Trauma-informed Care Research: Implications for Foster Care Practice

Abstract

The current status of the effectiveness of trauma-informed interventions for foster carers can be described as an emergent body of knowledge. This paper examines the implications of trauma-informed care research recently carried out in Ireland. The research produced an evidenced-based trauma-informed care psychoeducational group-based program for foster carers. The introduction of this systemically developed trauma-informed care program for foster carers is a new departure within child services in Ireland. The implications of this research are discussed in the context of fostering stability, the targeting of this program, relational practice, collaborative practice, practitioner training, and the wider child welfare system.

Keywords: Foster Care; Trauma-informed Care; Irish Context; Psychoeducation; Evidence-based practice

Introduction

In Ireland, the number of children entering foster care is reducing. This is likely to be associated with the shift in policy to provide community support to at-risk children. However, when children require alternative care, they may be more likely to have high levels of complex needs owing to longer exposure to at-risk situations. These children most often enter the foster care system, the preferred arrangement for children needing alternative care in Ireland. In the past, many children with significant needs that required alternative care entered residential care.

This policy is reflected by the number of children in foster care, of the 5974 children in care in 2018, the majority of children admitted were placed in foster care (90%: 791); 73% (638) with general foster carers, 19% (153) with relative foster carers, 6% (53) were placed in residential care and 4% (34) in other type placements such as special care. 878 of these children were admitted to care in 2018, of these over a quarter were repeated admissions (26%: 226), and the remaining children it was their first-time admission (74%: 652) (Tusla, 2018). The primary reason for children's first-time admission to care and the primary reason for being in care indicated was neglect (45%, 45 %), followed by child welfare concerns (33%, 41 %). Physical abuse (10%, 6%), emotional (8%, 6%), and sexual abuse (3%, 2%) were also indicated (Tusla, 2018) (Table 1).

Table 1. *Primary Reason for First Admission and Being in Foster Care*

Primary Reason	Admission to Foster Care n (%)	Being in Foster Care n (%)
Neglect	296 (45)	2675 (45)
Child Welfare Concerns	216 (33)	2452 (41)
Physical Abuse	67 (10)	328 (6)
Emotional Abuse	55 (8)	346 (6)
Sexual Abuse	18 (3)	173 (2)
Total	652 (99)	5974 (100)

Note: From "Annual Review on the Adequacy of Child Care and Family Support Services Available 2018," by Tusla, Child and Family Agency, 2018, p. 37-65. Copyright 2018 by Tusla.

Thus, similar to other jurisdictions children in foster care in Ireland often have endured developmentally traumatizing experiences before coming into foster care (Kisiel et al., 2014). Children in foster care also may be separated from family including siblings and frequently from school and community (Halfon, Zepeda, & Inkelas, 2002). This separation often adds to a complex grieving process (Ironside, 2004) and existing attachment difficulties (Goldsmith, Oppenheim, & Wanlass, 2004) to varying degrees of developmental trauma that they already have endured. The experience of enforced removal from their birth family can be unplanned, stressful, and frightening (Lawrence, Carlson, & Egeland, 2006; Mitchell, 2016; Van Andel et al., 2015). This is likely to further compound children's difficulties. Once in foster care, children often experience on-going stressors such as impermanence about their future (Schofield, Beek, & Ward, 2012), challenges of negotiating relationships between two families (Mitchell, 2016) and for some children experience abuse in care (Biehal, 2014; Mendes, Baidawi, & Snow, 2014; Riebschleger, Day, & Damashek, 2015).

Foster care is a family-based intervention that aims to provide children with safety, protection, and stability to support addressing their developmental needs and the impact of trauma-related difficulties. However, foster care has had mixed findings in research (Lawrence et al., 2006; Lloyd & Barth, 2011; Vanderfaeillie, Van Holen, Vanschoonlandt, Robberechts, & Stroobants, 2013). It can involve high levels of personal satisfaction for foster carers (Gibbs, Sinclair, & Wilson, 2004) but not surprisingly is often experienced as emotionally and psychologically demanding (Brown & Campbell, 2007; Whenan, Oxlad, & Lushington, 2009).

Given the complexity of many children's behavior in foster care, foster carers can feel overwhelmed and unprepared (Roarty, Leinster, McGregor, & Moran, 2018; Spielfogel, Leathers, Christian, & McMeel, 2011; Storer et al., 2014). These trauma-based behaviors may appear alarming, uncontrollable, unpredictable, and even inexplicable to foster carers (Hobday, 2001; Octoman & McLean, 2014). Hobday (2001) aptly uses the metaphor of 'time holes' that captures children's sudden mood changes accompanied by extreme behavioral difficulties. These behaviours may be externalized (aggressive/controlling) and/or internalized (dissociative/rejecting). Worryingly, children's internalized behavior can be missed by carers (McWey, Cui, Cooper, & Ledermann, 2018; Strijker, Oijen, & Knot-Dickscheit, 2011). Without specific trauma-informed training and support, likely, carers will not be able to recognize or respond effectively to such behaviors (Bovenschen et al., 2016; Dozier, Stovall, Albus, & Bates, 2001; Norgate, Warhurst, Osborne, Traill, & Hayden, 2012; Van Andel et al., 2015). This is outside the realm of ‘ordinary’ parenting. The needs and behaviors of children that have experienced trauma are often very challenging for foster carers (Nilsen, 2007) and over time can lead to fostering instability (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007).

In Ireland, there are substantial gaps in the resources available to children in foster care and foster carers (McElvaney & Tatlow-Golden, 2016; Shannon & Gibbons, 2012). Despite the high rates of attachment and trauma-related difficulties in children in foster care, they often do not have access to trauma-specific treatments (McElvaney, Tatlow, Webb, Lawlor, & Merriman, 2013; Fiona McNicholas & Bandyopadhyay, 2013). Considering the intensive demands on foster carers in caring for children who have experienced trauma and the limitations of current resources, the provision of evidence-based trauma-informed training is warranted.

The Research

The research, a doctoral study, was motivated by a desire to make a contribution to reducing fostering instability, particularly placement breakdown owing to its impact on children and the families who foster (Lotty, 2019a). The research aimed to support foster carers to provide children with trauma-informed care through developing and evaluating a group-based psychoeducational intervention, *Fostering Connections: The Trauma-informed Foster Care Programme* (hereafter referred to as *Fostering Connections*). *Fostering Connections* is based on the theoretical base of trauma-informed care and the needs of foster carers identified by key stakeholders in Irish foster care. The program aims to support and enhance foster carers' capacity to provide trauma-informed care and in turn reduce children's trauma-related difficulties.

Program Description

Fostering Connections is a manualised psychoeducational intervention. It is facilitated by two trained practitioners and a foster carer over 6 weeks (6 X 3.5-hour sessions). The content is

cumulative, based on information on trauma, attachment, fostering resilience and collaborative working. The format is based on experiential exercises, videos, demonstration role-play, discussion and at-home exercises with limited slides. Foster carers receive a Toolkit and Homework Copybook.

The program is a trauma-informed intervention aligning with the NCTSN description of trauma-informed child and family service systems in that it supports the development of 'trauma awareness, knowledge, and skills' in practices in those who have contact with the child welfare system such as foster carers (NCTSN, 2016:1). *Fostering Connections* provides understanding and knowledge to carers of trauma and effective strategies to promote the restorative relationships with children in order to reduce children's trauma and attachment related difficulties within the context of the Irish care system. It is not a trauma-informed treatment but is designed to promote trauma-informed 'foster caring' and support formal trauma-specific treatments for children if required.

Fostering Connections is designed to align with the trauma-informed intervention phased model, the three pillars of TIC (Bath, 2008). It maps onto the first stage of building the child's 'felt safety'. Whilst 'felt' safety is emphasised throughout the programme, phases two and three aim to build a trusting relationship between the child and foster carer and subsequently to support the child to develop coping skills. The carer is also invited to explore their own trauma history and how this impacts on their foster caring. Foster carers' self-care is also emphasised throughout the programme as a core skill in providing children with TIC. Furthermore, these phases are addressed within the context of the Irish care system and specific attention is given to areas of 1) foster carers' role in supporting children's safe

experiences of access with their birth family, 2) foster carer's relationships with birth families and 3) foster carers' relationships with social workers.

Program Effectiveness

Preliminary evidence is promising and suggests that *Fostering Connections* may be an effective intervention for increasing foster carers' capacity to provide children with trauma-informed care and in turn, is associated with improvement in child regulation and reduce peer problems over time. The effectiveness trial has been recently published (Lotty, Dunn-Galvin & Bantry-White, 2020). The trial took place over a 15 months study period. Data was collected at 4 time-points were used at baseline, 6-weeks on completion, 16 weeks and 15 months post-intervention. Significant improvements were found in foster carers' knowledge of trauma-informed fostering, tolerance of child misbehavior and fostering efficacy at all post-intervention time-points indicting the results were suctaiined over fifteen months. Significant improvement was also found in children's emotional and behavioral difficulties. However, positive results were indicted only at time-point four only i.e. at fifteen months. This preliminary evidence suggests that *Fostering Connections* is potentially an effective intervention in increasing foster carer's capacity to provide children with trauma-informed care. This intervention is likely to make a significant contribution to the training provision for foster carers in Ireland, supporting their capacity to care for children with trauma-related difficulties. The intervention is likely to, in turn, reduce child difficulties and thus, support placement stability. In this paper, the implications of this research are discussed.

Implications of Trauma-informed Foster Care in the Irish Context

Supporting the Stability of Foster Families through *Fostering Connections*

Fostering Connections sought to target foster carers' capacity to provide sensitive and responsive care through providing children who have experienced trauma with trauma-informed care. The findings of this research suggest that *Fostering Connections* may be effective in increasing foster carers' capacity to provide trauma-informed care and thus, their capacity to provide sensitive and responsive care. Foster carers felt more equipped with the necessary understanding and skills required to care for children who have experienced trauma. This accords with research on foster carers who provide responsive and sensitive care, using appropriate caregiving skills to support fostering stability (James, 2004).

Furthermore, the foster carers reported that *Fostering Connections* is associated with improvement in children's regulation and peer problems over time through providing trauma-informed care. This was evidenced in how foster carers described how they changed their interactions with the children, promoting the development of positive carer-child relationships. Consistent with previous research, foster carer-child relationships was found to act as a buffer against known risk factors (such as children's behavior) for fostering instability (McWey et al., 2018; Oosterman et al., 2007; Wojciak, Thompson, & Cooley, 2017). Therefore, *Fostering Connections* is likely to make a contribution to support fostering stability by improving foster carers' capacity to provide children with trauma-informed care. Such stability is in turn associated with improved outcomes for children in foster care, foster carer satisfaction, and retention (Whenan et al., 2009).

Whilst *Fostering Connections* may have made a contribution to supporting fostering stability by improving foster carers' capacity to provide trauma-informed care, this is unlikely to be enough to support fostering stability for all children in foster care. Thus, the contribution of the program must be viewed within the context of the many factors that influence fostering stability (Lotty, 2019b). Fostering instability is a multifaceted phenomenon and is common within foster care. It is influenced by factors that relate to the child, the birth family, the foster carer, and agency practices (Figure 1). A recent meta-analysis (Konijn et al., 2018), found the strongest factors to influence fostering instability were found to be children's behavioral problems, non- relative care type placements and quality of caregiving practices. Other significant factors were; older age of the child coming into care, the history of maltreatment, and the quality of agency support. However, fostering instability is most likely to involve a combination of factors (Tonheim & Iversen, 2019) that are interwoven, evolving, and interacting over time which result in children's needs not being met. The effective support and training for foster carers, foster carers' capacity to provide sensitive and responsive care, and the quality of carer-child relationships were identified as significant factors in supporting placements (Figure 1).

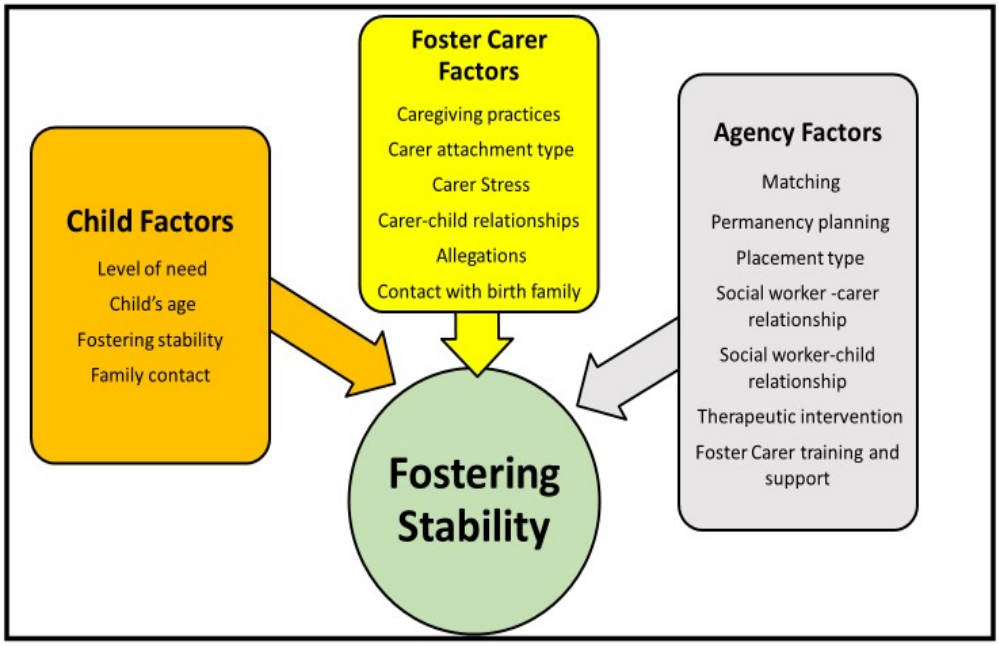

Figure 1. Factors that relate to Fostering Stability

This may explain why fostering instability was experienced by some children during the study period (Lotty et al., 2020). From this, it can be inferred that there is a need to identify the children who are at risk of 'placement' breakdown as early as possible to avoid fostering instability (Delfabbro & Barber, 2003; Goemans, van Geel, & Vedder, 2018; Hurlburt, Chamberlain, DeGarmo, Zhang, & Price, 2010). The provision for more intensive trauma-specific interventions for children alongside training and supports for foster carers are likely to be required to support the reduction of children and families experiencing 'placement' breakdowns.

Targeting Fostering Connections

The vast majority of children in the sample were in their first placement or had experienced one move (77%) and were subject to care orders (81%) (Lotty et al., 2020). Thus, the majority of children that benefited from the intervention had little 'placement' disruption which is likely to reflect less externalized behavior associated with fostering instability

(Konijn et al., 2018). The children also were involved in legal proceedings which are associated with less likelihood of reunification with birth family (López, Del Valle, Montserrat, & Bravo, 2013). Therefore, it is likely that the foster carers were more invested and motivated to develop long term relationships with these children than children with chronic experiences of placement instability and children under voluntary care arrangements.

The research identified that when foster carers provided the children with trauma-informed care, children's difficulties with regulation and peer problems improved over time (15 months). Results showed that foster carers provided the children with positive co-regulatory relational experiences over time. These positive experiences in carer-child relationships were promoted by the carers' motivation and commitment to develop closer relationships with the children. Thus, it is likely that the foster carers' investment and motivation to develop long term relationships were supported by the likelihood of the children remaining with them.

These findings have implications for practice when targeting foster carers who are likely to benefit most from receiving *Fostering Connections*. Currently, it is not known if the program would benefit children who have experienced chronic instability and/or children placed under voluntary or emergency arrangements. In these situations, it is more likely that the opportunity to develop and invest in long term relationships may not be available. Thus, targeting *Fostering Connections* to foster carers who are fostering children that are more likely to remain in foster carer long-term may promote more benefits to both the foster carers and the children. However, these findings also suggest that future research to examine how to modify *Fostering Connections* to address children in other fostering situations may also be beneficial.

Many children in the study were experiencing serious developmental difficulties. Consistent with other studies, children in foster care have varied levels of psychosocial functioning (Cousins, Taggart, & Milner, 2010; Goemans et al., 2018). Many children experience serious developmental difficulties, display trauma symptoms (Salazar, Keller, Gowen, & Courtney, 2013) and are at high risk of adverse mental and psychological outcomes (Pynoos, Fairbank, & James-Brown, 2011). It is also likely that over the 15 month study period, these children experienced systems stressors beyond their control (Biehal, 2014; Mendes et al., 2014) that may have compounded their difficulties such as inconsistent access experiences (Kiraly & Humphreys, 2015), a sibling in same placement being moved and the on-going uncertainty of court proceedings (Christiansen, Havnen, Havik, & Anderssen, 2012)**.** Thus, the changes that the foster carers reported over the study period are meaningful. However, there is a need for on-going and continued effective support and training for foster carers to sustain the progress they have made with the children. Consistent with other research, children with clinical levels of emotional and behavioral difficulties need trauma-specific evidenced-based treatment alongside foster carer interventions (Gigengack, Hein, Lindeboom, & Lindauer, 2017).

Interventions that Target Foster Carer-Child Relationships

The research suggests that foster carer-child relationships may provide the scaffolding and mechanisms to support children through addressing emotional and behavioral difficulties, which promote healing from trauma and healthy development. Research indicates positive warm foster carer-child relationships are associated with less disruptive child behavior (Joseph, O'Connor, Briskman, Maughan, & Scott, 2014; Yoon, Kobulsky, Voith, Steigerwald, & Holmes, 2015), are a significant moderator of trauma-related behaviors (Wojciak et al., 2017), and are viewed as a powerful mediator of change in supporting children's trauma healing and healthy development (Wojciak et al., 2017). When children

experience a feeling of safety and predictability, in the foster carer-child relationship, this is likely to mediate against trauma symptoms (Asselmann, Wittchen, Lieb, Höfler, & Beesdo-Baum, 2015; Rayburn, Withers, & McWey, 2018; Tarren-Sweeney, 2014) and reduce disruptive child behavior (Joseph et al., 2014; Wojciak et al., 2017; Yoon et al., 2015) Thus, the intervention focused on supporting the development of restorative carer-child relationships by targeting the foster carer through psychoeducation experiential group work.

A recent review of foster care interventions identified the core component of program effectiveness was enhancing carer-child relationships (Kemmis-Riggs, Dickes, & McAloon, 2018). Behavioral management training programs have not been found to be consistently effective in reducing behavioral difficulties or promoting fostering stability in the foster care population (Everson-Hock et al., 2012; Turner, Macdonald, & Dennis, 2007). The present study suggests that child welfare agencies need to target, facilitate, and encourage foster carer-child relationships, through trauma-informed interventions that target foster carer-child relationships. Trauma-informed interventions that focused on regulatory and relationship-based practices have shown improvement in children's behavioral difficulties (Arvidson et al., 2011; Hodgdon, Blaustein, Kinniburgh, Peterson, & Spinazzola, 2015; Purvis et al., 2015). Foster carer-child relationships act as a protection against the risk factors associated with placement instability (McWey et al., 2018; Oosterman et al., 2007; Withington, Duplock, Burton, Eivers, & Lonne, 2017). By focusing on intervention and practice on supporting the development of restorative carer-child relationships, children in foster care are more likely to develop and experience an enduring lifelong relationship with an adult. Children are also more likely to achieve fostering stability and permanence in their life, the ultimate goal of fostering. Permanence refers to children experiencing a stable and loving family that will

support them through childhood and beyond (Boddy, 2013). This may entail returning home, remaining in foster care (long term), or adoption from care.

Developing Trauma-informed Care based Collaborative Practices

Congruent with the trauma-informed approach, *Fostering Connections* is underpinned with the values of collaboration and empowerment (SAMHSA, 2014). *Fostering Connections* reflects these values as a core principle of the program is that when foster carers are equipped to provide children with trauma-informed care their contribution is included and valued by practitioners involved in the children's lives (Lotty, 2020). Trauma-informed foster care acknowledges that the foster carer's expertise is an important component of the team that supports the child. It recognizes that the foster carers have knowledge of children's needs outside others practitioner's scope such as social workers and social care leaders and that they are in a unique position to provide children with restorative relationships that support children's development and healing from trauma.

This research showed there is a need for more collaborative working practices between foster carers and practitioners (Lotty, 2020). It was also found that foster carers were motivated to develop these collaborative relationships. This has implications for practice and underscores the need for trauma-informed care training for practitioners. A trauma-informed care approach is likely to provide practitioners with a rationale and motivation to work more collaboratively with foster carers by providing more understanding of the benefits such practices have for children and foster carers and in supporting fostering stability.

Research consistently links collaborative practices such as the inclusion of foster carers in care planning (Farmer, Lipscombe, & Moyers, 2005; Piel, Geiger, Julien-Chinn, & Lietz,

2017) and receiving relevant information on children (Lietz, Julien-Chinn, Geiger, & Hayes Piel, 2016) to more successful fostering. The inclusion of foster carers in the child's team was found to promote mutual respect between practitioners and foster carers and to reduce foster carers' stress which is likely to positively impact the children (Tullberg, Kerker, Muradwij, & Saxe, 2017). Practices that do not promote collaborative practices (such as foster carers receiving inadequate information on children's history) are associated with fostering instability (Norgate et al., 2012; Tonheim & Iversen, 2019). Information on children's behavior should also be provided (Dubois-Comtois et al., 2015). The need to support more collaborative practices is, therefore, important to support fostering stability. Furthermore, training for practitioners that aims to develop trauma-informed collaborative practices with foster carers is needed.

In Ireland, current policy promotes collaborative-based practices (Clarke et al., 2003) and practice guidance, disseminated in the Irish child welfare agency through the *Alternative Care Practice Handbook*, recognizes the importance of positive working relationships between fostering social workers and foster carers (Tusla, 2014). However, review findings in the present study found inconsistencies in practice suggesting a more explicit policy and practice guidance is needed to promote collaborative practices. This is in addition to training, between practitioners (including the child's social worker), and foster carers, that recognizes the benefits of such practices. Such steps have been taken, in other jurisdictions, where child welfare practice guidelines in foster care were recently revised to reflect the benefits of collaborative practices between foster carers and practitioners (Norwegian Directorate for Children, Youth & Family Affairs, 2017, as cited in (Tonheim & Iversen, 2019).

Developing a Parallel Practitioner Intervention

Fostering Connections has contributed to addressing a gap in foster care training and support in Ireland. The systematic research-based design has led to the development of a promising intervention. The need for a parallel TIC practitioner intervention to address gaps in practitioner knowledge and promote trauma-informed collaborative practices has been identified in the course of this research. The lack of research on the quality of TIC information currently being disseminated worldwide, often through resource-heavy training programs, has been criticized (Becker-Blease, 2017). In the absence of research-based trauma-informed care training the interpretation of trauma theory by practitioners may lead to multiple and perhaps competing perspectives. For example, in Australia, Tseris (2018) found that trauma discourses strongly underpinned the understanding of child maltreatment and intervention of social workers in mental health services. However, the ways in which social workers applied trauma-informed concepts were inconsistent. Some social workers' understanding of trauma was used to reinforce a position of expertise, mirroring traditional psychiatric intervention, focusing on the individual's trauma symptoms. While other social workers' understanding was associated with a collaborative and strength-based approach focusing on addressing issues within the person's ecological context.

As an initial response to developing practitioner understanding and application of trauma-informed care, a briefing session on *Fostering Connections* was developed for child protection team practitioners in the intervention site. This provided practitioners with an overview of the program and its underlying principles. The practitioners in the local Fostering Team also received two days of training in January 2018. Practitioner training to support the implementation of *Fostering Connections* was piloted in the child welfare agency in the intervention site in 2019. *Fostering Connections* is underpinned by a coherent research-

informed framework that has applied the core principles of TIC to the fostering context within the Irish child welfare system. Thus, this likely to provide practitioners with a framework to apply trauma-informed care in their practice. However, in order to successfully address the gap in practitioner training, a systematic research-based approach to develop an effective practitioner TIC intervention is likely to be required.

Trauma-informed Care in the Irish Child Welfare System

The current status of TIC in Ireland could be described as emergent. Whilst trauma-specific evidenced-based treatments, such as Eye Movement Desensitization and Reprocessing (EMDR) are a growing feature of some psychotherapeutic services, these rely on the expertise of the clinician. The awareness and application of TIC as a practice approach is also growing. This is apparent in a number of recent developments. Since 2014, the annual international Dublin based Unity through Relationships Conference has promoted relational trauma-informed practice in Ireland. There is also an increasing number of conference presentations (Lotty, 2016, Siegel, 2017, van der Kolk, 2018), private training events **(**Brendtro, 2016, Treisman, 2019), commentary papers (Mooney, 2017; Mulcahy, 2017) on TIC and organizations, such as the children's charity Barnardos, seeking to move towards a more trauma-informed approach (Holland, 2019). However, to date, there has been no systemic strategy to implementing TIC in the Irish child welfare system or mental health settings. The implementation of a TIC in the child welfare system should involve addressing a number of practice gaps that include workforce trauma knowledge (McElvaney & Tatlow-Golden, 2016; McNicholas & Bandyopadhyay, 2013), absence of trauma screening and assessment, lack of availability and access to trauma-specific EBTs (McElvaney et al., 2013; F McNicholas, O'Connor, & Bandyopadhyay, 2011) and difficulties in interagency partnerships (Shannon & Gibbon, 2012, Mc Elvaney et al., 2016).

The Irish research base for TIC reflects this emergent status. However, a number of studies have emerged and have highlighted the need to implement TIC in services for homeless people (Lambert & Gill-Emerson, 2017). Dermody et al., (2018), found that women attached to a probation service had a disproportionate number of ACEs and highlighted the need for trauma-informed services provision.

The present research supports the child welfare agency in moving towards becoming a trauma-informed child welfare system. An important component of a trauma-informed child welfare system is the provision of a trauma-informed evidenced-based intervention for foster carers (Hanson & Lang, 2016). Thus, *Fostering Connections* provides the child welfare agency with this important component. The movement towards trauma-informed care in the Irish child protection and welfare system is increasingly gaining acceptance amongst practitioners. However, trauma-informed care to date has not been operationally defined in terms of evidence-based practices. This research is important to foster care practice given the crucial role foster carers play within the child welfare system. In addition, the study has identified gaps in practitioner training that need to be addressed to support the development of a trauma-informed child welfare system. Thus, strong national leadership in the child welfare agency that supports the development of trauma-informed care in foster care beyond the implementation of TIC at local and individual service level is required. Further to this, practice guidance is needed to reflect a trauma-informed perspective. Such guidance should explicitly state the importance of collaborative practices between practitioners and foster carers in order to support fostering stability and children's outcomes.

Conclusion

This paper has described the implications of recent trauma-informed care research in Ireland. This research has contributed to the evidenced-based of trauma-informed care in the foster care context in Ireland. Thus, the research has contributed to developing a child welfare system that is trauma-informed. However, while the research makes an important step in achieving this aim. It has oiled only one cog of the complex wheel of the child welfare system by developing foster carers' capacity to provide trauma-informed care. The implications discussed highlight the need for a research-based parallel practitioner training to support further developing trauma-informed care in foster care practice and improve children's experience of stability in their foster families.

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