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Caregiver's experiences in supporting trauma-affected foster children in South Africa

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Background: Caregivers play a crucial role in supporting trauma-affected foster children by offering emotional stability and comfort. Caregivers face significant emotional, practical and systemic challenges despite their critical contributions. Limited research explores their experiences in providing trauma-informed care, creating a gap in understanding how to support these essential providers.

Aim: This study aimed to explore the experiences, challenges and strategies employed by caregivers in supporting trauma-affected children in a care institution.

Setting: The study was conducted at a selected children's care facility in South Africa.

Methods: A qualitative research design was employed, using open-ended semi-structured interviews and focus group discussions with 10 caregivers. Data were thematically analysed within the framework of trauma-informed care.

Results: The study identified three key themes: emotional hurdles, practical difficulties and effective support measures. Caregivers reported significant emotional strain and inadequate resources but highlighted the importance of training and support networks in enhancing their capacity to provide care.

Conclusion: Findings emphasise the urgent need for trauma-informed training and resources to equip caregivers with the skills and resilience required to manage the complex needs of vulnerable children.

Contribution: This study addresses a significant knowledge gap by highlighting the challenges and needs of caregivers in trauma-informed settings. It contributes to the understanding of caregiver well-being and its implications for fostering effective care practices in child welfare systems.

Keywords: behaviour; caregivers; emotional challenges; foster children; psychosocial support; trauma-informed approach to intervention.

Introduction

Globally, caregivers are assigned to small groups of youngsters and serve as in-house maternal figures to support trauma-affected victims in children's care facilities (Ditshetelo 2024; Lwandiko 2023). 'Caregiver' refers to an adult employed by the Save Our Souls (SOS) Children's Villages to provide daily care, emotional support and guidance to foster children within the residential care system. While the term does not imply legal guardianship, these individuals are recognised by the institution and the *South African Children's Act* (Act No. 38 of 2005) as designated care providers responsible for the well-being of children in alternative care settings. The caregivers offer full-time support in a family-like environment (Kanwal & Ullah 2024). Children are paired with caregivers based on their needs and circumstances, which is critical for meeting each child's unique demands (Lwandiko 2023). Understanding the differences between caregivers and foster parents is critical to effectively serving the needs of children in care. Research has demonstrated that the caregiver's involvement is critical in promoting the well-being of children in residential care (Brassard, Hart & Glaser 2020; Montserrat et al. 2021). Despite their vital role, caregivers in children's care facilities encounter numerous hurdles when assisting trauma-affected foster children (Mpofu & Machingauta 2024). The challenges are exacerbated by the fact that many caregivers lack the necessary education and resources to provide trauma-informed care (TIC) (Songore 2024). Studies indicate that reports of maltreatment in foster care range from 3% to 19% (Gilbert, Widom & Browne 2017). Factors contributing to these issues include caregiver characteristics, child-specific factors and systemic issues within the foster care framework (Gilbert et al. 2017). The problem is exacerbated by the fact that caregivers usually lack the education and

tools needed to offer TIC (Songore 2024). In South Africa, the foster care system encounters several obstacles, such as heavy workloads for social workers, inadequate resources for monitoring children in statutory care and a lack of focus on prevention of child abuse and early intervention (Lowassa 2024; Macleod, Thompson & Williams 2020). As emerging evidence suggests from the data, the efforts of caregivers to support trauma-affected children are often strained by these challenges, highlighting the urgent need for training and resources in TIC to empower caregivers and optimise the care provided to vulnerable children.

Children's residential care and support facilities, often known as 'SOS Children's Villages' worldwide, are organisations dedicated to caring for and supporting vulnerable children. These facilities offer a nurturing atmosphere to orphaned and abandoned children, meeting their basic requirements for food, healthcare, housing and education. The organisation specialises in providing foster care to children who have endured trauma and neglect (Desai 2020). The foster care system in South Africa is currently in a state of emergency because of widespread reports of mistreatment and negligence of foster children (Lowassa 2024). According to Macleod et al. (2020), social workers have documented cases of physical neglect, maltreatment, emotional neglect and sexual abuse among foster children. This scenario can be examined from the perspective of ecological systems, which emphasises the impact of environmental elements, such as the foster care system and the community, on the well-being of foster children (Hubbard et al. 2024). The focus of this study is to explore the challenges faced by caregivers working with trauma-affected children in a South African children's residential care and support facility. The study is guided by the research question: What are the caregiver's experiences in supporting children affected by trauma in children's care facilities?

Research on the intricacies of providing support to foster children affected by trauma is few despite the critical role caregivers play in helping these children (Coe, Hassett, & Treisman 2025). Foster children have a high rate of trauma and many of them experienced several traumatic occurrences before coming into care. For this reason, there should be more focus on this problem (Tomaz et al. 2020). It is often known that this trauma has a significant negative influence on a child's emotional and behavioural development, leading to difficulties with emotional expression, regulation and general behaviour (Lowassa 2024). Consistent research findings underscore the profound effects of trauma on children's behaviour and emotional regulation, thereby elevating the risk of attachment disorders, mental health issues and enduring psychological distress (Bansema et al. 2024). Consequently, caregivers encounter significant challenges in establishing supportive and nurturing environments to facilitate healing and resilience. This review aspires to scrutinise caregivers' experiences in supporting trauma-affected children in SOS Children's Villages,

South Africa, to evaluate current support systems, identify their strengths and limitations, and provide insights to enhance strategies for improvement.

Literature review
Understanding children's trauma in South Africa

Children's experiences of trauma in South Africa are embedded within a unique socio-historical context characterised by enduring structural inequalities. Drawing on recent TIC literature (Merlo & Bratina 2022; De Graaff et al. 2025), 'traumatic experiences' are defined as events that involve actual or perceived threats to life, bodily integrity or emotional security, such as abuse, neglect or loss. 'Symptoms of trauma', on the other hand, refer to the psychological, behavioural and physiological responses resulting from such experiences, which may include hypervigilance, regression, sleep disturbances or emotional numbing. The cumulative effects of apartheid, poverty, community violence, family instability and limited access to social services have created environments where children are at heightened risk of trauma (Barbarin & Richter 2013; Zimba 2020). These children often inherit emotional vulnerabilities from previous generations while simultaneously grappling with present-day adversities such as substance abuse, family breakdown and educational neglect (Mthembu et al. 2023; Okeyo et al. 2020). South Africa's status as one of the most unequal societies globally (Makgetla 2020; Mampane & Ross 2017) further compounds children's exposure to traumatic events, including neglect, domestic instability and community-based violence.

The psychosocial toll of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic has been profound, leaving many children orphaned or in child-headed households, adding further emotional and financial pressure (Cluver et al. 2013; Heath et al. 2014). These experiences of loss and instability shape children's emotional, cognitive and social development in enduring ways (Smith & Pollak 2020; Spytska 2023). In the context of South Africa's post-apartheid generation, trauma is often transmitted intergenerationally, becoming part of children's lived realities and shaping their sense of safety, belonging and identity.

Trauma and foster children

Trauma refers to emotionally painful events that can lead to long-term psychological and emotional harm (De Graaff et al. 2025). Foster children, who are often removed from their families because of abuse or neglect, are particularly susceptible to trauma. They frequently display complex behavioural and emotional responses, including aggression, withdrawal, difficulty regulating emotions and challenges in forming trusting relationships (Dozier & Kristin 2023; Coe et al. 2025). These behaviours are not merely disciplinary issues but expressions of deep emotional distress and unmet needs (Harris, O'Brien & Kirk 2020; Macleod et al. 2020).

Trauma can significantly hinder foster children's academic performance, emotional resilience and mental health. Attention difficulties, anxiety, depression and post-traumatic stress disorder (PTSD) are common among trauma-affected children (Itzkowitz & Olson 2022; Williams et al. 2025). Consequently, the impact of trauma extends far beyond the initial event and reverberates across all domains of a child's life.

Caregivers' experiences supporting traumatised foster children

Caregivers play a pivotal role in nurturing the recovery of trauma-affected foster children. However, this task is emotionally demanding and complex. Caregivers often encounter behavioural outbursts, emotional withdrawal and attachment difficulties in children, which require high levels of empathy, patience and trauma-sensitive responses (Coe et al. 2025; Hubbard et al. 2024). Studies indicate that caregivers may struggle with feelings of inadequacy, stress and emotional exhaustion because of the intensity of the children's needs (Grikurova 2024; Ntshongwana & Tanga 2018).

Secondary traumatic stress and compassion fatigue are frequently reported by caregivers who are consistently exposed to the distress and trauma of the children under their care (Mpofu & Machingauta 2024). Therefore, adequate training and ongoing emotional support for caregivers are essential to prevent burnout and ensure the sustainability of caregiving efforts. Researchers such as Cooper (2024) and Hubbard et al. (2024) emphasise the necessity of TIC and attachment-based approaches to equip caregivers to meet the psychosocial and developmental needs of children in foster care.

Trauma-informed care and caregiver support

Trauma-informed care has emerged as a leading framework for addressing the needs of traumatised children in foster settings. This model emphasises understanding the pervasive impact of trauma and adopting strategies that foster safety, empowerment and healing (SAMHSA 2014). According to Macleod et al. (2020) and Mannarino (2023), caregivers trained in TIC show improved capacity to recognise trauma symptoms, respond empathetically and build meaningful, healing relationships with children.

Organisations such as the National Child Traumatic Stress Network (NCTSN 2017), the Foster Care Training Institute (FCTI) and the Trauma-Informed Care Project (TICP) offer specialised training resources that support caregivers in applying TIC principles (Hardie 2024; Xu et al. 2024). These training programmes often include modules on emotional regulation, building secure attachments and managing behavioural difficulties through non-punitive and supportive means. Such approaches are vital in cultivating safe and nurturing environments for healing.

The role of trauma-informed care in foster care settings

In foster care environments, TIC helps address the core issues underlying trauma-related behaviours and fosters resilience in children. It prioritises safety, trust, empowerment, collaboration and cultural respect (Pliske, Stauffer & Werner-Lin 2021). These principles guide caregivers in creating consistent, respectful and empowering environments where children can rebuild trust and self-worth.

Trauma-informed care also enhances the relationship between children and caregivers, as it promotes mutual understanding and shared responsibility in the recovery process (Holmes 2014; Spies & Duschinsky 2021). Caregivers become key agents in helping children reintegrate socially and academically by focusing on children's agency and emotional development.

Psychosocial support interventions

Psychosocial interventions complement TIC by providing structured therapeutic support that addresses both emotional and behavioural needs. Programmes such as trauma-focused cognitive behavioural therapy (TF-CBT) and play therapy have demonstrated positive outcomes in enhancing emotional regulation, reducing PTSD symptoms and improving interpersonal relationships (Coe et al. 2025; Kasuta 2020).

Evidence from South African care settings, including SOS Children's Villages, shows that when psychosocial interventions are tailored to the child's unique cultural and emotional context, they significantly enhance coping skills and emotional well-being (Harris et al. 2020; Haynes 2024). These interventions also support caregivers by reducing caregiving stress and providing them with effective tools to manage children's complex behaviours.

Conceptual framework: Trauma-informed care

This study adopts the TIC framework as its guiding conceptual lens. Trauma-informed care acknowledges the widespread impact of trauma and seeks to avoid re-traumatisation while fostering a sense of safety, trust and empowerment among children (SAMHSA 2014). It comprises five core principles: safety, trustworthiness, choice, collaboration and empowerment (Pliske et al. 2021). These principles are critical in shaping caregiver-child interactions in ways that promote healing and resilience.

The framework also incorporates cultural safety, aligning with the United Nations Convention on the Rights of the Child (1989), which underscores the importance of respecting children's cultural and emotional identities. By engaging children as active participants in their recovery, TIC encourages autonomy and builds long-term coping capacities (Holmes 2014).

Ultimately, this study uses the TIC framework to explore the lived experiences of caregivers at SOS Children's Villages in South Africa. It seeks to assess how trauma-informed

approaches are implemented, the challenges faced by caregivers and the effectiveness of training and psychosocial support systems. The goal is to provide actionable recommendations that strengthen caregiver capacity and enhance the quality of care for trauma-affected foster children.

Research methods and design

This study utilises a qualitative approach to explore the experiences of caregivers in supporting trauma-affected foster children within the SOS Children's Villages in South Africa. The methodology is designed to understand the caregivers' perceptions, challenges and strategies used to support the children in their care.

Respondent group

The respondent group for this study consists of caregivers who are directly involved in the care of trauma-affected foster children at SOS Children's Villages in South Africa. The sample is purposefully selected to include a diverse range of caregivers, including those with varying experience levels and tenure in their caregiving roles. The participants in this study are 12 caregivers who work with trauma-affected children within the SOS Children's Villages in South Africa. Specifically, these caregivers have at least 6 months of experience providing emotional, psychological and behavioural support to children who have experienced trauma. This definition ensures that participants possess the necessary experience to provide relevant insights regarding the challenges and strategies they employ to support these children. The study focuses on caregivers who are actively providing emotional and psychological support to children who have experienced trauma. Inclusion criteria for participants include being over 18 years of age and having at least 6 months of experience as a caregiver within the SOS Children's Villages setting.

Focus group participants

A total of *two focus groups* were conducted, each consisting of six caregivers. These focus groups were designed to foster an open discussion about the challenges and strategies involved in supporting trauma-affected children. The caregivers participating in these focus groups were selected to ensure a broad range of perspectives and caregiving experiences. The focus group discussions (FGDs) aim to elicit detailed and comprehensive insights into the caregivers' experiences.

Individual interviews

In addition to the focus groups, *10 individual semi-structured interviews* were conducted with a subset of caregivers. These interviews were designed to delve deeper into personal experiences and individual challenges faced by caregivers in managing trauma-affected children. Each interview was guided by a set of predetermined questions that allow for flexibility to explore the unique experiences and perspectives of the caregivers. The number of individual interviews was determined by data saturation, with additional interviews conducted if new insights continue to emerge from the data.

Trustworthiness of data and reflexivity

To ensure the trustworthiness of the data, the study adopted strategies such as member checking, triangulation and thick description. *Member checking* was conducted by sharing interview transcripts and summaries with participants to verify the accuracy and resonance of the findings. *Triangulation* was employed by comparing and contrasting data from both FGDs and individual interviews, as well as incorporating insights from the literature to validate emerging themes. *Thick description* was used to provide a rich and detailed account of the caregivers' experiences, which enables readers to assess the transferability of the findings to other contexts.

Reflexivity is an essential aspect of this study, and the researchers remained aware of their own biases and how these might influence data collection and analysis. The researchers maintained a reflective journal throughout the study to record personal thoughts, feelings and insights, allowing for a clearer understanding of how these may shape interpretations of the data. By continuously engaging in reflexive practice, the researchers ensured that the analysis was as objective and transparent as possible, while still acknowledging the subjectivity inherent in qualitative research.

The data analysis was conducted using thematic analysis, as outlined by Braun and Clarke (2019). To begin with, the researchers familiarised themselves with the data through repeated readings of the transcripts, allowing for a deep understanding of the caregivers' experiences. Next, initial codes were generated to label relevant data segments, which were then organised into broader themes and sub-themes. Subsequently, the themes were reviewed to ensure coherence and relevance to the research objectives, guaranteeing that the findings accurately reflected the caregivers' roles and challenges. Finally, the themes were defined and named to capture the essence of the caregivers' experiences, revealing key patterns, relationships and underlying meanings in the data. Through this rigorous process, the analysis contributed to a comprehensive understanding of the caregivers' experiences, shedding light on their challenges and roles.

Ethical considerations

The study received ethical clearance from the University of South Africa, College of Education, Research Ethics Committee (REC) (Reference no: 2023/11/08/90232127/14/AM). Participants provided informed consent before the study's commencement, ensuring that they were fully aware of the purpose of the participation, the procedures and that the participation was voluntary in nature. To safeguard confidentiality and anonymity, pseudonyms were assigned to participants, and all identifiable information was omitted from the study records. Interviews were conducted in a

private, quiet setting to ensure participants felt comfortable sharing their experiences without fear of being overheard or judged.

Results

Through a rigorous thematic analysis of interviews and FGDs with caregivers, three core themes emerged in response to the research question: What are the caregiver's experiences supporting children affected by trauma in children's care facilities? These themes reflect both the depth of emotional insight caregivers possess and the systemic challenges they navigate in their daily efforts to support trauma-affected children (Table 1). For confidentiality, pseudonyms have been maintained where appropriate (e.g., Anna, Sara, Mary).

Theme 1: Traumatic experiences of foster children

Caregivers consistently described the visible and invisible scars of trauma carried by children in their care. Many children arrived at care facilities withdrawn, fearful or showing signs of emotional distress, which caregivers quickly identified as symptoms of unresolved trauma.

One caregiver poignantly observed:

'Their eyes tell a story of pain and fear.' (Participant 3, female, 42 years old)

This sentiment was echoed by Martha, who added:

'You can see the weight of their experiences in their tiny shoulders. These children have been through so much; they carry a heavy burden.' (Participant 3, female, 42 years old)

The behavioural manifestations of trauma were a recurrent theme, with caregivers highlighting how children expressed their pain through aggression, withdrawal, or difficulty trusting adults. 'They may act out or become withdrawn; it is their way of coping with the trauma,' explained one focus group respondent, illustrating how such behaviours often reflect deeper emotional wounds. Sina emphasised the importance of understanding these expressions as signs of distress:

'We need to understand that these children have been through trauma and need our support and care to heal.' (Participant 6, female, 40 years old)

Sara also added:

'We must recognise that their behaviour is not just "acting out", but a cry for help.' (Participant 1, female, 45 years old)

Caregivers viewed their role not only as custodians but also as emotional anchors for children whose developmental pathways had been disrupted by trauma. Mary summarised this view by saying:

'These children deserve our love, care, and support. We owe it to them to provide a safe and nurturing environment that fosters their growth and well-being.' (Participant 8, female, 39 years old)

The data thus point to the profound emotional toll that trauma has on foster children, manifesting in anxiety, depression, emotional dysregulation and interpersonal difficulties.

Theme 2: The challenges and barriers caregivers face

Despite their commitment and compassion, caregivers face numerous systemic and emotional obstacles in providing effective support.

A recurring concern was the lack of resources and institutional support for TIC. Sara, for example, shared a striking observation about the emotional toll caregiving can have on staff:

TABLE 1: Emergent themes and key quotes with identifiers.

Themes	Key insights or quotes
1. Traumatic experiences of foster children	• 'Their eyes tell a story of pain and fear. You can see the weight of their experiences in their tiny shoulders. These children have been through so much; it is like they are carrying a heavy burden.' (Participant 3, female, 42 years old, house mother – Anna)
	• 'They may act out or become withdrawn; it is their way of coping with the trauma.' (Participant 5, male, 38 years old, child and youth care worker – Focus Group Respondent 5)
	• 'We need to understand that these children have been through trauma and need our support and care to heal.' (Participant 6, female, 40 years old, child and youth care worker – Sina)
	• 'We need to provide them with a safe and nurturing environment to help them recover.' (Participant 4, male, 36 years old, youth mentor – Focus Group Respondent 4)
	• 'We must recognise that their behaviour is not just 'acting out', but a cry for help.' (Participant 1, female, 45 years old, social worker – Sara)
	• 'These children deserve our love, care, and support. We owe it to them to provide a safe and nurturing environment that fosters their growth and well-being.' (Participant 8, female, 39 years old, caregiver – Mary)
2. The challenges and barriers caregivers face	• 'The mental challenges of the children have greatly traumatised social workers to the extent that some of them required hospitalisation and medication.' (Participant 1, female, 45 years old, social worker – Sara)
	• 'There is only so much we can do with our resources. We need more training, support, and resources to help these children heal.' (Participant 3, female, 42 years old, house mother – Martha)
	• 'They struggle to regulate their emotions, and it is hard for them to trust adults.' (Participant 2, female, 37 years old, caregiver – Focus Group Respondent 2)
	• 'The system is broken. We need more resources, more training, and more support to help these children recover from trauma.' (Participant 1, female, 45 years old, social worker – Sara and Participant 7, female, 41 years old, relief caregiver – Eva)
3. The efficacy of psychosocial support interventions in fostering well-being	• 'It is not just about providing a safe home, but also about understanding the complexities of their trauma. We need to know how to respond to their triggers and behaviours in a way that promotes healing and growth.' (Participant 6, female, 40 years old, child and youth care worker – Sina)

'The mental challenges of the children have greatly traumatised social workers to the extent that some of them required hospitalisation and medication.' (Participant 1, female, 45 years old)

This underscores the emotional contagion and secondary trauma often experienced by those in caregiving roles.

Martha expressed frustration with the limitations imposed by resource constraints:

'There is only so much we can do with our resources. We need more training, support, and resources to help these children heal.' (Participant 3, female, 42 years old)

Similarly, Sara and Eva jointly lamented systemic failures, stating:

'The system is broken. We need more resources, more training, and more support to help these children recover from trauma.' (Participant 1, female, 45 years old)

The day-to-day experiences of managing trauma-related behaviours are also fraught with difficulty:

'Focus group participants reinforced the idea that foster children often carry significant emotional burdens, struggle with emotional regulation, and find it difficult to trust adults.' (Participant 2, female, 37 years old)

One focus group respondent described the challenge of helping children regulate emotions and build trust: 'They struggle to regulate their emotions, and it is hard for them to trust adults'. Another caregiver noticed, 'These children have been through so much; it is like they are carrying a heavy burden,' underscoring how caregivers remain acutely aware of the psychological weight borne by the children. Collectively, these insights reveal a pressing need for structural changes that prioritise caregiver well-being and equip them with tools to offer effective trauma support.

Theme 3: The efficacy of psychosocial support interventions in fostering well-being

Caregivers strongly advocated for integrating psychosocial support and TIC into the daily functioning of childcare facilities. They emphasised that meeting the physical needs of children was not enough; healing required emotional attunement and informed interventions. Sina articulated this well:

'It is not just about providing a safe home, but also about understanding the complexities of their trauma. We need to know how to respond to their triggers and behaviours in a way that promotes healing and growth.' (Participant 6, female, 40 years old)

Throughout the discussions, the need for structured training in TIC emerged as a consistent plea. Caregivers repeatedly stressed the importance of understanding how trauma shapes behaviour, affects development and influences emotional regulation. Without adequate preparation, they felt ill-equipped to support healing in meaningful and sustainable ways.

A summary of key findings

Several quotations succinctly encapsulate the overarching themes and caregiver experiences.

Revealing the depth of trauma visible in children's demeanour:

'Their eyes tell a story of pain and fear.' (Participant 3, female, 42 years old)

Indicating structural and institutional inadequacies:

'The system is broken. We need more resources.' (Participant 1, female, 45 years old)

Reflecting the caregivers' deep sense of moral responsibility:

'We owe it to them to provide a nurturing environment.' (Participant 8, female, 39 years old)

In sum, these findings illuminate the multifaceted nature of caregiving in trauma settings. While caregivers exhibit a profound commitment to the well-being of foster children, their efforts are often hindered by insufficient training, emotional burnout and systemic barriers. Addressing these issues through investment in trauma-informed practices and support systems is critical to improving outcomes for both children and caregivers.

Discussion

This study emphasises the critical role of caregivers in supporting children impacted by trauma, highlighting the need for TIC training and resources for caregivers (Cook et al. 2018; Herrick 2024). Our findings are consistent with the theoretical framework of TIC, which underscores the necessity of a comprehensive approach to addressing trauma (Mannarino 2023). By integrating TIC principles, caregivers can improve their abilities to support trauma-affected children, reduce stress and enhance overall outcomes. Studies emphasise that continuous training in TIC, supported by reflective supervision and peer support, is necessary to maintain these practices and prevent caregiver burnout (Reynaga 2020; Stockstill 2024).

To begin with, caregivers' responses echoed what is in the literature. It was clear that a top priority among the participants was that, as caregivers, they must establish environments where children feel physically and emotionally safe (Humphreys et al. 2022). Safety is fundamental for children who have experienced trauma, as it helps them regain a sense of trust and control. Safety strategies include maintaining consistent routines, reducing unpredictability and avoiding actions or settings that may trigger re-traumatisation (Brassard et al. 2020). Therefore, caregivers must play a crucial role in identifying early indicators of reactive distress in children. Once appropriate interventions are in place, they can lessen the severity of the maladjustment that children are experiencing. The findings reveal that caregivers strive to create safe spaces, spending quality time with the children in their care to create calming environments supporting children's regulation and developmental

progress. Furthermore, TIC emphasises the importance of clear communication and reliable actions from caregivers (Asmussen et al. 2022). This principle builds trust, which is crucial for children who may have been betrayed or let down by previous caregivers.

Our study revealed that many caregivers do not feel adequately competent about their abilities to help their students with trauma. Our findings underscore the importance of prioritising training and resources in TIC for caregivers, consistent with the recommendations of the literature (Cook et al. 2018; Herrick 2024).

The second theme mentioned by participants in this study that resonates with those in the existing literature was the need for proper training to deal with trauma-reactive distress among caregivers. Macleod et al. (2020) contend that caregivers who received training in TIC have better knowledge and abilities to support children affected by trauma. Our participants commonly mentioned issues related to high emotional distress and risk of burnout because children's facilities are often under-resourced, and caregivers carry the burden of care and support for foster children.

The third theme showed that caregivers who maintain transparency in their interactions with children tend to facilitate positive social behaviours and emotional stability, as transparency builds trust and promotes a secure environment for healing (Hassan 2024). Recent studies emphasise the importance of trauma-informed caregiving approaches, which are designed to foster trust, empowerment and mutual respect between caregivers and trauma-affected children (SAMHSA 2014). The inclusion of peer support, particularly from individuals who have experienced similar trauma, is also crucial in reinforcing best practices and preventing caregiver burnout by offering a space to share strategies and experiences (SAMHSA 2014). Trauma-informed caregiving further emphasises collaboration and mutual respect, wherein caregivers and families collaborate to make decisions about the child's care (SAMHSA 2014). This collaborative model empowers children, promotes autonomy and fosters relational healing as it combats the isolation often felt by trauma survivors (Hassan 2024; SAMHSA 2014). Empowering children by giving them choices in their care restores a sense of control, reducing maladaptive behaviours and increasing emotional resilience and positive and trusting relationships, and supports transformative learning (Kasuta 2020; Liebenberg 2020; SAMHSA 2014). Empathy and active listening from caregivers during this process are vital to reducing behavioural challenges (SAMHSA 2014). By integrating these principles, caregivers can create a more nurturing, empowering environment that promotes long-term emotional and behavioural growth in trauma-affected children.

While TIC offers numerous benefits for caregivers and trauma-affected children, there are several limitations to its current application. One challenge is the inconsistent implementation of TIC principles across various caregiving settings. Not all caregivers receive adequate or ongoing training, leading to gaps in knowledge and inconsistent care practices. Participants 6, Participant 3 and Participant 1 emphasised the need for comprehensive training and access to resources.

Trauma-informed approaches often require significant resources, including time for training, reflective supervision and emotional support systems for caregivers, which are not always available, particularly in underfunded institutions or low-resource areas. The emotional toll on caregivers, known as secondary traumatic stress, remains another key limitation, as it can lead to burnout even in trauma-informed settings if adequate peer support is not maintained.

Future research and practice should focus on expanding access to TIC training for caregivers across different sectors, such as education, healthcare and social services. In addition, developing scalable, cost-effective models for implementing TIC, particularly in resource-limited environments, would be crucial. Future studies could explore how digital tools or community-based peer support networks might mitigate the emotional burden on caregivers while ensuring the consistent application of TIC principles. Finally, further investigation into the long-term effects of TIC on both caregivers and trauma-affected children is necessary to optimise care models and refine best practices.

Conclusion and recommendations

This study aimed to enhance understanding of caregivers' experiences while supporting foster children who have experienced trauma, thereby informing best practices and policies for caregiver support. It emphasises the critical role of TIC in foster care environments. The results underscore the need for extensive training and resources for caregivers to help children who have endured trauma. The findings of this study are consistent with existing literature and the theoretical framework on TIC, highlighting the significance of a comprehensive approach to addressing trauma in foster care settings.

Foster care agencies should provide TIC training for caregivers, and policymakers must allocate resources accordingly. This training should be mandatory for all caregivers, administrators and mental health professionals. It emphasises increased access to mental health services and policy reforms in foster care settings. Resources must be allocated to support TIC implementation, including training, supervision and funding for mental health services. Finally, creating a trained workforce competent in TIC is crucial to supporting children who have experienced trauma. Our study contributes to the current trauma and foster care research, underscoring the value of qualitative methods in exploring intricate matters. Our findings hold implications for practice, policy and future research, as they epitomise the potential of research to revolutionise our comprehension of complex issues and enhance the lives of vulnerable populations.

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Data availability

The data that support the findings of this study are available from the corresponding author, R.M., upon reasonable request. The data are not publicly available because of ethical restrictions

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