

Written evidence submitted by Sarah Naish

Managing Director, Fostering Attachments Ltd

1) Introduction

I have extensive first-hand knowledge of this sector as;

- A former owner of an Ofsted 'Outstanding' therapeutic Independent Fostering Agency.
- I recently commissioned and published research with The University of Bristol '**No one told us it was going to be like this: Compassion Fatigue and Foster Carers'**
- Managing Director/ owner of Fostering Attachments Ltd, providing independent training nationwide to foster carers, adopters and social work teams throughout the UK regarding therapeutic parenting, child trauma and compassion fatigue, (through Inspire Training Group).
- A successful, published author of therapeutic parenting books for foster carers and adopters
- An adopter of five siblings
- A former foster carer
- A former Children and Families social worker
- The creator of the international Facebook Group 'Therapeutic Parents' www.inspiretraininggroup.com

2) Reason for submitting evidence

2a) Through my professional and personal experience within the sector over the last 30 years, I have become aware that there is a dearth of knowledge around:

- Therapeutic Parenting and why it is *essential* for children who have suffered early life trauma. The lack of understanding around this specialised parenting results in foster carers feeling unsupported and placements ending unnecessarily.
- The negative effects on foster carers who are looking after children who have suffered early life trauma, in particular compassion fatigue, and the cumulative effects, resulting in foster carers feeling blamed and judged, and resigning. Children's placements are therefore also ending needlessly, and often traumatically for all involved.

3) Executive Summary

3a) Compassion fatigue is a widespread problem, (largely unidentified) **within the fostering sector**. We have commissioned the first research worldwide into this issue with The Hadley Centre, The University of Bristol,

published 22/11/2016. The University are submitting the Executive Summary of this research '**No one told us it would be like this: Compassion fatigue and foster carers**' to the Fostering Inquiry.

3b) Compassion fatigue has a significant detrimental effect on foster carer retention and placement disruption. Through the establishment of our own effective support model, (developed during the time I ran my former IFA), we demonstrated significant improvements could be made through meaningful support to carer retention. This model is not widely used within the sector.

3c) It is our experience that there are high levels of frustration amongst foster carers who feel unsupported. This is especially in relation to their supporting **professionals lack of knowledge** around therapeutic parenting, the effects of early life trauma and the impact of compassion fatigue. The research has also confirmed this. **This lack of support leads to foster carers resigning and leaving the sector, and placements ending abruptly.** Respite is often presented as a solution, but lack of sophisticated respite provision brings its own problems.

3d) Foster carers have told us that they feel isolated, blamed and judged when caring for children who have experienced early life trauma, with resulting attachment difficulties which directly contributes to compassion fatigue. Nearly ALL children in the care system will demonstrate these difficulties. Foster carers say that they are **unable to rely on the support of their social workers** and other professionals in accessing and applying the correct therapeutic strategies. The research has identified this as an area of significant concern. Foster carers, almost without exception, speak to us about the importance of relevant support over financial issues.

4) Report

Compassion fatigue is a widespread problem within the fostering sector

4a) In our research we explain; '*Compassion fatigue can be described as the numbness, suppression, and defensiveness that people in stressful helping professions report. It is sometimes referred to as 'blocked care' in the context of fostering and adoption, (which describes a) parent's emotional, physical and biological responses to children's insecure attachment behaviours resulting in parents no longer (being) able to make a healthy connection to the child*'.

4b) Until we commissioned this research, little attention had been given to exploring the impact on foster carers of caring for traumatised children and there had been **no meaningful research worldwide** into whether foster carers experienced compassion fatigue.

4c) Over the years, I have worked with thousands of parents and carers who have all shared similar experiences with me, and yet there is a dearth of knowledge about this visceral, damaging condition in relation to fostering and adoption. At almost every training event or workshop we hosted, we encountered a **substantial minority of carers** who were clearly suffering from the effects of compassion fatigue. They reported feeling unsupported,

misunderstood, blamed and judged. Naturally this had negative implications not only for the carers, but for the traumatised children they were looking after AND the agency they were working for. I felt that the impact of compassion fatigue was so great, and its prevalence so obvious that in the absence of any available research, it was essential that relevant evidence based research was conducted.

4d) We therefore commissioned and funded the first research worldwide into this issue with The Hadley Centre, The University of Bristol, published 22/11/2016 '**No one told us it would be like this: Compassion fatigue and foster carers.**'

4e) From our research based on 546 foster carers in England: '*Analysis of the survey found that foster carers had similar levels of secondary traumatic stress but slightly higher levels of symptoms of burnout and lower satisfaction with their jobs compared to people working in other stressful helping professions*'. When we looked at 'burnout' within the research we also discovered that **26% of foster carers had scores near the top of the scale, (suggesting a high degree of burnout). 45% scored in the mid-range, (suggesting some issues around burnout present), and only 29% showed a low risk.** There were NO foster carers near the bottom of the scale, which would have indicated that they had very positive feelings about being an effective foster carer. This is extremely worrying as in a sample of **over 546 foster carers NONE of them scored as having very positive feelings about effective fostering** on the burnout scale.

5) Compassion fatigue has a significant, detrimental effect on foster carer retention

5a) When I set up and ran my own IFA, we achieved an Ofsted 'Outstanding' grading due to our ability to recognise compassion fatigue at an early stage, delivering excellent outcomes for children. We put in place a specialised support model and therefore had a very high carer retention rate and significantly reduced placement disruptions. Sadly, this is **not the case** for the majority of IFAs and is even less apparent in our work with local authorities.

5b) The results of our research pose uncomfortable questions. Unlike medical staff, social workers etc. foster carers live with traumatised children full time. Therefore, compassion fatigue is much more difficult to treat and alleviate. At present, the support available to foster carers does not acknowledge this as a reality.

5c) Our research identified that foster carers experience primary trauma through direct assault on themselves, their children or pets and emotional and psychological abuse. I observed, when working within local authority and IFA fostering that the combination of primary trauma and an inability to alleviate these conditions directly contributed to a high level of foster carers resigning, or even being de registered through a lack of understanding and knowledge. The answer is not as simple as just 'providing respite' as this brings its own difficulties for the child and carer. Our report makes suggestions as to how this can be improved.

5d) Compassion fatigue can only be alleviated by first addressing the source of the primary trauma. As this is normally **the child living with the foster carer**, social workers and supporting professionals may feel they are faced with an impossible task. Without the resources and training available to them, there appears to them, to be little they can do to offer meaningful support to foster carers, to lift them out of compassion fatigue and help them to maintain the placement for the child.

5e) Similarly, whilst we know that respite is a very useful tool to help foster carers avoid or exit compassion fatigue, the current respite provision is inadequate and often does more harm than good to the child, and therefore directly impacts negatively on the foster carer. There is a real need for respite provision to be overhauled and prioritised.

6) The majority of foster carers believe that supporting professionals lack knowledge which is essential to their task.

6a) In our training throughout the UK, through our Facebook Group, (Therapeutic Parents, with over 5000 members), and within our research, we have identified that it is the experience of the **majority** of foster carers that their **supporting professionals lack important skills and knowledge around essential issues** such as;

- therapeutic parenting,
- the effects of early life trauma and
- the impact of compassion fatigue

6b) Through our work, I have already implemented successful models around the best ways to identify and manage compassion fatigue. When we offered these solutions through training, we noticed that supporting professionals seemed unable to pause and recognise the scale of the problem we were facing. Similarly, we found many social workers, and especially, managers to be resistant to attending training, mainly due to work load and time constraints.

6c) We discovered in the research that the compassion fatigue scores of carers working for **IFAs were significantly better** than those working for the Local Authority. Our experience as trainers, is that IFAs invest more heavily in training and their staff are more likely to attend. It is very rare for our company to deliver training to a Local Authority where staff also attend, and there is a culture of it being 'for the carers'. (I wrote the book 'Therapeutic Parenting in a Nutshell', at the request of adopters and foster carers, who wanted to be able to give their social worker or child's teacher, information about therapeutic parenting.)

6d) Therapeutic Parenting is a deeply nurturing parenting style, with a foundation of self-awareness and a central core of mentalization, developed from consistent, empathic, insightful responses to a child's distress and behaviours; allowing the child to begin to self-regulate, develop an understanding of their own behaviours and ultimately form secure attachments.

6e) Children who have suffered early life trauma need to be parented therapeutically. Many foster carers do their own research to become effective therapeutic parents and are then frustrated by the lack of acceptance from social workers, therapists and teachers, despite positive results for the child. Many attending relevant training in this are self- funding. There is not sufficient information surrounding therapeutic parenting available to foster carers and/or taken up by supporting professionals within the sector.

6f) Many foster carers report being advised to implement strategies which are not effective for children who have suffered trauma, such as time out and rewards charts. Our company is also heavily involved in providing training in this area for schools.

6g) Our research states; *'Most foster carers felt that the social work professionals supporting them did not generally have the appropriate knowledge and understanding of issues of attachment and trauma, its effects on children and the challenges of caring'*.

7) Many foster carers feel isolated, blamed and judged

7a) Many foster carers report feelings of isolation, blame and judgement. As compassion fatigue is a widespread problem for foster carers, it is also known to be a factor for social workers. When a social worker is faced with the complex problems brought about by early life trauma and attachment difficulties, it is not surprising that they may feel under skilled when dealing with this. There is often a pattern where, rather than offer the foster carer empathy and understanding, the supporting professional, withdraws and blames. This creates a negative downward spiral and effectively closes communication channels. Most children in the care system will have experienced early life trauma, and have resulting attachment difficulties which directly contributes to compassion fatigue.

Attachment difficulties means that the child has significant long term problems.

7b) Our research states *'However, it was rare for the foster carers in this study to feel that they were well supported by their supervising social workers. Instead support came from other professionals and fellow foster carers'*.

7c) This pattern is reported to us throughout all our mediums of contact with foster carers. Foster carers tell us that when they are at crisis point they are often offered ineffective strategies, or blamed for the child's behavioural problems, even though these usually arise from the child's early life trauma. These ineffective or blaming interventions are now proven (through our research) to push a foster carer deeper into compassion fatigue.

7d) Supporting professionals frequently underestimate the extent of the problems presented by the child suffering early life trauma and have unrealistic expectations. It is not uncommon for carers to report being told that the child 'won't remember anything', or an expectation that the majority of the child's problems can be overcome in a relatively short space of time. This is unrealistic, undermining and offensive.

7e) Foster carers need to be shown real empathy and understanding for their task, by **people who understand their issues**. This is often NOT the social worker but a peer mentor or other carer. This is the methodology I used to great effect in my previous IFA. Our research found that many IFAs and local authorities are not skilled in providing this and the peer support offered, often 'misses the mark'.

8) Financial Issues

8a) With the diverse scope of fostering allowances in the industry, it is interesting to note that foster carers in IFAs fared better in our research, and it is often these carers who benefit from heavier investments both in allowances and training.

8b) It is, however, our overwhelming experience, that foster carers' top priority is around quality support and access to effective training both for themselves and their supporting professionals. Foster carers often complain to us that they have to self-fund to complete training which ranges from one day non-profit workshops to our nationally accredited Diploma in Therapeutic Parenting.

9) Recommendations for Action

(NB some of these recommendations are contained within the recommendations from our research into compassion fatigue and fostering).

- More funding to be allocated for foster carers AND supporting professionals to be able to **access relevant and accredited training in therapeutic parenting and compassion fatigue**.
- Central government, IFAs and local authorities must recognise and accept that compassion fatigue **will be present** amongst foster carers
- Local authorities and agencies need to **provide foster carers with information on the symptoms and consequences of compassion fatigue** and useful self-help strategies.
- Foster Carers need to be provided with, and know how to access, **support for compassion fatigue**.
- Central and local government to ensure that staff working with foster carers **undertake training, to secure a good knowledge of compassion fatigue and are therefore able to identify and support** (without judgement) foster carers who are suffering.
- The content of the current 3-day preparation course for foster carers needs to be re-examined to place greater emphasis on the impact of fostering traumatised children, effects of trauma, **including attachment and developmental trauma**, and the resulting need for a therapeutic approach to parenting.

- **Training needs to be developed for social workers and carers on compassion fatigue.** We recommend joint training as both social workers and foster carers may have experienced symptoms and they have much to learn from each other.
- **Further research is needed on 'what works'** to increase compassion satisfaction and reduce compassion fatigue in foster carers.
- The commissioning of inter-agency locally based **and independently run support groups** that promote a safe space for carers.
- **Peer support for foster carers should be actively promoted** and supported within and across fostering agencies in order to provide local informal support that addresses issues of isolation.
- **Greater investment in respite provision** which is creative, relationship-focused and responsive to need, in order to reduce the effects of compassion fatigue. Family and friends who are potential respite carers should be better informed and included in training.

From our research:

In light of the findings from this study, we recommend that the following amendments are made to the Fostering Services: National Minimum Standards (2011):

1. **Standard 13: Recruiting and assessing foster carers who can meet the needs of looked after children.** Standard 13.3 states should be amended in order to explicitly state that the issues carers will encounter occur as a result of their role. We are suggesting that the amendment could read as follows:
Prospective foster carers are prepared to become foster carers in a way which recognises, addresses, and gives practical techniques to manage the issues they are likely to encounter through the demands of the foster carer role and the needs of the children they care for. The preparation should also identify the competencies and strengths they have or need to develop.
2. **Standard 21: Supervision and support of foster carers.** This standard would benefit from the addition of a clause which explicitly requires that support is provided in order to promote and protect foster carers' well-being. As it currently stands, the emphasis is on support being given to foster carers in order to meet children's needs. The additional clause will encourage agencies to include a specific focus on emotional well-being as part of regular support meetings. A great emphasis is also placed on supervision within this standard, rather than recognising and addressing support needs.

Training for FCs, (adopters) and supporting professionals in compassion fatigue and how to overcome it

Training for FCs (adopters) and professionals in therapeutic parenting and for this to contribute to industry wide recognition as the mainstream way children who have suffered early life trauma need to be parented.

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