CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	Exploring trauma-informed foster care as a framework to support collaborative social worker - foster carer relationships
Authors	Lotty, Maria
Publication date	2021-04-01
Original Citation	Lotty, M., (2021) 'Exploring Trauma-informed Foster Care as a Framework to Support Collaborative Social Worker - Foster Carer Relationships', Irish Journal of Applied Social Studies, 21 (1), 4, pp. 34-51. Available at: https://arrow.tudublin.ie/ijass/vol21/iss1/4
Type of publication	Article (peer-reviewed)
Link to publisher's version	https://arrow.tudublin.ie/ijass/vol21/iss1/4/
Rights	© Copyright Irish Journal of Applied Social Studies
Download date	2026-10-30 04:11:14
Item downloaded from	https://hdl.handle.net/10468/11204

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Irish Journal of Applied Social Studies

Est 1998. Published by Social Care Ireland

Volume 21 | Issue 1

2021-04-13

Exploring Trauma-informed Foster Care as a Framework to Support Collaborative Social Worker - Foster Carer Relationships

Maria Lotty
University College Cork, maria.lotty@ucc.ie

Follow this and additional works at: https://arrow.tudublin.ie/ijass

Recommended Citation
Lotty, Maria (2021) "Exploring Trauma-informed Foster Care as a Framework to Support Collaborative Social Worker - Foster Carer Relationships," *Irish Journal of Applied Social Studies*: Vol. 21: Iss. 1, Article 4.
Available at: https://arrow.tudublin.ie/ijass/vol21/iss1/4

Exploring Trauma-informed Foster Care as a Framework to Support Collaborative Social Worker - Foster Carer Relationships

Maria Lotty

University College Cork

Ireland

Author Note

Correspondence concerning this article should be addressed to Maria Lotty: maria.lotty@ucc.ie

The author would like to acknowledge support for the PhD study referred to in this article by Tusla, Child and Family Agency and by University College Cork through the Excellence Scholarship Award.

© Copyright Irish Journal of Applied Social Studies ISSN 1393-7022

Vol. 21(1), 2021, 34-51.

Abstract

Developing consistent collaborative working relationships between foster carers and social workers are important as they impact fostering stability and thus, the outcomes of children in foster care. This paper suggests a new framework, *Trauma-informed Foster Care* that was developed to reflect the experience of the Irish foster care system, may be helpful to support more collaborative practices between foster carers and social workers in an Irish context. Firstly, the paper explores the relationships between foster carers and social workers drawing on relevant literature. Secondly, the *Trauma-informed Foster Care* framework is delineated emphasising the principle of collaborative practice. Thirdly, the paper discusses considerations in the implementation of this framework. These include the awareness of the limitations of using a single lens, the need for research-based practitioner training, policy, and practice guidance.

Keywords: collaborative practice; foster care; trauma-informed care

Introduction

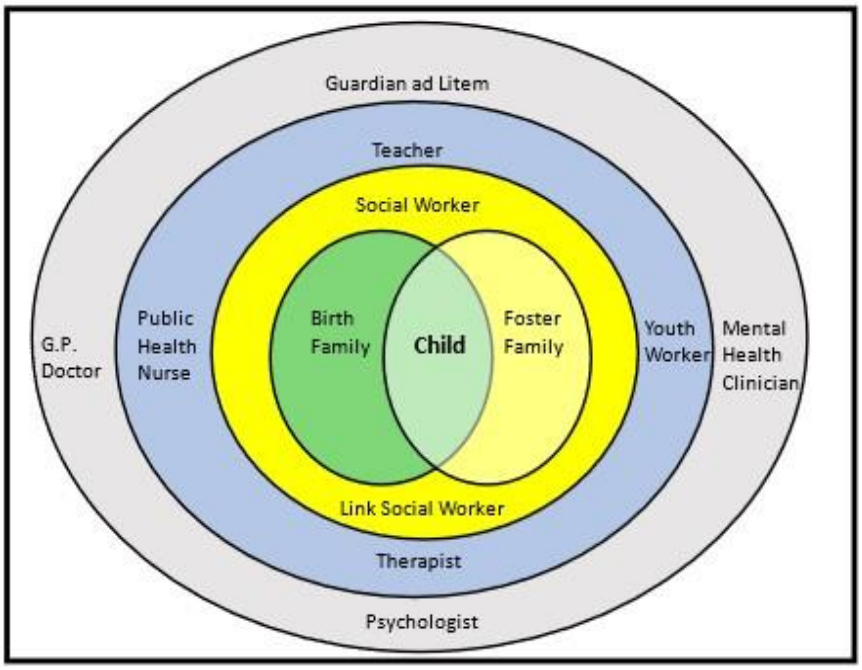
Foster care is a family-based intervention that aims to provide children with safety, protection, and stability in a family setting outside their own family. Children in foster care most often have experienced maltreatment prior to entering care (Kisiel et al., 2009). Maltreatment includes various forms of trauma that can include in-utero exposure to toxic stress/substances (Astley et al., 2002), neglect, physical abuse, emotional abuse, sexual abuse and/or exposure to domestic violence (English et al., 2015). In Ireland, foster care is the primary source of alternative care. This represents a significant turn away from institutional care

towards foster care arrangements (Munro & Gilligan, 2013) resulting in Ireland now having one of the highest rates of family-based care placements globally (Gilligan, 2019). Tusla, Child and Family Agency, the national child welfare agency, in Ireland, report the primary reasons for children's first-time admission to care and the primary reason for being in care indicated were neglect (38%, 36 %), followed by child welfare concerns (36%, 40 %), emotional (12%, 12%), physical abuse (10%, 7%), and sexual abuse (4%, 3%) were also indicated (Tusla, 2019). It is likely that in Ireland children with complex needs who in the past would have entered residential services are now entering the foster care system.

The Irish system is similar to the Dutch (Strijker et al., 2008) and Norwegian systems (Jacobsen et al., 2018) in that it utilises two main models of foster care; short-term and long-term foster care. Respite foster care and day fostering are used to a lesser extent (Tusla, 2014). Children are initially received into care on a short-term basis with a focus on reunification with their birth family through family supports where possible. The system is viewed as being more paternalistic and thus, more positioned towards reunification and preservation of the family (Parkes et al., 2015). Both short term and long-term foster care can be provided by general foster carers (non-relatives) or relative foster carers (relatives). Children who remain in foster care and are not reunified with their birth family, after experiencing a short-term placement enter into long term placements. This may involve moving to another placement or remaining in their short-term placement, which now has become an on-going arrangement.

The system is described as complex and multidimensional (Gilligan, 2019). At the centre, there is the child who needs protection and care and there is the foster family who provides this alternative care. However, foster care also encompasses other players who are involved in making decisions about the child's life namely the child's birth family, the child's social worker, the fostering social worker (known as the link social worker), and a network of multi-agency professionals often from legal, educational, and therapeutic services, as shown in Figure 1.

Figure 1: The Players in the Foster Care System (Not all present for all children)



The system in Ireland is managed by professionally trained social workers in accordance with internationally recognised best standards of practice (CORU, 2019). Social workers, located in Child Protection and Fostering Teams, primarily governed by Tusla, *provide* the foster carers as they recruit, screen, assess potential foster carers (Gilligan, 2019). Approved foster carers (foster carers who have completed the assessment process and who are placed on a panel of approved foster carers) are allocated a "link social worker". The link social worker has the responsibility to provide ongoing social work support to the foster carer, support the matching process (matching the child's needs with foster care's capacity to meet these needs) and monitor the placement. The child has an allocated social worker with responsibility for supporting the matching process, care planning, monitoring and ongoing support to the child placed in the foster family.

The foster carers are the providers of the intervention that is foster care and thus play a fundamental role in the foster care system. Social workers also play a fundamental role in the foster care system in managing the system. Given the essential roles both foster carers and social workers play within the foster care system, positive working relationships between foster carers and social workers, are an essential component of effective foster care and thus, an important area of research and practice. Furthermore, international research has highlighted that this relationship is a key factor in promoting stability in foster families (Khoo & Skoog, 2014; Geiger et al., 2017), foster carer retention and satisfaction (Murray et al., 2011).

Social workers are often trying to cope with high caseloads, burn-out and a lack of resources in Ireland (Burns & McCarthy, 2012). Not surprisingly, high levels of staff turnover are a feature of the Irish child welfare system (Burns, 2009). This is concerning as research also indicates a significant association between changes in social workers and foster carer stress (Farmer et al., 2005) and thus, is likely to impede developing relationships between foster carers and social workers (Devaney et al., 2019). The relationship is further complicated as it also involves an inherent power imbalance. This power imbalance is found in the relationship which by its nature involves accountability and supervision. Fostering social workers "assess" foster carers, "monitor" their fostering and "investigate" foster carers when allegations are made against them. All the while, they provide foster carers with support through the link work role. In the case of the child's social worker, the social worker's role is to support the child and strives to develop a relationship with the foster child. They also have responsibility for generating and coordinating the child's care plan, monitoring the placement and investigation of allegations against foster carers. The foster carer has responsibilities too which centre around supporting the child's developmental needs by providing protection, safety, stability, and support (Tusla, 2014). This includes advocating for the child. Since, 2015, foster carers have responsibilities as mandated persons under the *Children First Act 2015* with a legal obligation to report suspected cases of child abuse. These roles and responsibilities that each party bring to the relationship can bring conflicting tensions.

In a recent doctoral study, the author developed an evidenced-based programme *Fostering Connections: The Trauma-informed Foster Care Programme* (hereafter *Fostering Connections*) (Lotty, 2019a). The theoretical framework *Trauma-informed Foster Care* was developed to underpin the programme based on the principles of trauma-informed care (TIC) and reflective of the experience of the Irish foster care system. The research was motivated by a desire to contribute to reducing placement instability, particularly placement breakdown,

owing to its impact on children and the families who foster. TIC is an approach that seeks to ameliorate the impact of trauma (Elliott et al., 2005). Trauma has been described as an elusive concept difficult to define (Mersky et al., 2019). It usually involves a deeply distressed or disrupting experience that results in intense physical and emotional responses. It can involve traumatic experiences such as maltreatment, unplanned removal from home, a serious car accident or a natural disaster (Rayburn et al., 2016). Children in foster care have a high prevalence of traumatic experiences owing to experiencing maltreatment (Kisiel et al., 2009). These experiences are often prolonged, repetitive and involve multiple experiences of trauma that occurs within the home within the context of the child-caregiver relationship (Villodas et al., 2015). Thus, these children are at risk of dysregulation of systems that include; affect, attachment, behaviour and cognition (Cook et al., 2005) and often enter care with major developmental problems and complex needs (Kisiel et al., 2014). Such traumatic experiences are associated with trauma-related emotional and behavioural difficulties (Kisiel et al., 2009) and predictive of placement instability (Clark et al., 2020). Given that children in foster care most often have experienced trauma prior to coming into care, TIC may be well placed in the realm of foster care (Beyerlein & Bloch, 2014).

As a core component of the framework of *Trauma-informed Foster Care,* collaborative relationships between foster carers and social workers are emphasised. This paper discusses the implications of implementing *Trauma-informed Foster Care* to promote collaborative relationships between foster carers and social workers. Firstly, the paper explores the relationships between foster carers and social workers drawing on relevant literature. Secondly, the *Trauma-informed Foster Care* is delineated emphasising the principle of collaborative practice. Thirdly, the paper discusses considerations in the implementation of this approach. The author identifies herself as a researcher-practitioner. She occupies a dual position of being an experienced social work practitioner within the foster care system and also recently completed a doctoral study (Lotty, 2020). Thus, she brings an insider's perspective as well as a research lens to this paper.

Foster Carer-Social Worker Collaborative Working Relationships

Drawing from Bedwell et al.'s (2012) definition of collaboration for present purposes, collaborative working relationships may be characterised by being an evolving, reciprocal process with active participation in striving for a shared goal. Thus, in the context of the foster carer-social worker relationships, collaborative relationships involve an evolving process where the relationship develops, it is underpinned by the values of mutual respect, trustworthiness, active participation, and validation. The communication process is effective enabling information to be shared, both party's contributions are valued and incorporated into the decision-making processes around the child. These collaborative relationships are underpinned by a shared common goal of providing safety, stability, and support to the child to meet his/her developmental needs. The ultimate shared goal is to support children to achieve permanence. Permanence refers to children experiencing a stable and loving family that will support them through childhood and beyond (Boddy, 2013) which may involve reunification with birth family, long-term foster care or adoption.

Collaborative relationships that drive practices, such as foster carers' inclusion in care planning and receiving information on the child are consistently linked to more positive

fostering outcomes (Lietz et al., 2016). The inclusion of foster carers in the child's team has been found to promote mutual respect between practitioners and foster carers and to reduce foster carers' stress which is likely to positively impact the children in foster care (Tullberg et al., 2017). Research also indicates that foster carers are motivated to develop collaborative relationships with social workers when they were not in place (Mallette et al., 2020). This relationship becomes particularly important when difficulties arise. However, when such collaborative relationships are not in place and there is more pressure on foster families then foster carers can become distrustful and distance themselves or hide some of their support needs or fears (Mallette et al., 2020). Practices that do not promote collaborative relationships, such as foster carers not receiving information on a child's history, are associated with fostering instability (Tonheim & Iversen, 2019), particularly when information on the child's behaviour is not provided (Dubois-Comtois et al., 2015). It is also noteworthy that research also indicates that children who have had fewer social workers are more likely to be reunified with their parents (Potter & Klein-Rothschild, 2002).

Geiger et al. (2017) examined the perspectives of US foster carers (n= 1095) to understand how relationships between child welfare workers and foster carers could be improved. They found that the majority of foster carers (55%) were satisfied with the support they received from child welfare workers. Factors that supported these relationships included prompt communication about court hearings and professionals' meetings. However, given many foster carers (45%) were not satisfied, the study highlighted the need to ensure strategies such as returning phone calls in a timely manner and regular visits from social workers may improve foster carers' satisfaction. The USA system is based on a short-term model of foster care, where adoption is emphasized when reunification is not possible with the birth family (Barber & Delfabbro, 2005). Thus, caution is required in the application of these results to an Irish context, where the foster care system operates a care policy of long-term care when children cannot be reunified with their birth family (Lotty, 2019a).

Similar results were found in a recent Norwegian study (Larsen et al., 2020) where foster carers (n= 290) perspectives on service experience with child welfare and Child Adolescent Mental Health Services (CAMHS) were examined. Larsen et al. (2020) reported that the majority of foster carers (59%) overall reported a positive experience. However, a substantial portion of foster carers reported low to medium satisfaction with their experience. This dissatisfaction with receiving sufficient information about the child's difficulties (49%), the help and support they received (43%) and involvement in decisions about the child's services (32%).

The Irish context

In Ireland, the need to improve the quality of foster care supports has been highlighted (IFCA & Tusla, 2017, Moran et al., 2017, National Review Panel, 2019). Whilst there is a dearth of research on foster carers' experience, some data is available. Moran et al. (2017) explored the views of foster carers (n= 13) concerning factors that support better outcomes for children in foster care. Similar to international research, they found most foster carers had positive views about their relationships with social workers. However, some foster carers described a lack of communication from social workers, difficulty accessing the child's allocated social worker, difficulties in getting information on the child and a lack of emotional

support from social workers. A more recent study, which was part of the author's doctorate study that was conducted to inform the development of *Fostering Connections* reported similar results. This study explored the perspectives of foster carers and multidisciplinary practitioners who were key stakeholders in foster care (n= 27). The participants highlighted inconsistencies in collaborative practices between social workers and foster carers. Participants described when foster carers have a lack of information on a child's history and felt excluded in decisions around care planning, this exacerbated the difficulties in developing positive foster carer-social worker relationships. However, it was noteworthy that the foster carer participants expressed a recognition of the importance of and a willingness to develop positive relationships with social workers. Owing to the small sample sizes of these studies, these findings are limited. The findings, however, reflect foster carer views described in older studies. These included the difficulty in accessing appropriate services for children and dissatisfaction with professional support (Gilligan, 1996). Communication difficulties between social workers and foster carers were also raised. These difficulties included challenges in getting all relevant information on children and exclusion from the decision-making process around access arrangements (Meyler, 2002).

The Irish Foster Care Association (IFCA) has published some data on member's views on experiences of support. IFCA, established in 1981, is a non-statutory representative body for foster carers in Ireland and is recognised as a key stakeholder in foster care (Gilligan, 2019). A recent IFCA (2019) members survey (n=225) reported that only 21% of members felt valued for their work as foster carers and the highest portion of responses (36%) to the question "what one thing would you change to make fostering better?" was better communication between foster carers and social workers. O'Toole (2016) found mixed results regarding foster carer support from Tusla. Whilst the majority of foster carers sought services to support the children, nearly a third were waiting at least a year to receive a service. The majority of foster carers also reported that they had decided to access psychological support for themselves through private arrangements. Over a third of carers reported that the support they received from Fostering Teams was negative (poorly or not supported at all). Irwin (2009) found the majority (n= 84) of foster carers felt they had not received adequate support from Tusla. In line with international research, there is a need to improve consistent collaborative relationships between foster carers and social worker in Ireland.

Trauma-informed Care

Trauma-informed Care (TIC) is an approach that has been influenced by a growing awareness of the implications of childhood trauma for the whole lifespan and the need to respond in effective ways (Berliner & Kolko, 2016). This awareness has been strengthened by a number of developments, notably the increased understanding of traumatic stress through research on the neurobiology of stress (Porges, 2011) and the impact of trauma on brain development (Riem et al., 2015). The Adverse Childhood Experiences Study (ACE) (Felitti et al., 1998) found strong associations between the impact of childhood trauma and long-lasting consequences for health from an epidemiological related perspective (Kelly-Irving & Delpierre, 2019). TIC development was driven by the concerns of practitioners in the light of increased awareness and knowledge of trauma impact. The approach is underpinned by a biopsychosocial model, integrating research from fields of neurobiology, attachment, trauma, and resilience (Bath & Seita, 2018).

Initially, TIC focused on the identification and development of trauma-specific evidence-based treatment (EBT) (Black et al., 2012). However, attention shifted to the implementation of TIC in child welfare systems, as practitioners and researchers were concerned that most children who come into contact with child welfare services often have chronic and complex trauma histories but do not receive mental health treatment (Strand & Sprang, 2018). The movement also recognised that in order to meet the complex needs of these children; a more systemic approach was needed. This traditionally has not been taken, in addressing the impact of trauma on children and families (Beyerlein & Bloch, 2014). This has resulted in a paradigm shift away from a traditionally deficit orientated understanding of trauma, that individualises the person's difficulties and minimises the wider contextual influences on a more compassionate and contextualised standpoint (Knight, 2015). TIC is concerned with issues of social justice, power relationships and human rights (Tseris, 2018), placing the response to trauma within a strengths-based framework that considers the person's broader ecological context (National Child Traumatic Stress Network, 2016). This is often captured in the literature as a shift away from the question "what is wrong with you?" towards the more empathetic question "what has happened to you?" (American Academy of Pediatrics, 2014).

By 2004, the National Childhood Traumatic Stress Network (NCTSN), in the USA, was applying the concepts of TIC to Trauma-informed child welfare systems (TICWS) that led to a definition of a TICWS. TICWS is identified as a system:

> 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).

The definition focuses not only on children, but also on their caregivers and the child welfare workforce who seek to support them. It recognises that all of these groups are affected by trauma, including primary traumatic experiences that they may have experienced and the exposure to secondary trauma by caring for or working with children and families that have experienced trauma. The definition goes beyond the development of knowledge and awareness of trauma impact but emphasises the need for the system to apply that knowledge in daily practices, in the culture of the organisation and interagency partnerships. TIC is underpinned by a set of practice principles: safety, choice, trustworthiness, collaboration empowerment (Elliott et al., 2005; SAMHSA, 2014). These humanistic principles reflect the core elements of professional therapeutic practice (Becker-Blease, 2017) and are strongly aligned to the values of social work practice (Knight, 2015). These principles are consistently interwoven and applied throughout the phases of social work services (Levenson, 2017) where the provider and survivor experiences physical and emotional safety (Safety), are provided clear and appropriate messages about their rights and responsibilities (Choice), experience respectful and professional boundaries (Trustworthiness), are afforded a significant role in planning and evaluating services (Collaboration), and are provided with an atmosphere that allows them to feel validated and affirmed with every contact with the agency (Empowerment) (Institute on Trauma and Trauma-Informed Care, 2015).

Trauma-informed Foster Care

Trauma-informed Foster Care is a theoretical framework developed through the author's doctoral study, delineated through six core principles, as outlined in Table1. The PhD research emerged from a perceived gap in the training provision for foster carers in Ireland. The purpose of the research was to design, develop and evaluate a psychoeducational intervention for foster carers, that enhanced their capacity to provide children with TIC. The theoretical framework was developed to underpin *Fostering Connections*. The Development Stage involved the completion of a narrative literature review of the effects of current TIC interventions for foster carers. It also involved a pre-intervention qualitative study that assessed the current practice climate and support for implementation of this intervention. The narrative review suggested that TIC could inform foster carers' responses when caring for children who have experienced trauma. Participants in the pre-intervention study expressed the need for such a programme and a willingness to support its implementation in the current context of foster care in Ireland. A mixed-method approach was used to synthesise the results of the narrative review and pre-intervention study to develop the six-sessional group-based intervention, *Fostering Connections.* The Feasibility Stage involved a programme review by the local Fostering Team. At Evaluation Stage, a quasi-experimental study with a control group and a post-intervention qualitative study were completed. These two studies were combined using a triangulated analytical strategy to complete an early-stage evaluation. A stakeholder group was established at the outset of this research to provide an expert review of the research process.

Preliminary evidence is promising and suggests that *Fostering Connections* may be an effective intervention for increasing foster carers' capacity to provide children with TIC and in turn, is associated with improvement in child regulation and reduce peer problems over time. The effectiveness trial has been recently published (Lotty et al., 2020a). Consistent with the findings of similar research (Gigengack et al., 2017; Konijn et al., 2020; Murray et al., 2019), this study has contributed to the emergent and growing body of evidence to support TIC in foster care. The process study has also been published (Lotty et al., 2020b) describing the high levels of acceptability, improvement in positive carer-child interactions and reduction in observed child difficulties and the need for ongoing supports for foster carers, social workers and facilitator required to implement this intervention.

Table 1

The Principles of *Trauma-informed Foster Care*

Name of Principle	Description of Principle
Overarching Principle: Child in Mind	The children's needs are at the heart of this programme. Trauma-informed Foster Carers are equipped with a foster caring approach to care for children who have experienced trauma. This foster caring approach promotes placement stability which in turn supports better outcomes for children.
Principle 1: Trauma in Mind	Trauma-informed Foster Care requires foster carers to develop an understanding and awareness (a mindset) of the impact of trauma on children and also of the impact of caring for children who have experienced trauma on themselves as caregivers.
Principle 2: Safety in Mind	The foundational skill of the foster carer in Trauma-informed Foster Care is supporting children in foster care to develop a feeling of safety.
Principle 3: Relationships in Mind	The second Trauma-informed Foster Care skills area for foster carers is developing safe relationships with children in foster care.
Principle 4: Coping in Mind	The third Trauma-informed Foster Care skills area for foster carers in supporting children in foster care to develop coping skills.
Principle 5: Resilience in Mind	The fourth Trauma-informed Foster Care skills area for foster carers is developing fostering resilience. Fostering resilience is rooted in the foster carer's empathetic capacity and capacity to remain hopeful about the child's future.
Principle 6: Teamwork in Mind	Trauma-informed Foster Care requires foster carers to be effective members of the team that supports the child in order to promote positive outcomes for the child.

Congruent with the TIC approach, *Trauma-informed Foster Care* reflects the principles of TIC (Institute on Trauma and Trauma-Informed Care, 2015) and recognises the importance of the foster carers' role within the "team" around the child (Collaboration) and that this role is validated and affirmed (Empowerment). This is reflected in principle six of *Trauma-informed Foster Care:*

Teamwork in Mind: Trauma-informed Foster Care requires foster carers to be effective members of the team that supports the child, in order to promote positive outcomes for the child.

This principle advocates that foster carers are supported and equipped to provide children with TIC, and for their contribution to be included and valued by practitioners involved in the children's lives. *Trauma-informed Foster Care* acknowledges that foster carers' expertise is an important component of the team that supports the child. It recognises that foster carers have

knowledge of the child's needs outside the scope of the practitioner and that they are in a unique position to provide children with restorative relationships that support the children's development and amelioration from developmentally traumatizing experiences (Shonkoff et al., 2012). Thus, this principle reflects the need for collaborative relationships between foster carers and social workers. Given the preliminary evidence to support *Fostering Connections*, this suggests that *Trauma-informed Foster Care* may provide a helpful framework to support such collaborative practices.

Trauma-informed Foster Care draws from the developmental trauma conceptualisation (Kisiel at al., 2014) to understand children's experiences of trauma and how to support effective amelioration of these experiences through increasing foster carers' capacity to provide TIC in an Irish foster care context. Thus, using this framework may promote a shared language and understanding of the impact of developmentally traumatising experiences of children prior to coming into foster care, the impact of caring for a child who has experienced trauma on the foster carer and ongoing system stressors that experienced within the foster care system. The framework also provides a shared approach to effectively respond to children's trauma-related emotional and behavioural difficulties in a foster caring context and working collaboratively within a complex and multidimensional system. This is likely to also support consistency of approach from foster carers and practitioners avoiding differences in opinions on caregiving methods (Mallette et al., 2020) and particular approaches to support children to develop coping skills around emotional and behavioural regulation.

At the centre, this framework is enhancing the child-carer relationship which is considered best practice for children with trauma history (Shonkoff et al., 2012), as it aims to alleviate the impact of trauma (van der Kolk, 2015). This relationship provides the scaffolding to support the child's socio-cognitive development (Bath & Seita, 2018). Thus, this shared understanding is likely to support the recognition of the foster carer's position to become the primary therapeutic agent to support the child (Orme & Buehler, 2001). It may provide foster carers and practitioners with a rationale and motivation to work more collaboratively together, by providing more understanding of the benefits such practices have for children and foster carers and in turn, support fostering stability. This translates to a genuine partnering between social workers and foster carers that ensures the therapeutic role that the foster carer can play is given due recognition and is supported in the team around the child (Tucci & Tronick, 2019).

Discussion

This paper has explored the relationships between foster carers and social workers. It suggests that a new framework of *Trauma-informed Foster Care'*may support foster carers and social workers to develop these relationships through a shared language and consistency of approach. However, there are a number of considerations concerning implementing this approach. These include the awareness of the limitations of using a single lens, the need for research-based practitioner training, policy, and practice guidance.

The term "trauma" has numerous definitions and thus, being trauma-informed lacks clarity in practice (Bath, 2017). *Trauma-informed Foster Care* specifically draws from the conceptualisation of developmental trauma as experienced as being prolonged, repetitive, and multiple experiences which can have a cumulative effect becoming overwhelming for children (Cook et al., 2005). This conceptualisation provides a comprehensive biopsychosocial

understanding of the impact of trauma on children's development. Given many children have experienced developmentally traumatising experienced prior to entering foster care, using a developmental trauma lens may support practice in having a clearer understanding of these children's needs and how best to intervene (Lotty et al., 2020a). This may support practitioners in their identification, assessment of children's traumagenic needs and subsequent interventions.

It also must be remembered that children in foster care are a heterogeneous group (Goemans et al., 2015), having individual experiences of trauma and adversity, differential susceptibility (Woolgar, 2013) and resilience to the impact of these experiences (Bell et al., 2015). Some adverse childhood experiences (ACEs) may not have been experienced as traumatic. Furthermore, the impact of ACEs can be buffered by positive childhood experiences (PCEs) such as safe, stable, nurturing relationships (Bethell et al., 2019). It must also be acknowledged that many children in foster care do not have persistent trauma-related difficulties (Bell et al., 2015). Some children may have other complex needs such as a learning disability and/or mental illness and /or foetal alcohol syndrome symptoms (FASS) that may require interventions beyond a TIC approach (Bath, 2017). Thus, practitioners should also be cognisant of the limitations of using a singular lens, as it may be the case that not all children's emotional and behavioural difficulties are rooted in trauma. Thus, practitioners also need to support and guide foster carers in the application of 'Trauma-informed Foster Care' and where required support other interventions that best meet the often complex, multifaceted needs of the children in foster care.

Practitioner targeted TIC information is currently being disseminated worldwide, often through resource-heavy training programmes, which have been criticized (Becker-Blease, 2017). There is a lack of regulation in such trauma-informed training and education initiatives reflected in the dearth of research on their content and quality (Birnbaum, 2019). Further to this, there is a lack of research on the impact of such training (DePrince, 2011). In Ireland, there has been a surge of interest in trauma-informed practice in recent years. Five years ago, Tusla, the Child and Family Agency published a scoping report for developing a therapeutic intervention toolkit (Tusla, 2016). This report looked at the views of social workers (n= 463) mainly from Child Protection teams. Interestingly, when asked to report their expertise in the area of trauma, 46% reported they had none, or a basic knowledge of trauma as opposed to 83% of social workers who reported medium or expert knowledge of attachment. Not surprisingly, attachment theory and child development theory were found to be the dominant core theories used by social workers at 68%, followed by systems theory and family dynamics. Social workers also rated the strengths-based approach usage at 51%, followed by the task-centred approach used at 49% (Tusla 2016). However, since this report, the awareness and application of TIC as a practice approach has grown. This is apparent in the language of trauma emerging in child protection offices across the country and is becoming part of "practice speak". There is also an increasing number of conference presentations (Lotty, 2019b), private training events (Treisman, 2019) targeting practitioners supporting the implementation of TIC. The first university-based continuous professional development (CPD) TIC module has also been developed by University College Cork (UCC, 2021) aimed at professionals working with children and families. However, it remains concerning that there is no national systematic strategy to train social workers within the Irish child welfare system.

The question has been asked what defines TIC beyond good practice principles and trauma understanding (Berliner & Kolko, 2016). Indeed, principles of collaboration and empowerment are at the core of best practice (CORU, 2019). TIC, however, goes beyond practice principles and aims to support effective intervention. However, international research found that whilst some practitioners may have knowledge of trauma impact and an aspiration to translate this knowledge into their practice, bridging this gap has been challenging (Donisch, et al., 2016), as has the development of promising interventions (Leitch, 2017). Tseris (2018) found that trauma discourses strongly underpinned the understanding of child maltreatment and intervention of social workers in mental health services in Australia. 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, as they focused on addressing issues within the person's ecological context. Practitioners need to be cognisant of the dangers of focusing on the individual, pathologising the person's trauma responses and taking a deterministic view to the exclusion of wider societal issues (Frederick, Spratt & Devaney, 2020). Social Workers need to engage in critical discourses concerning trauma research and theory (Spratt & Kennedy, 2020) is also important to ensure that the application of TIC is reflective of its original intent. This underscores the need for research-based high-quality practitioner training given that the risk of the interpretation of trauma theory by practitioners may lead to multiple and perhaps competing perspectives. Without such training, there may be a risk of misapplication of *Trauma-informed Foster Care* that could widen the imbalance of power between the foster carer and social worker undermining this complex relationship. Whilst training may be an important part of implementing this approach, training alone is unlikely to change practice. In a recent study, exploring the implementation of TIC practices in child welfare systems in the USA, TIC training was well received. However, the need for follow-up training and effective supervision to support implementing trauma-informed practices was highlighted (Dunkerley et al., 2021).

There is also a need to develop a more explicit policy and practice guidance that reflects a trauma-informed perspective. Such guidance should explicitly state the importance of collaborative practices between practitioners and foster carers in order to support placement stability and children's outcomes. The policy that underpins practice in foster care and in which practice is currently inspected against is the National Standards in Foster Care (Department of Health and Children, 2003). These standards state that foster carers should have access to all relevant information, advice about the children they care for and receive professional support to enable then to provide high-quality care. Given that these standards are nearly two decades old, a timely major review is currently being taken by the Health Inspection and Quality Authority (HIQA, 2021).

Tusla's application of policy into practice guidance have included the publication of *Better Outcomes, Brighter Futures* (Department of Children and Youth Affairs, 2014), and the *Alternative Care Practice Handbook* (Tusla, 2014). The *Alternative Care Practice Handbook* recognises the importance of positive working relationships between link social workers and foster carers. It recommends that the assessing social worker becomes the foster carers' link social worker when approved to promote this working relationship and that foster carers should be consulted when drawing up the child's care plan and where appropriate care plans are shared with the foster carer. However, inconsistencies in collaborative relationships between foster

carers suggest a more explicit policy and practice guidance is needed (Lotty, 2019a; Moran et al., 2017). Given that this relationship is an important component of operating a foster care system, this places an onus on Tusla and private foster care providers to support the development of these collaborative relationships. In recognition of the policy and practice gaps, Tusla has stated it aims to develop a practice handbook on permanency planning as part of Tusla's Business Plan (Tusla, 2018), however, this as yet has not been operationalised.

Conclusion

This paper highlights the importance of developing consistent collaborative working relationships between foster carers and social workers as they impact fostering stability and thus, the outcomes of children in foster care. It suggests a new framework, *Trauma-informed Foster Care* that was developed to reflect the experience of the Irish foster care system, may be helpful to support more collaborative practices between foster carers and social workers. This framework highlights collaborative practice as a core principle, it promotes a shared language and approach for foster carers and social workers. However, in supporting the implementation of *Trauma-informed Foster Care*, awareness of its limitations, high-quality training for social workers and the development of policy and practice guidance is required.

References

American Academy of Pediatrics. (2014). '*Adverse childhood experiences and the lifelong consequences of trauma'*. American Academy of Pediatrics. http:// https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

Astley, S. J., Stachowiak, J., Clarren, S. K., & Clausen, C. (2002). Application of the fetal alcohol syndrome facial photographic screening tool in a foster care population. *The Journal of pediatrics, 141*(5), 712-717.

Bath, H., & Seita, J., (2018). *The three pillars of transforming care: Trauma and resilience in the other 23 hours*. UW Faculty of Education Publishing.

Bath, H. (2017). The trouble with trauma. *Scottish Journal of Residential Child Care, 16*(1), 1-12.

Barber, J., & Delfabbro, P. (2005). Children's adjustment to long-term foster care. *Children and Youth Services Review, 27*(3), 329-340.

Becker-Blease K. A. (2017) As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation*, *18*(2), 131-38. DOI: 10.1080/15299732.2017.1253401

Bedwell, W. L., Wildman, J. L., DiazGranados, D., Salazar, M., Kramer, W. S., & Salas, E. (2012). Collaboration at work: An integrative multilevel conceptualization. *Human Resource Management Review, 22*(2), 128-145.

Bell, T., Romano, E., & Flynn, R. J. (2015). Profiles and predictors of behavioral resilience among children in child welfare. *Child abuse & neglect, 48*, 92-103.

Berliner, L., & Kolko, D. J. (2016). Trauma informed care: A commentary and critique. *Child maltreatment, 21*(2), 168-172.

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: associations across adverse childhood experiences levels. *JAMA pediatrics*, *173*(11), e193007-e193007.

Beyerlein, B. A., & Bloch, E. (2014). Need for trauma-informed care within the foster care system: A Policy Issue. *Child Welfare, 93*(3), 7-21.

Birnbaum, S. (2019). Confronting the social determinants of health: Has the language of trauma informed care become a defense mechanism?. *Issues in mental health nursing*, *40*(6), 476-481.

Black, P. J., Woodworth, M., Tremblay, M., & Carpenter, T. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychology, 53*(3), 192-203.

Boddy, J. (2013). Understanding permanence for looked after children: A review for the care inquiry. *London: House of Commons*.

Burns, K., & MacCarthy, J. (2012). An impossible task? Implementing the recommendations of child abuse inquiry reports in a context of high workloads in child protection and welfare. *Irish Journal of Applied Social Studies, 12*(1), 25-37.

Burns, K. (2009). *Job retention and turnover: A study of child protection and welfare social workers in Ireland*. PhD thesis, University College Cork.

Chadwick Trauma-Informed Systems Project. (2012). Creating trauma-informed child welfare systems: A guide for administrators (1st ed.). Chadwick Center for Children and Families.

Clark, S. L., Palmer, A. N., Akin, B. A., Dunkerley, S., & Brook, J. (2020). Investigating the relationship between trauma symptoms and placement instability. *Child Abuse & Neglect, 108*, 104660.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex Trauma in Children and Adolescents. *Psychiatric Annals, 35*(5), 390–398.

CORU (2019) Social workers registration board code of professional conduct and ethics. https://coru.ie/files-codes-of-conduct/swrb-code-of-professional-conductand-ethics-for-social-workers.pdf .

Department of Children and Youth Affairs (2014). Better outcomes, brighter futures. https://www.dcya.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf

Department of Health and Children, (2003) National standards for foster care. https://www.gov.ie/en/publication/1dc05d-national-standards-for-foster-care/

DePrince, A. P., & Newman, E. (2011). The art and science of trauma-focused training and education. Psychological trauma: theory. *Research Policy*, *3*, 213-214.

Devaney, C., McGregor, C., & Moran, L. (2019). Outcomes for permanence and stability for children in care in Ireland: Implications for practice. *The British Journal of Social Work*, *49*(3), 633-652.

Donisch, K., Bray, C., & Gewirtz, A. (2016). Child welfare, juvenile justice, mental health, and education providers' conceptualizations of trauma-informed practice. *Child maltreatment*, *21*(2), 125-134.

Dubois-Comtois, K., Bernier, A., Tarabulsy, G. M., Cyr, C., St-Laurent, D., Lanctôt, A. S., St-Onge, J., Moss, E., & Béliveau, M. J. (2015). Behavior problems of children in foster care: Associations with foster mothers' representations, commitment, and the quality of mother-child interaction. *Child abuse & neglect*, *48*, 119–130. https://doi.org/10.1016/j.chiabu.2015.06.009

Dunkerley, S., Akin, B. A., Brook, J., & Burns, K. (2021). Child welfare caseworker and trainer perspectives on initial implementation of a trauma-informed practice approach. *Journal of Child and Family Studies*, 1-15.

Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of community psychology*, *33*(4), 461-477.

English, D. J., Thompson, R., & White, C. R. (2015). Predicting risk of entry into foster care from early childhood experiences: A survival analysis using LONGSCAN data. *Child Abuse & Neglect*, *45*, 57-67.

Farmer E, Lipscombe J & Moyers S (2005) Foster carer strain and its impact on parenting and placement outcomes for adolescents. *British Journal of Social Work, 35*(2): 237-253.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal Of Preventive Medicine*, *14*(4), 245-258.

Frederick, J., Spratt, T., & Devaney, J. (2020). Adverse childhood experiences and **social** work: Relationship-based practice responses. *The British Journal of Social Work*.

Geiger, J. M., Piel, M. H., & Julien-Chinn, F. J. (2017). Improving relationships in child welfare practice: Perspectives of foster care providers. *Child and Adolescent Social Work Journal*, *34*(1), 23-33.

Gigengack, M. R., Hein, I. M., Lindeboom, R., & Lindauer, R. J. L. (2017). Increasing resource parents' sensitivity towards child posttraumatic stress symptoms: A descriptive study on a trauma-informed resource parent training. *Journal of Child & Adolescent Trauma*, 1-7.

Gilligan, R. (2019). The family foster care system in Ireland–Advances and challenges. *Children and Youth Services Review*.

Gilligan R (1996) The foster carer experience in Ireland: Findings from a postal survey. *Child: Care, Health And Development, 22*(2): 85-98.

Goemans, A., van Geel, M., & Vedder, P. (2015). Over three decades of longitudinal research on the development of foster children: A meta-analysis. *Child Abuse & Neglect*, *42*, 121.

HIQA, (2021). Draft National standards for children's social services. Health information and quality reform. https://www.hiqa.ie/reports-and-publications/consultation/public-consultation-inform-draft-national-standards-childrens

IFCA & Tusla. (2017). Foster care- A national consultation with foster carers & social workers 2015-2016. Quality Matters.https://www.tusla.ie/uploads/content/Foster_Care_-_A_National_Consultation_with_Foster_Carers_and_Social_Workers_2015-2016.pdf

IFCA, (2019). Members survey. IFCA News. Spring edition, Ireland. http://www.ifca.ie/files/2115/5601/8749/IFCA_News_Spring_2019.pdf

Institute on Trauma and Trauma-Informed Care, (2015). The Five Principles of Trauma-informed Care Infographic Transcript. University at Buffalo, Buffalo Center for Social Research. http://socialwork.buffalo.edu/content/dam/socialwork/social-research/ITTIC/Trauma%20Talks%20Transcripts/The%20Five%20Principles%20of%20Trauma-Informed%20Care%20Infographic%20Transcript.pdf

Irwin, B. (2009). Voice of foster carers: A survey of foster carers by the Irish Foster Care Association. Dublin. Irish Foster Care Association.

Jacobsen, H., Brabrand, H., Liland, S. M. M., Wentzel-Larsen, T., & Moe, V. (2018). Foster parents' emotional investment and their young foster children's socio-emotional functioning. *Children and Youth Services Review, 86*, 200-208.

Kelly-Irving M and Delpierre C (2019) A Critique of the adverse childhood experiences framework in epidemiology and public health: Uses and misuses. *Social Policy and Society*, 1-12.

Khoo, E., & Skoog, V. (2014). The road to placement breakdown: Foster parents' experiences of the events surrounding the unexpected ending of a child's placement in their care. *Qualitative Social Work, 13*(2), 255-269.

Kisiel, C., Fehrenbach, T., Small, L., & Lyons, J. S. (2009). Assessment of complex trauma exposure, responses, and service needs among children and adolescents in child welfare. *Journal of Child & Adolescent Trauma, 2*(3), 143-160.

Kisiel, C. L., Fehrenbach, T., Torgersen, E., Stolbach, B., McClelland, G., Griffin, G., & Burkman, K. (2014). Constellations of interpersonal trauma and symptoms in child welfare: Implications for a developmental trauma framework. *Journal of Family Violence, 29*(1), 1-14.

Konijn, C., Colonnesi, C., Kroneman, L., Liefferink, N., Lindauer, R. J., & Stams, G. J. J. (2020). Caring for children who have experienced trauma–an evaluation of a training for foster parents. *European Journal of Psychotraumatology, 11*(1), 1756563.

Knight, C. (2015) Trauma-Informed Social work practice: Practice Considerations and challenges. *Clinical Social Work Journal* 43(1): 25-37.

Larsen, M., Baste, V., Bjørknes, R., Breivik, K., Myrvold, T., & Lehmann, S. (2020). Foster parents' experiences of using child mental health and welfare services in Norway: Associations with youth, placement, and service characteristics. *Child & Family Social Work, 25*(4), 884-894.

Leitch, L. (2017). Action steps using ACEs and trauma-informed care: a resilience model. *Health & justice, 5*(1), 1-10.

Levenson, J., (2017). Trauma-informed social work practice. *Social Work, 62*(2):105-113.

Lietz, C. A., Julien-Chinn, F. J., Geiger, J. M., & Hayes Piel, M. (2016). Cultivating resilience in families who foster: Understanding how families cope and adapt over time. *Family Process, 55*(4), 660-672.

Lotty, M. (2019a). Enhancing Foster carers' capacity to promote placement stability: Initial development and early stage evaluation of *Fostering Conncetions: The Trauma-informed Foster Care Progamme*. PhD thesis. University College Cork, Ireland.

Lotty, M. (2019b, October 25). *Putting the hope back into social work: Achieving better outcomes for children in foster care via trauma-informed foster care* [Paper presentation]. 7th National Child Protection and Welfare Social Work Conference, University College Cork.

Lotty, M. (2020). Reflections on navigating the PhD journey as a social work practitioner. *Qualitative Social Work, 0*(0), 1-15. DOI: 10.1177%2F1473325020921926

Lotty, M., Dunn-Galvin, A., & Bantry-White, E. (2020a). Effectiveness of a trauma-informed care psychoeducational program for foster carers–Evaluation of the Fostering Connections Program. *Child abuse & neglect*, 102. DOI: 10.1016/j.chiabu.2020.104390

Lotty, M., Bantry-White, E., & Dunn-Galvin, A. (2020b). The experiences of foster carers and facilitators of Fostering Connections: The Trauma-informed Foster Care Program: A process study. *Children and Youth Services Review, 119*. DOI: 10.1016/j.childyouth.2020.105516

Mallette, J. K., Almond, L., & Leonard, H. (2020). Fostering healthy families: An exploration of the informal and formal support needs of foster caregivers. *Children and Youth Services Review*, *110*, 104760.

Mersky, J. P., Topitzes, J., & Britz, L. (2019). Promoting evidence-based, trauma-informed social work practice. *Journal of Social Work Education*, *55*(4), 645-657.

Meyler, M. (2002) Counting on foster care. *Northern Area Health Board, Dublin*.

Moran, L., McGregor, C. & Devaney, C. (2017). Outcomes for permanence and stability for children in long-term care. Galway. The UNESCO Child and Family Research Centre, The National University of Ireland, Galway.

Munro, E. R., & Gilligan, R. (2013). The 'dance'of kinship care in England and Ireland: Navigating a course between regulation and relationships. *Psychosocial Intervention, 22*(3), 185-192.

Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work*, *16*(2), 149-158.

Murray, K. J., Sullivan, K. M., Lent, M. C., Chaplo, S. D., & Tunno, A. M. (2019). Promoting trauma-informed parenting of children in out-of-home care: An effectiveness study of the resource parent curriculum. *Psychological services*, *16*(1), 162.

National Child Traumatic Stress Network, (2016). What is a Trauma-informed Family Service System? https://www.nctsn.org/sites/default/files/resources//what_is_a_trauma_informed_child_family_service_system.pdf

National Review Panel (2019). National review panel annual report 2018: Dublin: Tusla – Child and Family Agencyhttps://www.tusla.ie/uploads/content/Annual_Report_2018.pdf

Orme, J. G., & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. *Family relations*, *50*(1), 3-15.

O'Toole, P. (2016). IFCA survey of the emotional and psychological support needs of carers, the children in their care, and their families. Dublin. *Foster, 1,* Irish Foster Care Association.

Parkes, A., Shore, C., O'Mahony, C., & Burns, K. (2015). The Right of the child to be heard: Professional experiences of child care proceedings in the Irish District Court. *Child & Fam. LQ*, *27*, 423.

Porges, S. W. (2011). *The polyvagal theory: neurophysiological foundations of emotions, attachment, communication, and self-regulation (Norton Series on Interpersonal Neurobiology)*. WW Norton & Company.

Potter, C. C., & Klein-Rothschild, S. (2002). Getting home on time: Predicting timely permanence for young children. *Child Welfare*, *81*(2).

Rayburn, A. D., McWey, L. M., & Cui, M. (2016). The interrelationships between trauma and internalizing symptom trajectories among adolescents in foster care. *Children and Youth Services Review*, *61*, 332-336.

Riem, M. M., Alink, L. R., Out, D., Van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2015). Beating the brain about abuse: Empirical and meta-analytic studies of the association between maltreatment and hippocampal volume across childhood and adolescence. *Dev Psychopathol*, *27*(2), 507-520.

SAMHSA, Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD. Department of Health and Human Services. Publication No. (SMA) 14-4884.

Shonkoff, J. P., Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232–e246. https://doi.org/10.1542/peds.2011-2663Strand, V. C., & Sprang, G. (Eds.). (2018). *Trauma responsive child welfare systems*. Springer International Publishing.

Spratt, T., & Kennedy, M. (2020). Adverse Childhood experiences: Developments in trauma and resilience aware services. *The British Journal of Social Work*.

Strijker, J., Knorth, E. J., & Knot-Dickscheit, J. (2008). Placement history of foster children: A study of placement history and outcomes in long-term family foster care. *Child Welfare, 87*(5), 107-124.

Tonheim M & Iversen AC (2019) "We felt completely left to ourselves." Foster parents' views on placement disruption. *Child & Family Social Work, 24*(1): 90-97.

Treisman, K. (2019, February). *Masterclass in Developmental and relational trauma*, Caidreamh, Cork.

Tseris E (2018) Social work and women's mental health: Does trauma theory provide a useful framework? *The British Journal of Social Work*.

Tucci, J., & Tronick, J. M. A. (2019). The Need for a new paradigm in the care and support of children in foster, kinship and adoptive care. *The Handbook of Therapeutic Care for Children: Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care*, 21.

Tullberg, E., Kerker, B., Muradwij, N., & Saxe, G. (2017). The Atlas Project: Integrating trauma-informed practice into child welfare and mental health settings. *Child Welfare*, *95*(6), 107-125.

Tusla, Child and Family Agency. (2019). *Annual review on the adequacy of childcare and family support services.* https://www.tusla.ie/uploads/content/Review_of_Adequacy_Report_2019.pdf

Tusla, Child and Family Agency, (2018). Business plan 2018. https://www.tusla.ie/uploads/content/Tusla_Business_Plan_2018.pdf

Tusla, Child and Family Agency (2016) Scope for the development of a therapeutic toolkit: Empowering practitioners and practice initiative. Tusla, Child and Family Agency.

Tusla, Child and Family Agency (2014). Alternative care practice handbook. Tusla, Child and Family Agency.

UCC, University College Cork (2021, March 3) *Trauma-informed care for children and families: Principles, theory and practical application.* https://www.ucc.ie/en/ace-cpd1717/

Van der Kolk, B. (2015). *The body keeps the score*. Penguin Random House.

Villodas, M. T., Litrownik, A. J., Newton, R. R., & Davis, I. P. (2015). Long-term placement trajectories of children who were maltreated and entered the child welfare system at an early age: Consequences for physical and behavioral well-being. *Journal of paediatric psychology, 41*(1), 46-54.

Woolgar, M. (2013). The practical implications of the emerging findings in the neurobiology of maltreatment for looked after and adopted children: recognising the diversity of outcomes. *Adoption & Fostering, 37*(3), 237-252.