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Supporting Child Welfare Practice through an integrated practice model: Trauma, Attachment and Resilience into Action

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Title

Supporting Child Welfare Practice through an integrated practice model: Trauma, Attachment and Resilience into Action

Abstract

This article discusses the current challenging practice climate that child welfare professionals are working in. It discusses the relevance of trauma-informed care as response to support the standard of care in child welfare systems. It highlights the lack of conceptual clarity in trauma-informed care and the need for a research-based approach to progress the field. In response a practice model, TARA, has been developed that may support integration of trauma-informed practices into existing child welfare practices. The model is defined, the key principles presented and discussed in the context of the current practice climate of child welfare practice and ongoing research.

Key words

Child Protection and Welfare; Child Welfare Practice; Trauma-informed systems; Trauma-informed Care; Trauma-informed Practice.

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Introduction

Child protection and welfare practice is currently operating under increased pressure in Ireland. Trauma-informed care (TIC) is receiving growing interest as a response that may support navigating this complex practice climate more successfully. However, significant gaps in how to implement TIC are evident internationally, whilst in Ireland there is a dearth of research to support implementation. This article aims to explore these gaps in support of a research-based implementation approach. Secondly, the aim of this article is to present, a practice model, TARA, as a bespoke response to the integration of trauma-informed practices (TIPs) into the Irish welfare agency which is currently being evaluated as part of a research-based implementation project.

Background

In Ireland, child protection and welfare services operate under a sole dedicated legal entity, the state agency Tusla, The Child and Family Agency (hereafter Tusla). Tusla is overseen by the Department of Children, Equality, Disability, Integration and Youth and was established with effect from 1 January 2014. Tusla, has statutory responsibility to protect children and promote their welfare under both the Child Care Act, 1991 and the Child and Family Act 2013. The Agency provides a range of services across 17 Areas, in six geographical regions (Dublin North-East, Dublin Mid-Leinster, North-West, Mid-West, SouthEast & South-West) of Ireland. These services have been categorised by TUSLA under 8 spheres: 1. Child protection and welfare; 2. Family support; 3. Alternative care; 4. Adoption; 5. Education

support services; 6 Domestic sexual and gender-based violence; 7 Children's service regulation and 8 Counselling and therapeutic supports (Tusla, 2022).

Tusla is experiencing increased pressure on services in the current climate in recent years. From 2021 to 2022, Child protection and welfare referrals have increased (7836 to 8558), the number of open cases has increased (21729 to 22745) and number the allocated cases have increased (16612 to 16925) (Tusla, 2023a). Currently, 5597 children are state in care, representing a national average for children in care is 4.7 children per 1,000 (Tusla, 2023a). However, seven areas exceeded the national average, with one area reporting the highest rate of 10.4 children in care per 1,000 children. Many of these children admitted to care have experienced multiple adversities and significant traumatising experiences from an early age within their home environments, including parental neglect, emotional abuse, physical abuse and sexual abuse (Tusla, 2023b).

Furthermore, 5820 open cases remained unallocated at the end of May 2023, representing 26% of open cases, an increase of 684 from May 2022. These included cases on duty, and unallocated child protection and welfare cases including children in care. 489 unallocated cases were identified as high priority in May 2023 (Tusla, 2023a). Further to this, of the 5597 children in care, 873 children did not have an allocated social worker and 141 children did not have a care plan. In January 2023, 31% (1852) of unallocated cases had a wait time of more than 3 months and 26% (103) of high priority unallocated cases also faced an allocation time of more than 3 months (Tusla, 2023b).

The practice climate reflects an increasing trend of children being placed in residential care (Tusla, 2023c), despite the policy of foster care as the preferred placement for children requiring state care. Furthermore, it is concerning this rise is occurring in the context of a trend in the reduction of children entering state care (6,357 in 2015 compared to 5,597 in 2023; (2023 figures do not include separated children seeking international protection

(unaccompanied minors)). Notably significant concerns have been highlighted recently by the Child Law Project regarding the crisis in securing appropriate placements for children requiring state care (Corbett & Coulter, 2023). Currently, children entering state care for whom an appropriate placement is not found are being placed in hotel rooms as a short-term solution. Children are also being detained longer than necessary in special care facilities due to the lack of a follow-on placements. Needless to say, these measures are contrary to National Standards for the Protection and Welfare of Children (HIQA, 2022).

Ongoing staff shortages and retention difficulties are also a feature of the current practice climate and are leading to serious consequences for children and families' services (Horgan-Jones, 2023). Practitioners are often trying to cope with high caseloads, exposure to vicarious trauma including child deaths and a lack of availability and access to trauma-specific evidence-based treatments and difficulties in interagency partnerships (National Review Panel, 2022). In this practice climate, operating with high levels of staff turnover is likely to be related to increase work-related stress and vicarious trauma (McFadden, Campbell & Taylor, 2015).

Further to these challenges, the current practice climate is coping with the aftermath of the COVID-19 pandemic lockdowns and restrictions. Many challenges arose both for service users and for practitioners over these testing times which are likely to have further compounded existing challenges within the practice context. Many may have experienced increase adversity such as uncertainty regarding safety, financial hardship, bereavement, sickness, home schooling and navigating the ongoing changes with regard to work and home environments (Collin-Vézina, Brend, & Beeman, 2020). Practitioners were compelled to adapt and cope as best they could in order to carry out their professional responsibilities as documented in other jurisdictions (Ferguson, Pink, & Kelly, 2022). Practitioners also endured working through an ICT Cyber Attack in 2021 that necessitated the immediate shutdown of

all Tulsa systems to prevent further attacks. Further to this, there has been significant impact to services related to the impact of Ukraine Crisis and the provision of supports and services to those fleeing the war in Ukraine (Tulsa, 2023d).

The implications of the current practice climate are stark. Children and families are at risk of further compounding prior traumatizing experiences. Further to this, the implications for practitioners who are daily faced with making practice decisions in this crisis and bearing witness to the consequences are highly concerning.

Child Welfare and Trauma-informed Care

Trauma-informed systems is a concept that has emerged from the discourse in trauma-informed care for child serving systems with a focus on ways to improve the quality of care (Ko et al., 2008). TIC has been described as a service model that endeavours to increase trauma awareness and appropriate responses across a whole service system including organisational culture, policies, and practices and further in their interagency partnerships (Bloom, 2013). The principles of: Safety, Choice, Trustworthiness, Collaboration, Empowerment and Cultural sensitivity are identified as the values that underpin this change process (Substance Abuse and Mental Health Services Administration, 2014).

In the field of child welfare, a number of conceptualisations have emerged related to this process (Beyerlein & Bloch, 2014; Hendricks, Conradi, & Wilson, 2011; Chadwick Trauma-Informed Systems Project, 2012). The literature highlights that conceptual clarity is at an emergent stage and consensus on how to define TIC and implement it has not been reached. Given the lack of clarity in the TIC discourse, there is also a lack of consensus in meaningful implementation (Bargeman et al., 2022). Nonetheless, the ‘approach’ is gaining momentum in front line practice in child protection and welfare contexts internationally. This is being driven by the increasing recognition that many children, young people and their families who

encounter child welfare services often have experienced multiple, prolonged, repetitive experiences of trauma (Lotty, Dunn-Galvin & Bantry-White, 2020) within the context of intersecting experiences of homelessness, disabilities, exclusion, social inequalities, discrimination and poverty. However, children and their families who come into contact with child welfare systems often do not receive trauma-informed treatment (Strand & Sprang, 2018).

In addition, research indicates that child welfare practitioners often experience high or very high levels of compassion fatigue and burn-out (Bride, Jones & Macmaster, 2007) which is associated with practitioner agency attrition (Lushin, Katz, Julien-Chinn & Lalayants, 2023). Further to this, there is growing recognition that ongoing systems stressors may further compound trauma experience for children, families and practitioners such as child removal from home, separation from primary caregiver/s, placement instability and moves in foster care, inappropriate responses to trauma related child behaviour, and lack of foster carer trauma-informed training (Lotty et al., 2020).

The literature highlights that the implementation of TIPs into child welfare systems may support improve standards of care (Donisch, Bray and Gewirtz, 2016). However, internationally TIC is viewed as an emergent field with discourses often reflecting a lack of insight and shared understanding, or evidence. Whilst promising initiatives are emerging, at this point, the evidence regarding the effectiveness of TIC is inconclusive (Bargeman et al., 2022). The question remains if TIC is a benchmark for a standard of care? What part can it play to support a standard of care? How can this be systematically measured?

The Irish Context

The Irish child protection and welfare system is a complex, unique system of care that reflects the Irish experience, culture and history. It operates at many levels; the parts are

interconnected and influence the performance of each other. It may be considered as involving levels of administrative staff, foster carers, residential care staff, front-line practitioners, clinical staff and the leadership levels all making up a hierarchical system. Practitioners come from a number of disciplines including social care, social work, youth and community work, psychology, and family support). There has been a surge of interest in ‘trauma-informed practice’ in recent years. Practice language has changed with ‘trauma language’ now part of ‘practice speak’ in child protection offices across the country (Lotty, 2021). Key stakeholders across child serving systems (Child welfare, education, youth justice and youth addiction services) support its implementation (Burnshaw, 2021). However, barriers to implementation have been highlighted; unregulated training driven by the private sector, challenges to bridging the theory to practice gap in professional education, the lack of availability and access to trauma-specific evidence-based treatments and difficulties in interagency partnerships (for further discussion see Lotty, 2021). Furthermore, the lack of conceptual clarity for TIC is also reflected in the Irish context. Stakeholders have identified the need to conceptualise TIC and how to approach its implementation across child serving systems (Burtenshaw, 2021).

There has been no systemic strategy for implementing TIC (Trauma Informed Care) in the Irish child welfare system to date (Tusla, 2023d). Service spheres have identified trauma-informed practice as a key service need notably in alternative care: foster care (Tusla, 2023a) and residential care (Tusla, 2023b). However, a clear description of how this aligns or differs from current practices and how this will be operationalised remains absent. This may reflect that the field is working towards conceptual clarity internationally, whilst current efforts towards implementation remain fragmented and inconsistent (Bargeman et al., 2022). Thus, Irish based research is also required to establish and agree the precise conceptualisation of TIC in child welfare to support implementation specific to the principles and unique

operational components of the Irish system. There have been some notable exceptions of research-based initiatives at a local level which are responding to the identified need for TIPs to support improved standards of care. One area of Tusla is implementing a research-based program for foster carers (Lotty, Bantry-White, & Dunn-Galvin, 2022a). A further area has embarked on embedding TIPs across their services in a systematic way through a university partnership approach (UCC, 2023).

Trauma-informed practices in child welfare

Building the capacity of the work force to implement TIC has been identified as a key implementation strategy (Robey et al., 2021). In response to the need to move the field forward to address the complexities of integrating TIPs in Irish child welfare, a practice model, TARA (*Trauma, Attachment and Resilience into Action*) was developed. The model was developed by the author building on previous work (Lotty, 2019, 2021; Lotty et al., 2022a, 2022b) to support practice through integrating newer/emergent/less established knowledge from trauma research with established best practices. TIPs are described practices and initiatives that may involve intervention/s, often day after day routine practices, which may involve every area of functioning within the organisation. TARA recognises that TIPs are often the same, overlap, and intersect with many current best practices within the child welfare system. TARA supports embedding these practices throughout the organisation in all operative domains. These operative domains may include governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment, treatment services, training and workforce learning development, progress monitoring, quality assurance, finance and evaluation (Substance Abuse and Mental Health Services Administration, 2014). TARA recognises that, across the child protection and welfare system, expertise in knowledge and understanding TIPs demands a proportionate and

targeted response with respect to their specific roles. The author delineates these responses in three distinct levels:

1 - Awareness level, a basic knowledge of what trauma is, how it impacts those who use the service and those who work in the service (universal to all staff).

2 – Knowledge level, a more in-depth knowledge of the lived and living experience of trauma for service users and service providers (practice and/or supervising/managing practice roles).

3 – Knowledge and skills level, both a knowledge and a skillset that bridges trauma knowledge to TIPs that effectively support direct work with children and families (professional practice roles).

TARA- an integrated model

TARA is described as a holistic integrated model that supports the integration of TIPs based on contemporary trauma theory and emergent research with current best. TARA has extended other practice models promoting a common language in the specific consideration of the Irish child welfare system. TARA brings an explicit emphasis on the parallel process (O’Leary, Rupert & Lotty, 2023) drawing on mentalising and collaborative practice theories to support practitioner resilience. The program aligns with the *Fostering Connections* program developed to support foster carers (Lotty et al., 2020). Practising TARA is defined (building on the early work regarding a working definition of the practice of trauma informed care described in Lotty, 2021) as a holistic therapeutic practice approach that reflects a mindset and skillset that promotes empowerment and growth for both the service user with lived and /or living experience of trauma and for the practitioner working with trauma.

TARA asserts that child welfare practitioners are already rooted in the ‘paradigm’ of TIC described as reflecting an orientation towards social justice, equality and advocacy, and systemic thinking (Knight, 2015). Furthermore, Child welfare practice is not rooted in

pathologizing behaviour but reflected in understanding from established child development and resilience's theory-based theories. TARA is cognisant that navigating child protection and welfare work requires the complexity of balancing the needs and rights of children within statutory responsibilities (Lotty, 2021). TARA aligns with the child welfare agency's service aims, and it needs-led and proportionate response approach to the diverse needs of children and families it serves, seeking to support existing frameworks and the national practice approach.

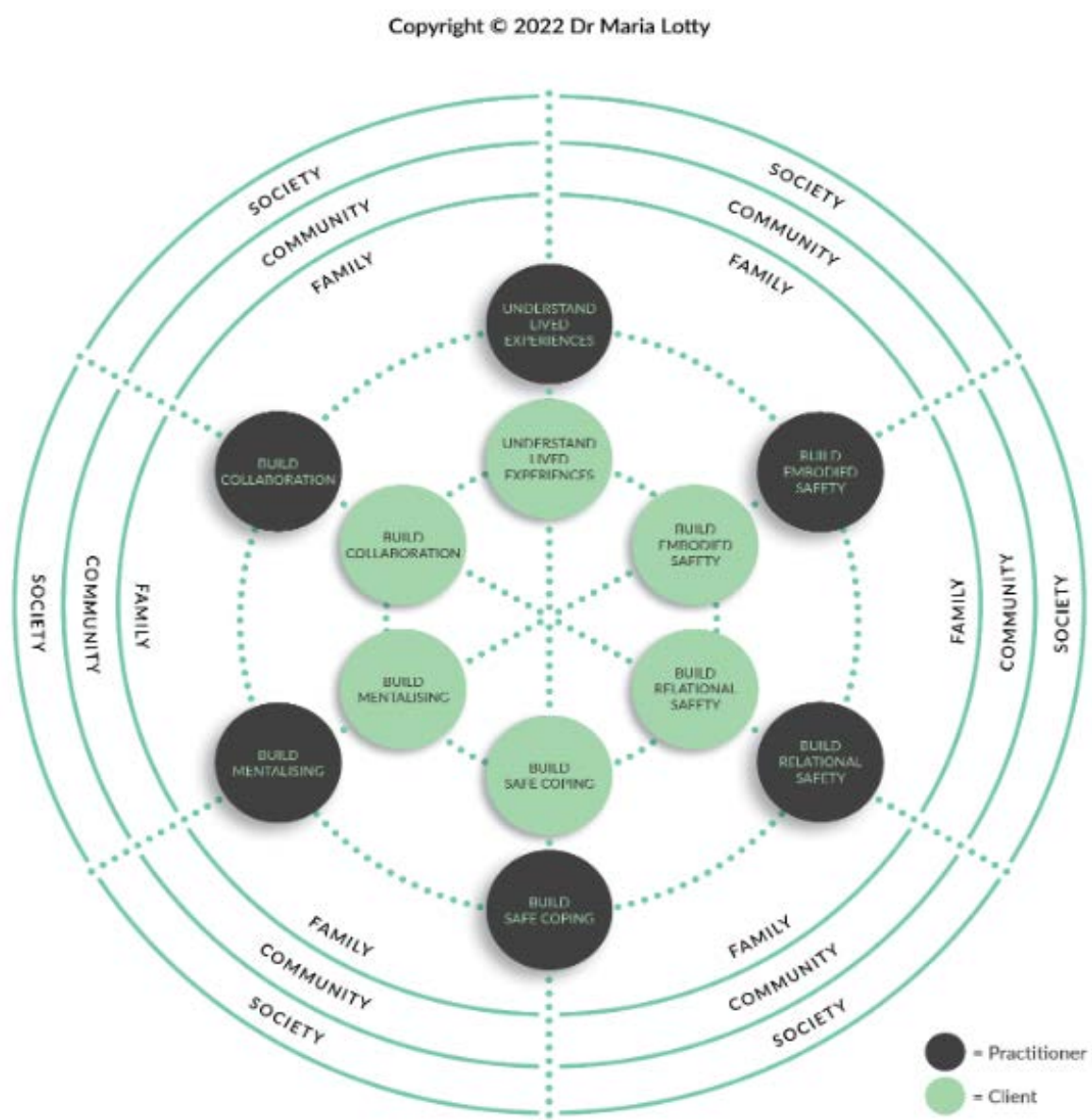


Figure 1: TARA Model

The model has one overarching principle and six theoretical principles (Figure 1): The overarching principle contends that TARA equips the practitioner to engage therapeutically with those who have lived experience of trauma, involving supporting recovery and growth through the shared experience of partnership and empowerment. The six principles are: 1 - Understand Lived Experiences; 2 - Build Embodied Safety; 3 - Build Relational Safety; 4 - Build Safe Coping; 5 - Build mentalising and 6 - Build Collaboration (Lotty, 2021). TARA operates within a parallel process. TARA recognises that working ‘with trauma’ involves an intersection of personal trauma history, exposure to acute and vicarious traumas. The parallel process refers to comparable experiences that run in parallel with one another within a relationship, between practitioner and child/parent/caregiver/supervisor/organisation towards positive growth. TARA specifically aims to equip practitioners to engage therapeutically with those who have experienced trauma in a way that involves supporting recovery and growth through the *shared experience* of partnership and empowerment. This may involve a shared experience of developing an understanding of the lived experience of trauma, ongoing impact, and developing ways to effectively cope and minimise or avoid re-traumatisation (O’Leary et al., 2023). The position of the practitioner is not one of the expert that involves ‘doing to, doing to, doing for, doing onto’ but a position of partnership and collaboration with shared expertise that involves a ‘doing with’ mindset, practising through and in a parallel process. This process aims to support both practitioner resilience and resilience for children and families who encounter the agency.

TIPS have an important role to within a complex system of care for children and families with diversity and complex needs. However, not all needs are rooted in trauma and care is needed to ensure a focus on a trauma (deficit based) lens is balanced with a resiliency orientation (Bath, 2017). Thus, TARA is focused on amplifying and strengthening best practice to support practitioners working with the complexities of intersectional experiences

of trauma to improve quality of care. For example, to support decision-making, assessment, therapeutic interventions, child removal processes, placement stability, foster caregiving, reflective and collaborative practice in an increasingly challenging practice climate TARA seeks to support a re-emphasis on person-centred practice in an increasingly managerial and bureaucratic led practice climate (McGregor & Quin, 2015), that may drive organisational culture, policy, interagency collaboration towards improved quality of care for children and families. TARA is being implemented through the university-based program: Continuing Professional Development Certificate in Trauma-informed Care: theory and practice (UCC, 2023b). The efficacy of this framework is currently being evaluated (UCC, 2023a), and likely to continue to be developed and refined in accordance with best practice in intervention research (Skivington et al., 2021) to support addressing the complexities of implementation of TIPS in child serving systems.

Conclusion

In this article, the current practice climate of child protection and welfare service has been described. The surge of interest in trauma-informed care as a response to meeting some of the current practice challenges has been discussed. Whilst trauma-informed care remains an attractive proposition, the evidence base remains inconclusive. Given the complexities of the Irish system, research-based implementation is required to ensure progression in this field. A practice model, TARA, has been presented that provides a bespoke response to the integration of TIPS into the Irish welfare agency. It embraces an integrated holistic approach to support improved standard of care and is currently being evaluated to support how to progress the complexities of this field.

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