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Child Welfare Professional Education in Trauma-Informed Care: A Mixed-Methods Evaluation Study

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ABSTRACT

Child welfare professionals require high-quality training to support them in carrying out their complex roles. Trauma-informed care is an approach identified that may improve child welfare standards of care. This paper describes a mixed-methods approach that was applied to evaluate a newly developed post-graduate-level trauma-informed care programme for child welfare professionals in Ireland. An outcome evaluation and process evaluation were integrated to capture a comprehensive understanding of the effects of the programme. Study participants were 41 child welfare professionals that included front-line practitioners, supervisors and senior managers working in the national child welfare and protection agency in Ireland. A convergent mixed-methods model with data integration was used. Coding matrix methods were employed to integrate data. Across component studies, convergence results were found for (1) programme acceptability and (2) dynamic learning acquisition, and complementary results were found for (1) changes in practice and (2) need for sustainability. This research provides support for the capacity building of child welfare professionals through the integration of trauma-informed practice with existing practices. The integrative findings are discussed in relation to effects and future implementation.

1 | Introduction

Child welfare and protection professionals require ongoing professional education to support working in a particularly complex and demanding field. They work with children and families who often have complex needs with significant adverse and traumatic experiences, requiring a highly diverse and sophisticated knowledge and skillset (Lotty et al. 2020). Trauma-informed care (TIC) in child welfare systems of care has emerged as an area that may support improved standard of care (Bargeman et al. 2021). TIC has been conceptualised as identifying practices and policies that reflect an awareness of the impact of traumatic experiences on children, caregivers and service providers (Hendricks et al. 2011; Chadwick Trauma-Informed Systems Project 2012; Beyerlein and Bloch 2014). SAMHSA (2014) noted that the need to avoid or minimise retraumatisation in how

services are delivered remains barriers to its implementation. The overall evidence to support TIC implementation in child-serving systems is at an emergent stage (Bargeman et al. 2022; Fernández et al. 2023). Gaps in RCTs and comparison methods to measure effectiveness of TIC are evident, as well as the need for unified conceptual clarity on definition and approach.

Trauma-informed education for child welfare practitioners is identified as a key implementation strategy for child welfare agencies with some promising initiatives (Purtle 2020). However, inconsistencies in how trauma is conceptualised (Berring et al. 2024) and a lack of agreed curriculum for TIC remain problematic (McNaughton et al. 2022). Introductory training reported limited effects (Purtle 2020), with graduate-level education reporting promising results on knowledge gain, professional efficacy, improvements in practices and collaboration

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Key Practitioner Messages

1. Child welfare practice is supported through an integration of established practice and practices reflected in trauma-informed approaches.
2. Practice frameworks such as the TARA practice model support this integration.
3. TARA supports improving partnerships with clients, foster carers, and intra- and inter-agency working with a shared language and a refocusing on person-centred values.
4. TARA gives an opportunity to re-emphasise best practice and call out practices that may inadvertently induce harm.

(Dublin et al. 2021; Hernandez-Mekonnen and Konrady 2019; Woodside-Jiron et al. 2019). In the absence of accredited trauma-informed education, professionals have been found to use their own initiative and personal commitment to develop emerging practice areas with no evidence-based practice confidence (Chizimba 2021). The need for effective and accurate translations of complex concepts from neuroscience has also been highlighted (Weems et al. 2021) as well as the dangers of focusing on the individual, pathologising a person's trauma responses and taking a deterministic view to the exclusion of wider societal issues (Frederick et al. 2021).

In Ireland, child and family services for improving well-being and outcomes for children are governed by a sole national state agency, Tusla—Child and Family Agency (hereafter, the child welfare agency). This includes child protection and welfare (CP&W), alternative care, and early intervention and family support services (Tusla 2023). The agency operates within six geographical regions (Dublin North-East, Dublin Mid-Leinster, North-West, Mid-West, South-East and South-West) of Ireland. The research site was one of the 17 operational integrated service areas, located east of the country, that provides a range of services through Prevention, Partnership and Family Support (PPFS), CP&W, Children in Care, Fostering and Aftercare Services (HIQA 2022). The research site spans a large urban and inner-city area with high deprivation and poverty rates, serving a population of approximately 305,278 people, and is associated with social problems of crime, poor educational attainment, addiction, domestic violence, parental stress and family breakdown (HIQA 2022). Children and young people aged 0–17 make up 21.5% of the population, approximately 65,562, and children under 4 years make up 7%, approximately 20,653. The population is ethnically diverse and includes representation of Other White (11.8%), Asian/Asian Irish (4.3%), Black/Black Irish (2.5%) and White Irish Traveller backgrounds (0.6%).

The Area is facing particular challenges in the current practice climate owing to complex caseloads, ongoing staff shortages (HIQA 2022) and retention difficulties reflected across the child welfare agency in Ireland (Burns et al. 2020). Practitioners also endured working through an ICT cyberattack in 2021 that necessitated the immediate shutdown of all child welfare agency systems to prevent further attacks. Further to this, there has

been significant impact to services owing to the ongoing crisis in Ukraine relating to the provision of support and services to those fleeing the war (Tusla 2023). The Area identified the integration of trauma-informed practices as a service need, following stakeholder consultation with professionals across child-serving systems (child welfare, education, youth justice, youth addiction services) (Burtenshaw 2021) and through an internal service delivery review.

1.1 | Present Study

The TARA (Trauma, Attachment, Resilience into Action) project was established in response to address this need through a partnership between the research site and University College Cork, Ireland. The overarching aim of this partnership was to integrate trauma-informed practices to support practice in responding to the complex needs of children and families. University College Cork delivered a specialised graduate-level continuing professional development designed for child and family professionals. There is a dearth of empirical research in Ireland on this area of research to progress this field. In Ireland, trauma-informed child welfare workforce training gaps in provision are being addressed by private providers with no data available (Lotty, O'Shea, et al. 2024). This substantiates the importance of developing trauma-informed educational initiatives between child welfare agencies and universities to ensure that high-quality in-depth trauma-informed education is targeted at child welfare professional graduates. This current research is well located as a collaborative initiative between the Area and University College Cork to contribute to the emerging knowledge to progress the field.

2 | Methods

In this paper, we present the integration of findings from each component study using a mixed-methods approach (Figure 1), the first mixed-methods evaluation of a graduate-level trauma-informed education for child welfare professionals. Taken together, our findings provide a comprehensive evaluation of the programme.

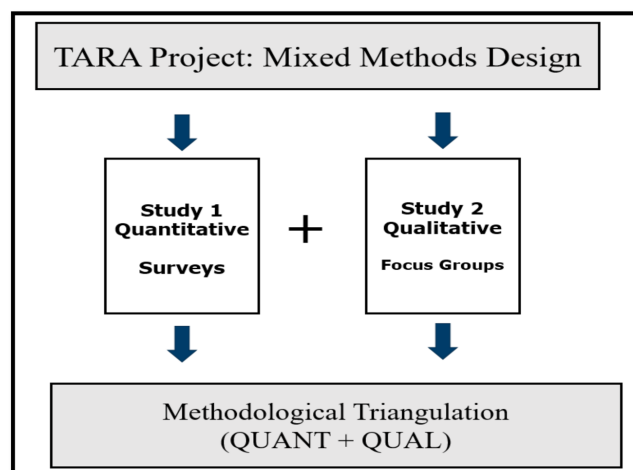


FIGURE 1 | Flowchart showing concurrent mixed-methods model. Note: QUAN = quantitative, QUAL = qualitative.

2.1 | Study Design

A convergent mixed-methods model with data integration was used (Figure 1). The findings from two component studies were integrated using a triangulation protocol (Farmer et al. 2006). Firstly, a quantitative study, which was a pretest/posttest study, was carried out to assess the effects of the intervention and a satisfaction survey. Secondly, a qualitative study was completed to gather data on how the programme was experienced. This process evaluation was concerned with three main variables identified by the MRC (Moore et al. 2015): (1) implementation, how the programme was delivered; (2) the change process, how intervention activities and participants' interactions with them generated change; and (3) contextual issues, how external factors to the programme could impede or strengthen the effects of the programme. Thirdly, using a concurrent mixed-methods model comprising the two component studies, the quantitative study and the qualitative study, findings were integrated (Figure 1). At the feedback stage, a summary of the triangulated results was presented to the stakeholder group on 6 November and 11 December 2023. The stakeholder group members discussed the results and felt that they reflected local practices and contextual influences and the implementation of the programme during the study period.

2.2 | Method of Integration of the Component Studies

The triangulation protocol used coding matrix methods to integrate the data that followed six key steps (Farmer et al. 2006; O'Cathain et al. 2010).

- **Step 1. Sorting:** This process involved preparing the data for integration. The findings from each dataset were reviewed and sorted by comparing the identified key themes (results and findings) from each dataset to identify similarities and differences.
- **Step 2. Convergence coding:** Convergence matrix methods were used to compare the identified similarities and differences. The convergence coding scheme was guided by Farmer et al. (2006), O'Cathain et al. (2010) and similar research (Lotty et al. 2022; Heslehurst et al. 2015). It was defined as follows:
 - Convergence: full agreement between both sets of results.
 - Complementarity: findings suggesting complementary information on the same issue.
 - Silence: themes arising from one component study and not the other.
 - Dissonance: disagreement between the datasets.

In the application of this coding scheme, it was determined whether there was convergence (agreement) based on the meaning and prominence of the theme and also on the coverage and specific examples of the theme.

Step 3. Convergence assessment: An overall assessment was carried out on the level of convergence between the two component studies in relation to each theme.

Step 4. Completeness assessment: For each identified theme, the combined finding was assessed for completeness by evaluating the differences in nature and scope of what each component study brought to the combined finding.

Step 5. Researcher comparison: The four authors compared assessments of convergence and dissonance, reaching agreement on triangulated findings.

Step 6. Feedback: A summary of the triangulated results was presented to the stakeholder group on 11 December 2023. Feedback and comments were invited from the stakeholder group members, and the nuances of the mixed-methods approach were explored. The stakeholder group members discussed the research results and felt that they reflected local practices, contextual influences and the implementation of the programme during the study period, reinforcing the validity of the results.

The findings of each study have been reported separately elsewhere (Lotty, O'Shea, et al. 2024; Frederico Frederico Frederico and Frederico 2024). Findings were integrated into a single study based on all available data that were likely to strengthen the overall study (Gorard and Taylor 2004).

2.3 | Research Study Stakeholder Group

A stakeholder group of key stakeholders in child welfare practice was established. This included the lived experience of contact with child welfare and protection (parents, foster carers, care-experienced persons) and multidisciplinary professionals (social work, social care, youth and community work, psychology, teaching, nursing, psychotherapy) who were intra-agency and inter-agency professionals (Barnardo's, schools, advocacy groups and health providers) and academics. Six stakeholder group meetings were convened over the research period (15 months). Members provided expert review on the research process at meetings and through ongoing feedback via email, phone and one-to-one meetings with the research team.

2.4 | Graduate-Level Professional Trauma-Informed Education Programme

Participants completed the *Certificate in Continuing Professional Development in TIC: Theory and Practice* (University College Cork 2023). The programme is an accredited university-based programme which awards a Level 9, Special Purpose Award, a postgraduate-level qualification under the NFQ (National Framework for Qualification 2023) in Ireland. The programme is informed by the evidence base of trauma knowledge and practice through a practice model, TARA (Lotty 2021, 2023), that was developed to support integrating trauma-informed practices in child-serving systems of care (Lotty 2019). Participants were recruited from one geographical area in the national child welfare agency in November 2022. An inclusion criterion was based on meeting the entry requirements for the programme (holding a Level 8 degree or equivalent qualifications within a relevant field). Participants who had previously received the programme or

comparable programmes were deemed excluded. The participants received the intervention between January and June 2023.

2.5 | Study 1: Quantitative Evaluation Study

Forty-two participants were recruited in November 2022, 41 agreed to participate in the study, 35 of these completed the programme and four dropped out of the study owing to information technology (IT) issues ($n=1$), heavy workloads ($n=2$) and separation from the organisation ($n=1$) in Semester 1. Two further participants deferred their programme places until the next academic year owing to personal circumstances. Quantitative data were collected over three time points to measure the effects of the intervention at pretested (Time 1, before, January 2023), posttested (Time 2, on completion, June 2023) and posttested (Time 3, at 16 weeks post intervention, September 2023) (Lotty, O'Shea, et al. 2024).

The choice of measurement scales in the study was guided by the study aims. The inclusion of measures in the study was guided by the study aims. The measures tested for trauma-informed practices involved examining the following components: knowledge of TIC, professional self-efficacy, professional quality of life and intent to leave. A combination of formative and reflective measures was developed and included indicators drawn from scales in extant literature (Auerbach et al. 2014; Stamm 2016; Sundborg 2019). These proposed measures were pretested using 'talk-aloud' and 'Q-Sort' to assess trauma-informed practice using 14 measurement scales, validated for the purposes of this study (formative measures: VIF < 3.3, outer loading > 0.5; measures: Cronbach's $\alpha=0.71-0.94$, composite reliability = $-72-0.94$, average variance explained = $0.56-0.86$, Fornell-Larcker criteria all met). Results were analysed using IBM SPSS Statistics 28 and SmartPLS 3 (Lotty et al., 2024). The effect size was measured using partial eta squared (small effect: $\eta^2=0.01$; medium effect: $\eta^2=0.06$; large effect: $\eta^2=0.14$).

The average age of participants was 36 years, and most were female (88%, 36), overall representing a diverse professional group with disciplinary backgrounds in mainly social work (61%, 25) and, to a lesser extent in social care (17%, 7) and family support (5%, 2). The majority of participants held a third-level qualification at postgraduate (54%, 22) or graduate (34%, 14) level, with main areas of work in child protection (56%, 23), family support (24%, 10), fostering (15%, 6) and after care (5%, 2) teams.

Results indicated that the areas of trauma-informed knowledge, professional efficacy and quality of life were impacted. Statistically significant positive effects were found in trauma-informed knowledge at Time 2 of strong positive magnitude for all six scales for trauma-informed knowledge. These effects were sustained at Time 3 (TIC implementation and principles: $\eta^2=0.704$; neurobiology of stress and trauma: $\eta^2=0.590$; work-related stress and trauma: $\eta^2=0.721$; research in adverse childhood experiences: $\eta^2=0.444$; historical and intergenerational trauma: $\eta^2=0.463$; systematic oppression: $\eta^2=0.710$). Statistically significant positive effects were found in professional confidence in all three scales at Time 2, and these were sustained at Time

3 (relative confidence: $\eta^2=0.426$; skills competency: $\eta^2=0.188$; ability: $\eta^2=0.231$). Statistically significant positive effects for two scales were found. Participants reported an increased perception of burnout and CF/STS at Time 2, and this was sustained at 3 months (burnout: $\eta^2=0.133$; compassion fatigue/secondary traumatic stress: $\eta^2=0.171$) (Lotty et al., 2024).

Participants also completed a Post-Programme Satisfaction Questionnaire that used nine questions that were rated on a 5-point scale. A further open-ended question gathered feedback from participants on what aspects of the training could be improved. Participants reported elevated levels of satisfaction with the programme overall (Item 12: 93%, 28). Participants had a high level of agreement with responses that assessed their satisfaction with programme design, subjective delivery, content and relevance to practice. The same was true for aspects of the intervention experience (learning methods, engagement) and also programme impact (confidence to integrate into practice). The open-ended question, 'What aspects of the programme could be improved?', gathered feedback on what aspects of the programme participants felt could be enhanced. The data were analysed using thematic analysis (Braun and Clarke 2006). Two main themes emerged: (1) heartbreak of time and (2) programme design and curriculum. The first theme, heartbreak of time, was a dominant theme that was represented in most responses (75%; 21/27). Participants felt they needed more time to complete assignments, to undertake prerequisite readings and more time between Modules 1 and 2 for reflection in the context of extremely highly pressurised work demands. Participants felt the time allocated by their agency was not sufficient and that programme and work demands placed a strain on their work-and-home life balance. Some suggested that a reduction in recommended readings coupled with shortened pre-recorded materials and less work between sessions might help to relieve the heartbreak of time pressure. The second theme to emerge from the data was 'programme design and curriculum'. Participants expressed satisfaction with the programme design and curriculum. They described the programme as interesting, powerful, applicable with insightful delivery (pre-recorded materials and breakout groups) and highly relevant to their work. They stated that it had increased their understanding of trauma and their confidence to link theory to practice, and they had gained a valuable toolkit for future practice. Suggestions were made to improve the programme design in terms of having more live sessions, including in-person live sessions, recording live sessions and having more focused/directed breakout room tasks.

2.6 | Study 2: Qualitative Study

Three focus groups were carried out in June 2023 with 25 participants, with semi-structured questions that asked about programme experience, its relevance to practice, new knowledge gain, application to practice, aspects of the programme that needed to be improved and suggestions to support the implementation of TIP. Participants were six principal social workers/managers, seven supervisors and 12 frontline practitioners working in teams with responsibility for CP&W (9), fostering (5), family support (10) and aftercare (1).

3 | Mixed-Methods Findings

3.1 | Integration of Results: Studies 1 and 2

The findings from the quantitative study and qualitative study were compared by reviewing both datasets to identify the key themes and comparing these themes to identify similarities and differences. The data integration approach led to four meta-themes that cut across methods and data sources: (1) programme acceptability; (2) dynamic learning acquisition; (3) changes in practice; and (4) need for sustainability. The integration focused on the levels of convergence, complementarity, dissonance and silence between the two studies. A summary of the integrated results is presented in Table 1.

3.2 | Meta-Theme 1: Programme Acceptability

The first meta-theme for the study was *Programme Acceptability*. Convergence demonstrated strong evidence across both studies for the acceptability of the programme. The integration of findings illuminated four subthemes: *programme design*, *programme content*, *programme target* and *protected time* (Table 1). The programme was highly acceptable in terms of a blended approach to learning (asynchronous and synchronous) through online delivery. Asynchronous delivery involved weekly pre-recorded lectures of 1.5-h duration. Synchronous delivery involved weekly online 1.5-h sessions. One participant had difficulties navigating the internet technology aspects of the programme; however, overall, the design was regarded as highly accessible. The content was overwhelmingly reported by participants as highly relevant to child welfare practice, in terms of being understandable and applicable, thereby clearly enabling translation of theory to practice. The programme targeted diverse levels of role responsibilities (frontline practice and/or supervision and management) and teams (CP&W, PPFS, Fostering, After Care) and disciplines (social work, social care, family support). This diversity of participants was also viewed as supporting the building of positive working relationships across the research site. Finally, the study

found that more protected time to engage in the programme is required, with a suggestion for more time between modules and more time to do assignments and fully engage with materials. Despite the highly challenging practice climate and time pressures, the programme was successfully completed by 85% of participants.

3.3 | Meta-Theme 2: Dynamic Learning Acquisition

The second meta-theme for the study was *dynamic learning acquisition*. Convergence, demonstrating strong evidence across both studies for *dynamic learning acquisition*, the living building of knowledge, was found. There were also complementary findings in the qualitative study that extended findings for *dynamic learning acquisition* by providing further supporting information. This was illuminated in four subthemes: *increased trauma-informed knowledge*, *amplified self-reflection*, *enhanced practice confidence* and *weaving old and new* (Table 1). *Increased trauma-informed knowledge*, where clear knowledge gains were made, was reported across studies on the principles and theories that underpin trauma-informed practices. Convergence was also found for *amplified self-reflection* by knowledge gains in the understanding of burnout and compassion fatigue and STS. Furthermore, *amplified self-reflection* was found in the context of knowledge gains through a dual reflective process. This dual reflective process enhanced both understanding of trauma impact and trauma-informed interventions that related to both clients and professionals working with trauma. *Enhanced practice confidence* was also found across studies. Practitioners reported increased professional self-efficacy, and this confidence was demonstrated in creating new trauma-informed practice initiatives and changes across the research site. The *weaving old and new* subtheme illuminated how *dynamic learning acquisition* involved integrating new trauma-informed knowledge and practice with existing practice knowledge. The study also found that this weaving extended to integration of knowledge within other programmes, further strengthening these programmes alongside an increased professional confidence.

TABLE 1 | Integration of findings.

Meta-themes	Convergent results (QUANT + QUAL)	Complementary results (QUANT + QUAL)	Qualitative study- only results (QUAL)
1. Programme acceptability	Programme design Programme content Programme target Protected time		
2. Dynamic learning acquisition	Increased trauma-informed knowledge Amplified self-reflection Enhanced practice confidence	Weaving old and new	
3. Changes in practice		Child and family practices Practices for practitioner resilience	Transformative collaborative practices
4. Need for sustainability		Contradictory practices Preventing the default	Shared agency approach

Abbreviations: QUANT = quantitative study (pretest/posttest study + post programme satisfaction questionnaire); QUAL = qualitative study (focus groups).

3.4 | Meta-Theme 3: Changes in Practice

The third meta-theme for the study was *changes in practice*. Complementary findings that supported and overlapped demonstrated strong evidence across both studies for the changes in practice. These were illuminated across the findings in three subthemes: *child and family practices*, *practices for practitioner resilience* and *transformative collaborative practices* (Table 1). *Child and family practices* were infused with trauma-informed practices encompassing increased knowledge, increased professional confidence (skills and ability) and integration of existing practice wisdom. In this way, these practices reflected a trauma-informed understanding of child and family behaviours, presentations and lived experiences of trauma. Concrete examples of practice changes included the use of more appropriate and empathetic language in practice in case file notes, court reports, approaches to decision-making in case planning, direct work with clients and decisions around referrals and more confidence in strengthening existing child welfare practice programmes and strategies. Secondly, *practices for practitioner resilience* was also infused by increased knowledge of contemporary trauma theories, increased knowledge of burnout and CF/STS (awareness, recognition and impact of STS), increased professional confidence (skills and ability) and the integration of existing practice wisdom that also reflected an amplified self-reflection (dual reflective process). Concrete examples of practice changes were practising 'the pause' and integrating TIPs in supervision, as well in team meetings, complex case review meetings and case conferences. Thirdly, *changes in practice* were found in *transformative collaborative practices* where collaborative practices were infused by increased knowledge across contemporary trauma theories, burnout, compassion fatigue/secondary traumatic stress, professional confidence (skills and ability), collaborative practice integration of existing practice wisdom and amplified self-reflection (dual reflective process). Concrete examples of practice changes between colleagues in developing new practice initiatives across teams demonstrated new collaborative working practices as well as working with foster carers, strengthening existing approaches with deepening practice knowledge and confidence and developing a new trauma-informed network with PPFS partners.

3.5 | Meta-Theme 4: Need for Sustainability

The fourth meta-theme for the study is *need for sustainability*, reflecting the need to sustain the progress made to date and to implement TIP going forward. Findings for *need for sustainability* were found across both studies and were elucidated in three subthemes: *contradictory practices*, *shared agency approach* and *preventing the default* (Table 1). Complementary findings were found for *contradictory practices*; this reflected the challenges in trying to implement TIPs in a crisis-led, highly pressurised practice climate with a lack of alignment with agency partners (education, justice and mental health) to enable a shared consistent practice approach reflecting TIP to support *need for sustainability*. There was a hope that if TIP was sustained and implemented, this would likely increase professional satisfaction in the work and, over time, would promote staff retention. Findings for *shared agency approach* were found only in the qualitative study, not surprisingly, as this was not examined

in the quantitative study. The study reports the need for a clear agency-wide national strategy for supporting TIP implementation to sustain the progress made in the Area and to support a connectedness and sense of cohesion across the agency. Finally, complementary findings were found for *preventing the default* across studies. The study found that learning was sustained at 3 months post programme completion for the study participants. However, despite this sustainment, ongoing supports are required to prevent reverting to practices that do not align with TIP. Types of supports suggested to reinforce *need for sustainability* included annual events and peer support groups.

4 | Discussion

We have described a mixed-methods evaluation and graduate-level trauma-informed education programme that seeks to support child welfare professionals in the Irish context. The programme was targeted across child welfare professional roles in frontline practice, supervision and senior management, seeking to increase their capacity to integrate trauma-informed practices into their roles. Our findings have identified meta-themes that cut across methods and data sources, thus enhancing the credibility and transferability of the findings.

4.1 | Effects of the Intervention

This study has produced strong evidence for programme acceptability, dynamic learning acquisition, changes in practices and need for sustainability. The programme was designed to accommodate full-time working professionals in child welfare practice. The high level of flexibility, high relevance and applied focus of the programme, through the TARA practice model, core programme tools and action learning orientation, proved to support success in supporting child welfare professional capacity to integrate trauma-informed practices into their roles. However, going forward, allotted protected time to engage fully in the programme is necessary.

Knowledge gain regarding concepts and theories that inform trauma-informed practices, and gains in professional self-reflection and self-efficacy were reflected in *dynamic learning acquisition*. These results align with similar studies that reported increased trauma-informed knowledge based on pretest/posttest design (Beck et al. 2022) and increased confidence to practise TIC (McNaughton et al. 2022). Increased trauma-informed knowledge is important to support TIPs. Firstly, it is an important facilitator of behavioural change as the development of knowledge provides the foundation to the practical application of the learning. Secondly, trauma-informed knowledge is also associated with increased commitment to TIC implementation (Sundborg 2019). This study goes further in illuminating the nuances of how TIPs require weaving through existing best practices. Child and Family welfare practices already align with TIPs, based on person-centred approaches (relational and reflective practices), which are well-established best practices for working with those who come into contact with child welfare agencies. This research suggests that many practitioners were already using trauma-informed practices, based on existing knowledge and practices; however, they did not articulate these

as such. These findings align with a recent review of trauma-informed practices in children's social care services in the United Kingdom (Asmussen et al. 2022). This review found that there was a lot of overlap between existing practices and trauma-informed practices. It also highlighted a need for clarity in the identification and evaluation of such practices. This research extends this knowledge in that TIPs may not always involve all new elements in practice but rather supports understanding old and new knowledge and how they work together. TIP thus requires knowledge of how established practices knit with trauma knowledge towards influencing practices. This is timely in the face of increasing bureaucratic and managerial-led systems of care (McGregor and Quin 2015). This research illuminates the intertwining of well-established practices with TIPs and may be an opportunity to reclaim relational, strength-based practices and refocus practice on person-centred approaches (relational and reflective practices).

This study provides evidence that the programme has produced concrete practice changes, clearly having an impact on practice beyond knowledge gain. This is a significant finding given that evidence synthesis for trauma-informed education initiatives highlights the challenges in successfully bridging increased trauma-informed knowledge to changes in practice (Purtle 2020). Whilst assessing the impact of these practices on child and family outcomes is beyond the scope of this study, other Irish research aligned with the TARA practice model has produced promising evidence to support improved outcomes for children in foster care (Lotty et al., 2020).

The current study has highlighted the impact of the current practice climate on burnout and CF/STS on child welfare professionals and thus the need for support to embed TIPs over time that may help address this. The programme has a strong emphasis on practice skills to reduce compassion fatigue/secondary traumatic stress and support practitioner resilience, which many of the participants engaged with, as discussed above. However, the findings did not report any meaningful increases in compassion satisfaction. This research suggests that addressing the impact of STS is likely to take time through changes beyond TIP education requiring a wider system-level (inter- and intra-agency) approach (de Guzman et al. 2020). However, the current study is an important step towards supporting a culture that gives permission to articulate STS in child welfare practice and support practice changes that reinforce practitioner resilience across the service area.

The research did not produce any meaningful findings regarding participants' intention to leave the agency after completing the programme. However, it is notable that of the 41 participants at baseline, over the course of the study, five (12%) left the agency (three moved to other agencies and two to full-time education). This reflects the existing difficulties in staff retention in the research site, which is operating in highly challenging practice conditions. Thus, it may have been the case that those who had an intention to leave had left the agency prior to data being collected post programme. The research did find a hopefulness that if TIP was implemented, this would support satisfaction in the workplace and, over time, may promote staff retention. This is important given an association with intent to stay (retention) by child welfare practitioners who were open to the principles of

TIC being adopted within their organisations has been reported elsewhere (Bosk et al. 2020). Nevertheless, intention to stay or leave is likely to involve a complex intersection of factors across individual, relational, organisational and community spheres (Kim and Kao 2014; Wilke et al. 2018).

4.2 | Supporting Future Implementation

This research found knowledge gain and application to practice, through the TARA practice model. However, challenges were highlighted with regard to sustaining progress and implementing TIPs in and beyond the integrated service area. Implementing TIP in a practice climate that is crisis led and underresourced has been highlighted as a significant barrier (Smith and Monteux 2023). The commitment to this project, to learning and to the development of new initiatives is a testament to the highly motivated professionals who participated in this research who have demonstrated high levels of motivation for service change. However, the study clearly found a need for ongoing support to ensure changes are embedded over time. Similar research reported positive results for skills development and included follow-up supports and action plans to embed learning (Beck et al. 2022).

The child welfare agency has identified trauma-informed practices as a key service need in the service spheres of alternative state care for children, i.e., foster care and residential care. This research has highlighted the need for a coherent agency-wide position, beyond local area-level initiatives. This is likely to support a more connected agency culture and support the innovative practice initiatives. Individual-level interventions, such as professional education, will lead to behavioural change only when the overarching system is supportive and facilitative of the programme of change (Fixsen et al. 2009). A broader system-wide approach across child-serving systems is required to sustain the progress made and support further TIP implementation. Consistent with international research (Bargeman et al. 2022), this research highlights that inconsistencies of approaches across child-serving systems place barriers to TIP implementation. However, despite this, innovative practice changes in the research site in developing collaborative practices and networks are likely to support the reduction of such.

4.3 | Limitations

All participants in the study were self-selected. The measures used in the quantitative component study used self-reported measures only, which may have potential validity problems (Barker 2002). The study was also limited by the small sample size ($n = 41$), and thus, generalizability of the larger population of child welfare professionals is not possible.

5 | Conclusions

This study represents a successful high-level collaboration between one area of the Irish child welfare agency and University X. Strong evidence for success for the University X-based graduate-level programme to support child welfare professionals' capacity to integrate trauma-informed practices into their

specific roles was found. The research places a spotlight on the motivation and commitment of child welfare professionals for service change within a challenging practice climate to support best practice. Future research is planned for implementation of the creative and innovative child welfare practices developed by participants and to, in turn, assess the impact of these practices on practitioners, children and their families.

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Ethics Statement

A dual ethical approval process was followed, with ethical approval granted from both the Social Research Ethics Committee, University College Cork, Ireland, Log 2022-159, and by the Independent Tusla Ethics Committee, Tusla—Child and Family Agency, Ireland.

Consent

Informed consent was obtained from all individual participants included in the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data cannot be shared due to ethical restrictions.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** Supporting information.