Group dynamics in the delivery of the Reflective Fostering Programme: managing 'face-threat' risks in a mentalization-based intervention for foster carers

Po Ruby [a,*] , Carys Seeley [a], Thando Katangwe-Chigamba [a], Adaku Anyiam-Osigwe [a], Caroline Cresswell [b], Karen Irvine [b], Nick Midgley [c], Jamie Murdoch [d]

[a] Norwich Clinical Trials Unit, Norwich Medical School, University of East Anglia, Norwich, UK
[b] Centre for Health Services and Clinical Research, University of Hertfordshire, Hatfield, UK
[c] Research Department of Clinical, Educational and Health Psychology, University College London, London, UK
[d] School of Life Course and Population Sciences, Kings College London, London, UK

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ABSTRACT

Interventions aimed at enhancing the reflective capacity of parents and carers (their ability to think about their own and their child's mental states, and how these underpin behaviour) aim to improve the quality of the carer-child relationship and child wellbeing. Evaluating how implementation of such interventions for foster carers interacts with the wider context of social care is vital for understanding how intervention mechanisms function. The Reflective Fostering Programme (RFP) is a mentalization-based, psycho-educational intervention delivered across 10 sessions to groups of 5–10 foster carers. Video-recordings of sessions were collected between April 2020 and December 2023 in three sites taking part in a randomised controlled trial in the United Kingdom. Group size in our sample ranged from 5 to 8 people (18 in total). Most participants were foster carers (n = 16), with the remaining (n = 2) kinship or connected carers. In close alignment with the demographic characteristics of carers in the UK, the majority (n = 15) were female, and White British (n = 17). Drawing on Goffman's concept of 'face threat', we used conversation analysis to examine the enactment of reflective fostering mechanisms within sessions to explore how the wider children's social care system shaped implementation and mechanisms of change. The development of supportive and trusting group dynamics was critical for facilitating engagement and participation with RFP. However, a supportive dynamic was contingent on carers navigating 'interactional dilemmas' to manage face-threatening risks to their personal and professional reputations. Active engagement with RFP relied on successful mitigation of these face-threats. In doing so, an interactional space was afforded for carers to practise and develop their reflective capacity. These findings highlight how implementation of RFP and other group-based foster care interventions need to carefully consider pre-existing relationships, the distribution of power, and strategies for creating a space for carers to overcome potential face-threatening risks and share difficult experiences. Social care services can facilitate implementation by creating a supportive environment which acknowledges and validates carer stress and vulnerability.

1. Background

Over 100,000 children in the UK are in the care of the state, often due to experiences of maltreatment, abuse, and neglect in their birth families (The Fostering Network, 2024b). Given the importance for children, wherever possible, of growing up in 'family-like' settings, the majority (around three-quarters) of those children in care in England live in foster placements or placements with relatives or friends ('kinship' carers) (NSPCC, 2024).[1] The largest subset of these fostering households are through local authorities (LAs), accounting for 44 % of fostering placements. Approximately 35 % are in placements overseen by Independent Fostering Agencies (IFAs) and 21 % with family or friends

Table 1
Participant demographics at each site.

	Site One (n = 8)	Site Two (n = 5[a])	Site Three (n = 5)
Age, mean (SD)	53.14 (5.18)	58.00 (5.34)	49.40 (9.45)
Gender			
Female	7	5	3
Male	1	0[a]	2
Ethnicity			
Arab	–	–	–
Asian Pakistani	–	–	–
Black Caribbean	–	–	–
White British	7	5	5
White Irish	1	–	–
Type of carer			
Foster	7	4	5
Kinship/Connected	1	1[a]	0

[a] Two kinship carers joined this site as one participant, one male and one female – demographics were collected from the female kinship carer.

(Ofstead, 2024). While the population of children in care has been increasing over the last ten years, the number of people choosing to foster has been declining (The Fostering Network, 2024a). As a result of these pressures, fostering agencies and advocates have been calling for urgent UK-wide action to ensure children are placed in timely and appropriate placements, and are able to benefit from strong, supportive relationships (The Fostering Network, 2024a) (see Table 1).

Along with effective recruitment strategies, the retention of foster carers is important to address these national shortages. Latest data from the Fostering Network State of the Nation Survey suggests that 60 % of carers have considered or are considering resigning, stating lack of support, lack of respect from other professionals, and burnout or poor wellbeing as key factors in this decision. The wellbeing and satisfaction of foster carers has been found to be influenced by various factors, including availability and quality of training, perceived parental self-efficacy, and the foster carer-child relationship (Whenan et al., 2009). The support that foster carers receive from social workers and the care system is also fundamental to carer wellbeing and placement outcomes (Maclay et al., 2006). These relationships can be compromised by high staff turnover in social work, conflicting perspectives and priorities, and power imbalances in the role social workers are afforded in assessing and monitoring foster carers (Lotty, 2021; Preston, 2021).

Carer wellbeing and satisfaction is not only important for professional satisfaction and sustainability, but also in improving and strengthening the wellbeing of children in care, and preventing 'placement breakdown' (when a placement may have to be ended because the carer does not feel able to continue with the placement) (Ott et al., 2023). Given that children living in care have often experienced trauma, disruption, and exposure to numerous stress factors, they are often more vulnerable to mental health issues and emotional and behavioural difficulties (Cummings and Shelton, 2024; Engler et al., 2022). How carers respond to these difficulties is critical for supporting the wellbeing of children in their care and for preventing placement disruption and breakdown. The quality of the carer-child relationship therefore depends on carers' ability to deploy sophisticated skills in navigating challenging behaviours, which can be complex to do given the multiple factors that threaten carer wellbeing and placement stability (Adams et al., 2018).

A range of interventions focused on improving foster carer wellbeing and outcomes of the children in their care (e.g., children's psychological, physical and/or social outcomes, and/or foster carers' parental skills and/or stress) have been developed (Bergström et al., 2020). These include approaches targeting the child, foster carers, or both the child and foster carer (Bergström et al., 2020). Interventions vary from focusing on behavioural management (Bywater et al., 2011; Geenen et al., 2013; Mersky et al., 2015) to the attachment relationships between children in care and their carers (Dalgaard et al., 2022; Kerr and Cossar, 2014; Redfern et al., 2018). Utilisation of parenting interventions in foster care have been seen as particularly effective, positively affecting sensitive parenting, dysfunctional discipline, parenting knowledge and attitudes, and carer stress (Schoemaker et al., 2020).

However, the evidence base for the effectiveness of such interventions would benefit from more studies examining how these interventions are delivered. Furthermore, to understand how interventions aimed at improving carers' skills can be most effective it is essential to situate their implementation within the wider context of children's social care, where tensions and stresses that can affect foster carer wellbeing and placement stability play out.

2. The Reflective Fostering Programme

Adapted from the Reflective Parenting Model (Cooper and Redfern, 2016), the Reflective Fostering Programme (RFP) is a group-based, psycho-education intervention designed to increase foster and kinship carers' capacity to mentalize themselves and the child in their care and manage challenging situations. Mentalizing refers to the ability to think about the carer's own and their child's mental states, and how these underpin behaviour; with higher mentalizing (or 'reflective capacity') associated with better capacity for emotion regulation, and a range of parenting capacities (Camoirano, 2017). In supporting carers' mentalizing, the Programme aims to reduce carer stress and improve their sense of parental efficacy (Midgley et al., 2021; Redfern et al., 2018, 2023). RFP also aims to improve the quality of the carer-child relationship to enhance placement stability and support child wellbeing. To achieve these aims, four mechanisms of change, associated with the capacity to mentalize, are expected (Redfern et al., 2018).

A. Carers learning to keep a sense of curiosity and open mind about their own and the child's mental states;
B. Carers learning to monitor the emotional temperature of themselves and others to manage arousal levels and stress;
C. Carers helped to make a better distinction between their own thoughts and feelings and those of the children in their care, seeing their child as a separate person with a mind of their own which shapes their behaviour;
D. Group work facilitates new perspectives, support, and trust that aids the development of reflective capacity (mentalizing) and quality of caregiving.

The 10 sessions of RFP are delivered over 10–12 weeks to groups of 5–10 foster and kinship carers by two trained facilitators, who utilise a combination of mentalization-based psycho-educational information with group reflective activities to provide participants with a practical set of tools to use when relating to the children in their care. Each session is 2–3 h long. Following prior feasibility and pilot evaluation (Midgley et al., 2019), in which two social care professionals co-facilitated the Programme, the RFP was adapted to be delivered by a children's social care practitioner working alongside a foster carer. The Programme was further adapted following COVID-19 lockdowns to be delivered online, and participants joined sessions from their homes via an MS Teams video call link (Redfern et al., 2023).

3. Process evaluation of the Reflective Fostering Programme

Process evaluations allow for analysis of the contexts in which interventions are delivered and why interventions are, or are not, effective (Kainth et al., 2022; Moore et al., 2015). The RFP process evaluation was embedded within a larger randomised controlled trial which evaluated the effectiveness and cost-effectiveness of RFP compared with usual support for foster and kinship carers in England (full details of the trial design in Midgley et al., 2021). Given the wider children's social care context in which RFP was delivered, and potential interactional tensions this context may introduce, a process evaluation was seen as particularly valuable for evaluating how the intervention was implemented by facilitators and received by carers. The process evaluation aimed to: 1) describe how RFP was delivered; 2) assess intervention fidelity; 3) understand how contextual factors shaped intervention delivery; and 4) provide explanations for the observed effects of main trial findings. This paper reports findings from the qualitative analysis of online, video-recordings of RFP sessions collected for the process evaluation. The primary focus of this analysis was to describe how RFP was delivered paying particular attention to how group dynamics and the inclusion of foster carers as co-facilitators affected online delivery and engagement.

4. Face-work group dynamics in delivery of the Reflective Fostering Programme

Online co-facilitation by a social care practitioner and foster carer was likely to introduce new inter-personal dynamics to implementation of RFP activities and materials, and was likely to impact on the way in which carers engaged with the Programme, given that they are often invited to report on challenging situations experienced as part of their caregiving role. Understanding these dynamics is vital to assessing how best to implement RFP in social care settings, as well as similar group-based interventions focused on enhancing the skills of foster carers. Goffman's notions of 'face work' and 'face threat' (1972) provide useful organising concepts for how carers and facilitators navigated these interactional dynamics, and in particular, dilemmas these posed to their roles (or 'faces') as participants in RFP and their external roles as professional caregivers (1959). Goffman defines 'face' as "the positive social value a person effectively claims for himself by the line others assume he has taken during a particular interaction" (Goffman, 1972, p. 319). Participants of an interaction conduct 'face work' to manage potential 'face threats' to the version of themselves they wish to uphold, managing real or perceived risks to their social status, for example, requests for clarity, feedback, or critical thinking within group education settings (Brummernhenrich and Jucks, 2016). Using a dramaturgical metaphor, Goffman also distinguished between the 'frontstage', where actors perform their face work to an audience, and the 'backstage', where they prepare their 'scripts' to sustain the performance of self in public, everyday interactions. This distinction is helpful here, as it implicates questions about how the boundaries between front and backstage might shift over time, leading to different face work as actors negotiate the changing dynamics of frontstage interactions. For RFP, such shifts might provide empirical windows into the conditions under which carers trust RFP sessions as interactional spaces to share difficult experiences, potentially leading to disclosures and changes in face work within the frontstage where their professional identity is being played out.

The concepts of face work and face threat have been applied to understand the learning of professional competence, for example medical students who were seen to 'strive to envelop themselves in a symbolic cloak of competence' (Bourgoin and Harvey, 2018; Haas and Shaffir, 1977, 1982). Whilst we are not aware of any research that has applied face work to analyse how foster carers negotiate professional identities, Goffman's closely related theory of stigma has been used to show how foster carers manage disclosure of their professional status to avoid negative stereotypes (Blythe et al., 2012). It has also been used to make sense of carer's and young people's experiences of receiving online health and social care services during the COVID-19 pandemic, highlighting how they had to manage blurred boundaries between private home space (backstage) and a public scrutinised environment (frontstage) mediated through online interactions (Stabler et al., 2023). Such insights suggest that delivery of RFP as an online group-based Programme to foster carers, co-facilitated by a social worker and carer, might also involve similar blurring of boundaries for carers, requiring face work to engage in RFP session activities and to learn and use RFP tools. As we will show, 'face threat' became a particularly useful explanatory concept to understand how the carers navigated the interactional group dynamics of RFP sessions; how the wider context of social care shaped these dynamics; and how this was consequential for activating RFP's theorised mechanisms of change.

5. Method and participants

The trial in which the process evaluation was embedded took place between April 2020 and December 2024 in 20 local authority fostering teams, three independent fostering agencies across England, and a national children's mental health charity. Participants were registered foster and kinship carers (i.e. a family member or friend who has become a child's approved foster carer – also known as 'connected carers' or 'family and friend carers'). To be eligible for the study, carers had to have been caring for a child in care aged between 4 and 13 years for at least four weeks, and had a care plan for the child to remain in the placement for at least a further four months. Groups mostly consisted of participants from a single local authority or independent fostering agency, but in some cases, groups combined carers from more than one fostering organisation. Across the trial, a total of 39 groups were delivered involving 253 carers.

For our qualitative analysis, we aimed to purposively sample video-data from three sites, selected according to service characteristics which might lead to variation in implementation throughout the study. Selected sites consisted of two local authorities and one independent fostering agency, which varied in terms of size, types of carers supported (e.g. kinship, connected and/or foster carers) and geographical location. Group size in our sample ranged from 5 to 8 people (18 in total), with 4 carers dropping out during the Programme due to issues in scheduling and capacity. Most participants were foster carers (n = 16), with the remaining (n = 2) kinship or connected carers. In close alignment with the demographic characteristics of carers in the UK (Ofstead, 2024), the majority (n = 15) were female, and White British (n = 17). The average age of participants was 53.5 years, and the average length of time as a carer was 5.8 years (range of 7 months–20 years).

6. Ethics

Research ethics approval was obtained from the University of Hertfordshire Health Science Engineering and Technology ECDA [Reference: cLMS/SF/UH/04242]. Participants, including facilitators, provided informed consent to participate in the RFP trial, and additional consent to have the sessions video and audio recorded and analysed for monitoring purposes and further research in the process evaluation. Participants were sent information about the study by a Site Coordinator at each site (e.g. Social Care Administrator) and asked to contact the Site Coordinator by phone or email to register their interest in finding out more about the study, who screened participants for eligibility. Those

(0.4)	A silence, measured in tenths of a second.
(.)	A micropause, hearable but too short to measure.
>she said<	'Greater than' and 'lesser than' signs enclose speeded-up talk. Occasionally they are used the other way round for slower talk.
under<u>lin</u>ing	Indicates emphasis; the extent of underlining within individual works locates emphasis and indicates how heavy the emphasis is.
↑↓	Vertical arrows preceded marked pitch movement, over and above normal rhythms of speech. They are used for notable changes in pitch beyond those represented by stops, commas, and question marks.
she wan:ted	Colons show degrees of elongation of the prior sound; the more colons, the more elongation.
[]	Square brackets mark the start and end f overlapping speech. They are aligned to mark the precise position of overlap.
↑I know it,°	'Degree' signs enclose audibly quieter speech.
.hhh	Inspiration (in-breaths); proportionally as for colons.
£yes£	Smile or smiling voice.
#sad#	Talk between markers is croaky.
(?)	Unclear or inaudible talk.
?	Rising intonation.

Fig. 1. Transcription conventions adapted from (Jefferson, 2004).

who met the inclusion/exclusion criteria were sent a Participant Information Sheet (PIS) and invited to an information ('coffee morning') meeting with a member of the research team. The research team, including the process evaluation team, had no prior relationship with any of the participants.

7. Analysis

We drew on conversation analytical techniques as the methodological orientation to study how RFP mechanisms were enacted within RFP sessions. Conversation analysis (CA) is a well-established method for analysing sequences of video and audio-recorded interactional data. CA is increasingly recognised as a valuable methodology for both evaluating and developing evidence-based interventions for use in real-world settings, and has been extensively applied in healthcare settings to understand clinical encounters, identifying a breadth of communication practices (Kiyimba and O'Reilly, 2016; Robinson and Heritage, 2014). Whilst typically focusing on the specific communication practices of patients and providers, CA has been used to understand how health interventions 'disrupt' (Hawe et al., 2009) the wider contexts into which they are introduced, exposing how both the intervention and broader systems might be adapted to promote successful implementation (Murdoch et al., 2020; Murdoch et al., 2020). Within the context of RFP, this analytic technique was utilised to explore how the wider children's social care system shaped implementation and enactment of RFP mechanisms of change, providing insights into the 'machinery' of interactions among each group and how these might be consequential for the intended outcomes of RFP.

PR and CS analysed all ten video-recorded sessions for each group. Inductive and deductive analysis were undertaken as an initial analytical phase to enable us to generate hypotheses about RFP delivery. This involved the researcher deductively watching each recorded session and writing structured detailed fieldnotes for each session against observational guides, which were designed to provide analytical focus for researchers by paying attention to key features of RFP design and delivery. PR and CS alternated taking observational notes for each site selected for process evaluation. Observational notes across all sites and sessions were then re-read by both PR and CS in reference to RFP's hypothesised mechanisms of change, and coded to identify emerging themes that supported, challenged, or evidenced these. These themes were re-evaluated against our evaluation questions, to begin to inductively draw out any additional and emerging hypotheses. For each hypothesis, sequences of talk that evidenced the hypotheses was selected from each site, and at least one sequence of talk that supported any deviant cases identified through observation, for recording and transcription. PR, CS, and JM met regularly to discuss these themes and hypotheses, discussing the available evidence to confirm, refine, reject or extend each hypothesis. This stage of the analysis continued until data saturation was reached and no new themes and hypotheses were generated. A total of 13 sequences, ranging from approximately 5–10 min of in-talk interaction were transcribed using Jefferson's transcription conventions (Fig. 1), including aspects of speech such as tone, pitch, and quality; temporal and sequential patterns of talk; and visible nonverbal behaviours such as laughing, crying, or movement.

In-depth analysis of in-talk interaction, guided by the principles of CA, was undertaken by PR and CS in the sites presented and reviewed by JM. PR, JM and CS have undertaken rigorous training in conversation analysis techniques through the Discourse and Rhetoric Group (DARG) at Loughborough University and PR attended regular weekly data sessions and workshops hosted by DARG during data analysis to support
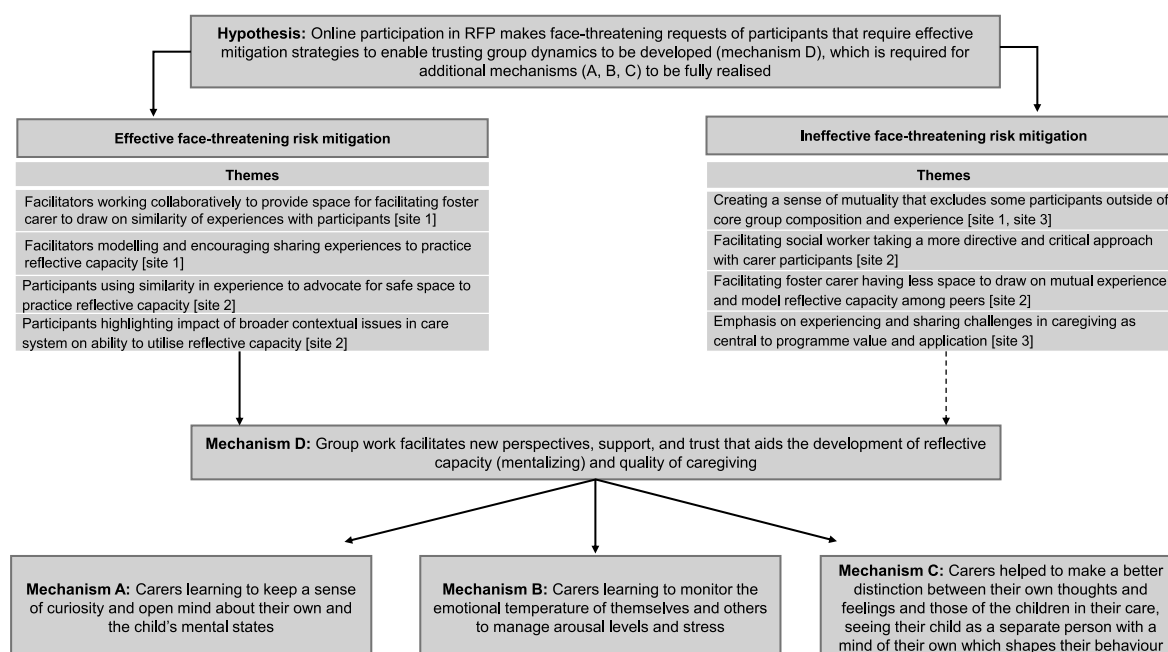
Fig. 2. Thematic communication strategies to activate RFP mechanisms of change.

learning and refining the analytical technique and application (details can be found at: https://darg.lboro.ac.uk/). PR also undertook a course in applied conversation analysis at the University College London (UCL) through the Qualitative Health Research Network (QHRN) (details can be found here: https://www.ucl.ac.uk/qualitative-health-research-network/training-programme).To support credibility and trustworthiness in our analysis, findings are shared with the process evaluation and broader trial team, who are comprised of a diverse and interdisciplinary group of established and early-career researchers, social care professionals, and people with lived experience with the care system. This helped to check and challenge how our individual positionallies (PR and CS as white female early-career researchers and JM as white male senior researcher) were influencing findings, as well as to ensure that our interpretations spoke accurately to the trial design and the psychotherapeutic theory underpinning RFP. Within the process evaluation team, we triangulated findings from the video data with findings emerging from concurrent interviews, to understand how our observational perspectives may align with or differ from the views of participants themselves (Anyiam-Osigwe et al., in press). On completion of analysis, PR and CS synthesised analysis into final findings, which were presented to the trial team for input before being presented below.

8. Findings

In this section we present three different ways that we observed participation in RFP to be 'threatening' to the roles or 'faces' of carers – the 'positive social value a person effectively claims for themselves' – within and beyond the learning environment. Although these threats created similar dilemmas across all three groups, they were navigated in different ways and arguably with varying levels of success. Supportive group dynamics were generally achieved in two of the three observed sites, with participants engaging actively, comfortably, and confidently with the tools and activities of RFP by the end of the Programme. Each

quote presented below provides a representative illustration of how these supportive dynamics were achieved in Sites 1 and 2. Site 3 served as a 'deviant case', where an inability to facilitate an overall trusting and supportive group dynamic resulted in a breakdown of engagement and participation in RFP, witnessed through high attrition, and vocal rejection of the value of the materials and teachings among some of the remaining participants.

The extracts presented in this section are illustrative of the ways face-threat was managed in each group. We then discuss how the communication strategies identified across these sites were effective and ineffective at achieving support and trust in the group (mechanism D), and to activating RFP's additional mechanisms of change (Fig. 2). We have also provided a supplementary file with additional extracts and narrative to support the findings presented here.

8.1. Site 1 – facilitators creating a space of similarity and mutuality to build a sense of safety

The extract below illustrates some of the face threatening elements of facilitating and participating in a peer-facilitated learning environment observed across all groups, and how this was successfully mitigated by facilitators and participants in Site 1. It comes from Session 3, 'Thinking about your Foster Child', led here by a facilitating social worker (FSW) and facilitating foster carer (FFC). The extract opens with the FFC asking the group to consider what might be going on in the mind of a fictitious foster child called Stacey. In this hypothetical scenario, Stacey is anxiously asking her foster carer questions about a school trip, causing her carer to eventually 'snap'. The FFC misinterprets a gesture by one of the participants, P1 (line 4) as her initiating a response (electing a turn), when she was engaged with another carer's child that had come on the screen. Although P1 deflects the request, "Sorry, I was playing with (Child Name 1)", the FFC playfully instructs her to fulfil it anyway: "Well, you can answer the question now" (line 10).

Extract 1
Site 1, Session 3

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1    FFC:    S:o. the l↑ast question. (.) w:hat the impact might
2            have been on Stacey. of her carer
3            TElling her: (.) she's just winding her up. (.)
4            Go on then P1[Name], (.) yep.
5            (.)
6    P1:     >£Sorry,£< (.) I was playing with C1[Name]. hh. ha.
7    FFC:    Oh were you!
8    P?:     Ah-ha ha ha
9            ((Others laughing and smiling))
10   FFC:    £WELL you can answer the question now£ [P1[Name] I've
11           put you on the spot]
12   P?:                                          [Ah ha ha ha]
13           ha:.hh
14           (.)
15   P1:     £UM:, (.) SO:, Uh:::m, (.) oh gosh you caught me out
16           there£.
17           UHm, so S-Stacy probably thought that she: was going to
18           be in trouble, she was a bad person for bein:', a
19           nuisance? Um: She may well of um: .pt (.) thought I've
20           done something else wro:ng? (.) Uh, all those sort of
21           things.
22           (.)
23   FFC:    °Yeh.° (.) Anything anyone else woul-↑thought from the
24           rest of you (.) Anything you wan'to A:dd about her
25           feelings?
26           (.)
27   P?:     [((someone speaking at same time as M))]
28   P2:     [Maybe thinking, oh you don't ca:re    ] h.e
29           (.)
30   FFC:    YEah. (.) I was sAyin' everybody's spoken except you
31           P3[Name]. do you mind saying its-what do you think?
32           (.)
33           About the wi:nding up bit?
34           (.)
35   P3:     YEAh: w-we talked about that. but we-we (all sort/also)
36           (thought/talked) (.) pr↑obably 'ldn't let it get that
37           far(hh.)
38           (.)
39   FFC:    Ri:[ght    ]
40   P3:        [I mean-]
41           (.)
42           li-tha- (.) THA-that's a situation you pr- as a foster
43           carer, you'd probably nip that in the bud quite
44           ea:rly?.hh Y'know, 'n just get her invOlved. h. (.) .h
45           [Or-  ]
46   FFC:    [YEAH,] NO, I think what you said is brilliant about
47           getting' her involved.=but if it Has happened.t (.)
46           what do you think the impact would be. (.)Have been O:n
47           Stacey.
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This request illustrates some discomfort in participating in RFP for participants as learners of the Programme, and the work that the group and facilitator do to try and navigate this. P1 feels "caught out'", asked to deliver an answer amidst her peers that she is not certain in, expressed through pauses and "ums" (lines 15–21), and then a questioning intonation in her answer: "She may well of thought: I've done something wrong?" In acknowledgement of this discomfort, the group encourages her participation by smiling, nodding, and laughing (line 9), and the FFC playfully acknowledges she has "put [her] on the spot". Having effectively achieved engagement from P1, the FFC now makes a request of P3 to contribute his ideas. In contrast to her playful and accidental request of P1, this request is explicitly face threatening: the FFC has singled P3 out, implying that his lack of participation sets him apart from his peers and colleagues "everybody's spoken except you P3" (lines 30–31). P3 responds by stating that, as a foster carer, he "wouldn't have let it get that far". On one level, this turn works to deflect both the request: he does not offer an answer as to what is going on in Stacey's mind. On another, his turn also deflects the *necessity* of the request from the FFC, and by proxy RFP itself: this imaginative activity has little value to him as a skilled foster carer, as this situation wouldn't have occurred in the first place.

This exchange highlights risks associated with participating as learners in a group environment, as well as an additional and contextual reputational risk: to engage as active learners in the Programme, carers must also accept that there is something they can learn or develop in. This places a pressure on both the facilitators to deliver meaningful teaching to their peers, and for participants to willingly engage in critical consideration of their work as carers.

In this extract, how carers developed a greater sense of curiosity about the child in their care is dependent on their negotiation of effective face work navigation. Across the three sites, we observed this as an interactional dilemma for carers particularly during activities that requested them to leverage scenarios that critically explore their relationship with their child or children. During these activities, upholding 'face' as an active learner in the group learning environment may involve 'losing' face as a responsible and accomplished professional carer. P3's deference to his role as a "foster carer" attempts to mitigate these threats by deflecting the FFC's request to engage in the activity and asserting his skill as a professional caregiver instead.

In this site, potential reputational risks were successfully diffused for most participants. This was enabled by a 'turn-taking' model of facilitation, in which the FSW delivered the psychoeducational theory of RFP, allowing space for the FFC to lead the interactive activities and discussions. During these discussions, the FFC played a significant role in mitigating face-threatening risks by drawing on her experience as a carer, and sharing moments she had struggled or experienced difficulty openly with the group. In doing so, she worked to create a sense of mutuality in the challenges individual carers had experienced, mitigating any risk that providing and reflecting on challenging examples would be interpreted as individual short-comings. In her role as a trained facilitator and representative of RFP, the FFC was also significant in modelling reflective capacity as a key learning outcome of the Programme, and an indication of capacity building and development. As a result of this work, we witness a gradual opening of participants across the sessions, enthusiasm to share examples of critical self-reflection, and a vulnerability that suggests a level of trust and safety was successfully achieved in this group (see Supplementary file, Extracts 7–8).

8.2. Site 2 – social worker facilitator directing learning with carers actively advocating for mutuality of experience

In Site 2, we witnessed similar participatory tensions that reflect the face threatening requests made of participants within sessions. However, in contrast to Site 1, the facilitating social worker took a more direct and leading role in delivering both the session material and group discussions. By offering a divergent case to the collaborative, turn-taking model approach to facilitation in Site 1, Site 2 serves to further reveal the contextual complexity of successfully delivering a critical educational Programme while also mitigating discomfort and risks inherent in participation.

Extract 2 also comes from Session 3, 'Thinking about your Foster Child'. It illustrates some similar uncertainties in participation observed in Site 1, and how the response to these is handled differently by the facilitators in Site 2. The sequence opens with the FSW asking the group to consider how they feel when they are experiencing empathy for the children in their care: "so just describe how it feels when you're being empathic towards your foster child" (lines 6–7). After a brief pause, P1 offers up an answer: "I think you're trying to put yourself in their shoes, aren't ya?" (line 12). P1's audible swallowing and request for confirmation or affirmation indicates potential uncertainty or anxiety in responding to the prompt. Instead of affirming her answer, the FSW states that while there is "something about maybe trying to stand in their shoes" there is also something else that she, or the group, could consider in answering this prompt: "where are you in your mind?" After another pause, P1 tries again: "In their mind, effectively, hopefully?", her questioning intonation indicating she is again looking to the FSW to confirm whether she is answering the question satisfactorily. However, the FSW denies confirmation, instead repeating and reframing P1's response with emphasis on words like "trying" and "mind" (line 27). After P1 responds 'yeah' there are a series of extended pauses where it is unclear whether the FSW is making a request to the group, and to whom, with her question in line 30 – "what could they be thinking" – lacking a question intonation or a direct recipient. When met with silence, the FSW makes an explicit request for engagement, setting up a response and gesturing expectantly at the group to fill it: "so you're thinking about what they might be thinking, and what they may be … ?" Her direct request is met with protracted silence (line 40).

Extract 2
Site 2, Session 3

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1    FSW:  ↑So:: (.5) .pt Dyu-Let's just think for a minute,
2          we're thinkin' about empathy.=we ↑all think we know
3          what empathy is:, (that's) ↑right (.7) er: but it
4          ↑might mean different things to different people:. (.2)
5          .pt.hh ↑So: just descri:be (.4) how itm- (.3) makes you
6          ↓feel when yore being emPAthic towards your foster
7          chi:ld:. (.) °o:k?
8          (1.1)
9    FSW:  [Does it feel Oka:y?   ]
10   P1:   [(I think yer) tryin t-]
11         (0.3)
12   FSW:  [(are there other) (inaudible) ]
13   P1:   [Put yourself in their shoes   ]are:n' yeh?
14         ((swallows))
15         (0.8)
16   FSW:  ↑Sorry? ((leans ear toward screen))
17         (0.3)
18   P1:   I think yh' trying t' put yourself in the:ir shoes:
19         [and see where they're comin' fro:m:   ]
20   FSW:  [↑So there's somethin' about (.)°yeah,] maybe trying to
21         stand in their shoes?=so what->where are you in your
22         mi::nd.< (.2) When yore doin tha:t:
23         (1.9)
24   P1:   In thei:r mind effectively, (.2)Ho:pef[ully?]
25   FSW:                                        [About](.) ((slight
26         whisper/hiss)) °T:ryin' to get into their
27         mi:nd.=°T:r[y:in' t'] understand their mi:nd:.
28   P1:              [Yeah    ]
29         (0.8)
30   FSW:  >what could they be thinkin:<
31         (0.8)
32   FSW:  [What ↑might]- what else: might they be thinking abou:t=
33   ?:    [((s:))     ]
34   FSW:  =apart from the mi:nd (1.0)((inaudible dog noise in
35         background)) else about then?
36         (9.8)
37   FSW:  S- yh' thinking about what's in their-what they might be
38         think↑in'? (.) And (.) what they may be:::? ((raises
39         eyebrows and gestures expectantly))
40         (6.2)
41   FSW:  W-wh- what else what else might be influencing what they
42         are thinki:n'?
43         (5.5)
```

Unlike Site 1, where participation was largely deemed to be a valued response in itself, the FSW seeks a specific type of engagement from the group. While this might serve to reflect the critical capacity that RFP seeks to develop among participants, it is seen here to affect the ability of participants to engage comfortably and openly in the discussion. The FSW's subsequent attempts to ask the group to engage are equally met with prolonged silences (lines 40 and 43), suggesting discomfort or uncertainty with the request that is being made of them and how to fulfil it appropriately. The discomfort and uncertainty from participating in group peer-learning has not been mitigated, and arguably, was exacerbated in her handling of P1's initial response.

In Site 1, we observed the role of the FFC to be particularly effective at encouraging participation and mitigating any discomforts or uncertainties. However, extract 3 illustrates a different interactional dynamic. In this sequence, which follows from the extract above, we witness the FFC attempt to mitigate discomforts by relaying the FSW's request to the group in a different way to her peers – a mutuality that is signalled through the repetition of 'we' (lines 44–53). However, the FFC does not complete her turn as the FSW interrupts her (lines 54, 56), regaining control over the facilitation by introducing uncertainty into the sense-making of this activity, which functions to undermine the value of the FFC's contribution: "I'm a bit confused … I wonder if we've just". In doing so, the FSW repositions the group to again consider her question in the way she initially framed it (lines 63–65).

Extract 3
Site 2, Session 3

```
44   FFC:  .hhh (.6) Ooft-↑of- We've paid attention to what they
45         (wante:d/goin throu:gh) haven' we? .hh And, Ehm, (.5)
46         We've looked at ho:w: (.9) situations from their
47         perspective:. (.2) .hh so its just followin' on? >isn't
48         it then< abou:t: (.) if-if we-d:- we've given them the
49         attentio:n:, .h (.) we've looked at their- (.2) thier
50         perspective on what's happenin',.hh and then (.) w-w-wh
51         into me:- what their meanin' about their erm (.) .hh
52         their empathy and how we can be empathic to: them isn't
53         it. .hh (.2)
54   FSW:  UM:[you know (.) he-he        ]
55   FFC:     [And how they're FEeling an']
56   FSW:  s(h)orry I'm a bit c↑onfused ther(h)e-[he-he-ha .hh    ]=
57   FFC:                                        [feelin and
58         thinkin'.]
59   FSW:  =↑I wonder if I have #I-I wonder if we've just: (.5)
60         ↓thinkin' about no:w (.) just providing empathy,
61         (.4)((uses hands to stress)) .hh
62   FFC:  [Yea:h  ]
63   FSW:  [um. And] How that fee:ls. Whata-we (think they) are
64         feeling?=FFC[Name],.hh P1[Name]'s just said, .hh we're
65         feelin' like we're tryin to <get i:nside their mi:n[d: ]=
66   FFC:                                                     [Yes]
67   FSW:  =and understand what their thi:nki:n.
68         (0.6)
69   FFC:  [mHm      ]
```

As the sessions progressed in this group, it was the participant carers who increasingly mitigated the potential risk and insecurity in the requests made by the FSW. In contrast to Site 1, carers actively initiated sharing their vulnerabilities of providing foster care. To do so, they renegotiated the requests of the FSW by identifying her position of authority within the broader care system, and how this system is a significant contributing factor to the vulnerabilities of caring discussed within the RFP setting, and to the practicalities of their professional roles external to it. In Extract 4, the FSW is demonstrating showing empathy and compassion toward the children in foster care to better understand their emotions and behaviours (line 15–19). Here, P1 interrupts the FSW's turn, asserting that "Actually, that can work the other way around?". Her questioning tonality is asking the FSW to consider her point, which is that often the child "can make the adult feel like that" (line 23).

8.3. Site 3 – rupturing of supportive group dynamic functioning to invalidate learning

In Site 3, participants vocalised their uncertainties in the participation requests made by facilitators. Unsuccessful resolution of these uncertainties results in an eventual rejection of the value of RFP for these participants. This rejection ruptures the ability of the group to identify and draw on shared experiences to create a trusting and supportive environment. An absence of a trusting group dynamic limits the ability of facilitators and participants to engage comfortably and proactively in RFP, witnessed by high levels of attrition in this group, with only one participant remaining in the final session.

Extract 5, taken from the start of session 2, illustrates some of the uncertainties that participants vocalised around the participatory requests made by the Programme, and how these were responded to by the facilitators. Here, the facilitating foster carer (FFC) introduces the activity that opens each RFP session, the 'mind check', where participants

Extract 4
Site 2, Session 5

```
1    FFC:  Yeah, just a little bit befo-while we're getting that
2          one sorted,=it says CHILDren's stress responses are
3          impacted by trauma and abuse .hh
4          //Lines cut where the FFC continues to read manual//
15   FSW:  HOw difficult must it be: that. y'know BEin .hh close to
16         someone that ha-actually (.) increases your stress to be
17         close to an adult. incRE-INstead of it being a safe
18         ha:rbour or safe base that .h actually youre anxiety goes
19         up (.) and, y'know [not even (inaudible)]
20   P1:                      [ACTually that-that  ]can also work
21         the other way arou:nd?
22         (.)
23   P1:   WHere the child can make the adult feel like that.
24   FSW:  that's a really [good point P1[Name]
25   FFC:                  [YEs:, yes          ]
26   P1:   OVErwhelmed #-#-uh, do you mind if I just mention that
27         incident, ↑P5[Name]?
```

In the final session, we witness the outcome of this work as the group spends most of the session discussing the difficulties with the current care system (see supplementary file, extract 10). The FFC takes an active role in leading and contributing to the discussion, and the FSW acknowledges the impact of the system on carers, encouraging them to push back on the requests made by her and other authority figures. Not only has this group work been effective at enabling participants to actively engage in and leverage the tools of RFP to mentalize themselves and each other, but appears here also for the FSW to mentalize them and herself from: recognising "it's not right that we put pressure on you" but that she hopes they can "kind of mentalize" where they are coming from.

are asked to briefly 'check-in' with others on how they are feeling and where their current state of mind is at. Prior to the extract, (see supplementary file for full extract), P1 shares that she is feeling "pleased with herself" because she is "finally learning to pick [her] battles". As the mind check affords an opportunity for participants to freely share how they are feeling, P1's decision to share how she is handling difficult behaviour with the children in her care is significant: by the second session, the group have already understood this to be a core request made by the Programme. The FFC affirms both P1's understanding of the value of RFP as a process of identifying challenging behaviour, and "learning to let things go", by suggesting that her work here will have had a "positive impact", and her contribution to the group discussion, "that's great" (line 56).

Extract 5

Session 2

```
55  FFC:  Yeah?,(.) YeA:H. And it just takes its course. yeah. .h
56        (.) That's grEA:t. Yea::h, lovely. as well, lovely
57        sto:ry.h So WHAt ABou:t, um. (.) P2[Na:me]. (.) wha- how
58        are you this mornin'?, what's- (.) where are you at.
59        (.)
60  P2:   There's always a delay in takin off mute. .h U:M (.)
61        yea:h? (.)ALri:ght. I-like I said last week I'm
62        relatively simple?=I-I suppose. And. .hh I'd-I-I-I cAn't
63        see that changin in-in some respects where it-it-this
64        course-this programme I-#I-# W-we'really settle:d. (.) .h
65        U:m. I don't really. .hh 'ave any: stresses or anxieties
66        or:, (.) anything what I-I kinda look at and think oh, I
67        shouldn'ta done this or I shoulda done that. and-
68  P?:   [((clears throat))]
69  P2:   [because          ]everythings just so:: (.) so simple at
70        this moment in time. .hh U::m.
              //Lines cut where P2 discusses how obtaining a passport
              for the child in his care is the only challenge he can
              think of//
77  P2:   I wouldn't say I'm particularly overly (.) concerned or,
78        worried or, anxious about it or anything li:ke that
79        (.)
80  FFC:  >'nd Do you< think. Because of you:r sort of (.) chi:lled
81        (.)[sort of ((inaudible)) outlook]
82  P2:      [.hhh Yea::h      I-      Yeah]
83        (.)
84  P2:   Yeah definitely.=I think I am quite a chilled person
85        (full stop) and I got quite like a (.) .h chilled
86        approa:ch an'. u:m quite relaxed an-an (.) trying not to
87        let things bother me an', I think (.) that's just how I
88        am as a pe:rson an-it-'ow I-I always have been so: so s-
89        somethings just. (.) y-yea:h? I-I [don't know?      ]
90  FFC:                                    [What (inaudible)]What
91        happens if your young person is rea:lly- (.) does
92        anything get ↑you?, you know?
93  P2:   [U::M            ]
94  FFC:  [(like a) sort of-]
95        (.)
96  P2:   U::M (.) we ↑kinda've had issues with schoo:l, ↓with one-
97        w-w-with the eldest, when-when he first come.
              [Lines cut where P2 continues to discuss issues they had
              with the school and how these were resolved]
129 P2:   [I don't- I don't] really get experience MUch where it's-
130 FFC:  [so rea::lly     ]
131 P2:   it's hard to manage? (.) All: just low level behaviours
132       what I experience I-I'm fortunate enough (.) to the lads
133       what [I've]
134 FFC:       [Yeah]
135 P2:   go:t, U::m. That-it-that they'rvery ea:sy tm-to manage
          an-
136       and maintain.
137       (.)
138 P?:   ((sniff))
139 FFC:  So what's workin' for you is really listenin to the
140       chi:ld, offerin: the big pictu:re (.) of- and optio:ns.
141       a::nd, .h lookin with him at co:nsequences, (.) and
142       lettin him know (inaudible)the RU:les up?
```

However, this resolution for P1 creates a dilemma for participants who struggle to identify with P1's and others' experiences in the same way, leaving them uncertain how to fulfil the request of the activity. When it is P2's turn, he expresses uncertainty in how to fulfil the request, given he is "relatively simple" and does not "have any stresses or anxieties or anything like that" (line 65). Like P1, he has understood that the act of identifying difficulties to be a core request of the Programme, and that his uncertainty in how to respond here may have implications for his participation more broadly: "I can't see this changing where, it, this Programme" (lines 62–64). In this exchange, the understanding and implementation of the mind check activity diverges from its intended function, which is for carers to practise tuning into their current mental states, whether negative, positive, or neutral. In requesting clarity on the purpose of the mind check activity, P2 risks exposing the facilitators' ability and authority to effectively deliver the RFP Programme, and by proxy, the value of a Programme which they are acting ambassadors of. The FFC responds to P2's uncertainty by pushing him to identify a moment of difficulty to share with the group as the previous participants

1, Extract 5 continued) to doing this, and an uncertainty among the facilitators on how to navigate their resistance.

Extract 6, taken from the opening mind check in session 9, illustrates that the inability of facilitators to resolve their participatory uncertainties in the initial sessions results in a rejection of the Programme all together. We see a progression from the uncertainties expressed in session 2 to an active critique of RFP as valuable for their development as carers. P5 notes that the Programme is making him look for "problems" that are "not even there" (line 7). Mirroring the words of P2 in the sequence from session 2, he does not understand the value of associating behaviours, especially "silly little things", with their upbringing or past trauma. In addition, P5 suggests that this is not the role of a foster carer, but rather the role of a social worker, and that trying to do this within their daily care giving responsibilities can "drive you mad" (lines 18–19). As with the first sequence, this interpretation is backed up by P2, who later agrees "finding an answer for everything" is not a helpful practice (see Supplementary file 1, Extract 6, lines 66–67).

Extract 6
Session 9

```
1    P5:    'iya FSW[Name] (.) P5[Name] here.(.) ((cough)) yeah.
2           What's happened to me: since I started this (.).h ehm
3           reflective fostering (.) is
4    FSW:   Yeah
5    P5:    I-I-I didn't ha:ve any problems, (.) what-that I thought
6           or. But what it is doing it-it-its making me look for
7           something that's probably not even there (.) n-n'n that
8           seems to be a sOcial work (.) type of (a look at/outlook
9           at) things. Because my WIfe is like that. (.) So now, (.)
10          I'm having, I'm actually, if they do somehting just- (.)
11          a-a silly little thing
12   FSW:   mH[m, ]
13   P5:      [I'm] (sayin') to myself (.) AM I supposed to be trying
14          to attach this (.) to a behaviour. (.) and something that
15          might have happened to them (.) how they were got brought
16          up by their parents
17   FSW:   Y[eah. ]
18   P5:      [n' I-] I think (.) MYself (.) i-it #i that can drive
19          you mAd?
20   FFC:   A-ha-ha-ha:.
21   P5:    Do you know what I mean? I'm trying to think something
22          that's n[ot usual]ly
23   P2:            [Yeah:    ]
24   FFC:   YEa::h
25   P2:    Yeah.
```

have, asking him if anything ever really "get[s]" to him (lines 91–92). This response further cements an understanding among the group that the purpose of the mind check is to identify and share difficulties, which leaves sustained issues for participants who are unable or unwilling to do so. In contrast to Sites 1 and 2, the potential for mitigation is ruptured by early and vocal resistance by P2 (and later P5 – see supplementary file

9. Discussion

Viewed through the lens of RFP implementation, this study has provided insight into how foster and kinship carers participating in an

online, group-based Programme co-delivered by a social worker and a foster carer negotiate potential 'face-threats' in participation. In doing so we have provided insights about how interventions that seek to improve fostering relationships through a mentalization-based, group intervention might be inhibited or enabled by pre-existing power dynamics that complicate and exacerbate the risk of 'face threat' in participation for carers. This enables recommendations not only for how foster carer interventions might need to be designed to optimise implementation, but also how social care services might provide an enabling environment for such interventions.

Within RFP, the role of the facilitators is to manage the overall structure of each session, and to do this in way which models the 'mentalizing stance' of curiosity, open-mindedness and an interest in the thoughts and feelings that inform behaviours. While doing this, they are asked to provide psychoeducation, invite participants to share their experiences, provide feedback, and to critically develop these responses within a group setting. These requests are common to a range of psychoeducational interventions, although RFP has a particular focus on the facilitators using the 'mentalizing' stance, creating a setting which creates sufficient 'epistemic trust' (Fonagy and Allison, 2014), for participants to safely explore their own thoughts and feelings. Our findings illustrate how facilitator requests for the sharing of experiences or perspectives, even when coming from a position of open-mindedness, can present an interactional dilemma for carers in maintaining their role as competent carers, while also demonstrating their ability to be learners of RFP. This dilemma was observed across all sites and was particularly apparent in activities that requested carers to discuss examples where they may be experiencing difficulty caring for their children, and to detail their emotional responses to their children's behaviour. Managing this dilemma was integral for participation in the group setting and simultaneously face-threatening to the role carers occupied external to the learning environment. The risk associated with exposing some struggle in an ability to handle children's behaviour is potentially heightened by the presence of the FSW, who has an institutional role in being responsible for monitoring and evaluating the competency of carers outside the environment of the intervention.

Groups navigated and negotiated this dilemma differently. In Site 1, this dilemma was arguably identified by facilitators as a potential barrier to participation, who actively prioritised and encouraged participation in the Programme. A supportive sharing environment was largely enabled through a co-operative 'turn taking' model of facilitator co-facilitation, where fallibility was a shared experience, encouraging other members of the group to feel comfortable sharing and discussing challenges they were experiencing with the children in their care. In doing so, carers were able to practise and reflect on RFP tools and mechanisms of change to be enacted.

In contrast, there was little evidence of face-threat mitigation by facilitators in Site 2. The opposite appeared to occur, exacerbated by the FSW taking a more dominant role. Consequently, we witnessed an interactional dynamic of uncertainty and apprehension, with carers tentatively proffering answers to the FSW's requests. Within this imbalanced dynamic, the reputational risks associated with participation were explicitly vocalised by participants, who advocated for their vulnerabilities as carers to be recognised by the FSW. Offering an acute point of contrast to other sites, Site 3 further revealed some of the contextual complexities in delivering RFP material, where the potential for a sense of trust, mutuality and sharing of fallibilities between carers was ruptured. This rendered engagement with RFP as problematic or irrelevant amongst several carers, limiting the potential for other mechanisms of effective implementation to be enacted.

Whilst this qualitative evaluation is not able to make definitive claims about the effectiveness of these different communicative patterns for developing carer's reflective capacity, our findings resonate with other work which has highlighted how facilitator requests in a group learning setting can threaten the face of the receiver, as they risk compromising the autonomy, knowledge, and understanding of the

individual (Brummernhenrich and Jucks, 2016). Research suggests that effective mitigation of these face-threatening acts is important for learning outcomes, as it can be key for fostering learner's appreciation, self-efficacy, motivation, and their perceived sense of support and trust in their instructor and the information being delivered (Hadden, 2017; Santosa and Iskandar, 2022; Trad et al., 2014).

This understanding of the role of face threat mitigation in enabling trust in the instructor makes pertinent the notion of 'epistemic trust' referred to above, whereby an individual is willing to consider new knowledge from others as trustworthy, generalisable, and relevant to themselves (Fonagy and Allison, 2014). Originating in theories of natural pedagogy and transmission of culture (Csibra and Gergely, 2009), epistemic trust provides a conceptual framing grounded in the specifics of communication, focused on cues which signal the extent to which individuals can moderate 'epistemic vigilance' (the self-protective suspicion toward information coming from others that may be potentially damaging, deceptive, or inaccurate) so that information can be treated as trustworthy and encoded as relevant to specific social situations. Epistemic trust also has particular resonance here given that Fonagy and Allison (2014) propose that mentalization is a central mechanism by which attachment and epistemic trust are established between caregivers and their children, as well as in other learning relationships (such as psychotherapy or parenting interventions). The degree to which RFP was able to support foster carers to effectively mentalize themselves and the child was influenced by whether epistemic trust was successfully established in RFP sessions – amongst carers, between carers as learners, and carer and social worker as facilitators – within the online group learning environment.

10. Implications for wider implementation and social care practice

The variance in how group dynamics were created or ruptured to respond to the perceived and actual risk in participating in RFP speaks to broader contextual issues of social care that the intervention is delivered in, namely: 1) imbalances in the authority of social workers and foster carers; 2) an environment of risk, monitoring, and evaluation of foster carers' care for children; and 3) narratives of trauma which shape the content and underpinning mechanisms of foster care interventions.

Understanding these contextual factors has implications for how to optimise implementation of RFP, as well as other foster carer interventions, and how children's social care services might support this. In RFP, the co-facilitation model requires careful consideration of the distribution of activities, but also transparency in the respective knowledge and skills which social workers and foster carer facilitators bring to Programme delivery. Explicit acknowledgement of how RFP sessions can function as interactional spaces where learner and professional reputations are at stake would help foreground and identify strategies for managing the face-threatening dilemmas we have discussed. Both facilitators play a crucial role in sharing their own experiences where caring has not gone well. This may function to address a power imbalance between facilitators and carers and create a sense of trust where carers feel safe to share their difficulties in caring for their children.

Whilst optimising RFP delivery involves managing interactional group dynamics, the need to manage reputational risk could be substantially mitigated if foster carers feel their experiences and perspectives are heard and understood by children's social care services more widely. Our findings highlight that while understanding children's past trauma is essential for supporting children in care, the discussions which foreground these narratives can sometimes render carer stress and vulnerability less visible. Creating a supportive environment where carer vulnerabilities and needs are validated is essential for successfully implementing RFP and similar foster care interventions.

11. Strengths, limitations and implications for further research

Establishing and building trusting relationships between social workers and carers is likely to take time and we are conscious that the face-threatening interactions we observed may have been less evident had such groups been well-established prior to our evaluation of RFP. Conversely, whilst we have highlighted important contextual considerations of relevance to foster and kinship care interventions more broadly, we are not able to speak to how group dynamics might have varied if delivered by facilitators who did not come from the same fostering support service, where participants may have had greater anonymity, or if an individualised, rather than group approach, might have facilitated different forms of engagement. Similarly, whilst we did not find any clear evidence of how the online format of delivery influenced the group dynamics reported here, in-person delivery (which was the original design for RFP) would potentially support relationship building through informal activities (e.g., tea and coffee breaks) which are often associated with attending a venue in person. Future research might consider anonymity and relationship building as key concerns in designing implementation strategies, potentially comparing formats of delivery and how they might lead to varying types of engagement with the intervention.

Finally, Sites 1 and 3 revealed how gender and face-threat might interact to lead to variation in engagement with carer interventions where disclosing vulnerability and fallibility is required. These findings correspond to differences in how male carers and kinship carers interpreted and valued the mentalizing approach in RFP, based on qualitative interviews undertaken with participants as part of the broader process evaluation (Katangwe-Chigamba et al., 2025). Due to low numbers of male carers and kinship carers in our sample, further research is required to explore these interactions and experiences and develop strategies for managing such face-threat variation among more diverse cohorts.

12. Conclusion

Participation in RFP initiated a series of dilemmas that were 'face threatening' to the roles that carers occupy within and outside a group intervention setting, where the focus is on explicitly naming and sharing difficult experiences and reflecting on their emotional impact. In comparing the varied adherence to and acceptance of the RFP approach across these groups, we argue that effective delivery of RFP in a group setting involves successful mitigation of these face threats by both facilitators and participants. Navigating these dilemmas is challenging and sensitive work, but may be crucial for facilitating a trusting environment to share perspectives and experiences, and enabling the development of the reflective capacity of caregivers. Without this interactional space, there is a risk that the group dynamic may function to inhibit or make irrelevant mechanisms of change which are critical for enhancing carer's reflective capacity. Facilitating a trusting and supportive environment can therefore be considered an 'umbrella' mechanism that must be established for participants to engage with, learn, and develop the qualities hypothesised to effect change in carer-child relationships through RFP. Implementation of RFP and other group-based foster care interventions therefore require careful consideration of how to navigate this face-threat dynamic, focusing on the distribution of power and strategies for creating a space for carers to safely share difficult experiences. Effective implementation can be facilitated by enduring support from the wider children's social care setting to ensure carer stress and vulnerability is acknowledged and responded to. When this is achieved, it can help create a supportive environment for carers to meaningfully engage with carer interventions so that they can use it to improve the quality of the carer-child relationship, and ultimately the well-being of children in care.

CRediT authorship contribution statement

Po Ruby: Writing – original draft, Investigation, Formal analysis, Data curation. **Carys Seeley:** Writing – original draft, Investigation, Formal analysis, Data curation. **Thando Katangwe-Chigamba:** Writing – review & editing, Project administration, Data curation. **Adaku Anyiam-Osigwe:** Writing – review & editing. **Caroline Cresswell:** Writing – review & editing. **Karen Irvine:** Writing – review & editing, Project administration, Conceptualization. **Nick Midgley:** Writing – review & editing, Project administration, Funding acquisition, Conceptualization. **Jamie Murdoch:** Writing – original draft, Supervision, Methodology, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ssmmh.2025.100523.

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