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Authors	McCormack, Lisa;Campbell, Niamh;Lotty, Maria
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Trauma in the Foster Care System; Finding Positive Ways forward in Practice.

Introduction

This article discusses a new initiative in a fostering team that is using a trauma-informed lens within the national child and welfare agency. This initiative is part of an area wide project that is endeavouring to embed trauma-informed practices in service provision, through the TARA practice Model (University College Cork, 2023). The area is one of 17 areas of the child welfare agency. TARA, supports integration of trauma informed practices into current practices, reflecting the acronym, T for trauma, A for Attachment, R for resilience and A for into Action. TARA supports recognising, acknowledging, and identifying ways to support children and families who have been exposed to traumatic experiences whilst also cognising of the impact of this work on the practitioner (Lotty, 2021; 2023).

In Ireland, the child welfare agency has a statutory function and is responsible for the delivery of several service areas including the delivery of Child Welfare and Protection services. The fostering teams work collaboratively across the social work teams within the agency and indeed with professionals outside the agency to ensure the child in foster placements needs are identified and met. Children placed in foster care can range in age from 0-17 years, from a spectrum of cultural, religious, and socio-economic backgrounds. The children that require alternative care have largely all experienced some form of childhood adversity that has impacted to varying degrees on their childhood development. This adversity can be viewed through the lens of developmental trauma; trauma which occurs in the context of early experiences often within the context of the child's primary caregiving relationship.

The availability of foster care placements in the current practice climate is facing a national crisis. Foster care instability and unplanned endings are an on-going concern. This has led to foster care services, in a wider child protection system, facing practice dilemmas that require immediate attention:

- When alternative care is required are practitioners and foster carers facilitated to build safe connections with each other?
- What are the barriers to build safe connections and how can these be overcome?

Foster carers often report the significant value they attach to relationships they develop with the team around the child. When these relationships work; they work well, and ultimately these relationships can lend to better outcomes for the child in care.

Trauma Informed Care (TIC) was identified by the NCTSN as an approach "In which all parties involved recognise and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system. Programs and

organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery" (Chadwick Trauma-Informed Systems Project, 2012, p.11). A key principle of TIC is to work in collaboration with the individual and across the individual's socio- ecology (Lotty, 2023). When working in child protection systems the statutory nature of the work can make this difficult to achieve. Social workers delivering statutory led practice responses are often overburdened with casework, can feel overwhelmed and are subject to at times negative media attention. This can create an unsafe working environment and creates the question:

> How can trauma-informed practice be delivered with integrity if those working within it feel unsafe in their role?

For some foster family's multiple social workers in one year can be commonplace. With this loss of relationships communication issues can arise, and frustrations emerge as a result for carers. Staff retention in the national child welfare agency has been highlighted and impacts service delivery having concerning consequences for children and families (Horgan-Jones, 2023). While strategies are in place to attempt to address these macro issues of recruitment and retention in the social work and social care professions, what other steps can be achieved to create safety for the foster carer? There is a need, to look at how we engage and work alongside foster carers. For foster carers to trust and feel safe in working with a complex child welfare system, there is a need to support their feeling of a sense of value, ensuring meaningful engagement in decision making and inclusion as part of the child's team (Lotty, 2021). There is a need to re position practitioners away from solely being the expert to a more collaborative practice that genuinely listens and strives to build relationships of trust with those who also bring expertise through virtue of their lived experience such as foster carers.

Trauma-informed Practice

Providing loving, stable foster homes for children that require alternative care for however long it is required is the basis of best practice in foster care. It is our vision. It's a complex area as children who require foster care will often have experienced developmental trauma which can impact on their capacity to feel safe (Lotty, Dunn-Galvin and Bantry-White, 2020). Without a sense of safety, this is likely to undermine the child's sense of security and stability in foster care. There is much scaffolding work that is required to adequately address and respond to the safety needs of the child and the key players within this system. The foundation of safety begins in relationships. There may be a place for therapeutic supports, psychoeducation, and other formal interventions for the child, birth family, foster family, and practitioner depending on the needs of those involved. However much of the healing from traumatising experiences has the possibility of occurring outside of formal therapy and interventions, it may occur in safe relationships. This article argues the need to focus on these relationships to support children in foster care. TARA supports the integration of trauma-informed practices in child welfare services. TARA supports developing a 'Mindset and a skillset that promotes empowerment and growth for both the service user and

practitioner' (Lotty, 2019 p.169). This mindset asks of us to remain curious and engage with children and families from a place of empathy and compassion. The team around the child, must work together, collaboratively, develop relationships built on a foundation of trust, empathy and compassion and resist practices that may be perceived as threatening.

Trauma-informed practices are underpinned by four guiding assumptions, often referred to as the 4 Rs of Trauma Informed Care (Table 1, adapted SAMHSA's concept of trauma and guidance for a trauma-informed, (SAMHSA, 2014). The fostering team considers that practice needs to strive to ensure the 4 Rs of TIC are understood, and realised by every person in the child's network to support better outcomes for the children we work with.

Table 1: The R's of Trauma-informed Practice

 **Realise**: The prevalence of trauma and the widespread impact in the lives of those we work with will become part of the mindset of our teams. We are also more aware of the impact of the work on ourselves as practitioners. We realise the impact on our foster carers who provide care to the children who have experienced developmental trauma.	 **Recognise**: In addition to realising the prevalence of trauma; The Area practitioners have developed the skills for recognising the signs and symptoms of trauma; in our clients, families, and ourselves as practitioners
 **Respond**: Our staff will continue to develop skills to respond through integrating the knowledge learned into our practice, policies and procedures.	 **Resist**: We will have an awareness of the practices that can re traumatise and avoid such practices going forward.

The principles of trauma-informed practices are described as safety, trust, collaboration, choice, empowerment, and cultural sensitivity align with social work principles. This lens offers a re-focusing to work alongside foster carers to deliver the optimum outcomes for children in the care system (Lotty, 2021). Through the consideration of each TIC practice principles, the fostering team are striving to embed these principles in daily practice (see table 2)

Table 2: Applying the guiding principles of Trauma Informed practices in foster care:

Safety	Choice	Collaboration	Trustworthiness	Empowerment
Ensure physical and emotional safety. Respect Foster Carers privacy. Foster Carers need to feel safe to share their feelings, fears and worries. If they feel safe and trust social workers to work through difficulties with them, the outcome will be better for the child. If difficulties have been experienced in the past, acknowledge this and explain this process and hope for things to be different.	Foster Carers and social workers are clear about their rights and responsibilities. Provide them with the choice of where to meet, times to meet and ask for their feedback regarding the process while they are on the journey with you.	Include Foster Carers in discussions and the decision-making process. Acknowledge the carers know the child best. Take the time to reach decisions everyone can sit with.	Be clear about who is doing what after having meetings. Carers should receive minutes of meetings held about their foster child. Be transparent about all tasks/follow up supports. Be consistent and follow through on agreed actions. Maintain respectful and professional boundaries.	Ensure the atmosphere allows the Foster Carer and social workers to feel validated and affirmed with all contact with the team supporting the child. Prioritise upskilling for all the team including the foster family in respect of developing a trauma informed mindset.

TARA based Practice Intervention

Trauma-informed practices have been recently developed through the TARA Project. There is an emphasis on shifting away from the idea of 'fixing' the child reflecting a deterministic lens that the problem is within the child to to a wider ecological system. This places a shared sense of responsibility across professionals and foster carers in how to understand the impact of traumatising experiences and ongoing stressors for the child. This is likely to support collective opportunities for recovery and resilience (Bloom, 1997; Harvey, 2007). The current new practices include:

- Introducing more trauma-informed language in all aspects of our communication including when developing a pen picture for a child entering care for the first time.
- Ensuring carers have access to psychoeducational tools so they understand and have a shared language to talk about the child's experience.
- Tara File Review tool to help the team around the child understand what the trauma is and how it has impacted on the child.

TARA File Review

Many carers are exhausted trying to meet the needs of children in their care as the child might be out of school, emotionally dysregulated, not acting like their chronological age and unable to participate in normal family life. As a response to this, a process of trying to develop understanding about what has happened to the child and how this has impacted on the child's behaviour has been developed. This process is done by completing file reviews for complex cases with a trauma-informed lens. The goal of completing a file review is to give the social work team and foster carers access to information on a child's history of trauma, using the TARA model, through a shared endeavour. Firstly, the information about the child is explored using the conceptualisation of developmental trauma (Cook et al, 2011) which illuminates the pervasive impact of traumatising experiences across a child's developmental domains. Secondly ways to support addressing this developmental impact through strategies of safety, connection and building coping skills are considered (Bath, 2008, Lotty, 2023). Thus, integrating an understanding of trauma exposure recognising the pervasive nature of developmental trauma exposure, across all areas of a child' development (Cook et al, 2011), relational experience and the process of resilience (Lotty, 2023) reflecting the core messages of the TARA practice model. With a better understanding about the child, it is hoped that the team supporting the child including the carers can then negotiate a path forward to provide better outcomes for the child, as it is "our job to create the conditions that help children alter these maladaptive scripts and learn to connect with positive, caring adults and peers" (Bath 2008, p. 7).

A recurring theme emerging when using a trauma informed mindset is the premise of how we speak about children, that it lends to more positive and hopeful language. It avoids blameful and shameful language and creates opportunities for empathy and compassion. A Fostering Social Worker has developed educational tools for foster carers to learn alongside this process so that a shared language of trauma can be used throughout. This is to empower foster carers with the knowledge and skills to develop a trauma informed mindset.

As with many social work teams in Ireland, the initiative area also has a high turnover of social workers. With the constant number of new workers, it is hard for information about a child's life to follow them and be understood in terms of their trauma and how it impacts on them over their life span. As noted above this can lead to frustrations on behalf of foster carers and a loss of knowledge about the child. The rationale for this approach is to develop foster carers understanding of trauma in a systematic manner and to facilitate them to align their parenting responses accordingly. All while working in collaboration as a team surrounding the child to promote more effective working relationships and benefits for the child. It may be the case that a lack of understanding of behaviours that are driven by traumatic experiences may result in inappropriate caregiving responses. Van der Kolk, states that "caregivers have a tendency to deal with their frustration by retaliating in ways that uncannily repeat the children's early trauma" (van der Kolk 2003, p.310). Where gaps in trauma informed knowledge exist, foster caring can be misaligned to the child's needs, and have the possibility of further compounding the effects of trauma (Lotty, 2019). Seeing their child with a more trauma informed lens is likely to allow for opportunities to attune and

connect with the child (Bath, 2015). Part of working in a more trauma-informed way also involves the need for practitioners to reposition we as working alongside foster carers, in collaboration, and genuinely listening and build relationships of trust with foster carers. This is based on the knowledge that working relationships with foster carers are central to foster care stability. It is important that we mirror the values of best TIP in how we work with our foster carers to facilitate our carers to become the 'anchor' for the child (Lotty, 2021). It starts with us and the relationships we develop with them. As highlighted by Lotty "positive working relationships between foster carers and social workers are an essential component of effective foster care" (2021: p. 36).

The TARA based file review initiative is operating within a wider context of the larger fostering team's commitment to further support carers using the TARA model. It is not being completed in isolation and is part of the larger framework to change how we support and work with foster carers. There is a focus on looking beyond behaviour and understanding what a child is trying to communicate whilst also considering and deepening our understanding of what it is like to be the foster carer of the child with significant trauma history. Thus, support is essential both for the child and the foster carers and family. TARA also emphasizes the need to acknowledge the vicarious trauma foster carers experience. This is also reflected in the *Fostering Connections Program* (Lotty et al., 2020) which is aligns strongly to the TARA model. Fostering *Connections* is the sole evidenced based trauma-informed foster care program developed for the Irish context in Ireland. As part of the TARA Project, *Fostering Connections* will be offered to foster carers within the service area involved in the project. Through a shared understanding and endeavour, this is likely to support the fostering team to provide more effective supports that enables foster carers to feel more contained and safer in their roles. In turn this may also support fostering stability, and thus reducing the possibility of children experiencing re-traumatisation through moves in the childcare system (Elliott, Bjelajac, Fallot, Markoff & Reed, 2005).

Conclusion

The developments in foster care services within one area of the child welfare agency described in this article is a part of a wider research-based initiative to improve practice. Whilst these are small steps in addressing complex challenges within the child in care system, they are perceived and experienced in a positive light. Feedback from long term foster carers who engaged in the TARA based file review process has been positive to date. Whilst undertaking this approach to working more collaboratively with foster carers may have the potential to benefit every child who enters the care system, this will require support and resources. TARA provides a coherent overview of the pertinent theories that supports best practice and has enabled the development of context specific practitioner-based initiatives. To conclude, the relationships that are created in practice between practitioners and foster carers must mirror in the relationships we expect foster carers to create with the children they welcome into their homes. This is all in the context of bringing empathy and understanding to the current situation. This approach enshrines a sense of hopefulness and asks us to always keep hope in mind. At a minimum, this is what all children that require foster care deserve.

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About the Authors

Lisa McCormack

Lisa McCormack has worked as a social worker in Tusla Child and Family Agency for 19 years. During this time, she has practiced as a child protection social worker, a child in care social worker and a fostering and adoption social worker. She is now the Principal Social Worker for Fostering in the Dublin South Central Area. She has been a Foster Care Committee Chairperson and a Child Protection Case Conference Chairperson. *As part of her current role Lisa, alongside 40 of her colleagues, has recently completed a Certificate in Continuing Professional Development in Trauma-informed Care: Theory and Practice (TARA Project). This is a Tusla/UCC collaboration with* the overarching aim to support the implementation of trauma-informed practice across Dublin South Central.

Niamh Campbell

Niamh worked as a social worker with the HSE for the first 12 years of her career, both as a children's social worker and on the fostering team. Niamh then went on to work as part of a Multidisciplinary Team in a school for Children with intellectual disability for almost 10 years. Niamh moved back to TUSLA in 2019 as a Children in Care Reviewing Officer in the

Midlands and returned to DSC as a Team Leader on the Fostering Team in 2022. Like Lisa, Niamh *completed a Certificate in Continuing Professional Development in Trauma-informed Care: Theory and Practice (TARA Project).*

Maria Lotty

Dr Maria Lotty is a lecturer in the School of Applied Social Studies in University College Cork. Maria has over 20 years professional social work experience and is the project lead for the TARA Project.