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Holding compassion in the fostering role

A Thematic Analysis of foster carers' views and experiences

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Holding compassion in the fostering role:
A Thematic Analysis of foster carers' views and
experiences

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North Wales Clinical Psychology Programme

Thesis submitted in partial fulfilment of the
Doctorate of Clinical Psychology

August 2018

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Thesis Abstract

This thesis explored carers' experiences of holding compassion in the fostering role.

A systematic literature review provided a synthesis of carers' perceptions and experiences of successful fostering. This identified that successful fostering was conceptualised in different ways by carers, including the emotional bonds they formed with children, and their ability to manage relationships with professional support systems and use informal supports. It also considered how different strengths supported carers' resilience. The review concluded that future research is needed to examine how these different processes combine in successful fostering.

The empirical paper used thematic analysis to explore carers' experiences of holding compassion in their role. Semi-structured interviews were conducted with ten carers and the analysis identified three overarching themes which related to carers experiences of compassion satisfaction, or were perceived to contribute to, and alleviate compassion fatigue. The findings identified the importance of support from professional systems for sustaining carers' compassion in fostering, and a need for future research to evaluate different models of supporting carers.

The final paper discussed clinical practice implications which were highlighted in the first two papers and considered how specialist clinical psychology input could complement existing services in promoting carers' capacity for providing compassionate "therapeutic parenting" to traumatised children. The paper ends with the author's personal reflections about conducting this research.

Chapter 1

Literature Review

A Systematic Review of foster carers' perceptions and experiences of successful fostering

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The authors declare that there is no conflict of interests.

Abstract

In the absence of previous literature reviews of this topic, this study provided a unique systematic review of carers' perceptions and experiences of successful fostering. Searches of the PsychINFO and Social Care Online electronic databases resulted in 299 papers being identified. These were included if they were peer reviewed journal articles that used a primarily qualitative methodology, and participants were paid foster carers who were not related to the children they provided care for (non-kinship carers). Studies were excluded if they employed a primarily quantitative methodology, used kinship carers who were related to the children they cared for, or lacked specific relevance to the research topic.

Ten studies were finally included in this review. These addressed four broadly distinct conceptual areas; carers' beliefs about what constitutes successful fostering, carers' perceptions of different factors needed for successful fostering, managing complex professional support systems and relationships with professionals, and resilience processes in successful fostering. A narrative synthesis of the different papers found that carers conceptualised successful fostering in multiple ways, and in terms of different processes. These included forming attachments with and family belonging in children, using informal supports and managing relationships with professional support systems, and utilising different strengths to maintain resilience for coping with different stages of fostering.

Further research is needed to develop more understanding of these different processes and how the relationships between these operate in successful fostering.

Introduction

The challenges of foster parenting are considerable and typically surpass those of parenting children in conventional birth family contexts (Murray, Tarren-Sweeney and France, 2011). Golding (2003) estimated that 90% of looked after children have experienced past neglect or abuse, and children in the care system have a higher prevalence of physical and developmental health difficulties compared to their peers in the general population (Nathanson and Tzioumi, 2007).

Experiences of early adversity are thought to contribute to higher levels of emotional disturbance in children in public care, and are compounded by losses that these children experience in being separated from their birth families, and subsequent instability of care placements (Schoore, 1994). Schoore suggested that these experiences can have a lasting effect upon individuals' abilities to form stable relationships with others and impact upon mental health difficulties in adulthood.

There is increasing recognition of the psychological vulnerability of looked after children and the poor outcomes that they can experience as they transition into their adult lives. Young people leaving care in the United Kingdom are over-represented in wider populations of those who are drug users, involved with the criminal justice system, or who are "NEET" (not in education, employment or training), (DfES, 2007).

Stein's research (2005) indicated that outcomes for care leavers are mediated to some extent, by their previous experiences of care placements. Stein found that adolescents who had more stable experiences of foster care, were more able to maintain their own accommodation and employment/training placements, than peers who had experienced greater disruption of foster placements.

Concerns about the instability of foster placements are longstanding. Shaw (1998) reported that 25% of children had experienced eleven or more foster placements. A previous literature review by Blythe, Wilkes and Halcomb (2014), indicated that carers' difficulties in

sustaining foster placements are impacted by experiences of managing children's challenging behaviours, and often compounded by difficult relationships with professional support services.

Whilst these challenging behaviours are functional from an attachment perspective for coping with early aversive environments (Morgan and Baron, 2011), when children utilise these as "survival strategies" to manage new experiences of being placed with foster carers, this can compromise their ability to form attachments, leading to carers feeling and becoming rejected (Schofield and Beek, 2005).

Past research has examined how managing these challenging behaviours can impact upon foster carers wellbeing and capacity to sustain placements. Morgan and Baron (Ibid) found a significant association between the levels of challenging behaviour young people exhibited and the levels of stress, anxiety and depression that foster carers reported.

The National Institute for Health and Clinical Excellence (NICE, 2010) suggested that repeated placement moves for looked after children are an indicator of emotional harm, which negatively impacts upon children's identity and self-esteem. Placement stability is generally regarded as being a key marker of the success of fostering (Randle, 2013), providing children with a sense of "permanence" and a foundation for overcoming adverse early relational experiences by forming more secure attachments with foster carers (Boddy, 2013),

It is important to note however, that placement stability and duration does not necessarily reflect the quality of children's experiences when living in foster care (NICE, Ibid).

Participants in Randle's (Ibid) research with young adults who had previously been in foster placements, reported that they perceived these had been successful when they had felt they were "loved", "wanted", "listened to" and "safe". These participants also formed positive relationships with carers who they felt had characteristics of being "honest", "fun-loving" and "good listeners".

There is a gap in knowledge concerning foster carers views of, and experiences of successful fostering. The existing research has predominantly focused upon factors that inhibit carers' abilities to sustain the emotional challenges of fostering, overlooking those which enable carers to effectively manage these demands. The focus of this literature review is therefore to identify, appraise and synthesise current literature which has examined carers' perceptions and experiences of successful fostering.

Methods

Search process

The literature search aimed to identify a body of research that examined different aspects of successful fostering from the foster carer perspective. This included literature relating to carers' perceptions of what factors were thought to be key for enabling successful fostering, carers' experiences and views of providing placements that had been perceived as being successful, and papers that explored how carers effectively coped with the demands of their role or successfully managed the challenges of fostering.

An online search of the electronic databases PsychINFO and Social Care Online was conducted, searching from 1982 to April 2018. The following search terms, and their Boolean Operators were used; foster parent* OR foster caring OR foster carer*, in the title, AND resilience OR self-efficacy OR well-being OR coping OR success in all fields.

The search yielded 299 articles. All titles and their abstracts were evaluated using the inclusion/exclusion criteria.

Inclusion criteria

- Peer reviewed Journal articles

- Participants who were currently or previously employed as paid foster carers, and who were not related to the children they cared for.
- Studies using a primarily qualitative methodology.

(The review was primarily focused on examining foster carers' perceptions and lived experiences of successful fostering.).

Exclusion criteria

- Books or book chapters.
- Studies using a primarily quantitative methodology.
- Studies that included carers who were related to the children they cared for (kinship carers).
- Duplicate papers.

Following removal of duplicate papers and the application of inclusion/exclusion criteria, twenty articles were identified as being potentially suitable for the review. The lead researcher obtained and read full text versions of these articles. Following this, ten articles were excluded as they were deemed to be lacking relevance to the topic informing the review. Figure 1 provides a flowchart of the retrieval process for identifying the included papers.

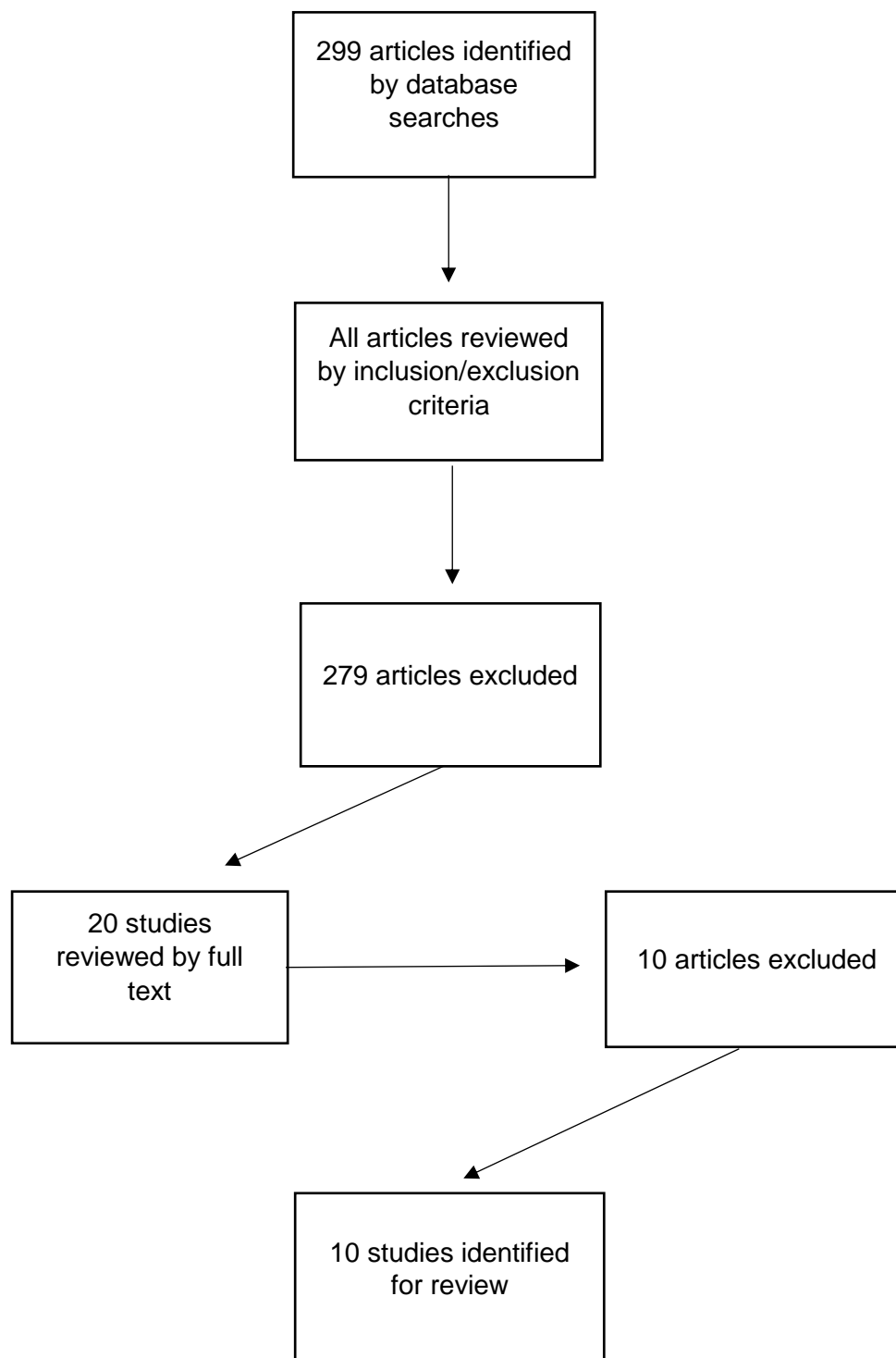


Figure 1. Flowchart of retrieval process for included studies

Summary of included papers

The papers reviewed included five studies from America, three from the United Kingdom and two from Canada. Combined these papers represented the views and experiences of 231 foster carers, with the number of participants in different studies ranging from 8 to 63.

There was however some ambiguity regarding participant numbers in Lietz et al's study.

The authors reported that their participants were from seven single-parent households and thirteen two-parent households, but did not specify the total number of carers who participated from the two-parent households. This study also provided secondary data for the studies of Piel et al and Geiger et al.

There was also inconsistent reporting of participants' demographic details in some of the other studies. Information about gender was only provided for 162 participants, of whom 120 were female and 42 were male. There were also inconsistencies in the information that papers provided about participants' ethnicity and the length of their fostering experience.

Three studies did not provide any information about participants' ethnicity. Whilst seven studies used carers who had two or more years fostering experience, in others there was significant variation in participants' length of fostering experience and also the different types of placements which they provided.

In terms of the different methodological approaches that were used, two studies employed concept mapping using multidimensional scaling and cluster analysis procedures, and two used Interpretative Phenomenological Analysis. Thematic Analysis and Grounded Theory approaches were used for two other studies. Of the remaining studies, two analysed data through a template approach that was applied to a specific model of family resilience, and one study considered data from the perspective of ecological systems theory. Buehler, Cox and Cuddeback's study did not report a specific methodological approach.

The different studies also employed a variety of methods to collect participant data. These included telephone interviews, semi-structured and narrative interviews. The foster carers in Cooley et al's study completed an internet online survey, or participated in face to face interviews.

Quality appraisal

A qualitative checklist from the Critical Applied Skills Programme (CASP, 2018) was used to appraise the credibility and methodological rigour of included studies. This tool provided a framework for systematically examining different aspects of the studies. These included; the clarity and relevance of study aims, appropriateness of the research design and recruitment strategies used, and researchers' attention to their relationships with participants and their own potential bias. The tool also scrutinised how well ethical issues were addressed, the rigour of data analysis procedures, and the clarity and value of findings.

Whilst CASP does not recommend a specific system for scoring how well studies rate against these different domains, the primary author adopted a system for doing this. For each of the ten different domains, papers were scored from zero to two points, providing a maximum possible total of twenty points. Two points were given if study was considered to have fully met the specific domain. One point was given if this was partly met, and zero points were awarded if a study failed to meet a specific domain.

It is important to note the primary author's subjectivity in appraising these studies. It was however felt appropriate to use the tool, as this was considered to provide a means for enabling rigorous and systematic comparison of the different studies. Table 1 summarises the individual studies included in this review, and their key findings and limitations. The table also provides a total quality rating for each of the studies, based upon the primary author's appraisal of these.

There was limited variation in the range of quality rating scores, with the lowest rated paper being given a score of 13 out of 20., and the highest rated score being awarded 18 out of 20. All papers were assessed as being in the range of medium to high quality by the primary author using the CASP tool.

Study	Quality rating (out of 20)	Aims	Methods & methodology	Participants	Key findings	Limitations
Brown (2008) Can	15	To understand foster parents perceptions of what factors are needed for successful placements	Telephone interviews Concept mapping using multidimensional scaling and cluster analysis procedures	63 foster parents from one Canadian province. 20 male 43 female	8 clusters of factors identified. 1, Personality & skills of carers 2, Information about child 3, Positive relationships with fostering services – having respect, support and input in case planning. 4, Need for personalised support services. 5, Access to training, information, and services for child including mental health services. 6, Having networks with other foster carers. 7, Support from extended family. 8, Self care – Need for stress management Techniques.	Limited discussion/justification of research design. Lack of information about relevance and importance of the research. Minimal information provided about participant demographics. No reflexive discussion of researcher position/potential bias.
Brown and Campbell (2006) Can	14	To understand foster parents perceptions of what constitutes success in fostering.	Telephone interviews Concept mapping using multidimensional scaling and cluster analysis procedures	Randomised sample of 61 foster parents from one Canadian province. 10 male, 51 female	6 clusters of factors identified. 1, Security for child – (supporting child's emotional well-being). 2, Family connects – (child accepted by extended family, trusting relationships formed between carer and child). 3, Good relationships – (with foster child and positive communication with child's birth family). 4, Positive family change – (eg greater cooperation, respect for different values). 5, Seamless agency involvement (fostering services provide support during placement transitions). 6, Child grows – (positive outcomes for child. feeling loved, developing new values).	Limitations of study not discussed/acknowledged.. Limited discussion/justification of research design. Lack of information about relevance and importance of the research. Minimal information provided about participant demographics. No reflexive discussion of researcher position/potential bias.

Table1

Study	Quality rating (out of 20)	Aims	Methods & methodology	Participants	Key findings	Limitations
Buehler et al (2003) USA	14	To understand foster parents perceptions of parental and familial factors that promote or inhibit successful fostering	Interviews using schedule based upon family strengths perspective. Analysis to code responses into 4 pre-determined categories: 1, Rewards 2, Stressors 3, Factors that promote successful fostering. 4, Factors that inhibit successful fostering.	Randomised sample of 22 foster parents from one state in USA. 8 male, 14 female. Experience – 1 to 90 placements. 2 carers African American. 12 carers European American	Rewards – 8 themes - (making a difference, providing child with new life and opportunities). Stressors – 13 themes (not feeling valued to or listened to by the system). Promoting factors – 36 themes (skills and attributes – tolerance, concern for child, faith, positive relationships between carers in couples, flexible and responsiveness to child's needs). Inhibiting factors – 13 themes (non child centred motivations for fostering, inflexibility, competing demands for parents time).	Ethical issues not addressed/considered. No reflexive discussion of researcher position/potential bias. Generalisability issues – participants from one state.
Cooley et al (2017) USA	16	To examine current and previous foster carers experiences of the child welfare system, to understand these and their perceptions of system changes needed - particularly in relation to resilience	Face-to-face interviews or over the phone interviews. Online survey. Thematic analysis used for data analysis.	39 foster parents. 9 completed phone or face to face interviews. 30 completed Internet surveys	3 overarching themes identified. 1, Concerns about the complexity of the child welfare system – (perceived as complicated lacking clear communication and overloaded) 2, Similarity between personal experiences highlighting complexity of system. Positive experiences versus feeling overwhelmed and overlooked. Fostering changes lives. Attachment to children and painful losses when children leave. Barriers - needing respite breaks or longer breaks between placements. 3, Means of successfully navigating complex experiences within the child welfare system: Learning from training - . Learning from personal experience - trial by fire, learning by "doing". Learning from others - expertise of professionals	Minimal information provided about participant demographics. Potential response bias of participants recruited. Internet surveys limited participants' scope for providing more extensive responses.

Table 1

Study	Quality rating (out of 20)	Aims	Methods & methodology	Participants	Key findings	Limitations
Geiger et al (2016) USA	17	To understand how empathy is manifested in successful foster parents and the foster carers perceptions of how empathy contributes to their resilience.	A mixed methods sequential explanatory design was used to purposively sample 20 foster families, who had fostered for over five years, and rated in the healthy range of family functioning (using the Family Assessment Device). Semi-structured interviews. Data analysis using the template method..	20 foster families. 13 two-parent households, 7 single-parent households. 12 families identified as multiracial, 6 as Caucasian, 2 - not identified.	Empathy contributed to resilience in three ways. 1, Empathy for the child – (understanding the child's trauma history and its impact on child's feelings thoughts and behaviours – enables carers to be more accepting of behaviours). 2, Empathy for the birth family - (improves relationships between carers and birth family, also enhances shared parenting and eases transitions for foster children). 3, Empathy for the child welfare workers - (acknowledgement of the challenges that workers face). Fostering also cultivates greater empathy in carers own birth children.	Used secondary recoded data from original study of Lietz et al (2016) No reflexive discussion of researcher position/potential bias. No discussion of data saturation issues.
Piel et al (2017) USA	16	To understand how resilient foster families have been able to overcome challenges associated with fostering, by using their different support systems.	A mixed methods sequential explanatory design was used to purposively sample 20 foster families, who had fostered for over five years, and rated in the healthy range of family functioning (using the Family Assessment Device). Semi-structured interviews. Coding of all data which had been coded as "social support" in previous study Data considered from the lens of ecological systems theory	20 foster families. 13 two-parent households, 7 single-parent households. 12 families identified as multiracial, 6 as Caucasian, 2 - not identified.	Families access social support at different system levels, contributing to their resilience in fostering. At micro-level reciprocal transactions with other carers and work colleagues, and practical help from friends, are important in sustaining foster families resilience. At meso-level (community, organisations) the authors found the importance of carers accessing support from fostering workers and other foster carers. At macro level (wider society) carers were able to navigate complex child welfare systems, recognising that these wider systems are under resourced and overwhelmed.	Used secondary data from original study of Lietz et al (2016). No reflexive discussion of researcher position/potential bias. No discussion of data saturation issues.

Table 1

Study	Quality rating (out of 20)	Aims	Methods & methodology	Participants	Key findings	Limitations
Lietz et al (2016) USA	15	To understand how the adaptational process model of family resilience can explain how families successfully overcome stressors associated with fostering.	A mixed methods sequential explanatory design was used to purposively sample 20 foster families, who had fostered for over five years, and rated in the healthy range of family functioning (using the Family Assessment Device). Narrative interviews. Thematic analysis of data using the template method	20 foster families. 13 two-parent households, 7 single-parent households. 12 families identified as multiracial, 6 as Caucasian, 2 - not identified.	7 themes concerning challenges of fostering. 1, Navigating a complex child welfare system. 2, Experiencing difficult emotions relating to placement transitions. 3, Obtaining support services for children. 4, Managing challenging behaviours. 5, Feeling devalued or misunderstood. 6, Lacking information to provide adequate care. 7, Adapting to a busy, overwhelming schedule. The authors propose 5 different phases of foster carers' resilience, which support the adaptational process model of family resilience.	No reflexive discussion of researcher position/potential bias. No discussion of data saturation issues. Ethical issues not addressed/considered.
Maclay et al (2006) UK	13	To explore the relationship between foster carers and social workers, to understand the dynamics that can evolve between them over time.	Semi-structured interviews. Data analysis using Interpretative Phenomenological Analysis.	9 foster carers. 8 female, 1 male - from the same local authority fostering service. All were White UK ethnicity. Age range-early 30s to mid 50's. Experience – 2 to 20 years. Providing different types of placements	4 main themes identified: 1, Foster carers often feel undervalued and misunderstood. 2, Independent networks provide a survival mechanism. 3, Foster carers become more assertive with social workers over time. 4, Some carers become embroiled in conflictual relationships with social workers, others are able to successfully manage the system. The authors proposed a model of support and cooperation for reducing conflict between foster carers and social workers	Small sample size. Generalisability issues – participants from one local authority. No reflexive discussion of researcher position/potential bias. Limited details about analysis process. Limited information provided about interview questions/topic guide.

Table 1

Study	Quality rating (out of 20)	Aims	Methods & methodology	Participants	Key findings	Limitations
Oke et al (2011) UK	18	To explore perceptions and experiences of family, belonging and commitment in foster carers who has successfully provided placements for young people who were not expected to settle.	Semi-structured interviews. Data analysed using Interpretative Phenomenological Analysis. Semi- structured interviews. Data analysis using Interpretative Phenomenological Analysis.	7 female foster carers. 48 – 65 years of age, Had provided placements of 2 years or more, for adolescents who had experienced previous placement disruptions.	4 main themes identified. 1, My child – (clicking with the child emotional bonding and parental regard for the child) 2, Jam in the sandwich – (working in a compromised space between the local authority and the birth family) 3, Repair and rebuild – (managing the foster/birth family boundary, rebuilding the child and making the best of a compromised start) 4, Sticking with it – (resilience, tenacity and maintaining hopefulness.	Small sample size. Generalisability issues – participants from one local authority. Limitations of study not discussed/acknowledged..
Samrai et al (2011) UK	15	To explore foster carers experiences of placements and placement support...	Semi-structured interviews, Data analysis using Grounded Theory	8 foster carers from a single local authority fostering service. 7 female, 1 male. All white British ethnicity. 35 – 61 years of age. Fostering experience – 2 to 22 years. Providing different types of placement.	6 main categories emerged from analysis. 1, Support - importance of professional support Not always available when needed. Meeting other carers important. 2, Good/poor relationships with worker facilitates\inhibits communication. Need for good communication from both sets of social workers. Need for information re child 3, Fostering experience - generally positive. 4, Need for more involvement in decision-making and recognition by support services. 5, Attachment - all carers formed attachment, mixed feelings when children move. 6, Transitions - need to be well managed, Successful placements need appropriate support of the relationship between the child and carer, and also carer's having good relationships with different social workers.	Small sample size. Generalisability issues – participants from one local authority. No reflexive discussion of researcher position/potential bias. Ethical issues not addressed/considered Limited discussion re credibility of findings – single data analyst used.

Table 1

Narrative synthesis

The included papers constituted four broad and distinct categories based upon the research focus of the different studies. Studies examined foster carers' beliefs about what constitutes successful fostering, or considered carers' perceptions about what factors were needed to foster successfully. Other papers examined how carers were able to effectively manage complex professional systems and relationships with professionals, or considered resilience processes in foster families, and how carers drew upon different strengths to manage the challenges of fostering. The following section provides a narrative synthesis of the different studies and examines how these are convergent and divergent in their findings.

Foster parents' beliefs about what constitutes successful fostering

From the different papers reviewed, Brown and Campbell's study had a unique focus on examining foster parents' perceptions of what defines success in fostering. Participants' responses were categorised into six different clusters of factors. Several of these factors related to positive changes that children might experience during a placement. These included changes such as children feeling safe, secure and loved, and feelings of being connected to, and accepted by the extended foster family. They also entailed children having opportunities for growth in foster families, such as being able to develop new values.

Other themes in Brown and Campbell's study identified the importance of carers successfully establishing positive relationships with the child and his/her birth family, and carers experiencing ongoing support from their fostering services, including around transitions when placements start and have planned endings. Participants also indicated that they believed successful placements would be accompanied by changes within the

foster family, such as greater cooperation between family members, and members developing increased respect for values which are different to their own.

Brown and Campbell suggested that for carers there are numerous indicators of what defines successful fostering, often relating to the process of emotionally connecting to children, and which operate at more subtle levels than broader outcomes such as placement stability. Brown and Campbell also acknowledged that carers are one part of a wider system impacting upon outcomes for foster children, and recognised the influence of other stakeholders such as birth family and the professional system.

Foster parents' perceptions of different factors which contribute to successful fostering

The studies of Brown, Buehler et al and Oke et al provided different insights into carers' perceptions of factors which enable successful fostering. Brown's study sought to understand factors that carers perceived were important for successful fostering. Buehler et al's research had a similar focus, but also considered foster parent perceptions of factors which inhibit successful fostering. Oke et al explored the experiences of foster carers who had been able to sustain foster placements for young people who had experienced previous placement disruptions.

In Brown's study eight clusters of factors were identified from participants' responses. Participants emphasised the importance of carers having qualities and skills, such as being flexible, loving and committed, whilst also having self-awareness and an understanding of their own limitations. Another cluster related to carers being able to form positive relationships with fostering services, where they were respected, supported and included in planning about the child. In terms of informal support, participants highlighted the importance of having support from extended family members and networks with other foster carers, whilst also being able to access community based services for their foster children. Although participants referred to their need for both professional and informal support

networks, Brown suggested that positive relationships between carers and their fostering support services were paramount for placement success.

Participants in Buehler et al's study similarly identified parental attributes were important for successful fostering, such as carers being loving and tolerant. Participants also highlighted the importance of other factors, including strong co-operative relationships between carers who were married, having a family routine that was both structured and flexible, and having a faith or support from the church. Buehler et al however acknowledged that that religious faith may have had more relevance to their participants, who were from an area of the "Bible belt" in America, than other foster parents who lived in more secular areas.

In terms of the factors which were perceived by participants to inhibit successful fostering, these included non-child centred motivations for fostering, and carers struggling to manage competing demands on their time and personal resources. Buehler et al also considered the rewards and stressors that their participants experienced in fostering. Participants indicated that fostering was rewarding when they felt that were able to make a difference in a child's life and help him/her to grow and develop, but that this could be compromised by the impact of managing children's challenging behaviours, and frustrations with the perceived inadequacy of their support services. Some participants in Buehler et al's study reported that they felt that they were not being listened to by their services, or involved in planning around the child.

Oke et al more specifically examined how family belonging and carers' commitment to the child enabled foster carers to effectively sustain placements for young people who had experienced previous placement disruptions. As in Brown and Campbell's study, Oke et al's participants highlighted the importance of connecting to the child, and helping the child to experience belonging in the foster family. Carers were also able to manage what Oke et al referred to as being the "two family factor", where they felt that the foster child belonged to their family, whilst also recognising and promoting the child's connection to his/her birth family.

Consistent with the studies of Brown and Buehler et al, Oke and colleagues identified the need for carers' views to be heard more by their support services and to have input in planning around the child. Oke et al described how the strong commitment that carers had to their child's emotional well-being led to some participants going assuming tasks which were considered the role of child welfare services, such as arranging contact with birth family; when carers perceived that the professional system was not effectively promoting these relationships on behalf of the child.

Oke et al also noted how carers commitment to, and emotional claiming of the child was enhanced by them having a desire to understand the child's emotional world beyond the behaviours they exhibited. The authors proposed that this capacity for reflective functioning enabled carers to understand the child's and their own emotional states, helping carers to respond to and regulate challenging behaviours. Oke and colleagues suggested that the development of reflective functioning ability should be an important focus of training and support for carers.

Managing complex professional support systems and relationships with professionals

The studies of Cooley et al, Maclay et al and Samrai et al examined foster carers experiences of working with child welfare professionals and systems, and found that carers had variable experiences of these relationships, which either constrained or supported carers' abilities to foster successfully.

Participants in Cooley et al's study had different experiences of relating to child welfare services. For some carers these experiences were positive, but others were daunted by the complexity of these systems. Where participants had negative experiences, the system was perceived as being convoluted, confusing and over-stretched.

Other participants in the study provided accounts of how they were able to successfully navigate the complex child welfare system, These participants were able to accomplish this

by learning from training, learning from personal experiences and learning from others in the system,

Pre-service training was regarded as being beneficial for enabling carers to start fostering, although some participants reported that this was insufficient preparation for the realities of fostering. Participants also described how they acquired important learning through their everyday experiences of providing foster care. Carers also suggested that they developed learning from other foster carers, who acted as a support system, and in working closely with child welfare professionals. Cooley et al argued that these collective experiences provided carers with resilience for successfully navigating a complex system.

Maclay et al explored how foster carers relationships with social workers evolved over time. Participants described diverse experiences of their relationship with social services. Some indicated that they felt well supported by, and had positive relationships with social workers. Others reported that they felt they lacked support and had conflictual relationships with social workers. Maclay and colleagues found that the development of independent support networks from friends or other carers acted as a survival mechanism for some participants. They also noted how some carers were dragged into a continuing cycle of negative interactions with social workers, whilst others managed these relationships by becoming more assertive as they grew in confidence and experience.

From these themes, Maclay et al developed a model to explain how carers either became embroiled in conflict with social services, or were more able to successfully manage this relationship. They proposed that carers enter fostering with low experience and high dependence on social services. Due to feelings of being unsupported, carers survive the challenges of fostering by forming their own informal support networks and becoming more independent. Maclay et al suggest that some carers will exit fostering at this point, whilst others continue fostering, gaining further experience and drawing upon their informal supports. In the final phase of the model, Maclay et al propose that some carers remain

locked in conflictual relationships with social services, whilst others are more able to strategically manage these relationships.

Maclay and colleagues suggested that social services could help foster carers to feel more valued, respected and motivated to continue fostering, by more proactively consulting with carers and embracing their opinions and expertise about the foster child. They also proposed that conflict between carers and the social services could be reduced by providing more intensive support during the early stages of foster carers' careers. They argued that this could enable carers to build informal support networks earlier, so they have greater autonomy and less need for support from social services, as they progress in their careers.

Samrai et al's study explored carers' experiences of providing placements to children, and also of the professional support they received. Findings indicated that participants generally had positive experiences of fostering, where they had been able to form attachments with different children. Participants reported that transitions could be difficult, and sometimes involved painful feelings of loss when a child moved from a placement.

In terms of the professional support that was received, participants felt that this was not always available when needed, and suggested that the quality of their relationships with social workers either inhibited or facilitated effective communication. Participants identified their need for more information about their foster child, and for good communication with, and between the child's social worker and the fostering support social worker. Carers also expressed a desire to have greater input into decision making about children, and for more recognition from support services.

Samrai and colleagues suggested that the relationships between foster carers and their professional support were key to placement success. They developed a "Setting up to succeed" model which emphasised that two relationship cycles need to operate effectively in unison for placements to be successful; the dyadic attachment relationship between the foster carer and child, and the relationship between the carer and social workers.

Resilience processes in foster families; utilising and drawing upon different strengths

The studies of Lietz et al, Geiger et al and Piel et al, used data from the same sample of participants to explore different research questions relating to resilience processes in foster families. This data was obtained from twenty foster families, including thirteen two parent households and seven single parent households. All participants had been fostering for over five years and rated within the healthy range of family functioning on the Family Assessment Device (Epstein, Bishop and Levein, 1978), a standardized measure of family functioning.

Lietz et al applied the “adaptational process model of family resilience”, which had been developed in previous research (Lietz and Strength, 2011), to examine the narratives of carers who had successfully sustained long-term fostering. Participants identified a range of stressors relating to fostering, which included navigating the complex child welfare system, feeling devalued and misunderstood by support services, lacking information about the child, managing challenging behaviours and coping with difficult emotions relating to children coming into and leaving placements.

Lietz and colleagues used the adaptational process model of family resilience to explain how foster families were able to overcome these stressors. They highlighted five different phases in foster families’ resilience process; survival, adjustment, acceptance, growing stronger and helping others. The authors proposed that foster carers use multiple strengths to adapt to and cope with the different phases.

For instance, in the survival phase families are faced with disruptive changes to the family system, such as commencing fostering managing placement disruptions, or a new child joining the family. Lietz and colleagues noted that participants would draw upon their connectedness with and mutual support from partners or adult birth children during this phase, or would utilise other forms of social support, including child welfare professionals, friends or neighbours.

Lietz et al described how other family strengths were activated by each of the different phases. They proposed that foster family resilience should be understood as being a process of coping, rather than a specific outcome, and they highlighted strengths for coping with adversity, which had also been identified in other studies. These strengths included spirituality (Buehler et al), and the importance of commitment to the child (Oke et al, Ibid).

Piel et al used data from the primary study of Lietz et al and applied an ecological systems approach (Bronfenbrenner, 1979, 1994), to understand how foster carers had been able to overcome challenges relating to fostering, by using support at different system levels. The authors used all data items from Lietz et al's study, which had originally been coded as "social support", to explore how foster carers used this specific strength.

Piel and colleagues found that participants accessed support at different system levels, and argued that this enhanced carers' resilience in fostering. They described how at a micro-level reciprocal support from work colleagues, and practical help from friends were important in sustaining foster carers resilience. At a meso-level, carers accessed support from fostering support workers and other foster carers. Piel et al also reported that carers were able to utilise support at a macro-level, by being able to successfully navigate complex child welfare systems, whilst also recognising how these wider systems are under-resourced and overwhelmed.

The authors proposed that carers abilities to utilise multiple supports at different system levels, promoted their resilience in fostering. Consistent with other papers reviewed, Piel and colleagues recognised that informal support networks were a "survival mechanism" which sometimes compensated for lack of formal support. (Maclay et al), and also highlighted the importance and need for carers to be included and valued by the professional system (Buehler et al, Samrai et al, Lietz et al).

Geiger et al explored foster carers perspectives of how empathy contributes to their resilience. The authors also used data from the primary study of Lietz et al and recoded

data from participants' interviews which had been coded as "no theme" in Lietz et al's initial study. Geiger et al identified a new theme of empathy and examined how participants had perceived that this enabled them to foster successfully.

Geiger and colleagues found that participants exhibited empathy to their foster children, foster children's birth parents, and to workers in the child welfare system. Foster carers also reported that they felt the experience of family fostering, had developed empathy in their own birth children, and the children they fostered.

In terms of their relationships with foster children, participants indicated that empathy enabled them to understand how the child's past trauma history impacted upon their feelings, thoughts and behaviours. Participants also described how empathy helped them to accept challenging behaviours, and adapt their own parental responses when they had insight into possible meanings underlying children's behaviours.

Geiger et al described how empathy enabled participants to have a less blaming view of foster children's birth parents, through affective mentalising and taking the perspective of birth parents. The authors suggested that these abilities helped carers to recognise that birth parents were humans who had made poor choices, or who might have been affected by issues such as the inter-generational transmission of abuse. Geiger et al also proposed that having this capacity supported carers in being able to share parenting with birth families, or to work effectively towards transitioning children back to birth families.

Participants also discussed their empathy for workers in child welfare services, being able to acknowledge the limitations that workers faced in working in an overstretched system.

Geiger et al proposed that this capacity provided participants with the cognitive flexibility to be more accepting of frustrations such as having to wait for workers to return phone calls.

Geiger et al also reported that the fostering experience contributed to the cultivation of greater empathy among participants' own birth and adopted children, and their foster children. Participants indicated that they felt this was developed by children being exposed

to a model of caring in the family home, where they learned about the importance of understanding others emotional experiences, and valuing and respecting others.

Geiger and colleagues proposed that these different capacities for empathy had a key role in enhancing participants' resilience. Whilst other studies in this review alluded to the importance of carers having empathy for foster children (Buehler et al, Oke et al), and their birth parents (Oke et al), Geiger et al's study had a unique primary focus on the importance of this strength for successful fostering, and also in identifying carers empathy for the workers who are supporting them.

Conclusion

To date the success of foster care has been understood in terms of specific outcomes such as the permanence and stability of placements, or the reunification of foster children with their birth families. Foster carers own perceptions and experiences of what constitutes and supports successful fostering have received little attention in the existing research literature.

The different studies in this review indicated that carers conceptualised success in fostering in multiple ways. Different personal and familial factors were considered to be important for developing relationships with children, and helping them to feel included in the foster family. Participants also reported various challenges in fostering, and identified the importance of having informal support from family, and connections with other carers, to manage these.

Whilst some participants reported positive experiences of support from their professional systems, it was notable across the studies from the different countries, that many participants felt unsupported or devalued by these systems, and had limited involvement in planning or decision making about the child. This raises practice implications for how effectively carers are being supported.

Several studies more specifically examined the challenges that carers faced in navigating complex child welfare systems and relationships with professionals. These studies considered how well carers were able to cope with, and manage their relationships with the systems. Other studies in the review examined how resilience processes in foster families evolve over time, and how specific strengths such as empathy the ability to use different supports at different system levels contributed to successful fostering.

A key shortcoming of this review was the lack of depth of research into the different conceptual areas identified. For instance, there was only one paper which examined carers' beliefs about what constitutes successful fostering. Whilst other papers proposed models to explain resilience processes in successful fostering or how carers effectively manage relationships with professional support systems, the 'stand-alone' nature of these studies makes it difficult to assess the wider credibility of these models and findings.

Collectively the different studies highlighted the complexity of foster carers perceptions and experiences of successful fostering. These indicate that successful fostering concerns not only outcomes for foster children, but also relates to how well carers are able to manage different processes, often simultaneously. These include building attachments and family belonging in children, managing complex professional systems, and developing and using different strengths to maintain resilience to cope with the challenges of fostering. Further research is needed to develop understanding of how carers are able to manage these different processes, and to build a more robust understanding of successful fostering from the perspective of carers.

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Chapter 2

Empirical Paper

Holding compassion in the fostering role: A Thematic Analysis of foster carers' views and experiences

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Abstract

Foster carers have largely been overlooked in existing research with those in different helping roles, which has examined the emotional impact of working with others who are distressed. This qualitative study explored foster carers experiences of holding compassion in the fostering role, and carers' perceptions of what challenges and helps to sustain their compassion.

Semi-structured interviews were conducted with ten foster carers who had previous or current experience of providing placements which lasted two years or longer. Thematic Analysis was used to explore carers' experiences and perceptions, and identify patterns in participants' accounts. The analysis produced three main themes; enriching rewards, wear and tear and weathering storms. Enriching rewards captured the emotionally rewarding aspects of fostering which sustained participants compassion satisfaction in their caring role. Wear and tear identified negative experiences which challenged participants' capacity to be compassionate. Weathering storms related to key elements that participants identified as being vital for managing the emotional demands of fostering, to retain their compassion.

The findings highlighted the complexity of carers' experiences of the positive and negative emotional effects of fostering. Further research is needed to explore the experiences of different groups of foster carers. There is also a need to evaluate the effectiveness of different models of supporting carers, and to consider if having external support and consultation from professionals outside the social care system, would be beneficial to foster carers.

Introduction

The number of children in care has continued to rise in the last few years. In 2017, the Department of Education (2017) reported that 72,000 children were looked after in England, with 74% of these children living with foster carers, who are trained and supported by Local Authority Fostering Teams or private Independent Fostering Agencies.

Looked after children are now considered to be presenting with increasingly challenging behaviours and complex emotional difficulties (Samrai, Beinart and Harper, 2011). Whilst Baginsky, Gorin and Sands (2017) noted how it is difficult to provide evidence for these changes due to a lack of systematic recording of the complexity of children's problems, different factors have been highlighted which are impacting upon the changing profile of children who are coming into care in the United Kingdom.

Woods et al (2018) found that families in Scotland are becoming increasingly fragmented in structure, with parents now experiencing multiple and often co-existing problems including domestic violence, substance misuse, offending and mental health issues. Woods and colleagues proposed that these issues have led to increasing numbers of children being removed from parental care before they are three years of age.

Research in the United Kingdom (May et al, 2009) has indicated increasing numbers of children in the general population affected by Fetal Alcohol Spectrum Disorders (FASD), a condition caused by maternal alcohol use in pregnancy and associated with growth deficits and neurological difficulties impacting upon learning, behaviour and daily functioning (Mukherjee et al, 2013). A study by Selwyn and Wijedesa (2011) suggested that as many as one third of children in care in the United Kingdom may be affected by FASD.

In England, Baginsky, Gorin and Sands have noted how the numbers of unaccompanied asylum seeking children entering care doubled from 2013 to 2016 alone. They also

suggested that adolescents aged between ten to fifteen years now form the largest group of children in care.

In the absence of a robust evidence base for specific interventions for children who have experienced early trauma and neglect, the National Institute of Clinical Excellence, and Social Care Institute for Excellence (NICE/SCIE, 2010), identified the importance of care contexts in providing conditions where looked after children's needs for attachment security, stability and positive identity, can be most effectively be met (Wressell, 2011).

These children require a foundation of placement stability, and subsequent experiences of consistent emotionally sensitive re-parenting from caregivers, to support developmental recovery from their early adversity. Schofield and Beek's Secure Base model (2005), draws upon attachment theory and identifies key caregiving tasks, to increase looked after children's emotional security and resilience. These include carers developing the child's trust that they are emotionally available for him/her, and promoting his/her self-esteem, autonomy and ability to mentalise and reflect upon own/others mental states. They also involved carers developing a sense of family membership for children who are separated from their own birth families.

Schofield and Beek's framework informed the development of a "therapeutic parenting" model, which is now used in different care contexts, including foster care provision.

Emotional sensitivity is key to this "style" of parenting, as this requires "empathic, insightful responses to a child's distress and behaviours: allowing the child to self-regulate, developing an understanding of their own behaviours and ultimately form secure attachments." (Naish, in Ottaway and Selwyn, 2017).

Whilst foster care offers a substitute family experience where traumatised children can receive re-parenting to support developmental recovery from early adversity, the demanding nature of fostering can inhibit carers' emotional capacity to sustain this potentially therapeutic role. Ironside (2004) proposed that children who have experienced early trauma,

neglect and separation from birth family, can behaviourally project their unbearable distress onto their foster carers. He suggested that when carers are unable to understand and tolerate and these projections, they can feel hostile or disconnected to the child and inadequate in their parenting role. Previous research has indicated that foster carers can also be affected negatively by issues external to their relationship with the child, including the impact of fostering on their own family, dissatisfaction with support from fostering services and difficult relationships with foster children's birth families (Triselotis and Borland-Hill, 1998).

There is a growing literature examining the impact of compassion fatigue in different helping professionals, but this has largely neglected foster carers (Naish, *Ibid*). Cole-King and Gilbert, 2011, defined compassion as, a "sensitivity to the distress of others with a desire to do something about it and prevent it.", and suggested that compassion is a human capacity comprised of different attributes or skills, including empathy, distress tolerance, sensitivity, sympathy and non-judgement.

The concepts of compassion fatigue, burnout, secondary trauma and compassion satisfaction refer to the emotional impact of helping others who are distressed. Stamm (2010) proposed that compassion fatigue relates to the negative impact of helping others, whilst burnout concerns feelings of hopelessness and ineffectiveness in a job role. Stamm suggested that secondary traumatic stress arises from work-related exposure to others' traumatic experiences, and that compassion satisfaction relates to the pleasure derived from helping others.

Research by Ottaway and Selwyn (2017), with a large sample of foster carers ($n=546$), identified that a significant minority of participants (24% - 27%), rated at a level of major concerns on measures for secondary traumatic stress, burnout and compassion satisfaction. Ottaway and Selwyn identified the need for further research to identify what improves foster carers' compassion satisfaction, and what reduces their compassion fatigue.

To the author's knowledge, there has been a lack of qualitative research exploring carers' experiences of compassion fatigue and satisfaction in the fostering role. This study aimed to increase understanding of what issues constrain and support foster carers' capacity to provide compassion in fostering.

Methodology

Methodological Approach

The focus of this study was to describe and interpret carers' perceptions and experiences of holding compassion in fostering, rather than interpreting their unique individual lived experiences (Interpretative Phenomenological Analysis), or providing an explanatory model of the topic (Grounded Theory). Thematic Analysis was therefore chosen as the methodological approach for conducting this research.

The author adopted a contextualist epistemological stance in interpreting participants' views and experiences, which recognised how these are shaped by and situated in different contexts, whilst also representing truths for the individuals concerned.

A research journal was kept to record the author's personal reflections during the interview and analysis process. In regard to my personal position as researcher, my interest in the research topic came from my previous experiences of working therapeutically with looked after children and their foster carers. This role led me to forming a firm belief that carers' abilities to be compassionate, and to sustain compassion were important to the quality of relationships that children experienced with carers, and often for outcomes for these children.

Whilst I was aware of the emotional demands of the fostering role, I sometimes found it difficult when I perceived that carers lacked a compassionate approach to the children they were fostering. I was aware that this could sometimes elicit negative emotions or

judgements in me, and how I had to try and manage these reactions, to retain my own personal capacity for compassionately supporting carers in their complex and difficult role.

Recruitment

Ethical approval was granted by the School of Psychology, Bangor University (Appendix 2). The lead researcher contacted a fostering team from a single local authority in North Wales, and an independent fostering agency covering the whole region, who agreed to disseminate information letters about the study (Appendix 3), to potential participants.

Inclusion criteria specified that carers had experience of providing current or past placements, lasting two years or longer, and were not related to the children and young people they were caring for (non-kinship carers). There were no restrictions concerning the age ranges of children in placements.

Participants returned an Opt-In form (Appendix 4), consenting to participating in an audio-recorded interview, and providing their contact details. Individual participants were contacted and arrangements made for a suitable time for interview.

Participants

Participants included seven local authority foster carers and three carers from the independent agency. Eight participants were in couples together, but were interviewed separately to partners. Participants ages ranged 55 to 79 years, and the young people they were currently fostering ranged from 11 to 18 years of age.

Participant demographics

Participant	Gender	Ethnicity	Relationship status	Fostering experience	Number of previous placements	Number of children currently In placement	Placements provided
Sally*	F	White British	Has partner	18 years	30	0	ST, Respite
Paul*	M	White British	Has partner	18 years	30	0	ST, Respite
Anna	F	White British	Has partner	7 years	4	2	LT
Rhianydd*	F	White British	Has partner	10 years	10	2	LT
Matthew*	M	White British	Has partner	10 years	10	2	LT
Gemma*	F	White British	Has partner	13 years	4	1	LT
Barry*	M	White British	Has partner	13 years	4	1	LT
Phil	M	White British	Single	21 years	80	1	LT
Cerys*	F	White British	Has partner	36 years	140	0	Respite
Rhys*	M	White British	Has partner	36 years	140	0	Respite

Table 1

(Pseudonyms were used to protect the anonymity of all participants. * Denotes participants who were in a couple, but who were interviewed separately. ST – short term. LT – long term)

Procedure

Data collection

All participants were interviewed in their homes, between December 2017 and January 2018. Individual participants were reminded of the ethical safeguards of the study, prior to

commencing interviews, and debriefed after interviews finished, to ensure they were not distressed. Interviews lasted between 15 to 45 minutes.

A semi-structured interview schedule was used with participants (Table 2), which had been agreed by both research supervisors. The schedule was piloted with a foster carer who did not participate in the study, and an additional question (Question 1) was added to the schedule, following feedback from the pilot interviewee.

Whilst the schedule was used in all interviews, there was flexibility for exploring other issues raised by participants which were pertinent to the research topic.

Interview schedule

1. What do you think makes a good foster carer?

I'm interested in asking you about compassion – compassion is about how people are able to be empathic and sensitive to the difficulties of others

2. What does compassion mean for you as a foster carer?
3. How important is having compassion for you in fostering?
4. What experiences or issues have challenged your compassion in fostering?
5. What has helped you to hold on to compassion in fostering?
6. What has helped you to feel that fostering is rewarding and satisfying?
7. What issues stop fostering from being a rewarding and satisfying role?
8. What motivates you to continue fostering?

Table 2

Data Analysis

Audio recorded interviews were transcribed verbatim. The primary researcher then used Braun and Clarke's (2006) six stage procedure to conduct the thematic analysis. After an initial immersion in the entire data set and repeated reading of all transcripts, complete

coding was used to identify all items in interviews relevant to the research questions. Next, different codes were grouped with others of similar meaning, to identify candidate themes.

Analyst triangulation was then used to review initial findings. One of the research supervisors (TG) was provided with coded transcripts of all ten interviews. Candidate themes and sub-themes were discussed with this research supervisor. This led to further clarification, refinement and naming of themes and sub-themes, to ensure that these formed coherent patterns, and that the meanings in the data were captured effectively.

Where potential themes or sub-themes were more complex or ambiguous, the two analysts discussed these in depth together to reach a consensus, referring back to original text extracts and considering related meanings to other themes and sub-themes. Finally, extracts were selected from transcripts, to clearly illustrate the different themes and sub-themes, and provide a narrative of the data set as a whole.

Findings

The analysis identified three overarching themes, each with related sub-themes. These are mapped in Table 3.

Thematic Map

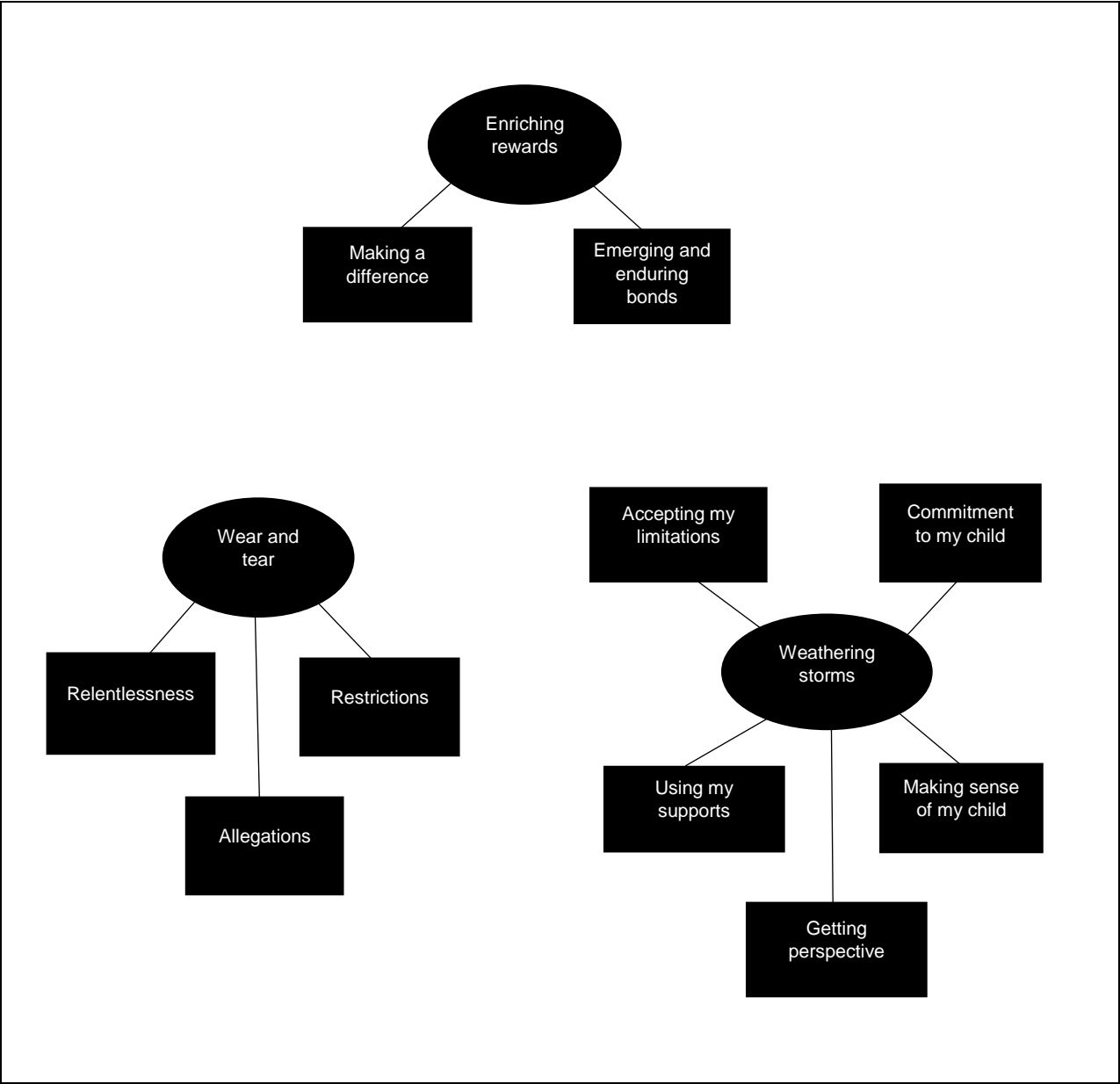


Table 3

Enriching rewards

This overarching theme identified the emotional rewards which sustained participants in fostering and included two sub-themes, "making a difference" and "emerging and enduring bonds".

Making a difference

This sub-theme captured the importance of improving the lives of children and young people. Several participants identified this as being a key personal motivation for fostering. Sally commented, *"You want to make a difference in their lives. I've always wanted to do that."*

It was evident across narratives that participants obtained a deep sense of pride and satisfaction from witnessing the progress that children made. Anna described her experience of watching a young child who was very withdrawn, actively participate in his school play; *"That was brilliant!....for a lad who wouldn't speak....he had a part.... You actually heard his voice. It was quite emotional really."*

Other carers described the emotional rewards they gained from helping children to transform their personal situations into those which were more hopeful for the future. Rhianydd recalled the changes that a young person made, whilst she was fostering her; *"She was up in court for GBH... and... had run wild... stopping out until all hours....And to see that girl's life... slowly... change round... satisfaction!."*

Several carers talked about enduring relationships they had formed with children and their fulfilment in seeing them as young adults, "making a life" for themselves. These experiences were both deeply rewarding and validating for participants. This was illustrated by a quote from Phil; *"He's got a job now....a partner and a baby. He is here more often than my own kids....when you have results like that, it's like "Wow!". You know that you've done a pretty good job."*

Another participant Matthew, spoke of the importance of carers cherishing these experiences of making a positive impact. Matthew commented: *"To keep compassionate, you have to hang on to all the good things that happen. There may be bad things that go on....when something good happens....treasure that moment."*

One participant suggested that carers may not always be aware of the positive impact they have upon young people. Rhys recalled a young person who had moved to residential care, when his placement with Rhys and his wife disrupted, and their surprise when he later contacted them whilst completing life story work; *"He talked to us about things he'd done, that we never thought were particularly important. What a wonderful time he had had. We'd gone through absolute hell with that lad!... But you suddenly realise you do have an effect on these children."*

The ability to hold in mind these positive experiences seemed to be key for participants tolerating the negative aspects of fostering, and in helping them to retain compassion satisfaction from their role.

Emerging and enduring bonds

This sub- theme encapsulated emotional rewards that participants experienced in initially connecting with children who joined their family, and from more lasting and loving attachments that were formed over time.

Participants acknowledged how difficult it was for children to be separated from their own birth family, and to be placed within a new foster family. They described the pleasure they experienced when they connected with the child, and the child settled into the foster family. For Matthew these connections helped to sustain him in his fostering role; *"to move on...from children we have had...really challenging... to then being able to sit in a room and watch things together....in a nice environment... that keeps you fostering"*.

Other participants talked about how children they previously cared for, had effectively become members of their own birth families. Paul spoke of a lasting loving bond that he and

his wife Sally had developed with one young person they had looked after; *“He went into the wide world....got a flat. But you know, he is still part of the family. He still comes back here for Christmas dinner. He still comes here when he wants Sally to mend his trousers ((laughs))”*.

Several participants spoke about the enriching nature of the close attachments they had developed with children that they had cared for, and how these children had grown into adults, who still valued the parental relationships that had been established with their foster carers.

Phil described how an ex-foster child had sought his guidance about returning to live with his birth mother; *“He still wanted my opinion... He said, “I don’t want to disappoint you or anything, but I’m going to move back to mam’s.”.... “Common sense, you are doing the right thing.”. I says. “Go and live with your mother”*.

Another participant Rhys reflected on the relationships that he and his partner Cerys, had formed with some foster children, who were now adults, and the reciprocal affectionate bonds that had been established; *“I was ill not long ago, and Cerys had bouts of illness. You know, they do ring up We had one lad.... and he’s driven up to see us.... It’s very rewarding.”*.

Cerys described relationships that she and Rhys had formed with two girls they had previously fostered, and fondly remembered their experiences of caring for these children; *“We had two girls....that were with us together for about two years...for any problems that we had when we were looking after them.... the joy that those girls brought us!....and we still see them now.”*.

For participants, these experiences of emotionally connecting to foster children, and forming enduring bonds with them over time; were deeply rewarding and seemed to contribute to carers’ sense of compassion satisfaction.

Wear and tear

Wear and tear referred to the emotional demands and impact of fostering, which had an attritional impact upon participants' resilience, and in some instances, their capacity to maintain compassion in the fostering role. Wear and tear included three sub- themes, relentlessness, restrictions and allegations.

Relentlessness

Several carers discussed the personal impact of managing different challenging behaviours that children and young people had presented them with. Sally recalled how "*distressing*" it was to be subjected to verbal threatening and physical aggression. Barry described his stressful experiences of having "*trouble with the police*" when "*kids are running off all the time*". Another participant Anna, talked about her struggles with a younger child, whom she perceived, was very controlling of her and her family. Anna explained, "*If he didn't have his dinner at 11.45... He would be like "Why?!"... He used to go on about it for days. "Why didn't I have my dinner at 11.45?!"*",

The seemingly unrelenting toil of managing these difficult behaviours on a daily basis, and over a long period of time, led to some carers feeling "locked-in" to situations which were emotionally exhausting. Cerys commented; "*If they are only here for a few days, you can weather that storm. But if it's a child that's been with you for 12 months, two years...erm... You get locked into that situation... you can't see beyond that.*".

Several other participants described relationships where they had become embroiled in power struggles with young people over who was "*top dog*" (Barry). In these circumstances, carers seem to have become drawn into a battle of wills with young people. This was illustrated by a quote from Rhys; "*There have been times when... the young person is.... really testing you out... It's sort of like a game of chess. Regardless of what you do, they are going to try and out-think you, and come at you another way.*".

Some carers recognised how their ability to be compassionate, could be compromised by the unrelenting impact of managing children and young people's challenging behaviours.

Matthew stated, "*You may find that when a child has behavioural problems... compassion becomes very hard*". Anna acknowledged that she felt exhausted and unable to emotionally connect with the younger boy she had previously cared for, commenting how this child "*had got to me*", and "*knew what buttons to press*".

These different quotes highlight the relationship between compassion fatigue and carers experiencing high levels of stress. Whilst carers may not have lost their capacity for holding compassion in these instances, their ability for responding and acting compassionately may have been compromised by the personal impact of receiving the child's distress.

Restrictions

Restrictions more specifically related to the experiences of a group of the local authority carers, who expressed frustrations with perceived changes in their fostering role, and also reported difficulties in accessing support from social services and the wider professional system. For these participants, these issues restricted how they were able to support the children and young people in their care.

Several participants spoke about how they felt their role had changed significantly. Barry commented, "*You can get tired.... the system is changing so much. So much paperwork now and blasted courses*". Another carer, Matthew reflected on how he thought increasing bureaucratisation, had led to a loss of parenting role to the local authority. He commented; "*The fostering service emphasises... that they are the parents. You are not the parent... taking the parental thing from you, they actually inhibit the development of a normal family life*".

A further quote from Matthew provided a more concrete example of how he felt these changes were restricting his autonomy to parent, in what he felt was a naturally more

compassionate way. Matthew said, *“If your birth child cuts of finger, you put a plaster on it. If your foster child cuts a finger, you sit and write a report.”*,

This experience of the loss of parental role and autonomy, was shared by several other participants. Rhianydd commented, *“We are not even foster parents now, we are foster carers”*. Barry conveyed that he felt, *“Ten years ago... you could literally bring up a child as if they were a member of your family... but that’s become... quite difficult”*.

This diminished parental role was also perceived by participants, to be restricting their ability to access external organisations to meet their child’s needs. Rhianydd described difficulties she had experienced in accessing support from social services, and the wider professional system; *“We pick up the phone....there’s nobody there....they are so short staffed....we can’t get anyone to talk to us....to help us when we are saying....“ I need some advice.”. You can’t always get CAMHS.....without having that social worker’s recommendation. And if you can’t get that social worker ?”*.

Other participants suggested that problems accessing support, and perceived changes to their role were compromising their compassion in being able to care for children. Barry commented, *“In order to give a child empathy, you really should have the backing of the whole system.....you haven’t got the backing of the system.”*. Matthew lamented that he felt that the increased emphasis on *“rules and regulations”* and *“targets”*, *“gets in way of what is actually a nice and compassionate way of doing things.”*.

For this group of participants there was a sense that they felt worn down from their experiences of being devalued and unsupported by a changing professional system. These difficulties seemed to have contributed to carers’ experiences of compassion fatigue, and were affecting their capacity to continue giving compassion in their fostering role.

Allegations

Several participants had been affected by false allegations being made against them, or had experienced third parties making allegations against the young people they were caring for.

Where carers had experienced false allegations from children, this had been highly distressing and traumatic. Cerys recollected how her own experience was, “*an awful situation!*”, and Phil talked about having to wait a long time for his allegation to be investigated before it was finally dismissed. This wait was tormenting for Phil and he described the vulnerability that he felt at that time; “*Your life is on hold. You feel that the world has come to the end. It can destroy you.*”.

Several carers had experienced allegations being made against the children and young people they were looking after. Gemma reflected on a “*very difficult time*”, when one of her own birth children had to report an allegation on behalf of Gemma’s own grand-child, concerning an alleged incident that had taken place with Gemma’s foster child. Gemma spoke of her divided loyalties to her own birth family and foster child, and described painful self-blaming thoughts that, “*this wouldn’t have happened if we hadn’t been fostering*”.

Weathering storms

Weathering storms encapsulated key elements identified as being vital for coping with the challenges of fostering and sustaining compassion. This overarching theme included five sub-themes; accepting my limitations, commitment to my child, using my supports, getting perspective and making sense of my child.

Accepting my limitations

Whilst several participants discussed difficult experiences which had sometimes left them feeling self-blaming and inadequate in their fostering role, others emphasised the importance of carers recognising and accepting personal limitations, to manage the demands of fostering.

Anna spoke about her struggles emotionally connecting with a previous foster child, and how her perceived lack of positively impacting upon him, led to her questioning her competence

as a foster carer; *"When they are not moving forward.... I can feel like I'm not doing this right."* Rhys and Cerys both reflected upon a past placement which had disrupted, and was experienced as a significant loss, accompanied by feelings of self-doubt;

We were devastated..... It was like a bereavement when he left us, because we had failed." (Rhys)

You always think, "Was there a point at which I could have done something different?" (Cerys)

Matthew suggested that he felt that carers sometimes experienced a lack of compassion from the professional system when placements disrupted, or carers were unable to connect with a child, which led to carers feeling blamed and inadequate.

Matthew commented that; *"Sometimes carers are made to feel that they are a failure."*

Other participants talked about the importance of carers developing a more compassionate capacity to accept their own limitations. Paul suggested that all foster carers have *"successes and failures"*, and that he believed difficulties in connecting with specific children, and placement disruptions were inevitable in fostering. Paul commented; *"Sometimes you have come to the point where you say, "This isn't the right place for this child." You do what you can, you do your best, but at the end of the day, not every child will fit into what we do."*

Another participant used an analogy, to highlight her view that carers were just one part of a wider system that was needed to positively impact upon children's lives. Sally suggested; *"A child's life is like a jigsaw... We are just one of those pieces in the jigsaw... You can't complete the jigsaw, if you haven't got all the pieces."*

For another participant, the experience of having compassionate support from Social Workers and CAMHS had helped her come to terms with a difficult placement disruption she had experienced, and to develop acceptance that she had done her best to help her foster child. Gemma explained; *"We had some counselling...that made us feel that our own thoughts that we weren't meeting his needs...you know...we weren't imagining it, and it*

wasn't just because it had got too much. He genuinely needed more than we could give him."

Participants' distressing experiences of being unable to connect with specific children, or feeling self-blaming for placement disruptions, highlighted the importance of carers developing a capacity for self-compassion, and also for their professional support systems providing the support to help cultivate this in carers.

Commitment to my child

The commitment that carers had to their foster children appeared to be key to participants "sticking with" them. Several carers indicated that this commitment, was driven by an empathic concern of what might possibly happen to the child, if they were unable able to "stick with" them. This was evident in a quote by Paul, who reflected on his determination to sustain a placement for a young person who was very aggressive; *"If we had given up on him, he would have been in the lock-up or gone to residential."*

Another carer Phil discussed his current foster child, and his fears of what could potentially happen to her, if he was unable to continue caring for her. Phil commented. *"I'm committed to her. I don't want to tell her that 'I've had enough'... It will break her. I would be thinking, 'who is going to take her?'. 'Where is she going to go?'"*

Several participants were at the end of long fostering careers, and expressed their determination to see current placements through, for the sake of their foster children. Whilst Matthew had described his frustrations with his fostering role, he was determined to support his foster children in reaching important milestones before he finished fostering; *"I'm motivated by the two children I have... I'm motivated to see him go to university... So if... when the one goes to university, we won't fill that slot."*

For these participants, their emotional bonds and commitment to their children appeared to be supported by, and also contributing to their compassion. These participants had identified how fostering was demanding, or that they were nearing retirement from fostering.

At the same time, these participants had a desire to “stick with” the child, which appeared to emanate from a compassionate sensitivity to the distress, and difficulties their child might experience, if they were unable to continue caring for them.

Using my supports

Participants identified the personal importance of using different supports. Several of the local authority and agency foster carers acknowledged the importance of the support they received from their fostering services. In particular, these participants valued being listened to, and the responsiveness of support when they needed this. This was illustrated by quotes from Gemma and Paul;

The social workers were fantastic... they listened to what we said .”.

(Gemma)

We get a massive amount of support and help....if there is a problem we can ring them up and they will be here within minutes.”. (Paul)

Several participants who were in couples, acknowledged how their relationship with, and support from their partners, was vital to them coping in the fostering role. These participants emphasised the importance of good communication between partners, and partners sharing responsibility, when situations with children and young people were challenging;

You’ve got to do it together, because they will play you against each other continually. (Gemma)

It works better for carers who are married, because one has to have timeout in that time... You need to be able to stand back because the child needs to calm down, and the other carer needs to step in. (Rhianydd)

The contribution of extended family members was also identified as important for helping carers to manage the demands fostering, and enabling foster children to feel included in

an extended family separate to their own birth family. This was highlighted by quotes from Sally and Gemma;

Our adult children help us as well... sort of help us to talk through issues.

(Sally)

The support of family is really important... you don't want the children to feel awkward... as if they are not part of the family. (Gemma)

Getting perspective

In dealing with challenging behaviours, some participants identified the ability to step back and get a different perspective, as being vital to responding to young people with emotional sensitivity. Whilst carers acknowledged the importance of “*separating behaviours from who the child actually is.*” (Sally), and understanding that behaviours were often due to the child’s past history; participants recognised that in emotionally charged situations, it was often difficult to step back and get the different perspective they needed.

Several participants described how they would remove themselves from challenging situations, and use this space to reflect on what was happening for the child, and their own responses. Barry and Rhianydd provided examples of this;

I go on the computer for half an hour. Helps me just check or go over what's just happened. "Did we deal with it in the right way?". "Could we deal with it another way?". (Barry)

You've just got go and stand at the kitchen sink... Take a bath if you can. Sit there and try and get tuned back into thinking, "Why is this... child feeling?" (Rhianydd)

Making sense of my child

Making sense of my child incorporated both the importance of carers having information about the child's history when they first come into placement, and a more in-depth understanding of the child that some participants developed over a longer period of time.

Whilst participants identified how was essential to have information about a child's past when they first started caring for them, carers reported that this information was often incomplete. Barry explained, *"A lot of the time you don't get...paperwork... to quantify... what the child has gone through."* Other participants described how not knowing this information could be problematic in looking after children who had experienced past trauma, and could affect carers' ability to be sensitive to a child's difficulties. Phil commented; *"You might pat someone on the shoulder. And that could have meant something dramatic in a previous... family life... which led to something pretty bad."*

The narratives of other participants suggested that gaining a more in-depth understanding of children's difficulties, had helped to sustain their compassion in caring for children and young people in longer term placements.

Paul recalled a difficult relationship he had with a young person who was very aggressive and rejecting of him, and how it took a long time to develop an emotional connection with him. Paul described how he was able to make sense of their relationship during this difficult period; *"His father was in prison. So he saw me as a replacement for his father, which he didn't want... I was sort of usurping his dad's place if you like. He resented that in me... It took years to work through that."*

Another participant spoke about the young woman she was currently caring for, who struggled with being empathic and sensitive to the emotional needs of others. Gemma reflected how she had gained understanding that her foster child's lack of empathy was a *"self-preservation thing"*, and new insights that; *"If they've had... neglect in the early years it doesn't develop. The psychologist explained to us that if there is gaps...erm.... you might*

never be able to fill those gaps properly, but if you can just... erm...nurture them a bit, it can help. They don't naturally always have empathy.”,

The sub-themes “making sense of my child” and “getting perspective”, both suggested that participants wanted to formulate their child’s difficulties, and were seeking to develop a deeper understanding of the child’s emotional world, beyond the behaviours that children presented with. Being able to understand the reasons for these behaviours appeared to enhance carers’ compassion for the child.

Discussion

As previously indicated, there is an absence of qualitative studies which have examined carers’ experiences of holding compassion in the fostering role and their perceptions of what challenges and sustains compassion. This study provides some new insights into these issues.

Participants described enriching rewards of making a positive difference in children’s lives’, and developing enduring loving bonds with foster children. These rewards seemed to be key to participants’ compassion satisfaction, enabling them to hold in mind that fostering provided deeply rewarding experiences, and those which were more negative. Previous research identified the satisfaction that carers obtain in supporting children’s development (Buehler et al, 2003), and the pleasure gained from forming lasting loving bonds with foster children (Broady et al, 2010).

The analysis highlighted difficulties which appeared to constrain participants’ capacity for compassion. A group of local authority carers reported that they felt devalued by, and disconnected from social services, and restricted in their ability to parent compassionately. Whilst these carers may not have lost the compassion they held for their children, the impact of their experiences appears to have led to compassion fatigue, inhibiting how they were able to act compassionately. Cole-King and Gilbert (Ibid) suggested that compassionate

practice involves both possessing compassionate qualities, and having the capacity to use these skilfully with others. Cole-King and Gilbert also acknowledged how the bureaucratic practices and demands of organisations, can negatively impact upon the compassionate practice of those who work for them.

Past research has identified how foster carers need to be more valued and respected by their professional support systems, and more actively involved in collaborative planning around the child (Brown, 2007). Cooley et al (2017) proposed that experiences of positive support, enhances carers' resilience and capacity to support children.

Some participants reported that managing challenging behaviours diminished their emotional sensitivity to the child and affected how compassionately they were able to respond to them. Farmer, Lipscombe and Moyers (2005) found higher levels of reported strain in carers who fostered children with oppositional, or conduct type difficulties, and suggested that this strain can affect carers' commitment and sensitivity to children.

Participants identified several factors that they perceived supported their capacity to be compassionate. Participants acknowledged the importance of having informal support from extended family. This supports previous research by Maclay et al, (2006). Some participants also suggested that their commitment to their child helped them "press on" with fostering, and reported a desire to see things through for the child, recognising the distress and difficulties children would experience, if they had to cease caring for them.

Whilst some participants struggled with feelings of inadequacy or self-blame, that accompanied difficulties in connecting with a child, or placements disruptions, others identified that having self-compassion was a vital foundation for being able to be compassionate to others.

Some participants seemed to want to formulate their child's presenting difficulties, and gain deeper insights into the child's emotional world. Oke et al (2013) proposed that having this capacity for reflective functioning enables carers to understand their own, and children's

emotional states, helping carers to be able to respond to, and regulate challenging behaviours.

Reflections on process

Participants were able to openly discuss their views and experiences in the interviews, and it appeared to the author that they valued having the opportunity to reflect upon their personal experiences of fostering. Participants' eagerness to share their complex experiences sometimes made it difficult to keep them focused upon the issue of compassion. Saturation of data was however reached, as no new concepts or ideas were emerging in the latter interviews.

Most of the participants were in couples and it was interesting to note the overlap in perspectives between partners. Whilst these participants were not necessarily speaking with "one voice", there was a sense of them having shared narratives from their joint contextual experiences; and also possibly because these participants had emphasised how they fostered with their partners as a team.

The processes of keeping a research journal and meeting with supervisors, were used to assist the primary author in "bracketing" his own assumptions and pre-conceptions, recognising how these impacted upon the interpretations that were made. This helped ensure that analytic interpretations made and themes identified, reflected participants reported perceptions and experiences.

Limitations

The study has several limitations. The sample predominantly consisted of participants who were in couples, and therefore does not reflect the experiences of single carers and the specific challenges they may face. Also, none of the foster carers interviewed had their own birth children living with them, who were under eighteen years of age. These issues limit the generalisability of the findings beyond the local context, to wider populations of carers.

Whilst the sample size was small, it was compatible with the recommended size for doctoral research of this scope using thematic analysis (Braun and Clarke, 2013).

A further limitation is that the interpretations made and themes identified were not checked with original participants, to verify that these captured participants' experiences and the meanings they attached to these. Analyst triangulation was however used with one of the research supervisors, who had extensive clinical experience of working with this research population.

Whilst this study specifically sought to interpret how carers were able to sustain compassion in their fostering role, it is important to acknowledge research that indicates how attachment based approaches alone are insufficient for addressing the complex mental health needs of looked after children. Luke et al (2014) proposed that attachment based approaches, which focus upon caregiver empathy and emotional sensitivity, need to be combined with those that are informed by social learning theory, and that have a different emphasis on positive reinforcement, behavioural consequences and limit-setting.

Implications

The study has several implications for clinical practice and research. Participants' accounts identified different factors which enhanced or limited their capacity to provide compassion in fostering. It was also evident that participants had variable experiences of support from their professional support systems. This suggests that some carers' emotional support needs are not being fully met by existing service provision, which has implications for how carers are able to sustain a capacity for providing a therapeutic approach to parenting. Existing literature has suggested that carers may benefit from having additional specialist consultation and supervision from professionals outside the social care system, to manage and reflect upon the emotional impact of caring for traumatised children (Ironsides, Ibid, Maclay et al, Ibid).

Further research is needed to understand the experiences of carers who are single, and those who have their own birth children under eighteen living with them, whilst they are fostering,. There is also a need to evaluate the impact of specific interventions, such as foster carer peer support groups, and established and new models for supporting carers that are used by fostering services. This could contribute to a greater understanding of “what works” in promoting foster carers’ emotional well-being and their emotional capacity to sustain compassion in the fostering role.

Conclusion

This study illustrated the challenges that foster carers can face in sustaining compassion in the fostering role, as well as factors which can support this capacity. Further research is needed to increase understanding of the experiences and needs of different groups of carers. There is also a need to evaluate which models of support which are most effective for enabling carers to manage the emotional demands of fostering, including the potential benefits of carers receiving additional support from professionals who are outside the social care system.

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Chapter 3

Contributions for Theory and Clinical Practice

Introduction

This paper integrates key findings from the literature review and empirical paper and considers implications for research, theory development and practice. The literature review examined carers' perceptions and experiences of successful fostering, identifying factors and processes that carers felt were important for fostering successfully. The empirical paper explored carers views and experiences of holding compassion in fostering, highlighting factors that participants believed promoted or constrained their capacity to provide compassion in fostering.

Despite the divergent focus and aims of both papers, there was a surprising overlap in several findings and the implications of these. Studies reviewed in the literature paper identified several factors which participants considered contributed to the experience of successful fostering. The same factors were identified by participants in the empirical study, as supporting their compassion in fostering.

Participants in Brown and Campbell's study (2007) described several child specific outcomes of successful fostering; the child feeling "loved" and "safe" and having opportunities for growth such as developing new values in the foster family. Oke, Rostill-Brookes and Larkin (2013) identified the importance of carers emotionally bonding with the child and helping him/her to experience a sense of family belonging. In the empirical study, the main theme "enriching rewards" captured emotionally rewarding aspects of fostering that helped participants to experience compassion satisfaction from their role. These were illustrated in the sub-themes "making a difference", and "emerging and enduring bonds". Participants derived pleasure from supporting children to make positive changes in their lives, and described the emotional rewards of initially connecting with children who came into their families, and in forming more loving bonds with them over time.

Piel et al's paper (2017) considered how the ability to use supports at different system levels enhanced carers' resilience in fostering. In the empirical paper the sub-theme "using my supports", similarly conveyed how participants accessed and benefited from utilising support at multiple system levels. Several participants described positive experiences of accessing support from professionals when this was perceived as being responsive and empathic. Carers also identified how informal support from their adult birth children had a dual function of helping them to manage the emotional demands of fostering, whilst ensuring that foster children felt a sense of inclusion and belonging in an extended family separate to their own birth family.

Geiger et al (2016) also considered resilience processes in successful fostering and examined the role of empathy as a specific strength. Geiger and colleagues proposed that developing empathy for the child by understanding how their trauma history impacted upon feelings and behaviours, enabled carers to be more accepting of difficult behaviours. Oke and colleagues (Ibid) also identified the importance of carers developing this capacity for reflective functioning. In the empirical paper, the sub themes "getting perspective" and "making sense of my child", demonstrated how participants had a desire to enhance their compassion for the child's difficulties, by wanting to formulate these to gain more understanding of the child's emotional world.

Several papers in the literature review identified barriers to successful fostering. These difficulties also impacted upon how participants in the empirical study were able to sustain compassion in caring for children. Lietz et al (2016) indicated that managing challenging behaviours was a specific challenge for foster carers. In the empirical study, the sub-theme "relentlessness" highlighted the difficulties that carers experienced in managing children's challenging behaviours that were perceived to be unrelenting in their exhausting nature.

Other papers in the literature review identified how foster carers often felt devalued or poorly supported by their professional support systems, and excluded from having input in planning around the foster child (Samrai, Beinart and Harper, 2011). In the empirical study, the sub-theme “restrictions” highlighted how some participants felt that they were not valued by the professional support system, leading to these carers having a diminished parental role and capacity for compassion for caring for their foster children. In the context of these difficulties with professional support systems, papers in the literature review suggested that carers would seek out informal support from either family members or other foster carers (MacLay, Bunce and Purves, 2006).

Implications for future research and theory development

As previously noted there is a growing body of literature examining compassion fatigue amongst those working in helping roles. This research has however neglected the needs and experiences of foster carers. As far as the author is aware, there is one existing published research study examining compassion fatigue in foster carers (Ottaway and Selwyn, 2017), and the current unpublished empirical paper provides unique qualitative insights into foster carers experiences of holding compassion. Ottaway and Selwyn suggested that the lack of prior research with foster carers is somewhat surprising, given that foster carers are unique as a helper population, due to there being no separation between their work and home lives.

Given the absence of previous research with this population, there are no existing theoretical explanations of the processes of compassion satisfaction and fatigue in foster carers. The empirical paper suggested that participants’ experiences of compassion satisfaction were enhanced by powerful emotional rewards of making a difference in children’s lives and in forming emotional connections with children they fostered, or more loving bonds over time. Carers were able to sustain a capacity for compassion by being able to mentalise their

child's distress and inner emotional world, and by effectively using supports at different system levels. This capacity was also supported by participants' emotional commitment to the child, and them developing a self-compassionate acceptance of their own limitations. The study found that feelings of being devalued and unsupported by professional systems, and the relentless impact of managing challenging behaviours, were factors which diminished participants' capacity for providing compassion, leading to compassion fatigue.

Whilst there is a lack of existing theoretical models of compassion satisfaction and fatigue in foster carers, these processes seem to be affected by carers' relational experiences with foster children. Psychodynamic and attachment based perspectives both offer ways of conceptualising carers' experiences of emotional states which appear to be analogous to compassion fatigue. These are perceived to arise from the powerful emotional experiences that can develop in parenting children who have experienced early adversity and relational trauma.

Ironside (2004) described the emotional impact of caring for traumatised children from a psychodynamic perspective and suggested that these children can seek to project their own intolerable feelings of distress onto the foster parent through challenging behaviours.

Ironside suggested that when carers are unable to understand children's need to project their unbearable feelings, they can introject and identify with these, leading to carers feeling "persecuted" by the child, and "useless" or "inadequate". This can then affect the parenting that the carer is able to provide the child. Ironside indicated that in these situations, parenting can become "limited" and in some ways might even mirror the child's earlier experiences of emotional neglect.

Hughes and Baylin (2012) provided an attachment based conceptualisation of "blocked care", which would appear to be a similar emotional state to compassion fatigue. Hughes and Baylin suggested that blocked care can result from high levels of stress experienced in supporting children with challenging behaviours, inhibiting carers' capacity to provide empathic care for these children. Blocked care is seen by Hughes and Baylin as reflecting a

limbic survival-based brain mode where carers can adopt a protective and self-defensive stance, due to the stress of living with children with difficult behaviours. This can result in carers being more judgemental about the child and self, diminishing cognitive flexibility for thinking about the child and their relationship with him/her.

Scientific advances have led to an increased understanding of the impact of early abuse and neglect upon children's neurodevelopment. Perry (2001) indicated that high levels of stress hormone activation from repeated trauma experiences can affect the development and functioning of the brain, with significant implications for children's behaviour, and how they are able to relate to others.

Skuse and Matthew (2015) acknowledged how there is now a body of research which has found that early trauma impacts upon children's executive functioning, affecting their abilities for reasoning, attention and concentration, impulse control, and cognitive flexibility. These early experiences also affect the attachment relationships that children experience with caregivers.

Models of therapeutic parenting have been developed for traumatised children which recognise the neurodevelopmental and relational impact of early trauma, and emphasise how these children need therapeutic "re-parenting", to help them recover from their early trauma. Dyadic Developmental Practice (DDP) provides one specific approach to therapeutic parenting and consists of two aspects; carers using key principles of the model in their day to day parenting, and therapist led sessions for the carer and child for carers who are experiencing more complex relational issues with children (Dyadic Developmental Psychotherapy).

Casswell et al (2014) noted that DDP is underpinned by an attitude of carers being able to provide "PACE" in their parenting of the child. This acronym refers to parents being able to demonstrate qualities of playful parenting, acceptance of the child's inner emotional world, curiosity about meanings underlying behaviours and empathy for children's emotional states.

A central aim of both aspects of DDP is to develop attachment security between the parent and child. Due to the neurodevelopmental impact of their early experiences, traumatised children can be in primitive survival-based brain modes where they use challenging behaviours to be safe with others (Hughes, 2011). A key task for the parent is to provide co-regulation of the child's distress through an emotionally-attuned parenting approach where parents are empathic to the child's distress and seek to mentalise the child's thoughts and feelings.

DDP acknowledges how parenting traumatised children is highly stressful and can lead to "blocked care" where parents may lose their capacity for emotionally-attuned caregiving. Casswell et al noted how caregivers using the DDP approach require empathic support and supervision to sustain their emotional capacity for providing this style of parenting. The difficulties with the social care system providing empathic care for carers, could possibly be seen as a consequence of social workers experiencing "blocked care", due to the pressures of this role and also their secondary exposure to children's trauma.

In addition to foster care provision, DDP informed approaches are now used in residential care settings, and have been recommended for adoptive families (Adoption UK, 2017). Several small practice based evaluation studies have suggested that DDP provides some benefits for children and their parents/carers. Rushton's research (2004) with families using a DDP informed adoption support service, indicated that the model was beneficial for helping children to settle in placements and in preventing placement breakdowns. Golding and Picken's (2004) small-scale service based evaluation of the Fostering Attachments DDP based group work programme for foster carers, found post-intervention improvements in participants confidence and their ability to relate to their foster children, whilst Strengths and Difficulties Questionnaires indicated decreases in children's hyperactivity problems and total difficulties, with moderate to large effect sizes.

Despite these studies and the increasing application of DDP with traumatised children in different clinical contexts, proponents of the model have acknowledged the limitations of its' current evidence base and recognised the need for more robust future research to more rigorously examine its' efficacy (Casswell et al. Ibid). The National Institute for Health and Care Excellence (NICE, 2015), proposed that that DDP needs to be more rigorously evaluated using Randomised Controlled Trials, which collate primary outcome measures on quality of attachment, parental sensitivity, placement disruption and the educational performance and behavioural difficulties of the child.

However, in their review of interventions for looked after children's mental health difficulties, Luke et al (2014) argued that attachment based therapeutic parenting approaches such as DDP, have a limited impact when used in isolation. They proposed that children's needs are most effectively met by approaches that combine attachment based interventions such as DDP, with those that are informed by social learning theory, and instead emphasise positive reinforcement of behaviour and limit-setting for the child.

The current empirical paper also highlighted how negative experiences with professionals seemed to a contributor to compassion fatigue for some participants. There has been growing interest in the Mockingbird Family Model, an innovative American model for supporting foster carers. This model uses a new approach for supporting foster carers and foster children, through the formation of small clusters of six to ten satellite foster homes, which are each supported by an experienced hub carer. The role of the hub carer is to offer planned and emergency respite, informal advice and support to foster carers, and to coordinate regular meetings between all carers in the cluster.

The Mockingbird model develops small self-supporting communities of foster carers, providing an alternative to existing models of foster care provision where carers may feel isolated from other carers in large professional systems, which are often overstretched and

under-resourced. The model aims to improve placement stability for children whilst developing strong relationships with their birth families and the potential for these children to be reunited with birth family.

The Mockingbird model has recently been piloted in the United Kingdom and an initial evaluation for the Department of Education (McDermid et al, 2016) suggested that the model does offer the potential for improving placement stability and the retention of foster carers. McDermid et al however acknowledged how these pilot projects are in their infancy in the United Kingdom, and that there is a need to evaluate their impact over a longer term basis.

Whilst there are multiple ways in which peer contact and support systems between foster carers are now being developed, there is a limited evidence base concerning their impact on carers' well-being and secondary benefits for the children they care for. Luke and Sebba (2013) recommended that these interventions need to be more rigorously evaluated, using pre and post measures of carers' well-being, and research designs which use control or comparison groups.

In regard to compassion fatigue and satisfaction in foster carers, Ottaway and Selwyn identified how there is a need for future research to more specifically examine how compassion fatigue can be reduced in this population and compassion satisfaction enhanced. The empirical study sampled carers who had successfully sustained placements for two years or longer, and took an assumption that these carers were likely to be compassionate in their approach. However it did not necessarily follow that these carers were any more compassionate than carers who provide short term fostering. The research raised questions about the accuracy of carers' subjective perceptions of their own compassion. Carers might perceive that they hold high levels of compassion and are acting compassionately, when this is not the actual case. Conversely carers might believe that they are lacking compassion, or are not acting compassionately, when the opposite might be true. This might be an interesting area for future research.

Implications for clinical practice

The literature review and the empirical paper both highlighted issues which have important practice implications. The literature review found that carers conceptualised successful fostering in multiple ways. These included the emotional bonds and connections that the child made with the foster family, and positive changes that were made in the child's life. Carers also identified the importance of having our own informal support networks and positive relationships with their professional support systems. These systems however have different perceptions of what constitutes successful fostering, focusing upon outcomes such as placement stability or permanence. These outcomes do not necessarily capture the quality of children's relational experiences with carers, or the positive ways in which carers might impact upon children.

This complexity was highlighted in the empirical paper when one participant Rhys reflected about a child he had previously cared for who had gone to residential care when his foster placement with Rhys disrupted. The young person later made contact with Rhys and his wife when he was completing life story work, suggesting that in his mind, they had remained influential figures in his life, despite the placement disruption.

It does appear that there is a need for professional systems to hold a broader understanding of success in fostering. Disruptions of placements do not necessarily entail failure on the part of carers, although the system and carer may perceive this as being so. There is a need for systems to have a greater understanding of the emotional impact and complexity of providing foster care to traumatised children.

Skuse and Matthew's Trauma Recovery Model (2015) highlighted the complex tasks that carers need to accomplish in supporting traumatised young people. The model identified seven stages in young people's recovery process from trauma, and suggested that in earlier stages carers' tasks are to provide routine and safety for chaotic young people, and meet

basic needs which have previously been unmet. Skuse and Matthew suggested that in level four of their model, carers have successfully established trusting relationships which enable young people to feel safe enough to make disclosures about early trauma experiences. This reprocessing of trauma is however destabilising for young people, and may lead to a temporary increase in their distress and a re-emergence of challenging behaviours.

In these circumstances, foster carers and social workers may lack a psychological understanding that these behaviours are an expected part of a trauma recovery process. This may inhibit the capacity of carers and the system to contain their anxiety and uncertainty to work through this stage of recovery, leading to placement disruptions and carers being blamed by the system and feeling inadequate and burned out.

Ottaway and Selwyn acknowledged the importance of therapeutic parenting approaches for traumatised children but questioned how effectively carers are trained and supported in being able to deliver this in practice. They suggested that professional support systems need a greater understanding of the complex needs of traumatised children, and an awareness of how the experiences of caring for these children can lead to compassion fatigue or even burnout in carers.

Ottaway and Selwyn also proposed that there is a need for foster carers and social workers to receive training that identifies symptoms of compassion fatigue and provides ideas for promoting self-care which can enhance well-being and compassion satisfaction. They recommended that it may be beneficial for carers and social workers to experience joint training in this area, as this would promote mutual understanding that compassion fatigue affects both carers and professionals. Such interventions may be helpful for increasing carers' compassion for social workers, and enhancing a sense of a team approach in fostering. In the literature review Geiger et al's study identified how participants developed empathy for professionals in the child welfare system. Several participants in the empirical study appeared to have had limited empathy for social workers and the specific challenges that they also may be facing in their work contexts.

Formally organised peer support groups for carers may offer an important role for reducing carers' compassion fatigue and promoting their compassion satisfaction. Luke and Sebba (2013) suggested that these groups can offer several potential benefits by enabling foster carers to share experiences and learn from others, whilst also reducing the social isolation that some carers may experience. Maclay and colleagues (Ibid) indicated that carers have a preference that their social workers are not involved with, or do not attend these groups. The need for an independent facilitator of these groups is however acknowledged (The Fostering Network, 2009), so that these do not become "gossip sessions" or forums for criticising social workers or social services (Murray, 2007). Ottaway and Selwyn suggested that these groups should create a safe space for carers to be able to reflect upon the emotional impact of fostering with their peers, and Hughes (2004) proposed that facilitators of these groups should have therapeutic knowledge and expertise of working with children who are traumatised.

The Royal College of Psychiatrists (no date) provided some practical suggestions for developing self-care strategies to reduce compassion fatigue in mental health practitioners. These may also be usefully applied the foster carers, and include carers finding time for pleasurable activities which provide relaxation, such as spending time with partners or pets, or doing physical activities such as walking or running. The report also identified the importance of practitioners been able to develop skills for mindfulness.

Recent research by Gurney-Smith, Downey and Kidd (2017) examined the impact of mindfulness-based training intervention with staff and adoptive parents from a voluntary adoption agency. The study found post intervention improvements in staff levels of self-compassion and in terms of parents reported levels of self-compassion and parenting stress. There is scope for considering the potential benefits of providing joint mindfulness training to foster carers and the social workers, and it would be important to evaluate the impact of such interventions.

The capacity for mindfulness is considered to be a key component of having self-compassion (Neff, 2009). Foster carers may find it difficult to accept instances where they perceive that they have not acted compassionately towards foster children, or have not felt compassionate about them. This however does not mean that carers have lost their general compassion for the child, but instead may relate to the specific challenges and stresses of fostering on a moment to moment or day to day basis. A capacity for self-compassion enables carers to mindfully reflect upon and accept these very human limitations.

Carers should be encouraged to think about how they can thoughtfully demonstrate their compassion for children through actions or gestures which may not always be possible in difficult “here and now” moments. One of the participants in the empirical study Rhys, provided a powerful and vivid anecdote about a compassionate act he been able to make for one of his past foster children.

Rhys recalled a young person Tom who was struggling to behaviourally manage the demands of school, and who he said spent more time being in detention than in the classroom. Rhys explained how at the end of the summer term, Tom discovered that all pupils would be required to wear school uniform when the new school year resumed. Tom expressed its displeasure with the new rules and stubbornly insisted that there was “*no way*” he would be wearing a school uniform when he went back to school.

Rhys described how Tom’s protests continued throughout the summer holiday, and how he had to resist the temptation to become involved in arguments with him about the uniform issue. At the same time, Rhys had been growing a “*beautiful*” rose as a surprise for his wife. Tom spent much of his time with Rhys in the greenhouse, admiring Rhys’ commitment to nurturing and growing the rose, and understanding its emotional significance for Rhys.

The day before Tom was due to go back to school, he was out playing with friends and Rhys explained how he put Tom’s new uniform on his bed, placing the freshly cut rose on top of this. Rhys described how Tom returned home and his astonishment at discovering the cut

rose on top of his uniform. A conversation followed between Rhys and Tom, where Tom exclaimed that Rhys was “*mad*” as the rose was the “*most important thing in the house right now*”. Rhys was able to then convey to Tom that the rose was less important than he was, and was also less important than Tom going to school. Hearing this, Tom conceded that he would “*wear the bloody uniform!*”.

A specialist role for clinical psychology

Rhys’ anecdote illustrates how traumatised children require a different approach to parenting, which is attuned to their emotional needs, and considers the relational impact of carers’ emotional communication with children. Psychologically informed approaches such as DDP and the Trauma Recovery Model recognise parental compassion as being key to promoting children’s recovery from developmental trauma, and emphasise how this capacity needs to be effectively supported and nurtured in carers.

As previously indicated social care systems may lack the understanding and capacity to support these approaches for therapeutic parenting. Golding (2004) described a consultation service for foster carers, and considered how specialist input from clinical psychology might benefit carers and their professional support systems. Consultations were provided for foster carers who were experiencing relational difficulties with children, and were also attended by members of the professional network around the child, such as social workers and education and health professionals.

Golding explained how these consultations provided carers and their professional system with a “reflective space” for exploring the child’s difficulties and considering possible alternative ways of addressing these. Following consultations, carers and professional were provided with psychological insights that primarily drew upon an attachment based

understanding of the child's difficulties, but were also informed by other models, such as systemic, social learning or cognitive approaches.

Golding proposed that the consultations complemented existing support services for foster carers, helping carers and their professional network to develop new and shared understandings of the child. She also suggested that consultations provided a means for improving system communication around the child.

There is a need for further more rigorous research to examine the potential benefits of improving foster carers access to psychological advice and support in relation to caring for traumatised children. It would be helpful to more robustly evaluate the impact of psychological consultations upon carers understanding of children's difficulties, the nature of relationships between the carer and the child, and also upon carers' wellbeing and their capacity for providing compassion in caring for the child

A further area of research could be the impact of consultations upon effective multi-agency working around the traumatised child. Conway (2009) suggested that the impact of working with traumatised children can sometimes lead to powerful splits and difficult relationships between services. It would be important to examine whether the process of bringing the system together for psychological consultation, has any positive impact upon levels of compassion for the child and foster carer, and among different professionals and agencies in the system.

Reflective commentary

The processes of keeping a research journal and meeting with my research supervisors enabled me to reflect upon personal judgements, assumptions and biases which I undoubtedly brought to this research, due to my previous experiences of working with looked after children and foster carers. I do feel however, that being on clinical psychology training

for the past few years, provided me with some emotional distance from these experiences, helping me to have a fresh perspective on these and the research topic.

Listening to participants' narratives was a powerful experience. I noticed how I found myself remembering foster children and carers who I previously worked with. In particular I found myself thinking about instances where I had felt frustrated or tired in working with foster carers. With hindsight, I questioned how compassionate I had been in thinking about their distress during situations which were stressful and difficult.

I found myself thinking about one particular younger child who experienced early sexual trauma and had significant behavioural difficulties. The experience of this child's distress was emotionally traumatising for different adults in the system around her, and resulted in difficult relational dynamics between these adults. The nature of her experiences seemed to have led to secondary trauma among the adults in the system, and to workers losing compassion for the distress that others were experiencing.

I felt privileged by having the opportunity to hear participants' narratives in the interviews, and was intrigued by and moved in listening to the accounts of several participants who reflected on their experiences fostering for the last twenty or thirty years. I was struck by the commitment that these carers had devoted to fostering for such a large part of their adult lives, and their resilience and tenacity in managing this role for so long. These participants reflected upon the personal gains they had experience from fostering, and spoke lovingly about past foster children who had become, and remained extended members of their own family as adults. At the same time, these participants spoke about current and long-standing frustrations of fostering, which seemed to relate to perceptions that they were not valued or recognised by their professional systems. It struck me how for these and other participants I interviewed, that fostering was more of a personal vocation than an employment role, and was a key part of their individual identities.

Whilst these participants evoked feelings of warmth in me, I was aware how one participant elicited more negative emotions in me. I perceived that this carer was less compassionate in their approach to fostering young people, emphasising how they felt that that being too compassionate would expose them as being “weak” or “soft”, and would inevitably would lead to young people taking advantage of them. As a defence against this vulnerability, this carer articulated their personal belief, that adopting a firm and strict behavioural approach was more important for them to manage the demands of fostering, than being emotionally sensitive to the young person’s underlying difficulties.

I found that I experienced a strong sense of responsibility to participants and the narratives that they had shared with me. In identifying the themes and sub-themes across participants’ narratives, I was conscious how I was having to omit material which was particularly relevant and meaningful for specific individuals. For instance, several carers richly described the personal satisfaction that they experienced in being able to improve relationships between foster children and their birth parents. Making the judgement that these carers’ experiences did not constitute a wider pattern or sub-theme amongst participants’ narratives in general, I was left with a sense of not having “done justice” to what I perceived was particularly important to these specific carers.

Whilst I felt that the methodology used was appropriate for addressing the research topic, during the analysis process I felt conflicting feelings about the topic I had chosen. I found myself fully immersed in this topic, but also noticing how participants’ accounts were so rich and diverse, that they offered an inviting potential for exploring a multitude of different research questions about their perceptions and experiences of fostering.

Finally, my experience of interviewing one specific participant had a particular impact upon me. The interview was a somewhat chaotic experience and was paused on several occasions, as the carer attempted to tell me her story, whilst simultaneously juggling the demands of her own family and fostering commitments.

The interview was paused to enable the carer to compose herself when she became tearful in talking about her love for “our boy” who had recently moved to residential care because of his behavioural difficulties. It was paused again when the carer took phone calls from social services and school about her “foster daughter” who was currently in placement, and also when she tried to stop her dogs from coming into the room and climbing on my lap. At the end of the interview, the carer apologised for the interruptions and explained how she was waiting for a phone call from her heavily pregnant birth daughter who was due to give birth.

As I left the interview I was struck at how humbled I felt by this particular carer, and her love for her foster children. From a contextualist position, the interview had provided me with direct and powerful insights into how this participant’s experiences were shaped by her personal contexts and in managing her complex multiple roles of being a partner, a birth and foster mother, and a grandparent. Most importantly, despite my possible de-sensitisation to these issues from my previous experiences of working with foster carers, she left me feeling in awe of the compassionate commitment that some foster carers have in parenting children who are traumatised.

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Appendices

Appendix 1

Application for Ethical Approval

Project Title: Holding compassion in the fostering role - a thematic analysis of foster carers' views and experiences.

Principal investigator: Painter, Robert

Other researchers: Girling, Trish, Jackson, Mike

Pre-screen Questions

Type of Project D.Clin.Psy

Further details: Large Scale Research Project to be completed as an academic requirement of the NWCPP Doctorate of Clinical Psychology training programme.

What is the broad area of research Clinical/Health

Further details: Qualitative research using thematic analysis of audio recorded transcripts of semi-structured interviews with foster carers.

Funding body Internally Funded

Further details: Research funded by NWCPP.

Type of application (check all that apply) A new application that does not require sponsorship or scrutiny from an outside body?

Proposed methodology (check all that apply) Questionnaires and Interviews

Further details: The research study will use thematic analysis to describe and interpret the views and experiences of foster carers. Data will be derived from audio recordings of semi-structured interviews with participants, which will be transcribed verbatim.

Do you plan to include any of the following groups in your study?

Further details: Participants will be foster carers employed by Local Authorities or Independent Fostering Agencies.

Does your project require use of any of the following facilities and, if so, has the protocol been reviewed by the appropriate expert/safety panel? If yes please complete Part 2:B

Further details: Not applicable.

If your research requires any of the following facilities MRI, TMS/ tCS, Neurology Panel, has the protocol been reviewed by the appropriate expert/safety panel? Not applicable (the research does not require special safety panel approval)

Connection to Psychology, (i.e. why Psychology should sponsor the question) Investigator is a student in Psychology (including the North Wales Clinical Psychology Programme)

Further details: The investigator is a Trainee on the North Wales Clinical Psychology Programme. The research topic is relevant to foster carers' emotional well-being, and their practice in fostering children.

Does the research involve NHS patients? (NB: If you are conducting research that requires NHS ethics approval make sure to consult the Psychology Guidelines as you may not need to complete all sections of the Psychology online application) No

Further details: Not applicable. Research participants will be a non-patient population.

Has this proposal been reviewed by another Bangor University Ethics committee? No

NHS checklist. Does your study involve any of the following? Further details: The research will be with a non-patient population.

Part 1: Ethical Considerations

Will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect?. Yes.

Further details: Participants will be sent information packs which will advise them of the procedures for the study.

Will you tell participants that their participation is voluntary?. Yes.

Further details: The information packs sent to potential participants will explain that their participation is voluntary.

Will you obtain written consent for participation?. Yes.

Further details: Participants who decide to participate will use an Opt-in form to provide their written consent for participation.

If the research is observational, will you ask participants for their consent to being observed? N/A

Will you tell participants that they may withdraw from the research at any time and for any reason?. Yes.

Further details: Participants will be advised that they can pause or completely stop interviews, at any point, without giving reason. Having completed interviews, participants will be given a date by which they can withdraw their anonymised data from being used in the study, if they wish to do so.

With questionnaires, will you give participants the option of omitting questions they do not want to answer?

Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs? Yes

Further details: Participants will be advised that pseudonyms will be used to protect their anonymity and that of the children they care for. The research thesis will not include any information which could potentially identify individuals (e.g. geographical locations, ages of participants or children, or participants involvement with specific organisations). Participants will be also made aware of arrangements that will be used to protect their personal details. All paper information identifying participants be stored securely in a locked filing cabinet at

Bangor CAMHS. Participants will be given research identification numbers to identify their anonymised data. Paper information linking participants' identities to research identification numbers will be stored securely in a locked filing cabinet, and also stored on a password protected document on the researcher's personal NHS computer drive. All information/equipment/recordings will be transported using a locked briefcase

Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?. N/A.

Further details: Potential participants will be sent an information pack explaining the aims and rationale for the study. All participants will be debriefed at the end of interviews.

Will your project involve deliberately misleading participants in any way? No

Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? If *Yes* , give details and state what you will tell them to do should they experience any problems (e.g., who they can contact for help) Yes

Further details: The interviews may elicit participants recalling and discussing distressing material. Prior to interview, participants will be advised that they can pause, or stop the interview at any point should they wish to do so, and the researcher will debrief all participants at the end of interviews. As a Trainee Clinical Psychologist the researcher has experience of supporting people who are distressed. All participants routinely have access to supervision from their employing organisation, and they will be directed to use this support if needed. In addition to this, one of the research supervisors, Dr Trish Girling, Senior Clinical Psychologist, has extensive experience working with foster carers. She has agreed that participants would be able to contact her for additional support, should this be needed.

Is there any realistic risk of any participants experiencing discomfort or risk to health, subsequent illness or injury that might require medical or psychological treatment as a result of the procedures?. No.

Does your project involve work with animals? If *Yes* please complete Part 2: B N/A

Does your project involve payment to participants that differs from the normal rates? Is there significant concern that the level of payment you offer for this study will unduly influence participants to agree to procedures they may otherwise find unacceptable? If *Yes* please complete Part 2: B and explain in point 5 of the full protocol. N/A.

If your study involves children under 18 years of age have you made adequate provision for child protection issues in your protocol?. N/A.

If your study involves people with learning difficulties have you made adequate provision to manage distress?. N/A.

If your study involves participants covered by the Mental Capacity Act (i.e. adults over 16 years of age who lack the mental capacity to make specific decisions for themselves) do you have appropriate consent procedures in place? NB Some research involving participants who lack capacity will require review by an NHS REC. If you are unsure about whether this applies to your study, please contact the Ethics Administrator in the first instance. N/A.

If your study involves patients have you made adequate provision to manage distress?. N/A.

Does your study involve people in custody?. No.

If your study involves participants recruited from one of the Neurology Patient Panels or the Psychiatry Patient Panel then has the protocol been reviewed by the appropriate expert/safety panel?. N/A

If your study includes physically vulnerable adults have you ensured that there will be a person trained in CPR and seizure management at hand at all times during testing?. N/A

Is there significant potential risk to investigator(s) of allegations being made against the investigator(s). (e.g., through work with vulnerable populations or context of research)?. N/A

Is there significant potential risk to the institution in any way? (e.g., controversiality or potential for misuse of research findings.). N/A

Part 3: Risk Assessment

Is there significant potential risk to participants of adverse effects?. No.

Is there significant potential risk to participants of distress?. Yes.

Further details: The interviews may elicit participants recalling and discussing distressing material. Prior to interview, participants will be advised that they can pause, or stop the interview at any point should they wish to do so, and the researcher will debrief all participants at the end of interviews. As a Trainee Clinical Psychologist the researcher has experience of supporting people who are distressed. All participants routinely have access to supervision from their employing organisation, and they will be directed to use this support if needed. In addition to this, one of the research supervisors, Dr Trish Girling, Senior Clinical Psychologist, has extensive experience working with foster carers. She has agreed that participants would be able to contact her for additional support, should this be needed.

Is there significant potential risk to participants for persisting or subsequent illness or injury that might require medical or psychological treatment?. No.

Is there significant potential risk to investigator(s) of violence or other harm to the investigator(s) (e.g., through work with particular populations or through context of research)?. No.

Is there significant potential risk to other members of staff or students at the institution? (e.g., reception or other staff required to deal with violent or vulnerable populations.). No.

Does the research involve the investigator(s) working under any of the following conditions: alone; away from the School; after-hours; or on weekends? Yes.

Further details: The researcher will be required to travel to different locations and conduct interviews alone in different settings, which may include foster carers own homes. The researcher will adhere to BCUHB lone worker policy, and contact and the primary supervisor when arriving and leaving interview sites. In addition, the participants in the study are approved by the Disclosure and Barring Service, and therefore do not have any known significant risks in relation to others.

Does the experimental procedure involve touching participants?. N/A.

Does the research involve disabled participants or children visiting the School?. No.

Declaration

Declaration of ethical compliance: This research project will be carried out in accordance with the guidelines laid down by the British Psychological Society and the procedures

determined by the School of Psychology at Bangor. I understand that I am responsible for the ethical conduct of the research. I confirm that I am aware of the requirements of the Data Protection Act and the University's Data Protection Policy, and that this research will comply with them. Yes.

Declaration of risk assessment. The potential risks to the investigator(s) for this research project have been fully reviewed and discussed. As an investigator, I understand that I am responsible for managing my safety and that of participants throughout this research. I will immediately report any adverse events that occur as a consequence of this research. Yes.

Declaration of conflict of interest: To my knowledge, there is no conflict of interest on my part in carrying out this research. Yes.

Part 2: A

The potential value of addressing this issue

Hypotheses

Participants recruitment. Please attach consent and debrief forms with supporting documents

Research methodology

Estimated start date and duration of the study.

For studies recruiting via SONA or advertising for participants in any way please provide a summary of how participants will be informed about the study in the advertisement. N.B. This should be a brief factual description of the study and what participants will be required to do.

Part 2: B

Brief background to the study.

Further details: The stability and quality of foster placement provision, has significant implications for the emotional well-being of children in care. Multiple placement moves are considered to be an indicator of emotional harm (NICE, 2010), and it is understood that children who have experienced abuse and neglect, need a "therapeutic parenting" approach to most fully support their developmental recovery from early trauma. This highly structured and nurturing style of parenting, requires foster carers to be able to consistently respond to children's distress and challenging behaviours with compassion and sensitivity. Foster caring however can be highly stressful and emotionally demanding, and research has highlighted multiple factors which can affect carers' capacities to effectively sustain this role. These factors include children's challenging behaviours, the impact of fostering on carers own families, difficult relationships with birth families, and dissatisfaction with support from fostering services (Triselotis, Borland Hill, 1998). Whilst there is a growing body of research into the impact of compassion fatigue upon health professionals, social workers and emergency service personnel; foster carers have been neglected as a 'helper' population. Recent research by Ottaway and Selwyn (2017), indicated that a substantial minority of foster carers experience compassion fatigue and associated difficulties with burnout, poor emotional well-being and a diminished sense of pleasure, or compassion satisfaction, derived from their fostering role. This study specifically seeks to address the lack of research with foster carers, and also to inform practice and service provision. It will aim to qualitatively explore and interpret carers' individual perceptions and experiences of fostering, to increase an understanding of what challenges and sustains carers' abilities to hold compassion, and what might enhance this.

The hypotheses.

Further details: The study will explore the primary research question, "What are carers' experiences of holding compassion in fostering children?". It will also examine the following secondary questions: "What role does compassion have in enabling foster carers to care for foster children?". "What experiences and issues challenge carers abilities to hold compassion in their fostering roles?". "What helps carers to sustain compassion, and to continue to experience satisfaction from fostering?".

Participants: recruitment methods, age, gender, exclusion/inclusion criteria.

Further details: Participants will be foster carers employed by local authority fostering teams or independent fostering agencies. To be eligible for the study, carers will not be related to the children they care for (non-kinship carers), and will have maintained their current or a previous placement, for two years or longer. There are no restrictions concerning the age ranges of children looked after by participants. Initial contact has been made with Managers of local authority fostering teams and independent fostering providers across North Wales, regarding the proposed study. Subsequently, a local authority fostering team and an independent fostering agency, have confirmed interest in the study and to providing access to potential participants. These service providers are based in different regions in North Wales, and participants will be recruited from these organisations. Following guidance from the NWCPP Research Team concerning sample sizes for previous qualitative Doctoral research projects, this study will aim to recruit between six to ten participants. Upon confirmation of ethical approval for the study, the researcher will meet with the Managers of the services collaborating with the study, to provide further details of the aims, procedures and ethical safeguards of the study. These services will then be asked to send information packs with Opt-in form to carers they are supporting, who they identify as meeting the eligibility criteria for the study. Potential participants will be asked to return Opt-in forms to the researcher by post, if they decide to participate in the study. A suitable time and venue will then be arranged for the interview. It is anticipated that participants who opt in to the study will be of different ages and genders.

Research design

Further details: This study will adopt a qualitative approach using a thematic analysis methodological approach. Braun and Clarke (2006) suggest that thematic analysis is a flexible research method which "can provide a rich and detailed yet complex account of data". Semi-structured interviews using open-ended questions will be used to collect participant data. Interviews will be audio recorded and transcribed verbatim. Transcripts will be analysed to identify common and key themes relevant to the research topic. The analysis process will be discussed with the research supervisors.

Procedures employed

Further details: A semi-structured interview schedule will be used to explore carers' perceptions and experiences of compassion, compassion fatigue and compassion satisfaction. The interview schedule will be developed with the research supervisors to ensure that questions are appropriately non-directive. Open-ended questions will be used to encourage participants' free discussion of their own views and experiences in relation to these issues. It is anticipated that interviews will last between 30 minutes to one hour.

Measures employed

Further details: This study will not use any clinical measures, but the researcher will obtain some basic demographic information from participants (eg length of time fostering, age ranges of children cared for).

Qualifications of the investigators to use the measures (Where working with children or vulnerable adults, please include information on investigators' CRB disclosures here.)

Further details: Not applicable.

Venue for investigation.

Further details: Interviews will be conducted at a venue of participants' choice. This will either be participants' own homes, or at their employing organisations.

Estimated start date and duration of the study (N.B. If you know that the research is likely to continue for more than three years, please indicate this here). Further details: It is estimated that the study will commence on 29th September 2017, and will end by 14th September 2018, after feedback has been given to participants.

Data analysis.

Further details: This study will use a thematic analysis of participants' data. Whilst thematic analysis can be employed in various ways for different aims, this analysis will adopt what Braun and Clarke (2006) refer to as being a "realist" stance. It will aim to identify and interpret participants' reality and experiences, and the meanings that they derive from this. In analysing the data, the researcher will follow the six steps of thematic analysis, recommended by and Clark. This process begins with an initial familiarisation of the entire dataset; all the transcripts from individual participants. Following this, initial codes are generated by a more detailed reviewing of the dataset, to identify specific features of interest in participants' individual accounts. These codes are then analysed to identify broader themes present across the wider dataset. Themes are next reviewed to ensure that coded data extracts fit into a coherent pattern of themes, and produce a thematic map depicting the overall relationships between different themes. Following this stage, themes are more specifically defined and named to produce an overall narrative of the data. The last stage of the thematic analysis, is the production of a report which seeks to provide a coherent account of the story told by the data.

Potential offence/distress to participants

Further details: The interviews may elicit participants recalling and discussing distressing material. Prior to interview, participants will be advised that they can pause, or stop the interview at any point should they wish to do so, and the researcher will debrief all participants at the end of interviews. As a Trainee Clinical Psychologist the researcher has experience of supporting people who are distressed. All participants routinely have access to supervision from their employing organisation, and they will be directed to use this support if needed. In addition to this, one of the research supervisors, Dr Trish Girling, Senior Clinical Psychologist, has extensive experience working with foster carers. She has agreed that participants would be able to contact her for additional support, should this be needed. Limits of confidentiality will be explained to participants prior to the start of interviews. Participants will be advised that the confidentiality will be fully maintained, unless they disclose information indicating possible significant risk to themselves or others.

Procedures to ensure confidentiality and data protection.

Further details: The researcher will be contacted only by recipients of the information packs who decide to opt-in and participate in the study. The identity of those who choose not to

participate, will not be known to the researcher. Participants will be assigned an individual research identification number and following transcription of audio recordings, recordings will be deleted. Typed anonymised transcripts will be password protected and stored on the researcher's personal drive on an NHS computer, and also an encrypted USB stick for purposes of data analysis. Hard copies of participant information such as signed opt in forms and contact details will be stored in locked filing cabinet at Bangor CAMHS. Upon completion of the project, data will be destroyed in accordance with Bangor University and BCUHB data protection policies. In the research thesis, pseudonyms will be used to protect the anonymity of participants and the children they care for. The report will not include information which could potentially identify individuals (e.g. geographical locations, ages of participants or children, or participants involvement with their employing organisations).

*How consent is to be obtained (see BPS Guidelines and ensure consent forms are expressed bilingually where appropriate. The University has its own Welsh translations facilities on extension 2036) Further details: Information sheets, opt in forms and consent forms will be provided in both English and Welsh languages. The researcher is however a non-Welsh speaker and will inform potential participants that interviews will need to be conducted in English.

Information for participants (provide actual consent forms and information sheets) including if appropriate, the summary of the study that will appear on SONA to inform participants about the study. N.B. This should be a brief factual description of the study and what participants will be required to do.

Approval of relevant professionals (e.g., GPs, Consultants, Teachers, parents etc.) Further details: The researcher will approach local authority fostering teams, and independent fostering agencies, to enquire if these organisations would like to be involved in the study.

Payment to: participants, investigators, departments/institutions

Further details: This study will not involve any payments to participants, investigators or departments/organisations.

Equipment required and its availability.

Further details: The researcher will use a digital audio recorder for recording interviews, and an encrypted USB for storing and analysing anonymised transcripts of interviews. These resources will be provided by NWCPP. A lockable briefcase will also be obtained by the researcher for the purposes of transporting audio recordings from interview venues back to Bangor CAMHS. These recordings will then be stored in a locked filing cabinet before they are transcribed verbatim and any details identifying participants are removed.

If students will be engaged a project involving children, vulnerable adults, one of the neurology patient panels or the psychiatric patient panel, specify on a separate sheet the arrangements for training and supervision of students. (See guidance notes) Further details: Not applicable.

If students will be engaged in a project involving use of MRI or TMS, specify on a separate sheet the arrangements for training and supervision of students. (See guidance notes) Further details: Not applicable.

What arrangements are you making to give feedback to participants? The responsibility is yours to provide it, not participants' to request it.

Further details: The researcher will ask participants if they would like to receive feedback on the findings of the study. Participants who do wish to receive this will be sent a brief summary of the study findings. The researcher will also arrange to attend the fostering services involved in the research, to provide brief presentations of the findings of the study.

Finally, check your proposal conforms to BPS Guidelines on Ethical Standards in research and sign the declaration. If you have any doubts about this, please outline them.

Part 4: Research Insurance

Is the research to be conducted in the UK?. Yes.

Further details: The research will be conducted in Wales.

Is the research based solely upon the following methodologies? Psychological activity, Questionnaires, Measurements of physiological processes, Venepuncture, Collections of body secretions by non-invasive methods, The administration by mouth of foods or nutrients or variation of diet other than the administration of drugs or other food supplements. No.

Research that is based solely upon certain typical methods or paradigms is less problematic from an insurance and risk perspective. Is your research based solely upon one or more of these methodologies? Standard behavioural methods such as questionnaires or interviews, computer-based reaction time measures, standardised tests, eye-tracking, picture-pointing, etc; Measurements of physiological processes such as EEG, MEG, MRI, EMG, heart-rate, GSR (not TMS or tCS as they involve more than simple 'measurement'); Collections of body secretions by non-invasive methods, venepuncture (taking of a blood sample), or asking participants to consume foods and/or nutrients (not including the use of drugs or other food supplements or caffeine). Yes

Further details: The research will involve participants participating in a single interview.

Appendix 2

Ethical approval granted for 2017-16093 Holding compassion in the fostering role - a thematic analysis of foster carers' views and experiences.

E

ethics@bangor.ac.uk

Reply all

Wed 25/10/2017, 15:03

Robert Adam Painter

Inbox

:

Dear Robert,

2017-16093 Holding compassion in the fostering role - a thematic analysis of foster carers' views and experiences.

Your research proposal number 2017-16093 has been reviewed by the Psychology Ethics and Research Committee and the committee are now able to confirm ethical and governance approval for the above research on the basis described in the application form, protocol and supporting documentation. This approval lasts for a maximum of three years from this date.

Ethical approval is granted for the study as it was explicitly described in the application

If you wish to make any non-trivial modifications to the research project, please submit an amendment form to the committee, and copies of any of the original documents reviewed which have been altered as a result of the amendment. Please also inform the committee immediately if participants experience any unanticipated harm as a result of taking part in your research, or if any adverse reactions are reported in subsequent literature using the same technique elsewhere.

Appendix 3

Participant Information Sheet

Research Project

Holding compassion in the fostering role – a thematic analysis of foster carer's views and experiences.

Dear Sir/Madam,

You are being invited to participate in the above research study, which I am completing as part of my studies for the Doctorate of Clinical Psychology at Bangor University.

What is the purpose of the study?

To understand more about foster carers and 'compassion' – how foster carers are able to be empathic and sensitive to the difficulties and needs of the children they care for.

This study will look at several questions:

What reduces the ability of foster carers to be compassionate?

What helps foster carers to be able to hold on to their compassion, and to continue to find fostering emotionally rewarding?

Why is this research important?

As an emotionally demanding job, there has been very little research about what limits and helps foster carers in being able to be compassionate in their caring role. Foster carers' compassion is key to helping children to recover from early experiences of abuse and neglect, and to build trusting and more secure relationships with others.

Understanding more about foster carers' views and experiences, can help fostering services to more effectively develop support and practices, which can help carers manage the emotional challenges of fostering.

Why have I been invited to take part?

I have asked your fostering service to contact foster carers they support, who have been able to provide placements for children, which have lasted two years or longer. These may be either current placements, or previous foster placements you have had. You have been sent this information pack so that you have the opportunity to participate in this study, if you wish to do so.

Do I have to take part?

Participating in this study is entirely voluntary, and there is no expectation from your employing organisation for you to take part. I will only have the personal details of carers who return the opt-in form, saying that they wish to participate. If you do want to take part, your identity will be anonymised to protect your confidentiality. Your employing organisation will not know that you are participating, unless you want to tell them this.

What will happen to me if I take part?

After signing and returning the opt-in form in the stamped addressed envelope, I will contact you by your preferred method of choice. I will arrange a date and time to meet with you and interview you. I can interview you at your home, or at your employing organisation if you would prefer this. The interviews will need to be conducted in English as I am not a Welsh speaker.

I am planning to interview carers in December 2017 and January 2018.

Interviews will last between 30 minutes to 1 hour and will be audio-recorded.

What are the possible benefits and risks of taking part?

Carers will be able to share their personal experiences and views about the emotional demands and rewards of fostering. Understanding more about these issues can help services to support carers in coping with the challenges of fostering.

If carers do become upset in interviews, they can pause or stop interviews at any point. Carers can also choose not to answer specific questions, if they do not want to do this. After each interview, I will check that carers have not been distressed or upset by taking part in the interview.

Will it be confidential?

To protect your confidentiality, and the confidentiality of the children you care for, the research report will not contain any information which will identify individuals, or their family members. This means that the report will not use people's real names, ages, where they are from, or where they live. The report will also not identify the fostering organisations that individuals work for. If your quotes are used in the report (the exact words you said in the interview), a false name will be used next to these.

Any personal details that I have (such as the names and contact details of carers take part in the study), will be stored in a locked filing cabinet at Bangor CAMHS, and destroyed after a summary of the findings has been sent to carers who have taken part (August to September 2018).

Audio recordings will be transcribed (typed word for word) after interviews. Typed transcripts will be stored securely on my researcher NHS computer and will not identify you or any other people. Audio recording will be deleted as soon as the interviews have been transcribed. The anonymised transcripts will be stored safely for five years before they are destroyed, in case the research is submitted for publication in an academic journal.

What will happen to the results of the study?

After I have submitted the final research report to Bangor University, in August to September 2018, I will send a brief summary of the findings to participants who would like to read this. The research paper may also be submitted for publication in an academic journal.

What if I want to complain?

If you have any concerns about the study, or want to make a complaint, you can contact Mr Hefin Francis, School Manager, School of Psychology, Bangor University.

01248 388339 h.francis@bangor.ac.uk

I would like to take part?

Please can you complete and sign the enclosed opt-in form, and return it using the stamped addressed envelope by Wednesday 13th December.

Who should I contact for further information?

If you have more questions about the research study, please contact me at

psp6fe@bangor.ac.uk or by phone; 07823388509

Many thanks for your support.

Yours Sincerely,

Rob Painter

Trainee Clinical Psychologist

North Wales Clinical Psychology Programme

Appendix 4

OPT-IN CONSENT FORM

“Holding compassion in the fostering role – a thematic analysis of foster carer’s views and experiences”.

Rob Painter
Trainee Clinical Psychologist
North Wales Clinical Psychology Programme
Email - psp6fe@bangor.ac.uk Phone –

Please initial box

1. I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I can withdraw at any time, without giving reason.
3. I agree to take part in the above study.

☐
☐
☐

Please initial box

Yes

No

4. I agree to the interview being audio-recorded.
5. I agree to my anonymised quotes being used in the research report and publications.

☐
☐
☐
☐

Your name Signature

Date.....

Please can you leave a contact number or email address

.....

& return this form in the envelope provided. Many thanks for your support.

Appendix 5

Analysed interview extract

<p>(I – Interviewer, P – Paul)</p> <p>I You said a bit about how having information about a child's background helps you. Can you say a bit more about that?</p> <p>P Err.... yeah. One of the problems I think is inevitable with all local authorities, is when a child comes into care – you are given a load of information. You hope that you have everything you need to know, but it doesn't always work out like that (laughs). Quite often things are withheld -accidentally or whatever. But I think, if you can have an understanding of the child's experiences in the past, it gives you a much better handle on how to work with them - help them to resolve those issues.</p> <p>I So having that information about the individual is kind of important?</p> <p>P Yeah....again the lad I mentioned before he was very aggressive. I found it was difficult to empathise with him because when he came into care his father was in prison. So he saw me as a replacement for his father, which he didn't want. His view was, "if my dad had been at home everything would have been fine". So I was sort of usurping his dad's place if you like. He resented that in me, so it was difficult to make any connection with him. Whereas Sally as a sort of mother figure, was much more empathetic...able to deal with him. And it took years to work through that. He became older and came to realise that the reality wasn't what he had thought it was, when he first came into care. But you know, it's about being able to stick in there and work through it to that point. It could have been so easily the case....you know, "We can't cope with this – he's got to go".</p> <p>I So that was a long term placement, and you were saying that aggression was challenging your compassion in a way....but from what you were saying sticking in there, was what helped you to hold onto your compassion with that young person?</p>	<p>Need for information/lack of information</p> <p>Understanding the child</p> <p>Difficulties connecting to child</p> <p>Making sense of child</p> <p>Difficulties connecting to child</p> <p>Sticking with child/seeing it through</p>
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<p>P I think it was...umm....partly because of his behaviour....if we had given up on him, he would have been in the lock-up or gone to residential - something like that. And we didn't want that to happen so we sort of just pressed on....and eventually it came to a point where as he grew older, he was able to deal with his own anger issues in a more constructive way. And sort of teaching him to behave in a more sociable way, when he felt that kind of anger.</p> <p>I But it sounds as if it was very sort of challenging at points, but you felt – with your wife –to stick with it ?</p>	<p>Sticking with child/seeing it through</p>
<p>P I think as well that you could see something in him - this was a good lad who had got issues – and if you could just get over that problem, then you know, he can make a good life himself. Which is how it turned out in the end...as it happened in the long term. It's difficult you know, when you're in the middle of a bit of a punch up....being pummelled (laughs).</p> <p>I So apart from that aggression, is there anything else that you think challenges compassion in fostering?</p>	<p>Separating child from behaviours</p>
<p>P I think sometimes it's a case of three steps forward, two steps back - but you keep looking for the incremental progressions (laughs) – you know, that you're actually doing some good - that something is getting through. I mean – you know - there's quite a number of foster carers in our circle, where the children have become part of the family. Again this particular lad, he was with us for 14 years. He went out into the wide world...got a flat, but you know, he is still part of the family. He still comes back for Christmas dinner...he still comes here when he wants Sally to mend his trousers (laughs)...that sort of thing.</p>	<p>Making progress</p> <p>Family belonging</p> <p>Enduring bonds</p>
<p>I It seems as if he is part of your family?</p> <p>P Yeah, yeah...and a big part of that was having birth children who just sort of accepted him as a brother really. And now he goes out with them... does things with them.</p>	<p>Support of birth children</p> <p>Family belonging</p>

<p>I What helped your children, to accept him into the family do you think?</p> <p>P They...well I think we chose not to foster until our children were at an age where they could cope with things like that. So they found it difficult when he was attacking us...but they weren't intimately concerned with the everyday details of it. They were out leading their own lives really.</p> <p>I So you think they were older and able to separate from that particular issue?</p> <p>P Yeah, yeah.</p> <p>I Umm....what has helped you to feel that fostering is rewarding and satisfying?</p> <p>P I think it's seeing young people growing up and making a life for themselves, and being able to put back together to some extent, relationships that have broken down in families. When a child comes back and says, "I realise now what you were saying - I should have done what you said" (laughs).</p> <p>I So sometimes having feedback that has been learning or -?</p> <p>P Yeah – they are in a better place than they would have been. Sometimes it can feel not very rewarding.</p> <p>I And what are the things that can make it not very rewarding, or satisfying?</p> <p>P I think sometimes you have to come to a point where you say, "this isn't the right place for this child.". You do what you can - you do your best, but at the end of the day, not every child will fit into what we do. You know, we are all different - and you just get to that point where you where you say "This child isn't going to progress any further with us. Perhaps we need to look at them moving to someone else.".</p>	<p>Impact on birth children</p> <p>Protecting birth children</p> <p>Progress/making changes</p> <p>Improving child and birth family relationships</p> <p>Progress/making changes</p> <p>Accepting limitations</p>
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<p>I So is that when things are very challenging, or maybe when it feels like there's not much of a connection to that child?</p> <p>P Well I think both of those can be very challenging. Or you know, we feel that the child is just not responding to the way we do things. And I think part of the role of being a foster carer, involves understanding that and not beating yourself up about it. To think, we did what we can, but we can't work miracles. And to look back to the successes. You get successes and failures.</p> <p>I So being philosophical about sometimes it works, and sometimes it might not work...but not being kind of harsh on yourself in situations where placements might not work?</p> <p>P That's right, yeah. Just accepting the fact that this sometimes happens, and just sort of get on with it.</p>	<p>Accepting limitations</p> <p>Successes and failures</p> <p>Accepting limitations</p>
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Word Counts

Thesis Word Counts

Thesis Abstract: 217 words

Chapter 1 – Literature Review: 5,368 words (including title page and abstract) (Reference list and tables: 2,165 words)

Chapter 2 - Empirical Paper: 7,067 words (including title page and abstract) (Reference list and tables: 936 words)

Chapter 3 – Contributions to Theory and Clinical Practice: 5,236 words (Reference list: 674 words)

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Appendices Word Count: 6,547

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