Fostering stability through 'Fostering Connections: the Trauma-informed Foster Care Programme'

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Fostering stability through 'Fostering Connections: the Trauma-informed Foster Care Programme'

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Introduction

Fostering stability for children is at the heart of foster care. It may involve supporting children to return to their birth family, to remain long-term in foster care, or to be adopted from foster care. Achieving stability can be challenging because foster care occurs in a complex system that involves many others beyond the child. In addition, the achievement of stability can be influenced by the complex nature of trauma and attachment-related difficulties, which may stem from a child's experiences prior to coming into foster care. A research collaboration was set up in 2016 between University College Cork (UCC) and Tusla – Child and Family Agency (Lotty, 2017). This sought to make a contribution to fostering stability through applying the approach of trauma-informed care. This article describes some of the research outcomes and the ongoing work of this collaboration.

Foster care and stability

The goals of foster care include ensuring the safety and protection of the child, meeting the developmental needs of the child and improving outcomes for children. As a foundation for achieving these goals the foster care system aims to provide the child with stability in a family. The term 'fostering stability' refers to the child having the benefit of a placement that lasts for the planned period of time intended (as set out in their care plan) and where 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). The term 'permanence' refers to the child experiencing a stable and loving family environment that will support them through childhood and beyond, essentially enabling enduring and lifelong relationships. This may entail returning to their birth family, remaining in foster care (long term), or being adopted from care (Boddy, 2013). Children who experience stability and permanence are more likely to have improved

psychosocial development (Harden, 2004; Barber and Delfabbro, 2005; Vanschoonlandt et al, 2012; Gabler et al, 2014), 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 et al, 2018). Fostering stability is also more likely to afford children the benefit of continued emotional and 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 can be a complex task, and it is best supported when all those involved in the child's life work together, as fostering stability is influenced by factors that relate to the child, birth family, foster carer and supervising agency. These factors are interwoven, evolving and interacting over time. Unfortunately, fostering instability is also a feature of foster care. Fostering instability refers to sudden and unplanned moves in care. While 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, R. and Barber, J.G., 2003) and the social workers involved (Rostill-Brookes et al, 2011). Research carried out in the UK (Ofsted, 2017) and the United States (Koh et al, 2014), has indicated that the majority of unplanned moves are requested by foster carers. In 2017 Ofsted, the government inspection body for children services in the UK, reported the majority of unplanned moves, 55 per cent (1610 children) were requested by foster carers (Ofsted, 2017). A US study (Koh et al, 2014) also reported the greatest percentage of moves were attributed to foster-family related factors (37.5 per cent) such as stressors in the family (e.g. divorce, unemployment or allegations against the foster carer). This was followed by moves related to child behaviours (32.6 per cent) which in most cases (83.3 per cent) were requested by the foster carer. Essentially, unplanned moves often involve the breakdown of the carer-child relationship and result in the subsequent loss of foster family, friendships and community for the child (Leathers and Testa, 2006; Chamberlain et al, 2006).

Fostering stability in the Irish context

At the end of 2016, Tusla – Child and Family Agency reported that 169 children (2.7 per cent of children in care) experienced three or more placements, an increase of 37 children since 2015. 54 per cent (92) of these children were in foster care placements, 37

per cent (62) were in residential care and 9 per cent (15) were in another form of care, such as supported lodgings or a detention centre. Tusla – Child and Family Agency (2016) reported that children who experienced three or more placements comprised less than 2 per cent of children in foster care and 19 per cent of children in residential care. An Irish study (McNicholas et al, 2011) found in a sample of 176 children in care for three years or more, the majority who were in foster care (78 per cent:136), had on average 2.35 placements. A current PhD study (Lotty, forthcoming) found that in a sample of 119 children in foster care, the majority of children (51 per cent:61) had experienced at least two foster families, with 26 (22 per cent) of children having experienced three or more foster families. These figures suggest that children in foster care can experience instability and multiple placement moves.

> **Long-term foster care has been a successful route to permanency for some children in Ireland. This is reflected in the numbers of children who remain with their foster families after being discharged from foster care.**

Permanency planning

High-quality practices of permanency planning are associated with promoting stability and improved outcomes for children in foster care (Tilbury and Osmond, 2006; Gauthier et al, 2004). Permanency planning involves planning for the longer-term care of the child. It aims to develop a route from temporary care to a permanent family, often through a return to the birth family or into long-term care, as early as possible. Long-term foster care has been a successful route to permanency for some children in Ireland. This is reflected in the numbers of children who remain with their foster families after being discharged from foster care. Of the 1,224 children discharged from care in 2016, 27 per cent (330) of children remained with their foster family. This is also reflected in the numbers of young people receiving aftercare services who remained living with their foster families. 46 per cent (837) of young people (aged 18-22 years) receiving aftercare services in 2016, remained living with their carers, suggesting that these young people had achieved stability and permanence in their foster family (Tusla – Child and Family Agency, 2016).

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). To date, a relatively small number of children have been adopted from foster care, a total of 55 children by 2016 (Tusla – Child and Family Agency, 2016). Children who are adopted from care are often close to reaching their 18th 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.

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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 ongoing state of uncertainty for children, parents and foster carers regarding the child's future. However, it must be acknowledged that 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 of 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 insertion of Article 42(a) in 2012 (Constitution of Ireland, 2015). 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, research indicates that there is a lack of effective child participation in the court process (Parkes et al, 2015). Further to this, care orders are granted at significantly higher rates in some areas than in others (O'Mahony et al, 2016) reflecting inconsistency in court processes across areas. Thus, in some areas care proceedings are often lengthy and drawn-out and in some cases options for reunification are revisited repeatedly. These inconsistencies reflect the need for child care proceedings to be dealt with by specialist judges (O'Mahony et al, 2016).

In recognition of the policy and practice gaps, Tusla – Child and Family Agency aims to develop a practice handbook on permanency planning as part of its business plan (Tusla

– Child and Family Agency, 2018). This is a welcome initiative given that high numbers of children remain in care for lengthy periods of time – 45 per cent (2847) of children were in foster care for over five years in 2016 (Tusla – Child and Family Agency, 2016). There are also concerns that Irish children may experience drift in care (Moran et al, 2017; O'Brien and Palmer, 2015, 2016).

Fostering stability and trauma-informed care

Fostering stability involves developing safe relationships between children and foster carers. Children in foster care may have experienced some degree of developmental trauma and in this way, developing safe relationships with traumatised children can be challenging. Trauma-informed care is an approach to working with, and caring for, children and families who have experienced trauma through supporting safe and secure carer-child relationships. This approach incorporates three main elements:

- understanding and recognising the effect that trauma exposure has on children and families, as well as on those who care for and/or work with these children and their families

- having adequate knowledge and skill to respond to the effects of trauma exposure

- using evidence-informed practices that target trauma.

Gaps in the resources available to children in foster care and their carers in Ireland have been highlighted in research (IFCA and Tusla – Child and Family Agency, 2017; Moran et al, 2017). Despite the prevalence of high rates of attachment- and trauma-related difficulties for children in foster care, children and foster carers often do not have access to trauma-specific treatments (Houses of the Oireachtas, 2017). Meeting the needs of these children can be very challenging for foster carers. Parenting skills alone are not sufficient to equip foster carers to care for children who have experienced trauma, and to promote their recovery and healing. Foster carers may feel frightened or overwhelmed by displays of what can be considered extreme behaviour, which in turn can lead to fostering instability (Oosterman et al, 2007). Considering the intensive demands on foster carers, effective support and evidenced-based training is needed to promote fostering stability, which in turn supports children's likelihood of achieving permanence.

> **" Parenting skills alone are not sufficient to equip foster carers to care for children who have experienced trauma, and to promote their recovery and healing. "**

In 2016, a research collaboration was set up between Tusla – Child and Family Agency and University College Cork. The main aim of the 'Trauma-informed Care Research Project' was to design, develop and evaluate a trauma-informed foster care programme specifically designed for the Irish context. In 2017, 'Fostering Connections: The Trauma-informed Foster Care Programme' (Lotty, 2017) was developed and piloted. This programme aims to support foster carers to care for children in trauma-informed ways, to reduce the impact of trauma on these children and to contribute to promoting fostering stability.

'Fostering Connections: The Trauma-informed Foster Care Programme'

'Fostering Connections: The Trauma-informed Foster Care Programme' has been designed and developed under the supervision of UCC through the PhD in social work programme. The programme's design and development included the systematic review of existing trauma-informed care trainings for foster carers. In an effort to ensure the current needs of foster carers caring for children in the foster care system in Ireland were reflected in the programme, expert review was provided by the 'Trauma-informed Care Research Stakeholder Group' during the development stage of the programme. This group's membership represented foster carers, care leavers, multidisciplinary practitioners (from social care, psychology, nursing and social work) and academics. The perspectives and views of foster carers and multidisciplinary practitioners were also gathered through a qualitative research study (where information is gathered through interviews as opposed to statistics), to reflect the current challenges foster carers face in their daily caring for children. This study found that participants strongly supported the implementation of a trauma-informed care programme (Lotty, 2017). The research also highlighted that foster carers felt unequipped for some of the challenges of their role, and sought support in a number of areas. These included knowledge and understanding of the impact of trauma on the child and the impact of caring for a child who has experienced trauma. It also highlighted the skills needed in helping a child to manage their behaviour, to manage access arrangements, and relationships with birth families and social workers. These findings informed the design and development of the programme and a comprehensive trauma-informed programme was developed, which

addressed the need for these skills. The programme comprises of 24.5 hours of training in six consecutive sessions, with a seventh session run four months later. It is facilitated by trained practitioners and a foster carer. The content is cumulative, based on information on trauma, attachment, fostering resilience and collaborative working. The format is based on experiential exercises, videos, demonstration role-play, discussion, at-home exercises and the limited use of slides. The programme is accompanied by a facilitator's guide and a toolkit for foster carers who attend the programme to support them in applying the approach going forward.

The programme is informed by the belief that children in foster care have experienced varying degrees of developmental trauma prior to coming into care. Developmental trauma at its core disrupts the child's attachment system. The foster carer is best placed to develop sensitive, attuned and emotionally-responsive relationships with the children in their care, which can mediate against the impact of trauma and attachment difficulties. The programme is underpinned by one overarching and six theoretical principles that have been developed through during the course of the study:

Name of principle	Description
Overarching principle: Child in mind	The needs of children are at the heart of this programme. Trauma-informed foster carers are equipped with an approach to care for children who have experienced trauma.
Principle 1: Trauma in mind	Trauma-informed foster care requires foster carers to develop an understanding and awareness (a mindset) of the impact of trauma on children and the impact of caring for children who have experienced trauma upon themselves as caregivers.
Principle 2: Safety in mind	The foundational skill of the foster carer in trauma-informed foster care is supporting children to develop a feeling of safety.
Principle 3: Relationships in mind	Developing safe relationships with children in foster care.
Principle 4: Coping in mind	Learning how to support children to develop coping skills.
Principle 5: Resilience in mind	Developing fostering resilience. This is rooted in the foster carer's empathetic capacity and their capacity to remain hopeful about the child's future.
Principle 6: Teamwork in mind	Trauma-informed foster care requires foster carers to be effective members of the team that supports the child, in order to promote positive outcomes for the child.

Table 1: The principles of 'Fostering Connections: The Trauma-informed Foster Care Programme'

This programme is currently being rolled out to all approved foster carers in the Cork area. Initial findings from the formal research-led evaluation study provide the first empirical evidence to indicate that 'Fostering Connections' is a successful foster carer training intervention (Lotty, 2018). It also suggests that, going forward, this programme could make a significant contribution to Tusla – Child and Family Agency's Alternative Care Strategy as an evidenced-based intervention. The full evaluation of the programme is currently being completed and findings will be published in 2019.

Here is some of what foster carers who attended the programme and participated in the research study said about their experience of the programme:

> "I felt I knew that every child that comes into care is suffering from trauma of some kind, I was aware of that and now that I have been on the course I can really see how badly affected by trauma they are, and I only wish I could have done this 20 years ago."

> "It is good to know that there is something behind the dramatic outburst, the fits of rage, of anger and that you are not imagining it. Your child, no matter what their age, is experiencing trauma from his own life before he came to you… The training has provided me with extra tools to cope…"

> "I would always have had hope, but it does not mean anything without the tools but now it is connected to my ability to be able to bring them (children) there, where in the past it would have been hope without the tools."

> "As a foster carer who was very close to burnout, I found this training gave me the confidence to change and try new things and as a result gave me back the enjoyment and pleasure I had lost when parenting children."

Trauma-informed foster care recognises that children in foster care are supported by a team that operates within a complex child welfare system. The team involves a number of people who support the child that may include the child's birth family, social worker and educational and therapeutic services as well as the child's foster carers. As a result, the project has developed additional introductory training for other practitioners involved in the child's care to support the implementation of this approach. To date, practitioners who have received this complementary training report high rates of acceptability and are eager to support the future development of trauma-informed care within Tusla – Child and Family Agency services. Here is a sample of the feedback from

some of the practitioners who attended the 'Introduction to Fostering Connections' complementary training in 2018:

> *"Fantastic as a practitioner to see such in-depth research, guiding our practice going forward, more training would be hugely beneficial to me as a practitioner."*
>
> *"This material is key to all departments across Tusla – Child and Family Agency and those involved in decision-making for children. It needs to be rolled out as there is currently not enough emphasis on the experiences of children as the crisis and chaos of behavioural difficulties takes precedence. We need to understand where the behaviour comes from in order to effect change."*

Summary

Stability is at the heart of what foster care seeks to provide children. The pathway to achieving fostering stability is through safe carer-child relationships. However, developing relationships with children who have experienced trauma can be challenging. Trauma-informed foster care is an approach that involves a mindset and a skillset that supports and develops foster carers' capacity to care for children who have experienced trauma, and to feel more confident and more equipped to fulfil this complex and challenging role.

About the author

Maria has worked in foster care for 20 years as a fostering social worker in Cork and is currently completing her PhD in trauma-informed care in University College Cork (UCC). She is the co-ordinator of the 'Trauma-informed Care Research Project', a research collaboration between UCC and Tusla – Child and Family Agency. This project work is focused on the development and implementation of trauma-informed care within foster care services in the Cork area. She is the author of 'Fostering Connections: The Trauma-informed Foster Care Programme' (2017), which was developed and is currently being evaluated under this research collaboration.

References

Barber, J. and Delfabbro, P. (2005) 'Children's adjustment to long-term foster care', *Children and Youth Services Review* 27, 3, pp 329-340.

Biehal, N. (2014) 'Maltreatment in foster care: a review of the evidence', *Child Abuse Review* 23, 1, pp 48-60.

Boddy, J. (2013) 'Understanding permanence for looked after children: A review of research for the care inquiry'. Available at: http://sro.sussex.ac.uk/44711/1/Boddy_2013_Understanding_Permanence.pdf

Bunreacht na hÉireann – Constitution of Ireland (1937, 2015) Dublin: The Stationery Office.

Carnochan, S., Moore, M. and Austin, M. J. (2013) 'Achieving Placement Stability', *Journal of Evidence-Based Social Work* 10, 3, pp 235-253.

Chamberlain, P., Price, J. M., Reid, J. B., Landsverk, J., Fisher, P. A. and Stoolmiller, M. (2006) 'Who disrupts from placement in foster and kinship care?', *Child Abuse & Neglect* 30, 4, pp 409-424.

Christiansen, Ø., Havnen, K. J. S., Havik, T. and Anderssen, N. (2012) 'Cautious belonging: Relationships in long-term foster-care', *British Journal of Social Work* 43, 4, pp 720-738.

Coulter, C. (2015) Final Report Child Care Law Reporting Project. Dublin: Child Law Project. Available at: https://www.childlawproject.ie/wp-content/uploads/2015/11/CCLRP-Full-final-report_FINAL2.pdf

Courtney, M. E. and Dworsky, A. (2006) 'Early outcomes for young adults transitioning from out-of-home care in the USA', *Child and Family Social Work* 11, 3, pp 209-219.

Egelund, T. and Vitus, K. (2009) 'Breakdown of care: the case of Danish teenage placements', *International Journal of Social Welfare* 18, 1, pp 45-56.

Gabler, S., Bovenschen, I., Lang, K., Zimmermann, J., Nowacki, K., Kliewer, J. and Spangler, G. (2014) 'Foster children's attachment security and behavior problems in the first six months of placement: associations with foster parents' stress and sensitivity', *Attachment & Human Development* 16, 5, p 479.

Gauthier, Y., Fortin, G. and Jéliu, G. (2004) 'Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care', *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health* 25, 4, pp 379-396.

Gilbertson, R. and Barber, J.G., 2003. Breakdown of foster care placement: Carer perspectives and system factors, *Australian Social Work* 56, 4, pp 329-340.

Harden, B. J. (2004) 'Safety and stability for foster children: A developmental perspective' in *Future Child* 14, 1, pp 31-47.

Houses of the Oireachtas (2017) *Seanad public consultation committee report on children's mental health services; Report on Children's Mental health Services.* Dublin: Government Publications Office. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/seanad_public_consultation_committee/reports/2017/2017-10-18_report-on-children-s-mental-health-services_en.pdf

IFCA and Tusla – Child and Family Agency (2017) *Foster Care. A National Consultation with Foster Carers & Social Workers* 2015-2016. Dublin: Quality Matters.

James, S., Landsverk, J. and Slymen, D. J. (2004) 'Placement movement in out-of-home care: Patterns and predictors', *Children and Youth Services Review* 26, 2, pp 185-206.

Koh, E., Rolock, N., Cross, T. P. and Eblen-Manning, J. (2014) 'What explains instability in foster care? Comparison of a matched sample of children with stable and unstable placements' *Children and Youth Services Review* 37, pp 36-45.

Leathers, S. J. and Testa, M. F. (2006) 'Foster youth emancipating from care: caseworkers' reports on

needs and services', *Child Welfare* 85, 3.

Lotty, M. (2017) *Fostering Connections: The Trauma-informed Foster Care Programme-Facilitator's Guide*. Cork, Ireland: Tusla – Child and Family Agency (unpublished).

Lotty, M. (2018) Time to Find the Evidence: *Does Fostering Connections, an evidence-informed intervention, improve outcomes for children in Foster Care?* Poster Presentation SWSD 2018, Joint World Conference on Social Work, Education and Social Development, Dublin, Ireland. Available on request from maria.lotty@tusla.ie

McCaughren, S. and McGregor, C. (2017) 'Reimagining adoption in Ireland: a viable option for children in care?', *Child Care in Practice* 24, 3, pp 229-244.

McNicholas, F., O'Connor, N. and Bandyopadhyay, G. (2011) 'Looked after children in Dublin and their mental health needs', *Irish Medical Journal* 104, 4, pp 105-108.

Moran, L., McGregor, C. and Devaney, C. (2017) *Outcomes for Permanence and Stability for Children in Long-term Care*. Galway: The UNESCO Child and Family Research Centre, The National University of Ireland, Galway.

Newton, R. R., Litrownik, A. J. and Landsverk, J. A. (2000) 'Children and Youth in Foster Care: Disentangling the Relationship between Problem Behaviors and Number of Placements', *Child Abuse and Neglect* 24, 10, pp 1363-1374.

O'Brien, V. and Palmer, A., (2015) 'Adoption and the Irish care System: Context and Drivers for Change?', *Irish Journal of Family Law* 18, 3, pp 52-59.

O'Brien, V. and Palmer, A. (2016) 'Adoption as part of the Irish care system: a new challenge for social work?', *The Irish Social Worker*, pp 52 - 58.

Ofsted (2017) *Fostering in England 2015-2016*. London: Ofsted.

Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A. R. and Doreleijers, T. A. H. (2007) 'Disruptions in foster care: A review and meta-analysis', *Children and Youth Services Review* 29, 1, pp 53-76.

O'Mahony, C., Burns, K., Parkes, A. and Shore, C. (2016) 'Representation and participation in child care proceedings: what about the voice of the parents?', *Journal of Social Welfare and Family Law* 38, 3, pp 302-322.

Parkes, A., Shore, C., O'Mahony, C. and Burns, K. (2015) 'The Right of the Child to Be Heard: Professional Experiences of Child Care Proceedings in the Irish District Court', *Child & Family Law Quarterly* 27, 4, pp 423-445.

Rostill-Brookes, H., Larkin, M., Toms, A. and Churchman, C. (2011) 'A shared experience of fragmentation: Making sense of foster placement breakdown', *Clinical Child Psychology and Psychiatry* 16, 1, pp 103-127.

Rubin, D. M., O'Reilly, A. L. R., Luan, X. and Localio, A. R. (2007) 'The impact of placement stability on behavioral well-being for children in foster care' *Pediatrics* 119, 2, pp 336-344.

Schofield, G., Beek, M. and Ward, E. (2012) 'Part of the family: Planning for permanence in Long-term family foster care' *Children and Youth Services Review* 34, 1, pp 244-253.

Tilbury, C. and Osmond, J. (2006) 'Permanency planning in foster care: A research review and guidelines for practitioners', *Australian Social Work* 59, 3, pp 265-280.

Tusla – Child and Family Agency (2016) *Review of Adequacy Report 2016*. Dublin: Tusla – Child and Family Agency, Available at: https://www.tusla.ie/uploads/content/Review_of_Adequacy_

Report_2016_Final.pdf

Tusla – Child and Family Agency (2018) *Business Plan 2018*. Dublin, Tusla – Child and Family Agency, Available at: https://www.tusla.ie/uploads/content/Tusla_Business_Plan_2018.pdf

Unrau, Y. A., Seita, J. R. and Putney, K. S. (2008) 'Former Foster Youth Remember Multiple Placement Moves: A Journey of Loss and Hope', *Children and Youth Services Review*, 30, 11, pp 1256-1266.

Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2018) 'Treatments for Early Childhood Trauma: Decision Considerations for Clinicians', *Journal of Child & Adolescent Trauma*, pp1-14.

Vanschoonlandt, F., Vanderfaeillie, J., Van Holen, F. and De Maeyer, S. (2012) 'Development of an Intervention for Foster Parents of Young Foster Children with Externalizing Behavior: Theoretical Basis and Program Description', *Clinical Child and Family Psychology Review*, 15, 4, pp 330-44.