

The Reflective Fostering Programme – adapting a group parenting programme for online delivery in response to the COVID pandemic in the UK

Abstract:

In the light of the COVID-19 pandemic, and subsequent lockdown conditions, many support services had to quickly find ways to adapt to allow remote delivery. In children's social care, this included programmes aiming to support foster carers. The Reflective Fostering Programme (Redfern et al., 2018) was originally designed and manualised for face-to-face groups with foster carers, with the aim of supporting the well-being of carers, improving carer-child relationships and promoting placement stability. On the basis of promising findings from two preliminary evaluations (Midgley et al. 2019; 2021), a full-scale randomised clinical trial was funded by the NIHR, with the internal pilot phase planned to begin in early 2020 (Midgley et al., 2021). As a result of the Covid-19 pandemic in March 2020, the programme was adapted to a remote delivery model. This paper describes the process of adaptation of the model, considerations from the programme development team regarding the losses and gains of moving a group programme (and training) to an online format. Implications for the delivery of online parenting programmes, beyond the ending of the lockdown conditions, are considered. .

Introduction

There have long been calls for improved support for children-in-care, in particular through improving the support and resources available for their carers (NICE, 2013; Meltzer, 2003). In response to these calls, a variety of support has been delivered, largely in the form of group parenting and psychoeducational programmes (Benesh & Cui, 2017). When comparing foster-placement breakdowns, to foster-placements that did not break down, a key marker of foster-placement success was on the development of carers' support network, including connecting with other foster carers (Miller et al., 2018).

As this peer support has typically delivered in-person historically, the COVID-19 pandemic, and resulting lock-down required a rapid adaption of support programmes, to ensure ongoing access for foster carers. However, there has been limited evidence of evaluation of or reflection on these adaptations both in the context of parenting programmes and elsewhere. The evidence available has been limited to small-scale studies, such as individual and complex case reports, and to predominantly interventions focused on individual psychological interventions, such as Cognitive Behavioural Therapy (CBT) (Backhaus A, et al., 2012). There is limited literature around the adaptation of group interventions to online delivery, and in particular, around psychosocial parent or carer-group interventions that focus on the parent/carer-interaction to support child mental health indirectly.

The current paper describes the approach taken to adapting the Reflective Fostering Programme (Redfern et al., 2018) from face-to-face to online delivery for foster carers, in the context of the Covid-19 pandemic and UK-wide lockdown in 2020/21. This adaptation process took place in the context of a large randomised clinical trial which was just launching at the time (Midgley et al., 2021), and so had to happen within a tight time-frame. As stated previously, there are no comparable psychoeducation groups known to have been adapted during COVID, but there have

been teletherapy adaptations (Bono, 2022). In order to approach the adaptation through a methodical framework, the adaptation process followed three stages:

- 1) Initial review and adaptation of the intervention by the programme development team, in order to enable online delivery
- 2) Piloting of the adapted, online version of the programme, including systematic observations, leading to further revisions and modifications
- 3) Second piloting of the revised online version of the programme, including feedback meetings with programme facilitators and interviews with participants, leading to further adaptations and final revisions

After providing a brief introduction to the Reflective Fostering Programme, the current paper outlines the three stages of programme adaptation, reflecting on the key learning points at each stage. The paper concludes with a discussion of whether, post-lockdown, online delivery of group parenting interventions such as the Reflective Fostering Programme are likely to continue to be provided, and the implications of this for support services for foster and kinship carers.

Background and development of the Reflective Fostering Programme

The Reflective Fostering Programme was created by clinicians at the Anna Freud Centre in 2016, in response to a request from the National Society for Prevention of Cruelty to Children (NSPCC) for the development of a parenting programme for foster (including kinship or connected) carers, that could help support the emotional and behavioural well-being of school-age children in care (Redfern et al., 2018). The programme draws on the concept of 'mentalizing', in other words, the capacity to consider the behaviour of self and others in terms of underlying mental states. The Programme underwent an extensive process of testing and development (Midgley et al., 2019; 2020), resulting in a 10-session psychoeducation programme designed to introduce the concept and tools of

mentalizing to foster carers, before providing them with a space to mentalize themselves, their co-participants, and the children in their care, all within a group setting. It was originally designed for in-person delivery, held at local community/social care settings, with 3-hour sessions, including a break where participants have refreshments and have the chance to connect and develop relationships. The groups are co-facilitated by one social worker and one foster carer, who have received training by the Anna Freud Centre on how to deliver the Programme, including skills in how to mentalize themselves and their group participants. This combination was hypothesised to increase a sense of epistemic trust in the facilitators and faith in the model which may have been weaker without the presence of a foster carer as a co-facilitator. Co-facilitation is at the core of the group approach as it enables modelling different perspectives and making use of another mind to broaden one's thinking. In the in-person groups, foster carers would be asked to reflect on both their own and other carers' experiences, in the context of the psychoeducation around mentalizing. This served to create a group mentalizing experience, where foster carers were exposed to many different perspectives in the group, and to the reflections of other participants on their own experiences.

The Reflective Fostering Programme is structured around six core elements. Each session begins and ends with a Mind Check, where participants are encouraged to tune into their current thoughts and feelings, and this sets the tone for a process of self-mentalizing. The Mind Check serves as parenthesis, marking the start and end of each session that includes group discussion, psychoeducation and reflection. By encouraging participants to share their Mind Check with the person next to them, participants feel supported and connected to their peers at the beginning and end of each session, as well as tuned in to their current state of mind.

The five remaining core elements of the Reflective Fostering Programme are tools designed to aid foster carers in mentalizing themselves and the children in their care. The emotional thermometer is the first tool introduced to foster carers, to support them to consider how they are feeling in the moment and identify their emotional arousal state. The emotional thermometer encourages foster

carers to check in with themselves and their own state of mind, before subsequently being able to mentalize themselves and then the children in their care. Foster carers are then introduced to the concept of mentalizing themselves via the Carer Map, designed to support foster carers, to consider their own thoughts and emotions and the origins and triggers for these, for instance, their own experience of being parented. The tool is used as a device to mark out the separate and distinct minds of the foster carer and foster child/young person, and to reflect on how their own state of mind might be impacting their interactions with their foster child. The next tool introduced is the Carer APP, which is used for mentalizing another person. The Carer APP supports foster carers start to be attentive and curious to the thoughts, feelings and intentions behind their foster child's behaviour. It can also be used to mentalize other significant people in the foster carers' life. The APP acronym stands for; **A**ttention and Curiosity, **P**erspective Taking, and **P**roviding Empathy and Validation. Foster carers are taught how to apply this actively in their interactions with their foster children. The Child Map is another RFP tool, which is used by foster carers to consider what has shaped their foster child's life and experience, to aid in their efforts to mentalize the child in their care. It is like the Carer Map in that all the experiences in the past and current life of the child are mapped out and reflected on in terms of their influence on current thoughts, feelings, and interactions. The final tool is the Two Hands Approach, a tool for foster carers to balance their mentalizing of their child with the need to set boundaries, model authority, and maintain a safe environment for the children in their care. It enables foster carers to take an authoritative approach in which they set boundaries while maintaining closeness and warmth in their relationship with the child. These five tools are introduced to the foster carers throughout the programme, giving them a chance to understand the psychoeducation and theory behind each tool, and the opportunity to practice their mentalizing with these tools.

In addition to the core tools and activities of the programme, when an earlier piloting of the face-to-face version of the RFP programme was evaluated, foster carers said the supportive group environment was the component they valued most about the programme. While adapting the

psychoeducation and practice of the tools to online delivery presented a challenge within itself, recreating the supportive group atmosphere, in which foster carers could develop their mentalizing skills, and develop strong relationships with other foster carers, presented a significant challenge to the development team.

Step 1. Model Innovation: Initial adaptation of the model to online delivery

A definitive Randomised Controlled Trial (RCT) to provide evidence of the Programme's effectiveness and efficacy (Midgley et al., 2021) was due to begin in April 2020 with a plan for the first delivery of the Programme to begin January 2021. When the Covid-19 pandemic began at the beginning of 2020, lockdowns in the UK inevitably prevented people from gathering in groups, negating the ability to deliver the Reflective Fostering Programme in its original form. Consequently, the RCT required a rapid shift in delivery to avoid an indefinite postponement of the research. The change in ways of working and the need to adapt to a new digital way of working presented a challenge to the development team, but also an opportunity for innovative practice, to understand if, and how, the Reflective Fostering Programme could be delivered in an online format. Despite recent developments in telehealth and other forms of digital mental health support as outlined above, when the need to adapt the Reflective Fostering Programme arose, there had been relatively few examples of research into the remote delivery of psychotherapeutic or clinically oriented programmes for parents and carers. In adapting the Programme to online delivery, we adopted an iterative, co-production approach which is described here. It is important to state it is likely that, moving beyond the RCT there may need to be a continuing process of collaboration between developer and deliverer of the online Reflective Fostering Programme to meet changing needs and contexts, in the same way that the design and delivery of the in-person programme has been co-constructed up to this point.

Given the context of the RCT, the programme was adapted at pace, with approximately two months for Step 1: review and adaptation (November-December 2020), two months for Step 2: pilot, systematic observation, and modifications (January – February 2021) and a further three months for Step 3: second piloting, interviews, and final revisions refinement and development of additional materials (March- May 2021), before commencement of delivery of the programme in the full RCT in September 2021. Due to the time constraints, the development team focused on identifying the core themes and aims of each session and of the overall programme and ensuring that the content was tailored to embed those key principles in an online format. The key considerations are outlined below, followed by a discussion and reflection, including feedback from foster carers who attended the programme.

Adaptation of the manual

The manual used by facilitators had to be entirely re-written with consideration for how the exercises would translate into online delivery. In some cases (such as in a Speed Dating exercise where foster carers would have moved around the room, changing chairs), the exercise had to be deleted and replaced by something new. While the content of the activities had to be changed, the core themes of the sessions remained the same.

One significant overall change to the structure of the manual involved changing the order of the group discussions and the psychoeducation slides. For each online session, the theme of the day was introduced, followed up with a group discussion about the topic, for example how trauma has impacted the young people in the care of their foster carer. These discussions facilitated a more relational context to the group and increased a sense of connection at the start of each session, ahead of the psychoeducation on the theme of the day. It was deemed necessary to do this to mitigate the anticipated loss of personal connections because of meeting virtually rather than in person.

The manual included some advice on using the technology, and new icons were inserted into the manual to help guide facilitators through the session structure. In particular, facilitators were encouraged to have distinct responsibilities, where one facilitator could deliver the psychoeducation slides, whilst the second facilitator monitored the group dynamics. This was deemed necessary due to the added complexity of monitoring group dynamics in an online format.

Timing and structure

At the time we were adapting the Programme, online delivery of foster carer training had been rarely offered. So, there were uncertainties about the acceptability to foster carers of sitting at a device for a long period. After consideration of the possible impact of extended screen time, including the length of time it would be possible to stay focused in an online session, the programme was reduced by 30 minutes. This was significant, given the amount of content. This time constraint required a reduction in content of the programme, and a strong focus on the 'theme of the day' for each session and the core principles of mentalizing.

Establishing and maintaining a 'mentalizing' environment

The most important elements of the mentalizing stance of the Reflective Fostering Programme are set out in the Professional APP, which is the tool for group facilitators to help them stay focused and adherent to the key principles of the mentalizing model. The Professional APP and Carer APP are the same tool, but the professional APP is applied to the facilitator's stance.

A key challenge to the adaptation was how to support facilitators to maintain a mentalizing stance, and therefore support foster carers to do the same, in an online format. Where the Programme was face-to-face, the focus of the facilitators was on observing changes in affect in themselves, each other, and in the participants and on noticing when they had lapses in their own and each other's capacity to mentalize. This is often a 'felt' experience in the room which could be thought of as embodied mentalizing. Empathy and active curiosity are both verbal and non-verbal qualities and it

was a challenge to consider how these might be translated into an online version. To start to address these challenges, several elements were built into the programme. First, facilitators were supported to be more explicit in their mentalizing, to actively name their empathy and curiosity in an online space. To achieve this, one of the many adaptations to the manual for the online version, was to prompt facilitators regularly throughout the programme to turn to their Professional APP. The use of an icon for this in the margin of the manual at each crucial point of discussion or activity served to re-orient the facilitators to their mentalizing stance. Facilitators were also encouraged to name explicitly the challenges of mentalizing one another without interpersonal signals, such as eye contact and body language, and to activate their curiosity in this way, by checking in with their foster carers about their assumptions and experiences of mentalizing the group in an online format. In some instances, the co-facilitators met in one venue to deliver the group online. These facilitators fed back that this helped them to mentalize themselves and each other with greater ease, although this was only feasible once certain lockdown restrictions had lifted.

A challenge for foster carers was how to support them to mentalize in an online format, free from distractions, as carers were 'attending' the group in their own home, sometimes with other family members in the house. Creating a mentalizing space in an online format was an ongoing challenge for facilitators, as it required supporting foster carers to participate a quiet, confidential space in their own homes, so all members could experience the group space as containing and private.

Supporting the connection between carers

Finding innovative ways to support carers to establish strong connections was paramount in the adaptation, as this was an element that was valued most about the face-to-face iteration, and the development team incorporated several elements to address this. First was a structured 20-minute break in the programme, where facilitators removed themselves from the group and encouraged foster carers to be present online and connect with their fellow-group members over a cup of coffee. Second was the use of WhatsApp groups, established for each group to encourage foster

carers to connect outside of the structured session for interpersonal support, as well as to connect after the programme was complete and access reminders of the programme. Finally, selecting the digital delivery platform that allowed for break-out rooms in which participants could break into smaller groups and discuss their individual issues and practice group exercises in a safe and contained environment, that perhaps felt less intimidating than speaking in an entire group format.

Training of Programme facilitators

The Reflective Fostering Programme is co-facilitated by a foster carer and a social worker, who receive training and consultation from the Anna Freud Clinical Team. Facilitator training was moved online, and following feedback from an evaluation of the training, greater emphasis was put on rehearsing, via role plays, more of the sessions so the trained facilitators had the chance to become familiar with the entire programme, including all the tools of the Reflective Fostering Programme. The team also explored additional training support mechanisms for facilitators, such as refresher training and online learning modules, which was subsequently incorporated into the training plan. This not only provided additional opportunities for facilitators, but also allowed the limited time in training to be focussed on the clinical skills of delivering the group programme, and not simply on the content of the model itself. The experience of the training team is interesting in that they found the psychoeducation materials translated well to online delivery and it appeared that there was a high level of engagement and concentration on the psychoeducation materials, giving the development team confidence that they were embedding the main principles of the Programme. It is hypothesised that the online delivery actually enhanced the experience of joint attention on the materials and supported embedding of the learning. The role-plays were somewhat more difficult, but also true to the planned delivery of an online group, and therefore these provided opportunities in the training to discover, for example, how to facilitate a discussion when the group is quiet, notice and name mentalizing and non-mentalizing in an online group, and other important elements of the

programme. The challenges to mentalizing and noticing and naming mentalizing and non-mentalizing in the group were a focus for the role plays and post-practice reflections.

Reflective Fostering Tools

For the core elements of the Reflective Fostering Programme, namely the Reflective Fostering tools, the adaptation to an online format was less about adapting the tools themselves, and more focused on developing innovative ways for foster carers to understand and utilise the tools. All the tools are accompanied by worksheets completed by the foster carers within the group and were easily adapted to be completed online by those attending. However, the development team wanted to ensure that foster carers felt supported to practice mentalizing, with the use of the tools, beyond the end of the programme. To address this, we developed several short psychoeducational videos to be shared with foster carers in the months following. This was a significant adaptation for online version of the Reflective Fostering Programme, but was one the development team felt was important to embed the fundamental elements of the group with the foster carers, with the aim to continue to support their mentalizing in the months following the programme, while also taking advantage of the fact that if the group was already online, foster carers would welcome, and use, additional digital resources. These videos were presented by a range of trainers, Anna Freud and foster carer consultants and presented in a friendly, accessible style.

Technological considerations

While the Programme was being adapted, the trial team were evaluating the ways in which it could be delivered. Facilitators are provided with a weekly consultation from specialists at the Anna Freud to support their delivery of the Programme. This support utilises short extracts from videos of the

group sessions. When delivered in person, the videoing device is positioned to just capture the facilitators. However, in the online delivery it is not possible to video just two people, without others turning off their camera – which would prohibit development of a good group dynamic. An important consideration was storage of the videos once done and providers' policies had to be checked against the GDPR requirements, as well as ease of transferring the videos to a secure server. One key factor was the ability to use breakout rooms to allow for more intimate conversations.

Adaptation of the Programme was dependent on the platform chosen and the decision on this changed a few times, meaning the clinical team sometimes had to make further adaptations.

Decisions about which platform to use were often dictated by the policies and guidance from individual local authority sites, but to standardise this, the research team took the decision to use just one platform (Microsoft Teams) for all of the trial's participants.

The use of online, video recorded, groups introduced a new dimension to the experience of both the facilitators and group participants. In many cases, facilitators had no prior experience of using the chosen platform and therefore had an additional task on top of the, already significant, tasks of delivering a group programme, ensuring fidelity to the model as far as possible, and managing group relations. It was frequently reported by group facilitators that they experienced varying degrees of stress in managing the technology. This may be especially relevant for foster carers where foster care is their primary employment as use of online technology may not regularly be a part of their role, skills requirements or training. The weekly consultation to the group facilitators offered a space to discuss and practice their use of the technology, where needed.

Step 2. Piloting the online version of the Programme: reflections, benefits and drawbacks from model innovation

We were fortunate in that a local authority had asked us to deliver the Programme to their carers and this gave us the chance to test and improve the adaption of the programme, outside the framework of the RCT. In January and February, the online version was delivered to three foster carers by a member of the Anna Freud clinical team and co-facilitated by a well-being practitioner from the Brent school's service. A member of the RCT research team observed all sessions and kept observation notes throughout including reflections of the group process, mentalizing within the group, facilitation, and the use of technology (including difficulties experienced in using it). Observational notes were summarised and, alongside the reflections of the co-facilitators, were reviewed by the development team. The observing researcher, who was deeply familiar with the core aims and logic model of the Programme, utilised this knowledge in their observations to better understand how to protect and encourage core processes of the Reflective Fostering Programme.

For example, in early sessions it was apparent that foster carers struggled in the online setting to initiate and maintain prolonged discussions or reflections between themselves. It was hypothesised that this might be due to the online setting lacking the natural space for foster carers to develop social bonds with one another to feel comfortable speaking openly with one another. Based on this observation and the co-facilitators' experience, a longer break period was ring-fenced where foster carers were encouraged to stay on camera and chat to allow the development of a more authentic group. The implementation of this change appeared to result in more lengthy and open conversations between foster carers. Other changes initiated by the piloting process included more stringent guidance on maintaining confidentiality while attending online groups which represented a challenge given children were home-schooled at the time and foster carers more frequently interrupted during the session. In addition, for several foster carers in the group, for whom English was not their first and most proficient language, the online delivery appeared to exacerbate the language barrier. The facilitators made specific efforts to simplify some of language used in the psychoeducation and frequently checked the carers understanding. Further use of breakout sessions

for group discussions, and greater modelling of the Mind Check activity were implemented to break down these barriers to group mentalizing.

Consultations

Throughout the programme, weekly consultations took place to reflect on the learning and to inform potential adaptations as the group continued between the clinical lead and the group facilitators. Consultations were also frequently attended by the group observer to provide a third perspective. The facilitators noted in these meetings that one stand-out issue was the lack of in-person contact or prior relationship between the two facilitators. . The importance of the co-facilitator relationship cannot be underestimated, as it is from this relationship the participants learn about mentalizing and also see it being modelled 'live' between co-facilitators. The facilitators' relationship enables them to position themselves in a mentalizing space to think about how the group was being run, and how it could be adapted to be more engaging in line with their own experience. Because of this, facilitators built in careful planning and preparation prior to group sessions and within this shared their own personal strengths and difficulties. This, alongside the additional demands that the group delivery online created meant that within the planning, the roles of the facilitators had to be more carefully thought out. For example, the facilitators of the pilot reflected the difficulty of picking up the temperature of the group online and the need to pay closer attention to this. As a result, one facilitator took on a role of observing group processes, and another psychoeducation. This division of roles ensured that there was an equal focus on content and process in the delivery of the 10-week group programme.

One difficult element of the group dynamic was the limited organic interaction and relationship building between participants as a result of the transfer to on-line delivery. Facilitators found that they had to work on this as an explicit process and therefore there was a shift in the actual facilitator role, and the dominance of certain skills that were key to effective online delivery of the group. These observations from facilitators helped inform the training programme and process for future

facilitators in the trial. For example, in face-to-face groups, facilitators could rely on non-verbal cues of communicating and modelling elements of mentalizing, like empathy and embodied mentalizing, for example leaning in towards a foster carer or their co-facilitator to show warmth and interest. However, with the virtual delivery, it became apparent that these non-verbal cues were lost or more difficult to detect. Facilitators therefore had to approach this in a very explicit way and had to consciously take note of ensuring they used body cues, like gestures and leaning forward, as well as enhanced facial expression of emotions and empathy to model this. Likewise, in the absence of this non-verbal cues by foster carers, it was important for facilitators to initiate conversation between each other to highlight uncertainty about the carers' state of mind. For example, broadcasting their mentalizing by saying things like, "I'm really curious about what this means for ...". Having this interaction between one another and then opening the discussion up to the group helped to create a mentalizing conversation. As a result, we adapted the manual to provide facilitators with a reminder to look out for and prompt non-verbal cues of mentalizing.

Facilitators also had to be flexible in the delivery of the programme and activities. A main aim of the programme is to create mentalizing between group participants and this was more challenging to do virtually. Some face-to-face activities were taken out of the manual and replaced by more than one virtual activity to give options to meet this aim. Facilitators therefore had to be flexible in the delivery of the activities and in noticing when mentalizing is taking place, naming it, and sticking with activities if they were helping with this. For example, if participants were commenting on each other, and there was an ongoing mentalizing conversation, facilitators were encouraged to continue the activity, even if it meant they ran out of time for other activities within that session. Despite being told it was fine to leave out other activities if earlier ones were going well, the amount of content within the programme often created a sense of urgency for facilitators. They felt responsible for completing all the content, and there was an ongoing role for the consultants to work with facilitators to focus on the theme and aims of each session, without focussing on completing every facet of the programme. The consultation meetings were used to address this facilitator anxiety and

to ensure that the message from consultant to group facilitator pair was clear that they need only to focus on the core theme of the session and on facilitating mentalizing.

Step 3: Delivering the adapted model: reflections from foster carers and facilitators

As the main trial was starting with an internal pilot phase, the next step was to test out delivery of the online version of the Programme in four local authority sites within the RCT. In total, 25 foster carers participated in the programme, with group sizes ranging from 5 to 8. The internal pilot included virtual feedback interviews with 10 carers at four months from baseline to gather their views and experiences of participating in the online Programme. Carers were purposively selected to ensure representation across the four pilot sites and to obtain maximum variation across age, gender, ethnicity and years of experience (see Table 1). In addition, the internal pilot included feedback and problem-solving meetings with all facilitators in which field notes were taken to identify challenges with delivering the programme.

The feedback interviews and meetings were already part of the planned process evaluation of the trial (Midgley *et al*, **2021**), which sought to identify and explore solutions to challenges with delivery before proceeding to the main trial. As such, for the purposes of this adaptation work, data collection was guided by one section of the topic guide with a specific focus on experiences of online delivery. Participant were asked '*What did you think about the way the programme was delivered?*' as an opening question, with follow-on prompts focusing on views and experiences of the group-based online format. Interviews were audio recorded, transcribed verbatim and thematically analysed (Braun V, Clark V, 2006). The focus of data collection and analysis in the internal pilot was not to reach data saturation, but to capture experiences of delivery/participation in order to identify

whether and how the programme and trial should be refined. As such, for the purposes of the adaptation, thematic analysis took a deductive approach driven by the analytic interest of developing an understanding of factors influencing the recreation of a supportive group atmosphere in which carers could develop mentalizing skills and strong relationships (Braun, 2006).

The following text discusses the three themes developed from the feedback interviews and facilitator meetings, along with reflections from the clinical team at the Anna Freud Centre which became part of the iterative process for the continued development of the model.

Group dynamics and forming connections online

Recreating the close-knit community feel of the in-person group was a challenge throughout. Foster carers told us that it took some time for them to get to know each other. For example, they found it took longer to pick up on someone's sense of humour than it may have in an in-person group.

Although the inclusion of distinct online breaks supported this, it still took longer for connections to form than in an in-person training. Foster carers did feel that the length of the programme was an asset, as it allowed the time required for people to open up and get to know each other. As one foster carer said

*I think probably after about four sessions, we all felt very comfortable with each other, we'd all shared things that were personal or meant something... to us about our children, about our backgrounds, whatever it might have been...and also we shared some information that was outside of fostering so...what we're doing, holiday or whatever, how we're getting on with lockdown, whatever it might have been, so I think we did make a good connection. Certainly after, I'd say four sessions and there were some tears, there were some, you know people opening up...and even towards the end, when we were all describing what our first thoughts of each other were and what we feel to each other now, I think there was a real development of a relationship, even though we were online. **01-002, Male, 7 yrs. fostering experience.***

These reflections match those of the development team, who anecdotally observed throughout the in-person programme that it took approximately four sessions for the group to jell and establish strong supportive relationships, and for an understanding of mentalizing to start to become clearer in the minds of the foster carers. However, the clinical team observed a similar time frame for foster carers establishing strong relationships in the in-person groups, meaning that there was no observable difference in the length of time required for relationships between group members to join.

However, some foster carers felt that although relationships were formed, they were not as strong as they would have been in an in-person format.

*I think most of the time when I go to these, especially over a long period of time you form a friendship or a relationship with people, you exchange numbers, you have something in common and I'm not convinced this time we have...we had a WhatsApp group, but I've left that group and I don't feel connected to it anymore. I don't feel that I've come away with a relationship that I normally do with other projects that I would've been involved in and I think that's a huge limitation. **02-010, Female, 10 yrs. fostering experience***

Although foster carers felt able to form connections with their group participants, the online nature of the programme did present some challenges to facilitating a 'natural' group discussion. Some foster carers felt that the virtual platform was awkward and did not have the natural conversation pattern that in-person groups tend to have.

*But I think that online is difficult because you don't have that natural flow of conversation and you don't have that ability to be able to meet at coffee and to kind of further develop that relationship. **02-010, Female, 10 yrs. fostering experience.***

This challenge was further exacerbated by some members of the group being more (or less) vocal than others. The development team encountered similar challenges of supporting facilitators to moderate discussions in a group in a way that was inclusive but not too rigid. It was noted in the consultant meetings with the clinical lead for the RFP that group participants tended to speak in turn, with sometimes awkward pauses in between speakers, due to the online format. Whereas, in person conversations tend to overlap, interrupt and join in moments of shared affect or expressed different opinions, in an online group, as many people will have experienced in meetings throughout the pandemic, people tend speak in turn, look straight ahead and moderate their emotions. This challenge required facilitators to be continuously mentalizing the group, considering who was not sharing as much, and being curious as to why that was, as well as managing the group dynamics to ensure that one or two voices did not dominate the discussion. The facilitators were encouraged by consultants to explicitly name some of the challenges of being in an online group which enabled foster carer participants to reflect more – mentalize – their current thoughts and feelings in the group.

Another challenge for the development team was establishing the ideal size of groups so that they were large enough to facilitate a discussion, but small enough to ensure that foster carers were able to connect and have meaningful discussions. Foster carers appeared to feel as though groups of five or six (significantly smaller than the in-person groups of 10) worked well:

I think if it had been any more than the five or six of us, then it might have been a little more chaotic or people perhaps wouldn't have felt they could speak. But it works, online works. I still got a hell of a lot out of this course. Again, I don't know how much more I would have got out of it in the classroom. I mean maybe we might have become more, made a better

attachment earlier on with each other, so we felt more comfortable, but I think online works just fine. 01-002, Male, 7 yrs. fostering experience.

Given that the programme was held on Microsoft Teams, foster carers told us the size of the group was important to ensure that all the foster carers showed up on the screen, which in Microsoft Teams at the time of the transition to online, was only 7 individuals. (This subsequently increased to a larger number). This was an interesting aspect that we had not considered during the development of the programme, but it was clear that in order to effectively mentalize and connect with the group, participants needed to be able to see the entire group, as they would be able to in a room.

Oh yeah, the seven was a much better thing. They all fitted together on the screen for starters, and I do have to say I prefer Zoom to Teams, but that might just be a personal thing. And I found that it was much calmer and everybody had the opportunity to speak [referring to the Reflective Fostering Programme], it was quite often with the 17 [referring to another programme] there were people who didn't get the opportunity to speak. 03-009, Female, 0 yrs. 9mo. fostering experience.

Maintaining confidentiality & staying present in an online space

Given the environment in which the online adaptation was launched, in the middle of COVID-19 restrictions, there was a concern in the development team that foster carers would find it difficult to engage in a programme from their homes. Foster carers already have huge number of requirements on their time, and the COVID-19 restrictions only added additional challenge, such as lockdowns, school closures, and children being required to isolate when schools did re-open, so there were many barriers to participation. Isolation requirements at that time meant that in several instances, foster carers were attending the group with young people at home. This raised a concern about how

private the sessions were and how safe the whole group felt when they could observe people who were not group members present in the background in some homes. It is likely this raised some people's anxiety in the group and led to a reticence at times in expressing vulnerability. However, while confidentiality was a challenge and was a continual element that facilitators kept in mind, by requesting foster carers to use headphones and attend the group in a separate room to maintain a safe environment, there was also an element of understanding from the group, as they were all in similar situations. It may be that this also helped to build rapport amongst the foster carers of being together in a unique, and often isolating position.

In addition to the concerns of confidentiality and barriers to participation, one major concern about the online adaptation was the difficulty in mentalizing when foster carers are not in a well-regulated state. Our experience is that the distractions at home, interruptions in the form of people coming in and out of the room, telephones and doorbells ringing, make it very difficult not only to focus on the conversation but to get into the necessary 'zone' in order to start the work of mentalizing self and other. These challenges were further exacerbated by distractions restricting foster carers' punctuality. It was notable that, whilst most foster carers would attend an in-person group punctually, there were many instances of participants joining the group late, leaving to attend to other things and returning to the group and the facilitators sometimes commented on a somewhat 'uncontained' feeling in the group. While these challenges certainly did arise, they were not fundamental to the groups, and in fact, some foster carers found that being at home in fact allowed them to be present, and to protect the time of the programme for themselves:

Do you know I really, really like the online?.....The reason for that is because it's ten o'clock and you sign on for ten o'clock. You don't have to go out and get in your car and drive for three quarters of an hour to places or things like that. So you commit yourself to that and you have discussions with people, you talk with people, you get

used to people, you pick up sense of humour, what people are really like. I like that.

02-004, Female, 20 yrs. fostering experience.

While foster carers largely professed a preference for an in-person or hybrid model, mostly for the purpose of establishing strong relationships, they did feel that the online programme achieved similar, if different ends. However, they also identified the need to be purposive about attendance and creating the same intention in logging on to an online group as one would need in leaving the house to attend an in-person programme, and they were curious as to whether that intention would be as purposeful in an in-person format.

Because I think it's one thing being there in front of the screen, but actually you need to be available emotionally. The mind-set has to be there. If you've got other things happening in your life and going on, that's a challenge to work through on that particular time. I'm not sure how different it would be if we were physically meeting. 02-010, Female, 10 yrs. fostering experience.

Mentalizing in an online space

In addition to showing up and being present, one consideration is how it would feel to mentalize and be mentalized in an online space. As already mentioned, distractions at home may make this difficult, although it could also be argued that this enabled carers to mentalize in the moment in a more realistic way than in the artificial environment of a group in a rented space. Foster carers had mixed experience of mentalizing throughout the programme, but overall, they felt that the psychoeducation component of the programme, including the use of the Reflective Fostering tools, worked well online. The development team similarly felt that there were opportunities for positive experiences when working with the facilitators to coordinate a mentalizing online space. For example, the use of curiosity and attention, through the Carer APP has the potential to be

experienced as more explicit, targeted and focused when it is on screen than in a room with additional distractions. This mirrored some foster carer perspective, who felt they were able to focus more completely in an online format:

I prefer to do the courses at home in my own little space and I find that I can concentrate more if I'm on my own and I can listen better because I'm totally concentrating on what's going on on the computer, as you can tell, when I got distracted just a minute ago. If someone talks to me, I can't concentrate on what you've just asked me **01-005, Female, 3yrs 10mo. fostering experience.**

Facilitators felt the online platform provided ease in delivering scripted psychoeducation elements, as it allowed for reading whilst maintaining eye contact. However, although co-delivery facilitated picking up on non-verbal cues and managing group dynamics, facilitators felt they had to work hard to notice and name non-verbal aspects of the tools such as empathy and curiosity. From the perspective of the development team, the adaptation of the RFP presented both huge opportunity and challenge in terms of providing support to foster carers. On the one hand, there were many challenges in terms of re-creating the connection and sense of community that foster carers valued so deeply about the in-person programme, and the additional challenge of supporting foster carers to mentalize themselves, their peers and their foster children in an online format.

Moving to a digital way of working provided huge opportunity, in reaching foster carers who would not have been able to join in-person groups due to Covid 19 restrictions. Even without Covid restrictions some carers find it difficult to attend training (especially one that runs for 10 weeks) for geographical and logistical reasons. Whereas others may feel more comfortable joining a group from their own home. Furthermore, it provided an opportunity for foster carers to connect, during what was a very isolating time for everyone. There were very few, if any, opportunities for group meetings for parts of the pandemic and the groups provided a space for connection.

Conclusions and potential for future innovations

As stated at the start of this paper, while there is emerging evidence of online adaptation to psychological interventions (Rutkowska, A., 2022), that evidence is limited in variety and scope. For the research that is available, it appears that the approach taken by the Reflective Fostering developers aligns with other approaches. Across all of the literature, considering therapeutic stance and professional reflection is a main focus when adapting therapies. Banack, K. D. (2021) suggested use of person-centred and experiential approaches when adapting emotion-focused therapy, including a focus on setting a stage, intentionally creating a therapeutic space, to highlight the elements of 'connection, presence, and experiencing' to be experienced in a virtual format. While this was a similar focus for the development team, finding innovative ways to support carers and programme facilities to do this in a virtual space provided ongoing challenges.

The literature also highlights that adhering to therapeutic models when adapting interventions to online therapy also relied on therapists having a robust model of clinical supervision and peer support to ensure adherence to the evidence-base (Khatri N., et al, 2014). The space for appropriate planning and problem solving before, during and after client work, improved therapists' self-confidence and produced positive outcomes (Pugh et al., 2020). This was a similar focus in the Reflective Fostering programme in terms of supporting foster carer and social worker facilitators to adhere to the model and ensuring peer support to enhance adherence.

Other additional considerations for adaptation focused on technology and ensuring that there was support provided, in the form of an additional support member of staff or through supplementary information worksheets to clients to increase usability of technology and to problem-solve any difficulties. In one study, a manual was developed to ensure that treatment adhered to the

evidence-base (Milosevic et al., 2022). This was created through consultation with other teams who had previous experience in video-conference treatment, and through a number of meetings that considered risk management, and engagement. The adaptation of the Reflective Fostering programme provided wider access to foster carers, particularly where there is a large geographical spread and there were a number of technological solutions, such as the use of breakout rooms to foster a sense of connectedness and privacy.

The online adaptation of the Reflective Fostering Programme should not be considered equivalent, but rather an adaptation which has differences, including both strengths and weakness compared with the original model. There are huge advantages to understanding that an innovation of the Programme can be delivered online, and can be the preferable option for a wide range of foster carers. However, there are still significant questions about how the model, and other programmes in this field could be adapted to harness the strengths of both in-person and online training. For example, several foster carers told us that a hybrid model, where some sessions are in person and some online would be welcomed. This could allow for the in-person relationship development, but still retain the convenience and feelings of safety that come with joining from one's own home. It would be interesting to explore in the future how it impacts the programme delivery when the facilitators deliver from the same space as, anecdotally, it was felt by some facilitators that this was a good middle-ground which allowed for a re-creation of aspects of the in-person groups, combined with the new online format.

It is clear that there are significant opportunities in the delivery of online therapeutic services, and it is our belief that the evidence for best practice in the adaptation of face-to-face interventions for online delivery will continue to grow and develop.. While the evidence is still limited, there are signs that there are positive outcomes for online therapeutic programmes. While the Reflective Fostering clinical trial is now underway, albeit is not designed, and is not powered, to evaluate between Programme delivery, post-hoc exploratory analyses will explore whether there was any indication of

differential effectiveness between online and face-to-face groups. This paper has been dedicated to the reflection on changes to the model, and to the consideration of what is lost, gained and retained through the innovation, as well as how our approach aligns or complements existing literature. We hope this will contribute to a rapidly developing literature (e.g. Cohen et al., 2020) on best practice in the adaptation of face-to-face interventions for online delivery.

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