GENERAL INTRODUCTION
Recent decades have seen growing attention for a stable and future-proof parenting environment for children and adolescents who can no longer live with their biological family. Different studies associate lack of continuity in care or frequent change in caretakers with higher levels of adult psychopathology (Harden, 2004; Juffer, 2010; Van Oijen & Strijker, 2010). In the Netherlands, three forms of youth care are distinguished for children and adolescents who are forced to grow up in a care setting: residential care, foster care and family-style group care. Since 2015, Dutch youth legislation has included ‘amendment 80’, requiring municipalities to seek a foster family or family-style group care as an alternative home for children who need to grow up outside their own families. Children may only be placed in residential group care when there are compelling reasons to do so (Ministry of Health, Welfare and Sport & Ministry of Security and Justice, 2014). Family-style group care is a rapidly emerging family-like care setting (Wunderink, 2019). In family-style group care, one of the Professional Foster Parents (PFPs) is available full-time, and receives a salary from a youth care organisation or works as an independent caregiver (Bartelink, 2013). In essence, a family home constitutes a promising alternative placement for children (Gardeniers & De Vries, 2012b; Schoenmaker, Juffer, van IJzendoorn, Bakermans-Kranenburg, 2014). Due to the availability of the PFPs and the professional care they provide, children can experience a stable and professional placement and as such have the possibility to build an attachment relationship for a prolonged period of time.

In 2018, 3113 children in the Netherlands were placed in family-style group care. That represents an increase of 22.6 percent over 2016. The total number of such family-style group care settings in the Netherlands is 937 (Wunderink, 2019). Children and adolescents in family-style group care are characterized by difficult backgrounds and problematic behaviours (Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016; 2017). In 2011, Meeuwissen carried out an investigation based on questionnaires completed by 154 PFPs in the Netherlands. These parents reported three main factors of success for family-home care: 1) children can be part of ‘normal’ family life, 2) the setting provides continuity and 3) ensures safety and protection (Meeuwissen, 2011, p.27). Unfortunately, the second factor, continuity, is not always achieved, as many placements end prematurely during adolescence (Gardeniers & De Vries, 2012b).

At the start of this PhD research in 2014, our research group was working on a subsidised, applied research project on the raising of adolescents within family-style group care (‘Professioneel Ouderschap in Gezinshuizen’ [Professional Parenting in

1 The project was subsidised by the Taskforce for Applied Research, part of the Netherlands Organisation for Scientific Research (NWO)
Family-Style Group Care], November 2012 - June 2015). In the context of that research project, focus group interviews were held with 33 PFPs on (difficult) experiences with adolescents in their family-style group care. During these interviews, attachment and attachment problems were frequently discussed. The findings revealed that these PFPs had considerable knowledge of and experience with the theme of ‘attachment’. At the same time, many questions arose, mostly relating to the practical application of their knowledge. PFPs found it difficult to manage the (attachment) relationship with adolescents in their family home (Van de Koot & Schep, 2014). In addition to the interviews, we recorded dinner-time conversations in six family-style group care households with experienced PFPs. These dinner-time conversations have also been used for the present study.

Why is it so difficult to form an attachment relationship with an out-of-home placed adolescent? And what factors influence the success of such a relationship? Research findings on attachment show that attachment is not a fixed subject, but can change over time (IJzendoorn, 2010; Juffer, 2010; Schoenmaker et al., 2014). However, for attachment to change in a positive direction, it is important for children or adolescents to have a continuous relationship with a parent/caretaker. The interaction must be of good quality, meaning that the parent/adult needs to be sensitive and responsive in their relationship with the child (Bowlby, 1969; Van IJzendoorn, 2010). Parental sensitivity is the ability to accurately perceive and interpret the child’s signals and to respond (responsivity) to these signals in an adequate and prompt way (Ainsworth, Blehar, Waters, & Wall, 1978). Therefore, the video-recorded interaction between experienced PFPs and the adolescents in their care (as used in the present study) affords a unique learning opportunity.

With this research we have tried to collect knowledge that will, in the long term, help to protect the permanency of the placement of adolescents in family-style group care. Our assumption is that improving the sensitivity and responsiveness of the PFP towards adolescents (for younger children, see Bakermans-Kranenburg, Van IJzendoorn & Juffer, 2003) with complex behaviour will have a positive effect on the permanency of their placement in family-style group care. Constructing an attachment relationship with disturbed out-of-home placed adolescents is something that PFPs find difficult, and (applied) research studies on this topic are therefore an opportunity for growth in professionalism. The challenge is to engage in interaction with these adolescents, with receptivity for the adolescent and understanding of their disturbed behaviour, which is also called ‘pedagogical sensitivity’ (Mark & Mulderij, 2008). This sensitivity is the
main prerequisite for the development of an attachment relationship (Van der Bergh & Weterings, 2007).

Although attachment is an internal state of mind, an attachment relationship is achieved and maintained through interaction. In interaction, participants observe each other’s actions, feelings and values, and show how they understand each other (Heritage, 1997; Schegloff, 2007). Since the sensitivity and responsivity of parents are considered basic elements for building and maintaining an attachment relationship (Ainsworth, et al., 1978; Bakermans-Kranenburg et al., 2003; Bowlby, 1969, De Wolff & Van Ijzendoorn, 1997), it is important to study the actual display of these elements in interaction. According to Mark and Mulderij (2008), pedagogical sensitivity is visible in the responsiveness of a caretaker, displayed in “eye-contact, talking, silence, posture, (…) and being an example” (Manen, 1991, p. 173) [Translation]. Biringen, Robinson and Emde (2000), who developed the Emotional Availability Scales for young children, interpret sensitivity as: “the parent’s ability to be responsive, (…) affectively connected, awareness of timing and variety and creativity in play (p.257)”. The display of attachment in the interaction between PFPs and adolescents is a less explored field. With this research, we aim to make a start in gaining greater insight into the way the dyadic concepts of sensitivity and responsiveness are displayed in the daily interaction between PFPs and adolescents in family-style group care.

Central research questions:

This thesis will address the following central question:
How are sensitivity and responsiveness displayed and maintained in the interaction between Professional Foster Parents and adolescents during dinner-time conversations in family-style group care?

To answer this central research question, the four sub-studies treat four different sub-questions (Chapter 3-6):

1. How do adolescents initiate a telling, and how do Professional Foster Parents show sensitivity and responsivity in their responses?
2. How are sensitivity and responsivity visible in the telling invitations of Professional Foster Parents towards adolescents?
3. How are sensitivity and responsivity on the part of Professional Foster Parents visible in combining the activities of having dinner and doing listening?
4. How do Professional Foster Parents initiate behavioural corrections towards adolescents?
What is family-style group care?
In this context, family-style group care constitutes a form of residential care. Various names are used for this type of family-like care (in Dutch: ‘gezinshuizen’): treatment foster-care, specialized foster care, SOS children’s villages, family homes, family treatment homes and family-style-group care (Farmer, Wagner, Burns, & Richards, 2003, Harder et al., 2013, Lee & Thomson, 2008; Leloux-Opmeer et al., 2016; 2017; Nijnatten & Noordegraaf, 2016). For this thesis, we have adopted the term ‘family-style group care’, in line with several studies from the Netherlands (e.g. Leloux-Opmeer et al., 2016; 2017; Noordegraaf & Van Nijnatten, 2020). In 2019, various parties involved in the area of family-style group care or in research on this field came together to create a document establishing all the quality criteria required for family-style group care. They agreed on a jointly formulated definition: a ‘family-style group care’ is a small-scale family-like youth care setting where PFPs provide around-the-clock support and care for children and adolescents who need their help for a shorter or longer period of time. Due to complex problems and/or damaging experiences, these minors need intensive and professional care (Kwaliteitscriteria gezinshuizen, 2019) [Quality criteria for family-style group care]. Given their troubled past, combined with behavioural problems, they require intensive accompaniment and supervision, and are eligible for residential care (De Baat & Berg-le Clercq, 2013; Van der Steege, 2012). This intensive care is provided by one of the PFPs, who works as a youth care worker in the family-style group care and is always available. This parent’s position is a full-time, paid position. In most cases, the partners of the PFPs work elsewhere, but are in their spare time also available for the children and act as second caregivers. Family-style group care consists of the parents, usually their biological children, and on average four out-of-home placed children. The main goal of family-style group care is to give children the care they need in a family-like setting (De Baat & Berg-le Clercq, 2013).

Characteristics of children placed in family-style group care
In 2018, 3113 children were placed in a family home. Statistics show that the average age of children entering such family-style group care is higher than it is for children entering foster families (Gardeniers & De Vries, 2012b; Van der Steege, 2012; Lee & Thomson, 2008). Research by Leloux-Opmeer et al. (2017) on characteristics of children and adolescents within three types of residential care (i.e., residential group care, foster families and family-style group care) in the Netherlands shows specific characteristics of children in family-style group care. These children have more often had previous placements in residential settings compared to foster children or children in residential care. Only a small number of children placed in a family-style group care came there straight from their biological family. The vast majority (94%) came from another
residential setting. In 2012(a), Gardeniers and De Vries adduced similar numbers: half of the children (48%) proceeded to a family home from residential care. In addition, two-thirds of all children in family-style group care were under surveillance from child protection services (Leloux-Ompe et al., 2017; Gardeniers & De Vries, 2012a; Lee & Thompson, 2008; Van der Steege, 2012). They exhibit more behavioural problems than children placed in treatment foster care (Lee & Thompson, 2008), and more than one-third suffer from cognitive problems (Van der Steege, 2012). Children in family-style group care were reported to have the highest level of attachment-related problems, the most reported problem behaviour and were most often victims of sexual abuse (Leloux-Ompe et al., 2016; 2017) or of physical or emotional abuse (Van der Steege, 2012, Lee & Thompson, 2008). Parental mental illness and substance abuse have also been reported for children placed in family-style group care (Hospes, Schep, & Noordegraaf, 2019; Lee & Thompson, 2008; Van der Steege, 2012).

Breakdown in family-style group care

As stated in the introduction, although one of the main goals of family-style group care is to provide continuity, this is not always achieved, as many placements end in a breakdown (Meeuwissen, 2011; Kwaliteitscriteria gezinshuizen, 2019 [Quality criteria for family-style group care]). Different studies vary in what they mean by a ‘breakdown’. In this study, we understand ‘breakdown’ to refer to placements that end prematurely and in an unplanned manner (in line with the definition of Konijn et al., 2019).

Studies on breakdown in family-style group care showing numbers and reasons for breakdowns are scant. Considerably more research has been conducted on breakdown in foster care. For this reason, we will combine findings from both family-style group care and foster care. In foster care in the Netherlands, breakdown percentages vary from 44% (Strijker & Zandberg, 2004) to 50% of all placements (Sallnäs, Vinnerljug & Kyhle Westermark, 2004; Van Ooijen, 2010). Approximately half of the breakdowns concern the placement of an adolescent (Farmer, Moyers & Libscome, 2004; Leathers, 2006; Sallnäs et al., 2004; Van Ooijen, 2010). Only a few unspecified numbers relating to breakdown in family-style group care area is available. In 2013, Gardeniers found that 65% of PFPs have experienced a breakdown in their family home. In 2011, the duration of placement in family-style group care was approximately 2.7 years (Meeuwissen, 2011). According to Gardeniers and De Vries (2012b), breakdowns in family-style group care are particularly prevalent during adolescence. These studies use different research methods, however, making comparison difficult. Nonetheless, it is quite clear that many placements end prematurely and in an unplanned manner, especially during adolescence.
**General Introduction**

**Reasons for breakdown**

Although breakdowns in adolescence occur in residential care, foster care and family-style group care (Leloux-Opmeer et al., 2017), children in family-style group care are characterized by higher levels of problem behaviour than children in foster care (Meeuwissen, 2011, Leloux-Opmeer et al., 2016; 2017). Thus, the risk for a breakdown accumulates (Sallnäs et al., 2004). Although the majority of research has been conducted on reasons for breakdown in foster care, the findings are also generally applicable to family-style group care, as both involve family-like settings. According to several (international) studies, the main reasons for breakdown are:

- Disagreements between biological parents and foster parents (Vanderfaeillie et al., 2018)
- Difficulties associated with the biological children of the foster family (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007).
- Prior child abuse (James, 2004; Strijker & Knorth, 2009).
- The number of placements: the more the movements, the greater the chance of breakdown (Barber & Delfabbro, 2002; Van Ooijen, 2010; Van den Bergh & Weterings 2010; Klomp, 2012; Meeuwissen, 2011; Vanderfaeillie & Van Holen, 2010; Van Oijen & Strijker, 2010).
- (External) behavioural problems (Barber, Delfabbro, & Cooper, 2001; James, 2004; Sallnäs et al., 2004; Vanderfaeillie & Van Holen, 2010; Van Ooijen, 2010).
- Child age: the older the child, the greater the chance of breakdown (Barth et al., 2007; Strijker, Knorth & Knot-Dickscheit, 2008; Vanderfaeillie & Van Holen, 2010; Van Oijen & Strijker, 2010; Ward, 2009).
- Dissatisfaction of foster parents with the foster care system (Abrahamse, Gardeniers & Werner, 2019).

**Consequences of breakdown**

In addition, there is a correlation between different factors (Sallnäs et al., 2004). The reasons for breakdown, as listed above, are in turn often also consequences of breakdown. Children who have moved from place to place frequently have difficulties with attachment (Sroufe, 1990), and are more likely to develop externalizing and psychological problem behaviour (Newton, Litrownik, & Landsverk, 2000; Sallnäs et al., 2004; Vanderfaeillie & Van Holen, 2010). Moreover, in the case of older children or adolescents, it becomes increasingly difficult for them to start new attachment relationships (Vanderfaeillie et al., 2018; Van Ooijen 2010).
Chapter 1

1.5 Attachment

In our study, we focus on PFP-adolescent relationships and on how attachment is displayed in their daily interaction. However, before we address important aspects of the interaction between adolescents and PFPs and the relationship with attachment, we will first offer a broad description of the origins and further development of the theory on attachment.

The early years and development of attachment theory

The attachment theory was developed by John Bowlby (1907-1990), later in collaboration with Mary Ainsworth (1913-1999). Bowlby was educated in medicine, psychiatry and psychoanalysis. During his study of psychoanalysis, he became convinced of the importance of family experiences and family interactions. In his first empirical study based on 44 cases, he linked parenting problems of mothers to their own childhood experiences of ‘maternal deprivation and separation’ (Bowlby, 1940). Bowlby’s conviction was that if children can grow up mentally healthy, they experience a warm, intimate, and continuous relationship with their mother (or mother-substitute) to the satisfaction and pleasure of them both (Bowlby, 1951).

Ainsworth, who worked together with Bowlby from 1949 to 1954, further developed the theory of attachment, and the concept of maternal sensitivity in particular. In her ‘Uganda Study’ (1967), Ainsworth identified four key dimensions of maternal care: sensitivity-insensitivity, cooperation-interference, acceptance-rejection and accessibility-ignoring/neglecting. According to Ainsworth and Bell (1969, p.160), “it seems quite clear that the mother’s contribution to the interaction and the baby’s contributions are caught up in an interacting spiral”. After a long period of fieldwork, Ainsworth, Bell and Stayton (1971) published the Strange Situation Procedure (SSP), a short observational procedure for observing mother-child separations and reunions with one-year-old children.

In his second paper (Separations, 1973), Bowlby presented the concept of ‘internal working models’. With an internal working model he aimed to describe the way one feels about oneself, as a result of experiences in the past. According to Bowlby, the nature of the relationship between a child and his attachment figure is crucial for the development of the child. When children have experienced a secure attachment relationship, they feel deeply that the caregiver is available for them and confident in their interactions with their (broader) environment. This set of feelings is called mental representation. Mental representation is determining for how a person interprets interactions with people around him or her (Main, Kaplan, & Cassidy, 1985).
**Adolescence and attachment**

Even though attachment is much more linked to infancy, Bowlby initially already argued for the importance of attachment *from the cradle to the grave* (Bowlby, 1969/1982). According to Allen (2008), the manifestation of attachment plays a different role in infancy compared to adolescence. In infancy, the attachment system becomes active when a child is distressed. When children experience distress, they will physically turn to their attachment figure. Adolescents experience fewer situations of distress, and when they do, they do not need their attachment figures physically at that moment, but do need them in general to regulate their emotions (Allen, Hauser, Bell, & O’Connor, 1994; Allen & Manning, 2007). The attachment relationship between adolescents and parents is, according to Allen & Land (1999), “a strong relationship with parents that nevertheless permits and encourages adolescents’ strivings for cognitive and emotional autonomy” (Allen & Land, 1999) – in other words, normal, healthy attachment relationships between adolescents and parents. In the present study, the adolescents have troubled backgrounds and sometimes cannot handle such autonomy in healthy ways.

**Attachment with non-biological caregivers**

Children who grow up outside their family of origin have to form new relationships with their non-biological caregivers. They have often experienced considerable problems in the past and consequently have difficulties in forming new relationships. Studies on children under the age of twelve in foster care show that these children push their foster parents away and show emotionally dysregulated and disorganized behaviour (Stovall & Dozier, 2000). This may lead foster parents to conclude that the child does not want or is unable to receive their care (Dozier, Stovall, Albus & Bates, 2001) However, research on family-based care has shown that sensitivity and responsivity from the caregiver predict attachment security (Ahnert, Pinquart, & Lamb, 2006; Schoenmaker et al., 2014). The process of forming a new relationship between children and their non-biological parents is dependent, more so than in normal relationships, on the quality of the caregiving by the adult due to the child’s difficult relational experiences (Howes & Spieker, 2008).

**Attachment, sensitivity and responsivity**

Parental sensitivity and responsivity continue to be important during adolescence (Allen, 2008). An attachment relationship is often conceptualised as a psychological phenomenon and is studied by the use of interview methods or observations in a laboratory setting. One of the instruments developed to assess the mental representation of adolescents or adults is the Adult Attachment Interview (AAI; developed by George, Kaplan & Main between 1985 and 1996). This is a semi-
structured interview with the aim of exploring someone’s childhood experiences and understanding the effects on their personality development; it was later also made available for interviewing adolescents and children. However, in order to know how to act as a professional caregiver in daily interactions, it is important to have a better understanding of the display of (elements of) attachment. In this study, we will analyse sensitivity and responsivity as interactional processes of attachment. This is in line with the origins of attachment theory, based as it was on observations of parent-child conduct (Ainsworth et al. 1978; Bowlby, 1988). Therefore, for this study we have chosen to use Conversation Analysis (CA), a method for studying interactional processes (Sidnell & Stivers, 2013). CA is therefore an appropriate method to analyse what it means to act sensitively and responsively.

**Topic and outline of the thesis**

According to the existing scholarly literature, sensitivity and responsivity are basic elements required to build and maintain an attachment relationship. A relationship of good quality means that the parent needs to be sensitive and responsive in their relationship (Van IJzendoorn, 2010). This thesis is concerned with interactions between experienced PFPs and adolescents. The PFPs were selected for their experience and successful care. Accordingly, we were interested in the way sensitivity and responsivity are displayed in their daily interaction. The specific interactional phenomena analysed arose from the data itself. Watching the videos, we examined several frequently occurring types of interaction between PFPs and adolescents.

The first analytic study examines how adolescents invite themselves to tell something. This analysis provided the opportunity to examine how adolescents initiate a telling and attract the attention of the PFP, and how PFPs respond to these tellings. The analysis shows that adolescents use various practices to select themselves to tell something and to attract and hold the attention of their PFPs. We also describe how adolescents, in a subtle way, show their parents how they need to respond.

The second analytic study illustrates these interactions the other way around, analysing the telling invitations which PFPs make towards the adolescents. It reports on the different ways PFPs invite adolescents to tell something, and how they show sensitivity and responsivity in their invitations as well as in their response to the tellings.

In light of the data used in this thesis (dinner conversations), study three addresses the role of the ‘activity of having dinner’ in the interactions between PFPs and adolescents. We illustrate how PFPs subtly show that they are still listening to the adolescent, while simultaneously engaging in another dinner related activity.

The last study is on interactions involving a disagreement between parent and adolescent. PFPs need to find the right balance in providing sufficient proximity,
maintaining control and remaining at a distance (Kerr & Stattin, 2000), which they find difficult (Van de Koot & Schep, 2014). For this reason, the last study concerns correction initiations performed by PFPs towards adolescents. These practices vary in degree, ranging from a relatively strong claim to correct the behaviour to a less strong claim.

The present thesis contains a total of seven chapters: 1) the current chapter, which is the general introduction, 2) a description of the research methods, 3-6) four analytic chapters, as outlined above and displayed in table 1 and 7) the general conclusion and discussion.

**Table 1: Overview of the four analytic studies**

<table>
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<tr>
<th>Sub-question</th>
<th>Study</th>
<th>Chapter</th>
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<td>1. How do adolescents initiate a telling and how do Professional Foster Parents show sensitivity and responsivity in their responses?</td>
<td>Analysis of 133 fragments of telling initiations of adolescents directed to their PFPs.</td>
<td>3</td>
</tr>
<tr>
<td>2. How are sensitivity and responsivity visible in the telling invitations of Professional Foster Parents towards adolescents?</td>
<td>Analysis of the different ways PFPs invite adolescents to tell something, and how they show sensitivity and responsivity in their invitations and in their response to the tellings.</td>
<td>4</td>
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<tr>
<td>3. How are the sensitivity and responsivity of Professional Foster Parents visible in combining the activities of having dinner and doing listening?</td>
<td>Analysis of the way PFPs combine different activities: dinner related activities and listening.</td>
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</tr>
<tr>
<td>4. How do Professional Foster Parents initiate behavioural corrections towards adolescents?</td>
<td>A description of how PFPs use a variety of practices to initiate behavioural correction of the adolescents.</td>
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