

# Teamwork in mind: exploring collaborative practice in foster care as a key component of trauma-informed foster care

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## Introduction

This article is based on a workshop delivered at the 2019 IFCA National Conference, which explored collaborative practice in the foster care context. It discusses how collaborative practice is an integral part of trauma-informed foster care. The article also draws on the author's current PhD study, which is concerned with the application of trauma-informed care in foster care in Ireland.

## Collaborative practice matters

Fostering can involve high levels of personal satisfaction (Gibbs et al, 2004), however it has also been shown to be emotionally and psychologically demanding (Brown and Campbell, 2007; Whenan et al, 2009), as it often involves caring for children with complex and challenging needs. The foster-caring role is further complicated as it involves developing relationships with birth families, social workers and a myriad of other professionals. Research consistently shows that collaborative working practice between foster carers and social workers is viewed as a key factor in promoting stability in foster families (Pelech et al, 2013; Khoo and Skoog, 2014; Geiger et al, 2017; Hayes et al, 2015). This relationship becomes particularly important when difficulties arise (Gockel et al, 2008; Gerring et al, 2008). Good collaborative relationships are associated with promoting foster carer retention and satisfaction (Murray et al, 2011; Maclay et al, 2006).

When reviewing the literature with regard to factors that promote stability in foster families, some important factors emerge:

- foster carers having regular contact with social workers (Farmer et al, 2005)
- foster carers being provided with adequate information about children's history (Blakey et al, 2012; Rock et al, 2015)
- foster carers feeling their views are taken seriously (Geiger et al, 2017; Norgate et al, 2012)

- and being included in care planning decisions (MacGregor et al, 2006; Lanigan and Burleson, 2017).

However, the foster carer-social worker relationship is often hindered by frequent changes in social workers (Burns, 2009). Research also indicates that children who have had fewer social workers are more likely to be reunified with their parents (Potter and Klein-Rothschild, 2002).

## **Trauma-informed foster care**

Trauma-informed care (TIC) has been influenced by a growing awareness of the implications of childhood trauma for the whole lifespan and the need to respond in effective ways (Berliner and Kolko, 2016; Yatchmenoff, 2015). This awareness has been strengthened by a number of developments, notably an increased understanding of traumatic stress – through research on the neurobiology of stress (Porges, 2011) and the impact of trauma on brain development (Riem et al, 2015). The Adverse Childhood Experiences study (ACE) (Felitti et al, 1998) found strong correlations between the impact of childhood trauma and long-lasting consequences for health from an ‘epidemiological’, or disease-related, perspective (Kelly-Irving and Delpierre, 2019). Based on multidisciplinary understandings of childhood trauma such as these, TIC has recently emerged as an effective way of responding to trauma. In addition, six guiding principles for trauma-informed practice developed by SAMHSA (Substance Abuse and Mental Health Services Administration, 2014) underpin this approach:

### **1. Safety**

Throughout any organisation or system of working relationships, the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding how ‘safety’ is defined by those being served is a high priority.

### **2. Trustworthiness and transparency**

Operations and decisions are carried out in a transparent way, with the goal of building and maintaining trust among everyone involved.

### **3. Peer support**

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust and enhancing collaboration.

#### **4. Collaboration and mutuality**

Importance is placed on partnering and the 'levelling' of power differences, demonstrating that healing happens through relationships and in the meaningful sharing of power and decision-making.

#### **5. Empowerment, voice and choice**

For all individuals involved, strengths and experience are recognised and built upon. The organisation understands that the experience of trauma may be a unifying aspect in the lives of everyone involved, including those who run an organisation. As such, development and services are offered to those involved, at all levels.

#### **6. Responsiveness (recognition of cultural, diversity and historical trauma issues)**

An organisation actively moves beyond cultural stereotypes and biases and offers services that are responsive to gender difference and identity, traditional cultural connections, historical trauma, and the racial, ethnic and cultural needs of individuals served.

Thus, trauma-informed care (TIC) is strongly aligned to the values of social work practice (Knight, 2015; Tseris, 2018).

Through the author's current doctoral study, a theoretical framework has been developed that adapts the TIC approach into the Irish foster care context and is called *Trauma-informed Foster Care*. This framework is divided into six core principles and aims to support foster carers to provide children with TIC that reflects the specific challenges of the Irish foster care system (Lotty, 2019). This has led to the development of *Fostering Connections: The Trauma-informed Foster Care Programme*, a six-session, groupwork-based programme for foster carers, which is underpinned by these six core principles. *Fostering Connections* offers a response to the challenges of caring for children who have been exposed to developmentally traumatising experiences, which is often the experience of children prior to coming into foster care. An early-stage evaluation of the programme has been completed and the preliminary evidence suggests that *Fostering Connections* is an effective intervention for increasing foster carers' capacity to provide children with trauma-informed care (Lotty et al, 2020).

### **Collaboration and empowerment**

In keeping with the trauma-informed approach, *Fostering Connections* is underpinned by

the values of collaboration and empowerment (SAMHSA, 2014). This is reflected in principle six of *Fostering Connections*:

***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.***

This principle advocates for trauma-informed foster carers being supported and equipped to provide children with trauma-informed care, and for their contribution to be included and valued by practitioners involved in the children's lives (Lotty, 2019). Trauma-informed foster care acknowledges that foster carers' expertise is an important component of the team that supports the child. It recognises that the foster carer has knowledge of the child's needs outside the scope of the practitioner and that they are in a unique position to provide children with restorative relationships that support children's development and healing from trauma. To support this principle, trauma-informed foster care requires a focus on collaborative practice between foster carers and social workers. The importance of this has recently been acknowledged in Norway, where child welfare practice guidelines in foster care have been revised to reflect the benefits of collaborative practices between foster carers and practitioners (Norwegian Directorate for Children, Youth & Family Affairs, 2017, cited in Tonheim and Iversen, 2019).

“*Research consistently links collaborative practice, such as foster carers' inclusion in care planning and receiving information on the child, to more positive fostering outcomes.*”

## **Collaboration and consistency**

Research consistently links collaborative practice, such as foster carers' inclusion in care planning (Farmer et al, 2005; Piel et al, 2017) and receiving information on the child (Lietz et al, 2016), to more positive fostering outcomes. The inclusion of foster carers in the child's team has been found to promote mutual respect between practitioners and foster carers and to reduce foster carers' stress which is likely to positively impact the children (Tullberg et al, 2017). Practice that does not promote collaboration, such as foster carers not receiving information on a child's history, is associated with fostering instability (Norgate et al, 2012; Tonheim and Iversen, 2019), particularly when information on the child's behaviour is not provided (Dubois-Comtois et al, 2015).

Current policy in Ireland states that foster carers should have access to all relevant information, advice about the children they care for, and that they should receive professional support to enable them to provide high-quality care (Clarke et al, 2003). Furthermore, foster carers should be consulted when drawing up the child's care plan and receive a copy of the child's care plan where appropriate (Clarke et al, 2003). However, the research discussed above suggests that such collaborative practices are inconsistent.

Practice guidance, disseminated by Tusla – Child and Family Agency through the *Alternative Care Practice Handbook*, recognises the importance of positive working relationships between link social workers and foster carers (Tusla – Child and Family Agency, 2014). It recommends that the assessing (fostering) social worker becomes the foster carers' link social worker, when approved, to promote good working relationships. However, this is not consistently applied in practice owing to the need to prioritise the assessment role of the fostering social worker. The fostering social worker may remain in a role of an assessing social worker and not take on the role of link worker, because of the need to assess potential new foster carers as soon as possible, in the overall context of a shortage of foster carers.

## **Exploring collaborative practice**

The workshop at the 2019 IFCA Conference explored participants' experiences of collaborative practice. Firstly, insights from the author's doctoral research were presented. The study had explored the current climate of foster care in Ireland in the development stage of the *Fostering Connections* programme. Participants in this study had included foster carers, facilitators from fostering and adoption teams, and multidisciplinary practitioners and clinicians from both Tusla – Child and Family Agency and the national Child and Adolescent Mental Health Services (CAMHS).

The workshop discussion reiterated the sentiments of the research participants. Some participants reported having experienced positive collaborative working practice between foster carers and practitioners, and that this had been a real strength in supporting the stability of the foster family. Participants also described experiences of collaborative practice as being inconsistent. For example, for many foster carer participants, developing a collaborative relationship with a social worker was dependant on how long the social worker would remain involved in the case. Participants felt that a

lack of availability of social workers, frequent changes in social workers, and inexperienced social workers dealing with complex cases hindered the development of collaborative relationships and practice. Participants (both foster carers and practitioners) also highlighted the importance of the foster carer's contribution being valued and receiving all relevant information on children. They noted that practice that supported foster carer views being included in care planning would be supportive to foster carers and thus, would also help support the stability of the foster family. Many foster carer participants described how, in their experience, they often felt their views were not included in the decision-making process with regard to plans concerning children, and they experienced inconsistent practice with regard to receiving information on a child's history.

Practitioners also reported that, in practice, they had experienced a lack of continuity of caregiving strategies, such as when children were moved to another foster family. They talked about foster carers not being able to pass on information directly to new foster carers as this contact is not encouraged or facilitated and thus, important information is often lost.

Here is some of what the research study participants said about their experiences:

*"If you do get a social worker that you gelled with, more often than not they could be moved on and you have to start the relationship from square one again... you have to go back to day one... If you get the right social worker... Hopefully get them for long term; it makes life a lot easier."* (Foster carer)

*"They [child's social worker and fostering social worker] say – what do you want to do? – And we [foster carers] say this is what we think should happen and we all agree together and I think that is fantastic! I could have got one [social worker] that would fight against the other and that can happen. But the three of us were on the same wavelength and it is very beneficial to have them on the same wavelength."* (Foster carer)

*"Carers cannot work with children in the dark, it's like working in isolation, you can't do it, you must have some basic understanding what has gone on for the child, what has brought him into care and that information-giving is very slow."* (Practitioner)

Extracts from author's PhD study (Lotty, forthcoming)

Foster carers who received the *Fostering Connections* programme and facilitators who

delivered the programme participated in an early-stage evaluation. The foster carer study participants who were providing the children in their care with trauma-informed foster care discussed the changes they had made to their fostering by using this care approach. They talked about developing a trauma mindset and skillset that helped them interact with the children in more trauma-informed ways. They talked about observing improvements in the children's emotional and behavioural difficulties which they felt were linked to the way they were interacting with the children. The foster carers also felt that ongoing collaborative practice with social workers would be necessary to support them in sustaining the changes they had made since attending the programme, and that they were now motivated to develop such collaborative relationships in the best interest of the child. Participants (both foster carers and programme facilitators) highlighted a need for training for practitioners to have a working knowledge of trauma-informed foster care so that they had a shared approach to meeting the needs of the children.

Here is some of what the research participants said in relation to collaborative practice as a key component of trauma-informed foster care:

*"I do think I would rather have a better relationship with social workers, link [fostering social worker] or the child's social worker in order to get the best for the kids."*

(Foster Carer)

*"I wholeheartedly believe that more children would be understood, leading to less conflict for families, social workers, etc."* (Foster Carer)

*"If carers are going to invest six weeks being told, 'now please think about the children in care in this way', it needs to be boosted up, supported by the work around the placement"*.

(Facilitator)

Extracts from author's PhD study (Lotty, forthcoming)

The high rate of social worker turnover currently experienced by many foster carers and children was highlighted as being a central barrier to developing collaborative practice. The discussion also highlighted that each child's particular circumstances are unique and often involve a different set of people in the team 'around the child'. In addition, for each child, the set of people in the team may have varying levels of involvement depending on the child's situation. However, the importance of the relationship

between the foster carer, child's social worker and link worker (fostering social worker) was viewed as central to supporting the child's stability in the foster family. This central 'team' may also include the birth parent, where this relationship was supportive to providing stability to the child's situation. It was felt that, despite other people in the team, such as a judge, potentially having more decision-making power in a child's life, that it was the people who had a direct relationship with the child who would have most impact on supporting the stability in the foster family. The workshop participants welcomed the opportunity to discuss this topic. Interestingly, they described this as a rare opportunity for foster carers and practitioners to come together to discuss this topic, referring to it as often being the 'elephant in the room'.

*“It is more likely that when a foster carer consistently experiences being valued as a member of the team around the child, they will be able to cope more effectively with the challenges of caring for children with complex needs.”*

## **Summary**

Trauma-informed foster care is a promising approach that may support foster carers in caring for children with trauma-related needs (Lotty, forthcoming). A core component of trauma-informed foster care is that foster carers are effective members of the team around the child. Collaborative practice is likely to support this component. The author's PhD study found that participants in this study experienced collaborative practice between social workers and foster carers as being inconsistent. This suggested that there is a need to develop more consistency in collaborative practice in foster care, and especially that practitioners should consistently give due recognition of foster carers' expertise by virtue of their experience. This is not about always reaching agreement between foster carers and social workers with regard to decisions concerning the child, but rather it is about the foster carers' views being sought and considered in the decision-making process and about relevant information being shared in a consistent way. It is more likely that when a foster carer consistently experiences being valued as a member of the team around the child, they will be able to cope more effectively with the challenges of caring for children with complex needs. This has positive implications for the stability of the foster placement. Trauma-informed foster care is also likely to provide practitioners with a fuller understanding of the benefits of collaborative practice



for children in foster care and their foster families. Policy and practice guidance, along with training, is needed to promote consistently collaborative practice between practitioners, including the child's social worker, and foster carers.

## About the author

Maria is the co-ordinator of the Trauma-informed Care Research Project based in the Cork fostering team, Tusla–Child and Family Agency, and is an experienced social work practitioner. She is investigating the application of trauma-informed care in the foster care setting through her PhD study. She also has a specialised interest in collaborative practice and is the author of *Fostering Connections: The Trauma-informed Foster Care Programme*.

## Acknowledgements

The author would like to acknowledge support received for the PhD study referred to in this article from Tusla–Child and Family Agency, and from the Excellence Scholarship Award funding granted by University College Cork.

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