‘This shared parenting we do is difficult to get your head around’

Experiences of parents and carers during their child’s first year at a residential therapeutic special school: a qualitative study.

Submitted by Caryn Jane Onions
to the University of Exeter as a thesis for the degree of Doctor of Clinical Practice

October 2016

First Supervisor: Dr. Janet Smithson
Second Supervisor: Dr. Jean Knox

Word Count 50,000

This thesis is available for Library use (after the embargo period) on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgment.

I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University

I confirm that all names and identifying information has been changed to protect confidentiality.

Signed: Caryn Jane Onions
ACKNOWLEDGEMENTS

I am immensely grateful to John Turberville, John Diamond and the trustees at Stowbury¹ for their support and generous funding towards this doctorate. I am also extremely appreciative of the support and inspiration from my supervisors Dr. Janet Smithson and Dr. Jean Knox. In addition I would like to thank Dr. Judith Trowell, Gillian Miles and Dr. Georgia Lepper for their help and interest in the project; Jennifer Browner for reading drafts as well as our numerous discussions; Dr Gina Alexander, Ray Burrows, and Alison Langton for proof reading so willingly, plus fellow doctoral peers for their camaraderie and critical thoughts. Finally, thanks to Simon and FABbers for their encouragement.

¹ A pseudonym
ABSTRACT

This research examined the impact on parents and carers of having a child placed at a residential special school for abused, neglected and traumatised primary aged children. The school is developing its work with families and carers, because if relationships at home are improved, children are more likely to benefit from the placement at Stowbury. Although it is the child who is referred, establishing a good working relationship with parents and carers is vital in helping them with their child’s return home.

The study focused on parental experiences of the child’s first year at the school, using interviews at the start of placement and then twelve months later. The data were analysed using a comparative thematic analysis at two time points and a secondary narrative analysis. Researcher reflexivity is used and where appropriate the findings are discussed from a psychoanalytic perspective.

The analysis found that during the first year the children make positive changes. Birth parents were helped with their parenting, particularly the (re)establishment of parental boundaries. In contrast, some foster carers found it difficult to share the parenting role, and tensions between home and school were identified. Some parents and carers found it difficult to reflect on their role and relationship with their child. In general, parents and carers expected their child to be able to go to mainstream school when they left Stowbury, and after one year some realised that was unlikely.
The study concludes that the experience of foster carers could be improved if they were helped to increase their ability to reflect on their parenting role. In addition, sharing the parenting of this group of children can cause tension between parents, carers and staff. There are training implications for the professionals involved. This research makes an original contribution to knowledge about the psychodynamics that develop in the relationships between the parents, carers and staff looking after abused children in a residential school.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title page</td>
<td>1</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>2</td>
</tr>
<tr>
<td>Abstract</td>
<td>3</td>
</tr>
<tr>
<td>Contents</td>
<td>5</td>
</tr>
<tr>
<td>List of tables</td>
<td>11</td>
</tr>
<tr>
<td>List of figures</td>
<td>12</td>
</tr>
<tr>
<td>Abbreviations and acronyms</td>
<td>12</td>
</tr>
<tr>
<td><strong>1. INTRODUCTION</strong></td>
<td>13</td>
</tr>
<tr>
<td>1.1 Introduction</td>
<td>13</td>
</tr>
<tr>
<td>1.2 The research problem</td>
<td>13</td>
</tr>
<tr>
<td>1.3 Research setting: Stowbury</td>
<td>17</td>
</tr>
<tr>
<td>1.4 Theoretical background to the work of Stowbury</td>
<td>18</td>
</tr>
<tr>
<td>1.4.1 The provision of primary experience</td>
<td>19</td>
</tr>
<tr>
<td>1.4.2 Behaviour as communication</td>
<td>21</td>
</tr>
<tr>
<td>1.4.3 Reflective practice</td>
<td>22</td>
</tr>
<tr>
<td>1.4.4 Dynamics in organisations</td>
<td>24</td>
</tr>
<tr>
<td>1.4.5 Containment</td>
<td>26</td>
</tr>
<tr>
<td>1.5 Profile of children who attend Stowbury</td>
<td>27</td>
</tr>
<tr>
<td>1.6 Working with parents and carers</td>
<td>30</td>
</tr>
<tr>
<td>1.7 Reason for this study</td>
<td>32</td>
</tr>
<tr>
<td>1.8 Aim and research questions</td>
<td>34</td>
</tr>
<tr>
<td>1.9 Outline of thesis</td>
<td>35</td>
</tr>
<tr>
<td>1.10 Summary</td>
<td>36</td>
</tr>
</tbody>
</table>
2. BACKGROUND: TALKING TO PARENTS

2.1 Introduction

2.2 Clinical and theoretical development of psychoanalytic parent work

2.2.1 History

2.2.2 Parenthood as developmental

2.2.3 Disentangling children in the minds of parents: projective identification

2.2.4 Parental reflective function

2.2.5 Parent work supporting the couple

2.3 Working with foster carers

2.3.1 Psychoanalytic observation model

2.4 The professional network

2.5 Summary

3. LITERATURE REVIEW

3.1 Introduction

3.2 Literature search and screening strategy

3.3 Evaluation criteria

3.4 Findings of the quantitative studies

3.4.1 Aims of quantitative studies

3.4.2 Quantitative methods, design and data analysis

3.4.3 Study settings

3.4.4 Theoretical approaches

3.4.5 Main findings from the quantitative studies

3.4.5.1 Quantitative studies in fostering and adoption

3.4.5.2 Quantitative studies in child mental health settings
4.5 Narrative analysis
4.6 An interview as research material
4.7 Ethical considerations
4.8 Participants
4.9 Collecting the data and transcribing the interviews
4.10 Analysing the data
   4.10.1 Approach to identifying themes
   4.10.2 Approach to the narrative analysis
4.11 Quality standards
4.12 Reflexive practice and peer supervision
4.13 Summary

5. THEMATIC ANALYSIS OF THE FIRST INTERVIEWS: STARTING AT STOWBURY

5.1 Introduction
5.2 Overarching theme 1: ‘Off the scale’
   5.2.1 Theme: ‘Emotional roller coaster’
      5.2.1a Subtheme: ‘Re-remembering domestic violence’
   5.2.2 Theme: ‘Rock Bottom’
5.3 Overarching theme 2: ‘Things don’t make sense’
   5.3.1 Theme: ‘A different type of parenting’
   5.3.2 Theme: ‘Not getting the full picture’
   5.3.3 Theme: ‘Working a miracle’
5.4 Overarching theme 3: ‘Not being taken seriously’
   5.4.1 Theme: ‘Lack of professional recognition’
      5.4.1a Subtheme: ‘Is anyone listening?’
6. THEMATIC ANALYSIS OF THE SECOND INTERVIEWS: ONE YEAR LATER

6.1 Introduction

6.2 Overarching theme 1: ‘Some things are changing’
   6.2.1 Theme: ‘Easier to be with’
   6.2.2 Theme: ‘Getting my life back’

6.3 Overarching theme 2: ‘Co-parenting’
   6.3.1 Theme: ‘Sharing the parenting role’
   6.3.2 Theme: ‘Keeping the peace’

6.4 Overarching theme 3: ‘Gaps in understanding’
   6.4.1 Theme: ‘Child’s needs greater than imagined’
     6.4.1a Subtheme: ‘Something is seriously wrong’

6.5 Reflections on the T2 themes

6.6 Summary

7. NARRATIVE ANALYSIS

7.1 Introduction

7.2 Carol: strophe 4 ‘Impact of fostering on the family’

7.3 Teana: strophe 3 ‘Why the placement broke down’

7.4 Summary

8. RESEARCHER REFLEXIVITY

8.1 Introduction
8.2 Reflexivity 179
8.3 Reflexivity and the research process 181
8.4 Reflexivity and my role in the school 184
8.5 Reflexivity and my development as a clinical researcher 189

9. DISCUSSION 190
9.1 Introduction 190
9.2 Q1. How do the perceptions that parents and carers have of their children change during the first year at Stowbury? 191
9.3 Q2. What feelings are raised for parents and carers by having a child at Stowbury? 194
   9.3.1 What feelings are raised for birth mothers by having a child at Stowbury? 198
   9.3.2 Untangling negative projections 200
   9.3.3 (Re)establishing boundaries 200
   9.3.4 What feelings are raised for foster carers by having a child at Stowbury? 202
      9.3.4.1 The home-school relationship 202
      9.3.4.2 What happens to the personal reflections of foster carers? 209
9.4 Achieving credibility and quality 212
9.5 Strengths, weaknesses and methodological reflections 214

10. CONCLUSION 216
10.1 Implications for further research 218
REFERENCES

APPENDICES

Appendix A: Types of therapeutic work offered to parent and carers at Stowbury
Appendix B: University ethics approval
Appendix C: Participant information sheet
Appendix D: Participant consent form
Appendix E: Readers and reviewer
Appendix F: Interview schedule
Appendix G: Strophes of interview Carol&Will2
Appendix H: Raw text of strophe 4 ‘Impact of fostering on the family’ from Carol&Will2
Appendix I: Strophes of interview Teana2
Appendix J: Raw text of strophe 3 ‘why the placement broke down’ from Teana2

LIST OF TABLES

Table 1 Search strategy
Table 2 Summary of quantitative studies
Table 3 Summary of qualitative studies
Table 4 Summary of mixed methods studies
Table 5 Participants in order of interview
Table 6 Interview data and emotional content from Carol&Will1
Table 7 Example using Gee’s (1991) poetic line approach
Table 7 Carol&Will2 - strophe 4 ‘Impact of fostering on the family’
Table 8 Teana2 - strophe 3 ‘why the placement broke down’ 168

LIST OF FIGURES

Figure 1 Summary of the literature search and screening 55
Figure 2 Themes from the T1 Interviews 120
Figure 3 Themes from the T2 interviews 140
Figure 4 Multiple links between the child, family, Stowbury and external professional networks 205

ABBREVIATIONS & ACRONYMS

CAMHS - Child and Adolescent Mental Health Service
FC - Foster Carer
JSTOR – Digital library of academic journals, books and primary sources
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
PEPWEB – Psychoanalytic Electronic Publishing
UK – United Kingdom
USA – United States of America
CHAPTER 1. INTRODUCTION

1.1 Introduction

This thesis is situated in the field of therapeutic work with the parents and carers of children who have been placed at Stowbury, a specialist residential school for primary aged children who have suffered abuse, neglect and trauma. Interviews with parents and carers took place at two time points twelve months apart. Using a psychoanalytic perspective, the aim of this study is to investigate the impact on parents and carers of having a child placed at Stowbury, including the relationship between parents, carers and the school.

1.2 The problem

In the United Kingdom in the past one hundred years or so, society has endeavoured to improve the ways in which it thinks about and cares for children who have been neglected and abused. In the late nineteenth century when children were removed from workhouses, foster care and group homes were set up to provide a different living experience for children who could not be cared for by their parents. At the end of the Second World War in 1946, the Curtis Report reviewed the ‘non-accidental’ deaths of a number of children in care. Two years later this led to the first Children Act (1948) and the establishment of children’s departments in local authorities. Over the years professionals developed a specialist interest and expertise in the area of parenting ‘looked
after\(^2\) children. Many of the organisations, largely from the voluntary sector, took on key roles in developing policy and practice such as Barnardo’s, National Children’s Bureau, Action for Children and The Children’s Society.

Important research on children in foster care has repeatedly found that reducing placement disruption is a fundamental need, and that this is achieved by increasing the ability of carers to cope with disturbed behaviour, especially disturbed attachment behaviour (Sinclair, Wilson, & Gibbs, 2005). In the last twenty-five years or so this has led practitioners and researchers to question whether or not the parenting approaches being used are appropriate or effective for this group of damaged children. There is now evidence that early, preverbal trauma and abuse have cumulative and long-term developmental impacts on children (Perry, 2009; van der Kolk B. A., 2005). Consequently attention is now focusing on how to incorporate this research into parenting these challenging children (Howe, 2005). Knowledge of the effect that early trauma and abuse has on a child’s ability to manage and sustain close relationships is crucial in understanding how and why this population of children need a different type of parenting (Alper & Howe, 2015).

Traditionally the training of foster carers has been based on the principles of good parenting. According to the NSPCC\(^3\) there are four elements to good parenting; i) meeting children’s health and developmental needs, ii) putting children’s needs first, iii) providing routine and consistent care and iv) acknowledging problems and engaging with support services (2014).

\(^2\)This term refers to children under the age of 21 who are ‘looked after’ by the local authority and have a care plan.
\(^3\)National Society for the Prevention of Cruelty to Children
A psychoanalytic definition of *good parenting* takes a different perspective and focuses more on the psychological aspects. It recognises that because parenting is relationship-based it is imprecise, and therefore Winnicott’s idea of “good-enough mothering” is considered important (Winnicott, 1988, p. 90).

“Good-enough” relates to the ability of parents to attend to their child’s physical and emotional states so that they feel safe, to tolerate their child’s infantile feelings, to imaginatively recognise their child’s needs and respond reliably to their communications so that they feel understood. It also assumes the adult might have mixed feelings about being a parent or carer (Joyce, 2005).

Goldstein, Freud and Solnit consider that this “psychological parent may be a biological, adoptive, foster or common-law parent, or any other person”, which is relevant in terms of my research (Goldstein, Freud, & Solnit, 1973, p. 98). It is also important to add that parenting is influenced by the historical, social and cultural context. Parenting styles can differ hugely between families and, even more so between families and a residential setting.

Recently it has been recognised that foster carers need to understand how to parent a traumatised child, which is a different undertaking. Parenting foster children is a more complex task described as: “parenting at its grittiest” (Khan, 2014). These comments are also backed up by research, which argues that using standard behavioural and cognitive behavioural parenting interventions have not been found to work for traumatised and abused children (Turner, Macdonald, & Dennis, 2009). A recent and significant finding is an international meta-analysis of parenting interventions for children with severe attachment problems. It identified that further work was needed with at risk groups such as children in foster care. The authors suggested that interventions that
concentrate on parental sensitivity appeared to have the most promising focus. They concluded that more research needs to be undertaken before the specialist skills needed to parent such traumatised children are properly identified (Wright, et al., 2015).

This population of neglected and abused children is the most disadvantaged in our society (Celcis, 2016). Their highly challenging behaviour means that placement breakdowns are not unusual. Based on 2014-15 data, Action for Children\(^4\) reported, “Children in foster care had moved carer at least twice, giving a placement breakdown rate of 22.7 per cent. Disruption caused by placement breakdown is likely to severely impact young people’s chances in later life” (Lepper, 2016).

One consequence of repeated foster carer breakdown has been for children to be placed in a residential setting such as Stowbury. Unlike some European countries, in the United Kingdom there has been a long-standing view that residential care is the last resort for these children. However in his recent review “Residential Care in England”, Sir Martin Narey considered that “residential care can sometimes be used to make fostering a success, even when it might have failed previously. And evidence suggests this can be achieved with the most challenging of older children” (Narey, 2016). Although this report does not comment on the specifics of parenting, it is an acknowledgement that policy makers are aware of the challenges in this sector, and one of Narey’s recommendations is for there to be a major review of fostering.

\(^4\) Action for Children is a UK children’s charity committed to helping vulnerable and neglected children and young people, and their families, throughout the UK
I was motivated to undertake this study because we need to improve our understanding of how Stowbury works with families. I wanted to see what affect the school has on parents and carers during the child’s first year. Generally a child is at the school for three years. The first year involves the child settling in and us getting to know him or her and the family, and the final year focuses on the child leaving and finding the next school. Our experience is that the second year is a good time for therapeutic work to take place. This is not to say that therapy does not happen in the first and last years, but the effect of the placement starting and ending does have a significant impact on the children and their families. Therefore I wanted to understand how the parents and carers experienced the first year in order to help develop our existing practice with parents and carers.

1.3 Research setting: Stowbury

Stowbury is a therapeutic, non-maintained, residential special school for primary aged children. It is situated in the south of England on the edge of a country village about 5 miles from a market town. As a not for profit charity it receives funding from each child’s local authority. Within the setting there are four residential houses each with a small garden. The children go to school on site where the educational provision is strongly weighted towards the social and emotional aspects of learning, and the teaching is definitely part of the therapeutic milieu.
Founded in 1948 by Barbara Dockar-Drysdale, Stowbury has a long and established history as a nationwide resource for primary aged children with histories of failure and rejection within education, social and home contexts. During World War Two, Dockar-Drysdale looked after a small group of deprived evacuees in her own home. She was curious about the difference in looking after these children, compared to her own four, and although at that time unqualified in therapeutic work, she established links with experts in the field. Later she trained as an adult psychotherapist and she and Winnicott, paediatrician and psychoanalyst, met monthly for sixteen years. They had a long and fruitful collaboration which led them both to develop their thinking about how to conceptualise and treat this population of children (Dockar-Drysdale, 1968; 1977; Winnicott, 1984). During the 70s and 80s Stowbury was run along the lines of a therapeutic community, with fewer staff than nowadays and many living on site. Today, whilst retaining some key therapeutic community principles, the school “enables young people to internalise (…) caring and empathic relationships within a nurturing and containing environment” (Diamond, 2013, p. 132).

1.4 Theoretical background to the work of Stowbury

The ideas and concepts discussed in the following section derive from a psychoanalytic understanding of the unconscious. The theories overlap because of the interplay of the internal and external social worlds of the individuals concerned with the care of the children, as well as the internal worlds of the children themselves.
1.4.1 The provision of primary experience

A founding principle of the school’s therapeutic rationale is the ‘provision of primary experience’ (Dockar-Drysdale, 1977). This can be defined as the way that the school attempts to manage all aspects of a child’s feelings for them, much like the early process between a parent and new born. The theoretical assumption is that many of the children referred to Stowbury are psychically “unintegrated” (Dockar-Drysdale, 1968, p. 97). In the normal course of events a mother and baby undergo a long and gradual separation, where slowly the child develops the ability to be emotionally separate. If this process is interrupted and fails to take its natural course then the developing personality of the child is arrested leaving him or her emotionally fragile and vulnerable. The task of Stowbury is to provide children with an experience that represents a functioning parent-child relationship. Dockar-Drysdale described how children need to experience this:

belatedly before they can develop further. Our task, then, is to provide (…) something felt in a here-and-now context which enables the child to make use of symbols in a way that he can fill in the gaps which have till now made continuity of experience impossible. We must provide this in a way which will feel real to ourselves and the children in our care; we can achieve this only by making perfect (although of necessity localised) adaptations to their individual needs (Dockar-Drysdale, 1968).

This is a complex therapeutic task needing careful and sensitive handling so as not to infantilise the child whilst concurrently managing to address their unfulfilled infantile needs.
In the first year, a child’s day-to-day routines are clear and repetitive and a member of staff supports them throughout. Adults stay close to the children so that their interactions are supported and often mediated by the adult. Stowbury as a whole operates like a ‘facilitating environment’ so that the ‘maturational processes’ of each child is sustained at his or her own developmental level and pace (Winnicott, 1966). This does not mean that the child will not express his or her disturbance and distress, but that when they do the staff will repeatedly respond in a non-retaliatory manner, and where the child’s feelings and behaviour are thought about therapeutically.

The children are aware of the authority of the staff. It is not just saying no firmly and not backing down, but it is the thinking, the reflection and the quality of the dialogue that makes the work therapeutic. The conversations that the staff have in the presence of the children are important, but equally important are the conversations that occur separately from the children.

The school has also developed its practice by taking account the advances in attachment theory, and knowledge about the neurological impacts of early abuse and trauma on a child’s immature brain (Perry, 2009). However its predominant method of practice and theory is not based on behaviour modification or social skills training. It is psychodynamic, relational and systemic.
1.4.2 Behaviour as communication

Following Freud, the school believes that behaviour has meaning and the role of staff is to understand that meaning for each child (Freud S., 1915). The children unconsciously repeat past traumas that are frequently linked to violence, which Glasser (1998) describes as “self preservative violence” (p. 888). Parsons and Derman (1999) contend that violence be understood as an attempted solution to a trauma the individual has not been able to process, and wrote “we define this trauma as helplessness in the absence of a protective object” (p. 345). Having an adult continually trying to understand and find meaning in their aggression and violence is likely to be a new experience for the children. Importantly they will also be observing this happening with all the children around them; this is the effect of the therapeutic group milieu (Diamond, 2009).

Winnicott’s influential paper on aggression, “The use of an object and relating through identifications”, is a psychoanalytic way of understanding intrapsychic change for a child at Stowbury. In a “mock Punch-and-Judy dialogue” (Phillips, 1988, p. 131), Winnicott (1971) illustrates his point:

The subject says to the object: ‘I destroyed you’, and the object is there to receive the communication. From now on the subject says: ‘Hullo object!’ ‘I destroyed you.’ ‘I love you. You have value for me because of your survival of my destruction of you. While I am loving you I am all the time destroying you in (unconscious) fantasy (p. 105).
Despite a child’s repeated attacks on Stowbury\(^5\), its non-retaliatory survival means that over time the child develops a sense of his or her own reality in relation to the school; an ‘object’ beyond a child’s power and therefore entirely real. As the child experiences the separateness and reality of Stowbury, so too will they recognise their own reality and separateness. As their feelings of pain start to be acknowledged, their need for control will diminish along with its outward manifestation of aggression and violence (De Zulueta, 2006; Onions & Browner, 2012).

1.4.3 Reflective practice

Another important feature of the school is that all staff attend a regular reflective group called ‘reflective space’. The aim of reflective space is to help staff think about the impact of the work on themselves. Every member of staff, including those who do not work directly with the children (admin team, maintenance, housekeepers, kitchen staff, fund raiser) attends a reflective space. On average these groups occur once every two to four weeks, depending on the role of the staff member; staff with the greatest child contact meet more frequently. There are about ten staff per group, facilitated by a senior member of staff who does not line manage anyone in their group. The senior management group have their reflective space facilitated by someone external to the organisation, and those who facilitate reflective spaces also meet regularly with an external consultant. This preoccupation with the impact that the work has on staff is an important distinguishing factor of Stowbury’s approach, and acknowledges that

\(^5\) By this I mean the staff, children, buildings – everything that the child experiences as Stowbury
this work can lead to high levels of anxiety. The model recognises that all staff are subject to unconscious feelings and defend against the pain of the work.

Here the psychoanalytic concept of countertransference is pertinent and Winnicott’s paper “Hate in the Countertransference” captures how these feelings are evoked in staff (Winnicott, 1949). He considered that having ‘hateful’ feelings towards a patient are universal and to be expected clinically. A review of this paper described it as follows:

Winnicott points out in several passages of the paper that patients of this nature have suffered environmental failures in their parenting experiences that make them more prone to hate others and to induce hateful feelings in those who work with them. Again and again he stresses the importance of acknowledging hate within the clinician rather than defending against it through denial or reaction formation. Children who have grown up with these developmental disturbances must experience being hated before they will be capable of believing that others can love them (Gabbard, 1994, p. 348).

Epstein wrote “The therapeutic function of hate in the countertransference”. Mainly concerned with adult patients with borderline personality disorder he discussed the technical issues of returning and sharing these ‘hateful’ feelings with the patient. Another way of thinking about this is that staff need the opportunity to ‘detoxify’ powerful countertransference reactions so that they can continue the work (Epstein, 1977).
1.4.4 Dynamics in organisations

Menzies Lyth wrote extensively about organisations where the work involves high levels of anxiety, such as hospitals and the nursing profession, and her theories are applicable to Stowbury and its relationship with parents and carers (Menzies Lyth, 1988). Lanyado (2009) précised her as follows:

The more an organisation is involved with human relationships and the alleviation of suffering, the greater the level of anxiety that it has to contain and process. (…) Her thesis is that the anxieties raised by the very nature of the primary task naturally give rise to defences within the individual and within the organisational structure itself. (…) social defences in organisations can become counterproductive, destructive and deeply resistant to change, just as they can in individuals (p. 145).

The main defences referred to are denial, splitting and projection and these are concepts that have been used and refined by many psychoanalysts (Freud A., 1936; Klein, 1946), and often in relation to working with abused young people (Boston & Szur, 1993). They are ways by which unbearable thoughts and feelings, typically helplessness, inadequacy and pain are avoided and got rid of, either by denying their existence or by attributing and locating them as belonging to someone else. Developmentally appropriate in young children, their over continued use in adulthood although understandable, does not promote growth. The defences of denial, splitting and projection occur unconsciously within parents, carers and school staff and between these adult groupings. It also occurs between a child’s professional network and Stowbury.
By providing regular reflective spaces the school endeavours to help staff process the impact of the work and minimise the effect of these unconscious processes.

Hinshelwood has further developed these ideas, specifically in the area of how communication can be helped or hindered in institutions (Hinshelwood, 2001). Using the model of the therapeutic community he stated, “instead of directing attention to how to resolve communication problems directly, (I) took the view that there are specific obstructions to communication across boundaries which need to be studied rather than simply eradicated” (p.15). Hinshelwood highlighted that the “boundaries between disparate groups, sub-groups and cultures are the prime sites to spot institutional pathology” (p.71). He argued that communication over the boundary easily becomes distorted and restrictive, where the two sides mutually misperceive each other, whilst also being closely linked together.

Hinshelwood uses Klein’s (1946) concept of splitting, where the individual unconsciously shuts down and separates off a part of their mind. When splitting is thought about in relation to groups he observed that the split in attitude “over some specific common interest” leads to “mutual communication distortion through projection” (p.75). Projection has been defined as a defence mechanism where “an individual attributes an unacceptable or intolerable idea, impulse, or feeling to another person” (Auchincloss & Samberg, 2012). Inter-group projection is a process where unbearable feelings are projected outwards from one group to another.
As outlined above these projections often occur over an important boundary such as between the inside of Stowbury and individuals in a child’s external professional network. This could be the parents or carers, the child’s social worker, the social worker’s manager, the foster carer’s supervising social worker, the independent reviewing officer and any other professionals involved in the child’s care. At such times the boundary becomes a barrier and communication is distorted (Hinshelwood, 1987).

1.4.5 Containment

In the work with parents, carers and networks the aim is to provide a space where thinking can take place. The children tend to provoke adults into action and so ‘containment’ is an essential part of the work (Bion, 1984). Bion’s concept of containment includes emotions and parts of the self and can be defined as follows:

Containment is thought to occur when one person receives and understands the emotional communication of another without being overwhelmed by it, processes it and then communicates understanding and recognition back to the other person. This process can restore the capacity to think in the other person (Douglas, 2007, p. 33).

Individual members of staff, plus the organisation as a whole provide this containing function for families, carers and the professional networks looking after the children.
Containment, along with the other ideas and concepts which I have discussed in this section, which are, the provision of primary experience, behaviour as communication, reflective practice and dynamics in organisations, highlights the complexity of the task of looking after traumatised and damaged children. These psychodynamic ideas and concepts share an understanding and acknowledgement that unconscious processes influence communication between all the people involved in the care of the children. It is the combination of these ideas and working practices that create the therapeutic environment of Stowbury (Rose, 1999).

1.5 Profile of children who attend Stowbury

Most of the children referred to the school have experienced neglect, physical, emotional or sexual abuse, and their trauma can be defined as ‘complex’; that is, cumulative trauma that occurs within the parent-child relationship (Courtois, 2008). Van der Kolk (2005) favours the term ‘developmental trauma disorder’ which “captures the devastating experience of multiple exposures to trauma from within the family over critical developmental periods resulting in multiple developmental difficulties” (Alper & Howe, 2015, p. 22). In addition the majority of children are cared for within the ‘looked after’ system. Unfortunately many will have been further traumatised by repeated moves following placement breakdowns. Five or more placement changes whilst not unusual is very damaging (Kendrick, Lindsey, & Tollemache, 2006; Sutton, 1991; Ashmore & Reed, 2000; Kerwin-Boudreau & Butler-Kisber, 2016).
Referrals to Stowbury occur when either a child’s school and/or home placement breaks down. Owing to the traumas they have experienced the children find family life very challenging and they can be exceptionally difficult to care for. During the past ten years the proportion of referrals of children in foster care has risen to about two thirds. The remaining referrals are either from adopted or birth families. Term time for children at Stowbury is for 38 weeks of the year. They return to their foster, adoptive or birth family roughly once every third weekend on ‘travel weekends’ and for the school holidays. Stowbury takes children from all over the country.

Typically the children will present with a mixed profile of uneven social, emotional and cognitive development. Educationally the primary concern is that many have missed out on early schooling and need to catch up with basic skills. They may have been home tutored or have had 1:1 provision, but what they all have in common is a great difficulty in learning as part of a group and remaining in a classroom. This is not necessarily because of any formal learning difficulties, but is due to the overwhelming nature of their early, often pre-verbal traumatic experiences (Perry, 2009). Most of the children have a profound fear of failure and are highly anxious, finding it difficult to be with peers. Many respond with levels of distress, violence and aggression, which mainstream settings are unable to manage.

Some of the children will have attended their local child and adolescent mental health service (CAMHS). Characteristically their diagnoses are attachment disorder, attention deficit hyperactivity disorder, and less frequently autistic

---

6 Some children may have specific learning difficulties such as dyslexia or other additional special educational needs.
spectrum disorder. It is not unusual for children to be on anti-psychotic and sedative medication when they arrive; this has often been the only way for their distress to be managed in the community. A typical child will find it difficult to make real friends and trusting relationships with adults, although some may be superficially and indiscriminately sociable. Most of the children are very controlling and find another’s point of view impossible to tolerate.

Commonly children have an extremely confused understanding of what has happened in their past, yet be unconsciously driven to act it out the whole time (Music, 2014). They respond unconsciously to powerful feelings of anxiety by using the defence of ‘identification with the aggressor’. This is a state where their passive position of being the helpless onlooker is turned into an active one by taking on the role of the abuser (Freud A., 1936).

Exhaustion is one of the main challenges facing parents, carers and school staff dealing with traumatised children. Their aggressive, sexualised and unpredictable outbursts can seem never ending and extreme, whilst their difficulty in making relationships with peers and adults means that they find it almost impossible to find much genuine joy or emotional peace in their daily lives. Consequently the adults looking after them quickly find themselves emotionally drained. At school the staff work in small groups, and are able to support each other whilst on shift, as well as having a regular reflective space to reflect on the work. At home parents and carers are often isolated and unsupported.
1.6 Working with parents and carers

Each child is allocated a family and network practitioner\(^7\). They liaise with parents, carers and social workers and are a link between the child’s keyworker at school and the network outside of Stowbury. Generally keyworkers speak to parents or carers once a week; the frequency and type of contact between the family and network practitioner and parents and carers, varies depending on the needs of each family. We do not routinely provide parent training but any therapeutic work is specifically tailored to each parent or carer.

During the first few months the family and network practitioner and the keyworker get to know parents and carers and together form an opinion about what support or therapeutic work might be helpful. At Stowbury we have a dilemma as it is the child who is referred, yet many parents and carers are also traumatised, exhausted and in need of therapeutic work. Birth parents often arrive having had long and difficult histories of involvement with statutory services, and are frequently wary of professionals. Usually they have not received any effective therapeutic intervention and have little understanding about what has gone awry in their family. In contrast adoptive parents have often asked for help over many years and have suffered from the lack of post-adoption services (Selwyn & Meakings, 2015; Tickle, 2013). The shortage of specialist expertise in CAMHS can leave adopters feeling judged and suspicious of other professionals (Donovan, 2014). Foster carers are in a different position and will have received training from their fostering agency but the quality and type of training varies hugely. They also have support from their

\(^7\) A family and network practitioner works with the parents, carers and networks of the children. This can take the form of liaison, support, counselling and/or family therapy.
supervising social worker\textsuperscript{8} although that individual’s knowledge and experience of working with severely traumatised children can also differ tremendously. A further issue is that families often live a considerable distance from the school making it even more difficult to establish and then provide on going therapeutic work.

During the first year at Stowbury we invite new families to attend a ‘family weekend’. We introduced these in 2011. Everyone in the child’s family is invited, including siblings and other children who are not at the school. Families stay for two nights over a weekend when other Stowbury pupils are at home. These weekends typically include two or three families, depending on the number of people we need to accommodate. The purpose of the weekend is for us to get to know parents and carers and to see them with their child; it also lets them observe how staff interact with children. The weekends include fun activities as well as parent group sessions where we can start to explore parental experiences and concerns. During these weekends we often jointly identify specific areas of work. The types of work that we provide are parent work, counselling, couple work, family therapy, multi-family therapy, parent-child work, life story work and video interaction guidance (see Appendix A).

In addition we hold a termly group meeting for foster carers and provide a lunch afterwards where people can socialise. The family and network practitioners facilitate this and it is a time for carers to talk about the impact of having a child at Stowbury. We introduced these meetings in 2013 for a number of reasons. Firstly, we noticed that foster carers were less likely to attend the family

\textsuperscript{8} All foster carers have a supervising social work provided by their agency whose role is to provide supervision and support (Brown, Sebba, & Luke, 2014)
weekends whilst the number of referrals of children in foster care was increasing. Reasons for non-attendance were varied; some carers also fostered other children making attendance difficult, but other carers seemed reluctant. Secondly, we were aware that engaging foster carers as co-parents sometimes brought a different set of dynamics than with birth or adoptive parents, and one of the reasons for doing this research was to understand this better. We wanted to improve the school’s relationship with foster carers and to find a way for keyworkers to get to know them better. Since starting these termly meetings three quarters of foster carers regularly attend these groups.

1.7 Reason for this study

I joined Stowbury twelve years ago and my task was to set up a therapy team. I assessed all of the children when they arrived at the school and was regularly shocked and saddened by similar issues in their circumstances. Firstly, many had endured unacceptably high numbers of foster placement breakdown, and secondly, the children were overwhelmed by feelings that they are ‘too bad’ to be in a family. By seeing the children individually I saw that many were weighed down by the burden that they were the ones who had done wrong and needed to change.

Occasionally, due to his or her early experiences, a child is unable to tolerate the feelings aroused by being part of a family, but they are in the minority. Most of the children are able to live in a family and want to do so. This stimulated my interest in their parents and carers, particularly their understanding of the child and how that influenced their parenting and caring role. I wanted to know more
about their experience of the child and how they thought the school helped the child and their family.

Although birth, adoptive and foster parents have different roles, they share a common problem; the home relationship with their child has reached breaking point and their child is not receiving an appropriate education. Input that parents and carers have received has not helped them to sufficiently develop a better understanding of their child, neither is their parenting of this child adequate for them to support the child to live in the community.

Five years ago as part of a school reorganisation, the therapy team joined with the family team to form the Therapies and Networks Team (a multi-disciplinary team consisting of family and network practitioners, speech and language therapist, school nurse, music therapist, dramatherapist and child psychotherapists). The aim was to provide a more coherent approach to the work with families, alongside the existing support and liaison. As a result we have put in place a number of therapeutic interventions that have improved our working relationship with parents and carers, such as regular family residential weekends, foster carer events, a buddy system and an online forum.

Despite creating innovative ways of engaging parents and carers the impact of these interventions or the views of parents and carers is not known. In addition there has previously been no systematic research of the work of this department. Therefore the intended outcomes of this study are to determine what it is like having a child at Stowbury, and whether the school’s work with parents and carers improves their understanding of their child; to identify areas
where the service can be improved; and to contribute to the academic
discussion concerning the care and treatment of this population of children.

I approached my research from a social constructionist position; a theoretical
framework which dismisses the idea of one definitive truth. Social
constructionism approaches the world as being constructed or produced
through social processes rather than being discovered. These social processes
depend on the political, socio-cultural and historical contexts. Therefore
meaning develops from social interaction within these contexts, which differ
over time rather than from a fixed idea of truth (Berger & Luckmann, 1966). I
discuss this further in the methodology chapter 4.2.

Finally, I am aware that I am researching an area that stimulates powerful
emotions in people, including me. Looking after and living with severely
distressed, abused and traumatised young children can be painful. People
defend against these feelings in many different ways and in this research I want
to understand that more fully.

1.8 Aim and research questions

The aim of the study is to investigate the impact on parents and carers of
having a child placed at Stowbury, including the relationship between parents,
carers and the school. The specific research questions are:

1. How do the perceptions that parents and carers have of their children
change during the first year at Stowbury?
2. What feelings are raised for parents and carers by having a child at Stowbury?

1.9 Outline of thesis

There are nine further chapters to this thesis. In chapter two, ‘talking to parents’ I discuss the clinical and theoretical development of psychoanalytic parent work. This includes its application to work with foster carers and professional networks, and in conjunction with the introduction, it covers the definitions of the unconscious processes involved in the work, which relate to research question two. Chapter three systematically reviews the literature locating my study within the wider body of research. Chapter four considers methodological matters describing the design and theoretical underpinnings of the research, the study setting, procedure and methods of data analysis.

In chapters five and six I present the thematic analyses from the first and second interviews, and following that in chapter seven, a detailed narrative analysis of two interview extracts. These three chapters provide the analysis of my findings.

Chapter eight is a reflective chapter offering my perspective of my impact and influence on the research and the process of undertaking this study. Chapter nine is a detailed discussion linking back to the research questions and situates my analysis with the literature reviewed. Finally, chapter ten concludes the study by reviewing the aim of the research and considers future research and practice.
1.10 Summary

I have outlined that recently there has been a growing understanding that abused and neglected children need a specific type of parenting which takes into account their early traumatic experiences. With this in mind I introduced the general research area, which considers parents and carers who have a child at a residential special school. The research questions are concerned with the experience of the parents and carers; their perceptions of change in their children, and, the feelings raised by having a child at Stowbury. The study uses a psychoanalytic perspective to discuss the findings and the following chapter describes parent work from this theoretical approach.
CHAPTER 2. BACKGROUND: TALKING TO PARENTS

2.1 Introduction

In the previous chapter, I introduced the area of my research namely the experiences of parents and carers during the first year of their child’s placement at Stowbury. I described how parents can be exhausted and even traumatised at the start of their child’s placement and argued that one of the reasons for this is because traditional ways of parenting have been shown ineffective with the child population at Stowbury.

In chapter two I will present the clinical and theoretical development of psychoanalytic parent work, including therapeutic work with foster carers and the implication for professional networks. This is essential in order to present the theoretical approach of psychoanalysis which underpins this thesis.

I will begin by explaining parent work from a psychoanalytic position and clarify the differing clinical approaches. I will then link these theoretical ideas to work with foster carers and professional networks. My clinical training as a child psychotherapist has clearly shaped the thinking behind his study\(^9\). When using the term parent work, I mean the therapeutic and supportive work with parents and carers. Many writers only refer to parents when talking about this type of work, however in this study I am referring to the child’s primary carer who may be their birth, step, adoptive or foster parent. Talking to parents is a key role for staff in the Therapies and Networks Team at Stowbury. Other staff such as a

\(^9\) This is not the only clinical approach at Stowbury as systemic perspectives feature strongly in our work
child’s keyworker and teacher also talk to parents and carers, although they are more likely to focus on the child rather than the parent-child relationship, although this is by no means always the case.

2.2 The clinical and theoretical development of psychoanalytic parent work

Internationally within the child psychotherapy profession “there would appear to be a gap in the literature where the systematization of work with parents is concerned” (Tsiantis, Introduction, 2000, p. xvii). Linked to this, “The psychotherapy of parenthood” was suggested by Sutton and Hughes (2005) as a way of validating this complex work, and as a response to the controversial implication that parent work is a diluted form of psychotherapy, rather than a distinct method of applying psychoanalytic principles to a specific area of clinical need (Brenner, 1985; Chethik, 1989). I will outline some possible historical reasons for this neglected and devalued area, before turning to more contemporary ideas about the task of talking to parents.

2.2.1 History

Freud’s case history of ‘Little Hans’ was possibly one of the first recorded clinical pieces of parent work, as it was through the parents that Freud treated ‘Little Hans’ (Freud S., 1909). Novick and Novick (2000) argue that the relative neglect of parent work could stem from Freud’s theoretical position around this time. Following the failure of his seduction theory as a way of explaining neuroses, Freud made a pivotal turn away from focussing on the patient’s
external reality and instead moved towards a theory that concentrated on intrapsychic conflict and desire as the origin of distress. The reality and influence of parents on their children’s emotional lives was not considered particularly important, nor developed theoretically and was largely negated (Novick & Novick, 2000). Nowadays theories about the impact of parenting on the social and emotional development of children are commonplace (James, 2011).

Child psychotherapy as a profession started in the 1920s with Hug-Hellmuth, Melanie Klein and Anna Freud. These pioneers wanted therapy with children to follow the same philosophy as with adults. They wanted it to be seen as a serious endeavour. Clinically this stance had the impact of separating the child from their parents in the mind of the therapist. Mirroring work with adult patients, child therapists predominantly thought about the child’s internal world, at the expense of conceptualising the relational impact of the child’s parents on their actual daily lives. This would have included both the positive and negative impact that parents and families have on children. In the early days, despite the theoretical and technical differences between Melanie Klein and Anna Freud, neither had much to say about parent work and their ideas concentrated on developing a model of individual therapy with the child (Midgley, 2013; Novick & Novick, 2000).

In the second half of the twentieth century, the parents of many children receiving psychotherapy were increasingly in therapy themselves. Often there was the mistaken view that issues concerning parenting and the parent child relationship would be addressed during the parents’ own therapy, yet
longitudinal research from the Hampstead Clinic showed how little the child featured in the parents’ therapy (Burlingham, Goldberger, & Lussier, 1955).

In the United Kingdom after the post war development of the welfare system, parent work became a routine part of the work. Multidisciplinary child guidance clinics were influenced by the writings of Bion (1962) Winnicott (1964) and Bowlby (1979). Experienced psychiatric social workers often saw the parents of children in therapy and worked closely with the child’s therapist. Many had a qualification in adult psychotherapy and often their work was a hybrid of traditional casework and psychotherapy. In the late 1970s there was a change in the training of social workers, which included a theoretical move away from the internal aspects of parent-child relationships towards systemic or family therapy.

2.2.2 Parenthood as developmental

One way of approaching the work is to consider whether parents have entered the developmental stage of ‘parenthood’ in deciding how to work with them therapeutically (Benedek, 1959; Offerman-Zuckerberg, 1992). The idea of parenthood as developmental is an idea from the USA. Some see it as a normal phase of adult life signifying the “capacity to create, care for, protect, nurture, love, respect, and take pleasure in something or someone beyond the self” (Novick & Novick, 2005, p. 15).

Piovanno (2004) has developed this further arguing that the child in therapy “represents a destabilising factor in the character structure of each parent or in
the balance of the couple” (p.190). This implies that parents have to move psychically beyond the narcissism of a two-way relationship, and that the restructuring of the self/couple allows psychic growth in the child. In line with a psychoanalytic way of thinking Piovanno believes that parental functions should not be considered learnable skills, but as aspects of character traits, which she claims are open to development via psychotherapeutic work, rather than programmes of strategies to be learnt. She also thinks that the therapist becomes a new developmental object for parents with whom they can identify (Hurry, 1998). At Stowbury, the school as a whole often has the role of developmental object for parents and carers.

2.2.3 Disentangling children in the minds of parents: projective identification

A child psychotherapist will generally have a good understanding of the child’s point of view. The implication of this in relation to working with parents is that the psychotherapist is in a position of holding in mind the view of the child, and at the same time, seeing whether and how parental perceptions ‘fit’ with how the child views the situation.

With that in mind another way of thinking about parent work is that it is establishing a more child centric, accurate picture of the child in the mind of the parents (Green, 2000; Horne, 2000; Rustin, 1998). Novick and Novick (2005) state “children are available, helpless targets for maternal and paternal externalisations” and one of the transformations they hope to see within parents is a change in “idealisation or denigration of the child to primary parental love”
Here the focus of talking to parents would be to help them take back inaccurate perceptions, unconsciously projected onto their child. The impact of such projections means that over time the child could start to identify with these parental perceptions via the complex process of projective identification. Ogden defines projective identification as involving:

the projector (...) ridding himself of an aspect of himself and putting that aspect into another person in a controlling way. (...) the projector exerts pressure on the recipient of the projection to experience feelings that are congruent with the projection (Ogden, 1979, p. 371).

Ogden also describes how one can see visible changes in the behaviour of both parties. Clinically it is complex work owing to a number of interconnected factors. It is usually the child who has been referred for treatment not the parents. Yet in order to engage effectively with parent work, parents have to acknowledge the part they play in their child’s distress, and as a clinician, one generally does not have the explicit agreement with parents to explore their own psychopathology. This needs to be negotiated throughout the work. There are clear resonances here with my research where some parents and carers hand the child over to us at the start of the placement as if to say ‘fix him’ rather than ‘can you help us all sort this out’.

As stated in section 2.1 systemic theory features strongly in our work and from that perspective working with parents, either with or without their child present, the focus of the therapy would be to “balance the child’s perspective and parental concerns” (Sheridan, Peterson, & Rosen, 2010, p. 145). The role of the
systemic therapist would be to consider the view of everyone in the family and
to reframe the child’s difficulties as family problems (O'Reilly, 2014).

The situation with adoptive families is often more complex as the child and
parents have to negotiate the difficulties that arise when a child has to:

manage two sets of contradictory feelings about two sets of parents. This
unavoidable state of affairs creates a natural split (...). Unwanted
feelings such as hatred or rejection can be directed towards the birth
parents (...) conversely (...) birth parents may be idealised, while
adoptive parents are denigrated (Hindle & Shulman, 2008, p. 15).

Here it can be the adoptive parents who are on the receiving end of powerful
projections from their adopted child. The purpose of talking to adopters would
be to help them disentangle their child’s legitimate feelings of rejection and
abandonment, which actually belong with their birth parents. By the time an
adopted child is referred, the adoptive parents will usually have been on the
receiving end of years of negative projections and relationships will have
become immensely difficult. In addition adopters have often become ambivalent
about the child, which can lead to guilt, shame and couple difficulties.

2.2.4 Parental reflective function

Parental reflective function concerns the ability of parents to consider
themselves and their children in terms of mental states such as feelings, beliefs,
intentions and desires. It concerns the parent’s ability to consider a child’s
behaviour in light of their internal mental experience and to “hold a child’s mental states in mind” (Fonagy, Target, Steele, & Steele, 1998; Slade, 2005, p. 269). Theoretically it sits between attachment theory and psychoanalysis and developed from work around severe psychopathology, namely the borderline syndromes. Green (2000) suggests that parenting should be considered akin to “parental reflective function”, like “an on going process of refinement and revision of the parents’ theories of mind about their children congruent with and in response to their child’s level of development” (p.28). She suggests that parent work considers “what sort of child is harboured in the parent’s mind” (p.30) and that exploration of this theme and all its ramifications is a way to connect with parents and identify where change is needed. Helping a parent enter into their child’s world is a significant part of this approach. These views fit well in terms of this study although Green’s suggestion implies that the development of a psychologically flexible and mature parental position needs regular and in depth work.

2.2.5 Parent work supporting the couple

There is a view that serious consideration should be given to the state of the parental relationship and that couple work may need to be the focus of attention. This argument concerns the issue that “a couple’s own problems (…) may serve to exacerbate the tendency, observed commonly in parental couples, to triangulate their own conflicts and difficulties, dealing with them vicariously by seeing them as belonging only to their child” (Ludnam, 2008, p. 178). This approach might be more common with birth and adoptive parents, where talking to the parents would help them process a number of feelings simultaneously.
For parents who have been unable to have their own children it involves processing their sadness about their inability to have their own birth child alongside feelings about the trauma caused to their adopted child. Strengthening the couple relationship can help them resist attributing these feelings to the child (Calvocoressi & Ludlam, 2008). Couple work is often addressed with parents and carers at Stowbury and is a fruitful way to address wider family issues.

2.3 Working with foster carers

When working with FCs the clinician has to bear in mind that the carer’s role overlaps personal and professional boundaries (Sinclair, Gibbs, & Wilson, 2004). The dual nature of the family and professional aspects of the role can cause tension for FCs or alternatively lead to enrichment, but either way it is a complex position to inhabit (Schofield, Beek, Ward, & Biggart, 2013).

Wilson and Evetts (2006) note the increase in professionalisation and link it to:

Changes in the perceived task of foster care, the increased difficulty of the clientele and a more detailed and precise regulatory framework [that has] led inevitably to tensions and challenges in how the role of foster carers is conceptualised and how its tasks are carried out. The recent emergence of the non-governmental fostering sector (...) has offered differing models of provision (p.39).
It could be argued that the professionalisation of fostering is a reason why interventions with FCs tend to be described as training and support rather than anything more therapeutic or personal such as ‘parent work’ or ‘parent therapy’. Perhaps their dual personal and professional role creates a tension for therapeutic work, which might put FCs and the children they care for at a disadvantage?

In recent years the formal expectations on foster carers have also increased. Ofsted now inspects the statutory requirements for local authority and independent fostering agencies which has led to FCs being inspected by their registering body, for example the records they keep about a child. These inspection regimes might feel like a harsh and critical superego, similar to the way in which the school can experience Ofsted inspections as persecutory.

Although the training and support of FCs is a key factor in outcomes for children in care, there appears to be no clear approach among fostering experts about the best training to equip them to parent abused children (Dorsey, Farmer, Barth, Greene, Reid, & Landsverk, 2008). In his research on foster carer, Sinclair found that it was the FCs themselves who had the greatest influence on a child’s feelings of wellbeing, and that on average a FC’s training experience made no difference (Sinclair, 2013). In past decades numerous training programmes have attempted to incorporate different models, however, in agreement with Sinclair, a Cochrane review found little evidence for the efficacy of two key approaches, namely behavioural or cognitive behavioural interventions for FCs (Turner, Macdonald, & Dennis, 2009). At Stowbury we see a vast difference in the training that FCs receive from their agencies; some have
had excellent preparation and receive good regular supervision, whilst others have little training and infrequent contact with their supervising social worker. Some may be therapeutic foster carers\(^\text{10}\) whereas others have not received this added training and on-going supervision. Other findings suggest that looked after children and their carers do not benefit from outpatient CAMHS and this also fits with my experience when meeting new parents and carers (Bellamy, Gopolan, & Traube, 2010).

From an attachment perspective there does appear to be some indication that improving maternal sensitivity can have a positive effect on a child’s attachment style and this was the main finding of an international review of parenting interventions for children with severe attachment problems (Wright, et al., 2015). Whilst the studies they reviewed involved FCs who looked after infants rather than older children, the recommendation was for further research with older children with complex attachment needs such as the children at Stowbury.

Much of the work in the area of fostering is based on teaching various theoretical models and skills rather than helping carers reflect on themselves and their relationship with the child. This is a different approach to those outlined in section 2.1 above, where psychoanalytically informed ideas focus on increasing the ability of parents to think about their children as separate individuals, alongside reflecting on themselves in their parenting role. This becomes vastly more complex when thinking about FCs as society nowadays requires that they be ‘professional parents’. Perhaps this is

\(^{10}\) Therapeutic foster carers receive additional training including the impact of early abuse and neglect on young children. They understand how this affects their relationship with the child. They may receive regular support and supervision.
why there is relatively little written about working with FCs from a psychoanalytic perspective as opposed to the many skills and programme-based interventions. However, below I describe some psychoanalytically informed developments in this area.

2.3.1 Psychoanalytic observation model

Ironside (2012) suggests using the model of infant observation with groups of FCs (Miller, Rustin, Rustin, & Shuttlworth, 1993). This observation model is an important part of the training of child psychotherapists, where the trainee observes an infant for its first two years of life whilst attending a weekly peer supervision group. By adapting this method for FCs, Ironside states that it develops their ability to “think about the foster child’s mind, to mentalize and resist their own impulses to react ‘unthinkingly’ in the face of sometimes extreme provocation” (p.29). It is an interesting use of the model and I have not come across its use like this elsewhere. Linked to this Wakelyn (2011) used this observation model as her methodology in her doctoral research to explore “the possible reasons for the under-detection of mental health and emotional difficulties in a group of particularly vulnerable children, and to inform training and support for professionals” (p.280). In conclusion, Wakelyn suggests that further research could fruitfully explore the therapeutic contribution of observation to fostering and care planning for infants. Whilst her area of interest is babies and young children, it clearly fits with Ironside’s use of the observational model. In relation to my study, these are interesting ideas, but the dilemma at Stowbury is how to assemble FCs together as frequently as the
observation model needs in order to work (i.e. weekly or fortnightly) as we take
referrals from all over the country.

It is a skill to be able to share one’s home therapeutically. Whitwell writes about
therapeutic consultation to those providing care in their own family setting
(Whitwell, 2014). From a psychodynamic perspective, using his experience of
working in a therapeutic community he offers a way of thinking to FCs which
involves observing their own feelings, “How a child makes you feel may be a
clue as to how she is feeling. This puts the onus on the grownup to know
themselves sufficiently well, to know which feelings belong to themselves and
which might be picked up from the child” (p2). Ironside (2004) explains
something similar which he calls “living a provisional existence” (p.48). He
describes this as a:

state (in which) foster carers feel ‘locked in’ and forced to parent in a way
that feels very contrary to their hopes and ideals. I have suggested that
this extreme emotional experience can throw some light on the tortured
inner worlds of the children in their care and if the foster carer is able to
understand the powerful nature of the child’s projected feelings, this can
be very helpful in their own emotional management of their feelings and
experience (p.48).

Here, Whitwell and Ironside are outlining an approach that involves helping
carers to learn about and focus on their own feelings, how to recognise that
their feelings may reflect the child’s state of mind. This would be an example of
projection (see chapter 2.2.3), where the child unconsciously projects their
unbearable feelings into the FC. Delaney described this in relation to foster children and calls it “re-enactment” (Delaney, 2006).

Despite the importance of working with the FCs of children referred to schools like Stowbury, there is relatively little psychoanalytic writing on the therapeutic value of talking to them. The psychoanalytic approach is different to training FCs in any specific skills, although improving observation skills and self-reflection could be described as a skill, albeit one based on personal development that directly overlaps and feeds into their professional role.

2.4 The professional network

Developing these ideas further, psychoanalytic and systemic clinicians believe that it is the professional networks and the corporate parent\(^\text{11}\) around the child that also needs attention. Psychoanalytically trained clinicians consider that professionals can unconsciously enact the dynamics in a case, as if something of the child’s confusion, pain and distress is played out by the key players rather than being thought about (Briggs, 2015; Lanyado & Horne, 2009; Sprince, 2002). Rocco-Briggs (2008) writes:

\(^\text{11}\) According to the Children and Young People (Scotland) Act 2014 a corporate parent is intended to carry out many of the roles that a parent would. They may not be able to provide everything a loving parent can, but they should still be able to provide the children and young people they are responsible for with the best possible support and care. The concept is intended to encourage people and organisations to do as much as they can to make sure children and young people feel in control of their lives and able to overcome the barriers they face (Scottish parliament, 2014).
The work with the foster carers and the network is to help them think about what the child is trying to communicate in the context of an attachment relationship to the foster carer, the social worker or the teacher. A well functioning network meeting can work to find a way of talking about those disturbing feelings that the child conveys (…). If the foster carer feels excessively disturbed or paralysed by this behaviour, the disturbing behaviour might increase in the child in a renewed effort to be understood by the foster carer (p.204).

Systemically trained clinicians focus on people in relationship to each other. They believe that the different personal and organisational positions that people occupy need careful consideration in their own right (Lobatto, 2016). Richardson and Peacock (2016) promote the centrality of partnership work, with participants contributing their individual and different skills. The care of one looked after child, can involve many individuals which means that multi-disciplinary collaboration can become a vital yet complex task. Competing priorities can lead to conflict between different agencies. In the context of network meetings Lobatto describes a dialogical approach (Seikkula, 2011) where:

- the hope is to create something more than a cognitive process, but an embodied emotional experience. By experiencing this together, groups of professionals can become more than the sum of their parts and can reach closer to being a parenting team (Lobatto, 2016, p. 40).
At Stowbury the combination of psychodynamic and systemic approaches, whilst different, can be complementary.

2.5 Summary

I have outlined the theory that underpins work with parents, foster carers and the professional networks around a child. A psychoanalytic approach aims to help parents reflect on themselves in their parenting role, and to increase their ability to develop an accurate picture of their child in their mind. The work with FCs is similar, although there are additional complexities due to the personal and professional nature of their role. It is also helpful to consider the dynamics in the child’s professional network. The psychoanalytic stance is not based on specific learnable skills or teaching parenting strategies but is a belief in the therapeutic value of exploring how interactions and relationships affect us, and how they mirror the child’s feelings. Many child mental health workers believe that parent work alongside individual child psychotherapy is crucial. The following chapter is a systematic review of the literature relevant to this study.
CHAPTER 3. LITERATURE REVIEW

3.1 Introduction

In the previous background chapter I discussed the development of the main theoretical and clinical ideas about parent work from a child psychotherapy perspective. A key feature of the psychoanalytic approach is to help parents improve their understanding of their child by reflecting on the child’s internal world, their thoughts and feelings. Generally, rather than prescribing a parenting-programme child psychotherapists encourage parents to find the answers within themselves by reflecting on their relationship with their child.

Whilst there is a large cross-disciplinary body of literature related to the parent-child relationship, fostering and adoption, and children in residential care, very few studies have investigated therapeutic work with the parents and carers whose children are in residential care. Inevitably, looking after such disturbed and challenging children is costly and so there is a strong argument supporting the research into therapeutic work with parents and carers in order to continue the investment once the child leaves the placement.

Consequently the objective of this systematic review is to determine the evidence related to the following question: ‘How do the perceptions that parents and carers have of their child, change during the child’s time in therapy or in a therapeutic setting?’ Firstly I will detail the search strategy and screening process before presenting the quantitative, qualitative and then mixed methods literature.
3.2 Literature search and screening strategy

The search strategy for the review is outlined in Table 1 below. The databases were initially searched in October 2014 and again in December 2015. The term ‘change’ is in the review question above, but as the search produced many references related predominantly to ‘change’ in parent infant psychotherapy and/or under fives work I excluded those non relevant articles. I also excluded articles relating to contact between birth parents and children.

Table 1 Search strategy

<table>
<thead>
<tr>
<th>Keywords:</th>
<th>parent* foster care support, parent* foster carer <em>therapy, parent</em> foster care perceptions, parent* foster carer perceptions change, parent* foster carer attitude therapy, residential care foster parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic databases and journals searched:</td>
<td>Cochrane Library, JSTOR, Ovid, PEPWEB, National Academy for Parenting Research, Residential treatment for Children and Youth.</td>
</tr>
<tr>
<td>Reference lists cited in peer reviewed journals were searched</td>
<td></td>
</tr>
<tr>
<td>Search dates:</td>
<td>1995 to 2015</td>
</tr>
<tr>
<td>Inclusion criteria:</td>
<td>English language, world wide, parents and carers of children aged 5-18</td>
</tr>
<tr>
<td>Exclusion criteria:</td>
<td>parent-infant psychotherapy, under-fives work, contact with birth parents</td>
</tr>
</tbody>
</table>

The screening procedure is outlined below in Figure 1. The searches yielded 360 articles. The abstracts were screened for the inclusion/exclusion criteria and duplications removed. The remaining 34 papers were obtained and read. A
further 15 were excluded, as they were clinical opinion papers and descriptions of interventions rather than research. This left 19 studies to be reviewed.

3.3 Evaluation criteria

The 19 remaining papers were then summarised and assessed for quality using one of the following research quality assessment tools;

- for the five quantitative studies (Table 2) I used the Effective Public Health Practice Project tool (EPHPP) (Thomas, Cliska, Dobbins, & Micucci, 2004)
• for the ten qualitative studies (Table 3) I used the Critical Skills Appraisal Programme (CASP) (Chenail, 2011)

• for the four studies using a mixed-methods approach (Table 4) I used the Mixed Methods Appraisal Tool (MMAT) (Pluye, et al., 2011). This tool was not as straightforward to use as the others, giving broad bandings of 25 percentile points per criterion achieved. Part of the assessment tool also considered the mixed methods component of the research. However, I have included it and the three papers in this review, as the papers are relevant to my research.

The literature is reviewed below in the following order quantitative, qualitative and mixed methods. Each section begins with a table summarising the papers followed by analysis and discussion.
<table>
<thead>
<tr>
<th>Author, Country &amp; Design</th>
<th>Aim</th>
<th>Methods</th>
<th>Results</th>
<th>Limitations</th>
<th>Conclusion</th>
<th>EPHPP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bammens Adkins &amp; Badger (2015)</strong> UK Cohort study</td>
<td>To evaluate change in parental reflective functioning (RF)</td>
<td><strong>Participants:</strong> Parents &amp; carers (P&amp;C) (n=31) intervention group (n=18) vs comparison group (n=13). <strong>Data:</strong> pre and post Speech Samples <strong>Measure:</strong> Reflective Function (RF)</td>
<td>Intervention group increased in RF comparison group decreased</td>
<td>Selection bias</td>
<td>Increasing RF helps P&amp;C understand child</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>Farber &amp; Nevas (2001)</strong> USA Survey</td>
<td>To investigate child's therapy on parent</td>
<td><strong>Participants:</strong> P&amp;C of children in psychotherapy (n=51) <strong>Measures:</strong> Confidential Parent Questionnaire (CPQ); The Parent-Change Scale (PCS). Administered once</td>
<td>Parents understanding of child improved, less tension, more confidence in their authority, improved sleep</td>
<td>Sample self-selected. Theoretical perspective does not reflect most therapists.</td>
<td>Parent work important</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Gurney-Smith, Granger, Randle &amp; Fletcher (2010)</strong> UK Repeated measures design</td>
<td>Is change sustained in caregiver and child following intervention</td>
<td><strong>Participants:</strong> FCs &amp; adopters (n=13) on 18 week course <strong>Measures:</strong> pre, post and three months follow up Mindmindedness (MM) task; Parenting Stress Index; Strengths and Difficulties Questionnaire (SDQ); Expression of Feelings in Relationships Questionnaire (EFRQ)</td>
<td>Positive changes in specific behavioural difficulties. No change in MM or parental stress Group rated highly for satisfaction</td>
<td>Small sample, no control group. Self reported change not independently gathered.</td>
<td>Parenting skills and understanding were sustained over time. Methodology needs to consider unique aspects of parenting maltreated children.</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
| Jarvis, Trevatt, & Drinkwater (2004) | UK Cohort | Audit and evaluate therapeutic parent consultation service | **Participants:** parents of adolescents who refuse to engage (n=26)  
**Measures:** pre and post treatment Stress Index for Parents of Adolescents; Problem Perception Questionnaire; Parental Feedback Questionnaire | Significant changes in parents' perceptions problems in relationship with adolescent and their stress levels | Absence of control group. No follow up data. | Strong support for psychoanalytically informed therapeutic consultations | Moderate |
|---|---|---|---|---|---|---|---|
| Octoman & McLean (2014) | Australia Online survey | FC views and development of support services | **Participants:** FCs (n=187)  
**Measures:** Self report on 21 item scale | FCs value respite, good relationship with social worker, peer support and therapy for child | Selection bias. Sample not representative | FCs want information on behaviour, good relationships with professionals and home support delivered by knowledgeable people preferably other FCs | Moderate |
3.4 Findings of the quantitative studies

Five of the studies reviewed used quantitative methods and were published within the past fifteen years. The papers represent international research with three from the UK, one from the USA, and one from Australia.

3.4.1 Aims of the quantitative studies

One overarching theme emerged from considering the aims of the quantitative studies, which was change in parents and carers and children. Three of the studies examined change just in parental perceptions over the course of a child’s therapy or other intervention (Bammens, Adkins, & Badger, 2015; Farber & Nevas, 2001; Jarvis, , Trevatt, & Drinkwater, 2004) and one examined whether in addition to change in the adults, there was also change in the child (Gurney-Smith, Granger, Randle, & Fletcher, 2010). One study considered service evaluation and development (Octoman & McLean, 2014).

3.4.2 Quantitative methods, design and data analysis

A range of quantitative methodologies was used in the studies reviewed. Two studies used a cohort design (Bammens et al., 2015; Jarvis et al., 2004;), two studies were surveys (Farber & Nevas, 2001; Octoman & McLean, 2014) with the latter being conducted online, and one study used a repeated measures design (Gurney-Smith et al., 2010). The number of participants varied between
Authors used a variety of data sources which included questionnaires (Farber & Nevas, 2001; Gurney-Smith et al., 2010; Jarvis et al., 2004; Octoman & McLean, 2014), coded interviews (Bammens et al., 2015; Gurney-Smith et al., 2010) and audio taped speech samples (Bammens et al., 2015).

### 3.4.3 Study settings

The studies were carried out in a variety of settings, which can be roughly categorised as follows; three were based in Local Authority fostering and adoption services or similar settings (Bammens et al., 2015; Gurney-Smith et al., 2010; Octoman & McLean, 2014), and two were in child mental health settings, one in a low cost mental health scheme in the USA (Farber & Nevas, 2001) and another within the National Health Service in the UK (Jarvis et al., 2004).

### 3.4.4 Theoretical approaches

Within the quantitative studies reviewed the authors were working within a number of different theoretical approaches. Two studies used a psychodynamic perspective (Farber & Nevas, 2001; Jarvis et al., 2004), and two could be classified as mentalization and attachment orientated (Bammens et al., 2015; Gurney-Smith et al., 2010).
3.4.5 Main findings from the quantitative studies

I have considered the main findings from the five quantitative studies, which are reviewed according to the setting of the study. The first section reviews three studies based in fostering and adoption settings and the following section looks at two studies in child mental health settings. I have grouped them like this to aid coherence of the review.

3.4.5.1 Quantitative studies in fostering and adoption settings

As discussed in the introduction, looking after traumatised and damaged children within a family setting can be extremely challenging. The emotional demands can lead to placement breakdown, which are distressing for everyone involved. Finding effective ways to support parents and carers is vital so that children and their carers can sustain their lives together.

I have analysed three quantitative articles that address the training and support needs of parents and carers. Two evaluate specific training programmes in the UK (Bammens et al., 2015; Gurney-Smith et al., 2010) and one reports on foster carer training requirements in Australia (Octoman & McLean, 2014). They share the view that training and support is inadequate for this group of adults when caring for children within their homes.

While all the authors are in agreement that support of this type should be regular and on going, their studies differ in a number of important ways. Firstly in terms of theoretical perspective, Bammens et al. (2015) evaluated the
effectiveness of a mentalization-based group training for adoptive and foster parents, where parental reflective function (RF) was measured pre and post intervention. The authors claim that this is the first study to evaluate a mentalization-based programme using a comparison group. In contrast, Gurney-Smith et al. (2010) evaluated an 18-week training programme for foster carers (FCs) and adoptive parents. Based on attachment and social learning theory, they used three standardized questionnaires and an adapted mind-mindedness task and followed up the participants after three months. They had an ambitious design, which looked at change in the child as well as the parent. The third study reviewed in fostering and adoption settings did not evaluate an intervention but carried out an online survey of 187 Australian FCs in order to inform the development of more effective support services Octoman & McLean (2014).

Whist there were some differences in findings across the three quantitative studies they shared a similar theme in relation to RF. For example Bammens et al. (2015) found that the intervention group significantly increased in RF from pre to post-training, unlike the comparison group whose RF capacity decreased. Gurney-Smith et al. (2010) reported no change in carers’ ability to make mind-related comments in relation to mental states of the child, but at follow up parents and carers made significantly more reflective statements about their own thoughts and feelings when commenting on difficulties with the child. In relation to changes in the child, whilst FCs reported a statistically significant reduction in their child’s hyperactivity as measured by the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997), there were no significant findings in relation to any of the emotional subscales on the SDQ. Bammens et
al. (2015) did not consider change in the child. Octoman & McLean (2014) reported inadequate support for FCs, who wanted good quality relationships with professionals and in-home support delivered by knowledgeable people, although preferably other FCs. This was an interesting finding and they explained it saying that FCs relate better to other FCs than to professionals. They do not expand this further, but it is noteworthy and similar in relation to my research setting, where it can be difficult to engage FCs.

Both of the intervention studies are useful to my research as they report changes in parental RF, which we know helps parents and carers think about the mental states of their child, which in turn helps the child feel understood (Slade, 2005). A strength of Gurney-Smith et al. (2010) is that they used foster and adoptive parents as participants which is unusual, as these two groups are often said to have differing needs, however a weakness is that they used participant self reported change rather than independent evaluation. In addition whilst parents and carers gained from the group, changes in the child were limited. This is consistent with other findings in attachment research where increasing parental sensitivity improves parenting and feelings of well being in the adult, but often does not result in changes in the child’s mental health (Bick, Dozier, & Moore, 2012).

In all three studies the authors acknowledge that the participants were self-selecting, and that will have influenced the findings. Nevertheless in relation to my research Bammens et al. (2015) and Gurney-Smith et al. (2010) are important papers as they describe an intervention that could help parental perceptions of their child become more reflective.
3.4.5.2 Quantitative studies based in child mental health settings

As reviewed previously, clinicians believe that it is crucial for parent work to occur alongside a child’s therapy. This is not just an idea unique to child psychotherapy, but is a multidisciplinary approach, as child mental health problems do not occur in a vacuum. Helping parents and carers understand the complexities of their child’s difficulties improves outcomes for children.

Two of the papers researched parental perceptions of their child and their relationship, during the course of their child’s therapy. The first, Farber and Nevas (2001), was in the context of psychodynamic therapy in a low-cost outpatient setting in the USA. The second, Jarvis et al. (2004), was in a psychodynamically informed service in London that works solely with parents when their child is unwilling to engage therapeutically. Although they both evaluated parental perceptions of change in their child, there was an important difference, namely that in the Farber and Nevas (2001) study, the child was in therapy, whereas Jarvis et al. (2004) were evaluating a project where the children refused to engage and so it was primarily a service for parents. Even though each one used a selection of questionnaires, methodologically they were different. Jarvis et al. (2004) used them as part of a pre and post cohort design whereas Farber and Nevas (2001) used them at one time point only as an audit of their service.

Although the two papers had different research agendas and questions, they did share a common question, which was about the changes that parents perceived in themselves. Both studies reported a number of positive outcomes.
for parents following treatment. Farber and Nevas (2001) found that therapy had increased parental understanding of their child. Overall parents reported that they were sleeping better, that there was less tension in the home and that they had a greater ability to manage conflict. Similarly, Jarvis et al. (2004) found significant changes in parents’ perceptions of problems in their relationship with their adolescent and in their own stress levels.

There were differences in how these authors discussed and viewed their findings. Farber and Nevas (2001) acknowledged that although roughly sixty per cent of the parents were seen weekly or fortnightly, they were not able to comment on the effect of concurrent parent work, as the design of the study did not allow for this. This study would have benefitted if that had been accounted for, as the parent sessions are likely to have helped the parents and to have contributed to their perceptions of the effects of their child’s therapy. In contrast Jarvis et al (2004) made a convincing case that their service helped parents adopt a more authoritative attitude to parenting, which in turn increased levels of mutual trust and honesty.

Overall the Jarvis et al. (2004) study is more rigorous in relation to my research. Although this considers the parents of adolescents, the teenagers were a challenging group and the psychodynamic approach of the clinic is not dissimilar to Stowbury and the way in which we work with parents and carers, even though it is an outpatient setting. A longer follow up period would have added to the study’s design as many of these families had experienced difficulties for a significant time before referral and it would have been interesting to track the long term impact of just offering parent work.
The next section will review the qualitative studies, which can be found in Table 3 below.

3.5 Findings of the qualitative studies

Ten of the studies reviewed used qualitative methods and most were published in the past eight years. The qualitative papers also represent worldwide research with four from the UK, three from Canada, and one each from Holland, Israel and Sweden.
<table>
<thead>
<tr>
<th>Author &amp; Country</th>
<th>Aim</th>
<th>Design / Method</th>
<th>Participants</th>
<th>Analysis</th>
<th>Bias / limitations</th>
<th>Findings &amp; clinical relevance</th>
<th>CASP score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Israel</td>
<td></td>
<td></td>
<td></td>
<td>Siblings not included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>de Boer, Cameron &amp; Frensch (2007)</td>
<td>Benefit to family of placement</td>
<td>Ethnographic</td>
<td>29 parents</td>
<td>Thematic analysis (TA)</td>
<td>Data from only 2 settings and children from different groups</td>
<td>Parents valued respite, felt understood family life improved</td>
<td>8/10</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td>Interviews repeated 3 times</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harriss, Barlow &amp; Moli (2008)</td>
<td>Stakeholder perspectives of placement</td>
<td>Interviews after a year</td>
<td>5 pupils, 6 P&amp;C, 12 staff</td>
<td>Interpretative Phenomenological Analysis</td>
<td>Selection bias</td>
<td>Improved family life and classroom behaviour.</td>
<td>9/10</td>
</tr>
<tr>
<td></td>
<td>UK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luke and Bannerjee (2012)</td>
<td>FCs perceptions of maltreated</td>
<td>Focus group &amp; follow up interviews</td>
<td>8 FCs</td>
<td>TA of interviews and focus group</td>
<td>No comment on researcher impact and reflexivity</td>
<td>More FCs training needed. Children’s social understanding impacts relationships.</td>
<td>8/10</td>
</tr>
<tr>
<td></td>
<td>UK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authors</td>
<td>Study Title</td>
<td>Methods</td>
<td>Participants</td>
<td>Methodology</td>
<td>Recruitment Plan</td>
<td>Findings</td>
<td>Rating</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------------------</td>
<td>----------</td>
<td>--------</td>
</tr>
<tr>
<td>Mishna (2007)</td>
<td>Evaluate school-based therapy for maltreated children</td>
<td>Interviews at 6 and 12 months</td>
<td>Parents, teachers, therapists of 8 children</td>
<td>Grounded theory (GT)</td>
<td>Recruitment plan unclear</td>
<td>School-based treatment is effective</td>
<td>8/10</td>
</tr>
<tr>
<td>Odhammar &amp; Carlberg (2015)</td>
<td>Pre-therapy goals of parents and therapists</td>
<td>Qualitative questionnaires before therapy</td>
<td>33 cases</td>
<td>Content analysis</td>
<td>Limitations in data collection</td>
<td>High level of parent &amp; therapist agreement on goals. Negotiating goals before therapy may create realistic expectations. Parents unlikely to mention help for themselves</td>
<td>9/10</td>
</tr>
<tr>
<td>Samrai, Beinart &amp; Harper (2011)</td>
<td>FCs experiences of placements and support</td>
<td>Interviews, demographic data. Multiple case design</td>
<td>8 FCs</td>
<td>GT</td>
<td>Selection bias</td>
<td>Support and network meetings improve placement stability</td>
<td>8/10</td>
</tr>
<tr>
<td>Tahhan, St. Pierre, Stewart, Leschied &amp; Cook</td>
<td>Impact on mothers of placement</td>
<td>Interviews. Brief Child and Family Phone Interviews. Multiple case design. (BCFPI) pre and 6 mths</td>
<td>8 mothers</td>
<td>GT</td>
<td>Recall bias</td>
<td>Residential linked to physical safety of family. Parental relief and guilt</td>
<td>9/10</td>
</tr>
<tr>
<td>(2010)</td>
<td>Canada post</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whitefield &amp; Midgely (2015)</th>
<th>Should parent work focus on parents’ own childhood experiences</th>
<th>Interviews</th>
<th>Multi case design</th>
<th>5 therapists</th>
<th>Interpretative Phenomenological Analysis</th>
<th>Participants’ different backgrounds. No parent data.</th>
<th>Need permission to explore parents’ childhood experiences. Neglected field</th>
<th>9/10</th>
</tr>
</thead>
</table>

| Wiener, Withers, Patrick & Bradley (1999) | What change is important for disturbed children and their families | Cross sectional multiple case design. Interviews with parent, teacher and clinician | 9 cases | Content analysis of interviews triangulated with clinical assessments | Design flaws using different cases No follow up | Major changes in the children are unlikely. Good place for carers, clinicians and network to agree long-term plans | 8/10 |
3.5.1 Aims of the qualitative studies

The aims of nine of the qualitative studies reviewed concern research about looked after children. Four explored aspects of residential treatment; namely the impact on the parent child relationship (Buchbinder & Bareqet-Moshe, 2011), the impact on the parents and siblings of the child in care (DeB071), stakeholder perspectives on the placement (Harriss, Barlow, & Moli, 2008) and the impact on mothers of agreeing to a residential placement (Tahhan, Pierre, Stewart, Leschied, & Cook, 2010). Two studies involved foster carers, one concerning their level of support (Samrai, Beinart, & Harper, 2011), and another their perceptions of empathy in looked after children (Luke & Banerjee, 2012).

The aims of the remaining four studies were different. One considered the goals that parents had before therapy (Odhammar & Carlberg, 2015), whilst a further study investigated whether or not to explore parent’s own childhood histories as part of parent work (Whitefield & Midgley, 2015). Another looked at a school based therapy service for maltreated children (Mishna, 2007) and the final qualitative study aimed to find out which types of change are important for severely disturbed children and their families (Wiener, Withers, Patrick, & Bradley, 1999).

3.5.2 Qualitative methods, design and data analysis

In the studies reviewed the data were mostly gathered from semi structured interviews, although one study used focus groups (Luke & Banerjee, 2012) and
another used qualitative questionnaires (Odhammar & Carlberg, 2015). The number of participants in the studies varied between five (Whitefield & Midgley, 2015) and 33 (Odhammar & Carlberg, 2015).

A broad range of qualitative data analyses were used including grounded theory (Buchbinder & Bareqet-Moshe, 2011; Mishna, 2007; Samrai et al., 2011; Tahhan et al., 2010), thematic analysis (de Boer et al., 2007; Luke & Banerjee, 2012), interpretative phenomenological analysis (Harriss, et al., 2008; Whitefield & Midgley, 2015) and content analysis (Odhammar & Carlberg, 2015; Wiener et al., 1999).

3.5.3 Study settings

The studies were carried out in a variety of settings which can be roughly categorised as follows; four were based in the child residential sector (de Boer et al., 2007; Buchbinder & Bareqet-Moshe, 2011; Harriss, et al., 2008; Tahhan et al., 2010) and two were undertaken in foster care settings (Luke & Banerjee, 2012; Samrai et al., 2011). Two studies were based in child mental health clinics (Odhammar & Carlberg, 2015; Whitefield & Midgley, 2015) and the remaining two were in day schools (Mishna, 2007; Wiener et al., 1999).

3.5.4 Theoretical approaches

The theoretical perspective of five of the qualitative studies reviewed was psychodynamic (Harriss, et al., 2008; Mishna, 2007; Odhammar &
Carlberg, 2015; Whitefield & Midgley, 2015; Wiener et al., 1999). One of the residential studies was based on cognitive behavioural methods (de Boer et al., 2007), and the remainder did not specify any theoretical underpinning of the organisation or approach of the foster carers.

3.5.5 Main findings from the qualitative studies

In this section I will consider the main findings from the ten qualitative studies, which I will review according to their study setting; the child residential sector; foster care; child mental health and schools.

3.5.5.1 Qualitative studies in the child residential sector

The search identified four papers that report on the child residential sector. It is useful to review them separately as residential work has a unique set of factors (Buchbinder & Bareqet-Moshe, 2011; de Boer et al., 2007; Harriss et al., 2008; Tahhan et al., 2010). Interestingly two of the papers have the word ‘siege’ in their title although there is no referencing from one to the other; perhaps they refer to common aspects of residential care (Buchbinder and Bareqet-Moshe (2011) and de Boer et al. (2007)).

All of the studies reported a considerable improvement in family functioning and relief at having extended periods of respite, which allowed the family to recover. However there were also a number of important differences. Buchbinder and Bareqet-Moshe (2011) interviewed 12 couples whose child had
been in residential care for a year or more. The authors reported that the
parents felt guilty at not being able to manage their child’s behaviour, and this
had an impact on the couple relationship. It was interesting that the researchers
only used two parent families as these are not typical of most children in
residential care and so the findings are somewhat limited. Whereas de Boer et
al. (2007) interviewed 29 parents before, during and after placement, and half of
their participants were single parents. In this study parents were relieved
knowing that their children were safe. Parents also welcomed feeling
understood by staff members rather than feeling blamed.

In contrast, the impact on mothers of children placed in a short-term intensive
mental health residential setting, was the focus of the study by Tahhan et al.
(2010). Eight birth mothers were interviewed prior to and six months after their
child’s discharge, although the length of their child’s placement is not clear. The
mothers felt that a residential placement was the last resort, and realised that
the situation at home had become out of control. Finally, Harriss et al. (2008)
took a wider stakeholder perspective in their qualitative study. They interviewed
23 participants including parents, staff and children in a therapeutic residential
special school, but this evaluation took place only at one point in time.

A strength of Buchbinder and Bareqet-Moshe (2011) is that they captured the
ambivalent feelings that parents have when their child is looked after
residentially, which is often missing in similar articles. However, although this
study is based in the residential sector and the child group is like those at
Stowbury, its focus is solely on the impact on parents of having a child in a
residential care rather than addressing their perceptions of the child. This makes the article less useful in relation to my research. This was similar with de Boer et al. (2007) where behaviour change and symptom reduction were also the main indicators of progress.

However Tahhan et al. (2010) found that the birth mothers in their research gained a better understanding of their child and had a more realistic view about their relationship. They did however acknowledge recall bias as some participants were contacted after 2 years had elapsed. Likewise Harriss et al. (2008) focussed more on the child’s feeling states, self-esteem and ability to manage difficult feelings, rather than symptom reduction. Perhaps this reflects the therapeutic nature of their research setting, not dissimilar to Stowbury. These authors also acknowledged selection bias, as the children were chosen on the basis of their supposed ability to take part in the research interview. Nevertheless from the qualitative studies reviewed in residential settings these last two studies are the most useful as their findings are concerned with parental perceptions of change in their child.

3.5.5.2 Qualitative studies with foster carers

Only two qualitative papers reported research with foster carers (FCs), and support and training was a common factor. Samrai et al. (2011) interviewed eight FCs about placement stability and support. They concluded that support for FCs formed the basis of a successful placement. In particular, a positive relationship between the FC and their supervising social worker, and, the child’s social worker and FC was seen as vital. Surprisingly the findings do not refer to
the support of peer relationships between FCs, which is a common finding in FC research (Luke & Sebba, 2013). The authors acknowledge selection bias at two key stages in the recruitment process so that FCs with positive experiences or a wish to please the social worker may have been more likely to opt into the study.

The second qualitative paper involving FCs is from a child development perspective. It explores FC’s views about the role of social understanding and empathy in children’s ability to make good relationships with them and with peers (Luke and Banerjee, 2012). The researchers held a focus group and individual interviews with ten participants in a local authority child placement team. Unsurprisingly they reported FC’s views that maltreated children have difficulties with socio-emotional understanding. Luke and Banerjee suggest that in order to increase the mentalization skills of this group of children, the training of FCs is improved at the same time as practical strategies are provided. They identified how differences in maltreated children, for example those physically abused or neglected may necessitate a different approach from the FC, and that such training should be individualised for each child. Whilst that is a valid point, in reality this population of children has usually experienced ‘complex trauma’ (Courtois, 2008) and therefore the abuse that occurred is often a combination of emotional, physical, neglect and/or sexual abuse. Nevertheless this study relates to my research, as training for FCs is vital to help them understand how the complexity of a child’s experiences impacts on their relationships. Therefore FCs need specialist training and advice.
3.5.5.3 Qualitative studies in child mental health settings

Two of the qualitative papers were set in child mental health settings and had interrelated themes. Swedish researchers Odhammar and Carlberg (2015) undertook a questionnaire based qualitative study with the parents of 33 children in therapy. Parents were seen at least once a fortnight, and often weekly, and the study was to compare the treatment goals and expectations of the parents and therapists working with the parents. The design was robust as the data were analysed across participants as well as case-by-case. The parents focussed their goals on their child’s behaviour and presenting difficulties, whereas the goals of the parents’ therapist focussed on encouraging parental cooperation, increasing parental sensitivity to the child, helping the parents maintain the adult role and other couple related issues. The authors concluded that parents’ expectations of treatment highlighted their limited understanding of therapy. Therefore negotiating goals and expectations at the start of treatment could help the adults establish appropriate expectations. This paper is relevant to my research and contributes to the understanding of change in parental perceptions.

Linked to the study above, it is often a dilemma for therapists undertaking parent work, to know how far to explore a parent or carer’s own childhood and history. This is particularly so as it is the child who is receiving therapy and that is the reason why the parent or carer is meeting with the therapist. A recent qualitative study in the UK (Whitefield & Midgley, 2015), based on interviewing five psychodynamic parent workers explored this predicament and the key themes were; i) it is parent work not adult therapy, ii) there is a need to
negotiate permission to explore a parent’s history and then to tread carefully; iii) the work needs to sensitively link together, yet separate out the child’s current difficulties and the parent’s history, and, iv) the importance of making use of the parent work relationship. One drawback is that the five parent workers were from different disciplines and may have had different approaches and levels of experience, although that does reflect the reality of most child mental health settings. Nonetheless this research is pertinent to my study, especially the theme of negotiating permission, and parent workers having different levels of experience.

3.5.5.4 Qualitative studies undertaken in schools

The final two qualitative papers were based in school settings, with the first being a day school for children similar to those in my study. Discovering which type of change was important for severely disturbed children and their families was the topic of study by Wiener et al. (1999). A cross-sectional multiple-case study design was used to ascertain the views of parents, teachers and therapists. Parental expectations of change became more realistic as the placement progressed and the authors found that the most valued outcome was professional agreement about what was best for the child in the future. They do not explain this further, but I suspect they were referring to the onset of adolescence and the need for a safe, coherent and manageable plan. They used the term “child-centred paradigm” (ibid. p. 212), and described how effective work needed to free everyone from preconceived attitudes so that a real assessment of future needs could take place. This study is important in our understanding of what helps professional networks make effective plans for
disturbed children, rather than the individual approaches of parents and FCs. Looking at the wider context of the professional network around a child is important in complex cases with multi-disciplinary input, as these types of referral are nowadays increasingly common. This study is particularly relevant to my research even though it is a day rather than a boarding setting.

The last qualitative study looked at the perceptions of therapist, parent and teacher at three time points during the first twelve months of therapy (Mishna, 2007). The eight children were from a primary school in Canada, which was trialling school based therapy. They were all known to social and health care and the children and their families had on going complex needs. Using grounded theory, Mishna reported that children all made progress, but the most challenging aspect for the therapists was engaging and then working collaboratively with parents. Mishna appeared to suggest that parents are used to having negative relationships with professionals, making it difficult to work in partnership with them. It would have been interesting had the author given her views of this from her psychodynamic perspective as this aspect also relates directly to my research setting.

3.6 Findings of the studies using mixed methods

Four of the studies reviewed used mixed methods and were published within the past fifteen years. Three of the papers are from the UK and one from New Zealand. They are summarised below in Table four.
<table>
<thead>
<tr>
<th>Author &amp; Country</th>
<th>Aim</th>
<th>Design</th>
<th>Quantitative data</th>
<th>Qualitative data</th>
<th>Findings / clinical implications</th>
<th>Limitations</th>
<th>MMAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bunday, Dallos, Morgan &amp; McKenzie (2015)</td>
<td>Assess reflective capacity of FCs</td>
<td>12 FCs</td>
<td>Measure: Parent Development Interview (PDI)</td>
<td>TA of PDI</td>
<td>Varying levels of reflection key areas</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UK</td>
<td></td>
<td>Single time point data collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murray, Tarren-Sweeney &amp; France (2011)</td>
<td>FC evaluation of support and training</td>
<td>17 FC</td>
<td>Measures: Parenting Stress Index; Caregiver Behavioural Encounters Index; Child Behaviour Checklist; Assessment Checklist for Children</td>
<td>Interviews using domain analysis</td>
<td>Mismatch between need, support and training</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New Zealand</td>
<td></td>
<td>Single point in time data collection</td>
<td></td>
<td></td>
<td>Carers require intensive support to sustain work</td>
<td></td>
</tr>
<tr>
<td>Rushton &amp; Miles (2000)</td>
<td>Association between support for carers and outcome for girls</td>
<td>P&amp;C of sexually abused girls (n=65)</td>
<td>Measures: Pre, one year and two-year post intervention follow up using Deblinger parent interview; Newcastle interview</td>
<td>Improvement post year 1. P&amp;C reduced guilt and anxiety</td>
<td>Weakness of measures. No psychosocial assessment</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UK</td>
<td>Cohort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>child’s progress in first year of therapy</td>
<td>Questionnaire</td>
<td>Record (HETA)</td>
<td>parental awareness psychotherapy process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit</td>
<td>Data collected 6 and 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.6.1 Aims of the mixed methods studies

When reviewing the aims of the four mixed methods studies, they all had more than one aim, which probably reflects the mixed methods design that they used. Two looked at the training and support of FCs (Bunday, Dallos, Morgan, & McKenzie, 2015; Murray, Tarren-Sweeney, & France, 2011), with the former also considering their reflective capacity. One paper explored associations between support for the carers and treatment outcomes for sexually abused girls (Rushton & Miles, 2000), and one study was an evaluation of a framework for measuring the effectiveness of child psychotherapy (Urwin, 2007).

3.6.2 Mixed methods, design and data analysis

The studies reviewed used a wide mix of quantitative and qualitative measures such as reflective function and thematic analysis (Bunday et al., 2015), standardised questionnaires and domain analysis (Murray et al., 2011). One paper was part of a larger comparative treatment trial (Rushton & Miles, 2000) and another a service evaluation using standardised questionnaires and semi structured interviews (Urwin, 2007). Two of the papers stated that they were using mixed methods (Bunday et al., 2015; Murray et al., 2011), although it was not clear whether the design was basic, sequential, concurrent, multi-level or a combination (Teddle & Yu, 2007). Again, although not stated, a common approach seemed to be that the quantitative data were exploratory and the qualitative data confirmatory (Onwuegbuzie & Leech, 2005).
3.6.3 Study settings

Two of the studies reviewed researched FCs from independent non-government fostering agencies in the UK (Bunday et al., 2015) and New Zealand (Murray et al., 2011). Another two researched within National Health Service (NHS) settings in the UK.

3.6.4 Theoretical approaches

It was interesting that the two studies based in the NHS had a psychodynamic approach (Rushton & Miles, 2000; Urwin, 2007). One of the FC studies did not mention this aspect (Murray et al., 2011) whereas the other described the fostering agency as offering ‘therapeutic care’ (Bunday et al., 2015).

3.6.5 Main findings from the mixed methods studies

As with the two previous sections I will review the papers according to the setting of the study, starting with the two that researched FCs.

3.6.5.1 Mixed methods studies with foster carers

Bunday et al. (2015) assessed levels of reflective capacity in twelve FCs from an independent fostering agency in the UK. The FCs had previously received training from the agency but had not been given any additional training as part of this study. Using the Parent Development Interview (PDI) (Slade, 2005) as the data source, the interviews were quantitatively analysed to assess FC’s
reflective capacity. Following this, they were thematically analysed to explore their accounts of fostering. This gave a rich and interesting analysis. The findings suggested that carers presented varying levels of RF and the researchers concluded that “developmental, systemic and attachment-based thinking were uncommon” (ibid, p.145). This is striking given that the agency offers therapeutic placements. They also found using a correlational analysis that there was no significant relationship between RF and other FC variables such as length of time fostering. This study is significant in relation to my research setting where there are similar varying levels of reflective ability in the FCs, all of whom have different experiences of training from their own foster agencies.

In New Zealand, Murray et al. (2011) carried out a mixed methods survey of 17 FCs to evaluate their burden of care and levels of stress (quantitative data) alongside their perceived need for support and training needs (qualitative data). The participants reported high levels of parenting stress and unmet needs for support and training. In addition, FCs encountered a wide range of uncommon behaviours and severe mental health difficulties in children. This led the authors to conclude that the carers in their sample were exposed to an “exceptional burden of care” (ibid. p149), and should receive intensive support and training, in order to sustain long term placements of children with attachment and trauma-related difficulties. There is a weakness in this study as the sample was self-selecting and represented a low percentage of participants initially approached. In addition aspects of the findings are similar to a number of other international studies (Khoo & Skoog, 2013; Rostill-Brookes, Larkin, Toms, & Churchman, 2011). In common with the other papers reviewed above, this
study assists in understanding the high levels of support and training required for FCs looking after disturbed children, similar to those recruited in my research of Stowbury.

3.6.5.2 Mixed methods studies in the NHS

Rushton and Miles (2000) had 67 participants in their study (which was one arm of a large comparative treatment trial for sexually abused girls). The participants were the mothers of sexually abused girls who attended a parent group whilst their daughters received either individual or group therapy. The authors explored associations between support for the carers and outcomes for the girls using three standardised quantitative questionnaires. The families were followed up one, and two years post therapy (qualitative data). There were a number of noteworthy findings; i) the parent group was thought to have improved the girl’s attendance and compliance with therapy, ii) it provided the mothers with a space to consider the difficulties of parenting a sexually abused daughter, and iii) it increased maternal sensitivity reducing the impact on the mothers’ own mental health. The researchers were attempting to provide “a holistic service to the girls and their mothers” (p.424). Assessing such a dual intervention has its limitations, for example due to a lack of resources it was not possible to gather the follow up quantitative data. Although there are many psychotherapy case studies describing parent work there is surprisingly little research of this kind. This article would suggest that parent work is essential to keep the children in treatment and there are overlaps with my research.
Finally, Urwin (2007) described a mixed methods evaluation based in an NHS child and adolescent mental health service. It was similar to Mishna’s (2007) qualitative study outlined above, although Urwin developed it further by devising and then evaluating the ‘Hopes and Expectations for Treatment Approach’ framework (HETA), a qualitative assessment. This records parent and therapist hopes and expectations of therapy. There were 30 participants in the evaluation and in addition to the HETA, Urwin collected quantitative data using the standardised Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) at baseline, six and twelve months into therapy. The author found that parents responded positively to the HETA reporting that it enhanced their awareness of the nature and scope of the therapy process. Like Odhammar and Carlberg (2015) reviewed above, Urwin found that it enabled parents to develop a more realistic understanding of why their child was having therapy leading to a deepening of the work with parents. A weakness of this paper is that the author only reports on the findings from the HETA framework and not from the Strengths and Difficulties Questionnaire.

3.7 Discussion of the systematic review

A systematic literature review was conducted in order to review the recent (1995 - 2015) research relating to the question ‘How do the perceptions that parents and carers have of their child change during the child’s time in therapy or in a therapeutic setting?’ A systematic review is a non-biased and rigorous method of synthesising and evaluating research studies. It is a standardised approach which can be replicated. Criticisms are that it originates from a positivist, medical model and fits poorly with a qualitative paradigm, although
the Cochrane Qualitative Research Methods Group was established to address this issue (Dixon-Woods, et al., 2007).

An alternative to a systematic review is a narrative review, which is selective and therefore subject to bias, and often without any quality assessment. In this thesis I wanted to conduct a systematic review to examine research previously not brought together, and to search for studies that were relevant and previously not known to me. Nevertheless, I acknowledge that my evaluation is inevitably subject to some bias and cannot be completely objective, but the process was conducted systematically. I considered it a valuable exercise particularly as there is limited systematic research within the child residential sector and child psychotherapy. It was notable that in a few of the qualitative studies reviewed, the researchers described their small sample size and non-randomisation as limitations, which perhaps suggests that the population of researchers has different understandings about some of the key differences between qualitative and quantitative research.

Viewed together the studies are in agreement that parenting traumatised children is challenging and needs a set of therapeutic skills, which differs from and exceeds the realm of ‘normal’ parenting. Such skills are not covered by the routine foster carer training provided by agencies. There does not seem to be consensus about the best therapeutic approach. As the review included research with FCs and parents it covered a broad spectrum of interventions and approaches, which highlighted the differing position and role of parents and FCs. By this I refer to the personal/professional aspect of the fostering role, the fact that some foster placements may be short term, and the situation where
birth parents may themselves have also been traumatised by the same experiences that affected their child e.g. domestic violence. Consequently the participants in many of the studies reviewed were either FCs or parents, with few studies reporting on both. This could suggest a number of possibilities i) that the settings from which authors report their work, focus either on parents or FCs, ii) that the work with parents and FCs is different and needs a different approach and iii) that there is a gap in the literature given that improving relationships is at the core of most therapeutic work. The two studies that considered reflective function and mentalization might be a way to address that gap (Bammens et al., 2015 and Bunday et al., 2015).

In the studies there is a broader theme, which relates to my research, concerning parental expectations and understanding of therapy. This was present in five of the studies that predominantly reported work with parents rather than foster carers, (although in the paper by Mishna one out of the eight children was in foster care, and in the Wiener study two of the nine children were in foster care). It could be that the expectations and understanding of therapy is different for parents and FCs, but none of these studies discussed that possibility.

In the literature examined the focus was often on the experience of the adult looking after the child rather than how they perceive and understand how the child changes over time. Where there was comment about the child, it was often in terms of symptom reduction and behaviour change rather than anything relationship based (Buchbinder & Bareqet-Moshe, 2011; de Boer et al., 2007). Generally the analyses did not describe the child as part of a changing and
developing relationship with their parent or carer, leaving the reader with the impression that children and parents do not influence each other, which is the opposite to the reality of parent child relationships. It might be that the trauma that the children have experienced contribute to this, however this was not a feature in the papers.

The studies examined have all been published in peer-reviewed journals. A noticeable finding was the infrequency of cross-referencing between articles, and there was only one study which cross referenced another (Odhammar & Carlberg, 2015). This could highlight a lack of academic discussion in this specific area of research. Few of the papers included acknowledgment of the impact of the researcher on their study, and in addition the CASP item (assessment tool for qualitative research), which considered the relationship between participants and researcher was frequently absent.

3.8 Summary

The objective of this chapter was to determine the evidence related to changes in parental perceptions of their child either in therapy or in residential care. This systematic review would suggest that to date no research has been published which examines how the perceptions that parents and carers have of their children, change during the first year in a residential setting. My study will attempt to address that gap and in the next chapter, I will describe the methodology I used to carry out my research.
CHAPTER 4. METHODOLOGY

4.1 Introduction

In the last chapter I completed a systematic review of the literature related to my study. I established that there are no published papers that examine changes in parental perceptions of their child during the first year at a residential school. Therefore this study attempts to contribute to the academic debate within the area of ‘looked after children’ in residential child-care sector.

This research is a qualitative study using interviews at two time points to explore how the views and experiences of parents and carers change over the course of one year. In this chapter I will explain the rationale for my research methodology. I will clarify how I combined a thematic and secondary narrative analysis of the participants’ accounts, and, how I used psychoanalytic theory to inform my analysis of the narrative chapter and the discussion of my findings.

I will begin by examining how I have used the framework of psychoanalytic theory in this research and how that fits with a social constructionist position. I then explain the methods that I used and why a comparative thematic analysis and secondary narrative analysis were appropriate ways to answer the research questions:

Q1. How do the perceptions that parents and carers have of their children change during the first year at Stowbury?

Q2. What feelings are raised for parents and carers by having a child at Stowbury?
4.2 Using psychoanalytic theory in qualitative research

A distinctive factor of the qualitative research method is that it starts from the perspective of the participants being studied whereas in quantitative studies the researcher's ideas about measurements or groupings are the key focus (Silverman, 2014). Within the qualitative paradigm in social sciences there has been an ‘affective turn’ which has resulted in researchers bringing emotion into their research and incorporating new methodologies often with a psychoanalytically informed approach (Gibson, 2015).

My research is primarily a comparative thematic analysis of participant interviews repeated at two time points one year apart. A secondary narrative analysis was undertaken to look in depth at two narrative extracts, and these are discussed from a psychoanalytic viewpoint (Frosh & Saville Young, 2013). My clinical knowledge and experience as a child and adolescent psychotherapist underpins this research. A key feature of being a psychoanalytic practitioner is an acknowledgment that one’s presence within an interaction becomes part of the interaction, therefore my presence within the research will have influenced what happened at all stages (Holmes, 2013). A difference in this research is that I am asking parents and carers about their relationship with someone else (their child and the school) rather than remarking on their relationship with me. In common with other qualitative researchers, reflexivity is also an important element of my methodology, which I discuss in chapter eight.

I approached my research from a social constructionist position. A perspective that challenges the views about the nature of knowledge and reality, and argues
that meaning is socially constructed between people as they go about their daily lives (Burr, 1995; Robson, 2011). In a broadcast, sociologist Dennis Hiebert defined social constructionism as:

> The process whereby people continuously create, through their actions and interaction, a shared reality, that is experienced as objectively factual and subjectively meaningful. Their worlds are made up by people and transmitted by people (Hiebert, 2014).

In relation to this research it means that my interpretation and analysis of the data is not concerned with finding the absolute truth about the participants. Instead it is about developing a subjective understanding of the parents and carers, which fits with the research setting and my role there, which I acknowledge is also socially constructed. Likewise this perspective fits with my understanding of a psychoanalytic approach, which starts from the emotional state of the individual, which itself will have developed due to the individual’s unique ‘social’ life experiences. As described previously in chapter 1.4, the history and culture of my research setting and place of work, has a long and rich psychodynamic tradition. I believe this is important and needs to be acknowledged and reflected in the research.

Increasingly a psychoanalytically informed approach has been used to extend the qualitative analysis of research data (Clarke & Hoggett, Researching beneath the surface: Psycho-social research methods in practice, 2009; Frosh & Saville Young, 2013; Gough, 2004; Hollway, 2009). For example, Hollway and Jefferson (2000) have developed a psychosocial research method called
the “Free Association Narrative Interview” (p. 36), which argues that researchers, who may or may not have done a psychoanalytic training, can use the theory to understand the “anxiously defended subject” (p.4). Using the psychoanalytic concepts of splitting and projection (see chapter 1.4.4), their data analysis assumes that participants make unconscious links and contradictions in order to avoid emotional discomfort. They state that data gathered from open-ended interviews will implicitly communicate thoughts and feelings that have unconscious significance.

Critiques of the use of psychoanalysis as a research methodology argue that it leads researchers to “individualise, pathologise and decontextualize the person” (Gibson, 2015, p. 176). Furthermore it has been argued that using a psychoanalytic perspective runs the risk of oversubjectifying the participant. This happens when their talk in research interviews is linked to hypotheses about their emotional life within the interpretative framework of psychoanalysis, and within a context where the participant cannot respond (Morse, 2000).

I am not following Hollway and Jefferson’s model. I am using psychoanalytic theory to inform my analysis of the narrative extracts, and later to discuss the findings. I am not using it as a methodology. I am using my working clinical knowledge of psychoanalytic theory to inform how I understand the data. There are however clear overlaps, especially use of researcher reflexivity. With that in mind I hope to minimise any pathologising critical stance when discussing the data by reviewing my reflexivity in relation to the interviews and the research process.
Having outlined my epistemology I will now discuss the methods I used and why thematic and narrative analyses were chosen.

4.3 Thematic analysis

Thematic Analysis is a theoretically flexible qualitative research method for identifying common themes across a data set. It has been widely used in different fields of research. My reading uncovered different ways in which the approach has been adapted (Attride-Sterling, 2001; Bazeley, 2009; Joffe, 2012; Bellamy, Gopolan, & Traube, 2010; Bellamy, Gopolan, & Traube, 2010) but I decided to broadly follow the method as described by (Braun & Clarke, 2006; 2013)

Despite now being a frequently used method, thematic analysis was “poorly demarcated and rarely-acknowledged” (Braun & Clarke, 2006, p. 77). Its origins come from a long tradition within social psychology which have at its core, a research skill of “thematizing meanings” (Hollway & Todres, 2003, p. 347). The breadth of approach meant that in the early days it was criticised for its ‘anything goes’ style, but in recent years the method and its application has become more rigorous and systematic (Robson, 2011). It is argued that most qualitative data analyses begin with some form of thematic analysis (Gough, 2009).

Braun and Clarke (2013) outline how the researcher can conduct either an inductive or theoretical analysis of the data. An inductive thematic analysis “Aims to generate analysis from the bottom (the data) up” whereas a theoretical
analysis is “guided by an existing theory and theoretical concepts” (p.175). I have used an inductive approach as this fitted with my wish to see and use the data in its raw form initially, before any discussion within the theoretical framework of psychoanalysis. Approaching the analysis in this way also increases the transparency and quality of the research process (Silverman, 2014).

There is valid criticism that the fragmentation of data into themes detracts from seeing the research participant as a whole person (Bingley, Thomas, Brown, Reeve, & Payne, 2008; Riessman, 2008). In this study one of the research questions relates to discovering common experiences between all the participant parents and carers, therefore finding themes seemed the most appropriate method to answer the question about change in parental perceptions of their child during the first year at the school.

Another critique focuses on how thematic analysis can appear to deaden the data, leading to superficial understandings, which sometimes appear “more quantitative than qualitative in nature and spirit” (Brown & Locke, 2013, p. 383). With this in mind, Braun and Clarke (2013) encourage researchers to move beyond the descriptive manifest meaning of the data to “a more conceptual and interpretative form of analysis, typically focusing on more latent meanings” (p.252). Although this is possibly not what Braun and Clarke mean, their use of the terms manifest and latent content does fit with a psychoanalytic approach to data analysis; the terms “manifest” and “latent” having been used by Freud in The Interpretation of Dreams (Freud S., 1900).
4.4 Pluralism in qualitative research

In my research I set out to do a comparative thematic analysis at two time points one year apart. However, as I describe in section 4.11.2, there were two interviews that I wanted to explore in more depth and so I undertook a narrative analysis of excerpts from those two interviews.

Frost (2008) defined a pluralistic approach to qualitative research as one that uses different qualitative methods to explain characteristics of the same set of data; it draws on the fact that people’s lives are complex and that research should mirror such complexity, “People’s experiences are multidimensional (…) a framework of ontological and epistemological multiplicity and multidimensionality would be both appropriate and helpful in understanding such a reality” (Chamberlain, Cain, Sheridan, & Dupuis, 2011; Baldwin, 2014).

In my research I considered that doing narrative analysis on selected extracts would enrich the data analysis (Kerwin-Boudreau & Butler-Kisber, 2016). For example in relation to health and illness research it is considered a way to capture analytic depth:

Thematic analysis can also be enriched by drawing on linguistic approaches, or by complementing a horizontal, thematic treatment of the data with in-depth analysis of a few cases. These approaches are not mutually exclusive – insights from narrative analysis and other methods can enhance a thematic analysis (Ziebland & McPherson, 2006, p. 409).
In addition, Emerson and Frosh (2009) argue that:

A researcher might, for example, do conventional thematic analytic investigations identifying content-based themes across a series of interviews, but then employ narrative analytic procedures to investigate certain particular passages of text in detail. Such passages would be selected on theoretical or methodological grounds: for example, sections of text marked by intense emotionality, contradictions or conflicts, particular fragmentary narratives and ‘breaches’ (p.157).

This is pertinent to my study. I have largely done what Emerson and Frosh outline above, and I describe it in further detail below in section 4.11.2. I acknowledge that I am taking aspects from different methodological paradigms and will show that together they fit the research questions.

4.5 Narrative analysis

The use of “narrative methods of inquiry" has an established history in the human sciences, literature and cultural research (Hiles & Cermak, 2013, p. 147). Its use in psychology assumes that people use narratives to organise their understanding of their lives. Through telling stories to each other and ourselves we create and re-create our identities, which are contextual and socially constructed (Gubrium & Holstein, 2009; Murray & Sargeant, 2012). Narrative analysis refers to a broad group of methods which interpret oral, written and visual data where the common feature of these data is their narrative or story
Narrative methods use extended excerpts or whole interviews to consider how narrators position themselves, develop their story and incorporate personal meaning-making into their speech; this provides a deeper level of analysis of individual cases. This is unlike thematic analysis where data are edited into small units, codes or themes to highlight certain features across a number of participants.

As described above in section 4.2 there is a theoretical ‘fit’ between narrative analysis and psychoanalytic theory. Emerson and Frosh describe their psychosocial approach as “critical narrative analysis”. Although not overtly linked to a psychoanalytically informed stance, they suggest that “personal narratives, often emerge around people’s experiences in their lives of breaches between ideal and real, self and society” (Emerson & Frosh, 2009, p. 13). Tension between self and other is what people often unconsciously defend against, so it could be argued that the tension participants experience in these breaches is similar to Hollway and Jefferson’s “anxiously defended subject”.

Critiques of narrative analysis are related to its breadth of approach that can encompass a multitude of perspectives. People’s stories are ambiguous and open to interpretation, where researcher subjectivity can have a significant impact. Squire et al. (2013) capture these aspects in this quote, “it is susceptible to endless interpretation, by turns inconsequential and deeply meaningful” (p.1). However, as in many fields of qualitative research these
comments may also be what some researchers find appealing in this approach (Riessman & Speedy, 2007). I decided to supplement the thematic analysis with a secondary narrative analysis as together they enable me better to answer the research questions.

As described in section 4.3, I have carried out an inductive thematic analysis, as I wanted to create the themes with as little theoretical steer as possible. However, where appropriate I have analysed the two narrative extracts within a psychoanalytic framework, and later I discuss the findings also from this perspective.

4.6 An interview as research material

I used the text generated from interviews with parents and carers as the data for the research. The origin of the word ‘interview’ comes from the French “s’entrevoir” meaning to see one another (Merriam-Webster, 2015). The status of data gathered from qualitative research interviews has been widely debated from different epistemological positions, questioning what it is that can be ‘seen’ from an interview, and how, what and whether it reflects the reality of the interviewee’s life (Potter & Hepburn, 2005; Silverman, 2014; Smith, Hollway, & Mischler, 2005). In this research my aim was to ‘see’ how parents and carers experienced Stowbury and how they thought their child had changed over the period of one year. Through the interview I was not only interested in the actual words they used but also the emotion and feeling that accompanied how they spoke.
There are links between the psychoanalytic approach to clinical interviews and qualitative research. Like other clinically trained practitioners, psychotherapists experienced in non-directive interviewing have many of the skills needed by qualitative researchers. However there are clear differences between the two that need to be respected; for example, the participant is not taking part due to their own clinical need and so any dynamics present between the participant and researcher would not be taken up therapeutically although they may be acknowledged (Frosh, 2010; Kvale, 2003). This fits with the view that the research interview is a collaboration between interviewer and interviewee (Rapley, 2004). It is sympathetic to the “active interview” approach, described as “a site and occasion for meaning making. It is more like a two way informational street than a one-way data pipeline” (Holstein & Gubrium, 2006, p. 143). My research interviews, much like a clinical session with a parent were “unscripted and unpredictable”, co-constructed and as close to clinical material as it was possible to gain outside of the therapy room (Rustin, 2003, p. 141).

There are methodological weaknesses with a constructionist view of interviews as Silverman (2014) outlines “It’s own concern with the basic properties of social interaction would seem to deny the value of treating interview data as saying anything about any other reality than the interview itself” (p.187). However a response to this critique is that people often present different views of themselves and do not have a fixed single identity, and, these aspects of ourselves are culturally and socially constructed (Murray & Sargeant, 2012). Therefore the research interview offers us one version of the interviewee’s identity.
4.7 Ethical considerations

The design of the study was initially discussed with the school’s management team and the Education and Treatment Committee of the Trustee group. They approved the plan for the research. Ethics approval was granted from the Research and Ethics Committee (REC) at Exeter University (Appendix B). Under Governance Arrangements for Research Ethics Committees I did not, in addition, have to apply to the Social Care REC as the university granted ethics approval, which the Social Care REC accepts. In addition I have complied with the Code of Ethics of the Association of Child Psychotherapists (ACP).

Parents and carers are in a vulnerable position at the start of their child’s placement, possibly feeling that the research interview could affect their child’s placement, so it was important to discuss this from the outset.

During the research I did not see any of the participants in my clinical capacity at the school. However I was not in a pure researcher position as I work for Stowbury and the participants were aware of my role within the organisation, nevertheless I did limit any ad hoc interactions to a minimum. The audio recordings of the interviews were stored on an external hard drive and kept in a locked cupboard. In addition all names of the participants and children have been changed.

---

12 ‘Review by your university REC (provided it operates in accordance with the ESRC’s framework) should therefore be sufficient’ – quote taken from -

http://www.scie.org.uk/research/ethics-committee/faqs.asp

13 The ACP is the professional registration body for psychoanalytically trained Child and Adolescent Psychotherapists in the UK.
4.8 Participants

The participants of this study were all the parents and carers whose children started at Stowbury during a twelve-month period (Table 5). They comprised four foster carer couples, one single foster carer and two single birth mothers. Their ages were between their early forties and late fifties. There were no adoptive parents. The foster carers had a wide variety of previous fostering experiences for local authorities and fostering agencies; one was new to fostering and one of the couples had over fifteen years experience. In all of the foster placements the child they were looking after had been with them for less than a year and the placement was on the verge of break down. One of the participants was Black British of Jamaican heritage, one of the participants was Black British of Barbadian heritage and the remaining participants were White British. Gracie, the Barbadian participant was caring for a white girl Eve; the other participants and their children had the same cultural and racial backgrounds. They all lived in the south of England.
Table 5 Participants in order of interview

<table>
<thead>
<tr>
<th>Participant</th>
<th>Birth parent (BP) or foster carer (FC)</th>
<th>Length of time fostering</th>
<th>Child &amp; age</th>
<th>Number of child’s previous foster placements</th>
<th>Child’s length of time in foster placement before starting Stowbury</th>
<th>Was participant offered family weekend? if yes did they attend?</th>
<th>Did participant attend foster carer meetings and if so how many?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen</td>
<td>BP</td>
<td>n/a</td>
<td>Michael 10</td>
<td>n/a</td>
<td>n/a</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Teana &amp; Derek (not interviewed)</td>
<td>FC</td>
<td>15 years</td>
<td>Corine 8</td>
<td>8</td>
<td>8 months</td>
<td>Yes</td>
<td>Declined for work reasons</td>
</tr>
<tr>
<td>Carol &amp; Will (at T2 interviewed separately)</td>
<td>FC</td>
<td>3 years</td>
<td>Craig 6</td>
<td>2</td>
<td>10 months</td>
<td>Yes</td>
<td>Declined for health reasons</td>
</tr>
<tr>
<td>Kath &amp; Steve</td>
<td>FC</td>
<td>15 years</td>
<td>Emma 8</td>
<td>0</td>
<td>0 months – emergency placement</td>
<td>Yes</td>
<td>Declined</td>
</tr>
<tr>
<td>Steph</td>
<td>BP</td>
<td>n/a</td>
<td>Nevin 7</td>
<td>1</td>
<td>18 months</td>
<td>Yes</td>
<td>Declined following birth of baby</td>
</tr>
<tr>
<td>Gracie</td>
<td>FC</td>
<td>new carer</td>
<td>Eve 9</td>
<td>2</td>
<td>9 months</td>
<td>Yes</td>
<td>Did not attend as muddled dates</td>
</tr>
<tr>
<td>Petra &amp; Klaus (not interviewed)</td>
<td>FC</td>
<td>8 years</td>
<td>Daryl 9</td>
<td>13</td>
<td>10 months</td>
<td>Not offered due to complex family issue</td>
<td>Yes 2</td>
</tr>
</tbody>
</table>

102
A colleague, who is responsible for bringing new children into the school, informed parents and carers about my research after their child’s placement had been confirmed but before the child had started. At that point they were given written information about the research (Appendix C). It was important to tell the participants at this point during the starting process, as I wanted to meet them as soon as possible after their child’s start date, right at the beginning of the placement. Kath and Steve were the only exceptions as Emma was in a temporary foster placement when she started at Stowbury. Her placement with Kath and Steve was confirmed approximately three months after she had started at the school.

4.9 Collecting the data and transcribing the interviews

All the new parents and carers of children starting the school during the twelve month period agreed to take part and a meeting (T1) was arranged within the first ten days of the child starting at the school. One of the participant T1 interviews took place at school and the others were in their homes. The purpose of the interview was explained again and in addition, participants assured that withdrawal from the research would not affect their child’s placement.

Informed written consent was obtained before the start of the interview (Appendix D). The interviews lasted between fifty-five minutes and one hour and twenty minutes. They were all digitally recorded and none of the participants objected to this. A follow up meeting (T2) was conducted 12 months later, in their homes.
My professional background and ACP training influenced the approach I used when interviewing participants. Having trained at the British Association of Psychotherapists, I describe myself as coming from the independent psychoanalytic tradition. The interviews were similar to how I conduct a new parent assessment, which is largely an opportunity to explore and clarify the concerns of a parent; therefore the interviews were as close to naturalistic data as possible. However I did use an interview schedule as an aide memoire (Appendix F).

Researchers sympathetic to psychoanalysis have likened aspects of a clinical session to good qualitative interviewing (Kvale, 2003; Midgley, 2006). My approach followed practitioner-based research and qualitative interviewing techniques where “researcher-practitioners use their therapeutic skills and judgement and thereby enrich their understanding of research participants, themselves and their relationship” (Mcvey, Lees, & Nolan, 2015, p. 147). The interviews were largely participant led, with my interventions kept to a minimum, although I did have some general areas in mind, for example the participant’s understanding of the child.

There were two exceptions in my interviewing technique that are different to my usual clinical practice. The first was that I did not explore any emotional contradictions or inconsistencies in the participants’ narratives. Occasionally there was a fine balance between purely clarifying what they had said so that I could understand something properly, and, a deeper exploration of their own feelings about something; the latter would have felt more akin to a clinical intervention. The second difference was that I did not make any links between
the participants’ feelings about a child and that child’s history or behaviour. Whilst this type of linking is a recognised therapeutic technique, in the interviews I wanted to see whether the participants would spontaneously make such links and talk about them unprompted, as this would suggest a reflective ability.

The T2 interviews looked back over the previous twelve months with the purpose of finding out if and how the participants’ understanding and perception of their child had changed during the intervening year. I was also interested in their experiences of the school and the services provided. The T2 interview with Teana, one of the foster carers took place ten months after the T1 interview. It took place early because Teana and Derek ended Corine’s placement with them.

After the interviews I checked that the participants were not left feeling overly upset; this was important as three participants had cried and spoken about distressing personal issues. I also debriefed myself after every interview by noting my thoughts and observations about the interview, the participant, and the impact of the interview on me. This is in common with other qualitative researchers and is part of the initial phase of data analysis (Charmas, 2006; Hollway & Jefferson, 2000).

In total there were eleven carers of seven children, of which nine were interviewed. These generated 15 interviews as at T2 Carol and Will were interviewed separately. Due to the two-phase interview structure data collection
took place over a two-year period and it was not possible to include more participants.

4.10 Analysing the data

4.10.1 Approach to identifying themes

I read through each T1 interview and coded the transcripts. I defined codes as labels to identifying overt features of the data such as ‘feeling trapped’, ‘exhausted’. I coded with no conscious “overt theoretical steer” in mind (Braun & Clarke, 2013, p. 207). I used Nvivo 10 to help me organise the coded data. I then listened again to the original audio recordings, and carried out a secondary analysis of the data by recording in red on the transcript the implicit and explicit emotional content of the interviews. I did this because I had lost sense of the affective content and found it difficult to access the emotional tone of the interviews just from the text. Using the audios and transcripts together was the beginning of developing the analysis with each complementing the other (Ashmore & Reed, 2000).

In writing about psychoanalytically informed research Gibson (2015) observes, “emotionally significant issues will unfold through the linkage between ideas as the narrative develops. I have found it helpful to think of these links as forming a kind of ‘red thread’ – a dominant emotional story that emerges through a narrative” (p183). Hollway (2009) describes something similar “I work with audio records alongside transcripts. But listening to the participant’s voice means more than listening to the audio record. It requires attention to the initial

---

14 NVIVO is a computer software package for organising qualitative data
research encounter in which researchers can use their own relationship to the scene to register the ways that they are emotionally affected by it” (p.3). An illustration of the interview data and my thoughts about the emotional content is below in Table 6.

**Table 6: Interview data and emotional content from Carol&Will1-325**

<table>
<thead>
<tr>
<th>Line</th>
<th>Coded data</th>
<th>Emotion – implicit and explicit in red</th>
</tr>
</thead>
<tbody>
<tr>
<td>325</td>
<td>Will: Yes we do and in all honesty Carol will be honest with you a few months ago she wanted to pack it all in</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>325</td>
<td>Carol: Yes I’d had enough of it all, I’d had enough of not seeing my family, they had distanced themselves from us</td>
<td>Carol fed up and resentful</td>
</tr>
<tr>
<td>327</td>
<td>Will: Well we felt at the time the best thing was that they didn’t come as often, because, not that I thought he was going to do them any harm or anything, but he gets himself worked up in a positive way</td>
<td>Will and birth family missing out</td>
</tr>
<tr>
<td>328</td>
<td>Will: And then all of a sudden he’s on a low again, so I didn’t see the grandchildren for several months because Carol would go over there</td>
<td>Missing his family</td>
</tr>
<tr>
<td>329</td>
<td>Interviewer: He was getting in between you and your family?</td>
<td></td>
</tr>
<tr>
<td>330</td>
<td>Carol: And the sexual behaviour you know</td>
<td>Worried about other things too</td>
</tr>
<tr>
<td>331</td>
<td>Interviewer: are you talking about him masturbating or other stuff as well</td>
<td></td>
</tr>
<tr>
<td>332</td>
<td>Carol: Well he would come down here in front of people and say 'I’m humping my pillow'</td>
<td>Concern for family and grandchildren</td>
</tr>
<tr>
<td>333</td>
<td>Will: And they’ve got a little boy in the family, it wasn’t right we were trying to get the balance right weren’t we?</td>
<td>Torn loyalties and mixed feelings</td>
</tr>
</tbody>
</table>

I used the information from this secondary analysis of listening to the audio whilst reading the script, to inform my starting point for identifying the data that I wanted to use to create the themes. I concentrated on the overlap between the data that I coded initially and the affective content data that I coded whilst listening to the audio. Once I had identified the emotional content of all of the interviews I revisited the data and refined the codes. I then looked for themes

---

15 Carol&Will = participant; 1 or 2 = T1 or T2 interview; 325 = line number of transcript
across the whole data set. Some themes came together more easily than others and their development was a process of revisiting and reorganising.

4.10.2 Approach to the narrative analysis

After I had completed the thematic analysis, and following further reflection and discussion with my supervisors and peers, I decided to undertake a narrative analysis of extracts of two T2 interviews, where the participants expressed ‘intense emotionality’ and where I also felt the emotional impact of the interview (Emerson & Frosh, 2009, p. 157). The two interviews where this occurred were Carol2 and Teana2. I selected these two participant interviews for further analysis as Carol and Teana were both struggling to understand something about their relationship with their foster child, and with Stowbury; two factors which were directly linked to the long-term stability of their child’s placement. I did not do a narrative analysis for any of the other interviews.

For the narrative analysis I followed Gee’s poetic line approach (Gee, 1991); I was also influenced by Emerson and Frosh (2009), Frosh and Saville Young (2013) and Riessman (1993). Gee (1991) divided everyday speech and narratives into units of different length such as lines, stanzas and strophes, and described them as follows “The line, stanza, strophe, and part structure of the text (Level1) cuts a narrative into blocks of hierarchically related pieces of information, the ideas, events, characters, and states that make up the material of the narrative” (p.35).
Initially I re-read the two interviews and listened again to the audios of Carol2 and Teana2. I identified the strophes for the interviews Carol2 and Teana2 (see Appendices E and G). I understand strophes to be like sub-narratives or topics.

I then identified an extended passage from the raw text that demonstrated the affective quality in the interviews that I wanted to examine further. I re-transcribed these passages from the raw text following Gee (1991). I used the participant’s words in the order they were spoken, leaving out extraneous words. I was guided by listening to the audio for stresses, intonation, rhythm and entrance and exit talk (Jefferson, 1988). This re-editing technique highlights the affect within the participant’s story. As such it was a ‘bottom up’ approach. In table 7 there is a worked example from Teana2-127. The first part is the raw interview text and the section part is from Stanza 3 ‘Why the placement broke down’.

Table 7: Example using Gee’s (1991) poetic line approach

<table>
<thead>
<tr>
<th>T = Teana; C = Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw interview text</td>
</tr>
</tbody>
</table>

T: She was actually, she stirred it up to see how far she can go. The next person who gets Corine, well they are in for it, and as you know now she’s older she is going to give them a proper run for their money. Then they’ll pass her on again as that’s probably how she’s going to look at it, and if she doesn’t go to white carers it’s going to be a whole load of trouble again and she probably won’t

C: I don’t know, it would be unusual

T: Unless she’s in Xtown and there’s someone that can, therapeutic carers who can, because she does need, it’s what she needs and that’s what she needs but I don’t think there will be one, I’m hoping but

C: And one thing I remember you saying when I saw you last year we were thinking about the support you’d had with Corine before she came to us

T: There never was, and you know it, it’s part of what broke it down, but as I say the only thing which changed was in the half term um they, my agency, put
in she can only come back for that week if there’s some respite. Somebody could take her out for 3 days because it had got that bad, you know, they just wasn’t willing to come here and risk her making an allegation, because that was what she was starting to say. You know, ‘I’m going to tell you did this’ and ‘I’m going to tell you did that’, you know because when any placement is breaking down she tells them you did this and I though I cannot risk that happening and so they did arrange for someone to take her out for 5 hours say Wednesdays Thursday Friday

Stanza 3: Why the placement broke down

T: she stirred it up to see how far she can go  
the next person’s in for a proper run for their money  
then they’ll pass her on again  
if she doesn’t go to white carers, going to be a whole load of trouble

C: I don’t know it would be unusual

T: therapeutic carers it’s what she needs

C: and one thing I remember you saying when I saw you last year we were thinking about the support you’d had with Corine before she came to us

T: there never was, it’s part of what broke it down,  
they wasn’t willing to come and risk her making an allegation,  
when placement is breaking she tells them ‘you did this, you did that’  
I cannot risk that

Narrative researchers have debated whether or not to include interviewer contributions in their analysis. For example Labov’s (1972) early structural approach concerned the elements of a narrative that were discrete properties relating to a story, and did not include the relational aspects of the participant and interviewer. Whereas Riessman (1993), recommends that the interviewer’s talk is included as it helps understand the co-construction of the narrative, and importantly allows for the exploration of “power relations in the production of personal narratives” (p.20). Taking a wider intersubjective stance fits with using psychoanalytic theory to inform the analysis of the data. I included my interview comments and questions to participants in the editing, as I believe the interaction between the researcher and participant is an important part of the research process.
In order to help my understanding and analysis of the two narrative extracts, and, following discussion in a research peer support group, I spoke to the keyworkers of Craig and Corine about the specific issues that the participants had raised in the T2 interviews (see chapter 7.2 and 7.3). I did this because I wanted to hear the two keyworkers’ views of the issues that the participants had spoken about at T2.

In the narrative analysis I have also drawn on the work of Habermas (2006), who has conducted psychoanalytic research on autobiographical narration, particularly the relationship between emotion, narrative and listener emotion. Using life narrative interviews, Habermas evaluated the linguistic habits that people adopt to defend themselves against painful affects. Using Laub and Auerhahn’s (1993) classification of how traumatic experiences are integrated and understood, Habermas described that when individuals relate experiences of “overwhelming narratives”, that the narrator “loses his distance to what is narrated and slips into the present tense as if it was a timeless, ever-present experience that won’t pass” (p.512). He also found that people use fewer mental verbs in interviews to protect themselves from painful feelings.

Habermas (2006) also found that the intensity of the feelings induced in the listener was directly related to how the narrator created their story. Using interview data similar to mine, Habermas found that narratives that included multiple perspectives and a commentary on the speaker’s affect meant that the listener gained a better understanding. However narratives where there were gaps in points of view, and where the feelings of the characters were not conveyed, left the listener to rely on their own feelings to account for the
missing elements. Habermas suggested that these missing elements were
defensive, “even these highly personal stories that are not related in a
transference situation can activate defence mechanisms and appeal
unconsciously to the listener” (p.501). As a psychoanalytic researcher,
Habermas’ approach to understanding research interviews fits well with my
narrative analysis and use of psychoanalytic ideas to inform this study.
In the narrative analysis where appropriate I use psychoanalytic theory as a
way of conceptualising and discussing the two narrative passages. This is a
different approach to how I analysed the T1 and T2 themes. I undertook the
thematic analysis with no theoretical steer because I wanted to approach the

4.11 Quality standards

As the use of qualitative research has increased, standards for evaluating its
quality have also developed. Alongside this there has been a major debate in
social sciences focusing on whether the standards for quantitative research
also apply to qualitative research (Guba & Lincoln, 1994; Spencer & Ritchie,
2012). For example:

Quantitative researchers are often interested innormalisable
laws, and so seek to minimise the influence of the researcher – which is
seen as a source of error or ‘bias’. The paradigm requires that their tools
must not be influenced by the person collecting the data (Braun & Clarke,
2013, p.279).
This is counter to contemporary principles of qualitative research where reflexivity is acknowledged as a valuable part of the process, not something to be eliminated or avoided. It is considered to be a “major strategy for quality control in qualitative research” (Berger R., 2015, p. 219).

Self-reflection and the use of one’s subjectivity are also fundamental to a psychoanalytic perspective and part of this study. In common with many qualitative researchers, the aim of a psychoanalytically informed approach is not to find a valid interpretation of the data as if there were one single truth to be found. Instead according to Geertz (1973) it is to make “thick description possible, not to generalise across cases but to generalise within them” (p.26).

Within the field of health psychology Yardley (2000) has devised four principles, which are said to be theoretically neutral and therefore applicable to constructionist research and the epistemological position of this study. They are: i) sensitivity to context, ii) commitment and rigour, iii) transparency and coherence and iv) impact and importance. I review my research in relation to these in chapter nine.

From a narrative perspective, Riessman (2008) highlights the importance of ‘trustworthiness’. She argues that this is not related to a single feature of research but covers “fluid boundaries and origins, theoretical premises, epistemologies, uses and limitations” (p.185). It is more a statement on how the research is situated within a particular field and the stance of the researcher than a list of criteria to be followed. Although her definition as written could be criticised as being imprecise, it is compatible with Yardley’s principles and the
design of this study which as stated previously is a combination of methodological perspectives.

A further quality standard is the use of credibility checks. Researching within one’s place of work has overlaps with ethnography, and whilst I was not a participant observer, I worked alongside staff that knew the participants (Hammersley, 2006). My role meant that I heard about the participants and children although as I mentioned in section 4.7 I did not work clinically with them. Assuring credibility is therefore important in this research due to my clinical and researcher role at Stowbury. Elliott et al. (1999) suggest credibility checks may include:

(a) checking these understandings with the original informants or others similar to them; (b) using multiple qualitative analysts, an additional analytical ‘auditor’, or the original analyst for a ‘verification step’ of reviewing the data for discrepancies, overstatements, or errors; (c) comparing two or more varied qualitative perspectives; or (d) where appropriate, ‘triangulation’ with external factors (Elliott, Fischer, & Rennie, 1999, p. 222).

In this research I did not ask participants for their comments on the accuracy of the transcriptions because I was interested in how their perceptions of their child changed during the first year, as well as their experiences of the school. I did use ‘multiple qualitative analysts’ in a number of ways. An experienced colleague (reader A), who does not work with or know the parents and carers, read and commented on the analysis and supporting data. This person works in
an outreach team linked to Stowbury (see Appendix E). Aware that this person may be biased in favour of Stowbury, I obtained the views of other professionals external to Stowbury. I asked an adult psychotherapist (reader B) to read and comment on the thesis in general (see Appendix E). As my clinical role and researcher role are within the same organisation, a psychotherapy researcher (reviewer C) unfamiliar with my research listened to the audios of the two narrative extracts and read my narrative analysis and reflexivity chapters (see Appendix E). Each reviewer suggested corrections and elaborations that I incorporated. In the following section 4.12 I describe an addition layer of audit using reflexive practice and peer review.

4.12 Reflexive practice and peer supervision

The use of peer group research supervision is recommended to help process and make sense of the data and is something increasingly undertaken in qualitative research, sometimes they are called “panels for data analysis” (Hollway & Jefferson, 2000, p. 162). Garfield et al. considered that the use of a panel “facilitated a more nuanced reading of the text and prevented one person from dominating the interpretive process” (Garfield, Reavey, & Kotecha, 2010, p. 167).

I had access to two group supervisory settings throughout the research. The first was the Learning Set, a six weekly research meeting supported by the doctoral course at Exeter University. It included another doctoral student and was facilitated by an experienced researcher and clinician. It offered a consistent psychoanalytic framework, guarding against my blind spots and wild
analysis, whilst providing a containing space to discuss the progress of my research (Elliott, Ryan, & Hollway, 2012). The second was termly meetings with two peer doctoral students who were adult psychotherapists. Amongst other peer supportive elements, we looked at the codes from five of my transcripts and this moderation exercise identified a pattern: I had not adequately recognised issues to do with ‘shame’ when coding the interviews. With this observation I returned to all of the scripts to check them further. These supervisory groups helped to ensure the trustworthiness of my data analysis as all the individuals were independent from Stowbury.

Countertransference, a core psychoanalytic concept, is defined by (Feldman & Bott Spillius, 2003) as “not just the feelings of the analyst that come from his own psychopathology, but all the feelings and potential responses aroused in the analyst by his experience with the patient in the session” (p.6). Using my countertransference is a skill I have learned and use in my clinical practice. The use of my countertransference was integral to discussions within the peer groups and my researcher reflexivity. My understanding of psychoanalytically informed research is that I use my countertransference when thinking about the data and the impact it had on me.

In addition I made detailed notes after each interview, and kept a reflective diary throughout the process. I have intentionally used my responses to the interviews in both my field notes and the data analysis to help me understand the interviews and in order to maximise transparency.
4.13 Summary

Eleven parents and carers were recruited into this qualitative study based at my place of work. Recruitment and retention of participants was unhampered. Fourteen T1 and T2 interviews were analysed using thematic analysis; a secondary narrative analysis was conducted on two selected narrative extracts. In the next chapter I will discuss the themes from the T1 interviews.
CHAPTER 5. THEMATIC ANALYSIS OF THE FIRST INTERVIEWS: STARTING AT STOWBURY

5.1 Introduction

In the previous chapter I gave a detailed description of the methodology used in the research, that is a comparative thematic analysis and a secondary narrative analysis of two interview extracts.

In this chapter, I analyse the themes from the first interviews (T1). This is the initial step in answering the research questions;

1. How do the perceptions that parents and carers have of their children change during the first year at Stowbury?
2. What feelings are raised for parents and carers by having a child at Stowbury?

The themes from these first interviews are important in giving information about the participants at the start of their child’s placement at Stowbury. Not every theme presented in all interviews, and where appropriate I have indicated how common a theme was across the whole set of interviews. As detailed elsewhere in chapter 4.3, I used an inductive approach to coding, keeping close to the raw data. Consequently in this chapter I analyse the themes from the initial interviews without using any theoretical framework. Discussion of the themes within the theoretical structure of psychoanalysis is in chapter nine. I
identified three overarching themes from the T1 interviews which I characterised as:

1. ‘Off the scale’
2. ‘Things don’t make sense’, and
3. ‘Not being taken seriously’

These themes are shown in Figure 2

For ease of reading, where quotations are used the data have been cleaned up by using punctuation.

5.2 Overarching theme 1: ‘Off the scale’

I divided ‘Off the scale’ into two main themes that relate to the powerful and extreme effect on parents and carers of looking after their children. The first, entitled ‘Emotional roller coaster’ is about the impact of caring for these children, which borders on being intolerable and unmanageable for a parent or family. It also incorporates the experience of birth mothers who experienced domestic violence, and who later constantly faced the damage caused to their children. The second contributory theme which I termed ‘Rock bottom’, captures the result of a cluster of recurring events, that lead to a downward spiral, and the eventual decision that a different or residential placement is needed. A common outcome to both themes is that parents and carers have come to the end of their ability to tolerate, manage, and emotionally deal with the daily bombardment by the child’s distress and confusion. I will now discuss each theme in turn.
Figure 2: Themes from the T1 interviews

**Time 1 Themes**

- **Overarching Theme**: Off The Scale
  - Emotional Roller Coaster
  - Re-remembering Domestic Violence

- **Overarching Theme**: Things Don’t Make Sense
  - A Different Type of Parenting

- **Overarching Theme**: Not Being Taken Seriously
  - Lack Of Professional Recognition
  - Is Anyone Listening

- **Overarching Theme**: Working a Miracle

- **Overarching Theme**: Not Being Taken Seriously
  - Working a Miracle

- **Overarching Theme**: Not Being Taken Seriously
  - Is Anyone Listening
5.2.1 Theme: ‘Emotional roller coaster’

Without exception all of the participants talked about the extreme emotional toll of looking after their children. They described intense feelings, which they found difficult to bear. From their use of adjectives like ‘wearing’, ‘tiring’, and ‘overwhelming’ I gained a powerful sense of the parents’ and carers’ experience. Putting it quite simply, Kath said: ‘It’s hard, it’s very tiring, constant questioning all the time, it is very wearing’ (Kath1-76). The participants spoke about the relentless nature of their caring role: ‘Right from the minute he gets up he’s just full of energy he’s bounding around he needs attention he wants you to play with him from two minutes after he gets up to two minutes before he goes to bed’. (Carol1-32). The participants were not just referring to the physical elements of care but also to the fact that the children’s emotional needs had to be their priority all the time, much as a baby or toddler constantly needs the watchful eye of a carer.

However, alongside this, parents and carers frequently said that when the child started at the school they missed them, as well as being relieved that the child was not with them full time. For example Teana said: ‘in a way I felt sad that she’d gone but I felt relieved’ (Teana1-176) and from Petra:

I missed him and I did have quite a period last week of missing him cos he kind of fills the room with nine, ten year oldness which is quite lovely at times, quite lovely when he’s around so we’ve kind of missed him (Petra1-83).
Here two participants have contrasting feelings. Petra is expressing the pleasure of having a lively primary-aged child in the house, someone larking around and having fun; whereas Teana expressed more of an ambivalent stance, that of being sad but relieved at the same time. These extracts capture the complexity of the feelings of those looking after challenging and difficult children; at times they ‘can be lovely’ but the implication is that at other times they are absolutely overwhelming.

5.2.1a Subtheme: ‘Re-remembering domestic violence’

The emotional impact for the two birth mothers in the study was similar: both had experienced domestic violence, which their children had also witnessed pre-verbally. By contrast the foster carers did not articulate this subtheme. Both mothers presented distressing and grim histories, and grappled with memories of being on the receiving end of persistent physical violence and emotional cruelty over a number of years. The mothers were dimly aware of the impact that this had had on their sons, but were not able to fully articulate or explore it. Helen was physically abused during pregnancy and feared for Michael’s survival. When considering possible reasons for Michael’s difficulties she said:

*I think it shows, that me carrying a baby would have been enormous amounts of stress, huge amounts of stress so I don’t know how that can transfer, you know, to an unborn child. I don’t know sometimes I think I feel guilty that it could have been my fault (crying)* (Helen1-70).
Acknowledging the impact on their sons of witnessing domestic violence was painful for both birth mothers. Their accounts were punctuated with their own feelings about the abuse they had experienced and guilt for what they considered was their responsibility for the effect on their children. When describing how her son Nevin, can treat her disrespectfully Steph said:

\[
\text{He has been brought up hearing that I'm no good I'm no good I'm no good, and when I would cook a dinner if his dad didn't want it, it would be thrown out the back door or kicked around the kitchen. There was nothing wrong with the dinner! (Steph1-225).}
\]

The birth mothers’ accounts highlighted their continuing struggle to process and come to terms with the impact of the domestic abuse on themselves as women and mothers, but also on their children. Interestingly in both birth mother interviews there were times when I was unsure whether they were talking about their sons or their ex-partners, as the quote from Steph illustrates:

\[
\text{Oh he has, he did, he physically attacked me, oh I lost a tooth because of him, broken nose because of him, split lip, black eye, believe me all of us, all the children my mom my nan or anyone who has anything to do with caring for Nevin have been severely hurt by him in one way or another (Steph1-127).}
\]

The way Steph described Nevin’s appalling level of violence made me think at first that she was describing her ex-partner, the confusion indicates that she felt that
Nevin was inescapably on the same track towards domestic violence. Both birth mothers implied that the past foretold an undesirable future for their sons.

5.2.2 Theme: ‘Rock bottom’

All participants repeatedly described how they had reached ‘rock bottom’ with the child, and this fits with the theme ‘Emotional roller coaster’, and the theme ‘Not getting the full picture’. ‘Rock bottom’, comprises a cluster of recurring events, in which the child’s behaviour and psychopathology seem to take over, leaving the parent or carer stripped of their ability to parent effectively or to see the child for who they actually are. Instead, in the adult’s mind the child easily becomes a frightening tyrant, as if the child is replicating the behaviours he or she has experienced earlier in childhood, but now with the parent or carer on the receiving end. The child’s presentations in this theme include violent, sexual or bizarre behaviour, which the adults find extremely unnerving and eventually intolerable. Four of the foster carers recalled that they had either given notice or threatened to end the child’s placement if further help had not been provided. A significant further complexity and source of tension is that this also has an impact on the parent or carer’s immediate family, such as other children and grandchildren: the adult carer feels that they have to choose between their family or the child.

Carol and Will describe below how Craig would talk about an imaginary family, in violent and abusive terms. In this extract they talk about him doing this in front of their pregnant daughter and partner:
Will: They heard him saying things like “no you’ve got to go and kill the fuckers” and it freaked them

Carol: They found it scary didn’t they?

Will: It really freaked them but Dr C didn’t think it was a split personality or anything like that

Interviewer: Was that your concern?

Will: What used to get me was that all of this happened when (daughter) was here and heavily pregnant and he said “you do know I’m going to kill your baby” and that was everyday and that moved them out in the end

(Will&Carol1-289).

This incident led Carol to re-think her commitment to Craig and fostering:

Will:  In all honesty, Carol will be honest with you, a few months ago she wanted to pack it all in

Carol: Yes, I’d had enough of it all, I’d had enough of not seeing my family, they had distanced themselves from us (Will&Carol1-325).

Carol had been at ‘rock bottom’, unsure whether or not to continue with the placement as it was seriously affecting relationships within her family. It caused tension between her and Will and her ambivalence about continuing the placement grew as her own family became more distant. They were unsure whether Craig’s imaginary family was a sign of potential mental health difficulties, whether he might act out his threats and what it all might mean. At points during the interview they appeared to have a good understanding of how Craig’s early experiences were
affecting his behaviour. Craig had often witnessed his father assaulting his mother; the attacks so severe that his father was imprisoned for grievous bodily harm. The domestic violence was pronounced when Craig’s mother was pregnant with his two younger siblings. But when Craig’s violent thoughts were linked to their pregnant daughter and sometimes themselves, understandably Will and Carol were less able to think objectively about what Craig was saying. It is likely that in the presence of Will and Carol’s pregnant daughter Craig was emotionally aroused. Craig re-enacted his earlier traumatic experiences, threatening violence towards Will and Carol’s daughter. This could be seen as a re-enactment of his father’s threats and violence towards his own mother.

5.3 Overarching theme 2: ‘Things don’t make sense’

Participants whose interview content fell under this overarching theme found it increasingly difficult to make sense of certain of their child’s behaviours, rather than developing a better understanding of them over time. The longer they had looked after the child, the less they seemed to understand them. ‘Things don’t make sense’ has three themes; the first I have called ‘a different type of parenting’ and describes how parents and carers have developed a particular style of parenting in order to look after their children safely. The second linked theme termed ‘not getting the full picture’, captures a lack of information sharing, as well as a difficulty in understanding their child. The third and final theme ‘working a miracle’, demonstrates the expectations that some parents and carers have when their child starts the school. It fits with the previous theme ‘not getting the full picture’, as it
highlights once again a lack of understanding of the full extent of their child’s disturbance. I will now discuss each of these themes.

5.3.1 Theme: ‘A different type of parenting’

This theme captures the evolution of two particular modes of parenting: the first mode with foster carers, focused on monitoring and managing the behaviour of their child, and the second with birth mothers, the opposite, that of avoiding the child’s behaviour. The participants emphasised that these styles were not typical for them. The development of a different way of parenting seems to be in response to the adults’ feeling that their child’s behaviour was unpredictable and could, easily become out of control and dangerous.

The monitoring role comes from a belief that the child is a risk to other children, to themselves, or will get into trouble if left to play alone. The child needs to be constantly monitored in order for the adult to have peace of mind. This is stressful and tiring, and links to theme 5.2. For example, in relation to Craig, Carol said: ‘You know, whereas the others you can just let them play in the garden, with Craig you have to be constantly just behind him watching what he’s saying and watching what he’s doing’ (Carol1-72). The implication here is that he might do or say something which would be a risk to the other children or to the placement.

The notion of parents as ‘managers’ overlaps with the monitoring role, but it also includes the idea that the child cannot be left alone to find something to do on their own, thus enabling them to develop their own creativity. Allowing the child this
spontaneity, is too much for the parents to cope with, and can lead to disrupted family life, arguments and conflict. When talking about Daryl’s fourteen weeks of holidays from the school Petra said: ‘So for fourteen weeks of a year having to manage, because that’s what it is, having to manage holidays the dynamics of holidays and parenting, but, if we manage it well it gives him a chance’ (Petra1-87).

Here Petra is also referring to the family dynamics of having a Stowbury child living within her birth family and the tensions that can arise. She gives the impression of having to choreograph the activities of whole family to minimise the risk of things getting out of control.

The foster carers developed the ‘monitoring and managing roles’, whereas the two birth parents took an ‘avoidant’ approach to parenting. The mothers treated their children differently, giving in to the Stowbury child (despite this creating tension in the family) and gave up trying to parent that child in their usual way. They did this in order to reduce conflict and violence, replicating their behaviour pattern with the child’s abusive birth father. Helen said:

- Helen: I always avoid confrontation, I suppose I give in to him, within reason, but that really annoys the other two because it’s like you always give into Michael you always give him everything he wants it’s not fair!
- Interviewer: So there’s some tension?
- Helen: Yea it’s if you do have conflict then it’s a big conflict and people get hurt, I know it’s not ideal, but I know we’ve needed help for a long time (Helen1-342).
In a similar vein Steph acknowledged that she would like to treat all her children in the same way: ‘I have also learnt maybe I was a little bit too soft [with him] to be fair’ (Steph1-243).

Whether they were birth or foster parents, the participants described how they needed to change their usual parenting approach with this child. The foster carers appeared to intensify their attention on the child, monitoring and managing their every waking hour, as if they felt a responsibility to society, being part of the child’s ‘corporate parent’. By contrast the two birth parents appeared to look the other way, giving in not to provoke an outburst. The birth mothers have a different relationship to the child - a connection imbued with fear and aggression following the earlier domestic violence, which is always there just under the surface. The parallel with their behaviour with their ex-partners is striking.

5.3.2 Theme: ‘Not getting the full picture’

This theme was frequently described by all of the participants, and it demonstrates some of the difficulties that parents and carers have in making sense of the disturbing and sometimes bizarre behaviour of their children. There are two connected strands to the theme; one relates to an actual lack of information, and the other to a lack of understanding.

The foster carers consistently said that they had been given little information about the children when they first arrived to live with them. When describing the ‘pen
picture’, which is the information that the child’s social worker gives to the carer at the start of a foster placement, Steve said:

But it’s not worth the paper it’s written on to tell you the truth it’s so out dated and doesn’t really give you any information about the child just what they want you to know, the good points, they don’t put down the bad points half the time (Kath&Steve1-149).

And Gracie said:

Eve came around nine months ago from social services and I didn’t have very much information but what I did know about her was that she pushed the boundaries. I found it out very quickly in less than a week she created, she screamed, she shouted, she slammed doors and this was a pattern of behaviour that went on for a number of weeks for actually 5 weeks to be precise, and in that time she did a lot of damage. I knew there was some sort of trauma but what sort of trauma? Until I got some paperwork I didn’t actually know what I was dealing with or facing none of us knew (Gracie1–1).

The foster carers’ understanding of the child’s behaviour depended on a number of factors such as how long they had fostered, training undertaken, and knowledge of the impact of trauma on early child development. Most of the participants had received little or no professional help to process and make sense of the child and their behaviour. Not only did carers describe difficulty in fully comprehending the
reasons for their child’s behaviour, but they also expressed feelings of being unprepared and out of their depth. For example when talking about wanting help to understand Corine’s sexualised behaviour Teana said: ‘I needed to talk to someone just about you know the sexual behaviour because I have never had that before, but they couldn’t get it’ (Teana1-165). Gracie expressed something similar when trying to talk to Eve, the child she fostered (Gracie1-70):

Gracie: She doesn’t really understand it and I try to get her to sort of open up but I know she can’t open up because she doesn’t know how to express it and so

Interviewer: You’re trying to work that out together in a way?
Gracie: Yea but she gets very frustrated and I can see the frustration
Interviewer: Have you had any help with any of that?
Gracie: No

Here the foster carers are describing how they actively tried to work therapeutically with the children, wanting to find helpful ways of exploring difficult relationship based issues; Teana had wanted help to say and do the right thing with Corine when her behaviour was shockingly sexualised, and Gracie wanted guidance about how to help Eve when she could not express herself. Both carers described feeling out of their depth, and frustrated and were aware that they and their child would have benefitted from professional input.

Although the birth parents knew the early history of their children, they too had received little therapeutic input to help them make sense of their child’s trauma and
behaviour. Interestingly the birth mothers struggled to get to grips with everything that had happened to them, but neither had sought professional help.

5.3.3 Theme: ‘Working a miracle’

This theme captures the hopes of some parents and carers that the school can work a miracle as Will said: ‘I just hope they can work the oracle, the miracle’ (Will1-267). It incorporates the hope that the school will provide a full explanation of the child’s difficulties, and then eventually the child will be ‘fixed’. The theme also includes ideas about the child’s future academic potential and eventual quality of life.

Some of the participants had high expectations of what the placement would achieve whereas others were more attuned to the child’s needs, abilities, and outlook. There was no obvious difference between the ways that birth parents and foster carers discussed these ideas. Parents and carers who were struggling to understand their child, seemed also to have high expectations of what could be achieved, even when this was beyond their child’s potential (see also theme 5.3.2 ‘not getting the full picture’). Others, for example Petra, had expectations that matched their child’s potential:

*I’ve got to be honest with you that it’s important that he achieves academically but just his best, what he is capable of comfortably achieving is good enough for us, we hope you can help him with his behaviours and his emotions and his outlook moving forward, that’s what we kind of figure you guys are doing and that’s what we hope* (Petra1-105).
Here Petra is able to make a judgement about what Daryl needs right now based on her experience of him. Before joining Stowbury he had consistently attended the same school since the age of five, and so academic progress was less of an issue. Craig, on the other hand had been out of school for more than a year before coming to Stowbury. He found it intolerable being in a group with other children and could barely remain in the classroom. Will’s previous quote acknowledges that only a miracle would enable Craig to catch up. He also said: ‘getting into mainstream school is our goal you know whether that takes three years, five years at Stowbury until he is eleven’ (Will1-358). Will’s expectations of what Craig might achieve were much higher than might be expected for a child who found being in the classroom so stressful. Usually children like Craig need their placement at Stowbury to enable them to start to trust classroom staff in order to feel relaxed enough to learn effectively.

5.4 Overarching theme 3: ‘Not being taken seriously’

‘Not being taken seriously’ captures what foster carers say about the relationship between themselves and the child’s network. Two related themes underpin participants’ talk, and both are negative. The first, ‘lack of professional recognition’, portrays the foster carers’ unspoken perception about their role in the child’s life. The second, a subtheme ‘is anyone listening?’ reveals the frustration that foster carers feel when professionals do not listen to what they are saying about the child. I will now discuss each in turn.
5.4.1 Theme: ‘Lack of professional recognition’

This theme was discussed by all foster carers. They felt undervalued and excluded from the professional network around the child, despite the fact that they were the ones who had to tolerate and cope with the child’s behaviour and disturbance every day. This extract, for example is about a meeting on the day that Daryl started at Stowbury. Mr X, the teaching assistant from Daryl’s old school attended with Petra, his foster carer of ten months. In the interview Petra said:

*We had brought Mr X with us and one of you guys asked about Daryl’s chronology that Social Services misplaced or the social worker can’t find, and I said it would be interesting for me and Clive (husband) to know too and (laughs) um Mr X said ‘I don’t know if I can tell you, I’ll find out if I can share!’ (laughs)* (Petra1-95).

Petra laughed in disbelief that information may not be shared with her. In their home, she and her family were on the receiving end of Daryl’s distress, and knowledge of Daryl’s former life experiences could have help them to understand him. This theme evokes an image of foster carers as ‘babysitters’ rather than as professionals carrying out an exceptionally important job on behalf of society. Inherent in this is a lack of respect for the job they do. Their role straddles both personal and professional boundaries, and carers implied that the professionals seemed to have little understanding of what that might be like. Within this theme is the foster carers’ feeling that they were unappreciated.
The example below also highlights how this lack of professional recognition can have a negative impact on a child. In the following extract the child Emma had only recently been removed from her birth family:

Well she says ‘why can’t I live with mum and dad?’ and I say the school and Peter (social worker) have to decide that. I keep it simple, as I don’t know why, and she asked at least a couple of times over the last weekend we just don’t know what social services are thinking! (Kath&Steve1-134).

Kath and Steve had not been given information about why social services had removed Emma from the care of her birth parents. Had they been given the history they might have started to help Emma make sense of what had happened. Instead it is possible that their inability to talk to her added to her confusion about why she was removed from her family rather than enabling her to explore the situation with Kath and Steve. This is likely to have had a negative impact on all three of them.

5.4.1a Subtheme ‘Is anyone listening?’

This subtheme captures a linked but different concept to the one above: that the views and opinions of foster carers are not heard, sought or valued, especially in relation to planning and making decisions for the child. It suggests that the views of foster carers can fall on deaf ears, and that dialogue about a child does not include the carer as this example from Teana suggests:
It was only when I said look you know, if I don’t get any support, then I’ll have to give notice, and things were getting worse so I said you’ve really got to get her some help or I will be handing in my notice, and that’s when they all stood up and said okay, because this has been going on from when she was with her previous carers so they knew (Teana1-158).

This theme also incorporates the foster carers’ advocacy role. They consider that they have the most up to date view about how the child is feeling and behaving at the current time. Participants often described a tension between their daily experience of the child, and the decision makers, who could appear out of touch with the reality of the situation. Will expressed this well:

Well it’s just been a struggle all the time. I went to a meeting at X school but I was not invited to the first part of the meeting. I don’t know why, but I’ve gone in there and they were sat around this table for two hours and they had come to the conclusion that they were going to put him in the Y school, and I said you are off your rocker, this boy when he kicks off he doesn’t just lie on his back kicking his feet in the air he is going to smash everything up, and I said all you are doing is setting this boy up to fail because they will have one or two days of him and then they will say he is not going to be here any more (Will1-255).

This theme combined with the one above, ‘not getting the full picture’, shows how foster carers have information about a child, based on their day-to-day experience, but often do not have access to a child’s history or a role in decision making. This
creates an information divide, as well as a hierarchy of information. In the previous example, Will has the here-and-now information, but the social worker and school X have the power to make decisions without knowing or respecting the views of the foster carers

5.5 Reflections on the T1 themes

I was not surprised at the intense and unrelenting emotional toll that all parents and carers had experienced looking after their children. In addition the way the child affected the immediate and wider family reinforced my expectations that they can have a devastating impact on family life. However I was surprised that the parenting styles of the two birth parents and all the foster carers had developed in consistently opposite ways, even in this small group of participants; the birth mothers took an avoidant approach and the foster carers micro managed the children. Seeing these themes together and how they interlink brings into focus the importance of the parent-child relationship, especially in terms of discipline.

What was missing from the themes was the ability of the participants to effectively link their child’s difficulties and disturbing behaviours with what they had experienced as young children. Although a number of participants acknowledged their child’s abusive background they did not appear to have a conceptual or theoretical framework to help them understand how the child’s past had affected their current situation. Some foster carers referred to training received and articles they had read, but in these initial interviews they did not appear to have been able to incorporate this input to help them understand their current situation. Linked to this, foster carers
did not convey that the way they were feeling might have been an unconscious projection from the child, suggesting that a psychodynamic way of considering relationships was not familiar to them. I return to this in chapter nine.

Finally, I had not expected such a consistent disconnection between foster carers and rest of the child’s professional network. All foster carers spoke about this, and some very passionately. I was surprised that this was present in all five foster carer initial interviews as well as the extent of their detachment from the other professionals working with the child.

5.6 Summary

In this chapter I have described the three overarching themes that I identified from the initial interviews with parents and carers. ‘Off the scale’, conveys an image of the extreme impact on parents and carers of looking after their children before they started at Stowbury. ‘Things don’t make sense’ gives an insight into how, over time, some parents and carers seem to understand less rather than more about their child and felt unable to make progress, or to grasp the extent of the disturbance. ‘Not being taken seriously’ represents the situation of foster carers who feel unsupported and undervalued. In the next chapter I will discuss the themes that emerged from the second interviews carried out one year later.
6.1 Introduction

In this chapter, I analyse the themes from the interviews with parents and carers after their child had been at Stowbury for one year (T2). In the previous chapter I reported the themes from the T1 interviews; this chapter is the next step in answering the two research questions. In common with the previous chapter, not every theme was present in all interviews and again, where appropriate, I have indicated how common a theme was across the whole set of interviews.

I identified three overarching themes which I characterised as:

1. ‘Some things are changing’
2. ‘Co-parenting’ and
3. ‘Gaps in understanding’

These themes are shown in Figure 3
Figure 3 Themes from the T2 interviews

**Time 2 Themes**

**Overarching Theme**
- Some Things are Changing
  - Easier To Be With
  - Getting My Life Back
- Co-parenting
  - Sharing The Parenting Role
  - Keeping The Peace
- Overarching Theme
  - Gaps in Understanding
    - Child's Needs Greater Than Imagined
    - Something Is Seriously Wrong
6.2 Overarching theme 1: ‘Some things are changing’

This overarching theme reflects the positive changes that have occurred during the child’s first year at Stowbury. I divided ‘Some things are changing’ into two main themes that relate separately to the children and the birth mothers. The first, entitled ‘easier to be with’ was about how after one year, most of the children were less aggressive and violent, and emotionally a little calmer. The second contributory theme which I termed ‘getting my life back’ focuses on the two birth mothers and how they have benefitted personally from their child receiving help. In both themes a sense of relief is evident.

6.2.1 Theme: ‘Easier to be with’

After twelve months, all but one participant reported that their child was easier to be with. The participant who did not express this view is discussed in chapter seven. I gained the impression that parents and carers were less overwhelmed than a year ago, although they still said that their child was challenging and demanding. Most described their child as less threatening and aggressive, having fewer tempers; threats of violence or actual violence had reduced. For example Will said:

*Will: We keep to our boundaries with him, because we think it’s important for Craig to understand this is where we are.*

*Interviewer: Has that been different since he’s been at Stowbury?*
Will: I’m going to say it’s been slightly easier, beforehand the outbursts would come and they would be quite violent, he’s more cheeky and rude now whereas before there would be real violent outbursts (Will2-506).

Likewise, when talking about her son Michael, Helen said: ‘He does have his little moments, but it’s not all the time. He hasn’t, well he hasn’t attacked, because obviously he used to attack people, that hasn’t happened, not here.’ (Helen2-145).

These examples illustrate a feeling of increased safety for most of the families, where the child is starting to verbalise their aggressive feelings rather than automatically act them out. Although they still experience difficult times, there is a sense that the children are easier to tolerate and spend time with as the threat of violence reduces.

The ‘easier to be with’ theme was not only related to aggression and violence, but also to the emotional aspects of the child - adult relationship. There was an image that alongside the reduction in violence, there was a growth in genuine warmth between the parent and child. For example, Petra recalled that occasionally Daryl would talk when something was bothering him. After a difficult day out ended with loud swearing in a car park Daryl wanted to call ‘childline’; before going to bed they had this conversation:

Daryl: I used to really trust you but I don’t anymore

Petra: Ah okay, thanks for sharing that with me

Daryl: I don’t know what it is. I know you’re nice but I just don’t trust you

Petra: It’s okay to feel that (Petra2-153)
Daryl was able to put his feelings into words and in this extract one gets the impression that Daryl’s expectation was that Petra would engage with what he said, and she did. He appeared curious that his trust in her had disappeared, whilst also puzzled by his positive feelings towards her. Daryl seemed to have a good enough relationship with Petra that he could share his feelings with her, which in turn helped Petra understand things from his perspective. The relationship became more satisfying, even though Daryl said he no longer trusted Petra, his ability to share the complexity of his feelings paradoxically increased their sense of closeness.

Most parents and carers also said that their child played better with other children. This suggests that the positive changes in their child had also broadened to include relationships outside of the family setting, as this example from Steph shows:

*Steph: I can now let him go out and play. I couldn’t do that before*

*Interviewer: No?*

*Steph: I wouldn’t know where he was, or what he was doing. Well, obviously, he’d just be gone. He’d just run away. (Laughs) You wouldn’t see him. He’d just be gone and there’s another little boy that lives in the flats, those two go out and they pair up. He’s forming friendships, which he couldn’t do, which he didn’t have before* (Steph2-518).

Here Steph is talking about a difference in Nevin’s ability to make and keep a relationship with a new friend. This was a common theme across most participants. Steph feels that she can trust Nevin not to run away, and she is
pleased that he has found someone with whom he can play and engage with appropriately and safely.

There were numerous other examples of children being ‘easier to be with’, such as, being able to calm down more quickly, joining in with family life without a huge fuss, eating a wider variety of foods and sticking to the rules a bit more.

6.2.2 Theme: ‘Getting my life back’

‘Getting my life back’ was a theme that described how the two birth mothers benefited personally from their child being at Stowbury. In contrast none of the foster carers expressed this theme. It revealed how something significant had changed for the mothers as women and as mothers. For example, Helen commented that: ‘it made me feel more of a person again, it’s given me a life again rather than just having to spend my life for Michael’ (Helen2-53). This suggested that previously Helen’s own life had become lost, subsumed by Michael’s needs. Linked to this was the notion that she can now make plans, and do the ordinary things of life, which previously she could not contemplate, her mind overloaded with concerns about her son, she said: ‘I can actually get things done rather than worrying about Michael’ (Helen2-308).

Steph, the second birth mother, described an equally meaningful shift in her life, when she explained how social and healthcare have fewer concerns about the family and her parenting. Steph said:
Steph: We were on a child protection plan I think I spoke to you last year. We’re not on a child protection plan any more, we’re now on Child in Need and that’s looking at being, I think we’ve got a meeting next month, and they’re looking at taking us off altogether.

Interviewer: What does that feel like?

Steph: That I’ve come really far [laughs] (Steph2-571).

Here, Steph described the progress that she has made, and although unspoken, her laugh suggested a mixture of relief and pleasure in her achievement. The two birth mothers communicated an important shift in their sense of well being and confidence.

Also, implicit in this theme, was the fact that both participants were subjected to domestic violence when their sons were babies. For the birth mothers, the theme ‘Getting my life back’, had two aspects: firstly their child being at Stowbury, and secondly, an aspect of their personal recovery from domestic violence. It included the notion that as their children received help from the school, they were psychologically re-working, and re-processing, thoughts and feelings linked to their own abuse. The two following extracts describe something which the birth mothers said about their sons, but which also implied a comment about their ex-partners. In this first example Steph said: ‘I have my strength back and I know I can do this on my own. That’s what it is and it’s just given me complete strength. They’ve helped me, Stowbury has helped me by helping Nevin’ (Steph2-715). In this second example, Helen said this about her son Michael: ‘when he’s home he’s not really trying to manipulate us anymore, because obviously Michael was manipulating me to allow him to do really what
he wanted to do’ (Helen2-997). These quotes capture the way in which an aspect of each mother’s relationship with her ex-partner, resided with her son. Although the thoughts of getting one’s strength back and not being manipulated were spoken in relation to their sons, they also referred to an intrinsic feature of power and control, so familiar in their former abusive relationship, which had previously made effective parenting impossible.

6.3 Overarching theme 2: ‘Co-parenting’

I divided ‘co-parenting’ into two main themes that relate to the experience of participants developing a working relationship with Stowbury. The first entitled ‘sharing the parenting role’ describes what it can be like to establish a combined parenting relationship with a residential setting, some distance away from home. ‘Sharing the parenting role’ also includes how children sometimes present differently in each setting. The second theme ‘Keeping the peace’ captures participants’ views about the school’s approach to boundary setting and discipline.

6.3.1 Theme: ‘Sharing the parenting role’

‘Sharing the parenting role’ describes some of the complexities of the relationship between participants and Stowbury during the first year. Whilst it includes positive and negative aspects, implicit is the view that school is sharing the emotional load of looking after the children. For example Petra commented:
the school has been fantastic because it’s odd sending someone back
(…) but this is the relationship we have (…) this shared parenting we do
is difficult to get your head around, however you just have to stay
focused that it’s the best thing for Daryl, without a doubt (Petra2-234).

Later she said: ‘You’re the other part of our parenting. You’re part of our lives.
It’s us and Stowbury!’ (Petra2-728). Petra initially described the ‘oddness’ of
fostering a child who lives most of the time elsewhere, and how it took her a
while to come to terms with this different arrangement. However she realised
that it was in Daryl’s best interest. Later in the interview she acknowledged the
importance of the relationship between home and Stowbury, giving a sense that
Stowbury had become an important part of their family life.

However this relationship does not always run smoothly and sometimes
‘sharing the parenting’ can feel difficult. Here is an example where Gracie spoke
about Eve’s keyworker:

When I speak to the keyworker, I do ask how she’s been and how certain
things are. What I find quite annoying or upsetting… I’m not even sure
it’s upsetting but… I can’t really explain the way that it makes me feel, is
that if Eve had said something that I feel quite strongly about then I’m
told (by keyworker), “Don’t do anything about it, don’t tell her off,” and
straightaway I just feel like you are telling me how to talk to her and I
have my way of speaking to her (Gracie2-424).
Shortly afterwards Gracie added: ‘(the keyworker) said don’t say anything to her, focus on the positives, and (Gracie) I’m thinking, well are you telling me how to work with her as I actually don’t like that, and I feel you are undermining my authority’ (Gracie2-555). Here Gracie described her irritation when Eve’s keyworker told her how to speak and react to Eve after something had happened at school. Gracie felt like the keyworker was out of line, as if her foster carer role and views about Eve were not respected. These excerpts suggest a tension between Gracie and Eve’s keyworker, rather than a collaborative partnership as Petra describes above. Gracie did not feel that her point of view was being sought or valued.

A number of participants talked about their child experiencing difficulties adjusting to the transition between home and school on travel weekends and holidays. The transitions were portrayed like disruptions that took a while to get used to. For example Gracie said this about Eve:

*In the beginning, I think that’s what Eve found quite upsetting and quite difficult because they’d just got her settled in the school, then she’s home, and it’s a distance, so the travelling was something that she wasn’t happy about doing. Then as time has gone on, we’ve got to an understanding where she’s more comfortable in the school and coming back.* (Gracie2-143)

Most participants remarked that Stowbury keeps children too busy and with little unstructured time. When they return home for the holiday children then expect carers to keep them amused. Will said: ‘it’s that expectation of being entertained
every minute of the day’ (Will2-86). Kath said something similar although she thought that Emma missed the company of other children:

Kath: So she started using this new word now that she was bored, because at school they go out, they go for walks, they do this, and we go out and we do things but she’s still (...) she was at a loss

Interviewer: What did you make of that?

Kath: We put it down to the fact that there are other children to play with (Kath2-397)

Although this was a prevalent theme in the data, participants were equally aware that being in a residential setting means that ‘there’s always somebody there to do something with’ (Kath2-475). It seemed that parents, carers and children needed time to adjust to two very different living environments. Nevertheless, keeping children busy was viewed negatively and contrasted strongly with their lives at home.

The final aspect to ‘sharing the parenting role’ is about how the children can sometimes present differently at home and at Stowbury. Unsurprisingly this worried some participants. For example Petra had been told that Daryl often presented with low mood:

Petra: He will have a time when he’s in his room for ages and I’ll go up and he’s colouring and sitting in bed with his headphones on, completely different to what he is at school, because at school apparently he’s in quite a depressive state
Interviewer: Oh

Petra: We don't ever have that

Interviewer: You don't see that?

Petra: No. When I'm told about that, it confuses me, because I haven't seen that side of him (Petra2-638).

Gracie was also concerned to hear that Eve’s behaviour could be different at home and at Stowbury:

I am quite concerned sometimes when I hear that she’s been really challenging and she’s had to be restrained, because she doesn’t have any of that here and I just wonder what brings that on. When is that… is it because she’s had a session to bring out that particular… to make her that challenging, or is it she’s still copying other children? (Gracie2-252)

Understandably, Petra and Gracie were troubled to hear such concerning things about their child’s behaviour at Stowbury. They seemed puzzled that their child could present in quite different ways at home and at school. These examples suggest that after one year, some participants were in the process of working out how and why their child might present differently in the two settings. This aspect of ‘sharing the parenting role’ is linked to section 6.4, the next overarching theme called ‘Gaps in understanding’.
Talking about how to discipline a child is the second theme of ‘co-parenting’, where participants had differing views about Stowbury’s approach. Teana stated: ‘it’s too much [for her having] different boundaries, there’s no consequences’ (Teana2-56), whereas Petra reported: ‘I like the boundaries as well. I like that it’s not wishy-washy’ (Petra2-713). Participants who were foster carers had clear and strongly held views about discipline. One way of understanding their views is that discipline and boundaries might be a key part of their identity as foster parents, and therefore a point of unity or disagreement with the school.

In contrast the two birth mothers appreciated the school’s ability to discipline their child. They described this as helping them with something they had struggled with, something they had found immensely difficult. For example when speaking about Nevin, Steph said: ‘They’ve just brought him down a peg or two, made him realise that this isn’t how it is’ (Steph 2-168). The other birth mother Helen had a similar view:

\[
\text{and because he does have to, well conform is not the right word, but he does have to be aware of how he behaves towards other people, and think about other people and feelings. I think he’s been helped with all that. (Helen2-713)}
\]
This help in boundary and limit setting fits with the theme 6.2.2 above ‘getting my life back’, where confidence in themselves as women and mothers meant that they could carry on at home with the work Stowbury has started.

6.4 Overarching theme 3: ‘Gaps in understanding’

This final overarching theme ‘gaps in understanding’ captures the situation where after one year, foster carers are struggling to grasp something; either something about the child or the way the school works with the children, or perhaps something about themselves. The birth mothers did not discuss this theme. Two main related themes underpin the foster carers’ talk and are related to the intense feelings they experienced in their role. The main theme the ‘child’s needs are greater than I’d imagined’ captures the hopes and expectations that foster parents had at the start of the placement and how some, after one year, are rethinking that view. The second, a subtheme ‘something is seriously wrong’ reveals the recognition in foster parents that their child is profoundly damaged, accompanied by deep feelings of sadness.

6.4.1 Theme: ‘Child’s needs greater than imagined’

Most foster carers contributed to this theme, which describes the struggle that they had in coming to the realisation that their child’s emotional and educational needs were greater than they had appreciated. For example Will commented: ‘because from my point of view, one day I’m expecting Craig to come home and then come back into a normal world’ (Will2-81). Having hoped and assumed that after three years their foster child would return to mainstream school, like a
number of foster parents Will and Carol expressed disappointment and disbelief that this might not happen. Linked to this Petra said: ‘we thought that he’d possibly need a year or two of therapeutic input and then we could send him off to X (local school). It’s not going to happen, he definitely won’t manage mainstream school’ (Petra2-318). Here two foster parents have reached a different insight into their child’s needs and future ability to manage at mainstream school.

Within this theme is the implication that Stowbury has fallen short of parental hopes with suggestions that the school is not doing enough. Carol and Gracie both implied this. Carol remarked:

*He can’t do his ABC right through, he has no idea of a clock, he hasn’t a clue if it’s Monday, Tuesday, Wednesday, he just doesn’t know what day it is and I think when you’re that age you should know* (Carol2-809),

and Gracie commented:

*She’s not patient and that’s the thing, she isn’t patient. She’s been there a year and she still hasn’t learnt patience. She really hasn’t got a clue. I don’t know whether she will learn it but she hasn’t learnt it yet* (Gracie2-778).

These comments implied that all children ‘should’ attain certain skills irrespective of their developmental stage, emotional or cognitive ability. The comments do not take into account the long-term impact of early trauma on
young children. Instead there is a view that receiving an education alongside therapeutic input will put right the early deficits and damage endured.

There is also a lack of knowledge and understanding of the length of time needed for some traumatised children to heal and make developmental changes. For example Will asked: ‘How long’s it going to take?’ (Carol&Will2-471). In Gracie’s quote above, she did question whether Eve would learn to be patient, but predominantly the theme showed how foster parents were disappointed and puzzled that some changes had not happened after one year. This links to the subtheme below.

6.4.1a Subtheme: ‘Something is seriously wrong’

This subtheme captures a linked but different idea: most foster carers repeatedly portrayed a view that their child’s level of disturbance was profound. ‘Something is seriously wrong’ comprises a cluster of feelings predominantly disbelief, shock and disgust especially, although not exclusively, when related to sexualised behaviour. An important component is the emotional impact this has on the carer. Talking about Emma, her foster carers remarked:

    Occasionally she slips back into the mode of not being very nice to animals. I have to watch her like a hawk as she does tend to squeeze, but then with the dog she’s rubbed him in inappropriate places

(Kath&Steve2-440).

When talking about Corine’s sexually provocative behaviour Teana said:
I mean it’s really opened my eyes. Corine came with a whole different set of sexualised behaviours and no matter how much training you have, you’re never going to experience what Corine brought to us, so yeah it has broadened my mind! (Teana2-229).

Repeatedly, their child’s sexualised and other alarming behaviours left foster carers feeling disturbed and de-skilled. This tended to be more pronounced when there had been progress in some areas, and when their child’s settled behaviour was followed by something unanticipated and unexpectedly distressing.

Linked to this Carol and Will thought that the school and CAMHS were not doing enough to help. Craig was the only child in my research who had been referred to CAMHS and Will stated:

is there a part of Craig, a deeper, darker side? They’re the bits that I… we need to try and find out, but it does concern me enough that I usually raise it every time I have a CAMHS meeting (Will2-551).

Separately Carol expressed similar concerns:

We’re doing as much as we can, to help him to have a normal life, but he needs the proper help to get to the bottom of it, to know why it’s happening. (Carol2-1403).
Here Carol and Will implied that the professionals were not doing enough to help Craig, or to help them understand something about Craig. Stowbury staff and CAMHS often link behavioural difficulties to the child’s early traumatic experiences, but some carers did not appear to have found these explanations helpful or adequate. It was as if they considered them excuses for difficult behaviour, especially when they had not led to any change. It is likely that more time was needed for longer and deeper discussions with some foster carers and I return to this in the discussion.

6.5 Reflections on the T2 themes

This comparative thematic analysis is considering data from interviews of nine participants. This will have had an effect on the breadth of the themes. Also, Gracie was new to fostering, and Carol and Will, although in their third year had only had one short previous placement.

Although I had expected participants to see some improvement in their child’s behaviour during the first year, I had not expected to hear about so many positive changes in the children. In addition I was surprised that the type of behaviour change was so common, for example all the participants commented on the reduction in violent behaviour. I was also not expecting the two birth mothers to have been so personally affected by their son’s placement.

I was surprised that four of the five foster carers expressed difficulties with co-parenting. I did not expect them to have such strongly held negative views about parenting issues and the differences with Stowbury. There are often
I had not expected it to be such a commonly held view with foster carers. None of the foster carers who said at T1 that the child's placement was on the verge of breakdown, referred to this one year later.

I would have expected that after a year at Stowbury foster carers would have developed more insight into their child’s potential; the themes suggested that four of the foster carers were unable to link their child’s development to an understanding of the long term impact that abuse and neglected has on children. Linked to this I was surprised that four foster carers did not appear to have understood very much about the school’s way of working or theoretical underpinnings of the school. I return to these points in the discussion.

During the year six out of the seven families were offered a family weekend but only one birth mother participant attended (see Table 5 p.103). Her feedback was positive. Four foster carers were invited but due to a variety of reasons none attended; Teana and Derek declined because of work reasons, Carol and Will for health reasons, Kath and Steve had another engagement and Gracie muddled the date. In contrast all of the foster carers attended at least two out of three termly foster carer meetings although only Will and Petra referred to them.

6.6 Summary

In this chapter I have analysed the themes from the second interviews with parents and carers after their child had been at Stowbury for one year. There were three overarching themes. The first one, ‘Some things are changing’, captures positive shifts in children and birth parents. The second overarching
theme ‘co-parenting’, conveys the tensions and pressures when sharing the
care of traumatised children. Finally, ‘gaps in understanding’, brings to light how
the hopes of some foster carers do not match their child’s potential and how
that can lead to misunderstandings about the progress that some Stowbury
children are likely to achieve. It also highlights the impact that their child’s
disturbance can continue to have on their foster carers. In the next chapter I
focus in depth on the analysis of two participant narratives in order to
complement this thematic evaluation of the interviews.
CHAPTER 7. NARRATIVE ANALYSIS

7.1 Introduction

In the previous chapter I presented the thematic content of the second interviews after the participants’ children had been at Stowbury for one year and I established that the children were generally easier to be with. In addition the birth mothers had started to (re)establish boundaries, and had started to feel more confident about taking an authoritative position in their parenting. Most foster carers reported that co-parenting had been difficult at times, and that this could lead to tension between home and school. I considered that one reason for the friction was because the foster carers and Stowbury had different expectations of what changes were possible in their child after one year, and, that there was not a shared understanding of the way the school worked.

In contrast to using thematic analysis, this chapter focuses on the narrative analysis of excerpts of interview text from two foster carer T2 interviews. This different analytic approach is important as Carol and Teana were struggling to understand something about their relationship with their foster child, and with Stowbury. I will now consider the two interview extracts in turn.

7.2 Carol: strophe 4 ‘Impact of fostering on the family’

Context of the narrative: Craig is the second foster child that Carol and Will have cared for. Carol described their first placement of Ben, a sixteen-year old boy as ‘horrendous’ (Carol1-390). She recalled that he could be threatening towards her and at times she felt unsafe. In the first interview Carol said she
was ‘very motherly’ (Carol1-388), and following the difficult placement with Ben, she described herself as emotionally taking a step backwards, in order to take time to get to know Craig. This was Craig’s third foster family and the plan was for it to be a long-term placement\textsuperscript{16}.

Due to unforeseen circumstances, at our second interview Carol and Will were interviewed separately one after the other. The narrative selected for analysis was from that interview with Carol, and comes from the strophe 4 ‘Impact of fostering on the family’. (For the strophes of Carol’s second interview and the raw text of that narrative part see Appendices G & H).

The passage below follows on from Carol describing her concerns about Craig’s interest in ‘killing people’ and ‘road kill’. The talk then moved on to her worries about his sexualised behaviour before leading into this narrative. My comments are in italics.

Table 7: Carol&Will2 - strophe 4 ‘Impact of fostering on the family’

<table>
<thead>
<tr>
<th>C = Carol; CO = Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stanza 1: We’d be absolutely devastated</strong></td>
</tr>
<tr>
<td>01. CO: \textit{It sounds to me as though you’re very seriously, and understandably}</td>
</tr>
<tr>
<td>02. \textit{weighing up the needs of your family, and then Craig’s needs, and}</td>
</tr>
<tr>
<td>03. \textit{balancing that, and… it causes some tension?}</td>
</tr>
<tr>
<td>04. C: \textit{no Craig is just part of our family!}</td>
</tr>
<tr>
<td>05. \textit{we’d be absolutely devastated}</td>
</tr>
<tr>
<td>06. \textit{we just need him to have help}</td>
</tr>
<tr>
<td>07. \textit{I can’t see what help he’s getting}</td>
</tr>
</tbody>
</table>

**Stanza 2: Find out why he likes killing**

\textsuperscript{16} ‘Long-term fostering is for families who want to look after a child/young person, unrelated or sibling group on a permanent basis, i.e., until they reach adulthood’ www.communityfostercare.co.uk
08. C: we don’t get no feedback
09. when you get to CAMHS\(^{17}\) it’s basically questions
10. I don’t feel there’s any help
11. find out why he likes killing people why he likes dead things on the road

Stanza 3: You start thinking disasters
12. CO: *is school being very helpful with you and Will about it, in*
13. helping you understand it?
14. C: oh it’s something in his past that’s as much as we get
15. we need to know why he wants to kill everybody
16. you start thinking these disasters like this Hungerford man
17. the way Craig is now it’s like he’s ready to do that

Stanza 4: It would break our hearts
18. CO: *So he’s telling you, everybody, in some way, he’s full of killing*
19. *feelings?*
20. C: it worries me if we had to let Craig go
21. it would break our hearts
22. like giving up your own child
23. it needs working on big time

I opened this narrative, voicing the tension that I thought Carol was describing, which was, how to weigh up the needs of her family with those of Craig; her response was to disagree; she restated that Craig *is* part of her family. Carol’s uncompromising reply to my question indicated that any suggestion that Craig was not part of her family was ‘devastating’ and Stowbury needed to work hard to ensure that his placement with them continued. Carol’s response could be understood as a defensive reaction formation to my question, where her reply was exaggerated and in opposition to my suggestion.

In Stanza 2 Carol elaborated her feeling that no one was helping. The Child and Adolescent Mental Health Service asked questions but gave no answers and this form of narrative intensified her feeling of desperation and being alone with these concerns. Carol then started to develop the central narrative which was a plea for help to understand why Craig was so captivated by ‘killing people and

\(^{17}\) CAMHS - child and adolescent mental health service
road kill’. Here the narrative turned to suggest that Craig had actually killed someone. There was a momentary muddle where his fascination with killing and gruesome things could have become evidence that he had killed. It was a powerful example of how fostering traumatised children can mean that the child’s disturbance gets projected right into the heart of family life.

Carol was unconvinced by the explanations from staff that Craig’s earlier childhood experiences accounted for this morbid interest, and the narrative broadened out where Craig was likened to a psychopathic killer rampaging through the streets. My comment at the start of stanza 4 appeared to contain her anxiety, taking the heat out of the moment and focused the narrative on Craig’s ‘killing feelings’ rather than any actual killing. Carol was once again in touch with the intensity of her feelings about Craig, anticipating the heartbreak they would have felt if anything had happened to end Craig’s placement.

Carol’s narrative seemed primarily to communicate that she and Will were emotionally invested in Craig, and the implication was that Craig represented something profound for them as a couple. In addition, and different to my interview with Will, Carol inferred that she was frightened of this aspect of Craig and wanted it to be ‘worked on’ by someone else. Perhaps this was linked to her previous fostering experience where the adolescent was threatening, or perhaps it was related to something else in her own life?

Carol did not feel that Stowbury or CAMHS were getting to the heart of the problem. She expressed strong affect in the narrative, suggesting that people were not hearing or responding to her concerns. Talking to Craig’s keyworker I
found out that he did not express these thoughts and wishes at school. His keyworker said that when they went out on walks, Craig took the same amount of interest in dead animals and road kill as other children. One way of thinking about this difference between Craig’s presentation at home and school is that perhaps something in Craig’s relationship with Carol was stimulating him to tell her about his ‘killing feelings’ and his fascination with road kill. Perhaps he liked making her feel revolted and frightened? Carol said that ‘it needs working on big time’ (Will&Carol21109) and perhaps what she was also referring to was her fear of violence? We know that Craig was exposed to significant levels of domestic abuse and that his father was imprisoned for grievous bodily harm inflicted on Craig’s mother. We also know that Craig and his siblings were locked in a dog kennel for lengthy periods of time.

One understanding of this narrative could suggest that Craig was terrified as a young child in the presence of his abusive father, perhaps fearing at times that his father had killed his mother. The trauma following these early, possibly pre-verbal experiences remained with Craig and hence that was why he could not learn and was referred to Stowbury. Carol was a safe person for him, a maternal figure whom he came to trust. Carol evoked in Craig warm loving feelings, probably at times similar to the feelings he had towards his birth mother. However that could mean that Craig re-enacted the violent threats that he had witnessed his abusive father making towards his mother. This could have terrorised Carol so that she felt that Craig actually wanted to kill her. Bion (1956) describes an unconscious process in some patients whereby “part of [the] personality is cut up, split into minute fragments, and then, using projective identification, expelled from the personality (p.345). Bion called these fragments
“bizarre objects” (p.345) which “intrude omnipotently into an external object to form a particularly persecutory object” (Hinshelwood, 1991, p. 237). Perhaps Carol was subjected to this unconscious process and at times experienced Craig as persecutory and potentially murderous.

Carol strongly experienced Craig’s feelings of fear and terror, feelings that he had felt as a young child in the presence of his violent father attacking his mother. This could have led Carol to think and feel that Craig wanted to kill her, and her family. In addition, at that point Craig might have had murderous feelings and wishes towards Carol. Carol’s narrative suggested that during the first year at Stowbury staff had not been able to help her make sense of Craig’s violent threats and so she remained trapped in a terrified world, whilst at the same time experiencing a powerful awareness of the level of trauma he had suffered.

At one point in the interview Carol said she thought that Craig was getting worse, whereas it could be argued that he was getting better. Will said: ‘there’s no doubt that him being at Stowbury has helped him develop. No doubt about it in lots of respects’ (Carol&Will2-440); and elsewhere in the interview it was said that Craig had stopped damaging furniture and was more able to talk to them about his feelings. Yet Carol stated that the school had not helped his killing feelings. It was probable that he could now express his killing feelings verbally, whereas previously this was not possible, and hence he caused so much damage to their furniture and home. Being more in touch with and able to communicate his feelings was a positive development, but it does mean that the work of caring for Craig had become more difficult in certain areas?
I routinely attend a regular meeting in the house where Craig lives. Staff reported that he often said things like 'I'm rubbish', 'I'm no good', 'I'm dead', but he did not talk about wanting to kill other people. This suggested that Craig was withdrawing some of the negative projections that he had banished from inside himself, and was experiencing the painful reality of his internal world. His distressing internal mental states created for him images of deadliness. Stowbury staff are familiar with talking to children about their confusing and disturbing feelings without becoming too overwhelmed themselves. Not taking what children say at face value, but trying to understand the feelings behind it, helps children feel understood, and reduces their drive to act out further. This way of working with childhood distress may not have been familiar to Carol and Will and needed on going support for it to become part of their professional repertoire.

In both of Carol's interviews I felt she used grammatical tenses in the usual way that people do; by that I mean that we had a shared common understanding of the past, present and future. However when she talked about Craig’s ‘killing feelings’ she spoke using the present tense, (Habermas 2006) for example:

- ‘We’re also concerned about his killing’ (Carol2-846)
- ‘When is someone going to sit down with him and find out why he likes killing people’ (Carol2-1084)
- ‘That is just my main concern the killing’ (Carol2-1192)
- ‘I am deeply concerned about the killing’ (Carol2-1500)
Also to add further context, during the second interview Carol said the following when comparing Craig and her previous foster child Ben:

‘I see a lot of traits in Craig that I see in Ben, and I look at him, and I think, ‘He was such a nasty little thing, and I don’t want Craig going down that line. I want it to stop now’ (Carol2-1370),

and, shortly afterwards Carol said:

‘there was another killing at X town, actually. Young lad, actually went to Y School, the woman he killed was my sister’s friend at school. And these things just open up your eyes (Carol2-1397).

Following Habermas (2006), Schore (2002) and van der Kolk, McFarlane & Weisaeth (2007), these excerpts suggest that Carol has not been able to integrate and process her feelings of fear after being threatened by her previous foster child, and, that to date, no one has helped her with this nor have they adequately heard her fears.

In the extract above Carol2-1370, she referred to her previous foster child Ben using the present tense ‘that I see in Ben’. The reader would assume from this present tense intrusion that she was still in contact with Ben, but as far as I know this was not the case. This example suggests that the narrative was ‘overwhelming’; she had lost the distance of time, instead unconsciously representing the traumatic experience as if it had been in the present day. The feelings were too strong for her to adopt a more reflective position when talking
about Ben and consequently she spoke about her fear of him as if it was a current preoccupation. Furthermore I do not know whether this relates to any other experiences in her life.

Also, it is likely that Craig had unconsciously sensed this and that together Carol and Craig became stuck in a re-enactment of traumatic situations that had relevance for them both, even though neither was openly discussed or consciously known.

7.3 Teana: strophe 3 ‘Why the placement broke down’

**Context of the narrative:** Corine aged eight and of Jamaican heritage, had been in eight previous foster placements since the age of four. Teana and Derek, also Jamaican, had been fostering for 15 years. They were approved as long-term foster carers for sibling groups and their last placement was for nine years. They preferred looking after children aged twelve and over. They agreed to have Corine after her social worker had interviewed ten other foster carers. Teana was told that the other carers were unable to look after Corine due to her sexualised behaviour and tendency to make false allegations. Corine’s brother was in foster care close to where Teana and Derek lived, and whilst realising this was going to be a different fostering experience they decided to give it a go with the intention of offering Corine a long term placement.

Ten months after Corine started at Stowbury Teana and Derek ended her placement with them. After discussion with Corine’s Family and Network Practitioner at school and my research supervisor, I contacted Teana and she
agreed to a second interview, which took place ten days after she had seen Corine for the last time.

The strophe ‘why the placement broke down’ came early in the interview. It followed the strophes ‘difficult start’, and, ‘but I want white carers’. From the start of the interview Teana’s dialogue conveyed the charged emotions of the situation as she recalled her intense feelings during Corine’s first months at the school. Their relationship had become even more difficult than it had been before Corine started. The strophe ‘but I want white carers’ introduced Corine’s view that white carers are less strict than Jamaican carers. Teana’s speech with partial sentences, hesitations and pauses, conveyed the affect-laden quality of her narrative. The extract in Table 8 came just after I had summarised the initial conversation in order to make sure I had understood Teana correctly. My comment had the effect of slowing things down and Teana continued by providing more detail. For ease of reading I have added quotation marks and identified the character in the narration. (For the strophes and the raw text of Teana’s second interview see Appendices I & J).

Table 8 Teana2 - strophe 3 ‘why the placement broke down’

<table>
<thead>
<tr>
<th>T = Teana; CO = interviewer</th>
</tr>
</thead>
</table>

**Stanza 1: These are my boundaries**

01. T: she says ‘well I don’t go to bed until 8 at Stowbury’
02. ‘you’re not at Stowbury now and I say your bed time is 7.30’
03. ‘well they don’t stop me up there, and when I’m naughty I’m still allowed to do it’
04. I said ‘these are my boundaries’

**Stanza 2: She gets away with it**

06. boundaries here boundaries there
07. she gets away with it
08. sit in the corner or her room for half an hour
09. here it was like, well for the rest of the day
Examples of conflict between Corine and Teana began this excerpt. Corine challenged Teana’s authority, which seemed to provoke Teana, leading her to stand her ground and insist that her rules were followed. Whilst acknowledging that aspects of parenting were different in a family and a residential setting, Teana’s narrative implied that Stowbury had a lenient approach to discipline and boundary setting, and that Corine got away with
things at school that Teana would not allow at home. Teana implied that Corine had been aware of what she had done but Teana thought that ‘getting things her own way’ was not in Corine’s long-term interest.

As the narrative continued the conflict moved away from Teana and Corine and was located between Teana and Stowbury. The school had unravelled the hard work done by Teana and Derek, and, in Corine’s eyes they had become the ‘baddies’ and Stowbury the ‘goodies’. The story was like two teams fighting for authority staged as black parents versus white parents. Teana expressed heightened feelings, conveying an angry and frustrated tone suggestive of canonical narratives of cultural differences in parenting.

Using reported speech, Teana recalled discussions between Corine and her social worker, and Teana at this stage did not disagree with Corine’s suggestion ‘I just want another carer’. Teana concurred that Corine’s behaviour had gone too far, as she recalled that Corine’s previous placements had ended in a similar way when foster carers had tried to maintain firm boundaries. This strophe ended with Teana weighing up the positives that she and Derek had offered Corine, and expressing her sadness that it had not worked out. She said that what they had to offer ‘was not enough’ although she did not elaborate on this.

This strophe develops the previous one ‘but I want white carers’, and opened up a split, which focused on the stereotypes between black and white parenting styles. As reported here the Rowntree Foundation stated that:
Simplistic assumptions about parenting are sometimes shared by members of minority as well as majority ethnic groups. For example, one UK study found that Asian, black and white parents often considered that they had few practices or values in common. Many Asian and black parents believed that white parents lacked commitment to parenting, and that white children were undisciplined and lacking respect for their parents (Utting, 2007).

Although parenting was the subject in this extract, elsewhere in the T2 interview Teana talked about other things between home and Stowbury, which were representative of cultural differences such as hair and skin care, diet and food. In this excerpt Teana acknowledged that tensions caused by cultural differences were difficult for her, but she did not elaborate further. One could speculate that she felt unable to broach this subject properly with Corine’s keyworker, as stereotypical views and prejudices interfered. Stowbury is a mainly white organisation, in a predominantly white area of England; raising issues of cultural difference might have been difficult. Yet, when I spoke to Corine’s keyworker she did not think that Teana held back from discussing her views and recalled that Teana spoke to her about Stowbury not paying adequate attention to Corine’s skin and hair care, and complaining that another child was using racist language. The keyworker did not remember them having conversations about differences in discipline or parenting styles in Jamaican and white British families.

In the first interview Teana told me she had talked with her agency about ending Corine’s placement. For example she said:
• ‘I was trying to tell them you know that something has to be done’
  (Teana1-158)
• ‘It was only when I said look you know if I don’t get any support then I’ll have to give notice because,….. and then months just went on’ (Teana-1160)
• ‘Things were getting worse and so I said you’ve really got to get her some help or I’ll be handing in my notice’ (Teana1-162).

In the second interview, unlike other participants, Teana did not report positive changes in Corine. This led me wonder if Teana had wanted Corine’s placement to end when she came to Stowbury, and that Teana might have used issues of cultural difference to explain and justify the ending of the placement? It was striking that Teana did not talk to Corine’s keyworker about differences in parenting and discipline, when in the T2 interview these issues played a large part of her narrative. From how she described herself, Teana had a robust style of parenting. Corine’s keyworker thought Teana was a confident foster carer who had previously not held back from raising any issues or concerns. One could argue that using skin colour as a justification to end the placement had been a solution for both parties, albeit implicit and not acknowledged. If this were the case, then it is an example of projective identification (see chapter 1.4.3 and 2.2.3). Teana’s wish to end the placement was projected into Corine, who then responded by saying she wanted new carers.
Teana’s transcript was initially difficult to follow. During repeated listening to the audio, I added quotation marks to identify the direct and reported speech. Sentences were often left incomplete and as the interview progressed Teana increasingly used the word ‘nah’\(^\text{18}\). In addition Teana’s narrative did not give her point of view directly and she used few mental verbs. As the listener, I was aware that the focus of my attention kept jumping between ideas and the flow was fragmented. I found myself relying on how I was feeling in order to make sense of what was being said.

Teana defended against strong feelings by not using mental verbs when replying to my questions about her mental states (Habermas 2006). For example:

- In stanza 3 I asked: ‘*did you believe her*?’
- In stanza 4 I said: ‘*feels like that’s quite a tension*?’
- In stanza 5 I asked: ‘*what did you make of that*?’
- *In stanza 7 I said: ‘quite a hopeless feeling’*?

In each of these instances Teana’s reply was a concrete statement giving further examples and descriptions of what people had said. She defended against strong feelings related to the ending of Corine’s placement. I felt confused and unable to fully understand Teana’s narrative until the end of the interview as I describe below. I needed to use how I felt to inform my understanding of what Teana had said, for example in stanza 7, when I said

\(^{18}\text{According to the website urbandictionary.com, ‘nah’ is a slang response to a question that means...‘hell no’ or ‘definitely not’. The direct meaning is ‘no’ but with a tone making the person who said the statement feel stupid or embarrassed.}\)
‘quite a hopeless feeling’ at that point in the interview I actually experienced a hopeless feeling, and realised I was physically slumped down in my chair. Drawing on Habermas (2006) I will now elaborate further, how I have come to understand Teana’s need to maintain such a strong defensive position and how she was communicating to me non-verbally a mixture of painful feelings. When Corine started at Stowbury Teana had spoken about wanting to end Corine’s placement. During the first year Corine asked for white carers, and this understandably affected Teana, although she did not verbalise her feelings about it until the closing minute of the interview. For example she said: ‘I’m very angry about it’ (Teana2-244) and shortly afterwards: ‘what the hell is that, what is that, nah nah I am extremely upset about it’ (Teana2-248). After the microphone had been switched off she talked more about her feelings. It was an intense conversation. In contrast, I experienced strong feelings throughout the interview and at one point I was close to tears. In my field notes written afterwards I wrote:

_T was very angry and I felt like a receptacle for her frustration with the situation. Started off being a black white split – we are white and soft and with no boundaries or wishy-washy ones and she is black with clear firm boundaries and that’s all that C needs. Hair, food and skin needs too. By the end T in touch with the sadness, like a bereavement._

By the end of the second interview, I gained the impression that my visit had started to help Teana process her feelings about the end of Corine’s placement. During the preceding months she had not been able adequately to talk to Corine’s keyworker, or to her family and network practitioner, about the
combination of her strong feelings that Corine was ‘favouring’ white carers, and, her own wish to end the placement. Also Teana said, she received little support from her supervising social worker or fostering agency. Teana seemed to have used Corine’s wish to have new white carers as a justification for ending the placement. This led her to adopt a strong defensive stance, using no mental state verbs, which meant I had to use how I was feeling to make sense of her narrative.

Towards the end of the interview after I had listened and was not blaming, Teana became more in touch with her feelings and we talked about the ending feeling like a bereavement; Teana said: ‘she’s gone, but in here (pointing to her heart) she hasn’t gone, I haven’t even started clearing her room yet, but I’m going to after today’ (Teana2-209). The implication being that our conversation together had helped Teana start to make sense of what had happened, so that she could face the mess and start sorting out Corine’s room. As I left Teana was tearful and hugged me saying she was grateful.

Writing about research with white interviewers and black respondents, Clarke (2000) writes about the dilemma in sociology of white interviewers perpetuating the power imbalance between black and white people. I am referring to Clarke’s work as the interview with Teana was between a white interviewer and a black respondent, talking about real or imagined differences in how white and black parents look after children in care. Clarke concludes, that a reflective interview style which acknowledges “projective communication enables the interviewer to experience that which is beyond words” (p.149). In the excerpt above, Teana did not express her anger and frustration directly; nevertheless it was powerfully
communicated. My clinical experience and understanding of how feelings can be communicated non-verbally helped me understand the implicit content of the interview. I discuss this further in chapter eight on researcher reflexivity.

During the analysis I came to realise that these two interviews have a common feature which was something not being heard or understood properly; Stowbury not hearing and understanding something communicated by Carol and Teana. Crucially the aspect in these excerpts that was not heard and understood was linked to something upsetting and possibly traumatic. For Carol it was her fear of Craig’s potential violence, which could end the placement; whereas for Teana, it was a complicated mixture of feelings linked to the ending of Corine’s placement. I also think these two women might have gained something significant and special in their maternal role. It is also possible that something in these two extracts related to an aspect of the lives of Carol and Teana, something that I did not know consciously, but experienced through the unconscious process of projection.

As my researcher role was in my place of work, I am aware that my perceptions of Carol and Teana will have been influenced by my knowledge of Craig and Corine at the school. Triangulating the narrative analyses by using the views of the keyworkers will have also affected my analysis as they too have their own views about Carol and Teana based on their individual relationships. Using a different data source is often used in qualitative research with the recognition that each data provider will have their own bias (Elliott et al., 1999). Finally, as mentioned in chapter 4.11 a psychoanalytic clinician and researcher not linked to Stowbury reviewed this analysis (see Appendix E, reader C).
7.4 Summary

This chapter has examined and discussed the narrative analysis of excerpts of text from two interviews that included participant intense emotionality. Through the analysis, I have concluded that the powerful emotions communicated during these interviews were linked to Carol and Teana expressing something that they were struggling to understand. In both examples, I examined the participants’ use of language as a way to defend against the pain of overwhelming experiences.
CHAPTER 8. RESEARCHER REFLEXIVITY

8.1 Introduction

In the previous chapter I used narrative analysis to look in detail at two extracts of interview text. These extracts were chosen as examples of intense emotionality that I wanted to look at in further detail. The secondary narrative analysis complemented the thematic analysis, which I had already completed on the whole data set. I used a psychoanalytic framework to discuss the two narrative extracts including the impact that the interviews had on me.

Writing about the psychoanalytic clinician researching his or her work, Hinshelwood (2010) argues:

> It is indeed significant that both the instrument of observation and the field of study are subjective. The instrument of observation being the mind of the analyst, and the field of study being the mind of the patient, are the same kind of entity, operating in accordance with the same principles of mental functioning (p.366).

This aspect of the use of ones subjectivity makes psychoanalytic practice rich and interesting. The issue for the researcher using his or her subjectivity is that they also try to understand the subjectivity of the other, through their own subjectivity.

In this chapter I discuss the influence that I had on this research, and the ways in which I have taken that into account. Unlike Hinshelwood, my research
participants are not clinical patients, but I have brought my clinical knowledge and experience as a child psychotherapist to my understanding of the project. The way in which the data were gathered, analysed and re-presented here are through my non-objective lens. As argued in chapter 4.6, using researcher reflexivity reduces ‘bias’ or the influence of blind spots in qualitative research. Therefore it is important to reflect on my role, my reactions, and how they shaped the research (Alvesson & Skoldberg, 2009; Etherington, 2004).

8.2 Reflexivity

Reflexivity is the use of a researcher’s subjective experience of being part of the research process. Developed in recent years it has been defined as “a resource for understanding data that are embodied, unspoken or unavailable to consciousness” (Elliott, Ryan, & Hollway, 2012, p. 433). The implication here is that the researcher uses aspects of interpersonal relating, which may not be discourse based, to gather additional information about their interaction with the research participant. Finlay and Gough (2003) describe it as “thoughtful, self-aware analysis of the intersubjective dynamics between researcher and the researched, [requiring] critical self-reflection of the ways in which a researcher’s social background, assumptions, positioning and behaviour impact on the research process” (p.ix). This definition implies that sociological, psychological and personal dimensions of the researcher need to be embraced, so that the researcher can engage fully with their data.

The use of reflexivity is considered a positive attribute in qualitative research: an indicator of quality. By acknowledging and deconstructing the power
relationship between the researcher and the researched, for example along the 
lines of race, gender, religion, class, ability and sexual orientation, the reader 
can engage more fully with the nuances of the research setting and the stance 
being adopted (Frosh & Baraitser, 2008).

In relation to this study, Braun and Clarke (2013) stress the dynamic quality of 
the researcher in the process of data analysis and encourage a reflexive 
stance. Quoting Wilkinson (1988) they characterise two forms of reflexivity 
“functional” and “personal” (p.37). “Functional” refers to the way that the 
research process and measures may influence the research, whereas 
“personal” is about conveying the influence of the researcher’s own identity 
within the research.

Similarly within a narrative approach, acknowledging the impact of the 
researcher at every step of the process is an absolute and essential aspect of 
the method (De Fina & Georgakopoulou, 2008; Hollway, 2009). In addition, in a 
review of psychotherapy studies using narrative methods, Avdi and Georgaca 
(2007) report on the usefulness of including therapist’s talk within the data 
analysis and argue that narrative research highlights the “effects of therapist 
talk on the unfolding narrative (…) and as such can enhance therapist 
reflexivity” (p. 415).

Using my countertransference, as defined in chapter 4.12 is a core feature of 
my reflexivity. Holmes (20130 argues that in a research context, the two ideas 
of reflexivity and countertransference are similar and mutually informative. 
Rather than disregarding the impact of the research process on the researcher,
Kvale (1999) claims “A novel dataset can be accessed if researchers follow the principles of therapists who do not seek to eliminate their own feelings towards their patients but employ them in the therapeutic process as a reflected subjectivity” (p.95). In this research I draw on the ideas of Holmes (2013) and Kvale (2000); I have intentionally used my responses to the interviews in the data analysis to help me understand the interviews and maximise transparency.

Therefore I argue that the reflective stance that I have taken is coherent with my clinical perspective influenced by psychoanalysis and a thematic and narrative analysis. It also fits with a social constructionist approach because it attempts to understand the research data as part of a co-constructed process including the researcher’s subjectivity (Clarke & Hoggett, 2009).

8.3 Reflexivity and the research process

At a student presentation of this study at Exeter University, roughly half way through the research process, I talked about my methodology. I was satisfied with the thematic analysis, but it did not offer a way to analyse the two interviews where there had been intense emotionality expressed by the participants. I know from my work, that if I experience strong feelings during a clinical session that talking about it in supervision helps me understand something deeper about the child or parent and myself in our interaction. Talking about my concerns at Exeter and in my Learning Set enabled me to look at other methodologies. As a new researcher I needed others to help me remain flexible and open in my views and the result was that I added a secondary analysis.
The Learning Set also helped me reflect on how the children’s experiences can have an impact on how I talk, think and write about the research. At times during the writing of this thesis, I have found myself producing ‘emotionally sanitised’ draft chapters, which did not really represent the painful reality of the experiences of the children or their carers. Sometimes at school, I read reports that staff have written about the children and feel something similar to what the Learning Set had said about my writing. This is an example of an unconscious drive shared by all the adults who look after the children, in order to minimise the pain of the children’s lives. This defensive process is ubiquitous and that is why taking a reflective perspective is necessary in practice and research.

During the first few interviews I was aware of a general anxiety and a feeling of ‘need to get it right’, but what did that mean? Starting the data collection I was immediately in touch with the realisation that I could not repeat the interview if it went wrong, as if there was a proper way to do it. Perhaps this mirrored the anxiety of the participants, wanting me to think they were doing it right, yet paradoxically their child’s placement with them had broken down. Initially my anxiety focussed on the technology and the audio recorder, was it recording properly? what if I lost the interview? Then, after listening to myself in the role of interviewer I realised I could influence what the participants said by the way I asked questions or made non-verbal responses. The observer in me was observing myself. It reminded me of Freud’s (1912) idea of “evenly suspended attention” (p.111) later enhanced by Bion’s (1970; Attridge-Sterling, 2001) suggestion that clinicians should eliminate “memory and desire”. My
desire to ‘get it right’ for the children and the school, had a super-ego quality, which I also discussed in the Learning Set.

Listening to the recordings I was also surprised that I made so many (small) interventions during the interviews, and made a conscious decision to hold back. At work, I found myself in meetings suggesting to colleagues that they record themselves too. It was at that point that I gained an experiential understanding of the meaning of a research interview as being co-constructed (Emerson & Frosh, 2009; Riessman, 2008). Although I had read about it, I now had a real experience of what that was like.

At times listening to the audios I was struck by the way conversations quickly turned to topics that are usually taboo in social situations. This is not to say that the interview was like a social event, but it was not a clinical setting either. For example, two adults unknown to each other talking about sex in relation to primary aged children was striking. At the time I did not feel this, perhaps because it is sadly part of my working reality, which I also manage by the defensive process of splitting.

Whilst doing the research I was frequently aware of the huge task that foster carers undertake, many of whom are unsupported and given little recognition. After the interviews most participants spontaneously volunteered that they had enjoyed the interview and I felt that they valued someone listening to their views. The interviews gave participants the opportunity to talk about difficult and controversial issues and I think they provided a containing function (Bion, 1984).
The second interviews with Carol and Teana were intense and at times I felt emotionally affected during and afterwards. During other interviews I noticed that I sometimes felt irritated listening to lengthy accounts of the children’s misdemeanours. My understanding of these feelings is that they should not be seen as my biased view, but that I am using my extensive training and clinical experience to use my countertransference to help me understand what is happening between me and the participant (see page 117 for an explanation of countertransference) (Feldman & Bott Spillius, 2003). It felt as if the participants really wanted me to know what it was like for them having to look after these children, whereas I wanted them to really see things from the child’s point of view. At those times I was introjectively identified with the child and my inclination was to see things from his or her perspective. In my clinical role I might have explored this more with a parent, but in my researcher role I felt I had to hold back and this was possibly part of the irritation that I experienced. Therefore my frustration is likely to have been a combination of identification with the child and my researcher position in the interview process (Elliott, Ryan, & Hollway, 2012).

8.4 Reflexivity and my role in the school

My role at Stowbury as a manager and child psychotherapist undoubtedly affected all aspects of the research process (Allmark, et al., 2009). All participants were informed that I worked for Stowbury but none referred to it. I did not sense that they knew how I fitted into the school. The information sheet

19 “A psychological process whereby the inner world is altered by taking in real or imagined aspects of the external world” (Auchincloss & Samberg, 2012)
given to participants did not refer to my professional qualification as a child and adolescent psychotherapist. At times some of the interviewees talked to me as if I was completely new to this child population. Perhaps that also reflected my newness as a researcher. Nevertheless power differences between researcher and participant cannot be ignored (Finlay & Gough, 2003). Although all the participants agreed to the research, it is possible that some saw me as an expert, and this might have had a negative impact on the research relationship.

There were times when I experienced a tension in my role as researcher, clinician and senior manager at the school. I found the Learning Set helpful in thinking about this role tension, for example how to feedback information from the interviews into the child’s treatment team. I was pleased that I had told participants that I might do this from the outset. Using a group of researchers who were familiar with but external to the process was useful, particularly in processing difficult or provocative interviews (Marks & Monnich-Marks, 2003). For example, during one initial interview, and because of my role within the organisation, I knew that the participant was not telling me the whole story about what had happened to the child. They had left out, what to my thinking was a crucial piece of the story. For the rest of the interview I felt irritated, thinking that the participant was giving me a glossy version of what had happened, and I felt this even more so when transcribing and re-listening to the recording. I wondered what the research would look like if participants were not honest. In the Learning Set I realised that these feelings were probably my reaction to the participants’ own irritation about what was being said. However during the second interview with this participant I did not have this feeling. In contrast the person was extremely open and shared painful personal events.
Taking a socially constructionist perspective on reality Bruner (1991) writes “the distinction between narrative fiction and narrative truth is nowhere near as obvious as common sense and usage would have us believe”. He later adds that the confirmation of narrative truth has “limited applicability where human intentional states are concerned” (pp.13 & 18). For this research confirming the facts of the child’s life was not important, instead understanding the meaning of the facts for the participant was the important issue. Realising this was the start of the analysis, as what developed afterwards was the meaning I made about the interview data (Binder, Holgersen, & Moltu, 2012). Perhaps as the researcher, I had become imbued with superego qualities as if I should match up to an idealised view of there being a correct answer or reason.

During the second interviews it was interesting hearing the participants' opinions of the school and their child. At times I felt torn between wanting to investigate issues further, as I would have done in my clinical role, whilst wanting to maintain the researcher role of listening without exploring their views in more depth. This was particularly so when participants were, in my opinion, muddled about their child’s emotional development, and, when their hopes and expectations did not match their child’s potential or ability. At other times I wanted to defend Stowbury but generally I wanted to relieve the foster carers of their desperate wish to make the child better. Their desire was valid but I thought their expectations were not based on what we know about the long-term impact of pre-verbal trauma and abuse. Sometimes the low level of knowledge that foster carers had about this subject surprised and concerned me.
Researching at my place of work meant that I sometimes heard things about the participants, although as mentioned previously I did not work directly with any of the parents and carers involved in this study. Therefore it is probable that hearing things about participants will have affected my analysis in some way. However from a different perspective the interviews enabled me to understand the viewpoint of the participants and their experience of looking after their child, which I was able to bear in mind if talking to staff at Stowbury about the child.

At times in the T2 interviews with Carol and Teana I experienced a tension in my researcher role, not being able to follow things up as I might have done as a clinician. For example with Carol I felt told off and blamed that Craig was not making better progress with ‘his killing’. I wanted to explore deeper and ask her more about her views but noticed that when I made any comment or enquiry it was quickly rebuked. During the second interview with Teana her account led me to think that no one had helped her unravel the negative projections she had received from Corine when asking for white carers. After clarifying and then verbalising Corine’s claim that she thought white parents were less strict, our difference in skin colour was also in the room between Teana and me. I would have liked to explore this further, aware that Stowbury has struggled in the past with cultural differences, which easily gets played out in relation to skin and hair care.

During the second interview with Teana there was an example when my manager - researcher role in the school influenced my interviewing style. My dual role and knowledge about Stowbury meant that I was unconvinced about
something Corine had said about the consequences of her behaviour, (although I acknowledge that my role at Stowbury does not involve looking after the children, and so I cannot say anything about the details that Teana was given). I questioned Teana and asked her “So did you believe her when she said they will let me do that there?” It was unusual in the interviews for me to question what a participant said, and I think I did this because I experienced a conflict of interest.

Power is present in all human interactions and in a research interview it “constantly shift(s) back and forth between the interviewer to the interviewee” (Nunkoosing, 2005, p. 699). I am a white researcher from a predominantly white organisation, questioning a black participant about perceived differences in parenting styles. When I asked Teana the question “So did you believe her when she said they will let me do that there?” I was in a powerful position in relation to her. It is beyond the remit of this study to consider how differences in culture and issues of racism might impact on relationships between Stowbury, parents and carers, but at that point, as the interviewer I was questioning Teana in an authoritative way. There was a researcher - participant imbalance which arose from my existing knowledge of Stowbury, producing a conflict of interest for me.

Finally during the intervening twelve months between the two interviews I was aware that knowledge about the children and participants might affect the research. I hold a senior and therefore powerful role within Stowbury and have been careful about what I have said in relation to the research interviews, realising that they bring a different perspective to that of others.
8.5 Reflexivity and my development as a clinical researcher

Coincidentally, whilst undertaking this research I learned a video based intervention for helping parents and staff improve their interactions with children. In the training I was watching myself on video talking to adults about their play sessions with a child. This new training coupled with listening to myself on the interview audios has made me appreciate two things about my clinical practice. Firstly that I say far more than I realised. This is not necessarily a problem, although I have noticed that I am tending to say less now in certain clinical situations. Secondly, again through listening to the audios, I have observed the influence that my psychoanalytic understanding has had on how I talk to parents. Whilst I understand that these research interviews are not the same as a clinical meeting with parents, I think I have the tendency at times to try to make connections for some parents and carers before they are ready to hear them. Perhaps mirroring their unrealistic expectations of the child, I too can have expectations that parents should understand more than they do. Finally, although I knew that foster carer trainings are variable and I had not fully appreciated the extent of that difference.

Since doing this research I have decided to introduce a pilot project to assess all parents and carers, as we do with new children before they start. The purpose of the meeting is to ‘informally’ assess their ability to reflect on the child, and on themselves as parents. I am doing this in a systematic way, using what I have learnt on the doctorate to inform the process.
CHAPTER 9. DISCUSSION

9.1 Introduction

The aim of this study was to investigate the impact on parents and carers of having a child placed at Stowbury, including the relationship between parents, carers and the school. Interviews at the start of their child’s placement and again twelve months later provided data about the first year. This was of interest to me as I wanted to understand more about the placement from the perspective of the parent or carer in order to evaluate our current model of work and where possible develop the service. The discussion now will answer the research questions in turn:

**Q1.** How do the perceptions that parents and carers have of their children change during the first year at Stowbury?

**Q2.** What feelings are raised for parents and carers by having a child at Stowbury?

Following that I will comment on how my research addresses Yardley’s (2000) principles of credibility and quality, before the final section that considers the strengths, weaknesses and methodological reflections of the research. The conclusion of my investigation of the impact on parents and carers of having a child placed at Stowbury, is in the following final chapter.
9.2 Q1. How do the perceptions that parents and carers have of their children change during the first year at Stowbury?

At the end of the first year, parents and carers felt that their child was ‘easier to be with’. They were less aggressive, had fewer violent outbursts and were emotionally a little more in touch with their feelings. Life at home was portrayed as safer, although foster carers could still feel disturbed and deskilled. Some children were able to play unsupervised for short periods of time with other children.

The majority of participants considered that their child’s communication had improved. Not only did they say that he or she talked more about day-to-day things, but they also found that their child was more argumentative. Consequently parents experienced their child as more able to negotiate and enter into dialogue with them, rather than having to resort to aggression and violence. It is probable that after one year the children felt more contained and less driven to act out their feelings so frequently.

In the second interviews most parents and carer used language, which suggested that that they and their child were more in touch with the pain and sadness of the situation. For example when talking about Craig, Will remarked: ‘it’s very sad when he’s got nobody else (...) and he’s out there and he’s like, [makes a whine which could signify loneliness], and you think… yeah’ (Carol&Will2-360); when telling me about Emma, Kath said: ‘I find that really hard to comprehend, that mum wouldn't make the effort to see her for her birthday. It upsets me, actually. It upset Emma’ (Kath&Steve2-691). Although
Emma could have been picking up on Kath’s upset feelings, these examples suggest that some painful emotions could be shared between carers and their child.

The improvement in their child’s communication also meant that some participants were more frequently on the receiving end of their child verbalising his or her emotional distress; at times this was difficult for some participants to manage. This overlaps with sections later in this chapter (9.3.4 ‘What feelings are raised for foster carers by sharing the care of their child with Stowbury?’ and 9.3.6 ‘What happens to the personal reflections of foster carers?’). As outlined in the introduction, when staff at Stowbury understand the unconscious communication in a child’s behaviour, there is an accompanying reduction in that child’s need to ‘act out’ their distress. At the same time the children also start to learn words for their feelings. Consequently, painful affects become more accessible to thought and feeling and sometimes those looking after them can feel overwhelmed. For example, Carol was powerfully in touch with Craig’s ‘killing feelings’ (see chapter 7.2) and this raised concerns for her about the viability of the placement. It could be argued that some foster carers’ previous parenting style which I named ‘monitoring and managing’ (see chapter 5.3.1), needed to be adapted to take into account this emotional shift in their child. It is likely that some of the participants continued with their existing way of parenting, rather than being able to make shifts in how they related to their child, including linking up in their mind the child’s behaviour, feelings and perhaps past events.
These findings are broadly consistent with six of the studies reviewed; two of which considered children in residential settings (Buchbinder & Bareqet-Moshe, 2011; Harriss et al., 2008), and four of which were based in school or outpatient clinics (Farber & Nevas, 2001; Jarvis et al., 2004; Mishna, 2007; Rushton & Miles, 2000). These studies found that during treatment, parents and carers reported an improvement in the aspects of their child that they had previously found the most difficult.

Interestingly five of these used a psychodynamic approach to their work (Farber & Nevas, 2001; Harriss et al., 2008; Jarvis et al., 2004; Mishna, 2007; Rushton & Miles, 2000). This supports the theoretical underpinnings of Stowbury as described in the introduction and background chapter.

In relation to helping parents and carers manage their child’s increasing ability to verbalise their distress, Murray et al. (2011) and Tahhan et al. (2011) identified that helping foster carers with children’s mental health needs was a training priority. Ironside (2012) also referred to this, however he concluded that a regular and supportive group can help foster carers develop the skills and reflective capacity needed to help them respond to high levels of distress in children and in themselves. The regularity of such a group makes sense as that would enable foster carers to keep up with the tiny shifts and changes in their child that occur slowly and gradually. It would also allow for the parallel shifts and changes in perception that foster carers make over time. Often the content of training gets forgotten if it cannot be regularly discussed and mulled over.
9.3 Q2. What feelings are raised for parents and carers by having a child at Stowbury?

All participants were tremendously relieved that someone else would be sharing the burden of looking after their child. Entry to the school followed difficult times occasionally lasting many years, leading to emotional exhaustion. As reviewed in the introduction, Winnicott’s theory of ‘hate in the countertransference’ (1949) is helpful in conceptualising the intensity of the parents’ feelings of relief. A common feeling, well understood in the clinical setting, is probably not a concept familiar to parents and carers.

The feeling of relief was also strongly linked to the participants’ concern about their own children and close relatives, whom they felt had experienced the child as intruding on their family life; some participants’ birth and grandchildren had felt resentful towards the Stowbury child for taking up so much time and attention from their parent or grandparent. After one-year participants felt that family life had eased and their birth children felt less afraid. Participants valued having been able to rejuvenate relationships with their other children, family members and friends.

In addition the relief felt by participants, was linked to them no longer being overwhelmed by the emotional exhaustion that they expressed so powerfully in the initial interviews; exhaustion which originated in part from their child’s disturbing and painful states of mind. In chapters 1.4.4 and 2.2.3 I described the process of projective identification; an unconscious method of communicating feeling states. Before coming to the school the children had repeatedly rid
themselves of feelings that were unbearable and in turn participants found this overwhelming and exhausting.

The participants, unlike the staff at Stowbury do not have regular support to process and understand these feelings. Reflective practice is embedded into the work of the school so that staff can examine the feelings evoked by this work, in the presence of others in the same situation (see chapter 1.4.3). This is a key aspect of the work at Stowbury, as all staff are subject to the same unconscious processes as the parents and carers.

In the literature reviewed the theme of relief was present in four qualitative papers, interestingly where the participants were predominantly birth families rather than foster carers (Buchbinder & Bareqet-Moshe, 2011; de Boer et al. 2007; Harriss et al. 2008; Tahhan et al. 2010). In two of these the feeling of relief was also linked to a profound sense of guilt, which did surface in my research with the two birth mothers and one foster care but not with the remaining four foster carers (Buchbinder & Bareqet-Moshe, 2011; Tahhan et al., 2010). This could relate to a difference in the quality of the relationship between children and their birth mothers as opposed to children and their foster carers. Alternatively it could suggest that foster carers talked less about their personal feelings, presenting instead a professional persona as I described in chapter 2.3. I return to this in section 9.3.6. The finding that family life had eased was in also common with two studies in residential settings (Buchbinder & Bareqet-Moshe, 2011; Tahhan et al., 2010).
In the initial interviews most participants hoped that Stowbury would ‘work a miracle’ (Will1-367) which generally meant that one day their child would return home and go to a mainstream school. After the second interview some parents and carers still retained this view, whereas others had a more realistic outlook and were increasingly in touch with what the future might look like for their child.

This idealisation of the placement is a defensive process. It means that the expectation of Stowbury was that it had to be ‘perfect’ and when it failed to live up to these hopes, feelings of blame were projected onto the school. The narrative analyses illuminated this with Carol and Teana (see chapter seven). It is understandable that after many months and even years, exhausted parents and carers want a miraculous solution, but doing so avoids the pain of engaging with the child’s distress. Using magic as a solution to the problem may temporarily offer foster carers personal containment and relief, whereas genuine engagement with hope on behalf of the child needs hard work. It is the opposite to a magical solution.

Stowbury also has a high expectation of its staff and the external professionals working with the children. The school has had an outstanding Ofsted rating since 2004. This must contribute to the impression that we can work miracles.

A number of the studies reviewed found that shared expectations between the professionals, whilst vital for good outcomes, were often missing. A review of a day setting, similar to Stowbury, concluded that a successful outcome occurred when the professional network of adults working with the child arrived at a shared and realistic expectation about the child’s future, so that appropriate
planning could take place (Wiener et al. 1999). A number of other studies linked the unlikely expectations of foster carers with a lack of training. They recommended that foster carers receive regular, in depth training on the impact of early neglect and abuse on later child development (Murray et al., 2011; Samrai et al., 2011; Tahhan et al., 2010). As mentioned in chapters 2.3 and 9.3.6, this does not fit with Sinclair et al. (2013) and (Luke, Sinclair, Woolgar, & Sebba, 2014), who concluded that training alone had limited impact and that regular consultation was also needed.

Two studies evaluated models which explicitly identified the hopes and expectations of parents and carers at the start of therapy (Odhammar & Carlberg, 2015; Urwin, 2007). They broadly concluded that most parents and carers have limited knowledge about what treatment might achieve. They also found that the expectations were focussed solely on changes in the child and included nothing about how the adults and parents might change. This suggests that parents and carers do not fully appreciate the importance of themselves in their child’s psychological well being. It suggests that ‘the problem child’ has to be fixed, whereas intensive support with the child’s carers is where others believe the work should focus.

Finally, in my study it was striking that parents and carers rarely mentioned their child’s academic progress. Instead they focussed largely on their social and emotional development. Findings from a recent unpublished Stowbury study of the children’s academic progress (Vorhaus & Gutman, 2016), showed that Stowbury children make above average academic progress compared to children in mainstream settings. This would support my observation; parents
and carers were probably satisfied with their child’s educational attainment and more concerned about their social and emotional development.

There were other differences in the feelings raised in the participants, depending on whether they were the birth mothers or foster carers. Therefore I will now consider these two groups separately.

9.3.1 What feelings are raised for birth mothers by having a child at Stowbury?

It is important to bear in mind that the findings in this section relate specifically to only two participants. However the profile of their circumstances and their child’s presenting problems are typical of many single parent birth mothers with a child at Stowbury. The two birth mothers Steph and Helen shared a common history of domestic violence and each found that their child’s placement had an impact on them personally. They reported an improvement in their self-esteem, which I link to their ability to re-work psychologically aspects of their own trauma that had occurred in the violent relationship with their child’s father. They developed some capacity to think about their child, rather than simply be overwhelmed by him. Before this can happen parents need to feel heard, and it is not until the “mother’s cries are heard, [that] she will hear her child’s cries” (Fraiberg, Adelson, & Shapiro, 1975, p. 396). This type of parent work is different to individual adult therapy (see chapter 2.2).
Both mothers formed trusting relationships with staff at the school, particularly their son’s keyworker and their own family and network practitioner (FNP). Helen had received no help for herself about the domestic violence. She had seen a counsellor once but did not continue and my impression was that she had not been ready to think about the abuse. Similarly, Steph had only recently attended a group for mothers who had experienced domestic violence. During the year Helen and Steph started to reflect on the past. Knowing that their sons were safely looked after elsewhere, they were more able to reflect on themselves. It is probable that their sons’ placements created space in their minds allowing them to start to make sense of what happened to them and their family.

Maternal guilt and shame were important factors, which both mothers expressed. Shame often prevents a person from seeking help, as they are frightened of confronting what happened and also of being ‘seen’ themselves (Steiner, 2015). It could be argued that as their sons received help, Helen and Steph emerged from their defensive positions more able to face the domestic abuse. The insight gained can lead to guilt and depression as the damage done is recognised. However, Winnicott (1986) considered that guilt could also be an opportunity for creativity and development.

This finding of birth parents expressing guilt is also supported in the literature reviewed (Gurney-Smith et al. 2010; Jarvis et al. 2004; Rushton & Miles, 2000). Steph and Helen began to change: the quality of their relationship with their sons improved and their own parenting abilities were modified. I discuss these below.
9.3.2 Untangling negative projections

Before the birth mothers Steph and Helen could (re)parent their sons they needed to disentangle their perceptions of their boys from their abusive ex-partners. In the first interviews Helen and Steph described their sons using the language of power and control, as if they were speaking about an adult abuser. In the second interview, this had shifted and the boys were described as individuals with their own set of difficulties and painful experiences. I believe this is due to a combination of factors. Over a number of years through the process of projective identification (see chapter 2.2.3) these boys had been imbued with negative projections, which originated from and belonged in reality to their fathers. This developed into a damaging family script beginning early in their lives and had been incorporated into each boy’s sense of self (Byng-Hall, 1995; Klein, 1959). Working with their FNPs and their child’s keyworkers, attending reviews and listening to benign and empathic observations of their sons, helped Steph and Helen. They began to see their boys more accurately. They started to withdraw the negative projections.

9.3.3 (Re)establishing boundaries

The birth mothers Helen and Steph had to (re)establish and then maintain limit setting and parental boundaries: this was a great challenge. During the second interview Helen said ‘he’s not really trying to manipulate us any more’ (Helen2-416), meaning that she no longer felt controlled by Michael. This was in contrast to the first interview where I described Steph and Helen as having an avoidant or ‘collusive’ style of parenting where their sons were in charge. One effect of
early domestic violence is that usually the child’s abused parent cannot protect
the child from feeling frightened; sometimes this leads the child to take on a
protector role. Consequently the child and parent are unable to separate
psychologically and in turn the parent colludes with the child’s need for control.
Therefore parental boundaries are compromised.

(Re)establishing parental boundaries needs to be seen in conjunction with
Steph and Helen’s ability to untangle the negative projections on their boys.
Before coming to Stowbury, the mental representation that Steph and Helen
had of their sons was invaded by fear. Their projections onto their sons had led
Michael and Nevin to ‘believe’ that they were in charge. Stowbury acted like an
auxiliary ego, and gave Steph and Helen the confidence to take the authority in
their maternal role. Maintaining parent-child boundaries can be challenging, but
it was encouraging that after twelve months, Steph and Helen had developed
the strength to start to change something in their relationship with their sons.
This occurred at the same time as their sons were becoming more able to hear
adults at school say ‘no’ and to not always respond with violence. This finding is
supported in the literature by Jarvis et al. (2004). Although they wrote about
research with teenagers, they argued that authoritative parenting is best
supported when the therapist helps the parent focus on the meaning of verbal
and non-verbal interactions. This is similar to how Stowbury works with parents
and carers.

The next section will consider the feelings raised for the foster carers.
9.3.4 What feelings are raised for foster carers by having a child at Stowbury?

A complex relationship between foster carers and Stowbury was discussed during the second interviews. In general most foster carers expressed ambivalence towards the school. Issues with collaborative working and communication were frequently reported. I discuss below two contributing factors; ‘the home-school relationship’ and ‘what happens to the personal reflections of foster carers’. Again it is important to bear in mind that this is based only on the views of a small sample of five foster carers.

9.3.4.1 The home-school relationship

Feelings of rivalry were present in the second foster carer interviews. The rivalry seemed to be about who was the better parent and who knew the child best. Unconsciously it may also have been where does the child prefer to live. One of the foster carers, Petra, acknowledged these feelings and was regretful that Daryl had not been able to continue living with them full time. In varying degrees the four other foster carers found it more difficult to talk openly about the tensions; their rivalry was implied through their critical comments about the school. Criticisms were around communication and how they felt that staff did not always understand how difficult things could be for them in the home situation, as well as not always respecting their views and experience of the child.
Also in the second interviews most foster carers did not acknowledge that when the child started at Stowbury the home placement had been on the verge of breakdown. This is interesting given how distressed and overwhelmed the foster carers were in the first interviews. Perhaps it is also linked to feelings of rivalry, as if not acknowledging their pre-placement difficulties had turned into a “spoiling envy (…) like a hidden spanner-in-the-works” (Halton, 1994, p. 15). Rather than seeing Stowbury as a collaborator there was a feeling of competition. It is also possible that like the birth mothers some foster carers might have experienced feelings of shame. For foster carers it might have been because they had not been able to keep their child at home with them. Shame induces feelings of failure, exposure and inferiority and in relation to parent work it can lead to a turning away and withdrawal (Baldwin, 2014). One of the reasons why people go into fostering is because they want to make a difference to the lives of children (Sebba, 2012). It could be argued that the reparation these foster carers had hoped and thought they could make to their child’s life had not happened in the way that they had wished. This might have led some carers to experience shame at their perceived failure. Having a child placed in a residential setting was likely to have challenged their views about themselves as foster carers as well as their reasons for fostering. Their feelings of rivalry and shame could be expressed in a number of ways such as criticism of the school. However I do not think this criticism works in just one direction and had I interviewed Stowbury staff then I might have heard critical comments from staff about foster carers.
Another contributing factor to the tension in co-parenting, may originate from the unconscious or unspoken question ‘who is in charge?’ If this question was considered from the viewpoint of the child removed from his or her birth family, it could help us understand something additional and important about this inter-group rivalry. I referred to the term ‘corporate parent’ in chapter 2.4. Whilst it may be a useful term for policy makers, children in foster care frequently complain that they have no control over their lives as there is no one person in charge (Lee, 2016). The local authority and social worker have parental responsibility20; yet someone else, someone who does not make the decisions, looks after these children. Perhaps the tension in co-parenting can be viewed as Stowbury and foster carers struggling to gain some power and authority over a child who neither of them ‘owns’; a child they both want to claim in order to help that child feel loved and wanted.

Something that probably adds to the communication difficulties is how the parenting function for children in care has been divided into many roles, occupied by numerous professionals, sometimes operating in different parts of the country. Although this has been done to improve services for looked after children, it could be viewed as an example of Menzies Lyth’s “social systems as a defence against anxiety” (1988, p. 43). With so many people involved in separate aspects of the child’s wellbeing, it may reduce anxiety for individuals but it creates a separate set of difficulties in communication.

20 Parental responsibility is defined in s.3(1) of the Children Act 1989 as being: “all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property”
The impact of the children has to be considered as they too have feelings about coming to Stowbury, which might consciously and unconsciously contribute to tensions in the home-school relationship. Starting at Stowbury the children were likely to have had a mixture of feelings. If they had been aware that things in their placement had deteriorated, then using the defence of splitting (chapter 1.4.4), they might have been relieved to be at Stowbury, but this probably put them in touch with earlier experiences of feeling abandoned, blamed and not wanted.

The analysis of the second interviews suggested that although the child is at the heart of the work, being part of a complex system could cause tension between some foster carers and Stowbury. I will now discuss this tension from different but linked viewpoints.

**Figure 4 Multiple links between the child, family, Stowbury and external professional networks**
Figure four shows the complexity of the system around a child placed at Stowbury. It can lead to innumerable possibilities for the internal worlds and perspectives of countless people to collide. In the centre is the child, whose distress can be felt powerfully by all parties.

In chapter 2.4 I described how a psychoanalytic understanding would suggest that the difficulties with co-parenting and the tensions that arose between home and Stowbury might be linked to the child’s feelings of pain, confusion and distress. These feelings are likely to be communicated consciously or unconsciously and then reverberate in the system and/or become lodged in individuals and networks. The children’s early traumatic experiences, separations and loss may also resonate with any of the adults who themselves have unresolved issues of a similar nature (Bick, Dozier, & Moore, 2012). Therefore foster carers and Stowbury staff might have unconsciously enacted aspects of the child’s suffering. If left unchecked the consequence of such enactments could actually intensify the impact of the child’s disturbance when repeated by the adults. In my experience when professionals unknowingly enact the child’s disturbance it can lead to feelings of blame and ultimately to complaints.

Another way of understanding the tension between some foster carers and Stowbury is the presence of competing perspectives between the different parts of the system. For example as discussed earlier in chapter 9.2 some of the foster carers were disappointed with aspects of their child’s progress and after one year had anticipated greater change; also, the narrative analysis suggested that Carol was grappling with worries about Craig’s potential violence and felt
that CAMHS and staff at Stowbury had not heard her concerns. These two examples suggest that some foster carers had different perspectives and priorities that led to tension between them and Stowbury.

The reason why Stowbury staff have regular reflective space meetings is to help them recognise and process the impact of the work on themselves and their working relationships (see chapter 1.4.3). It is made explicit to staff that sometimes the work is likely to make them feel disturbed, and that talking about such feelings is not a sign of incompetence but instead a vital part of the work. Some of the foster carers said they regularly met with their fostering agency although these meetings were described mainly as training and social type events.

There may also be a link between the psychodynamics of caring for abused, neglected and traumatised children and recent developments where a group of foster carers have voted to join a trade union (Bawden, 2016). Their argument is that they need to improve their terms and conditions. In relation to my research, perhaps an improvement might be to help foster carers develop a fuller understanding of how the child’s early experiences and current situation can resonate throughout the professional system and how the child’s pain and distress can be felt and sometimes unknowingly re-enacted.

Finally it is interesting that the familiar topic of lost clothes and other housekeeping issues did not feature in the second interviews, as historically this has often been a focus of complaint. One way to understand comments about lost property is as a communication about loss for the children and adults.
Perhaps nowadays home and school are grappling with painful but meaningful
issues more directly rather than using lost property as a metaphor?

There was only one qualitative paper in the literature reviewed which studied
children who lived during term time in a residential setting and also spent their
holidays in a foster placement (Harriss et al. 2008); this was from the UK.
Rivalry or the quality of the relationship between the foster carers and the
residential setting was not reported. None of the three other studies of
residential settings, from Israel and Canada, described the working
relationships between home and residential staff (Buchbinder & Bareqet-
Moshe, 2011; de Boer et al., 2007; Tahhan et al., 2010). One reason for this
could be that the model of Stowbury, where children maintain regular links with
their home community is unusual in Israel and Canada. It also fits with the fact
that few residential settings for children write about or research their work.

Considering the other literature, Mishna (2007) found that working
collaboratively with parents and carers in a day school setting was the most
challenging aspect of her work. She concluded that research was needed to
“examine and identify factors that impede and foster work with parents” (p.35).
Rushton and Miles (2000) ran a parent group at the same time as the child’s
therapy and did not report such communication problems; in fact this was a
positive aspect of their research. My research study, although based only on
seven families, suggests that open communication, which addresses both the
overt and underlying feelings of parents and carers would promote collaborative
working.
It is noteworthy that none of the studies in the literature reviewed considered the psychodynamics between the organisation and the parents and carers, although Whitefield and Midgley (2015) did discuss psychoanalytically defined defences in their paper about parent work in the community. Whilst these ideas are not new and are familiar in psychotherapy, they are not represented in the literature about residential child-care and relationships with home and family.

9.3.4.2 What happens to the personal reflections of foster carers?

The two birth mothers Steph and Helen spontaneously talked about themselves, reflecting on the changes and how they thought these had occurred. They linked these personal changes to their growing understanding of their sons. In contrast most foster carers rarely offered personal reflections or insights in the same way as the birth mothers, with the exception of Petra. In both interviews when talking about Daryl, Petra shared some of her personal motivations for being a foster carer as well as other aspects of herself and her personal life which she thought were relevant to her role as a foster carer. By giving a fuller picture of her understanding of herself as a mother, foster mother and a woman, she was able to reflect on her relationship with Daryl which was insightful and more than just descriptive. She differed from the other foster carers who did not naturally use self-reflection when they talked about themselves, although Teana and Gracie were able to elaborate a little when I followed up different areas but there seemed a resistance. As the foster carers’ accounts were less personalised, I did not get an impression of how they understood the emotional life of their child. There were several interrelated factors which might explain why the FCs did not give me personal details. Firstly
the complex nature of their role, secondly any perceived power difference
between the interviewee and me, and thirdly their inability to reflect on
themselves and use that in our conversation. I now will look at these in turn.
Firstly, I consider the complex nature of the fostering role. I wonder whether
something unconsciously connected to their professional role, might have had
an impact during the interviews, which led some foster carers to present
themselves in a defensive and distanced position; not offering much personal
insight and in contrast to Petra and the two birth mothers. Fostering has moved
from being a voluntary activity to a fully professionalised service. With the
increase in statutory regulation there has been an intensification in the
professionalism and professionalisation of the role (Wilson & Evetts, 2006).
Despite these developments some individuals experience a tension being a
professional carer and a committed parent, and describe the emotional conflicts
inherent in this role (Schofield, 2014). Three papers reviewed in the literature
search support the view that the role of foster carers has become complex
(Gurney-Smith et al., 2010; Murray, et al., 2011; Samrai, et al., 2011).

Secondly, it is important to consider whether my role as interviewer affected
some foster carers. I had not met them previously, and on the information sheet
sent to them before my visit I did not elaborate my role as part of the
management team of the school nor as consultant child and adolescent
psychotherapist. Nevertheless this information is freely available on the school’s
website and so it is possible that “differences in status, power, background and
ideology (…) impact the quality and depth of interview, and these perceptions,
whether accurate or misinformed, constitute an integral part of the interview
dynamic” (Mears, 2009). Two of the foster carers were relatively new to this
work and may have felt anxious talking about themselves, believing instead that taking a more objective position was preferable. This is linked to the third factor, concerning a foster carer’s ability for self-reflection.

In my research Petra was able to take a reflective perspective and in her second interview she used this to acknowledge the positives and negatives of having a child placed at Stowbury. In contrast the less reflective foster carers tended to be implicitly critical and seemed to have less insight into themselves and their foster child. Reflective practice is at the core of Stowbury, and reflective spaces are regularly facilitated to help everyone process the impact of the work (see chapter 1.4.3). It is not always easy to adopt this stance, and it can be emotionally painful. The use of the self is a critical aspect of the work recommended by the Laming and Munroe Reports (Laming, 2009; Munro, 2011).

I referred to papers in chapter 2.2.4 and reviewed five articles in chapter three which supported the view that increasing the ability of foster carers to reflect upon and understand the mental states of themselves and others benefits the children in their care. (Bammens et al. 2015; Bunday et al. 2015; Ironside, 2012; Whitefield & Midgley, 2015; Whitwell, 2014). My research is consistent with Bunday et al. (2015) who found that foster carers showed varying levels of reflective function, particularly in the salient areas for effective fostering. Ironside (2012) and Bammens et al. (2015) both found that offering intensive training and experiential groups helped foster carers develop their capacity to reflect on themselves and the children in their care.
However in chapter 2.3, I referred to research which reported that increasing foster carer training on its own did not have a noticeable impact on children’s sense of well-being, instead it was the foster carers themselves who made the difference (Sinclair, 2013). Sinclair’s meta-analysis recommended “Foster carer training should also be complemented by on going ‘consultation’ in order to ensure that carers can generalise what they have learned in the context of a specific carer-child relationship” (p2). Taking into account my findings, the articles in the background chapter and the previous studies reviewed, I agree that foster carers need ‘on going consultation’; specifically this should focus on helping them reflect on themselves and their parenting role.

This is the end of the discussion relating to the research questions. I will now comment on the credibility and quality of the research and then the strengths, weaknesses and methodological reflections.

9.4 Achieving credibility and quality

As described in chapter three, I used Yardley’s (2000) “open-ended, flexible, quality principles” (p.218) to assess the credibility and quality of this research. I have demonstrated ‘sensitivity to context’ by systematically reviewing the existing literature and positioning my findings within the current field of research with the parents and foster carers of children in residential care. The open-ended style of interviews encouraged participants to give their accounts and they were not expected to fit into any pre-existing categories, although as I have stated previously, my subjectivity was an integral aspect of how conversations were co-created and then how I analysed the data.
I did not gather participants’ views of the themes from the interviews for two reasons. Firstly, the research design was such that I needed to hear participants’ views during the second round of interviews without them being influenced by my views of the themes from the first interviews. Secondly, using psychoanalytic theory to inform data analysis within a research context, is different to being in a clinical setting where there is a therapeutic relationship in which ideas can be explored safely (Frosh, 2010). I believe it would have been unethical to gather participant views on the themes in this situation outside of the consulting room.

In relation to ‘commitment and rigour’ and ‘transparency and coherence’, this thesis sets out my argument for the chosen methodology and the steps taken. The thematic analysis and secondary narrative analysis are thoroughly illustrated with data extracts alongside the analytic commentary. There was a fine-grained analysis of two narrative accounts. There is a fit between the research questions, the methodology and design. Using participant data from interviews twelve months apart enabled participant views and perceptions to be analysed at two points in time.

In terms of ‘trustworthiness’ my analysis was influenced by the views of others. In chapter 4.11 I gave details about the two readers and one reviewer who read and commented on the research (see Appendix E). In addition two doctoral peers who are independent from Stowbury considered my data. This has ensured that my argument is coherent and ‘trustworthy’ from the perspective of other colleagues in the profession. Using reflexivity has ensured as far as
possible the transparency of my understanding, as well as demonstrating my appreciation of my impact on the research.

9.5 Strengths, weaknesses and methodological reflections

The design of the research was to recruit the parents and carers of new children during a twelve-month period. Seven children started; two lived with single birth mothers, and five were in foster carer. This is a small sample, even though between seven and ten new children per annum is average at Stowbury. Had I recruited more participants, it would have extended the data collection period beyond that which was possible. With a small number of participants, one issue is how relevant the findings are to other similar organisations. The findings could be transferred to other residential places if enough specific circumstances were the same between the settings.

In my sample I did not have any adoptive parents. At any one time there are usually a small number of adopted children attending Stowbury, and their parents have a different profile to birth and foster parents. This would have given a broader analysis and a perspective on an important group of referrals. Owing to the design of the study, I could not influence this aspect of the project, although in any future research I would bear this in mind.

The participants were mainly female. There were two foster fathers and only one was the main carer. Fathers are often missing from research with children and a better gender balance might have added to the analysis (Etchegoyen & Trowell, 2005).
The interview approach broadly followed my clinical style of working, following the flow of the parents' talk. In many respects it was similar to a clinical session. However had I taken a more ‘researcher’ approach I might have approached the interviews in a different way. For example I might have questioned participants about their own experiences of being parented, and foster carers about the training they received and possibly their motivation to foster.

Regarding the design, as outlined in chapter 4 I did a ‘two-layered’ thematic analysis, going back to the audios and adding the emotional content before revisiting the initial themes. Further consideration resulted in me triangulating the data by using narrative analysis on two interview extracts. The process was iterative, based on my feeling that adequate analysis of the emotional content was missing and that I needed an additional analytic perspective. I did consider creating specific emotional themes but these would not have addressed the part I played in the interview as well as the specific emotional issues for the two participants. I acknowledge that my presence will have influenced the interviews and that another researcher may not have identified the same emotional matters. I discussed the findings within a psychoanalytic perspective and have argued that this design fitted with my epistemology of social constructionism; however I acknowledge that other theoretical approaches might have led to the emergence of other themes.

The conclusions to the discussion and the research are in the following chapter.
CHAPTER 10. CONCLUSION

This thesis documented the first systematic research of parents and carers at Stowbury. I wanted to find out what is was like having a child at Stowbury, and, whether the school’s work with parents and carers helped them improve their understanding of their child. Previous research has highlighted the challenges of caring for abused and traumatised children; specifically that routine ways of parenting are ineffective and in some situations make parenting these children more difficult (Howe, 2005; Sinclair et al., 2005).

The aim of the research was to investigate the impact on parents and carers of having a child placed at Stowbury, including the relationship between themselves and the school. The evidence from my research concludes that:

- Stowbury needs to find a way to establish and support the ability of foster carers to reflect on their parenting role and their relationship with their child, whilst bearing in mind that many live a long way from the school.

- There are training implications for Stowbury staff in relation to the tensions in co-parenting. Thinking about relationships where there are powerful dynamics within professional systems is challenging work and staff need help to sustain this.

- At the start of a child’s placement the school should be more proactive in engaging parents and carers, helping them gain a better understanding of the school’s approach early on during a child’s placement. Perhaps some early 1:1 sessions including a training handbook, a dvd or other
materials. Adopting an intervention like this, alongside increasing their reflective capacity would jointly help us develop expectations which are representative of the child's emotional potential.

- This work-based research is topical. The school is developing its offer to include the provision of 52-week care to help children move into a long-term placement. This will crucially involve foster carers, and their support workers. The implications from this research are that as part of this new treatment model, Stowbury needs to help foster carers increase their reflective practice. In addition it needs to find ways to support and encourage this as a vital part of their on going role as foster carers. A complication is that the school does not employ and manage these carers directly and so in terms of service delivery a multi-layered approach is needed. Narey (2016) recommended our new 52-week type of residential service as, “having the potential to act as a bridge to a different fostering experience” (p.22).

- This thesis is making an original contribution to knowledge about the psychodynamics that develop in the relationships between the parents and carers, and the staff looking after abused and traumatised children in a residential school. Rivalry and competitive feelings can hinder effective communication between home and school. Although these ideas are familiar in psychotherapy, to my knowledge there are no published research papers that explore this in the field of residential child care.
10.1 Implications for further research

This study has concentrated on the first year of a child’s placement. A valuable follow up would be to have a third interview or perhaps a focus group with the same participants, during their final year to see how and whether the tensions of co-parenting had changed.

It would be useful to design and implement an outcome study for the new 52-week children and their carers, once a system for increasing parental reflective practice had been established.

There are implications for the UK child residential sector in its use of psychoanalytic explanations in helping professionals understand the psychodynamics of their work and in helping them to address the home-school relationship.
REFERENCES


Gurney-Smith, B., Granger, C., Randle, A., & Fletcher, J. (2010). "In time and in tune" - the Fostering Attachments Group capturing sustained change in both caregiver and child. *Adoption & Fostering*, 34 (4), 50-60.


APPENDIX A: Types of therapeutic work offered to parent and carers at Stowbury

**Parent work** This work focuses on parenting. It may take place at home or at Stowbury.

**Counselling** Usually a time limited and focused piece of work with a parent or carer about a specific issue that is affecting them personally, and having an impact on their relationship with their child. If longer-term work is needed we help to sign post to someone in the home locality.

**Couple work** This addresses couple issues that are related to the Stowbury child. If longer-term work is needed we help to sign post to someone in the home locality.

**Family therapy** This is usually a time limited piece of work involving the Stowbury child and possibly other siblings/children in the home.

**Multi-family therapy** This involves a number of families, working together on shared family and parenting issues. It usually takes place at Stowbury, over a fixed number of sessions.

**Parent-child work** This usually involves the child and one parent, and the focus is to work on a shared area of concern, building trust and improving communication.
**Life story work** This work focuses on the child’s life story and will include a parent or carer and perhaps other siblings.

**Video interaction guidance** Video interaction guidance is a strengths based video technique to help parent-child interaction.
APPENDIX B: University ethics approval

Email confirmation of Ethics approval and reviewer’s comments

Reviewer Comments
I don't see any problems with the proposed study - it seems the researcher has the necessary expertise to deal with sensitive issues.
APPENDIX C: Participant information sheet

Research information

What is the research about?

Stowbury is doing some research to understand more fully how the school helps parents, carers and children. We are particularly interested in the experience of parents and carers during the first year of their child’s time at the school.

What will happen?

Caryn Onions will meet with you as soon as possible after your child starts Stowbury, either at school or in your home. She will have a conversation with you about your child which will last between 1 and 1½ hours. A year later Caryn will meet with you again and have a similar conversation. These conversations will be audio recorded.

What will be done with the recordings?

Caryn will use the audio recordings to see whether and how the conversation about your child changes during the first year. The information in the conversations will be confidential to the school. Some of the information may be shared with your Family Network Practitioner. The audio recordings will be kept in a locked cabinet, and destroyed at the end of the research.

Other important information

When the research is over you will be given a summary of the findings and a full copy will be available on request. You will not be mentioned by name and all of your details will be anonymised. If you change your mind about taking part you can let Caryn know. This will not affect your child’s placement at the school. The research is part of Caryn’s doctoral studies with the University of Exeter. If you are concerned about any aspect of this you can speak to the director John Turberville.

Thank you for taking part
Research Consent Form

Child’s name:

As the parent / carer of the above named pupil, I grant permission for Caryn Onions to use the anonymised audio recorded conversations in her research. I am aware that I / we may withdraw from this research at any time without impact on the placement of our child. I have read the research information sheet.

Parent / Carer’s name:

Signed:

Date:

Thank you for taking part
Appendix E: Readers and reviewer

Reader A
This person is a specialist teacher/trainer, art therapist and former foster carer. Reader A works in an outreach team, which is connected to but separate from Stowbury. This person did not know the parents or carers but knows the work of the school. Reader A is employed by Stowbury. I asked this person to read draft chapters 5-9 from the perspective of someone who knows the work of Stowbury and having been a foster carer. The following comments were made:

5.4.1 *re: negative impact – further needed here to explain what this means*

9.3 *is there more to be made of the impact on foster carers’ families – feeling of intrusion?*
9.3.5 *could be more explanation why children might find communication between it home and school difficult*
9.4 *could you explain further why foster carers might be affected by having a child placed in a residential setting*
9.4 *seems here like you’re saying that foster carers are locating all the problems with the child and minimising their significance and influence – you could expand here?*
9.4 *re: undue burden of responsibility - could you elaborate this important point?*

Reader B
Reader B is a retired adult psychotherapist, from the British Psychotherapy Foundation. I asked this reader to comment on the first draft thesis. Reader B declined financial remuneration. In relation to the data analysis chapters the following comments were made:

Chapter 5
*When I read parts of this section I had a huge response. You are accustomed to these kinds of accounts from your work. Did it evoke any reflex from you? If so would it be appropriate to incorporate it in this section or are you going to leave it all to chapter 8?*
Chapter 7

I wondered about Teana and the cultural differences between her parenting style and what she thought was the parenting offered by Stowbury. You emphasised the cultural differences, but I wondered whether there was more? Teana was a very experienced FC. Did she think she should have more control? Was the conflict about power and control? Looking at the text, I wondered why so mistrustful in her feelings and reactions about Stowbury?

Reviewer C

Having completed the narrative analysis, and in discussion with my supervisors and the learning set, it was suggested that I ask someone unfamiliar with my research to listen to the audios and/or read the transcripts and my narrative chapter, in order to provide an impartial review of my analysis. My supervisor suggested reviewer C, a psychoanalytic clinician and researcher, paid for occasional consultancy on the course at Exeter. The following comments were made:

I rather thought that Teana had already decided to end the placement with Corine, and used her (as she admits) repeatedly 'I want another carer' to make it look like it was Corine's wish, and not hers, which prompted the appeal to the social worker. Could that be one reason why she is so defensive? Could it be that you were so evidently not blaming that enabled her to then feel 'bad' about it. Did you experience any feelings at that time?

I feel you don't link up the standard psychoanalytic commentary with the interpretation using Habermas closely enough. You need to spell it out a bit more. First, looking at the Carol segments there's a really good example of present tense intrusion - normally you would think she would say 'saw' Ben. I would highlight this explicitly so the examiners are clear how Habermas' findings relate to your analysis. Second, in the Teana text, I think it would help to make your argument clearer if you used here an example of the way when you use a mental state verb, she replies with a concrete statement - stanza 7 is a good example and there are several earlier ones.
APPENDIX F: Interview schedule

T1 Interview

Thanks very much for agreeing to meet me today. My name is XX and I work with Y (family and network practitioner) in the Therapies and Networks Team. I am doing some research for the school to try to understand what it’s like for parents and carers during the first year that their child is at the school.

The interview should take about an hour and I will be recording our conversation so that I can remember everything that you said. If I use some of the things you say when I write up the research it will be anonymised and I will not identify you or your family. Anything you say will be confidential to the school, and if it helps Z (name of child) I may share some things with Y and Z’s treatment team at school.

In 12 months time I would like to repeat this conversation to see how things with Z have changed. If you change your mind about taking part in the research then that would not affect Z’s placement with the school.

Hand over information sheet – and consent form to be signed.

Do you have any questions?

This is going to be like a conversation where I find out about you and your family, how Z came to live with you and what that has been like.
Perhaps we could start by you telling me who lives here and who is in the family.

(for foster carers – how long have you been a FC? how many placements have you had? what age group are you approved for?
For adopters – a brief history of Z’s adoption)

Birth history and developmental history if possible

When did you first start to have concerns about Z? how do you understand the reason for the difficulties that Z has?

What has it been like being a parent / carer to Z? How has it affected the others in the family?

What support have you had from family, friends, camhs, social and healthcare, foster agency?

What was it like when you heard about the school and what did you think about it being residential?

What are your expectations about the school and what would like to be different at the end of Z’s time at the school?

**T2 Interview**

I would like to find out from you how the year has been having Z at Stowbury.
What changes in Z have you noticed?
What has it been like for you having Z at Stowbury?
How have you found the school, Z’s house and class?
Is it what you had expected?
### APPENDIX G: Strophes of interview Carol&Will2

<table>
<thead>
<tr>
<th>1</th>
<th>Mixed progress (lines 01-808)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>He’s not so destructive as he used to be</td>
</tr>
<tr>
<td>b</td>
<td>He has a little bit more freedom</td>
</tr>
<tr>
<td>c</td>
<td>He’s coming on</td>
</tr>
<tr>
<td>d</td>
<td>I’m a bit worried about his reading and writing</td>
</tr>
<tr>
<td>e</td>
<td>He doesn’t know when his birthday is</td>
</tr>
<tr>
<td>f</td>
<td>We should see some improvement</td>
</tr>
<tr>
<td>g</td>
<td>I’m concerned</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Concerned about his killing (809-911)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>This is a big issue for me</td>
</tr>
<tr>
<td>b</td>
<td>We love Craig to bits but its got to be worked on</td>
</tr>
<tr>
<td>c</td>
<td>He said ‘I hate your family I’m going to kill everybody’</td>
</tr>
<tr>
<td>d</td>
<td>He thrives on road kill</td>
</tr>
<tr>
<td>e</td>
<td>Incidents have led from this age to people killing</td>
</tr>
<tr>
<td>f</td>
<td>It’s all from his family background we appreciate that</td>
</tr>
<tr>
<td>g</td>
<td>Ben, who we had before Craig used to threaten me</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Sexualised behaviour (912-1018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>We don’t have to pick him up so much on it</td>
</tr>
<tr>
<td>b</td>
<td>It’s quite worrying</td>
</tr>
<tr>
<td>c</td>
<td>I think things should be looked into a bit deeper</td>
</tr>
<tr>
<td>d</td>
<td>If it doesn’t change Craig won’t be here</td>
</tr>
<tr>
<td>e</td>
<td>A young lad from the village recently sexually abused a girl</td>
</tr>
<tr>
<td>f</td>
<td>I don’t want Craig to be that lad</td>
</tr>
<tr>
<td>g</td>
<td>I just cannot trust him</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Impact of fostering on the family (1019-1107)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I just cannot trust him</td>
</tr>
<tr>
<td>b</td>
<td>A big fall out in the family if something ever happened</td>
</tr>
<tr>
<td>c</td>
<td>We need to know why he wants to kill everybody</td>
</tr>
<tr>
<td>d</td>
<td>He just wants guns</td>
</tr>
<tr>
<td>e</td>
<td>It would break our hearts if we had to let Craig go</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Some things are a bit more ‘normal’ (1108-1165)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>He does a lot more with me now</td>
</tr>
<tr>
<td>b</td>
<td>Plays us off against each other</td>
</tr>
<tr>
<td>c</td>
<td>Always confrontational</td>
</tr>
<tr>
<td>d</td>
<td>Can’t help laughing sometimes</td>
</tr>
<tr>
<td>e</td>
<td>My main concern is the killing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>There are good things (1166-1288)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>He tries to abide by the rules</td>
</tr>
<tr>
<td>b</td>
<td>We met his brother and sister</td>
</tr>
<tr>
<td>c</td>
<td>He plays really well</td>
</tr>
<tr>
<td>d</td>
<td>He likes to get back to school and he likes coming home</td>
</tr>
</tbody>
</table>

<p>| 7 | It’s got to be sorted (1289-1448) |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Every time it’s the killing I feel ‘here we go again’</td>
</tr>
<tr>
<td>b</td>
<td>You do read things into it because you see things around you</td>
</tr>
<tr>
<td>c</td>
<td>My daughter works in a lock up secure unit</td>
</tr>
<tr>
<td>d</td>
<td>We can’t remove things from his head from the past</td>
</tr>
<tr>
<td>e</td>
<td>I just find it disturbing</td>
</tr>
<tr>
<td>f</td>
<td>He’s very strong</td>
</tr>
<tr>
<td>g</td>
<td>We don’t want him ending up in residential</td>
</tr>
<tr>
<td>h</td>
<td>He’s a slow learner but I’m not concerned about that</td>
</tr>
<tr>
<td>i</td>
<td>I am deeply concerned about the killing</td>
</tr>
</tbody>
</table>
APPENDIX H: Raw text of strophe 4 ‘Impact of fostering on the family’ from Carol&Will2

I = interviewer; C = participant

Yes. It sounds to me as though you’re very, very seriously – and understandably – weighing up the needs of your family, and then Craig’s needs, and balancing that, and… it causes some tension?

C: No, not really.

I: No.

C: No, no. And like I said, Craig’s just part of our family, and we’d be absolutely devastated, but we just need him to have the help. And I can’t see what help he’s getting. If somebody said something to me, ‘Right, we’ll sit him down, this is what happened in the session. Craig was… talked about this, we relate it to this,’ but we don’t get no feedback, and because… when you go to CAMHS, it’s basically questions, and they assess Craig when he’s running about and doing things, but I don’t feel there’s any help from that for Craig. There’s help, probably, with you watching what he’s doing, but when’s somebody going to sit down with him and find out why he likes killing people? Why he likes dead things on the road. Most children just say, ‘[Makes disgusted noise], look at that!’ Craig, ‘Ooh, get closer. Can we prod it with a stick?’ It’s just not… don’t know. Just something I don’t really like.

I: So you don’t like it, and you don’t think… you’ve got no evidence the school is really beginning to help him with it?

C: No. At the time [overspeaking] the school.

I: Okay. And it sounds like… is school being very helpful with you and Will about it, in helping you understand it?

C: No. Definitely not.

I: No. Okay.

C: If anything comes back from school, it’s, ‘Oh, it’s something in his past,’ right? And that’s as much as we get. To me, that’s not helping Craig. It’s not helping us. We need to know why he wants to kill everybody. When he says, ‘When I grow up, I want to be somebody who goes out shooting people, killing people,’ then you start thinking, you have all these disasters, like this Hungerford man who ran out killing everybody in the street, and I can… the way Craig is now, it’s just like he’s ready to do that. And it’s horrible.

I: So he’s telling you clearly, everybody, in some way, he’s full of killing feelings. That’s what he’s got, isn’t he?

C: He just wants guns. We put guns… shooters, and that. We don’t encourage them. Try to put them away. But it’s kid’s games. You’ve got to…

I: He’s got his fingers, hasn’t he?

C: Yes, that’s it.

I: They look for anything, yes.
C: But it’s not just the saying it, it’s the aggression…
I: Behind it. The feelings, isn’t it?
C: It’s very clear. I think that’s why I’m a bit concerned, really. Other than that…
I: Okay, yeah. But a very big concern?
C: It is [overspeaking]
I: It is, isn’t it. It’s not a…
C: Definitely.
I: Yes.
C: Yeah. It worries me to the state that… where would we go, if we had to let Craig go? Because it would break our hearts. He is part of the family. It’s like giving up your own child. It does need working on, and it needs working on big time.
APPENDIX I: Strophes of interview Teana2

1 Difficult start (1-74)
   a difficult to really understand Corine
   b her placements just keep breaking down
   c copies the naughty kids swearing and aggressive
   d lost the protection of Rainbow
   e at Stowbury she gets away with things
   f white carers are not strict

2 ‘But I want white carers’ (75-126)
   a after the first summer holiday she started to really push things
   b she’s darker than the other black children
   c racist comments from the other children
   d ‘but I want white carers’
   e ‘I don’t have to listen to you any more’

3 Why the placement broke down (127-205)
   a different rules at home and school
   b Stowbury is lenient
   c Stowbury undid all the work we’d put in place
   d Corine wants white carers
   e she had everything here

4 How the placement ended (206-293)
   a Corine seemed confused
   b split between home and school
   c I handed in my notice
   d she’ll give new carers a proper run for their money
   e she needs somewhere therapeutic

5 Mixed feelings (294-331)
   a lack of support and respite as Corine made false allegations
   b painful ending to the last weekend
   c Stowbury kept the placement here going

6 Cultural needs (332-435)
   a Jamaican food
   b hair and skin care
   c importance of food
   d I have very strong feelings about her well being

7 Saying goodbye (436-469)
   a it was very emotional one of the hardest things we’ve had to do
   b when we told her she cried and had to be held, she ran out
   c a very very hard day
   d different atmosphere on the last day, she wanted a cake
   e it wasn’t a celebration

8 Family reflections on Corine (468-526)
   a it was a bit of relief actually
   b my husband missed her a lot
c  it put a lot of pressure on us as well
   d  in the end my daughter didn't want to bring the kids here
   f  Corine resented them and tried to hurt them

9  **After effects (527-591)**
   a  she has complex needs and I don’t know how she’s going to sort it out
   b  something has to be put in place pretty quickly when puberty starts
   c  I’m pretty tired
   d  I haven’t even started cleaning her room, I’m going to after today
   e  give me a month’s rest time to sort myself out
   f  my husband invites them all back, but we won’t see Corine any more
   g  I can’t have young ones again

10 **Strong feelings (592-674)**
   a  it has broadened my mind
   b  really sad that it ended
   c  I’m concerned what will happen to her
   d  social services failed her
   e  I’m very angry about it
   f  I don’t know where she’s going to end up
   g  I’m extremely upset about it
APPENDIX J: Raw text of strophe 3 ‘why the placement broke down’ from Teana2
T = Teana; C = interviewer

52 T And I just found that you know she's sort of like say well I don't go to bed until 8 o clock at Stowbury and I said well you’re not at Stowbury now and if I say your bed time is 7.30 not quarter to 8 then that’s the time you’re going
53 C Yea
54 T And that started… there was a lot of conflict and she was allowed and if she was allowed to do something go on her tablet, her light her phones or anything she would say well they don’t stop me up there and when I’m naughty I’m still allowed to do it and I said well the boundaries are different these are my boundaries
55 C Yes
56 T But I think she it’s too much it’s too much different boundaries I mean she’s got boundaries here boundaries there she’s led to believe that with bad behaviour she can still do it she can still get away with it with doing whatever because there’s no consequences she may go and sit in her room or a corner or whatever you do up there for half an hour or so but when she would do things here it was like well for the rest of the day there is no tablet there is no games
57 C Yea
58 T And she was like but I want to go back to Stowbury yet when she’s there and on the way up she doesn’t want to go up so it’s very confusing for her it is to have 2 different boundaries
59 C Yes so did you believe her when she said they will let me do that there
60 T Well I did ask I did ask a couple of times but obviously every time I called there would be oh so and so has called me this and that and then she’d bring it in like um sometimes she’d say I couldn’t really ask every little thing she said you know main things I would say well what is the discipline, how is she disciplined and they would say oh you know she would be put in her room for a while and sent to her room but I said if she does something is she allowed to go come back down and go on it on the Wii and it was usually well yea she can because she’s done her punishment
61 C Ok
62 T And that’s all you need to put in place for Corine if she thinks that you are she’s only going to get 10 minutes then that’s not a problem if she gets half an hour then she can do that half an hour
63 C So do you think there’s quite a difference then for you as a carer in the way that you manage Corine and the way that group living manage Corine as well
64 T Yes yes there is
65 C And is that a tension – it feels like that’s quite a tension for you
66 T yes it’s quite hard you know it’s taken a long time for us to get her to that point and then you know she goes up there and it’s a different ball game she can you know no matter what happens I do this and I go outside the front you know they’ve got the front field there but I want to go out and if you don’t lock your doors then she’ll be out so I cant – even though I say we can go out but that's the road I can’t let her out
67 C Yep yep yep
68 T So it was – sigh it was difficult very difficult
So when she came home to you and started saying I want a different family..... what did you make of that?

Well at first it was well I've heard it before
But it went further this time
Yes you know I want to speak to my social worker so when meetings came she would clam up but at one point I think she did tell her she wants to leave and she said so what's the problem and she said I just want to go to somebody else I just want another carer you know and came back and said what do you think and I said (breath) well with her behaviour the way it is
That was her SW who came back to you
Yes because I had told her she'd been saying it for a while
Yes
Her behaviour had just gotten worse and in the end it was decided that's what she has to do because Corine breaks down every place
That's just a matter of time really because that's all she knows she doesn't like no one to put anything in place and she does she's going to break it down she had broken down everywhere she goes.
You've got you're giving me quite a hopeless feel
I'm hoping that it's not but hoping that she wont because you know about...she had everything here she had both of us she had cousins, she still saw her mum about every 3 times a year
Yes
She can have – her brother just lives up the road so there was quite a lot of face to face
Yes
And but even that was not enough for Corine and yes it's pretty sad it is