



Centre of Excellence in
CHILD TRAUMA

Allegation Support Pack

for Foster Parents, Adopters, Birth Parents, Special Guardians and Kinship Carers

This pack is free of charge and designed to help any parent facing an allegation. The legislation is applicable to UK, and updates regarding other guidance and regulations are in process to include Wales, Scotland and Northern Ireland. No part of this pack may be altered without the express permission of the Centre of Excellence in Child Trauma. www.coect.co.uk

This Allegation Support Pack has been created and delivered by The Centre of Excellence in Child Trauma to help therapeutic parents and supporting professionals, caring for children from trauma, when there is an allegation.

Contents

Why we wrote this Allegation Support Pack.....	3
Why has this allegation happened?	3
How are you feeling?	5
Compassion Fatigue.....	5
Taking Care of Yourself	6
Why some children make false allegations	6
The Sympathetic Face – Sarah Naish	6
Protecting Children	8
Information About the Process for Investigating Allegations.....	8
What Happens in an Investigation?.....	9
What Happens after an Investigation?	9
Allegation and Investigation Flow chart	9
Extra steps Foster Parents and Adopters (Preadoption order) Flowchart	11
Extra Information for Foster Parents.....	12
Extra Information for Adopters	13
Underpinning legislation relating to Adoption Agencies	13
The Impact of Trauma on Memory and Allegations	14
Childhood Trauma, Mixed Memories and False Allegations- CoECT.....	14
Effect of Trauma on Memory- Dan Seigal.....	14
The Memory Carousel- Sarah Naish	14
Implicit Memory and Dissociation – Beacon House	15
Memories of Fear, Dr Bruce Perry.....	15
Replaying Memories- Naoki Higashida	16
Some Statistics about Allegations	16
How can I stop this happening again?.....	17
Helping Children to Recover – Developing a Narrative	18
Helpful Websites and Documents.....	19

Why we wrote this Allegation Support Pack

By Sarah Naish, Gareth Griffiths and Jane Mitchell

At 'The National Association of Therapeutic Parents' (part of Centre of Excellence in Child Trauma), we support thousands of therapeutic parents all over the U.K. Most of these families are helping children who have experienced trauma, and/or have additional needs.

Over the last four years we have been dismayed by the number of allegations against therapeutic parents that are mishandled, delayed unnecessarily, fall outside of regulations and leave those being investigated isolated and terrified.

We know that this has had major negative impacts on both the lives of the parents, and the children in their care.

Although we are aware that some Councils adhere to guidelines and legislation, supporting families well through this difficult process, sadly we have received a number of complaints that certain Local Authorities have apparently failed to implement even the most basic training around the impact of trauma, or to adhere to regulations regarding timescales and communication with the parents.

This has led to;

- children being moved prematurely and unnecessarily
- family breakdown
- serious mental health problems
- suicide

At COECT, we recognise that some allegations are of course founded, and it is essential to take action to protect children from further harm, but whatever the circumstances of the allegation you are facing, you will all need *independent* support, and you are entitled to receive it.

Why has this allegation happened?

When we are facing an allegation, we can easily feel overwhelmed and don't know where to start. You may be experiencing an allegation in several different ways, and each circumstance is different:

- Something negative has happened and the child has made a true allegation
- A small event happened and this has been blown out of proportion and misinterpreted
- The child has made an allegation about something that happened but has mis-remembered when it happened/ who it happened with and confused the circumstances.
- The allegation is not at all true and you have no idea why the child is saying what they are saying

In any of these situations, it is normal to feel frightened about what is happening whilst also experiencing fear for what will happen to the child at the centre of the allegation. It is natural that

our fear for ourselves is confused with feelings of resentment and betrayal towards the child, and hostility towards professionals whose job it is to investigate what has happened.

Where the allegation is founded, and the child has clearly remembered and articulated what has happened, you may be feeling remorseful, guilty and angry with yourself or others. Whatever has happened, you are entitled to independent support from people who can help you through the process and offer reassurance. Blame serves no purpose here.

If the allegation is true, and you know it to be so, it is also essential that you fully disclose what has happened and why you think it happened. Sometimes parents attempt to conceal the truth, and this will usually end negatively. If you had a bad day, and a one-off overreaction occurred, it is sometimes the case that looking at what extra support or training is available, can help the child to feel supported and professionals to feel that the situation is salvageable. You must not accuse a child of lying if they are telling the truth.

Sometimes these allegations are actually memories of past experiences re-emerging under stress. We explain more about this later.

Children that have suffered from Adverse Childhood Experiences (ACEs) – (trauma such as neglect and abuse) can have muddled memories that mean that they experience past events as happening in the here and now, so a false allegation may be in fact a disclosure of a historical event. Alternatively, a false allegation may be made from anger or an unconscious need to reject the foster/adoptive parents.

Parents that have suffered from false allegations frequently report lack of support, care or understanding in the handling of these allegations. At CoECT we are committed to making a change and raising awareness of all the issues around false allegations.

Whichever of these it is, having an allegation made against you is an extremely stressful event.

For more information for support, please contact the NATP at the Centre of Excellence in Child Trauma. 01453 519000 natp@coect.co.uk



***Remember You
Are Not Alone!***

How are you feeling?

Firstly, it's really important to check on how YOU are!

From our own experience of supporting parents of traumatised children (children that have been subjected to Adverse Childhood Experiences) we know that these are the common feelings identified by families under extreme stress:

Signs and Symptoms of Stress and Anxiety

- Isolation
- Misunderstood
- Blamed
- Exhausted
- Unable to access empathy for the child
- Depression
- Extreme anxiety
- Sleeplessness

IF THIS DESCRIBES YOU PLEASE SEEK HELP NOW!

Please go to the Centre of Excellence in Child Trauma Website (coect.co.uk) where you will find ways to contact the National Association of Therapeutic Parents (NAoTP) for help, advice and a listening ear; and The Haven where you will be able to access wellbeing and therapeutic sessions to help you to feel better.

Compassion Fatigue

Compassion fatigue is that feeling you get when you are disconnected from the child you are trying to care for. You may feel like you have reached the end of your tether and that your empathy is gone.

Our research with The Hadley Centre at The University of Bristol, found that compassion fatigue (sometimes referred to as 'blocked care'), is very common in people who are caring for children who have experienced trauma. When there is an allegation, it is MUCH MORE likely that you will feel this way.

Don't worry. You have not suddenly turned into a bad parent! Compassion fatigue is a real physiological condition which takes place in the brain. It's the way your brain responds to stress and tries to protect you from further trauma.

In fact, in our survey in August 2019, over 90% of therapeutic parents said they had suffered from compassion fatigue at some stage.

You can read more about this here <http://www.bristol.ac.uk/news/2016/november/foster-carers.html>

Taking Care of Yourself

The importance of self-care cannot be over emphasised. Sometimes it's tempting for us to think of this as an optional extra, or something we don't have time for. Self-Care is really 'Essential Maintenance'. If you do not carry out essential maintenance on a car it will grind to a halt! The same is true for you.

In looking after children from trauma, the parent will often be overwhelmed by the challenges presented by a child that is unable to connect emotionally with the parent - unable to show affection and give the psychological rewards that we rely on as parents.

Essential maintenance needs to be embedded in everyday life by using some of the following:

- Natural breaks – resting and doing things for yourself when children are at school
- Identifying someone that can support you, especially if you are a single parent
- Joining support groups – we run an online peer support page and face to face listening circles (or virtual listening circles) at NATP
- Give yourself treats
- Timetable in evenings out from the beginning
- Ask for support from your Social Worker if you have one
- Short breaks where the child stays away from home
- Training and education

Why some children make false allegations

You may be struggling to wonder why the child has made an allegation against you, especially if you are *certain* it is not true. This can be extremely upsetting and feels very personal.

Many of our children have experienced trauma and extreme trauma impacts on the child's fears for their own survival. These memories are stored differently in the brain but traumatic memory can be quickly reactivated by sensory triggers which bring the memory flooding back. These children live in the "now" with no real sense of past present or future, and they literally experience the memory as if it is happening in the here and now.

Trauma impacts on memory and often traumatised children can confuse what has HAPPENED with what is HAPPENING. The child is not lying, but they may have a different version of their truth

Sarah Dillon, Attachment Therapist

The Sympathetic Face – Sarah Naish

Children from trauma have learned to survive against the odds, and one thing that they respond to is a sympathetic face. In order to maintain the soothing feelings produced by being presented with this expression, they may also invent things to maintain that feeling – for instance, maybe they eat all their food on the way to school, because they are having a worry that day. They saw someone

that looked a bit like a member of their birth family on the way and it got them feeling stressed, so they ate all their lunch because food is a way for them to regulate themselves. When they get into school it is noticed that they are stressed, and the sympathetic faced teacher asks if they are ok?

‘No,’ they say, ‘I am really hungry’.

They go onto say in answer to further sympathetic questions that they are never given breakfast, and have not been given lunch, keeping that attention centred on them as long as possible and possibly earning a food reward in form of a snack.

Clearly, allegations must be investigated, but by following a process, understanding the history, working in partnership with parents and Social Workers and understanding trauma and the child’s history, many cases of false allegations which lead to family breakdowns and further trauma for the child and the families involved can be avoided.

This is NOT conscious or malicious on the part of the child, who is simply trying to stay alive. I know that sounds rather extreme, but for the child it is literally all about survival.

This is easier to understand if you imagine the plight of the baby whose needs are rarely met, and who is unable to do anything for themselves. Their survival absolutely depends on somehow getting the attention of an adult to help them and they will do whatever they need to achieve this. If smiles and cooing don’t work, then screaming until you are hoarse might, and negative attention that ensures you survive is better than no attention at all, and so the lesson is learned, and this strategy is hardwired into the developing brain.

Understanding all this really helps us to stop blaming the child for what has happened with the allegation, and instead helps us to start understanding the child’s perspective. The last thing the child needs now is another rejection!



Protecting Children

It is important to remember that Safeguarding legislation is in place to prevent further trauma happening to children that have been subjected to trauma. It is everyone's responsibility in the community to protect children and therefore everyone's responsibility to report abuse or suspected abuse to the relevant agencies.

The two agencies that investigate reports of abuse are the Police and Social Services. Once an allegation has been made to relevant agencies, they have a legal duty to investigate whether a child is safe and well.

The difficulty is, an investigation feels frightening AND personal. It's really useful to bear in mind that the Social workers (and police if involved) have to follow the legislation in the Children Act and within current Safeguarding Children guidance. They are following procedures set down in law. It can be tempting to draw away and stop co-operating but this can just make the whole process take a lot longer.

Make sure you have someone to speak to who understands the process, is independent and can reassure you. NATP can provide this for you or put you in touch with other organisations relevant to your profession or position. We also have links at the end of this document.

Information About the Process for Investigating Allegations

No matter what your legal status is, or that of the child, the Local Authority will follow national legislation and regulations set out in law when a decision is made that a Child Protection investigation is needed.

The Local Authority **must** investigate if they have **good reason** to suspect that a child who lives, or is found, in their area is suffering (or is likely to suffer) harm. A child is someone under the age of 18.

Within one working day of a concern being reported, a Social Worker should make the decision about what sort of investigation is needed. Unless there is absolutely no real cause for concern, they will decide to carry out one of two different sorts of investigations to see if the child is either:

- a child in need. This is known as a **Section 17 investigation**, or
- a child at risk of harm. This is known as a **Section 47 investigation**.

These investigations must be carried out within 45 working days from when the concern was reported. Depending on the circumstances, the investigation may need to be done more quickly.

Each Local Authority will have its own procedures about how they investigate although they have to keep to certain standards. You can ask the Social Worker for a copy of their local procedure.

The main legislation used to investigate Child Protection allegations is part of the 1989 Children Act under Section 47. As legislation changes quickly, it is important that you use website link to your own local authority's website, explaining how they carry out investigations. You can do this by going to the Local Authority's website and searching for 'Safeguarding Children'.

Although each Local Authority have their own local policies and procedures, these must still fall within the law regarding timescales etc.

What Happens in an Investigation?

Usually, an investigation involves social workers meeting with the parents and other professionals involved with the family, for example, the child's teacher or doctor. They will look at the child's records and may ask the police to investigate whether any other allegations have been made about the person suspected of abuse. In very serious cases, the social workers may start making enquiries before they let the parents know.

If the Local Authority informs you, as the parent, that they are starting an investigation, it's very important that you co-operate with them. You might want to get legal advice from a specialist in these cases—you might get legal aid.

What Happens after an Investigation?

The investigation might be enough to end the Local Authority's concerns, however, it may be that after a Section 47 investigation, it's clear that an incident has happened which has caused the child harm. It may also be felt that the child is at risk of harm.

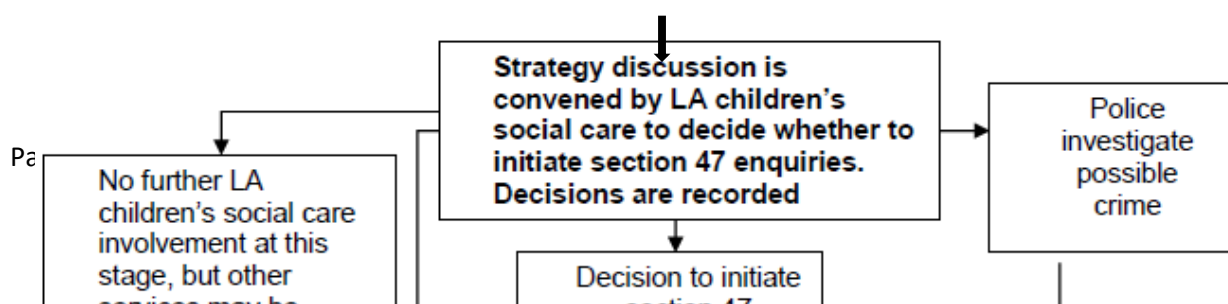
In cases of serious abuse, and in all cases of sexual abuse, the Local Authority will tell the police. Occasionally at this stage, the Local Authority will have to take urgent action to have the child removed from the family home and placed under police protection. However more usually, the social worker is likely to decide that the child is a **child in need** or that a meeting called a child protection conference should be called.

If the police are involved, or if the Local Authority is taking action to have the child removed from the family home, get legal advice if you haven't done so already. Contact a specialist solicitor who offers family law services. You might get legal aid.

(Source Citizens Advice Bureau)

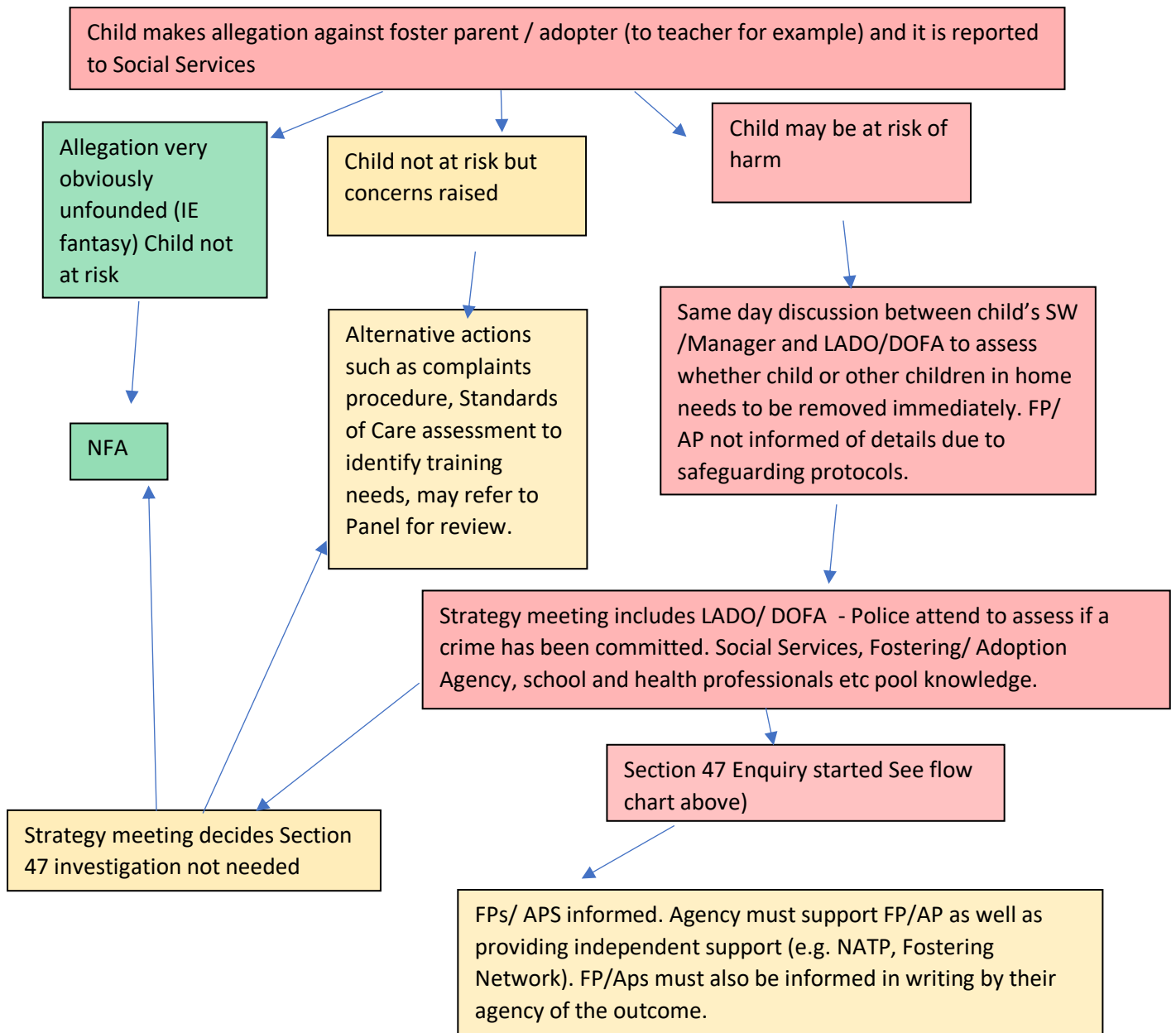


Allegation and Investigation Flow chart



Extra steps Foster Parents and Adopters (Preadoption order) Flowchart

Where a child is already in the care of the Local Authority, IE in foster care, residential care or placed with adopters preadoption, there are additional steps to the flowchart below.



The agency will inform Ofsted/ Care Inspectorate Wales/ SCRC (Scotland) of the allegation

In either case it is likely that a fostering agency will undertake an internal investigation and report findings back to LA. Sometimes the agency will refer the matter to their Panel for review of ongoing approval. This is a good opportunity to present all information, look at what caused the allegation and to help to prevent this happening in the future. You are entitled to independent support during this process.

Extra Information for Foster Parents

The National Minimum Standards (NMS fostering) are clear that allegations should be handled fairly, quickly, and consistently in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation. The way allegations are handled must form an intrinsic part of how services support foster parents and the NMS provides a benchmark.

(From Fostering Better Outcomes The Government response to the Education Select Committee report into fostering and Foster Care in England July 2018)

The duties and responsibilities to YOU.

There is a framework in place to support parents that are undergoing an investigation of harm.

Fostering National Minimum Standards 22.12 states:

“During an investigation, the fostering service makes support, which is independent of the fostering service, available to the person subject to the allegation and, where this is a foster carer, to their household, in order to provide:

- a. *Information and advice about the process*
- b. *Emotional support, and*
- c. *If needed, mediation between the foster carer and the fostering service and/or advocacy (including attendance at meetings and panel hearings)”*

An allegation may be made by any person that believes that they have cause for concern about a child or may be made by the child themselves.

Allegations may NOT always come from the fostered child or young person. Foster Parents may also be de-registered due to Standards of Care concerns (SOC)

- SOC concerns usually relate to the ‘day to day’ care of the child/YP
- Concerns may be a series of smaller issues accumulated over time
- Concerns may be serious enough for the fostering service to wish to review the approval of a Foster Carer

Action to take:

- Ask for **independent support** (National Minimum Standards (NMS) 22.12) as soon as you become aware you are subject to an allegation. Independent support means outside your organization and outside the LA. (please see our list of useful websites)
- Remain professional and always act in the best interests of the child
- Ask your SSW for any concerns about your practice to be provided in writing
- **THIS IS VERY IMPORTANT:** Seek **specialist legal representation** if you are called for a Police ‘Interview under Caution’. Do not rely on your view that ‘I’ve nothing to hide... I’ve done nothing wrong’.
- Keep in regular contact with your SSW even when there are no changes or developments
- Consider contacting the LADO (Local Authority Designated Officer or sometimes known as a DOFA Designated Officer for Allegations – this is the person who chairs strategy meetings) directly or via your SSW if you feel your views/account of any allegation has not been sought

- Ensure you understand what contact, if any, you can maintain with fostered children who have been removed
- Ensure you complete thorough and professional written reports for your Review and Panel and that you have been given appropriate time to prepare these.
- Ask for a written outcome at the end of the investigation (NMS 22.7)

Extra Information for Adopters

All investigations are carried out under Section 47 of the 1989 Children Act, however there is other legislation adopters need to be aware of.

If you have not yet adopted your children, and they are placed with you awaiting the adoption order, then your child's status will still legally be 'looked after'. This means that some of the guidance for Foster Parents, may apply. For example,

- **THIS IS VERY IMPORTANT:** Seek **specialist legal representation** if you are called for a Police 'Interview under Caution'. Do not rely on your view that 'I've nothing to hide... I've done nothing wrong'.
- You will still have a social worker involved. If your social worker is involved in the investigation, ask who will be supporting you with the usual day to day challenges as it cannot be the same person.
- If the LADO has been informed, consider contacting them directly or via your adoption SW if you feel your views/account of any allegation has not been sought
- Ensure you understand what contact, if any, you can maintain with any children who have been removed
- Ensure you complete a thorough written report with as much detail as you can and include a chronology. This will be very useful and you will rely on it frequently.
- Ask for a written outcome at the end of the investigation

Underpinning legislation relating to Adoption Agencies

National Minimum Standard Adoption NMS 22

Outcome

Allegations and suspicions of harm are handled in a way that provides effective protection and support for children, the person making the allegation, and **at the same time supports the person who is the subject of the allegation.**

- The Local Authority Adoption Service (England) Regulations 2003
- Regulation 9 Arrangements for the protection of children
- The Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 Regulation 10 Arrangements for the protection of children
- Regulation 19 Notifiable events
- The Adoption Support Agencies (England) and Adoption Agencies (Miscellaneous Amendments) Regulations 2005
- Regulation 12 Arrangements for the protection of children

The Impact of Trauma on Memory and Allegations

Childhood Trauma, Mixed Memories and False Allegations- CoECT

Experience shows us that early disruption of attunement and lack of an attachment figure or abuse of a child has a direct effect on the development of the architecture of the child's brain. Specifically, in relation to the formation of ideas about self, others and the world we see children develop overriding schemas (Internal Working Model) in which they view themselves as unlovable, worthless, disposable; adults as untrustworthy and terrifying and the world as a hostile place. Children that have experienced relentless and repeated trauma such as violence, neglect, physical or sexual abuse are likely to form these core beliefs about themselves. We are now finding that science and research endorses this:

“Children exposed to ongoing stress and trauma such as that associated with exposure to community violence may develop schemas of the world as a hostile place and experience changed attitudes about people, life and the future”

Effect of Trauma on Memory- Dan Seigal

Dan Seigal (2015) suggests that elements occurring during an overwhelming event such as amygdala discharge and noradrenaline secretion in response to massive stress may increase encoding of implicit (subconscious) memory. Explicit memory may be inhibited by cortisol (blocking hippocampus functioning) and therefore affecting subsequent recall. Memories of trauma may be triggered by sensory input which will activate the firing of the amygdala and the Fight Flight response. For the child suffering from developmental trauma with memories of abuse this can mean that specific sensory triggers will immediately activate their amygdala and mediate a Fight Flight response which will feel as though it is happening in the present.

The Memory Carousel- Sarah Naish

Imagine yourself filing complex files in a filing cabinet – (this represents encoding memories in your hippocampus). The items you are filing are date stamped, sequential and in a system that allows them to be retrieved (this is your day-to-day experience of encoding memory in your explicit memory). Suddenly there is a major incident, and the fire alarm goes off (a trauma occurs, and your amygdala fires, which sends the hippocampus offline). Unable to remember how to file, you stuff all the papers in the safe (implicit memory) and run. Later, after the event, you cannot remember what you did with those files, they are not accessible. However, the next time the fire alarm goes off, the implicit memory is once again triggered, and you retrieve the information.

Implicit Memory and Dissociation – Beacon House

Memories before language are known as 'implicit', which means that while the child cannot later recall and talk about them, their body has stored the memories in its sensory systems. Because traumatised children are stuck in 'fear mode' as they grow up, their hyper-vigilance to signs of danger reduces their ability to filter out "irrelevant" sensory experiences such as background sights, sounds and textures. This can mean that the child's sensory system becomes overloaded and overwhelmed, and they feel there is danger imminent, even when they are completely safe. When a traumatised child is feeling stressed, they may have a sensory flashback which means that they re-experience the bodily feeling of immediate danger, with no way to make sense of it or communicate it verbally as the memory has no language 'attached' to it.

Dissociation

Amnesia from trauma - No memory of long periods of time in their childhood. In day to day life, the child may have memory lapses for seconds, minutes or hours of time

In fact, dissociation is the child's brain keeping them safe by momentarily removing them from perceived threat in their day-to-day life.

Memories of Fear, Dr Bruce Perry

"In the traumatized child, the narrated words are mere shadows of what is being communicated as they recall the event. **The child's recall of a traumatic event involves not just the narrative shards as recalled using cognitive memory but also the intense fear of the emotional memory, the motor agitation of the motor memories and the physiological arousal (or dissociative response) of the state memory.** Yet the syntax, semantics and grammar of these non-cognitive narrations do not yet have the standing in court that the syntax, semantics and grammar of verbal language does.

Learning the language of trauma and translating the verbal and non-verbal elements of this language will require many more years of investigation. Yet, as this investigation is underway, it is the task of all of us working with maltreated children to educate our peers and the rest of society that this language exists (e.g., Briere and Conte, 1993; Ceci and Bruck, 1993).

..... traumatic events, like other experience, change the brain. **Further, that the brain stores elements of the traumatic events as cognitive memory, motor memory, emotional memory and state memory, altering the functional capacity of the traumatized individual.** And, in the end, by robbing the individual potential of millions of children each year, childhood trauma and neglect robs the potential of our families, our communities and our societies.

See more at (https://childtrauma.org/wp-content/uploads/2014/12/Memories_of_Fear_Perry.pdf)

Replaying Memories- Naoki Higashida

“We do remember what we did, when, who we did it with and things like this, but these memories are all scattershot and never connected in the right order. The trouble with scattered memories is that sometimes they replay themselves in my head as if they had only just taken place – and when this happens, the emotions I felt originally all come rushing back to me, like a sudden storm”.

“I know I have lots of pleasant memories, but my flashback memories are always bad ones, and from out of the blue I get incredibly distressed, burst into tears or just start panicking. Never mind that it’s a memory from ages ago – the same helpless feeling I had then overflows and floods out and it just won’t stop”.

Talking about narrative memory, Naoki says:

“I imagine a normal person’s memory is arranged continuously, like a line. My memory, however, is more like a pool of dots. I’m always “picking up” these dots”

“The Reason I Jump” (2013) Naoki Higashida

Sarah Naish refers to this as a ‘memory carousel’, capturing the essence of the memories which flit into consciousness only to become inaccessible once more when the moment has passed.

False Allegations

The significance of this for children that are in care is that sensory data which is imperceptible to others may literally cause them to feel that they are back in the situation of trauma, and this will be exacerbated when the child has high circulating cortisol due to stress such as approaching an anniversary (for instance of a move or transition, birthday, Christmas, anniversary of a traumatic event). In that moment, a fleeting facial expression, a sound, a smell or an action may be misinterpreted. The child remembers the incident but experiences it in the present and makes a disclosure such as “my mum hits me”. However, they may be referring to a historic incident, which may or may not be previously known.

Some Statistics about Allegations

Ofsted figures show that the number of allegations made against foster carers has been increasing in recent years, with the figure for 2016 - 2,450 allegations made, affecting 2,300 foster carers - showing an increase of 32% on 2013. However, although **over half of all allegations were resolved with no further action**, 20% resulted in continued monitoring, and another 20% were subject to investigations which lasted for more than ten weeks. This is a major issue for foster carers, who have limited protection and support during this time.

House of Commons Education Committee Fostering- First Report of Session 2017–19

Although the split of allegations by sector remained the same compared with 2016, the IFA sector saw a 10% increase (from 690 to 760) with more children making allegations against foster carers.

Over half of all allegations were related to physical abuse, with allegations of sexual abuse being least common, much the same as in 2016.

In the same way as last year, the outcome of continued monitoring was more common for LAs (18%) than for IFAs (12%).

Forty-seven per cent of all LA investigations took less than 21 working days compared with 55% of those conducted by IFAs; for IFAs, this is a decrease of 4 percentage points (from 59% in 2016).

Ofsted National Statistics Fostering 2017-2018 published March 2018.

See the most up to date Ofsted statistics in the website links below.

How can I stop this happening again?

At 'The Centre of Excellence in Child Trauma,' we have lots of top tips and strategies to help you to avoid experiencing a false allegation. We can also help to reduce your stress levels, remove your triggers, and assist you in connecting empathically to children in your care.

1. KEEP A DAILY DIARY – should an allegation be made your records will provide vital information that will help shine a light on what has/is happening in the home. You can also send emails to yourself or trusted other, with information. This provides date stamps too and can help you recall what happened when.
2. If the child has not always lived with you, ask for a chronology of the child before they came to live with you.
3. Have a meeting with the child's social worker and your support worker prior to the child coming to live with you and find out as much information as you canand ASK QUESTIONS.
4. Keep a regular open dialogue with the child through a therapeutic parenting approach. This might mean keeping up an empathic commentary when they are very upset, keeping a physical distance but reassuring them. (Contact The National Association of Therapeutic Parenting or join the free Facebook group for ideas on this). Some children confuse what *happened* with what is *happening* so if you approach them when they are scared, their fear that you may hurt them could become their reality.
5. Keep a regular open dialogue with your supporting social worker and the child's social worker.
6. Use mindfulness techniques to keep you attuned to your own well-being and LOOK AFTER YOURSELF - Understand what your triggers are.
7. Understand what the child's triggers are.
8. Understand what is meant by Compassion Fatigue.
9. If things escalate **avoid confrontation and do not deal with the issue alone.**
10. Report any incidents immediately, by using the CAR approach **C.** context (what led up to the incident **A.** Actions – describe the actual incident **R.** Repair – what happened after the incident

Helping Children to Recover – Developing a Narrative

It is a good idea to have a narrative to use with children to help them to understand why they can suddenly get overwhelmed by emotional states that they are scared by and have no idea where they came from. When children make an allegation which turns out to be false or unfounded, it can still feel very real to them!

For instance, in the case of Carrie, whose adopted daughter Jasmine has problems every Christmas, she explained to me that she remembered that Jasmine was removed from her birth home mid-December, moved to Foster Parents and then moved on to Adoptive Mum Carrie in January. Carrie realised that this was significant even though Jasmine was only around a year old at the time. She suffered the loss of her birth mum, a major transition, the loss of her Foster family and a further transition all around Christmas time when the sensory elements are at the highest point of the year with bells, smells, carols, tastes etc which will all serve to trigger her intensely painful implicit or “state” memories of this time. There will almost certainly have been additional trauma even before this happened.

So, the narrative goes like this: *“A lot of bad things happened to you when you were a baby, and your baby brain could not cope with what was happening, so it hid the memory deep in your mind where you did not have to try and manage it all the time. But memory is strange, and if you see, hear, smell or taste something that reminds you of that time in your life it wakes your baby brain up again, and makes you feel the same way that you felt when you were going through it as a baby. You were moved from your home, into foster care, and then to me over Christmas time. I think that every Christmas your baby brain gets woken up because of all the lights, sounds, smells, and tastes, and you feel like you did back then – scared, angry and powerless. I am so sorry that you felt so helpless and were so unhappy and scared. I am so sorry that I cannot take that hurt away from you. But I do love you.”*

(This case has been anonymised)

This can be amended to include relevant history, if known, in a sensitive and developmentally appropriate way.



CoECT have developed tools for identifying trauma triggers and creating strategies and training for this. Please see CoECT website for updates

Remember... you are NOT alone!

Helpful Websites and Documents

- **Centre of Excellence in Child Trauma:** Wellbeing, Training, Support, Education and more: www.coect.co.uk 01453 519000
- **Training in False Allegations, Allegation management and Therapeutic Parenting**
Inspire Training Group www.inspiretraininggroup.co.uk
- **National Association of Therapeutic Parents:** www.naotp.com
- **Compassion fatigue and foster carers research summary.pdf** (bris.ac.uk)
- **Coram family law advice:** www.childlawadvice.org.uk
- **CoramBAAF:** www.corambaaf.org.uk
- **Fostering in England 2019 to 2020: main findings - GOV.UK** (www.gov.uk)
- **Cruse:** www.cruse.org.uk
- **FACTS Group** www.factsgroup.co.uk
- **Family Law:** www.thefamilylawco.co.uk/information/is-legal-aid-available
- **Finding help:** www.citizensadvice.org.uk/law-and-courts/legal-system/finding-free-or-affordable-legal-help
- **Legal aid:** www.gov.uk/legal-aid
- **Rees Centre - University of Oxford:** www.fosterline.info/wp-content/uploads/2019/09/Allegations-report-launch-final-July-2016.pdf
- **Ofsted statistics** [Fostering in England 2019 to 2020: main findings - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- **Samaritans:** www.samaritans.org
- **The Fostering network** www.thefosteringnetwork.org.uk
- **Foster Talk** www.fostertalk.org.uk
- **Adoption UK** www.adoptionuk.org.uk