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‘No-one told us it was going to be like this’:

Compassion fatigue and foster carers.

Dr Heather Ottaway and Professor Julie Selwyn

School for Policy Studies, Hadley Centre for Adoption and Foster Care Studies

CARERS CHILD
FOSTERING SUPPORT
COMPASSION
FATIGUE TRAUMA
FEAR SOCIAL BURN OUT RESPITE
STRESS RELENTLESS
CARE FAMILY GROUPS FRIENDS
PAIN WORK



Acknowledgements

This study was commissioned and funded by Fostering Attachments Ltd. We are particularly grateful to their managing director, Sarah Naish, whose commitment to supporting therapeutic parenting for traumatised children led to this study being commissioned.

We are also grateful to the company's staff who arranged the venues and catering for the focus groups.

We are particularly grateful to the foster carers who gave their time and energy to answer the survey and take part in the focus groups. Their honesty and forthrightness about very difficult and hidden issues in fostering has provided a powerful narrative about the realities of fostering traumatised children.

Our thanks also go to Dr Tabettha Newman of Timmus Limited who designed the survey and Mim Cartwright, our research assistant who attended the focus groups.

Foreword by Sarah Naish

Compassion fatigue is a lonely, desperate place to be. It destroys confidence, relationships and even whole families. How do I know? Well, I have been there.

I have also worked as a trainer with hundreds of parents and carers who have all shared similar experiences with me. I realised that my own experiences of compassion fatigue, (sometimes referred to as 'blocked care' within the sector), was not an unusual one. I decided to incorporate some data and research into our training, and I set about finding out how widespread the problem was. To my surprise, I found a great deal of research into compassion fatigue was available relating to other caring services, i.e. nurses, doctors, social workers, but could find nothing useful relating to fostering or adoption.

The parenting model most widely recognised in relation to caring for traumatised children, is one of 'Therapeutic Parenting' which 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.

Our training in this field naturally brought us into contact with foster carers, adopters, kinship carers, and supporting professionals.

At almost every training event 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.

Through my experiences of running a successful IFA, I already had some ideas about the best ways to identify and manage compassion fatigue, but noticed that supporting professionals seemed unable to pause and recognise the scale of the problem. I felt that the impact of compassion fatigue was so great, that it was essential that evidence based research was conducted. I was therefore delighted when the experienced research team from The Hadley Centre, University of Bristol, agreed to undertake this project with us, and would like to sincerely thank Professor Julie Selwyn and Dr Heather Ottaway for their professionalism and support.

Sarah Naish

Managing Director, Fostering Attachments Ltd provides 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
www.inspiretraininggroup.com



Sarah Naish

Formerly owned and ran an Ofsted 'Outstanding' therapeutic Independent Fostering Agency.

Is an adopter of five siblings, former foster carer & Children and Families social worker

Is an Author of therapeutic parenting books

Runs the international Facebook group 'Therapeutic Parents'

Aims and objectives

This summary reports on a study that aimed to explore:

- a) the presence and experience of compassion fatigue in foster carers in England
- b) the support strategies that carers had found helpful to mitigate the effects of compassion fatigue.

The full report can be found here:

<http://tinyurl.com/gn34fjb>

Background

Children in care often have early adverse life experiences associated with abuse and neglect (Department for Education, 2016).

These experiences, alongside being removed from their birth families and having multiple caregivers can lead to difficulties associated with trauma and loss (Howe, 2009). As a result, looked-after children require a different, therapeutic form of parenting which promotes their developmental recovery from the complex trauma they have experienced (Schofield & Beek, 2009; Hughes & Baylin, 2012; Milot et al., 2015).

Little attention has been given to understanding the impact on foster carers of caring for traumatised children, and none on whether foster carers experience compassion fatigue. This is surprising given the growing literature on the presence and impact of compassion fatigue on other helping professions such as social workers, nurses, fire fighters and humanitarian workers (Stamm, 2016).

What is compassion fatigue?

Compassion fatigue can be experienced by those working in the helping professions, as a response to being exposed to the trauma of people who they are supporting (Figley, 1995).

It describes 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 (e.g. Alper & Howe, 2015). Blocked care is used to describe parent's emotional, physical and biological responses to children's insecure attachment behaviours resulting in parents no longer able to make a healthy connection to the child. The term compassion fatigue encompasses not just the direct effect of helping or caring in a stressful situation but also the interaction with job satisfaction and the quality of support a person receives. Therefore, in this study we have used the concept of compassion fatigue rather than blocked care.

Compassion fatigue has long been recognised as affecting the performance of the police force, fire officers, hospital staff, mental health professionals and social workers, but it has received little attention in respect of foster carers. An on-line resource (<http://www.proqol.org/Bibliography.html>) contains over 2,000 articles on compassion fatigue of which only two small studies include foster carers.

It is surprising that so little attention has been paid to the presence of compassion fatigue amongst foster carers. The fostering task requires carers who can become 'therapeutic parents' to looked-after children in a way that promotes the child's developmental recovery often after abuse, neglect and trauma. Unlike other professions, a foster carer's home is also their place of work with respite from the demanding task of caring for looked after children difficult to achieve. Carers live with, experience, and listen to children's accounts of maltreatment. It is demanding work.

Compassion fatigue is widely understood to have three separate but related dimensions: **burnout, secondary traumatic stress** and **compassion satisfaction** (Stamm, 2010).

Burnout

Burnout can be described as feelings of physical and emotional exhaustion. Symptoms include anger, frustration, hopelessness, depression and feeling inefficient in your job.

Secondary traumatic stress

Secondary traumatic stress develops when an individual hears about the trauma of others and is directly affected. Symptoms are similar to post traumatic stress disorder experiencing intrusive images, sleep difficulties, problems with concentration, irritability and anger.

Compassion satisfaction

Compassion satisfaction is the pleasure carers get from their work in terms of feeling satisfied with the job and also satisfaction from the helping itself. Compassion satisfaction is believed to moderate the effects of burnout and secondary traumatic stress.

Method

This study used a mixed methods approach to investigate the prevalence and experience of compassion fatigue in approved foster carers in England.

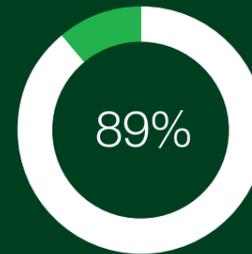
There were two elements: an online survey of foster carers followed by focus groups.

The online-survey (n=546)

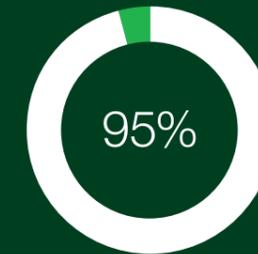
The survey included two measures; the widely used Professional Quality of Life (ProQOL) and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). The ProQOL measures levels of compassion satisfaction, burnout and secondary traumatic stress. The WEMWBS is a validated measure of mental well-being. Together, these measures provided information about the presence of compassion fatigue and compassion satisfaction in foster carers and their general mental well-being. The survey was widely publicised by fostering agencies and through social media (Facebook and Twitter).

Focus groups (n=23)

Four focus groups were held in four English counties in urban and rural areas. Five or six foster carers attended each group. Carers were selected from those who had completed the survey and had given their consent to be contacted. The groups were asked to consider a) the day-to-day experience of caring for traumatised children b) how compassion fatigue affected their ability to be therapeutic parents c) carer's support needs and the support they received from professionals and peers. Three male and 20 female foster carers attended: 11 were local authority (LA) carers, 10 were from independent fostering agencies (IFA) and 2 were from voluntary agencies. Most carers were very experienced, with over 5 years' fostering experience, although a small number had been fostering for less time. Their placement profile ranged from emergency/ short term, respite, parent and child, to long-term placements. Most carers currently had children in placement.



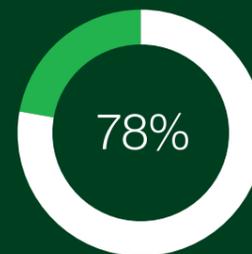
89% Female
11% Male



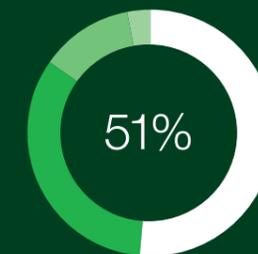
95% white ethnicity
5% minority ethnicity



90% were over 40
10% under 40



78% had a partner
22% were single



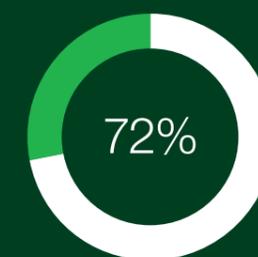
51% were caring for 1 child
33% had 2 foster children
12% had 3 foster children
3% had 4 or 5 foster children



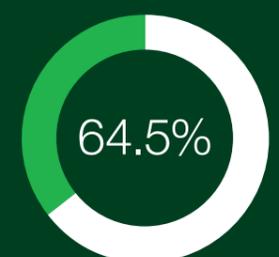
39% had birth children
61% Did not have birth children



13% had adopted children living in the household



72% worked solely in the home



64.5% work for an independent fostering agency (IFA)
35.5% work for a local authority (LA)

Findings from the survey

Analysis of the survey found that in comparison with people working in other stressful helping professions, foster carers had slightly higher levels of burn out, lower levels of compassion satisfaction and similar levels of secondary traumatic stress.

Figure 1 illustrates the scores on each of the three scales. In other stressful helping professions 25% would have scores indicating no cause for concern, 50% would have moderate symptoms and 25% would have scores in the highest range indicating major concerns.

- There were no statistical differences on any of the three scales by gender, by ethnicity or whether the carer was single or had a partner or if the carer had birth children living at home.
- There were no statistical differences in the compassion satisfaction or STS scales by the age of the foster carers. However, the older carers (60 years plus) were less likely to be showing symptoms of burnout in comparison with younger carers. This may be because older carers who were still fostering were more resilient and those most affected by burnout had stopped fostering.

- Length of time working as a foster carer was correlated with the secondary traumatic stress scale (STS). Carers who had been a foster carer for 8 or more years were more likely to have high scores.
- From the three scales, Stamm (2010) identified five combinations of scores (profiles) that are typically seen in the helping professions. The scores of foster carers did not fit easily into the profiles.
- The survey also asked about carer's well-being using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The general population mean score is about 51 (Health Survey of England 2011). In this sample of foster carers the mean score was lower at 47.8.
- More than one in four foster carers had low well-being, suggesting that if they visited their GP they would receive further assessment and treatment for depression or anxiety (Figure 2).
- There was a statistical association between the ProQOL measure and having low well-being scores. The carers with concerning scores on:
 - the burn out scale were 17 times more likely to have low well-being.
 - the compassion satisfaction scale were 15 times more likely to have low well-being.
 - the STS scale were 5 times more likely to have low well-being

• The type of agency was associated with scores on all three scales. A comparison of means found that the scores of IFA carers on the compassion satisfaction scale were significantly higher and scores on the burnout and secondary trauma scale were significantly lower compared to carers working for a LA. The effect size was very large for the compassion satisfaction scale ($r=.996$) but a small effect size for burnout and STS ($r=.210$). **This suggests that the agency had a key role in enabling carers to remain committed to fostering and enjoying their work.**

Figure 1

Foster carer's scores on the three scales of the ProQol (n=546)

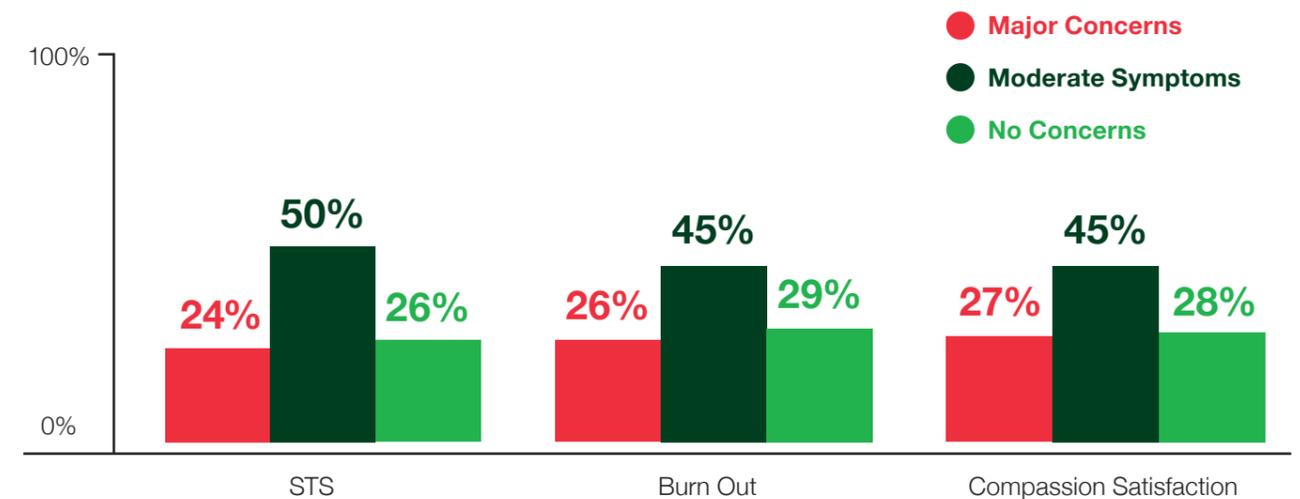
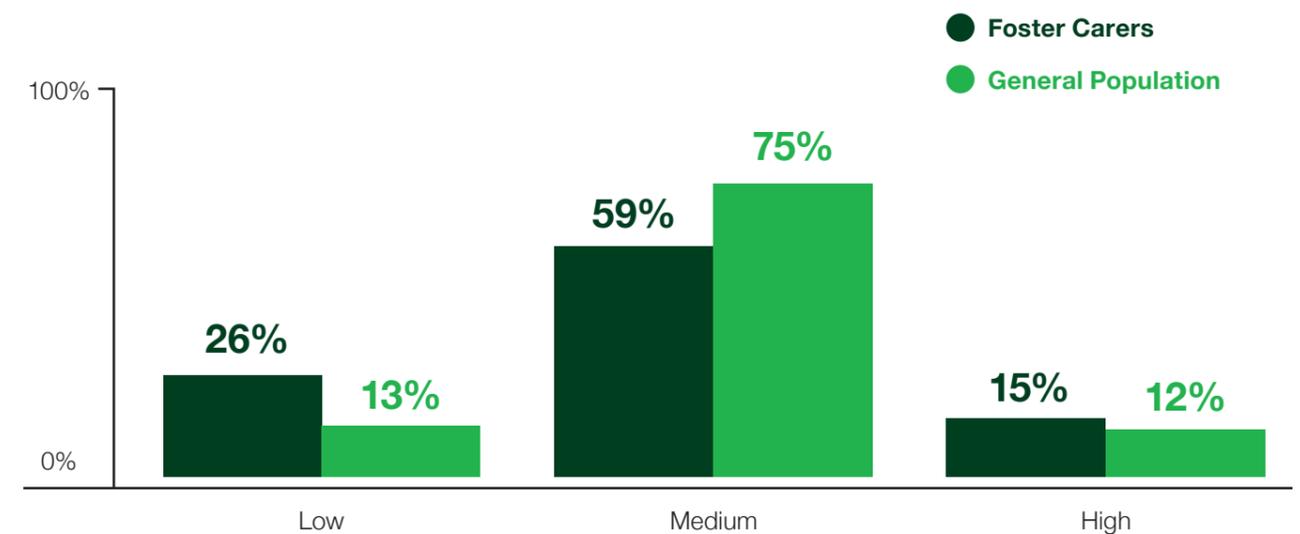


Figure 2

A comparison of foster carer's well-being with adults (age 35-54yrs) in the general population



Focus group findings

Carers who attended the focus groups commented on the effects of compassion fatigue.

Effects were described as sometimes severe, having a negative impact on: the quality of care provided to children, the stability and continuity of placements, foster carers' mental and physical well-being and carer retention.

The experience of being in compassion fatigue meant that carers felt that at times they had shut down their own emotions so that they could simply get through each day. As a result, they thought they had responded less sensitively to the children in their care, and many described themselves as only able to meet the child's basic needs. Carers said:

I've been there with children when you're just meeting the basic needs, and you're doing what you think they need, but you've took on their trauma, and actually you can't cope with that as well as looking after this person, so we've put a lid on it. We can't take any more in that glass, so you literally are protecting yourself.

I was literally yawning all the way up here. I had a good night's sleep last night, but I'm just exhausted, emotionally exhausted, and that's quite a biggie. I feel like a punch bag and there's no stuffing left.

It's very hard when you're talking to a social worker about the reasons a placement is going to break.

You give these reasons, and they look at you and say 'Oh that's not a big thing, and that's not a big thing', and you just think but you don't understand! This is relentless ... it's 300 small things.

The carers' experience of secondary traumatic stress paints a concerning picture for those who experienced it. Symptoms reported included anxiety, fear, panic attacks, heightened emotions such as frequent crying and anger, and a re-experiencing of previous trauma in the carers' own lives:

Have you ever woken in the morning and thought 'I can't do this again'? ... I even had one morning where I got out of bed, got into the shower, and it must have been about half five in the morning, because I wanted to bawl my eyes out in the shower with no-one banging on the door, because I was still sad about the child's history.

Compassion satisfaction appeared to moderate some of the effects of compassion fatigue. Satisfaction with being a foster carer was gained from having a commitment to and love for the child, and seeing a child's progress, however small. Carers said:

You've got to look for the little things. One little child was probably with us six months before they smiled, and it was just like the sun came out. Because sometimes it's hard, very hard, and you've got to look for the little things that make you think it's worth carrying on.

The one person I keep going for is her ... I love her and that's what makes it worthwhile. Looking after her it's 95% hard work and 5% reward, but that 5% reward makes every day that's hard worthwhile.

It's very hard when you're talking to a social worker about the reasons a placement is going to break.

You give these reasons, and they look at you and say 'Oh that's not a big thing, and that's not a big thing', and you just think but you don't understand! This is relentless ... it's 300 small things.

High quality support from knowledgeable professionals was also said to contribute to compassion satisfaction. However, it was rare for the foster carers in this study to feel that they were well supported by their supervising social workers or the children's social workers. Instead, support came from other professionals and fellow foster carers.

Within the focus groups, many of the foster carers spoke of the direct primary trauma they experienced as a result of fostering. Primary trauma occurred from physical assaults on themselves and family members (including their own children), assaults on family pets, and emotional/ psychological abuse.

The literature on compassion fatigue in stressful helping professions notes that primary trauma should be addressed first in order for interventions that target compassion fatigue to be effective (Figley, 2002).

However, for foster carers and their families, who are unable to remove themselves from the source of the primary trauma, this is not a realistic possibility as their home is also their workplace. It is inevitable that there will be occasions when primary trauma is present for foster carers, alongside secondary trauma and/or burnout, given the complex needs of the children they care for and the challenges they can present. The support provided to foster carers should therefore acknowledge this reality and take account of it.

Impact of fostering on day-to-day life

Carers reported that fostering had an impact on carers' lives in a range of different ways.

Foster carers spoke of the relentlessness of the daily caring task as a result of working hard to meet children's complex needs, leading to a lack of physical and emotional space in their lives. Carers spoke of feeling exhausted, ground down and burnt out:

Some of them they're like limpets, you can't prise them off. I have literally said I'm going to the toilet, and they have been stood outside the bathroom window talking to me, and I was like 'For God's sake, I can't even go to the loo in peace!'

It was almost Groundhog Day every day.

Many foster carers commented on the detrimental effect fostering had on friendships and social activities. Carers stated that there had been a reduction in friendship networks and in the amount of time they spent socialising because of exhaustion and/or concerns from others about the fostered children's behaviour, particularly in public. Carers spoke of feeling lonely and isolated:

It does make it very difficult. We've lost friends over looking after this child. People were pulling away, and it's really hard because you do feel very isolated, and we don't have any other carers within our local area.

In particular, carers said that changes in support networks should be anticipated and explained by the social worker during the preparation and home study process.

Family life was also tested to the limits on occasions, with considerable stress being placed on couple relationships and the well-being of other children in the household being affected. Where foster carers had good support networks they were highly valued and nurtured, and some friends provided much-needed opportunities for the carer to have a break away from the demands of caring.

However, the chance to rest and recharge – something recognised as vital to address compassion fatigue in other stressful helping professions (Stamm, 2010), was rarely available when carers needed it most. Carers often had to book and take a break to suit administrative purposes rather than when it was needed.

Financial pressures were a source of worry for a number of the foster carers, particularly where agencies required one person to be at home full-time. The foster carers were at great pains to emphasise that they were fostering because they were committed to the children they cared for. However, the lack of a guaranteed income led to foster carers sometimes accepting placements, because of needing to make mortgage payments etc., when they knew it may not be the right thing for themselves or other children in placement.

Accepting inappropriate placements was especially the case for those single foster carers who were required to be at home full-time. The foster carers also reflected on the view that some carers 'do it for the money'. As one foster carer stated:

There are people out there who think we shouldn't be paid at all. I'd love them to come and live my life for a week! We don't do it for the money ... We'd be absolute fools to do it for the money! I don't get weekends off, don't get annual leave ... I love my foster children, and that's what makes it worthwhile.

It was almost Groundhog Day every day.

Support for foster carers

The support received from social workers and their agencies strongly influenced how carers felt about fostering. While a few carers talked about the excellent support they were receiving, the majority spoke about a lack of support.

Some foster carers blamed 'the system', describing the care system as broken and dysfunctional with social workers not having enough time to listen or support because of high caseloads, financial cuts and lack of experience. Several commented on the high turnover of social work staff:

The system currently does not allow enough time for social workers to support either carers or looked after children properly ... Most of the social workers I have met are good people committed to the children they work with but the system is overstressed, inefficient and clearly underfunded.

Foster carers also attributed lack of support to individual social workers' lack of respect and empathy, which resulted in the carers not being trusted, their expertise being ignored and a lack of partnership working. Many foster carers also talked about social workers wanting to 'solve' problems rather than simply listening and being empathic, and this is not what they needed:

I would just like the social worker to say, 'It must be really hard to look after these children'.

Some foster carers felt judged and blamed by social workers for the difficulties they experienced in caring for traumatised children. Feeling judged led to a reluctance to ask for help and concerns from carers that if they were honest about the way they were feeling they might get de-registered. Lack of support is likely to have contributed to the moderate to high levels of burnout and secondary traumatic stress, and moderate to low levels of compassion satisfaction which many foster carers reported.

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. As a result, the support provided did not meet their needs. Carers said:

The total lack of understanding of the most basic rudiments of attachment theory displayed by my supervising social worker ... has completely put me off attempting to access [support].

The social workers and their lack of understanding/ training cause me far more problems than the children I care for.

Difficulties were also reported in physically accessing support groups, and confidentiality rules used in a way that prevented foster carers sharing their experiences and gaining support:

The support groups aren't what they used to be. We're now having to sign confidentiality sheets saying we can't discuss our children within this setting ... Even if we don't use names, we should be able to talk freely about the problems we're having.

There was a diversity of views about the purpose and role of support groups, which suggests that independently run groups with a more flexible approach would be preferable.

One of the most important forms of support, perceived by carers as under-recognised, viewed with suspicion by social workers and insufficiently utilised by agencies, was that received from fellow foster carers. Carers repeatedly commented that the mutual understanding of the fostering task led to feelings of greater support without feeling judged:

It's like having a sounding board ... and we sit and cry sometimes because we've had really bad weeks. We all understand each other and we've all been there ... I could not pick up the phone to my supervising social worker because I would feel judged, or I would feel like a failure.

More opportunities for informal peer support were particularly recommended by the foster carers. Peers could mentor and were also an excellent way to offload and gain support from one another without any expectation of a 'quick fix'. Foster carers reported that buddying schemes were under-utilised, usually because of a lack of facilitation by the agencies.

Foster carers were clear that the challenges of caring for traumatised children meant that they needed to be supported to have breaks in order to rest and recharge their batteries. Having respite gave carers the opportunity to stand back and regain perspective. However, they wanted respite to be relationship-based and child centred using carers who the child knew. Instead carers thought that respite did not take

into account the needs of traumatised children and children were placed with strangers. Respite also lacked flexibility with blanket policies of minimum and maximum periods of respite, which was not responsive to individual needs. Many carers also said they would simply appreciate a regular few hours off each week.

Foster carers were more positive about respite care when they could work with the same respite carer over time. Informal arrangements could be put in place to allow visits until the child felt comfortable and safe. Only at that point were suggestions made to the child about staying with the respite carer.

There were also many instances of respite being seen as the carers not coping (often from LA carers), and they felt judged and blamed for this. Behind this, the carers felt that there was a fundamental lack of understanding about the realities of fostering traumatised children, which meant that either the need for respite was not supported, or a flexible understanding of respite was not prioritised.

Almost without exception, the foster carers in the focus groups felt that they had not been adequately prepared during the three-day preparation programme and their home study. As one carer said,

'fostering is about normalising the most extreme behaviours and pretending it's a normal life, and it just isn't a normal life at all really'.

Another said,

'No-one told us it was going to be like this'.

Conclusions

This study has provided significant insights into what day-to-day life is like for those fostering traumatised children.

It has identified that compassion fatigue is present for a substantial minority of foster carers, and some of the ways in which it has an impact on them. Research with stressful helping professions has underlined the importance of providing support, which recognises the presence of compassion fatigue, and acts to moderate its effects (Cocker and Joss, 2016). It is therefore vital to begin to re-conceptualise the support foster carers require in the light of this.

Creating a safe space for carers to process the child's and their own trauma, and to offload about difficult issues without the threat of judgement or sanction, is also vital. This safe space is needed within the context of support groups, active promotion of informal peer support and in the supervision and support received from professionals. Without this, carers will risk continuing to be and feel judged and blamed for their own difficulties, and those of the children they care for, and their needs will continue to go unrecognised.

A lack of separation between the home and work environment in fostering means that creating some physical and emotional space is challenging, particularly when considered alongside the reduction in support networks which many carers experienced as a result of fostering. A reconceptualisation of respite is therefore required, where carers can be afforded some 'time out' on a flexible basis, and in a child-centred way, in order to reduce symptoms of compassion fatigue.

In order for foster carers to be able to receive appropriate support, those supporting them need to have an understanding of:

1. the effects of trauma and attachment difficulties on children and young people
2. the challenges these issues can bring for those caring for these children
3. the impact of the fostering task on foster carers.
4. symptoms of compassion fatigue
5. how to reduce compassion fatigue and increase compassion satisfaction

Recommendations

- Recognition and acceptance by fostering agencies that compassion fatigue will be present amongst foster carers
 - Agencies should provide carers with information on the symptoms and consequences of compassion fatigue and useful self-help strategies. Carers also need to know how to access support for compassion fatigue.
 - Agencies should ensure that their staff have a good knowledge of compassion fatigue and are able to identify and support (without judgement) foster carers who are suffering.
 - The content of the 3-day preparation course for foster carers needs to be re-examined to place greater emphasis on the impact of fostering traumatised children and the 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.
 - Consideration should be given to reviewing the remuneration of foster carers and their conditions of service.
 - 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.
- 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 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.

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