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Title Page

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Transforming the child welfare system from the inside out: Integrating trauma-informed practices into foster care services

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Title

Transforming the child welfare system from the inside out: Integrating trauma-informed practices in foster care services

Abstract

The Dublin South Central Area of Tusla identified the integration of trauma-informed practices as a service need, in the current significantly challenging practice climate. In response a research based collaborative project, the TARA Project, was developed that aims to embed trauma-informed practices through an area-wide approach. This article provides a background to the project, key findings of Phase One, which involved participants undertaking a university-based programme to support implementing trauma-informed practices through the TARA practice Model. Concrete practice changes were developed during the project. The article focuses on two new practice changes being implemented by the fostering team in the research site: The TARA Case Review, and the TARA Toolkit. These new practice initiatives are outlined, the rationale and application and implications for practice are discussed, reflecting changing child welfare practice from the inside. Future directions for practice and research are also highlighted.

Key Words Child Protection and Welfare; Child Welfare Practice; Foster Care; Trauma-informed Care; Trauma-informed Practice.

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Introduction

In Ireland, the child welfare agency has a statutory function and is responsible for the delivery of several service areas including the delivery of Child Welfare and Protection services. Child protection and welfare practice is currently operating under increased pressure in Ireland (Lotty, 2023a). The implications of the current practice climate place children and

families who encounter the child and family agency 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 these consequences are highly concerning. Trauma-informed care (TIC) is receiving growing interest as a response that may support navigating this complex practice climate more successfully in Ireland. Whilst significant gaps remain in a research base in how to implement TIC internationally (Bargeman et al., 2022), in Ireland the TARA project is an example of a research collaboration that aims address this in an Irish child welfare context (Lotty, 2023a).

The research site is located in Dublin South Central (DSC), one Area of Tusla, Child and Family Agency, the Irish national child welfare agency. For practitioners, working in the local area of DSC, this brings many rewards alongside challenges. DSC has a catchment area in Dublin south city which attracts a young workforce who aspire with enthusiasm to make a real difference in the lives of the children and families they work with. While staff attrition is a real challenge there are great benefits to attracting new and energised social care staff to the area. It lends to a culture of learning. More experienced staff endeavour to create an atmosphere of safety to the new and new staff bring an eagerness to learn and develop as practitioners.

DSC has a high number of child protection referrals, with 739 reported referrals in March 2024 (TUSLA, 2024), an increase of 207 since recorded numbers for the month of May 2023 (TUSLA, 2023). Currently, 5760 children are reported to be in state care nationally, representing a national average for children in care of 4.6 children per 1,000 (TUSLA, 2024). DSC has the eight highest number of children in care per 1,000 children (n = 326) which represents 4.6 children in care per 1,000 (TUSLA, 2024). DSC note there is a high demand for Family Support Services which are provided directly by TUSLA in three sites, Ballyfermot, Donore Ave and the D8 Family Support Service, and through a wide network of

community and voluntary services (TUSLA, 2019). DSC 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, Christie and O'Sullivan, 2020) and elsewhere (Wilke et al., 2018). Practitioners in DSC also endured working through an ICT Cyber Attack in 2021 that necessitated the immediate shutdown of all TUSLA 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 supports and services to those fleeing the war (TUSLA, 2023). The Area identified the integration of trauma-informed practices as a service need, in the current significantly challenging practice climate (Burtenshaw, 2021).

DSC is an area that has an openness to reflect on challenges, a culture of creativity coupled with an acknowledgement of the exposure to vicarious trauma and how it affects the workforce (Lotty, Kearns, O' Shea and Frederico, 2023). The area reflects an understanding of the importance of destigmatising the effects of vicarious trauma on staff both old and new. One of the challenges that DSC face is that staff are vulnerable to compassion fatigue (Killian, 2008). This has been one of the drivers of staff's engagement in the TARA Project (University College Cork, 2023). The TARA Project represents a pathway for staff to strategically address and plan for the issues arising in DSC such as exposure to vicarious trauma.

Trauma-informed Child and Family Welfare Practice

Trauma-informed care (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). Thus, trauma-informed practices (TIPs), reflect an understanding of traumatic experiences, effective ways to intervene and are cognisant of avoiding or at least seek to

minimise retraumatisation (SAMHSA, 2023). (For further discussion please see previous IASW article, Lotty, 2023a). Trauma-informed child welfare systems is a concept that has emerged from the discourse in trauma-informed care to improve the quality of care in child welfare systems (Bargeman et al., 2022). The literature recognizes that TIC is highly relevant for child welfare systems given many children and families that they serve have already experienced significant trauma prior to contact with the system (Ko et al., 2008). In response, a number of conceptualisations have emerged, identifying child welfare practices and initiatives that may be embedded within the system that reflect an awareness of the impact of traumatic experiences on children, caregivers and service providers, and implementation of appropriate responses across training, practices and policies (Berring et al., 2024). The literature reflects a recognition that, all of these groups are affected by trauma, including primary (acute) traumatic experiences that they may have experienced in the past and the exposure to secondary trauma by caring for, or working with, children and families that have experienced trauma (Lotty, 2023a). The literature highlights gaps in child welfare trauma informed education in many jurisdictions and also here in Ireland at different target levels (Chizimba, 2021). A recent review of literature undertaken as part of the TARA Project, substantiates the importance of developing trauma-informed educational initiatives between child welfare agencies and universities, to ensure high-quality in-depth trauma-informed education is targeted at child welfare professionals (Lotty et al., 2023). Furthermore, the Project supports addressing the dearth of knowledge in the Irish context for trauma-informed practice integration in the child and family agency.

The TARA Project

The TARA Project, is a research based collaborative project, developed and is endeavouring to embed trauma-informed practices through an area-wide approach in DSC. The TARA Project is contributing to the emerging knowledge and progress the field. The overarching

aim of this partnership is to integrate trauma-informed practices across the service area of DSC, to support practice in responding to the complex needs of children and families they work with. The project is taking a phased approach and has completed phase 1. The first phase has focused on staff training and development through a UCC based programme to support staff developing a shared understanding, approach and to produce champions. Phase 2 will focus more on how to embed TIPs into existing processes and practices in DSC in collaboration with the champions and assess impact on practice and clients (University College Cork, 2023).

In the first phase of the project, the UCC based graduate level programme was evaluated that involved 41 participants from the research site across roles of social work, social care, family support and various grades front-line practice, supervision and senior management. The evaluation study found strong evidence to support the successful capacity building of child welfare professionals to integrate trauma-informed practices into their specific roles on completion of the UCC based programme. The programme is underpinned by conceptual framework, the TARA (Trauma, Attachment, Resilience into Action) practice model (for full description see, Lotty, 2023a; 2023b), which was informed by PhD research (Lotty, 2019) and a growing community of practice that have undertaken the programme.

The model draws on person centered care (McCormack and McCance, 2017), trauma recovery principles (Hobfoll et al., 2007) and SAMHSA's (2023) trauma informed care principles: safety, choice, trustworthiness, collaboration, empowerment and cultural sensitivity as well as SAMHSA's core assumptions. These relate to understanding the effects of trauma and pathways to recovery, recognising the signs and symptoms of trauma, responding through integrating knowledge about trauma into policies, procedures and practices, and actively resisting re-traumatisation. The TARA practice model represents *how* to embed and realize these fundamental principles into tangible concrete practices. It does

through by articulating clearly the aim of the training programme and outlining six core dimensions of practice (knowledge and skills) that draw together the learnings from three key areas of research – contemporary trauma theory, attachment theory and theories of resilience. The TARA model recognises that front-line practitioners from a range of disciplines are in a unique position to become the anchor for therapeutic change, providing foundational support through experiences of relational safety and stability. As TARA focuses both on practitioner experience as well as service users, it acknowledges the parallel processes that operate when working with trauma, and how exposure to trauma narratives as well as awareness of one's own trauma history may influence practice and service delivery in ways that mirror the trauma experience. The TARA model defines trauma-informed practices as the day-to-day initiatives, interventions and practices that are carried out within the core processes of working with children and families within the specific professionals' role that reflect principles of person-centered care and trauma recovery principles.

The study reported significant improvement in professional knowledge gain in trauma-informed practices, professional efficacy and significant child welfare practice changes. Practice changes were reported in spheres of Child and Family Practices, Practices for Practitioner Resilience and Transformative Collaborative Practices within teams, across teams and agencies. Furthermore, these positive changes were evident across roles of front-line practices, supervision, and leadership (Lotty et al., 2023). The strengthening of practices reflected an infusing of trauma-informed practices with current practice wisdom based on increased trauma-informed practice as delineated by the TARA practice model. These findings will inform the ongoing work of the project which will examine the integration and impact of trauma-informed practices across the DSC Area. This article focuses on two examples of practice changes in the Foster Care Team in the research site.

Foster Care and integrating Trauma-informed Practice through the TARA model.

In DSC, children placed in foster care can range in age from 0-17 years, from a spectrum of cultural, religious, and socio-economic backgrounds, whom often have experienced various degrees of childhood adversity and/or traumatising experiences. DSC aims to provide loving, stable foster homes for children that require alternative care for however long it is required is the basis of best practice in foster care. This is a complex area as children who require foster care will often have experienced developmental trauma which can impact on their capacity to feel safe (Lotty, Dunn-Galvin and Bantry-White, 2020). The TARA model has provided a systematic way to support best practice. Cognisant, that without a sense of safety, this is likely to undermine the child's sense of security and stability in foster care, the fostering team focus on supporting the foundation of safety for the child in relationships. This reflects practice that embraces the belief that much of the healing from traumatising experiences has the possibility of occurring outside of formal therapy and interventions, as it may occur in safe relationships. DSC also embrace the concept that the fostering team around the child, must also focus attention on relationships, working collaboratively, develop relationships that are built on a foundation of trust, empathy and compassion and resist practices that may be perceived as threatening (Lotty, 2021). DSC recognise that it can take time for relationships of trust to develop between the practitioner and foster family and when these relationships become fractured or severed the cycle of unmet safety continues for both the practitioner and family. This inevitably impacts on the outcomes of the child in care. For foster carers to trust and feel safe in working with a complex child welfare system, there is a need to ensure foster carers are invited to meaningful engagement in decision making and inclusion as part of the child's team (Lotty, 2021). The Fostering team have become more aware of the need to re position themselves away from solely being the expert to a more collaborative practice that genuinely listens and strives to build relationships of trust with those who also bring expertise

through virtue of their lived experience such as foster carers. The parallel process, reflected in the TARA model, of promoting safe relationships for the child, the foster family and for the practitioner is the reflected in the new practice initiatives.

TARA based Practice Changes

Two initiatives developed by the fostering team in DSC as part of the TARA Project are called: TARA Case Review and TARA Toolkit for Foster Carers (McCormack, Campbell and Lotty, 2024). These two initiatives complement each other and embrace core principles of trauma-informed practice as delineated by the TARA model, including working collaboratively, building relationships on a foundation of trust and acknowledging that as much of the healing for children happens in relationships, foster carers are key in the child's life. These initiatives are integrated in the working processes and supports that exist within the foster team, by providing a bespoke brief intervention to foster carers. These initiatives were designed to work in tandem with the group psychoeducational programme for foster carers, *Fostering Connections: The Trauma-informed Foster Care Programme* (Lotty et al., 2020) which is being rolled out in DSC since May 2024. *As Fostering Connections is* strongly alignment with the TARA model, this promoting a shared understanding and supporting a united endeavour in finding the best possible way forward in supporting a child together. The initiatives aim to provide more effective supports that enables foster carers to feel more contained and safer in their roles. In turn this may also support fostering stability, and thus reducing the possibility of children experiencing re-traumatisation through moves in the childcare system (McCormack, Campbell and Lotty, 2024). Furthermore, since the development of these initiatives the team have emphasized their commitment to collaborative working is in the *Fostering Matters*, the Fostering Team's quarterly E-newsletter for foster carers and in local training for IFCA (Irish Foster Care Association) members.

The objectives of the two new practice initiatives in DSC are to introduce and develop the foster carers understanding of developmental trauma; provide a holistic overview of the child's lived and living experienced of their trauma; how trauma impacts physiological and psychological development; its contribution to presenting dysregulated emotions and behaviours; the child's difficulties with relationships; and to explore the drivers behind behaviours. The rationale for this approach is to develop foster carers understanding of trauma in a systematic manner while supporting them to align their caregiving responses. The lack of understanding of behaviours that are driven by traumatic experiences may result in inappropriate caregiving responses. Van der Kolk, states that "caregivers have a tendency to deal with their frustration by retaliating in ways that uncannily repeat the children's early trauma" (van der Kolk 2003, p.310). Where gaps in trauma informed knowledge exist, foster caring can be misaligned to the child's needs, and have inadvertently further compounding the effects of trauma (Lotty, 2019). When foster carers 'see' their child with a more trauma-informed lens, this is likely to allow for opportunities to attune and connect with the child (Bath, Seita and Brendtro, 2018). The high turnover of social workers in Ireland and indeed within DSC can hinder a deep understanding of a child's life, their trauma history, and the impact of this over their lifespan. This can lead to frustrations on behalf of foster carers and a loss of knowledge about the child. The rationale for these initiatives was to ensure foster carers had a more comprehensive understanding of the child's experience which is hindered by staff turnover and moves in foster care in a systematic manner with the benefit of developing trauma informed strategies to inform their foster caring approach. This in turn is likely to support the child's development, ultimately enhancing the relationship between foster care and child.

TARA File Review and TARA Toolkit Case Example (all names used are fictitious)

Ben was placed with his foster carers when he was 2 years old, and he appeared to be a happy child during his early childhood. His foster carers felt they understood him, supported him and loved him like one of their own children. When Ben was 14 years old, his behaviour at home escalated to include physical violence, running away, struggling in school and pushing against all boundaries at home to keep him safe. After a series of meetings with the foster carers by the fostering team, Ben's foster carers gave notice to end his placement. The TARA File Review and TARA Toolkit was instigated as a *last* attempt to support the foster carer's understanding of what was happening for Ben and to 'save' the placement.

Step 1 Tara File Review Process

This focused on gaining an understanding of the Ben's trauma history through a thorough review of his social work files (both prior to care and while in). The focus being on:

Asking the question what happened to Ben?

- Gathering the information for the file review took place over a 2-month period by the Fostering Team, Team Leader. Locating the relevant files was possibly one of the more difficult tasks as Ben has been in care since he was a baby and how TUSLA record, and store information has changed over time. Foster carers were key in this process as they know the child best and attended all key events and assessments with the child. The carers cross all aspects of Ben's life, school, community, and home so their memories of significant events directed the search of relevant information.
- All Care Plans and Reports available were reviewed.
- The information was collated, reviewed and emerging themes highlighted.
- The information was translated into accessible language.

- The findings were shared with the foster carers, with emphasis placed on the reasons/circumstances, of why Ben came into foster care.
- As experts through virtue, focus was placed on listening to the foster carer's response, (with empathy and compassion?
- The collaborative team approach enabled the team around Ben to identify and understand Ben's current presentation/barriers to overcome? (and why he appeared stuck, difficulties? Position? Behaviours?)

Step 2 TARA Toolkit Process

The TARA toolkit involved 3 weekly home visits that focused on developing understanding of developmental trauma, through a shared language reflected in the TARA practice model with the foster carers by their Link Social Worker. Psychoeducational practice tools to support working alongside foster carers to gain an understanding, knowledge and insight of developmental trauma were used. The Thermometer of Regulation is a core practice tool for the implementation of the TARA Practice Model (Lotty, Kearns and Frederico, 2024). It supports recognising these, ways of coping that may have become defaults when stressed or ways of living that are often rooted in trauma. It provides a shared reference, language to recognise autonomic stress responses, attachment behaviours and coping strategies (self and other). In working with the foster carers this tool provided a way to visualize how Ben was operating in the hyperarousal sate (red zone) in some situations but the hypoarosual (blue zone) in other situations. Thus, supporting the awareness, recognition and developing responses that supported the child's needs in deregulated states.

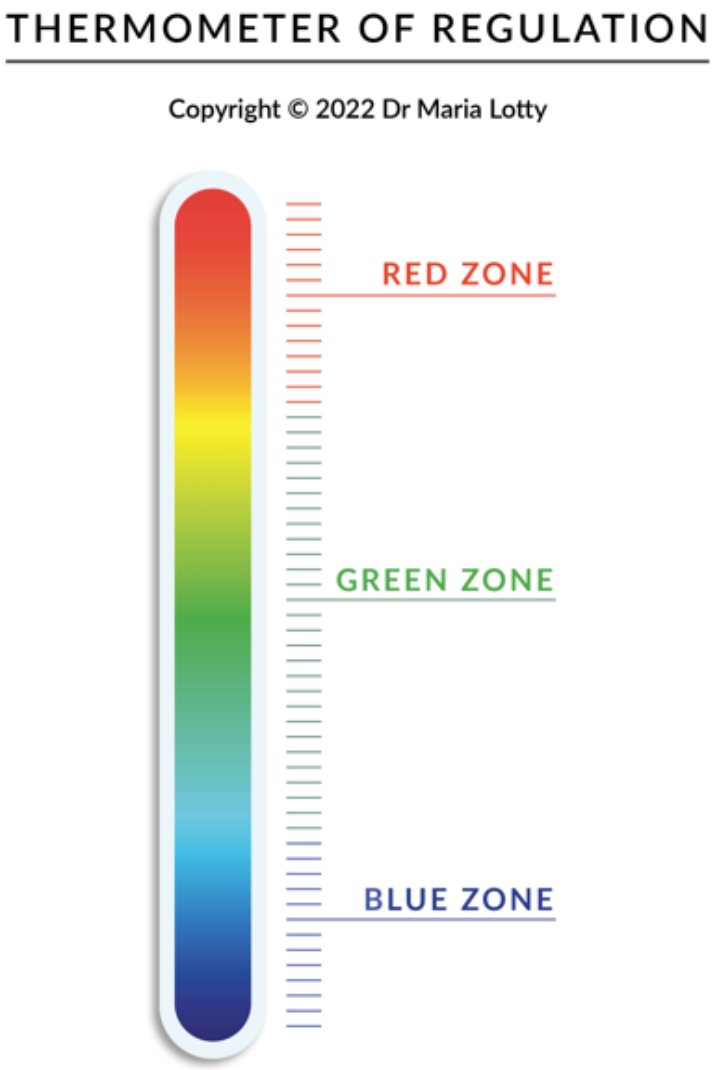

Figure 1

A second tool from the TARA Model, was used to explore Ben's behaviours, the Understanding the Drivers of behaviour: Trauma-informed Practice Tool (hereafter The Iceberg Tool), (Figure 2). This tool supported developing the foster carer's trauma-informed lens by developing their understanding of focusing on what drivers' trauma-related behaviours that are often invisible. The tools help explain 'what we see on the surface but also what is happening below the surface to identify possible invisible drivers of behaviour

(Lotty, 2024). The iceberg tool was used to explore visible and invisible drivers of benny's trauma related behaviours. Alongside the language developed through the thermometer of Regulation Tool, this facilitated the exploration of the significance of grief and loss Ben had experience. Furthermore, giving rise to how these ad current stressors drive a re-experiencing, that replicate characteristics of past trauma activation.

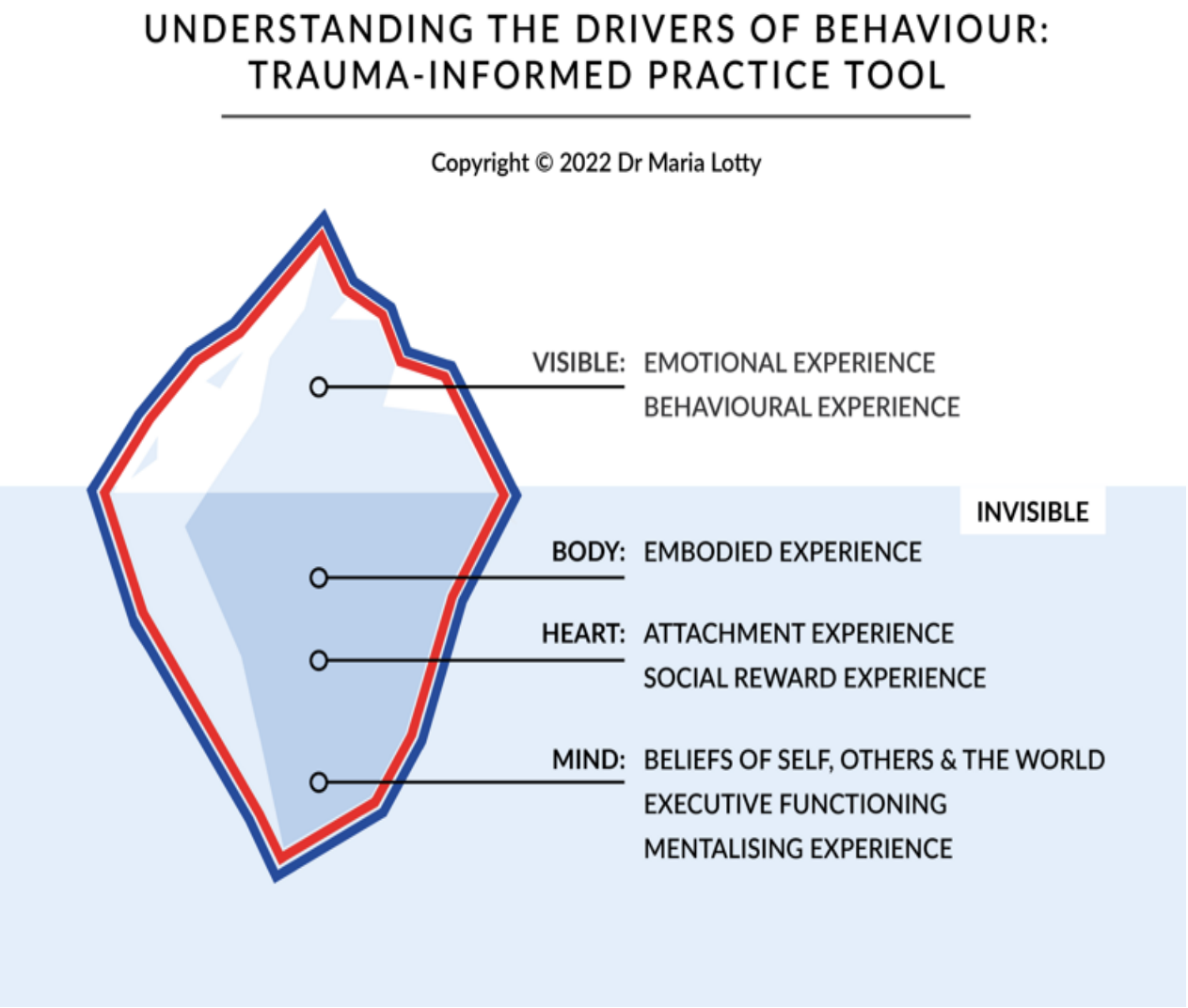

Figure 2

Step 3: Case Planning Meeting

A case planning meeting was called involving the foster carers and professionals involved in the team around the child. The foster carers were equipped with the tools and information to fully participate. At this meeting the file review was shared, it outlined what happened to Ben using accessible language explaining why he came into care and outlining other significant events such as the impact of intergenerational trauma, significant transitions in his life and the impact of loss. The TARA File Review supported the teams understanding of how Ben's trauma started in-utero and impacted his development, enabling a true picture of ben's experience to emerge (Figure 3). There was a sense a more coherent holistic understanding of Bens lived and living trauma experiences, whilst highlighting developmental needs; risk and protective factors; and drivers of behaviour was shared.

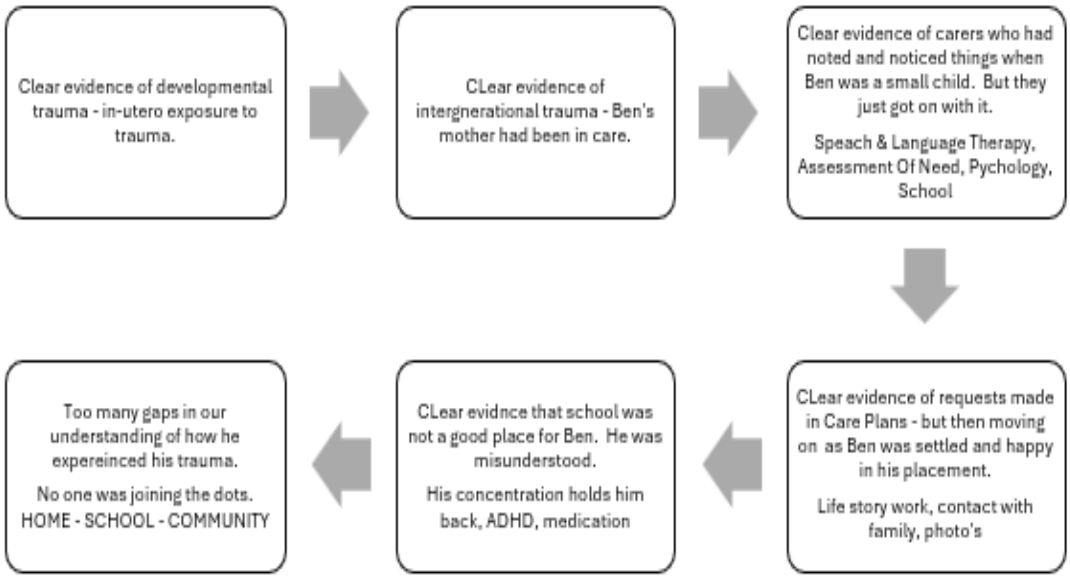

Figure 3

Reflections on the process

Prior to this intervention the foster carers presented with a rigidity in thinking believing the source of Ben's dysregulated behaviours were directly related to intergenerational mental illness. These initiatives, which essentially is an example of collaborative practice, led to the relationships between the fostering team and the foster carers to be greatly enhanced. The foster care named how much they learned about Ben and how now they had a greater understanding of him. They talked about their *only regret* being that they had wished this process was completed with them 12 years ago when Ben was initially placed with them. The foster carers withdrew their notice to end ben's placement. It also appears to have enabled relational repair for Ben and his foster carers and to have facilitated a process of resilience for these foster carers.

These practice initiatives are at a starting point, however, feedback from long term foster carers who have engaged in the TARA based file review process has been positive to date. TARA provided a coherent overview of the pertinent theories that supports best practice and has enabled the development of context specific practitioner-based initiatives and wider cultural change. The relationships that were created in practice between practitioners and foster carers sought to mirror the relationships practice expects from foster carers to create with the children they welcome into their homes. This is all in the context of bringing empathy and understanding to the current situation. This approach enshrines a sense of hopefulness, asks to always keep hope in mind and has supported a re-emphasis, even a reclaiming of relationship based collaborative practices. Furthermore, this repositioning and refocus on relationship-based practice has permeated the work processes of the team. For example, in conversations, planning, in decision making evident in foster care assessment, noted upon at the Fostering Approval's Committee, all supporting a more trauma-informed mindset and culture in DSC. This all has opened up how to bring these changes forward in

Phase 2 of the TARA Project and further initiatives being created from the inside. Furthermore, by working in this way, a trauma informed mindset is permeating in day-to-day practices across the fostering team. The research form Phase One of the TARA Project found underscores these observations reporting that more person-centred language was evident in case discussions, preparing reports, analysis and assessments, supervision, and/or team meetings that core principals of trauma informed practice (Lotty et al., 2023). Whilst Phase 2 will explore embedding and assess these changes, the fostering team have a sense this approach is seeping through in the decision making, planning and strategic direction of the department, representing a cultural shift across the team.

Conclusion

The developments in the fostering team have been described in this article as part of a wider research-based initiative across the DSC Area to improve practice. Whilst these are small steps in addressing complex challenges within the child in care system, they are perceived and experienced in a positive light by practitioners and foster carers. Future research to examine integration of these and new creative and innovative trauma-informed practices, and to in turn assess the impact of these practices on practitioners, children, and their families is planned.

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