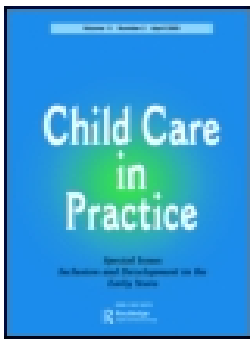| Title	A qualitative study in Ireland: Foster carers and practitioners perspectives on developing a trauma-informed care psychoeducation programme
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A Qualitative Study in Ireland: Foster Carers and Practitioners Perspectives on Developing a Trauma-Informed Care Psychoeducation Programme

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A Qualitative Study in Ireland: Foster Carers and Practitioners Perspectives on Developing a Trauma-Informed Care Psychoeducation Programme

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ABSTRACT

This article presents the findings of a qualitative study of foster carers' and multidisciplinary practitioners' perceptions of foster carers' needs and existing practices in foster care in Ireland. This study explored participants' perceptions of the development of a trauma-informed care (TIC) psychoeducational intervention for foster carers. From a purposive sample of foster carers and multidisciplinary practitioners, four focus groups were carried out. Thematic analysis revealed three themes: The Need for Trauma-informed Care, Development of Trauma-informed Care and Implementation of Trauma-informed Care. The findings have informed the development of a culturally sensitive TIC intervention for foster carers that reflect the needs and practices of the Irish foster care context.

Introduction

In Ireland, there are approximately 5916 children in care, about 50 children per 10,000 population aged 0–17 years (Tusla, 2019). Tusla, the national child welfare agency in Ireland report the primary reasons for children's first-time admission to care and the primary reason for being in care indicated were neglect (38%, 36%), followed by child welfare concerns (36%, 40%), emotional (12%, 12%), physical abuse (10%, 7%), and sexual abuse (4%, 3%) were also indicated (Tusla, 2019). These reasons reflect the research that indicates that children in foster care most often have experienced maltreatment prior to entering care (Kisiel et al., 2009). Maltreatment includes various forms of trauma that can include in-utero exposure to toxic stress/substances (Astley et al., 2002), neglect, physical abuse, emotional abuse, sexual abuse and/or exposure to domestic violence (English et al., 2015). These experiences are often prolonged, repetitive and involve multiple experiences of trauma that occur within the context of the child-caregiver relationship in the home (Villodas et al., 2015). Such experiences may leave children being at risk of dysregulation of systems that include; affect, attachment, behaviour

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and cognition (Cook et al., 2003) and often enter care with major developmental problems and complex needs (Kisiel et al., 2014). These experiences are associated with trauma-related emotional and behavioural difficulties (Kisiel et al., 2009) and predictive of placement instability (Clark et al., 2020).

The need to improve the quality of foster care support and training has been highlighted (IFCA & Tusla, 2017; National Review Panel, 2017). Difficulties in accessing appropriate services for children and dissatisfaction with professional support (Irwin, 2009), communication difficulties between social workers and foster carers and in getting all relevant information on children (Roarty et al., 2018), exclusion from the decision making process around access arrangements (Meyler, 2002) and difficulty in accessing social workers (Roarty et al., 2018) have been highlighted. This study focuses on exploring the needs of foster carers and practices in existing services to inform the development of a psychoeducational intervention for foster carers.

Trauma-informed care

TIC is an approach that aims to provide a more targeted and effective mediation for children and their families who have experienced trauma. The movement towards TIC in child welfare and protection social work practice is increasingly gaining acceptance amongst practitioners. This approach is a biopsychosocial model integrating research from neurobiology, attachment, trauma and resilience (Bath, 2015; Brendtro et al., 2009) aligning with the core values of social work practice (Knight, 2015). Interventions in foster care that involve psychoeducation are underpinned by strong theoretical orientations (Benesh & Cui, 2017). The emergence of TIC programmes for foster carers can also be described as a shift from psychosocial approaches (cognitive, behavioural and attachment-based) in social work to a wider holistic biopsychosocial approach (Larkin et al., 2014). The need for all foster carers to be trained in caring for children who have experienced trauma has been recognised in the U.K. (Ottaway & Selwyn, 2016) and the U.S.A. (Miller et al., 2019). At the time of this present study, there was a gap in the implementation of such interventions in Ireland (Author 1) which the present study sought to address. Since the completion of the present study, a narrative review on TIC psychoeducational interventions for foster carers has highlighted the emergent and promising nature of these interventions which included the intervention that was informed by the present study (Authors, in press). This review provided some support to suggest these interventions may increase caregivers' capacity to provide children with TIC and reduce child trauma-related difficulties. However, the evidence was limited highlighting an urgent need for research in this area.

Consideration of contextual issues in programme design is important to the success of interventions (Wells et al., 2012). Given that most foster care research is based in the U.S.A., the study sought to explore the Irish foster care practices. In Ireland, the foster care system operates a care policy of long term care when children cannot be reunified with their birth family (Author 1). The U.S.A. system is based on a short term model of foster care, where adoption is emphasised when reunification is not possible with the birth family (Barber & Delfabbro, 2005). Thus, U.S.A. based interventions may not be as relevant to Irish foster carers. Providing Irish based foster care research, reflecting the Irish context, is more likely to support positive outcomes. The rationale for this study is to explore the view of key stakeholders in foster care to produce research that reflects

the Irish experience of foster care to support the development of a TIC intervention for foster carers.

The focus of this paper is to report of the qualitative data provided by stakeholders with the following aims:

- To determine the needs of foster carers caring for children in foster care,
- To examine the existing practices in the foster care system,
- To determine key stakeholders' views on the design and content of a TIC psychoeducational intervention for foster carers and
- To determine the factors that could support the implementation of such an intervention.

Methods

The research design was informed guidance on the development of complex interventions by the Medical Research Council (Craig et al., 2008). A qualitative approach was taken to allow for research methods that collected data that had a richness and depth that illuminated participants perspectives (Creswell et al., 2007). Ethical approval was granted from both the Social Research Ethics Committee in University College Cork and by the Tusla Ethics Review Group. Participants were provided with an information sheet about the study and signed informed consent forms before participation. Foster carers were advised of support available from their social worker. Data were anonymised, and confidentiality was assured regarding their data. Consideration was also given to the selection of quotes in the qualitative studies that did not expose the identity of the participants.

Participants

Participants were identified using a purposeful sampling to identify participants who would be in a position to discuss their knowledge and experience of foster care in two geographical areas in the south of Ireland. The Principal Social Worker in each area acted as gatekeepers for the research participants. Recruitment took place in January 2017. Those that expressed an interest and met the inclusion criteria were then formally invited to participate via e-mail (facilitators and practitioners) or by post (foster carers). A basic inclusion criterion was applied as follows:

- Foster carers who were currently caring for a child and approved by the child welfare agency (Foster carer focus group)
- Facilitators experienced in training foster carers and/or adoptive parents (Facilitator focus group) and
- Practitioners and clinicians who were experienced in working with foster carers and/ or children in care in their current role (Multidisciplinary focus group).

The focus groups (*n*=27) facilitated in February 2017, thus comprised of four groups (Table 1).

Table 1. Focus group participant variables.

Group Type	Number	Gender	Couples	Role/Team	Title
Foster Carer Group (1)	6	3 (female) 3 (male)	1	3 Relative Foster Care 3 General Foster Care	Foster Carer
Facilitator Group (2 and 3)	13	12 (female)	n/a	1 Adoption	2 Team Leaders[1]
				12 Fostering	10 Social Workers
		1 (male)			1 Social Care Leader
Multi-disciplinary Practitioners and Clinicians Group (4)	8	7 (female)	n/a	2 Fostering	1 Senior Clinical Psychologist
		1 (male)		3 Child Protection	1 Clinical Psychologist
				3 Child and Adolescent Mental Health Services	1 Principal Clinical Social Worker 1 Team Leader 3 Social Workers 1 Social Care Leader 1 Senior Clinical Psychologist

Notes: Participants are referred to as foster carers (all Group 1 participants only) or facilitators (all Group 2 and 3 participants only) or practitioners (all group 4 participants only) in the text. [1]Team Leader refers to a social worker who has the responsibility of supervising social workers.

Data collection

Focus groups were used to elicit participant's experiences, beliefs and perspectives of the factors that would inform the development of and support the implementation of a TIC intervention for foster carers. This method was chosen to enable a range of participants' views to be gathered in one session, bringing the possibility of discussion of both shared and differing perspectives (Kitzinger & Barbour, 1999). Furthermore, focus groups are conducive to support participants engagement (Mannay et al., 2018).

Four focus groups were conducted by the first author, who located herself as an "insider" as an experienced social worker and PhD scholar at the time of the study (Lotty, 2020). This brought benefits, not least concerning immediate access to participants. It supported establishing trust and rapport with participants as a sensitivity to their experiences was present. However, there are also disadvantages of being an insider in that there is a risk of bias in the research. Thus, to support trustworthiness in the research process a reflexive approach was taken throughout the research (Berger, 2015).

The four focus groups had an average of seven participants. A sequence of five semi-structured open-ended questions were used that sought to inform the design and development of a TIC foster carer intervention. The questions were informed by knowledge of the Irish foster care system (Lotty, 2019) and similar studies (Daniel, 2011; Gilbertson & Barber, 2003; Murray et al., 2011). Participants were asked:

(1). to identify what were the most challenging aspects of caring for and/ or working with a child in foster care,
(2). to identify what were the strengths/ the things that supported them in their role,
(3). do you think a TIC programme would benefit foster carers,
(4). What they thought should be incorporated into a TIC intervention that would support them in their role and

(5). what they thought the issues that needed to be addressed in supporting the implementation of such an intervention.

The groups followed the same format: participant introductions, ground rules and then each participant was given an opportunity to respond to each question and was encouraged to expand on their initial responses through follow-up prompts from the researcher. The focus groups lasted for 3 h and 34 min in total, with an average time of 54 min per group, were recorded using a digital recorder, were transcribed verbatim into word documents, and generated 27,446 words of data.

Data analysis

Thematic analysis was used to analyse data (Braun & Clarke, 2006). This method was chosen to support theme development from data was gathered from different theoretical traditions (social care, social work, psychology, and psychotherapy) and foster carers with lived experience. The approach taken reflected a combined inductive-deductive research orientation (Braun et al., 2018), where data were explored within a frame of reference of clearly delineated study aims. The analysis was guided by six phases of thematic analysis suggested by Braun and Clarke (2006): familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes and producing the report. The analysis was carried out by the three authors. The first author was a doctoral researcher, the second and third authors were both University Lecturers and researchers. Whilst presented here as a linear procedure, the research process involved both an iterative and in-depth reflexive process over a prolonged period. Drawing on the work of Lincoln and Guba (1985), the criteria of credibility, transferability, dependability, and confirmability were used for establishing trustworthiness in at each step of thematic analysis.

The first author used reflexive journaling during data analysis to examine her influence on the research process and to support trustworthiness. The first step of data analysis involved the first author transcribing all the data and uploading the transcripts to word documents. Then, the documents were coded line by line, the same/similar codes were collated into one code. This supported initial codes being rooted in the data. The next step involved the first author grouping codes together to form potential themes and sub-themes to ensure all data relevant to potential themes was gathered. This step was supported by a triangulation strategy by the three authors where potential themes were agreed upon through discussion and use of thematic mapping based on the occurrence of themes that were linked to the research questions. The next step involved a review at the level of coded data, level 1. This involved returning to the raw data and compare it to the developed themes to ensure referential adequacy. We also rechecked that the codes fit with the identified themes and reviewed how the themes fit together to create a coherent representation of the data. Secondly, a review was carried out at the level of full data, level 2. The three authors again through a triangulation strategy used thematic maps where the emerging themes were represented and discussed. Themes were then reviewed for relevance to the study objectives and consensus reached. Three main themes were selected. At this step, the authors discussed each theme's meaning, explored how each theme fitted
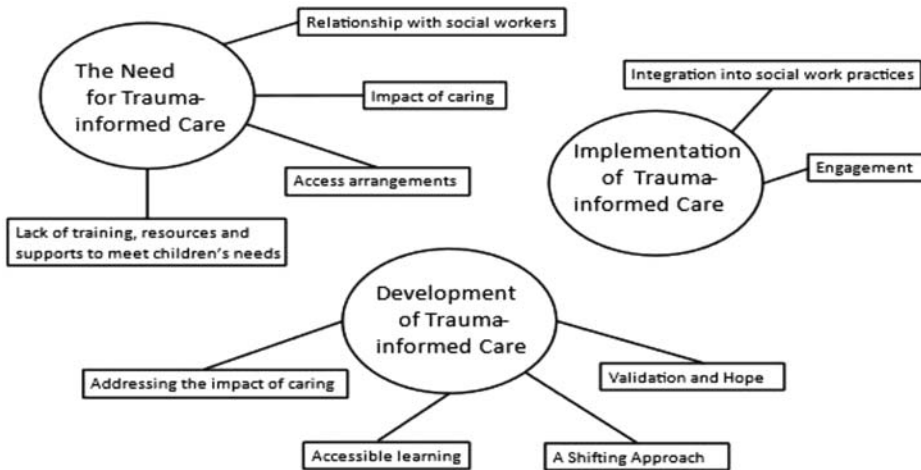
Figure 1. Final thematic map of overcoming themes and sub-themes.

with an overall narrative, identified theme names, the ordering and reordering of themes and selection of extracts. Each theme and sub-theme where applicable were explained in a developing narrative. This narrative involved a series of drafts that were developed by the three authors. A final thematic/mind map was created and a table of themes (Figure 1).

Findings

Three overarching themes were identified relevant to the study: The Need for Trauma-informed Care: Development of Trauma-informed Care and Implementation of Trauma-informed Care (Table 2).

Theme 1: the need for trauma-informed care.

"The Need for Trauma-informed Care" was identified as an overarching theme. Four connecting sub-themes of the lack of training, resources, and support to meet child's needs, issues relating to the children's access arrangements with the birth family, the impact of caring on the foster carer and relationships with social workers.

Table 2. Table of themes.

Overarching Themes	Sub-themes
1. The Need for Trauma-informed Care	Lack of training, resources, and support to meet child's needs
2. Development of Trauma-informed Care	Accessible learning
	Addressing the impact of caring
	Validation and hope
	A shifting approach
3. Implementation of Trauma-informed Care	Engagement
	Integration into social work practices

Lack of training, resources, and support to meet child's needs

"Lack of training, resources and support to meet child's needs" in foster care was identified as a strong theme across all groups. Foster carers often felt overwhelmed by the children's needs and frustrated by not being equipped to help. Facilitators/practitioners echoed this theme, identifying behaviours including bedwetting, encopresis, hoarding food, symptoms of Attention deficit hyperactivity disorder (ADHD) being particularly challenging for carers. Facilitators/practitioners felt foster carers are often not equipped to meet these needs and struggle to understand these behaviours:

> I think most people who come to fostering see it as an extension of or an enlargement of their parenting role … they need to understand that it something that is quite different … they need a new set of skills and regular and ongoing training. (Facilitator_1)

Facilitator/practitioner groups widened this discussion into the consequences of working in an under-resourced and crisis led service as further exacerbated the challenges that foster carers experience. Practitioners specifically noted the lack of matching between children with foster families when placement are made, too many children placed in individual foster families and unplanned moves of children as all placing pressure on the system. The multidisciplinary group extended this discussion in talking about the challenges of diagnosing children that present with ASD symptoms for clinicians. They felt that often for children in foster care these symptoms related to their past experiences:

> often the children in care are going around in circles because it is query ADHD, its query ASD and so the symptoms that they are presenting with can look like other things but actually they don't need to be assessed again they just need someone to care for them and work with them. (Practitioner_4)

Access arrangements

"Access arrangements" was identified as a strong theme across all groups. Foster carers identified several difficulties they had experienced regarding access that left them feeling frustrated, such as inconsistency of birth family's attendance and the impact of this on the children:

> I find the most frustrating through the years is the (in) consistency of the parents, you're building up the child, getting everything ready and you're ready to go and there is no turn-up … I know it is hard to control that, it is like a constant knockback (to the) child's confidence … (Foster Carer_3)

They were challenged by supporting children to attend access when they do not want to go and managing behaviours afterwards. Foster carers were frustrated by access plans decided and/or changed without consulting them which often led to the access clashing with pre-arranged commitments.

Challenges for foster carers related to access also was identified as a dominant theme across the facilitator/practitioner groups. Whilst they felt that carers understood the importance of children having access, they felt that when access was court directed this often-posed particular challenges. Facilitators/practitioners were concerned about court directed access being experienced as traumatic for children:

> … some of my foster carers find it very difficult having the child having contact with the perpetrator of the abuse and neglect and that can be a weekly re-traumatisation and they

are living with that, they feel very powerless when a decision is made by Area Team social workers, by the courts. (Facilitator_2)

They felt that in these situations, impact practitioner-foster carer relationships negatively. Facilitators/practitioners described the lack of practice guidance around access was unhelpful. A common view was shared that it was best practice and a necessity for foster carers to develop respectful relationships wherever possible with the child's birth parents to support children's well-being. However, all groups talked about this being very challenging and carers required support to develop skills around this. In the foster carer group, a relative carer highlighted the need for general foster carers, in particular, to be supported in this:

> We are relative fostering, so we had an idea of the parents we were dealing with, but for someone who isn't doing relative fostering, they are meeting a total stranger and know nothing about them. And maybe their life skills might not be geared to deal with someone who has been through trauma themselves (Foster Carer_6)

Impact of caring

"Impact of caring" was identified as a strong theme across all groups. Foster carers felt coping with the uncertain nature of fostering was particularly stressful. They often experienced agreed plans being changed, as one carer put it, "things can change so quickly there is nothing set in stone" (Foster Carer_3). This theme was also identified in the multidisciplinary group. A clinician described it as "that lived experience for everybody in the foster family" (Practitioner_1). Carers talked about the impact of care plans changing:

> They had hoped the child would move on, that is why we are fostering to reunite, and the next thing is you have to reprepare yourself, to reorganise yourself to accept the children on another or maybe a more permanent basis … that was huge …. the foster carers are traumatised because they thought the light was there.., the parent was doing fantastic, as I did …. these kids will work out, she (Mother) is doing fantastic, and the next thing, it's like a wrecking ball, it is just devastating. (Foster Carer_4)

The exposure to secondary trauma was raised in all facilitator/practitioner groups as being a source of stress for foster carers. Daily exposure to the children's trauma-related difficulties and ongoing difficulties associated with access arrangements as outlined above were discussed. This theme was further extended in the facilitator/practitioner groups. They talked about social workers blaming foster carers for children's difficulties remaining unresolved and for placement breakdowns and how this undermined the confidence of foster carers and such practices are likely to impact the success of future placements.

Relationships with social workers

"Relationships with social workers" was identified as a strong theme across groups. Foster carers negative working relationships with social workers were often compounded by inexperienced social workers dealing with complex cases, a lack of availability of and frequent changes in social workers. They felt these issues undermined their ability to form positive working relationships with social workers which they felt was an important part of their role. Similarly, facilitator/practitioner groups

echoed this theme. They also talked negative impact on relationships when a foster carer has acquired a reputation for "being difficult" and/or when there had been allegations made. Foster carers also talked about when positive working relationships were in place, this was a support the placement. However, this was experienced as being inconsistent. Foster carers often felt excluded from care plan decisions, that their views were not valued, and they did not receive adequate information on the child. These views were echoed in the other groups:

> One of my foster carers after months and months of calling for a … meeting to discuss the child … they were very clearly told they were not invited because they were not professionals; now I think if we approach foster carers with any of that kind of that attitude in our bag we are already losing. (Facilitator_5)

In the multidisciplinary group, practitioners discussed the usual practice that the therapeutic (mental health) providers are given the child's full history whilst often the foster carers are not given this information despite playing a central role in the child's life.

Theme 2: development of trauma-informed care

"Development of Trauma-informed Care" was identified as the third overarching theme, the participant's views on the development of a TIC programme for foster carers. This theme had three connecting sub-themes of accessible learning, addressing the impact of caring, validation and hope and a shifting approach.

Accessible learning

"Accessible learning" was identified as a strong theme across all groups. This is described as an experiential accessible learning approach. Foster carers emphasised that they wanted the programme to use simple language, visual learning, experiential learning, and shared peer learning. Foster carers expressed an openness and eagerness to receive information about the areas of the impact of trauma, the impact of separation on children coming into care and coping with trauma-related behaviours. They talked about how they wanted these areas to be included in the programme.

The facilitator/practitioner groups also felt that accessible learning methods such as the use of videos, case studies and experiential exercises would be very conducive to learning and that the programme needed to be relevant to the Irish context, use local terminology, case examples and having an experienced foster carer as a co-facilitator would promote accessible learning. Facilitators/practitioners identified areas of trauma impact, brain development, Infant Mental Health, attachment theory, child development theory and resilience theory they felt would need to be included in the programme. Facilitators/practitioners were particularly concerned that the key theoretical concepts, based on the above areas, were translated in ways that foster carers could comprehend and practically apply their learning:

> it is how we bring that theory and interlink it together and explain it in a way that is understandable, readily digestible … . none of that is any good unless they can practice it unless they can take that theory and apply it daily with the child. (Facilitator_6)

In all the facilitator/practitioner groups, the need for the programme to be skills-based was stressed.

Addressing the impact of caring

"Addressing the impact of caring" was identified as a strong theme across all groups. Foster carers talked about strategies that had helped them to combat the impact of caring such as remaining calm and not reacting to a child in difficult situations as being important to include in the programme. Practitioners talked about how caring for a child may trigger the foster carer's own attachment experience.

> Children potentially could push their own buttons, like triggering their own attachment history, quite often that can happen, and that can lead to problems … it is almost having an awareness that I might be triggered by this child in this way. (Practitioner_4)

Facilitators/practitioners felt the programme needed to support foster carers to increase their awareness of their own trauma history and how these experiences can impact their fostering capacity. Facilitators/practitioners further developed this theme in discussing the importance of self-care and this being a way of combatting the stressful nature of fostering and that this needed to be included in the programme.

Validation and hope

The theme of "validation and hope" was identified in the facilitator/practitioner groups only, Facilitators/practitioners felt validating and acknowledging the work foster carers are already doing was an important message to give to carers. Practitioners felt that this may promote a sense of confidence and emphasise the importance of the role they play.

> Just to remind foster carers that they are often the solution … often there is a thesis out there that alternative support is the way to go, which is not always the way. Maybe the training with the foster carers would promote the placement rather than sending them to xxx (specialist service) (Practitioner_6)

Facilitators/practitioners felt the message of hopefulness about the children's future was needed to be incorporated in the programme.

A shifting approach

"A shifting approach" was identified as a strong theme in the facilitator/practitioner groups only. Facilitators/practitioners talked about traditional parenting strategies are often not effective with children who have experienced trauma and the need for carers to develop more appropriate trauma-informed responses to the children's behaviours. Facilitators/practitioners talked about how this would involve a shift in thinking in how carers understood the child's behaviour by learning to understand the behaviour in the context of the children's trauma history:

> Like for foster parents to understand that maybe challenging behaviour … was their way of coping in a very difficult situation … that is a real important message in shifting their approach. Because I think, quite often the behavioural approach, if they have done Parent's Plus or Incredible Years or something like that they are going at it from that point of view … that is not going to work here. (Practitioner_4)

The theme of a shifting approach was developed in the facilitator/practitioner groups in their discussion about the need to promote a shift in the foster carer's approach to developing relationships with birth families, a challenging area for foster carers as discussed above (Theme 2). Facilitators/practitioners talked about how they saw the programme could promote developing foster carers' understanding and awareness of the impact of trauma on birth families that may promote more empathetic relationships that would, in turn, benefit the child. This theme was further extended in the multidisciplinary group, where this shift in approach may promote understanding of the child's situation of having two families. The multidisciplinary group discussed how children can struggle with a "dual identity" (Practitioner_1). They felt that, where possible and appropriate, foster carers should be supported to develop a functioning relationship with the child's birth parent/s. Developing foster carer's awareness and understanding of the impact on the child of their relationship with the child's birth family, practitioners felt should also be a key area included in the programme.

Theme 3: implementation of trauma-informed care

"Implementation of Trauma-informed Care" was identified as an overarching theme, elements that participants felt were needed to support the implementation of a TIC programme. This theme had two connecting sub-themes of engagement and integration into social work practices.

Engagement

"Engagement" was identified as a theme in all groups in supporting the implementation of a newly developed TIC programme. Differing views were represented regarding on engagement. Foster carer groups felt carers should be offered this training but had mixed views on whether engagement should be made compulsory. Some felt engagement should be voluntarily. The majority of facilitators/practitioners supported compulsory engagement:

> I think TIC should be mandatory because every child that comes into their home has experienced trauma, so it really, really should form the foundation of all training. (Practitioner_7)

However, some practitioners advocated for a gradual move towards a compulsory model such as seeking agreement to attend as part of the fostering approval process. All participants felt carers should be encouraged, supported and that barriers to engagement should be removed where possible such as literacy concerns.

In the facilitator/practitioner groups the theme of engagement extended to a discussion on whether relative and general foster carers should participate in the programme together. Differing views were expressed. Some felt that a group tailored to the needs of each type of carer was more appropriate particularly acknowledging the relative carer situation. Others recognised that whilst these carers have differing needs, they felt a mixed group would be more beneficial. The majority of participants across groups also felt that the children's social workers should be invited to engage in the first session of the developed programme to promote consistency in practice.

Integration into social work practice

"Integration into social work practice" was identified as a strong theme across all groups as necessary to support the implementation of a newly developed TIC programme. All groups expressed that TIC needed to be integrated into social work practice in the fostering teams at the pre-approval stage of the fostering process (preparation training and assessment) and at post-approval stages (support groups, link work and follow-up training). The necessity for social workers to receive formal training in TIC was identified as a strong theme across all groups in the context of supporting the implementation of a TIC programme with foster carers. Facilitators/participants felt that training foster carers in the absence of training social workers would be a serious gap in supporting the changes foster carers made who would attend the programme:

> … child protection, fostering, foster carers, for this to work, I think all parties need to sign up and understand it as a workable model … .I think that understanding is not there and it definitely is not helping the placements and it is not helping carers, they cannot do this on their own … (Facilitator_4)

The multidisciplinary group also felt this training was necessary for social workers in specialist services and student social workers. The foster carer group also talked about the need for TIC training for teachers. Clinicians, in the multidisciplinary group, extended this theme as they felt that implementing a TIC programme would support their work with children by promoting a shared language and unified approach to working with the children.

Discussion

The present study sought to capture stakeholders' perceptions of foster carers' needs and existing practices in foster care in Ireland to inform the development of a TIC foster carer. The study describes participants experience of an overstretched and under-resourced care system. These service gaps are consistent with other Irish studies (McNicholas & Bandyopadhyay, 2013) and the need for foster carers to receive appropriate training to complement dyadic mental health interventions (Luke et al., 2014). Such interventions may support reducing many young people experiencing ongoing mental health difficulties that continue to place them at a higher risk for suicide and entering custody (Smith, 2017).

The study identified a gap in foster carer training to adequately equip and prepare foster carers to care for their role in Ireland. Specific areas of challenge identified by the focus groups were child trauma-related behaviours, exposure to secondary trauma, relationships with birth families, access arrangements and relationships with social workers. Thus, providing a key target area of intervention for the development of a TIC programme that reflects the Irish context.

This study has highlighted the complex nature of the needs of children in foster care that stems from varying degrees of exposure to trauma before coming into care consistent with international research (Forkey & Szilagyi, 2014; Octoman & McLean, 2014). The study suggests targeting the development of foster carer skills that aim to support children cope with trauma and attachment-related difficulties consistent with other Irish research (Roarty et al., 2018). The emotional and stressful toll of fostering has also been highlighted in the present study and other Irish research (Roarty et al., 2018).

Access arrangements between children' and their birth parents was identified as a particularly challenging aspect of fostering for foster carers consistent with other research (Gribble, 2016; Taylor & McQuillan, 2014). Effective communication and respectful relationships between the parties involved is likely to support issues regarding communication, and foster carer anxiety (Pye & Rees, 2018).

The study also revealed that foster carers are also challenged by navigating relationships with social workers. Foster carers have a lack of information on a child's history and feeling excluded in care planning were described as barriers. However, foster carer participants expressed a recognition of the importance of and a willingness to develop positive relationships with social workers.

All participants supported the development of a TIC programme, expressing views on content, design, and implementation. This is particularly important for foster carers given their inclusion in training development is rare (Hebert & Kulkin, 2016) and likely to contribute to the development and acceptability of a programme (Marcellus, 2010).

Two themes were identified only in the practitioner groups. The absence of the theme "Validation and Hope" in the foster carer groups underscores the need to instil a sense of hope and validate the important role they play as part of an intervention (Lotty, Bantry-White & Dunn-Galvin, 2020). Practitioners also captured a core concept of TIC in the theme "A Shifting Approach" reflecting a mentalising approach, to support understanding and responses that are more trauma-informed. The absence of this theme in the foster carer groups may reflect a gap in knowledge on this concept. Consistent with research developing foster carers' mentalising capacity is essential to support understanding of child behaviour and trauma symptoms (Colonnesi et al., 2021).

Whilst this study showed high levels of support for foster carers to engage in a TIC programme, there were differing views on how this should be approached. Compulsory attendance was advocated by the majority of participants. However, some participants advocated introducing compulsory engagement to new foster carers only. This may be more reasonable given research indicates that voluntary participation in training programmes are more likely to increase motivation and transfer of learning (Gegenfurtner et al., 2016).

The study found that participants described current gaps in social work knowledge and expertise in TIC suggesting the need for a TIC intervention for practitioners. This is not surprising as to date, in Ireland, TIC has been described as emergent and no systemic strategy for implementing TIC in the Irish child welfare system has been put in place (Lotty, 2019).

There are some limitations to this study. The findings reflect the views of two specific geographical areas within the national child welfare agency and national mental health provider in Ireland. The study included a small sample size (*n*=27) and the length of time to engage with participants was limited. Thus, the generalisability of the larger population of foster carers and practitioners may not be possible. The inclusion of other methods of data collection that allowed for triangulated findings would have enhanced the study.

The study has several implications for future research. The urgent need to develop a TIC intervention was identified. In response, *Fostering Connections: The Trauma-informed Foster Care Programme* was developed, preliminary promising evidence

suggests effectiveness in increasing foster carers' capacity to provide children with TIC and in turn, is associated with improvement in child regulation and reduce peer problems over time (Lotty, Dunn-Galvin & Bantry-White, 2020). Consistent with other research, a move towards more specialist interventions for foster carers may be required given the complex needs of many children in foster care (Channon et al., 2020). This reflects a small but growing evidence base that supports these promising programmes and the need for future research in this area.

The study also has highlighted the need to address the gap in the training provision for practitioners and access to trauma-informed specific treatments for children in foster care. Developing more trauma-informed practice within the Child welfare Agency is also likely to require policy and practice guidance that underpins a TIC approach within foster care services.

Disclosure statement

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