandparent over parent</p> <p>Traumatic experience of being a foster carer</p> <p>Construct of a bad parent</p> <p>Ability of a bad parent</p> <p>Being “brought up well”</p> <p>What makes a good parent/good parenting</p> <p>Becoming a foster carer as a traumatic experience</p> <p>Aspects of bad parenting/caring for children</p> <p>Reactivity</p> <p>Adapting to changing role</p> <p>Loss of original role</p> <p>Shame being involved with social care</p> <p>Trauma</p> <p>Age as a factor in caring</p> <p>Loss of being a grandparent</p> <p>Traumatic experiences becoming a foster carer</p> <p>Making new support groups</p> <p>Meeting younger people</p> <p>Difficulty in articulating process</p> <p>Not everyone cut out to be a foster carer</p> <p>Individual differences with ability</p> <p>Fostering as a profession (being paid)</p> <p>Learning new skills</p> <p>Fostering as a profession (training)</p> <p>Managing job with caring full time</p> <p>Changing perception of being a carer</p> <p>Being a professional (detachment/nonreactivity)</p> <p>Not being reactive.</p> <p>Parents as reactive</p>	<p>Creation of new support networks</p> <p>Transitioning to a professional carer</p> <p>Accessing support</p> <p>Adjusting to new role</p> <p>Control and autonomy</p> <p>Carers individual factors relating to experience</p>

	<p>Accountability as a carer  Being a professional  (communicating to other professionals)  Access to supervision  Being challenged  Being listened to  Professionalism going both ways  More say in child's life  Getting support (advice)  Some carers find it more difficult  Change of perspective (things are now positive)  Difficult beginnings  Support happening at crisis point  Not being able to cope  Crisis point facilitating change/support  Feeling part of the community  Not being judged  Community accepting circumstances/seeing past label/stigma  Impact of child's family on carer  Impact of child's family on child  Accountability to LA  Lack of autonomy  Tension between carer and biological family  Impact on carer's autonomy/wellbeing  Importance of financial reimbursement  Finances impacting on ability/wellbeing</p>	
<p>Impact of positive fostering relationships</p>	<p>Managing difficult behaviours  Impact of behaviours on carer  Feeling not able to cope  Positive relationships are rewarding for carer  Positive impact on carer  Impacts heavily on child  Making up for previous experiences  Improves future outcomes</p>	<p>Child's future outcomes  Making up for past experiences  Positive impact on internal factors for carer  Impacts on child  Improves carers ability to cope</p>



	<p>Prepares for independence (coping with life)</p> <p>Impacts on carers wellbeing and mental health</p>	
Developing positive relationships	<p>Importance of early childhood experiences</p> <p>Consideration of child's background</p> <p>Foster children being damaged</p> <p>Impact of early experiences</p> <p>Child experiences of trauma</p> <p>Processing what led to becoming a foster carer</p> <p>Caring for children like own family</p> <p>Comparison with own children</p> <p>Consideration of child's experiences</p> <p>Caring for a child with additional needs</p> <p>Understanding the child (behaviours, background, experiences)</p> <p>Learning new skills (therapeutic approaches)</p> <p>Changing parenting approaches</p> <p>Adapting to the child</p> <p>Difficult beginnings</p> <p>Mixed experiences</p> <p>Asking for support</p> <p>Building relationships with child (empathy, safety, security)</p> <p>Building relationships (love, positivity)</p> <p>Individual differences across carers</p> <p>Learning new skills supports positive change</p> <p>Ignoring/accepting normal behaviours</p> <p>Reflecting on behaviours</p> <p>Consideration of child's prior experiences</p> <p>Understanding prior experiences</p> <p>Support through training</p> <p>Training facilitating positive change</p>	<p>Understanding the child</p> <p>The importance of good quality support</p> <p>Adopting nurturing/therapeutic approaches</p> <p>Going above and beyond what is required/expected</p> <p>Maintaining boundaries</p>

	<p>Introducing therapeutic approaches</p> <p>Experiencing positive change</p> <p>Using PACE</p> <p>Simplicity of therapeutic approach</p> <p>Consistency of approach (PACE)</p> <p>Ease of use of therapeutic approaches</p> <p>Being playful</p> <p>Empathising with child</p> <p>Adapting caring techniques</p> <p>Maintaining boundaries/expectations</p> <p>Using structure</p> <p>Maintaining professional boundaries (dilemma)</p> <p>Maintaining sense of normality for child</p> <p>Child will always be different</p> <p>Impact of previous experiences</p> <p>Responsibility for improving own practice</p> <p>Understanding the child</p> <p>Fighting for support</p> <p>Having a support network</p> <p>Doing as much as possible</p> <p>Being provided with good training</p> <p>Becoming a professional</p> <p>Doing more training than is expected</p> <p>Children will need continuing support</p> <p>Child needs extra support</p> <p>Additional needs</p> <p>Child's prior experiences</p> <p>Fight for support</p> <p>Get as much support as possible</p>	
Experience of VIG	<p>VIG happening as a last resort</p> <p>Family in crisis</p> <p>Acceptance of therapeutic approach</p> <p>VIG as extra support</p> <p>Carer owning their own actions</p> <p>VIG as extra support/tool</p> <p>Apprehension about starting</p>	<p>VIG as a response to crisis</p> <p>Gaining confidence as a foster carer</p> <p>Changing perspective</p> <p>Feelings of vulnerability</p>

	<p>VIG/agreeing to VIG</p> <p>Surprise at simplicity of VIG?</p> <p>Child not aware of purpose</p> <p>Basic resources</p> <p>Guider initiating interaction</p> <p>Guider directing interaction</p> <p>Guider separate from interaction</p> <p>Awareness of being videoed</p> <p>Difficulty in articulating process</p> <p>Feeling uncomfortable of VIG</p> <p>Apprehension about being involved</p> <p>Uncertainty</p> <p>Inauthenticity of situation</p> <p>Supportive/attuned guider</p> <p>Being videoed</p> <p>Feeling uncertain in own ability</p> <p>Not wanting to continue</p> <p>Need to be certain person to see value</p> <p>Openness to experience</p> <p>Needing support for shared review</p> <p>Openness to experience</p> <p>Impact on whole life</p> <p>Strong emotional response</p> <p>Evidence of ability</p> <p>Focus on the positive</p> <p>Change of perspective</p> <p>VIG as the unknown</p> <p>Knowledge of VIG prior to starting</p> <p>Impact of video/evidence of own ability</p> <p>Change of perspective</p> <p>Focus on the positive</p> <p>Strong emotional response</p> <p>Needing suitable resources</p> <p>Not seeing the point</p> <p>Feeling like an imposter</p> <p>Feeling watched and judged</p> <p>Impact on life/eliciting change</p> <p>Openness to VIG/approach</p> <p>Taking lessons on board</p> <p>Individual difference</p> <p>Openness to approach</p> <p>Not "getting it"</p> <p>Fear of the unknown</p> <p>Not active participant</p>	<p>Accessibility of VIG</p>
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	<p>Feeling judged  Pressure to demonstrate skills  Vulnerability about own ability  Inauthentic situation  Starting VIG at low point  PACE, playfulness, connection, noticing  Emotional response  Gain confidence over time  Having clips  Prior relationship with guider  Not all children may enjoy it  Child experiences  Knowledge of process  Being prepared  Openness to VIG  Openness to approach  May not be accessible to all  Providing quality resources  Meeting the needs of children with SEN  Pressure to perform  Ownership of clips  Reassurance of ability</p>	
Impact of VIG	<p>Impact on child  Noticing the small things  Changing perspectives  Seeing new things  Focus on the positive  Confirmation bias  Eliciting change of attitude to self  Emotional response  Becoming confident in ability  Positives outweigh negatives  Reassurance of skills/positive relationship  Clips as reassurance  Relationship may change  Emotional response  Noticing joy  Confirmation bias  Reminder of positives  Permission to see positives  Confidence in own ability  Child experience  Adopted principle of VIG  Application of VIG  Confirmation bias  Noticing/focussing the positives</p>	<p>Changing perspective on ability as a carer  Noticing positive aspects of relationship  Adopting attunement principles  Impact on child</p>



## FC2 Superordinate Themes

Research Questions	Emergent Themes	Superordinate Themes
Experience of fostering	<p>Mixed experiences of fostering</p> <p>Complex experience fostering</p> <p>Experience changes, not static</p> <p>Placement changes according to child</p> <p>Placement experiences changes frequently</p> <p>Emotional toll of negative relationships</p> <p>Feeling uncomfortable in own home</p> <p>Positive moments still exist</p> <p>Expectations of the fostering role</p> <p>Experience always changes</p> <p>Fostering being similar to parenting</p> <p>Fostering as a job</p> <p>Being provided with support</p> <p>Accountability</p> <p>Reciprocal relationship</p> <p>Autonomy of role</p> <p>Tension between biological and foster family</p> <p>Understanding limits of the role</p> <p>Individual differences between carers</p>	<p>Complexity of experience</p> <p>Emotional toll</p> <p>Impact on external factors</p> <p>Fostering as a profession</p> <p>Individual differences</p>
Development of positive fostering relationship	<p>Making progress with child</p> <p>Child feeling safe</p> <p>Sense of safety impacting on behaviour</p> <p>Breaking down walls</p> <p>Child initiating relationships</p> <p>Trust</p> <p>Children sabotage relationship</p> <p>Importance of bond between carer and child</p>	<p>Establishing trust and feelings of safety (secure attachment)</p> <p>Adapting to and providing for the needs of the individual child</p> <p>External factors impacting on development of positive relationship</p>

	<p>Trust</p> <p>Bond with foster family</p> <p>Foster family as barrier to relationship</p> <p>Child's previous experiences impacting on present relationships</p> <p>Accommodating needs and wishes of child</p> <p>Providing wants of the child</p> <p>Showing you care</p> <p>Trusting the child</p> <p>Earning child's trust</p> <p>Showing you trust the child</p> <p>Maintaining trust in child</p> <p>Not holding grudges</p> <p>Consideration of child's previous experiences</p> <p>Acceptance of child for who they are</p> <p>Focusing on the positives</p> <p>Understanding of child's attachment style</p> <p>Impact of child's attachment style</p> <p>Perseverance</p> <p>Patience</p> <p>Avoiding behaviourist approaches</p> <p>Tensions between biological and foster family</p> <p>Relationship development changes for each child</p> <p>Providing child with stable placement</p> <p>Child feeling safe</p> <p>Consideration of child's past experiences</p> <p>Safety and security</p> <p>Being consistent</p> <p>Reflecting on past actions</p> <p>Have to learn how to be a foster carer</p> <p>Each child is different</p> <p>Maintaining authenticity</p> <p>Setting realistic expectations for self</p>	<p>Reciprocal nature of the relationship</p> <p>Fostering as a learning process</p>
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	<p>Progress not linear</p> <p>Nurture</p> <p>Taking things slow</p> <p>Maintaining boundaries</p> <p>Understanding expectations of role</p> <p>Understanding where the child is now</p> <p>Reciprocal relationship</p> <p>Child responds to carers emotions</p> <p>Reflective process</p> <p>Maintaining trust in child</p> <p>Not holding grudges</p> <p>Consideration of child's previous experiences</p> <p>Acceptance of child for who they are</p> <p>Focusing on the positives</p> <p>Understanding of child's attachment style</p> <p>Impact of child's attachment style</p> <p>Perseverance</p> <p>Patience</p> <p>Avoiding behaviourist approaches</p> <p>Tensions between biological and foster family</p> <p>Relationship development changes for each child</p> <p>Providing child with stable placement</p> <p>Child feeling safe</p> <p>Consideration of child's past experiences</p> <p>Being consistent</p> <p>Reflecting on past actions</p> <p>Have to learn how to be a foster carer</p> <p>Each child is different</p> <p>Maintaining authenticity</p> <p>Setting realistic expectations for self</p> <p>Progress not linear</p> <p>Nurture</p> <p>Taking things slow</p> <p>Maintaining boundaries</p>	
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	<p>Understanding expectations of role</p> <p>Understanding where the child is now</p> <p>Reciprocal relationship</p> <p>Child responds to carers emotions</p> <p>Reflective process</p>	
Impact of positive fostering relationship	<p>Making progress and feeling rewarded</p> <p>Feeling of making a difference</p> <p>Meets expectations make fostering role easier</p> <p>Good relationship impacting on carers wellbeing</p> <p>Making progress makes it easier to cope</p> <p>Child is calmer</p> <p>Relationship makes child feel calm</p> <p>Relationship impacts on behaviour of child</p> <p>Impact on child's wellbeing</p> <p>Impact on carers wellbeing</p> <p>Rewarding for carer</p> <p>Satisfying for carer</p> <p>Sense of calmness</p> <p>Impact on child's wellbeing</p> <p>Impact on carers wellbeing</p> <p>Rewarding for carer</p> <p>Satisfying for carer</p> <p>Sense of calmness</p> <p>Space for child to reflect on and process past</p>	<p>Meeting prior constructs of fostering improves foster carer's experience</p> <p>Impact on child's internal and external factors</p> <p>Making a difference</p>
Experience of VIG	<p>Establishing relationship with guider</p> <p>No prior understanding of VIG</p> <p>Being willing to "give it a go"</p> <p>Micro-analysing normal interaction</p> <p>Talking about attunement</p>	<p>Relationship with guider</p> <p>Time spent with child</p> <p>Attitudes to being filmed</p> <p>Openness to VIG</p>

	<p>Unaware of impact VIG would have</p> <p>Child may not benefit</p> <p>Normal interactions</p> <p>Apprehension being filmed</p> <p>Conscious of own ability</p> <p>Videoring becoming easier</p> <p>Enjoyment of spending time together</p> <p>Feelings of being judged</p> <p>Process of looking at the clips together</p> <p>Maintaining relationship with guider</p> <p>Openness towards VIG</p> <p>Acceptance of approach</p> <p>Child's enjoyment of spending time together</p> <p>Openness to approach</p> <p>Willingness to engage with process</p> <p>Finding the time</p> <p>Embedding VIG in fostering process</p> <p>Making VIG a faster process</p> <p>Establishing relationship with guider</p>	<p>Impact on the child</p>
<p>Impact of VIG</p>	<p>Reassurance of quality of relationship</p> <p>Child enjoying 1-1 time</p> <p>Reflecting on key moments</p> <p>Noticing moments of joy</p> <p>Identifying positive factors</p> <p>Acknowledging positives of relationship</p> <p>Time to focus on positive moments</p> <p>Identifying principles of attunement</p> <p>Child's ability to engage in VIG</p> <p>VIG as a positive experience</p> <p>Engaging child in reflective process</p> <p>Impacts on foster carer</p>	<p>Learning about the child</p> <p>Embedding VIG approaches</p> <p>Impact on child</p> <p>Noticing the positives</p> <p>Greater understanding of the child's needs</p>

	<p>Taking forward noticing positive moments</p> <p>Spending time together</p> <p>Becoming comfortable together in the relationship</p> <p>Adopting principles of attunement</p> <p>No substantial impact</p> <p>Tangibility of impact</p> <p>More sessions means greater impact</p> <p>Reinforcement of principles of attunement</p> <p>Learning about the child</p> <p>Increased understanding of the child</p> <p>Adapting to child's abilities</p> <p>Importance of play</p> <p>Child enjoying time together</p> <p>No long-lasting impact on child</p> <p>Continuing what has been learnt</p> <p>Showing you care</p> <p>Reciprocal relationship</p> <p>Enjoyment of time together</p> <p>Engaging child in process</p> <p>Breakdown of relationship</p> <p>Increasing cycles increases impact</p> <p>Positive experience overall</p>	
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### FC3 Superordinate Themes

Research Questions	Emergent Themes	Super-ordinate themes
Experience of fostering	<p>Mixed experiences</p> <p>Experience changes over time</p> <p>Experience changes with experience</p> <p>Lack of autonomy</p> <p>Impact of other professionals</p> <p>Impact of autonomy and control</p> <p>Knowing the child best</p> <p>Living with the child</p> <p>Impact of other professionals</p> <p>Lack of trust and autonomy</p> <p>Who knows child best</p> <p>Professionalism of other professionals</p> <p>Mixed experiences</p> <p>Experience changes with each child</p> <p>Relationship changes over time</p> <p>Fostering as a learning process</p>	<p><b>Experience as changing</b></p> <p><b>Time</b></p> <p><b>Experience</b></p> <p><b>Child</b></p> <p><b>Involved professionals</b></p> <p><b>Control and autonomy</b></p> <p><b>Impact of other professionals</b></p>
Impact of positive fostering relationships	<p>Breaking cycle</p> <p>Fitting in to societal expectations</p> <p>Being independent</p> <p>Internal feelings of reward</p> <p>Foster carer as stability for child</p>	<p><b>Improving child's future outcomes</b></p> <p><b>Internal feelings of reward</b></p>
Developing positive relationships	<p>Child as cause of breakdown</p> <p>Behaviours as cause of breakdown</p> <p>Acknowledging 'normal' behaviours</p> <p>Development of trust</p> <p>Relationship developed over time</p> <p>Length of placement</p> <p>Behaviourist approaches</p> <p>Adult knowing what is best</p>	<p><b>Child's behaviours</b></p> <p><b>Development of secure attachment</b></p> <p><b>Trust</b></p> <p><b>Time</b></p> <p><b>Consistency</b></p> <p><b>Safety</b></p> <p><b>Behaviourist approaches</b></p> <p><b>Understanding child factors</b></p> <p><b>Developmental stage</b></p>

	<p>Instilling stability and consistency</p> <p>Developing sense of safety for child</p> <p>Things will be different</p> <p>Consistency of approaches</p> <p>Impact of child's behaviour</p> <p>Impact of personalities</p> <p>Trust and time</p> <p>Understanding development of child</p> <p>Unpicking 'normal' behaviours</p> <p>Instilling sense of safety and trust</p> <p>Consistency</p> <p>Development of secure attachments</p> <p>Taking on extra responsibility for child</p> <p>Understanding child's individual needs</p>	<p><b>Prior experiences</b></p> <p><b>Going above and beyond</b></p>
Experience of VIG	<p>Required to take part VIG as therapeutic support</p> <p>Processing previous experiences</p> <p>VIG as counselling</p> <p>Uninvested in intervention</p> <p>No understanding point of VIG</p> <p>Being authentic</p> <p>Unmeaningful</p> <p>Lack of investment in process</p> <p>No emotional impact</p> <p>Understanding of process</p> <p>Miscommunication</p> <p>Lack of investment</p> <p>VIG as intervention for child</p> <p>Child's responsibility for how they are perceived</p> <p>Quick endings</p>	<p><b>Lack of choice</b></p> <p><b>VIG as therapeutic intervention</b></p> <p><b>Investment in intervention</b></p> <p><b>VIG as intervention for the child</b></p> <p><b>Child's responsibilities</b></p>
Impact of VIG	<p>Positive impact on child</p> <p>VIG as intervention for the child</p> <p>No learning process</p>	<p><b>Positive impact on child</b></p>

	<p>Child's understanding of VIG</p> <p>Child takes responsibility</p> <p>Need for longer process</p> <p>Importance of environment</p> <p>Maintaining privacy</p> <p>CIC need more therapeutic interventions</p> <p>Child's need to understand and process their past</p> <p>Increasing communication for child</p> <p>Foster carer not benefitting</p> <p>How to engage foster child</p>	<p><b>Unmeaningful for foster carer</b></p> <p>Child's understanding of VIG</p> <p><b>Importance of environment</b></p> <p>Child's processing prior experiences</p>
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VG1 Superordinate Themes

Research Questions	Emergent Themes	Superordinate Themes
<p><b>Development of positive fostering relationships</b></p>	<p>Fostering similarity to biological parent attachment</p> <p>Good foster carer is like a parent</p> <p>Aiming for a nurturing relationship</p> <p>Construct of a good carer as attuned and nurturing</p> <p>Carer anticipating child's needs</p> <p>Good carers are attuned carers</p> <p>Understanding impact of prior experiences on the child</p> <p>Seeing past the behaviour</p> <p>Knowledge of trauma</p> <p>Biological connections complicating process</p> <p>Sensitivity towards history of the child</p> <p>Carers approach to fostering</p> <p>Child's prior experiences impacting on quality of fostering relationship</p> <p>Mismatch between child and carer expectations</p> <p>Impermanence of fostering placements</p> <p>Child may go back to biological parents</p>	<p>Holistic understanding of the child</p> <p>Demonstration of VIG principles</p> <p>Impact of biological family</p> <p>Control of fostering placement</p>

	Impact of birth parents being in contact on fostering relationship	
Experience of delivering VIG to foster carers	<p>Relationship in conflict</p> <p>Improving confidence in carer</p> <p>Individual differences across carers</p> <p>VIG as a reactionary tool</p> <p>Focus on positives</p> <p>VIG as a reaction to difficult relationships</p> <p>VIG about noticing the positives</p> <p>Carer is disempowered</p> <p>Carer taking behaviours personally</p> <p>Empowering the carer</p> <p>Noticing the child</p> <p>Supporting ability to "read" the child</p> <p>Individual differences across carers</p> <p>Instilling principles of attunement in carers</p> <p>Guiding the carer</p> <p>Video as evidence of ability</p> <p>Guider embodying VIG principles</p> <p>Needing investment from carers</p> <p>Providing knowledge</p>	<p>VIG as a response to relationship conflict</p> <p>Empowering and upskilling the carer</p> <p>Adapting to the individual</p> <p>Embodying VIG principles and reflective practice</p> <p>Accessibility of VIG and making adaptations</p> <p>What VIG means</p> <p>Getting 'buy in' from the carer</p>



	<p>Providing knowledge and how to use it</p> <p>Having supervision</p> <p>Difficulty in watching yourself</p> <p>Reflecting on own practice</p> <p>Needing supervision to problem solve</p> <p>Approaching foster carers in same way as other relationships</p> <p>Treat the same way as other families</p> <p>Development of carers ability to read child</p> <p>Noticing the small things</p> <p>Highlighting positives</p> <p>Improving self-belief</p> <p>Empowering carer</p> <p>Importance of videoing in changing viewpoint of carer</p> <p>Sensitivity towards child's needs</p> <p>Making the child feel safe</p> <p>Importance of placement stability</p> <p>Reassuring carer of their impact</p> <p>Accessibility of VIG</p> <p>Sitting alongside carers</p> <p>Providing a safe space for carers</p> <p>Modelling VIG principles</p>	
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	<p>Sharing VIG theory with carers</p> <p>Focussing on attunement pyramid</p> <p>Demonstrating principles of attunement impact on relationship</p> <p>Accessibility of principles of attunement</p> <p>Access to accessible resources</p> <p>Resources to engage carer</p> <p>VIG not commonly used with foster carers</p> <p>Supporting not taking over</p> <p>Sitting with the client</p> <p>Accessibility of activities</p> <p>Noticing moments of attunement</p> <p>Building on positives already there</p> <p>Inclusiveness of VIG for children and young people</p> <p>Appropriateness of VIG for all children</p> <p>Balancing needs and ability of child and carer</p> <p>Accessibility of VIG for children</p> <p>Adapting VIG towards client's ability</p> <p>VIG empowering carers</p>	
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	<p>VIG emphasising the difference foster carers can make</p> <p>Guider empowering foster carers</p> <p>Empowering carers through VIG</p> <p>Consideration of permanence of care arrangement</p> <p>VIG improving confidence of carer</p> <p>Increasing sense of autonomy and empowerment</p> <p>Repeating VIG</p> <p>Transferring ownership of clips</p> <p>Start VIG at the beginning of each relationship</p> <p>Avoiding using VIG as a reactionary tool</p> <p>Supporting development of relationship from the beginning</p> <p>Using VIG within the home</p> <p>Being convenient for carer</p> <p>Gaining a holistic view of relationship</p> <p>Gaining greater understanding of home situation</p> <p>Meeting the practical needs of the family</p> <p>Apprehension around filming</p> <p>Getting carer onside</p>	
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	<p>Accessibility of understanding VIG</p> <p>Getting carer on board</p> <p>Identifying buy in from carer</p> <p>Sharing ownership of video</p> <p>Using first session to get buy in</p> <p>Leaving small gaps between filming and shared review</p> <p>Instilling positive approaches</p>	
<b>Child experience of VIG</b>	<p>Repeating VIG to adapt to development of child</p> <p>Understanding of the child</p> <p>Engaging child in VIG</p> <p>Younger children enjoy time with carer</p> <p>Continuing work with younger children</p> <p>Using VIG for younger children</p> <p>Supporting child's communication skills</p> <p>Child reflects attunement back to carer</p> <p>Child enjoying time with carer</p> <p>Lack of impact on child</p> <p>Secondary impact on child</p> <p>Age impacting on child's ability to engage with process</p>	<p>Meeting the child's needs</p> <p>Surface level understanding</p> <p>Starting young</p> <p>Dyadic nature of the relationship</p>
<b>Impact of VIG</b>	<p>VIG impacting on fostering relationships</p> <p>Overall positive experience</p>	<p>Reframing the fostering relationship</p>

	<p>Goals to take forward</p> <p>Changing understanding of relationship</p> <p>Positive responses from carers</p> <p>Rebuilding positive relationships</p> <p>Increasing communication</p> <p>VIG improving connectedness</p> <p>VIG impacts regardless of carers association to child</p> <p>Improving connection between carer and child through VIG</p> <p>Impact of VIG and investment in process</p> <p>Carers prior constructs affect impact of VIG</p> <p>Length of placement and impact of VIG</p> <p>Aiming for long term impact</p>	<p>Making connections and increasing understanding</p> <p>Positive experience</p> <p>Lack of control over outside forces</p> <p>Planning for the future</p>
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## VG2 Superordinate Themes

Research Questions	Emergent Themes	Superordinate Themes
<p>Development of positive fostering relationships</p>	<p>Carer's understanding of attachment theory</p> <p>Carer's understanding of child's needs</p> <p>Child unable to form attachments</p> <p>Building security within the relationship</p> <p>Child needs to process past experiences</p> <p>Seeing beyond the behaviour</p> <p>Carer's knowledge and understanding of the impact of trauma and loss</p> <p>Reflectiveness of the carer</p> <p>Carer's attitude to reflection</p> <p>Carer's constructs around parenting</p> <p>Impact of child's behaviour on the carer</p> <p>Supporting carer to accept relational approaches to caring</p> <p>Upskilling carers to use PACE</p> <p>Supporting carers to understand the needs of the child</p> <p>Emphasising the importance of play and attunement</p>	<p>Child's ability to accept relationships</p> <p>Carer's knowledge, understanding and acceptance of the needs of the child</p> <p>Carer's attitudes and constructs of the fostering role</p> <p>Building trust, security and attunement</p>

	<p>Building trust and security within the relationship</p> <p>Negative impact of behaviourist approaches</p> <p>Carer's own childhood experiences</p> <p>Foster caring needs different skills to parenting</p> <p>Supporting carer's acceptance of the child</p> <p>Need to embed relational approaches within social care</p> <p>Professionals need time to reflect</p> <p>Time to reflect improves practice and tolerance</p> <p>Life changing for the child</p> <p>Child needs to trust the carer</p> <p>Negative life outcomes from being in care</p> <p>Children need to be ready for a relationship</p> <p>Children have to change</p>	
<p><b>Experience of delivering VIG to foster carers</b></p>	<p>VIG in response to relationship breakdown</p> <p>Preventing placement breakdown</p> <p>VIG as a therapeutic approach</p> <p>Connection and attunement</p> <p>Relationship between guider and carer</p>	<p>Enabling change</p> <p>Teaching and embodying principles of attunement</p> <p>Setting up for success</p> <p>Application of psychological theory</p> <p>Difficulties with delivery</p>



	<p>Impact of the video</p> <p>Carer's fear of judgement</p> <p>Lightbulb moments</p> <p>Therapeutic approaches as catalyst for change</p> <p>Change is always possible</p> <p>Building relationships</p> <p>VIG rarer for carers</p> <p>Engagement of carers impacted by construct of role</p> <p>Differences across caring relationships</p> <p>Voluntary nature of VIG</p> <p>Embedding VIG approaches for success</p> <p>Limited experience with foster carers</p> <p>Links between VIG and attachment theory and foster carer</p> <p>Importance of intersubjectivity in building caring relationships</p> <p>Attachment and security in building positive relationships</p> <p>Dyadic nature of fostering relationship</p> <p>Importance of teaching foster carers about attachment and relationships</p> <p>Conducting VIG across different environments</p>	
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	<p>Completing activities together</p> <p>Importance of VIG being voluntary</p> <p>Professional's perception of VIG</p> <p>Importance of the interaction triangle</p> <p>Prior psychological knowledge impacting on confidence and ability</p> <p>Challenging nature of shared review</p> <p>Embodying principles of attunement</p> <p>Foster caring as a job</p> <p>Changeable nature of placements</p> <p>Foster carer has lack of control over placements</p> <p>Foster caring as a job</p> <p>Foster carer's lack of control</p> <p>VIG should be voluntary</p> <p>Who makes the referral</p> <p>Impact of referrals from professionals</p> <p>Filming as a barrier for carers</p> <p>Addressing carers worries around filming</p> <p>Potential of using VIG in the home environment</p>	
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<p><b>Child experience of VIG</b></p>	<p>Children learning about relationships</p> <p>VIG not appropriate for all children</p> <p>VIG too difficult emotionally for some children</p> <p>Child not ready for therapeutic approaches</p> <p>Teaching children how to be in a caring relationship</p> <p>Child experiencing negative sense of self</p> <p>Children's behaviours as a response to trauma</p> <p>Impacting on child's ability to engage with life</p> <p>Challenge of including foster child in shared review</p> <p>Difficult to manage shared review with child</p> <p>Child feels unimportant</p>	<p>'Readiness' of the child for VIG</p> <p>Child's construct of the self</p> <p>Child's construct of relationships</p> <p>Impact of child's past experiences</p>
<p><b>Impact of VIG</b></p>	<p>Lifelong impact of meaningful relationships for child</p> <p>Building relationships with carer</p> <p>Personal sense of reward for carer</p> <p>Sense of reward for carer</p> <p>VIG informs foster carers about how to build relationships</p> <p>Carer instigating VIG</p>	<p>Internal sense of reward</p> <p>Empowering the carer to build positive relationships</p> <p>Impact of carer's commitment and engagement</p> <p>Difficulty in measuring impact</p> <p>VIG as a catalyst for change</p> <p>Improving future outcomes for the child</p>

	<p>Foster carers understanding of importance of communication</p> <p>Improved impact when VIG is voluntary</p> <p>Forced VIG impacts on effectiveness</p> <p>Carer's engagement impacts of effectiveness</p> <p>Difficulty in measuring impact of VIG</p> <p>Difficulty measuring engagement and impact on carer</p> <p>Constructs and attitudes of carers impact on effectiveness of VIG</p> <p>Carers attitudes are changeable</p> <p>Changing carers constructs of their role</p> <p>Creating new meanings</p> <p>Fostering new ideas</p> <p>Importance of paying attention to child</p> <p>Demonstrating they care</p> <p>Changing child's constructs about themselves</p> <p>Impact of stability in placements</p> <p>Potential impact is lifechanging for child</p> <p>Child's constructs of themselves</p>	
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	<p>Changing child's ability to accept care</p> <p>Needing commitment from carer</p> <p>Potential ability to take skills forward into new relationships</p>	
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## Appendix G Master Themes

### FC Master Themes

Research Question	Master Themes	Super Ordinate Themes	Participants
Experience of fostering	Being a 'professional'		FC1
			FC2
	Control and autonomy	Knowing the child best Day-to-day decisions Accountability	FC1
			FC2
			FC3
	Impact of external factors	Length of placement Time Child Involved professionals	
Development of positive fostering relationships	Trust and safety	Establishing trust and safety Consistency Being different from before	FC1
			FC2
			FC3
	Understanding and providing for the needs of the child	Child's prior experiences of The biological family Identifying 'normal' behaviours Applying therapeutic approaches to parenting	FC1
			FC2
			FC3
	Responsibility and reciprocity of relationship	Going above and beyond Carer reflecting and learning Child's behaviour Carer's emotions	FC1
			FC2
			FC3
Impact of positive fostering relationships	Internal factors for carer	Meeting expectations of fostering Feels rewarding Making a difference	FC1
			FC2
		Feeling safe	FC1

	Impact on child and looking to the future	Behaviours Making up for the past Independence and life skills Fitting into societal expectations	FC2 FC3
Experience of VIG	VIG as a response to relationship difficulty	Last resort/crisis point Response to child behaviours Lack of choice	FC1 FC2 FC3
	Changing perspectives	Permission to see the positives Confirmation bias Reassurance of ability	FC1 FC2 FC3
	Prior constructs of VIG	Investment in therapeutic approaches Attitudes to approach Being filmed Who is VIG for?	FC1 FC2 FC3
	Child experience	Time together Feeling seen Ability to engage with process	FC1 FC2 FC3
	Improving experiences of VIG	Environment and resources Relationship with guider Enough time Engaging the child in learning and reflective processes	FC1 FC2 FC3
	Impact of VIG	Attitude and behavioural changes	Embedding VIG principles Noticing and acknowledging the positives

		Reflecting on behaviours and relationship Intangibility of meaningful impact	
	Impact on the child	Child's understanding of principles and process Spending meaningful time together	FC1
			FC2
			FC3



## VG Master Themes

Research Question	Master Themes	Super Ordinate Themes VG1	Superordinate Themes VG2
Development of positive fostering relationships	<p>Impact of wider forces</p> <p>Carer constructs of the needs of the child</p> <p>Application of VIG principles</p>	<p>Holistic understanding of the child</p> <p>Demonstration of VIG principles</p> <p>Impact of biological family</p> <p>Control of fostering placement</p>	<p>Child's ability to accept relationships</p> <p>Carer's knowledge, understanding and acceptance of the needs of the child</p> <p>Carer's attitudes and constructs of the fostering role</p> <p>Building trust, security and attunement</p>
Experience of delivering VIG to foster carers	<p>Embodying and applying VIG principles</p> <p>Empowering the carer to make positive changes</p> <p>Making VIG accessible</p>	<p>VIG as a response to relationship conflict</p> <p>Empowering and upskilling the carer</p> <p>Adapting to the individual</p> <p>Embodying VIG principles and reflective practice</p> <p>Accessibility of VIG and making adaptations</p> <p>What VIG means</p>	<p>Enabling change</p> <p>Teaching and embodying principles of attunement</p> <p>Setting up for success</p> <p>Application of psychological theory</p> <p>Difficulties with delivery</p>

		Getting 'buy in' from the carer	
Child experience of VIG	'Readiness' of the child  Impact of the past	Meeting the child's needs  Surface level understanding  Starting young  Dyadic nature of the relationship	'Readiness' of the child for VIG  Child's construct of the self  Child's construct of relationships  Impact of child's past experiences
Impact of VIG	VIG as a catalyst for change  Making the future better  Lack of control over wider forces  Accounting for impact	Reframing the fostering relationships  Making connections and increasing understanding  Positive experience  Lack of control over outside forces  Planning for the future	Internal sense of reward  Empowering the carer to build positive relationships  Impact of carer's commitment and engagement  Difficulty in measuring impact  VIG as a catalyst for change  Improving future outcomes for the child