Pillars of Parenting: an academic critique.

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Academic critique, submitted May 2020

Outcomes for Children Looked After

In March 2019, there were 78,150 Children Looked After (CLA) in the UK (Department for Education [DfE], 2019). According to the DfE, the majority live with foster carers (72%), with 12% in residential homes. Common reasons for being looked after include abuse, neglect, family dysfunction and acute family stress (DfE, 2019). As a result, many CLA have experienced developmental trauma: exposure to "multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature" (van der Kolk, 2005, p.402). These events can induce toxic stress, where the stress response is frequently activated for extended periods of time (Felitti et al., 1998; Shonkoff et al., 2012). When this happens in the absence of a secure adult relationship, children organise their behaviour around survival (Cairns, 2002). This has implications for their relationships, affect and impulse control in the short-term (Kisiel et al., 2014; van der Kolk, 2005) and long-term neurobiological consequences for responsiveness to stress and executive functioning (Cairns, 2002; Shonkoff et al., 2012). Attachment theory explains how interactions with an attuned caregiver support the development of children's self-regulation skills, emotional security, and positive mental representations of themselves and others (Bowlby, 1973; Cairns, 2002; Leve et al., 2012). Children without these attachments are likely to experience heightened anxiety and shame, to have difficulty regulating and expressing their emotions, and to perceive themselves as unworthy and incompetent (Bretherton, 1992; van der Kolk, 2005).

Unsurprisingly, CLA with these early experiences are at greater risk of negative life outcomes (Kisiel et al., 2014; Maginn & Cameron, 2013). Approximately 45% are recognised as having a diagnosable mental health problem, compared with 10% of their peers (Goodman & Goodman, 2012; McAuley & Young, 2006; McAuley & Davis, 2009). In terms of education, they show lower academic attainment than their peers, and greater risk of poor attendance and exclusions (Evans, Brown, Rees & Smith, 2017). CLA are also less likely to be in education, employment or training once they are over 18 (DfE, 2017). These outcomes have persisted over time, despite the wealth of research into improving their well-being and life chances (Cameron & Das, 2019; Cameron & Maginn, 2011; Coman & Devaney, 2011). Children are

individuals, affected by unique combinations of risk and resilience factors (Cocker & Scott, 2006; Rutter, 1989). Nevertheless, CLA are a particularly vulnerable group. As such, they deserve high quality, evidence-based support for their social, emotional and mental health needs (Cameron & Maginn, 2011; Cocker & Scott, 2006).

The Pillars of Parenting approach

The Pillars of Parenting (PoP) is a social enterprise which provides a model of evidence-based 'professional childcare' for CLA. It is run by Dr Seán Cameron, a child and educational psychologist (EP), Colin Maginn, an experienced children's home manager, and Dr Jessica Dewey, a senior EP (PoP, n.d.). PoP aims to improve the positive relationships, mental health and well-being of CLA, by providing training and support for foster and adoptive parents, and staff in residential homes. Participants attend six half-day training sessions as well as regular group consultations. These are facilitated by an applied psychologist, who receives monthly supervision from an experienced PoP psychologist (Cameron, 2017; Maginn & Cameron, 2013).

Each consultation starts with a review of recent successes and an update on the child who was discussed previously. Carers then introduce the child who will be discussed next, providing a 'pen portrait' and outlining the problems they are currently experiencing. The antecedents, background events, consequences and communicative function of their behaviour are discussed using the 'ABC+C' model (Dreikurs & Soldz, 1964; Westmacott & Cameron, 1981). An action plan is agreed for changing these factors. Next, the child's parenting and emotional needs are considered using the eight *pillars of parenting* model, and Cairns' (2002) *stages of adaptive emotional development following traumatic stress,* respectively. Activities to support these areas are identified. Consultations end with discussion of the child's strengths and the potential learning from these, and, finally, a 'meta-reflection' on the consultation process. Progress is tracked using checklists which correspond to the pillars and Cairns' stages.

Theoretical underpinnings of The Pillars of Parenting

The PoP website states that three key areas inform the approach: attachment science, trauma-informed practice and strengths-focused approaches. Cameron and Maginn (2008) explain that the approach is based on a dynamic understanding of good practice in parenting CLA, and has therefore evolved over time. As a result, a wide range of literature is drawn upon across publications describing the approach (Cameron & Maginn, 2008; 2009; 2011; Maginn & Cameron, 2013). However, the links between the different underpinning theories and how they relate to the tasks in the consultation are not always made explicit. Synthesis of PoP publications suggests how the different areas of psychology link together, as shown in Table 1. Those referenced most heavily by the authors are reviewed below.

Parental acceptance-rejection theory

PoP aims to help carers meet children's parenting needs, thus enhancing their self-management, interpersonal skills, and self-belief (Cameron & Das, 2019). Cameron and

Maginn (2008) recruit parental acceptance-rejection theory (PA-RT; Rohner, 2004) to highlight the parental responses which might best support this social and emotional development. *Warmth- affection* is one of the dimensions found to affect children's perceptions of parental acceptance (Rohner, 2004). This encompasses the quality of the parent-child relationship and the behaviours parents use to show their children that they love them. The *acceptance* end of this dimension is characterised by the physical, verbal and symbolic expression of warmth, affection and reassurance. The *rejection* end represents the absence or withdrawal of these behaviours. PA-RT does not offer insight into how acceptance, warmth and affection should be communicated by parents, emphasising that it should be done in culturally appropriate ways (Cameron & Maginn, 2008; Rohner, 2004).

Table 1: *Relations Between the Psychological Models Informing The Pillars of Parenting Approach*

Informing area	Attachment science	Trauma-informed practice	Strengths-focused approach
Key parenting task	Good parenting-communicating emotional warmth and acceptance	Appropriate emotional support	Promoting adaptation and post-traumatic growth
Key informing theories cited	Parental acceptance-rejection theory (Rohner, 2004) Attachment theory (Bowlby, 1973) Parenting styles in childcare (Baumrind, 1991). Four goals of misbehaviour (Dreikurs & Solz, 1968)	Parkes (1996) stages of emotional recovery in adults	Positive psychology (Peterson, 2006; Seligman & Csikszentmihalyi, 2000) Signature strengths (Peterson & Seligman, 2004)
Task within consultation model	Discussion of parenting needs and identification of activities to support	Discussion of post-trauma emotional needs and identification of activities to support	Discussion of child's strengths and the learning from these
Models explicitly used in consultation	Pillars of parenting (Cameron, 2005) ABC+C (Westmacott & Cameron, 1981)	Post-trauma adaptive emotional development (Cairns, 2002)	*Realise 2* Strengths Assessment (Centre of Applied Psychology, Coventry)

PA-RT is supported by a wealth of evidence showing that perceived and actual parental rejection is associated with negative emotional and behavioural consequences for young people in many cultures (Baumeister & Leary, 1995; Khaleque, 2013; 2015; 2017; Rohner, 2004). However, Khaleque (2015) acknowledges that there is a shortage of studies which demonstrate direct causality. Furthermore, he emphasises that parental acceptance-rejection accounts for an average of 26% of the variance in psychological adjustment across studies, and is therefore not the only important factor contributing to psychological outcomes.

The eight pillars of parenting

Where PA-RT does not attempt to explain *how* parents should communicate warmth and acceptance, Cameron and Magin (2011) have sought to achieve this with their eight pillars of parenting model. Each pillar consists of a parenting need, with a list of activities which may help to fulfill it. These are intended as starting points, because staff are encouraged to devise their own strategies, in consultation with the facilitating psychologist (Wood, 2014). The pillars were devised through discussions in Maginn's children's home, analysis of existing parenting models (e.g. Webster-Stratton and Hancock's 1998 cognitive-behavioural approach) and consideration of the DfE's *Every Child Matters* Framework (2003). Cameron and Maginn (2011) also cite psychological literature in support of each pillar.

The pillars are: *primary care and protection, making close relationships, positive self-perception, emotional competence, self-management skills, resilience, a sense of belonging* and *personal and social responsibility.* Key theory referenced includes Maslow's (1971) pyramid of human needs, attachment theory (Ziegenhain, 2004) and evidence for the fundamental human need to belong (Baumesiter & Leary, 1995). The only empirical evaluation of this model in action comes from the PoP authors themselves, which will be detailed later in this critique. However, the pillars have face validity because they align with frequently recognised areas of need for this population, as a result of disrupted attachments and developmental trauma (Cairns, 2002). As Wood (2014) suggests, the efficacy of the pillars model for facilitating good parenting is likely to depend upon the ability of carers, with support from the PoP psychologist, to interpret and implement the identified strategies effectively.

Cairns' model of post-trauma adaptive emotional development

Cameron & Maginn (2008) argue that, in addition to good parenting, CLA experiencing developmental trauma need appropriate emotional support. PoP aims to support carers' understanding of this using Cairns' (2002) trauma-recovery model. The model consists of three phases of recovery, and suggested activities for facilitating each stage. Cairns emphasises that while all stages are necessary, there is likely to be some overlap and repetition for children who have experienced complex trauma. The *stabilisation* phase involves establishing a safe environment for containing the emotions involved in processing the trauma, and developing the language needed for the child to express their emotions. The *integration* stage involves processing the trauma, and learning strategies for managing the physiological responses that accompany the associated emotions. *Adaptation* involves establishing the social connectedness, self-identity and pleasurable experiences that were previously absent as a

result of the trauma.

Cairns (2002) explains that, while her framework builds on a treatment model for post-traumatic stress disorder (PTSD; Brown, Scheflin & Hammond, 1998), it is largely intended as a guiding theory, informed by her experiences as a social worker and foster parent. Therefore, she does not cite a broad range of supporting literature. However, there is initial empirical support for a similar theory, the attachment, regulation and competency framework (ARC; Blaustein & Kinniburgh 2010; Kinniburgh & Blaustein, 2005). The ARC milestones include establishing attachments, routines and rituals (akin to stabilisation), learning to identify, express and manage emotions (similar to integration) and self-development (comparable to adaptation; Hodgdon, Kinniburgh, Gabowitz, Blaustein & Spinazzola, 2013). Application of ARC in residential settings has been associated with reduced PTSD symptoms, internalising and externalising behaviours for children who have experienced complex trauma (Hodgdon et al., 2013). It was also found to reduce child symptoms and carer stress when used with adoptive children and their parents (Hodgdon, Blaustein, Kinniburgh, Peterson & Spinazzola, 2016). Therefore, targeting these areas may be effective in supporting CLA's post-trauma emotional adaptation.

Signature strengths

Related to the promotion of positive experience in Cairns' (2002) adaptation phase is the aspect of PoP concerned with identifying and building on the signature strengths of the child (Cameron & Das, 2019; Maginn and Cameron, 2013). This uses an online strengths assessment which is completed by the child's carers. Staff are encouraged to notice opportunities for utilising these strengths in daily life, in order to boost the child's experience of positive emotions and flow (Csikszentmihalyi, 1990). Several studies suggest that engagement with signature strengths has a positive effect on well-being and life satisfaction. However, this is only when the strengths are actively used, as is the aim of PoP (Proyer, Gander, Wellenzohn & Ruch, 2015; Seligman, Steen, Park & Petersen, 2005).

Evaluating the impact of The Pillars of Parenting approach

A systematic search of the literature on Pillars of Parenting and the authentic/ emotional warmth model highlighted four studies evaluating PoP specifically (Appendix A). Two of these studies, by Cameron and colleagues, collected quantitative data using the progress measures which are part of the approach. Two qualitative studies assessed the experiences of adoptive parents and residential staff using PoP. Considering the consultation model as the most distinctive feature of the intervention, a further search was conducted into the use of psychological consultation with carers of CLA. This identified a further three studies, two qualitative and one mixed methods, involving a variety of stakeholders.

Quantitative studies of The Pillars of Parenting

Cameron (2017) evaluated the effectiveness of PoP for three groups of foster and adoptive parents. Data was collected for 14 children, using the existing PoP checklists at baseline and

10 months later. There were significant improvements in the total scores on the pillars and Cairns checklists (z= 2.48 and 2.28 respectively). No individual pillar improved significantly when a Bonferroni correction was applied to reduce the chance of false positives. Cameron and Das (2019) used the same procedure over eight months, this time for 52 children in residential homes. Again, there were significant improvements on both measures (z= 3.98 and 4.77). Different patterns emerged for individual pillars, with significant improvements in *resilience* and *self-management* in homes in Southern England, and *close relationships* and *belonging* in homes in the North.

The authors acknowledge the limitations of these studies (Cameron, 2017; Cameron & Das, 2019). The lack of control group is a key issue, as well as the use of the unstandardised PoP checklists. They recognise that the individualised and iterative nature of PoP means that a randomised, controlled study would be difficult to conduct. Furthermore, they highlight that the measures relate directly to areas for intervention, potentially providing rich data relevant to the context they are used in. It is interesting to note the variability in effects for individual pillars. A possible explanation is that different pillars are targeted for different children at different times. Cameron (2017) also acknowledges that some pillars had higher baseline scores, and the nature of the five-point Likert scale means it is open to ceiling effects.

Qualitative studies of The Pillars of Parenting

Wood (2014) conducted a realistic evaluation (Pawson & Tilley, 1997) of PoP in residential homes. Focus groups with staff were analysed using thematic analysis. He identified that PoP psychologists empower staff by supporting them to identify the nature of the problem, co-construct strategies, and increase confidence by 'skilling them up'. Staff awareness of the importance of authentic relationships was another key theme, though they rarely referred to 'emotional warmth' directly. A further theme was awareness of adversity and parental rejection, though again staff did not use this language explicitly. The final theme was use of a strengths-based approach, and there was evidence that staff noticed and attempted to build on young people's strengths. Wood also considered implementation factors. Staff found the PoP theories helpful as a language for discussing their work. They found the checklists less helpful, describing these as 'subjective' and 'unscientific'. Gregory, Samos, Curreli, Lowther and Kovshoff (2017) used interpretive phenomenological analysis (Smith, 1996) to explore three adoptive parents' experiences of using PoP. The professional support of the EP facilitator was seen as useful by all participants. They also valued the psychological knowledge they gained through the workshops and consultations, describing a process of becoming more confident and skilled in their parenting, with a greater understanding of their child's development. Both Wood (2014) and Gregory et al. identified that PoP increased carers' knowledge, skills and confidence, though specific reference to the PoP models was inconsistent in participants' accounts of the intervention.

Psychological consultation studies

Osbourne and Alfano (2011) collected questionnaire feedback from 78 foster and adoptive parents following hour long consultations with EPs. Parents reported increased confidence

and decreased levels of concern. They reported finding it helpful to talk through their problem, gain new insights, set goals, and receive practical advice. Hibbert and Frankl (2011) interviewed foster carers who accessed one-off consultations with clinical psychologists. Similarly, carers valued the psychological insights they gained into the child's behaviour, the behaviour management skills and strategies they developed, and the emotional support provided by the psychologist. Durka and Hacker (2015) used questionnaires and focus groups to explore the experiences of 30 staff members in residential settings, who took part in monthly consultations by a clinical psychologist. Staff rated their agreement with a variety of statements, indicating that they found the consultations helpful for applying theory (97%), developing new understanding of young people's experiences (97%), developing new skills (90%) and reducing concerns (90%). In one setting, staff identified issues with the process, such as confusion around the role of the consultant psychologist and the extent to which they knew the child, and provided solutions. Therefore, the effectiveness of consultation may depend on how the process is set-up and communicated to consultees.

Conclusion and implications

Qualitative research suggests that psychological consultation is generally highly regarded by carers of CLA. Consultees value the emotional support and psychological perspectives provided by psychologists, and the resulting confidence they gain in their parenting skills. What is less evident in the feedback on PoP, is reference to the pillars of parenting and emotional adaptation models which underpin the approach. While carers saw the models as providing a structure and a language for discussing intervention, they were also viewed as a 'paperwork' exercise that was secondary to the holistic support provided through consultation. While it is logical that carers 'on the ground' would value the more pragmatic aspects of PoP, we might wonder whether individual models are of greater utility than the broad understanding of attachment, trauma and behaviour that psychologists already apply in their work. Cameron and colleagues draw upon a wide range of literature when describing the approach, highlighting the complex, multi-faceted nature of supporting CLA. Therefore, any attempt to operationalise their treatment and progress will inevitably involve an element of reductionism. However, PoP may benefit from a unifying framework which integrates the range of psychological theory into something more cohesive for consultees. For instance, LaVigna and Willis' (2005) model of positive behaviour support might be appropriate for guiding a more structured intervention plan while maintaining interactionism.

Carers' positive experience is a strength of PoP. This fits with the 'oxygen mask principle', which emphasises the need to manage one's own emotional needs before supporting the needs of others (e.g. Lucas, Dunbar, Marks, McGivern & Perrot, 2017). Nevertheless, interventions to support CLA need to show evidence of improving outcomes for the children themselves. At present, there is limited evidence for the impact of PoP on outcomes for young people. The studies by Cameron (2017) and Cameron and Das (2019) provide a promising starting point, by suggesting that PoP appears to meet childrens' parenting and emotional needs, when measured with the PoP checklists. However, these studies are limited by their lack of control groups and use of unstandardised measures. If PoP is to be considered an

evidence-based intervention, studies are needed which compare users' progress with those not yet accessing PoP. They should also demonstrate impact on established measures of well-being. Given that EPs can implement PoP, they could play a role in generating practice-based evidence evaluating the approach. Furthermore, the apparent effectiveness of psychological consultation for supporting carers of CLA highlights the unique contribution that EPs could make in improving outcomes for this population. EP services could consider how they might promote and expand upon their efficacy as key contributors in this field.

References

Baumeister, R.F., & Leary, M.R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*, 497-529.

Baumrind, D. (1991). Effective parenting during the early adolescent transition. *Family transitions*, *2*(1), 1.

Blaustein, M., & Kinniburgh, K. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency.* New York: The Guilford Press.

Bowlby, J. (1973). Attachment and loss: Volume II: Separation, anxiety and anger. In *Attachment and Loss: Volume II: Separation, Anxiety and Anger* (pp. 1-429). London: The Hogarth Press and the Institute of Psycho-Analysis.

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental psychology*, *28*(5), 759.

Brown, D., Scheflin, A. W., & Hammond, D. C. (1998). *Memory, trauma treatment, and the law*. WW Norton & Co.

Cairns, K., & Cairns, B. (2002). *Attachment, trauma and resilience: Therapeutic caring for children*. London: British Association for Adoption & Fostering.

Cameron, R. J. (2005) *Children Now*, 14–20 September, pp. 22–3

Cameron, R. J. (2017). Child psychology beyond the school gates: Empowering foster and adoptive parents of young people who have been rejected, neglected and abused. *Educational and Child Psychology*, *34*(3), 75-96.

Cameron, R. J., & Das, R. K. (2019). Empowering residential carers of looked after young people: the impact of the emotional warmth model of professional childcare. *The British Journal of Social Work*, *49*(7), 1893-1912.

Cameron, R. J., & Maginn, C. (2008). The authentic warmth dimension of professional childcare. *British Journal of Social Work*, *38*(6), 1151-1172.

Cameron, R. J., & Maginn, C. (2009). *Achieving positive outcomes for children in care*. Sage.

Cameron, S., & Maginn, C. (2011). Living psychology: The 'emotional warmth' dimension of professional childcare. *Educational and child psychology*, *28*(3), 44.

Cocker, C., & Scott, S. (2006). Improving the mental and emotional well-being of looked after children: connecting research, policy and practice. *The journal of the Royal Society for the Promotion of Health*, *126*(1), 18-23.

Coman, W., & Devaney, J. (2011). Reflecting on outcomes for looked-after children: An

ecological perspective. *Child Care in Practice*, *17*(1), 37-53.

Csikszentmihályi, M. (1990). The domain of creativity. In M. A. Runco & R. S. Albert (Eds.), *Sage focus editions, Vol. 115. Theories of creativity* (p. 190–212). Sage.

Department for Education. (2017). Children looked after in England (including adoption), year ending 31 March 2017.

Department for Education. (2019). Children looked after in England (including adoption), year ending 31 March 2019.

DfES (2003) Every Child Matters. Norwich: HMSO

Dreikurs, R., & Soltz, V. (1968). *Children: the challenge*. Meredith Press.

Durka, K., & Hacker, T. (2015). The Experience of Receiving and Delivering Consultation in a Residential Childcare Setting for Looked-after and Accommodated Children: A Sequential Exploratory Design. *Child Care in Practice*, *21*(4), 392-407.

Evans, R., Brown, R., Rees, G., & Smith, P. (2017). Systematic review of educational interventions for looked-after children and young people: Recommendations for intervention development and evaluation. *British Educational Research Journal*, *43*(1), 68-94.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., &

Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.

Goodman, A., & Goodman, R. (2012). Strengths and Difficulties Questionnaire scores and mental health in looked after children. *The British Journal of Psychiatry*, *200*(5), 426-427.

Gregory, A., Samos, N., Curreli, L., Lowther, C., & Kovshoff, H. (2017). Pillars of Parenting: Exploring Adoptive Parents' Lived Experiences. Retrieved from https://blog.soton.ac.uk/edpsych/2017/04/09/pillars-of-parenting-exploring-adoptive-parents-lived-experiences/

Hibbert, G., & Frankl, J. (2011). A psychology consultation service for social workers and foster carers in a child and adolescent mental health service. *Educational and Child Psychology*, *28*(3), 63.

Hodgdon, H. B., Blaustein, M., Kinniburgh, K., Peterson, M. L., & Spinazzola, J. (2016). Application of the ARC model with adopted children: Supporting resiliency and family well being. *Journal of Child & Adolescent Trauma*, *9*(1), 43-53.

Hodgdon, H. B., Kinniburgh, K., Gabowitz, D., Blaustein, M. E., & Spinazzola, J. (2013). Development and implementation of trauma-informed programming in youth residential treatment centers using the ARC framework. *Journal of Family Violence*, *28*(7), 679-692.

Khaleque, A. (2013). Perceived parental warmth, and children's psychological adjustment, and personality dispositions: A meta-analysis. *Journal of child and Family studies*, *22*(2), 297-306.

Khaleque, A. (2015). Perceived parental neglect, and children's psychological maladjustment, and negative personality dispositions: A meta-analysis of multi-cultural studies. *Journal of Child and Family Studies*, *24*(5), 1419-1428.

Khaleque, A. (2017). Perceived parental hostility and aggression, and children's psychological maladjustment, and negative personality dispositions: A meta-analysis. *Journal of child*

and family studies, *26*(4), 977-988.

Kinniburgh, K., & Blaustein, M. (2005). *Attachment, Self-Regulation, and Competency: A comprehensive framework for intervention with complexly traumatized youth. A Treatment Manual.* Boston: Author.

Kisiel, C. L., Fehrenbach, T., Torgersen, E., Stolbach, B., McClelland, G., Griffin, G., & Burkman, K. (2014). Constellations of interpersonal trauma and symptoms in child welfare: Implications for a developmental trauma framework. *Journal of Family Violence*, *29*(1), 1-14.

LaVigna, G. W., & Willis, T. J. (2005). A positive behavioural support model for breaking the barriers to social and community inclusion. *Tizard Learning Disability Review*, *10*(2), 16.

Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., & Vostanis, P. (2012). Practitioner review: children in foster care–vulnerabilities and evidence-based interventions that promote resilience processes. *Journal of Child Psychology and Psychiatry*, *53*(12), 1197-1211.

Lucas, M., Dunbar, A., Marks, D., McGivern, L., & Perrott, S. (2017). Applying the oxygen mask principle to coach supervision. *IJMC*, 13.

Maginn, C., & Cameron, R. S. (2013). The emotional warmth approach to professional childcare: Positive psychology and highly vulnerable children in our society. In *Research, Applications, and Interventions for Children and Adolescents* (pp. 165-182). Springer, Dordrecht.

Maslow, A.H. (1943). "A theory of human motivation". *Psychological Review. 50* (4): 370–96. CiteSeerX 10.1.1.334.7586. doi:10.1037/h0054346

McAuley, C., & Davis, T. (2009). Emotional well-being and mental health of looked after children in England. *Child & Family Social Work*, *14*(2), 147-155.

McAuley, C., & Young, C. (2006). The mental health of looked after children: Challenges for CAMHS provision. *Journal of Social Work Practice*, *20*(1), 91-103.

Osborne, C., & Alfano, J. (2011). An evaluation of consultation sessions for foster carers and adoptive parents. *Educational Psychology in Practice*, *27*(4), 395-413.

Parkes, C. M. (1996) *Studies of Grief in Adult Life*, London, Routledge.

Pawson, R., Tilley, N., & Tilley, N. (1997). *Realistic evaluation*. Sage.

Peterson, C. & Seligman, M.E.P. (2004). *Character strengths and virtues: A handbook and classification.* New York: Oxford University Press

Peterson, C. (2006). *A primer in positive psychology*. Oxford University Press.

Pillars of Parenting. Living Psychology. (n.d.). Retrieved from https://www.pillarsofparenting.co.uk/

Proyer, R. T., Gander, F., Wellenzohn, S., & Ruch, W. (2015). Strengths-based positive psychology interventions: A randomized placebo-controlled online trial on long-term effects for a signature strengths-vs. a lesser strengths-intervention. *Frontiers in psychology*, *6*, 456.

Rohner, R. P. (2004). The parental" acceptance-rejection syndrome": universal correlates of perceived rejection. *American psychologist*, *59*(8), 830.

Rutter, M. (1989). Pathways from childhood to adult life. Child Psychology & Psychiatry & Allied Disciplines, 30 (1), 23-51.

Seligman, M. E. P. & Csikszentmihalyi, M. (2000) Positive psychology: An introduction.

American Psychologist. 55 (1): 5–14. doi:10.1037/0003-066X.55.1.5.

Seligman, M. E. P., Steen, T. A., Park, N., and Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. *Am. Psychol.* 60, 410–421. doi: 10.1037/0003-066X.60.5.410

Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Wegner, L. Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), 232- 246.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and health*, *11*(2), 261-271.

Van der Kolk, B. A. (2005). Developmental trauma disorder: toward a rational diagnosis for children with complex trauma histories. *Psychiatric annals*, *35*(5), 401-408.

Webster-Stratton, C., & Hancock, L. (1998). Training for parents of young children with conduct problems: Content, methods, and therapeutic processes. In J. M. Briesmeister & C. E. Schaefer (Eds.), *Handbook of parent training: Parents as co-therapists for children's behavior problems* (p. 98–152). John Wiley & Sons Inc.

Westmacott, E. V. S., & Cameron, R. J. (1981). *Behavior can change*. Globe Education.

Wood, C. J. (2014). *'Consultation groups' in residential care settings: a 'realistic evaluation' of the contextual influences and mechanisms that obstruct or support positive outcomes for looked-after children* (Doctoral dissertation, University of Birmingham).

Ziegenhain, U. (2004). The contribution of attachment theory to early and preventive intervention and to professional training. *Educational and Child Psychology, 21*(1), 46–58.

Appendix A

Systematic search

Date	Database	Terms	Results	Relevant results (after abstract screening)	Reasons for exclusion	After full text screening	Reasons for exclusion
01.05.20	PsychINFO	"Pillars of parenting"	2	Cameron (2017)	1 x book	Cameron (2017)	
"	Web of Science	"	1	Cameron & Das (2019)		Cameron & Das (2019)	
"	PsychINFO	(emotional OR authentic warmth) AND "professional childcare"	3	Cameron & Maginn (2008) Cameron & Maginn (2011)	1 x book (duplicate)		1x book 1 x not empirical research
"	Web of Science	"	4		1 x not relevant 3 x duplicates		
	PoP website https://www.pillarsofparenting.co.uk/	'Library' section	13		4 x duplicates 9 x not original		

						empirical research		
"	Google Scholar	"Pillars of parenting"	57	Wood (2014) Gregory et al. (2017) Cameron and Maginn (2009)	Books Not relevant Not empirical research	Wood (2014) Gregory et al. (2017)	1 x not empirical research
03.05.20	PsychINFO	TI ((psycholog* AND consultation) AND (foster* OR adopt* OR "residential home*" OR "children* home*" OR "looked after n2 child*")) OR AB ((psycholog* AND consultation) AND (foster* OR adopt* OR "residential home*" OR "children* home*" OR "looked after n2 child*"))	187	Osborne & Alfano (2011) Evans et al. (2011) Hibbert & Frankl (2011) Golding (2004)	Not relevant	Osborne & Alfano (2011) Durka & Hacker (2015)- suggested related article Hibbert & Frankl (2011)	1 x not CLA 1 x not empirical research, original is a thesis which is not freely available online
"	Web of Science Core Collection	Topic (psycholog* AND consultation)	180		Duplicates		

		AND (foster* OR adopt* OR "residential home*" OR "children* home*" OR "looked after n2 child*")			Not relevant		

Final papers

Pop- Quantitative

Cameron (2017)

Cameron & Das (2019)

PoP- Qualitative

Wood (2014)

Gregory et al. (2017)

Consultation

Osborne & Alfano (2011)

Durka & Hacker (2015)

Hibbert & Frankl (2011)