

Holding on to Hope

A Guide for Foster & Kinship Care Practitioners

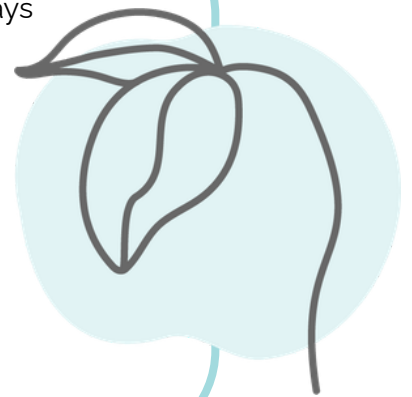
Purpose:

Carers operate within emotionally demanding contexts where burnout, compassion fatigue and vicarious trauma are real risks. This resource equips practitioners to foster active hope, recognise emotional depletion early, and promote sustainable care practices that strengthen both child wellbeing and carer capacity.

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Theory and Practice Knowledge:

- **Hope Theory** (Snyder, 2002): Hope involves agency (belief I can act) and pathways (identifying ways forward).
- **Vicarious Trauma** (Figley, 1995): Internal transformation through empathic engagement with trauma.
- **Vicarious Growth**: Positive psychological change arising from witnessing resilience and healing.
- **Compassion Fatigue vs Burnout**: Overlapping but distinct experiences of emotional exhaustion.
- **Three Circles of Control** (Covey; ACT frameworks): Supporting carers to differentiate control, influence, and acceptance reduces overwhelm.



Practitioner Guidance:

Practitioners use a hope-informed lens to gently guide carers toward curiosity instead of judgement, connection instead of control, and steady, predictable caregiving as the foundation for long-term healing. Hope grows in environments where children feel safe, understood, and consistently held.

Supporting carers to understand behaviour as communication — not defiance — shifts the focus from reacting to responding. Encouraging predictable routines, calm nervous systems, and emotionally available caregiving creates the conditions where change becomes possible.

When practitioners help carers recognise attachment patterns and respond with empathy, they are strengthening the carer's capacity to co-regulate before they correct. This is where hope becomes practical — in everyday moments of steadiness, repair, and connection.

Reflection Questions:

- Where do you notice signs of emotional depletion?
- What gives you strength on hard days?
- What feels within your control right now?
- What small win have you overlooked this month?
- What support would make this role more sustainable?

Relevant Statement of Standards:

Standards a, c, g

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Hope as an Active Practice

Theory and Practice Knowledge:

Hope is not passive optimism. It is goal-directed thinking that involves two core elements:

- Agency — the belief that “I can take steps.”
- Pathways — the ability to identify realistic routes toward change.

Research shows hope strengthens resilience, buffers stress, and supports emotional regulation. For carers, hope protects against burnout and helps sustain long-term caregiving. For children, borrowing hope from a steady adult can support identity, attachment, and future orientation.

Practitioner Guidance:

Support carers to build “hope maps” that include:

- One small, meaningful goal
- Two or three realistic steps
- Identified supports or resources
- Anticipated obstacles and backup plans

Reinforce effort, not perfection. Highlight progress in everyday moments. When carers feel stuck, help them focus on what is still within their control.

Reflection Questions:

- What is one small goal that feels achievable this month?
- Who supports you in moving toward that goal?

Recognising Emotional Impact

Theory and Practice Knowledge:

Repeated exposure to trauma stories, behavioural crises, and system stress can reshape beliefs, mood, and nervous system regulation. Carers may experience emotional exhaustion, irritability, numbness, hypervigilance, or reduced tolerance. This is not weakness — it is a predictable nervous system response to sustained caregiving under pressure. When unacknowledged, emotional fatigue can impact connection, patience, and hope.

Practitioner Guidance:

Normalise the emotional cost of caregiving. Create space for carers to speak openly about depletion without fear of judgement. Offer regular compassion fatigue check-ins rather than waiting for crisis disclosures. Encourage reflective supervision conversations that explore both emotional load and protective factors.

Help carers identify early warning signs and build proactive replenishment strategies before burnout escalates.

Reflection Questions:

- What signs tell you you're running low?
- What shifts in your mood or body signal stress?
- What support feels easiest to access right now?

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Sustainable Self Care

Theory and Practice Knowledge:

Protective factors for carers include clear boundaries, relational support, micro-rest, role clarity, and practical assistance. Self-care must be contextual and realistic. It is not indulgent — it is preventative. For many carers, especially solo or kinship carers, self-care must be embedded into daily life rather than added as an extra task. Small, consistent practices are more protective than occasional large breaks.

Practitioner Guidance:

Move beyond generic or privileged advice. Collaboratively identify supports that are achievable within the carer's context.

This may include:

- Flexible scheduling
- Shared care arrangements
- Predictable respite
- Strengthening informal networks

Encourage micro-moments of steadiness — five minutes of quiet, a short walk, regulated breathing — as legitimate forms of care. Reinforce that asking for help is a strength, not a failure.

Reflection Questions:

- What would five minutes of steadiness look like today?
- Where do you feel most pressured right now?
- What can we adjust to reduce pressure this week?

Vicarious Growth

Theory and Practice Knowledge:

While caregiving can be demanding, many carers also experience vicarious growth — increased empathy, patience, confidence, relational depth, and perspective. Witnessing resilience in children can foster meaning-making and post-traumatic growth in helpers. Growth does not cancel hardship. Both can exist together. Meaning-making strengthens long-term hope and protects against cynicism. Recognising growth supports identity as a capable, reflective caregiver.

Practitioner Guidance:

- Invite carers to reflect not only on challenges, but on strengths developed through caregiving. Help them notice relational milestones — increased trust, shorter recovery times after conflict, shared laughter, improved communication.
- Celebrate growth quietly and consistently. Naming competence reinforces confidence and agency.
- Encourage journalling, reflective conversations, or annual reviews that highlight both struggle and strength.

Reflection Questions:

- What strengths have emerged that you didn't expect?
- What are you proud of, even quietly?

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♥ Self-Care Reminder for Practitioners

- Monitor your own emotional responses when supporting depleted carers.
- Use reflective supervision proactively.
- Model realistic hope — not toxic positivity.
- Maintain boundaries around availability and emotional labour.
- Engage in peer debriefing after intense cases.

🧑 Remember:

- Carer wellbeing is child safety.
- Hope is not denial of hardship — it is commitment to possibility.
- Emotional impact is a natural consequence of caring deeply.
- Sustainable systems build collective care, not isolated resilience.



📌 Support Options:

- Internal reflective supervision
- Peer consultation groups
- Employee Assistance Program (EAP)

🌱 **Children feel when adults are depleted. Protecting your own hope through boundaries, support, and realistic expectations directly protects the child.**

You cannot model sustainable hope if you are running on empty.