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AN EXPLORATION OF THE ROLE OF TRAUMA-INFORMED CARE IN FOSTERING STABILITY

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About the author

Dr Maria Lotty has 20 years professional experience in working with children and families in Ireland and the UK, having worked mainly as a social worker in the foster care context. Maria completed her doctoral study in 2019 which developed the evidenced-based *Fostering Connections: The Trauma-informed Foster Care Programme.* She is the Co-ordinator of the Trauma-informed Care Project based in the Cork Fostering Team, Tusla. Maria is also an experienced trainer, conference speaker, and a part-time university lecturer in University College Cork. Email: Maria.lotty@ucc.ie.

Declaration

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Abstract

Fostering stability is at the core of foster care as it is the pathway for children to experience enduring relationships (Vanderwill et al., 2020). However, in practice, achieving stability can be challenging as it is a multifaceted phenomenon. A unique research collaborative was set up in 2016 between Tusla, the Child and Family Agency and University College Cork (UCC) that had an overarching aim to reduce fostering instability. The research project sought to contribute to addressing the challenges of achieving fostering stability by applying the approach of trauma-informed care. The research produced an evidenced-based psychoeducational intervention that supported the capacity of foster carers to provide children with trauma-informed care. This paper explores the research in relation to its contribution to supporting fostering stability.

Keywords

Foster Care; Trauma-informed Care; Fostering Stability; Relational Practice.

Foster Care and Stability

The goals of foster care include the safety and protection of children, meeting the developmental needs of children and thus, improving outcomes for children. As a foundation to achieving these goals the foster care system aims to provide children with stability in a family. Fostering stability refers to the child having the benefit of a placement that lasts for the planned time intended (as set out in their care plan) and the placement does not end suddenly or in an unplanned way (Carnochan et al., 2013; Rubin et al., 2007). This stability is the overarching objective of the foster care system (Rubin et al., 2007; Biehal, 2014) as it is the pathway to permanence, which is linked to improved outcomes for children (Egelund and Vitus, 2009; Rubin et al., 2007. Permanence refers to the child experiencing a stable and loving family that will support them through childhood and beyond, essentially enabling the child to experience enduring and life-long relationships. This may entail returning home, remaining in foster care (long term) or adoption from care (Boddy, 2013). Children who experience fostering stability and permanence are more likely to have improved psychosocial development (Vanschoonlandt et al., 2012), educational outcomes (Newton et al., 2000), less severe behavioural difficulties (James et al., 2004;

Vanschoonlandt et al., 2012) and are less likely to require mental health intervention (Rubin et al., 2007). For children who require mental health intervention, they are more likely to access and engage in such services when they experience stability (Vanderzee, Sigel, Pemberton and John, 2019. Fostering stability also is more likely to afford children the benefit of continued emotional, social support into adulthood (Schofield et al., 2012) and in turn is associated with better long term outcomes (Courtney and Dworsky, 2006).

However, achieving fostering stability is often a complex task and is a common feature of foster care. Thus, many children experience sudden and unplanned moves in care. Whilst some moves may be in the child's interests, they are often experienced as being extremely distressing for children (Unrau et al., 2008), the foster family (Gilbertson and Barber, 2003) and the social workers involved (Rostill-Brookes et al., 2011). Predominantly it involves the breakdown of the carer-child relationship and subsequent loss of foster family, friendships and community for the child (Leathers and Testa, 2006; Chamberlain et al., 2006).

Fostering stability is influenced by factors that relate to the child, birth family, foster carer, and agency practices. A recent meta-analysis (Konijn et al., 2018), found the strongest factors to influence fostering instability were found to be children's behavioural problems, non- relative care type placements and quality of caregiving practices. Other significant factors were; older age of the child coming into care, the history of maltreatment, and the quality of agency support. However, fostering instability most likely to involve a combination of factors (Tonheim and Iversen, 2019) that are interwoven, evolving, and interacting over time which result in children's needs not being met.

Fostering Stability in the Irish Context

At the end of 2018, Tusla (2018) reported that 114 children experienced 3 or more placements (2% of children in care). 46% (52/114) of the children were in foster care placements, 46% (52/114) were in residential care, 9% (10/114) in other placement types (these included detention school/centre, disability unit or drug rehabilitation centre). Tusla (2018) reported that children who experienced 3 or more placements comprised of less than 2% (52/5551) of children in foster care and 15% (52/346) of children in residential care. An Irish study (McNicholas et al., 2011) found in a sample of 176 children in care three years or more, the majority who were in foster care (78%: 136), had on average 2.35 placements (SD= 2.58, range 1-16). These figures suggest that many children in foster care experience instability and multiple moves in care.

High-quality practices of permanency planning is associated with promoting stability and improved outcomes for children in foster care (Tilbury and Osmond, 2006; Gauthier et al., 2004). Permanency planning involves making a plan for the long-term care of the child. It aims to develop a route from temporary care to a permanent family often via a successful return to home or long-term care as soon as possible. Long term foster care has been a successful route to permanency for a minority of children in Ireland. This is reflected in the numbers of children who remain with their foster families after discharge from foster care. Of the children discharged from care (n=1040) in 2018, 26% (275) of children remained with their foster family, likely to be those aged 18 years. This is also reflected in the numbers of young people receiving after-care services who remained living with their foster families. 47% (939/2017) of young people (aged 18-22 years) receiving after-care services in 2018, remained living with

their carers suggesting that these young people had achieved stability and permanence in their foster family (Tusla, 2018). It is noteworthy that whilst the majority were living in other arrangements (53%: 1078), of these only 9% (193) returned home. The remainder of young people were living independently (26%: 529) (this included young people residing in third level accommodation) or in supported accommodation (18%: 356). (Tusla, 2018). Further to this, what is not captured in the data is that aftercare services estimate that of those in independent living accommodation, 50% continue to have strong links with their foster families, returning at weekends and/or for holiday periods (D. Britton, After Care Manager, personal communication, October 24, 2018).

The recent enactment of the *Adoption Amendment Bill 2016* now provides a pathway for children to be adopted without parental consent. Traditionally, this route to permanency has been considered challenging due to birth parents rights and the status of the nuclear family afforded in the Irish Constitution (McCaughren and McGregor, 2017). Children who are adopted from care are often close to reaching their eighteen birthday (O'Brien and Palmer, 2016). However, access to permanency for children in foster care through adoption is likely to increase given these recent legislative changes.

When high-quality practices of permanency planning are not in place, this can leave children at risk of 'drift in care' (Christiansen et al., 2012). Drift in care refers to the experience of living in prolonged temporary arrangements that fuel an on-going state of uncertainty for children, parents, and foster carers regarding the child's future. However, it must be acknowledged the practice of permanency planning is complex in any jurisdiction as it involves balancing the rights of children and families. In Ireland, this process is compounded by inconsistent court practices (Coulter, 2015; Parkes et al., 2015), by the lack clarity in policy (Parkes et al., 2015) and a lack of practice guidance. These difficulties are most likely connected to the status afforded to the nuclear family in the Irish Republic's Constitution, despite the inclusion of Article 42A into the Constitution in 2012. This amendment led to the insertion of the child's right to have their views given due weight and attention in all proceedings relating to them. However, care orders are granted at significantly higher rates in some geographical areas than in others (O'Mahony et al., 2016). This results in long drawn out care proceeding where options for reunification are revisited repeatedly in some cases. These inconsistencies reflect the need for child care proceedings to be dealt with by specialist judges (O'Mahony et al., 2016) and the lack of effective child participation in the court process (Parkes et al., 2015).

In recognition of the policy and practice gaps, Tusla aims to develop a practice handbook on permanency planning as part of Tusla's Business Plan (Tusla, 2018). This is a welcome initiative given that high numbers of children remain in care for lengthy periods, 49% (2822) of children were in foster care for over 5 years in 2018 (Tusla, 2018). The percentage of children who remain in care for more than five years has increased year on year since 2015 (Tusla, 2018). These percentages may reflect the concerns that Irish children may experience 'drift in care' (Devaney et al., 2016, O'Brien and Palmer, 2016).

Fostering Stability and Trauma-informed Care

Fostering stability is at the core of foster care. This usually involves developing safe relationships between children and foster carers. However, children in foster care most often have experienced some degree of

developmental trauma and thus, developing safe relationships with traumatised children can be very challenging. Trauma-informed Care is an approach to working with and caring for children and families that have experienced trauma through supporting safe and secure carer-child relationships (Bath and Seita, 2018). Trauma-informed Care can be described as incorporating three main elements. These are an understanding and recognition of the effect that trauma exposure has on children and families, as well as those who care for and/or work with these children and their families, the adequate knowledge and skill in responding to the effects of trauma exposure and the use of evidence-informed practices that target trauma. It is a fast-growing approach, particularly in the USA and Australia in the realm of foster care practice. The body of research to support the implementation is also growing, whilst still at the early stages (Barajas and Martinez, 2020).

Gaps in the resources available to children in foster care and foster carers in Ireland have been highlighted in research (IFCA and Tusla, 2017, Moran, McGregor, and Devaney, 2017). Despite the prevalence of high rates of attachment and trauma-related difficulties in children in foster care (Forkey and Szilagyi 2014), they often do not have access to trauma-specific treatments. The needs of these children are often very challenging for foster carers. Parenting skills alone are not sufficient to equip foster carers to care for children who have experienced trauma and promote their recovery and healing. Foster carers may be frightened or overwhelmed by the extreme behaviours which can lead to fostering instability (Oosterman et al., 2007). In 2016, unique research collaboration was set up between Tusla and University College Cork, The Trauma-informed Care Research Project. The main aim of the project was to contribute to addressing the challenges of achieving fostering stability by applying the approach of trauma-informed care. This article explores the findings of the research in relation to its contribution to fostering stability.

The Research Design

The research was supervised through a doctoral programme in UCC (Lotty, 2019a). Ethical approval was granted from both the Social Research Ethics Committee in University College Cork and by the Tusla Ethics Review Group. The research aimed to support foster carers to provide children with trauma-informed care through developing and evaluating a group-based psychoeducational intervention, *Fostering Connections: The Trauma-informed Foster Care Programme* (hereafter referred to as *Fostering Connections*). *Fostering Connections* is a six-session training programme for foster carers based on the theoretical base of trauma-informed care and the needs of foster carers identified by key stakeholders in Irish foster care. The programme aims to support and enhance foster carers' capacity to provide trauma-informed care and in turn, reduce children's trauma-related difficulties. The project was developed over three years (2016-2019) following a complex mixed methods study design.

The Development Stage involved completion of a narrative literature review of the effects of current trauma-informed care 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 trauma-informed care 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 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 that had a dual role of providing oversight to the project to ensure the programme aligned with the child welfare agency policy and practice and secondly to provide support to the research process. The group consisted of key stakeholders in foster care that were interested and/or held responsibility for the development of foster care. The members included professionals from areas of social work, nursing, psychology, workforce learning and development, the Irish Foster Care Association, the foster carer approvals committee, foster carers, a care leaver, doctoral supervisors (Schools of Applied Social Studies and Applied Psychology, UCC), child welfare practitioners and senior managers creating a multidisciplinary group.

Preliminary evidence is promising and suggests that *Fostering Connections* may be an effective intervention for increasing foster carers' capacity to provide children with trauma-informed care and in turn, is associated with improvement in child regulation and reduce peer problems over time. Importantly, a trend towards improvement in the children's outcomes was indicated in the quantitative analysis over time but did not reach statistical significance until time-point 4 of the study (15 months). The effectiveness trial has been recently published (Lotty, Dunn-Galvin and Bantry-White, 2020). It involved 79 foster carer participants. Study participants were recruited from the Tusla, Child and Family Agency, in two geographical sites in the south of Ireland in May 2017. A broad recruitment strategy was applied. All Participants were included if they were approved Tusla foster carers, were fostering at least one child, and wished to attend *Fostering Connections* and whose participation was supported by their link fostering social worker. Foster carers who had previously participated in trauma-informed care type training were excluded from the study. A quasi-experimental design was used to compare the results of the intervention group (n=49), to a control group (n=30,) who received usual care. Standardized assessment measures were used. All statistical analyses were performed in IBM SPSS Statistics (Version 24, IBM Corp, Armonk, NY, USA). A two-way mixed ANOVA was conducted to investigate if changes across the four time points (baseline, immediately post-intervention, 16 weeks post-intervention and 15 months post-intervention) differed significantly between the two groups (intervention, control). Foster carers' knowledge of trauma-informed fostering, tolerance of misbehaviour and fostering efficacy, and children's emotional and behavioural difficulties were assessed.

This intervention is likely to make a significant contribution to the training provision for foster carers in Ireland, supporting their capacity to care for children with trauma-related difficulties. It is noteworthy that most foster care research is based in the USA, which operates a different type of foster care system and thus, may not be generalizable to an Irish population. Thus, this Irish based foster care research, reflecting the Irish context, is more likely to support improvements in foster care practice. In this paper, the research is discussed in relation to its contribution to supporting fostering stability.

Research Findings

Foster Carer Outcomes

This research sought to target foster carers' capacity to provide sensitive and responsive care through providing children who have experienced trauma with trauma-informed care. The findings of this research suggest that *Fostering Connections* may be effective in increasing foster carers' capacity to provide trauma-informed care and thus, their capacity to provide sensitive and responsive care. The capacity to provide trauma-informed care was delineated by the foster carers increase in trauma-informed care understanding (knowledge), the development of a trauma-informed care mindset (thoughtful and empathetic attitude) and an increase in their fostering confidence. This confidence was based on the foster carers feeling more equipped with the necessary understanding and skills required to care for children who have experienced trauma. The foster carer also described that in providing children with trauma-informed care they had become more aware and regulated in responding to child behaviours they had found challenging and motivated to create connecting opportunities that promote positive carer-child relationships. This accords with research on foster carers who provide responsive and sensitive care, using appropriate caregiving skills to support fostering stability (James, 2004).

Child Outcomes

Furthermore, the foster carer study participants reported that *Fostering Connections* is associated with improvement in children's regulation and peer problems over time through providing trauma-informed care (Lotty et al., 2020). Not surprisingly, this suggests that significant benefits of foster carers providing children with trauma-informed care is likely to take time and requires the considerable patience and commitment of foster carers. Many children that the foster carers were caring for in the study were experiencing serious developmental difficulties. Consistent with other studies, children in foster care have varied levels of psychosocial functioning (Goemans et al., 2018; Cousins et al., 2010). It is also likely that over the 15 month study period, these children experienced systems stressors beyond their control such as a parent dying, inconsistent access experiences, a sibling in same placement being moved and the on-going uncertainty of court proceedings. Consistent with previous research, the foster carer-child relationship was found to act as a buffer against known risk factors (such as children's behaviour) for fostering instability (Oosterman et al., 2007; McWey et al., 2018; Wojciak et al., 2017).

It was also of note that the vast majority of children in the sample were in their first placement or had experienced one move (77%: 93/119). 26 (22%) children had experienced two or more moves at baseline. The majority of children were also subject to care orders (81%; 98/119) at baseline (Lotty, 2019a). Thus, the majority of children that benefited from the intervention had little 'placement' disruption. This may reflect less externalized behaviour which is strongly associated with fostering instability (Konijn et al., 2018). The children also were involved in legal proceedings. This is associated with less likelihood of reunification with birth family (López et al., 2013). Therefore, it is likely that the foster carers were more invested and motivated to develop long term relationships with these children than children with chronic experiences of placement instability and children under voluntary care arrangements. This is an important consideration as the foster carer-child relationship is identified as a protection factor against the risk associated with instability

(McWey et al., 2018; Oosterman et al., 2007; Withington et al., 2017). Furthermore, research indicates positive warm foster carer-child relationships are associated with less disruptive child behaviour (Joseph et al., 2014; Yoon et al., 2015), are a significant moderator of trauma-related behaviours (Wojciak et al., 2017), and are viewed as a powerful mediator of change in supporting children's trauma healing and healthy development (Wojciak et al., 2017). A recent review of foster care interventions also identified the core component of programme effectiveness was enhancing carer-child relationships (Kemmis-Riggs et al., 2018). Behavioural management training programmes are not consistently effective in reducing behavioural difficulties or promoting fostering stability in the foster care population (Turner et al., 2007; Everson-Hock et al., 2012).

Foster Carer-Child Relationships

Trauma-informed Care focuses on supporting the development of restorative career-child relationships. Thus, this supports the opportunity for children in foster care to develop and experience an enduring lifelong relationship with an adult. Children are also more likely to achieve fostering stability and permanence in their life, the ultimate goal of fostering. This suggests the need for child welfare agencies to target, facilitate, and encourage foster carer-child relationships, through trauma-informed interventions that target foster carer-child relationships. Trauma-informed interventions that focused on regulatory and relationship-based practices have shown improvement in children's behavioural difficulties (Arvidson et al., 2011; Purvis et al., 2015; Hodgdon et al., 2015). Therefore, *Fostering Connections* is likely to make a contribution to support fostering stability by improving foster carers' capacity to provide children with trauma-informed care. Such stability is in turn associated with improved outcomes for children in foster care, foster carer satisfaction, and retention (Whenan et al., 2009).

Placement Instability

Whilst *Fostering Connections* may have contributed to supporting fostering stability by improving foster carers' capacity to provide trauma-informed care. However, this is unlikely to be enough to support fostering stability for all children in foster care. Over the course of the study (15 months), 13 children (11%) experienced a placement move (Intervention group= 10 (12%), Control Group= 3 (8%)). Of these 9 (7%) children experienced a placement breakdown. Of these 13 moves, 4 (31%) were instigated by the agency where the child moved to live with a relative carer (n= 1), from an emergency placement to a short term placement (n= 1), owing to the child's sexualised behaviour (n= 1) or to be reunified with the birth family (n=1). The child that was reunified returned to the same foster carer within the study period. One of the children instigated their move by 'running away' and the placement subsequently broke down. All moves instigated by foster carers were placement breakdowns whereby foster carers, who had been committed to the placement, were overwhelmed by the children's externalised behaviours (n=8, 62%).

Limitations of the Study

This research reflects the experiences of a small sample of foster families that were recruited to attend a Trauma-informed Care programme. It is possible that the foster carers were generally more motivated to participate in this research, since they expressed a strong need for an intervention of the type offered. As discussed above, many children in the sample were experiencing clinical levels of emotional and behavioural difficulties. Thus, care is needed in making generalisations to the wider foster care

population in Ireland given the heterogeneity of the needs of children in foster care. Nevertheless, the findings are consistent with other research which indicated that the majority of unplanned moves are requested by foster carers (Koh et al., 2014; Ofsted, 2017). Ofsted, the government inspection body for children services in the UK, reported the majority of unplanned moves, 55 % (1610 children) were requested by foster carers in 2017 (Ofsted, 2017).

The contribution of the programme must be viewed within the context of the many factors that influence fostering stability (Lotty, 2019b). Fostering instability is a multifaceted phenomenon and is common within foster care as discussed earlier. The effective support and training for foster carers, foster carers' capacity to provide sensitive and responsive care, and the quality of carer-child relationships were identified as significant factors in supporting foster families. However, it also involves many other factors. Consistent with other research, behavioural difficulties in children in foster families is a strong predictor of placement breakdown (Maaskant et al., 2016). This may explain why fostering instability was experienced by some children during the study period. From this, it can be inferred that there is a need to identify the children who are at risk of 'placement' breakdown as early as possible to avoid fostering instability (Delfabbro and Barber, 2003; Hurlburt et al., 2010; Goemans et al., 2018). The provision for more intensive trauma-specific interventions for children alongside training and supports for foster carers are likely to be required to support the reduction of children and families experiencing 'placement' breakdowns.

Conclusion

This paper has explored the findings of recent foster care research in relation to fostering stability through the application of trauma-informed care. This research has contributed to promoting stability of foster families through an evidenced-based psychoeducational trauma-informed care intervention for foster carers. However, developing the foster carer's capacity to provide children with trauma-informed care whilst, a promising approach, is unlikely to be sufficient to support the stability for all children in foster care. The provision of more intensive trauma-specific interventions for children alongside training and supports for foster carers are required to support the multifaceted phenomenon of fostering stability.

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