What is Missing in the Child Welfare System? Mandating Trauma Informed Training for Child Welfare Staff and Foster Parents

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Introduction & the Significance of Trauma-Informed Training

The child welfare system appears to be failing our youth. There needs to be action to assist the youth in foster care to have sufficient resources to thrive. They are a marginalized population who continue to be subjected to racism and systemic inequalities. New York City youth in foster care are disproportionally people of color. According to the Adoption and Foster Care Analysis and Reporting System, in 2020 the total number of youths in foster care was 21,425. The breakdown by race/ethnicity was: 9.498 were Black (44.3%), 4.065 were Hispanic/Latino (19%), 6.976 were White (32.5%), 203 were Native American (1%), 402 were Asian (1.9%), and 281 were undetermined (1.3%). The only way for systematic change is to start at an agency level and then advocate for more significant changes on a state and federal level. Trauma-informed care need to focus on psychoeducation and skill building rather than symptomology. Mandating trauma-informed training would reduce the re-traumatization of these children and youth and provide foster parents and child welfare staff with the necessary tools to deliver the required care (Dorsey et al., 2008).

Definitions

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), "trauma" is the effect of events or circumstances that could potentially be physically or emotionally harmful. It has lasting effects on the affected person's functioning and social and emotional well-being. Complex trauma occurs when a person is exposed to multiple events, such as repeated abuse and neglect, which cause long-term harmful consequences (SAMHSA, 2014). Complex trauma inhibits a child from forming secure attachments and building healthy relationships. Chronic exposure to trauma creates severe stress and interferes with normal development. Riebschleger et al. (2015) describe acute trauma as intense and recent, while chronic trauma is characterized by intense and successive experiences.

SAMHSA describes trauma-informed care as "acknowledging the need to understand a patient's life experiences to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness" (SAMSHA, 2016). Sullivan et al. (2016) discussed how children might display emotional dysregulation and have difficulty bonding with adults and peers. Child welfare staff and foster parents trained in trauma-informed care can recognize how their actions might potentially re-traumatize or trigger children and their families. They have the knowledge needed to effectively parent these youth and respond to their behaviors in a way that increases their ability to self-regulate and form positive relationships. A trauma-informed agency is an ongoing commitment; it requires day-to-day work. However, such an agency can begin addressing children's safety and well-being and establish permanency.

The Child Welfare Information Gateway defines the child welfare system as a public or private group of services focused on providing children with a safe, permanent, and stable environment that supports all their basic needs. The structure of the child welfare system varies from state to state (Child Welfare Information Gateway, n.d.). Traumatic events can be described as child abuse, exposure to violence in the home (domestic violence), violence in the community where one lives, being removed from your home, lack of resources, and physical, sexual, and emotional abuse.

Trauma-Related Challenges

Lack of Collaboration Across Systems

In a recent article, Beck et al. (2022) describe a case study that explored a multisystem approach to trauma-informed care to work with youth in foster care. The researchers suggest that all sectors that interact with children who are or have been in foster care should be trauma-trained. The article discusses "system-induced trauma," which is defined as how the system and the people who work in the system interact with a child so that the system retraumatizes the youth. An example given was when a youth was "acting out in school," they were labeled as a child who did not want to learn when, in fact, this was a child that was abused by their parent and had little motivation to succeed, as no one has ever believed in them. By addressing the trauma that the system has created, they can make organizational changes that promote successful policy implementation. This case study discussed a successful pilot program in Georgia in 2012 and the needed work. One central theme throughout the article was that this pilot program was only implemented with the securing of $1 million in funding. This was key for the pilot program, as one of the major barriers for agencies to becoming trauma-informed is a lack of financial resources. The article also highlighted the significance of trauma brought on by the COVID-19 pandemic and the greater need to address it in a trauma-informed way.

Recent literature, Tullberg et al. (2017), Kuhn et al. (2019), and Conradi et al. (2011) also solidified the need for more collaboration across systems to facilitate a common language and practice when working with youth in foster care. Having an interdisciplinary approach to practice can assist youth in feeling supported and having the resources they need to flourish. The research also indicated that having more trauma-informed staff would lead to a reduction in staff turnover and burnout, which leads to better outcomes for the youth and families they serve.

Academic Challenges

There needs to be a systems approach and partnerships to ensure stability within the child welfare sector, as well as a focus on building resiliency and making the child welfare system a safe and brave space for those who need to heal from their trauma. Literature also reported that youth who felt safe and secure in their placement experienced higher academic success. Youth in foster care stated that structure in their foster home and foster parent interest in their academics led to higher academic achievement. The research study described by Strolin-Goltlzman et al. (2016) stated

that if students in foster care have positive peer interactions and a positive role model (i.e., a foster parent), they are more motivated to continue their academic efforts. "Youth who felt structured at home or in the classroom expressed more capacity to invest in their education and more accountability to their learning" (Strolin-Goltlzman et al., 2016, p. 33).

According to the Administration for Children Services in New York City, for the school year 2021-2022, 1,629 youth in foster care were enrolled in a New York City Public HighSchool. Only 759 are on track to graduate in four years, and 91 are on track to graduate in five years. It should be noted that youth in foster care are disproportionally Black, Latinx, and part of the LGBTQIA community who live in communities that have fewer resources and lower-performing schools. These factors can partially explain why their (youth in foster care) statistics are so much lower than other youth. Socioeconomic disadvantages and structural racism exacerbate the challenges they face in education and other aspects of their lives (Cage et al., 2018). By providing trauma-informed care, we ensure the youth are successful in all domains of their lives and have all the resources they need to prevent the cycle of oppression.

Research conducted by Benbenishty (2018) and Clemens (2018) shows that youth in foster care are more at risk of dropping out of high school, being placed in special education settings, and repeating grades. It is estimated that youth in foster care only graduate high school 50% of the time compared to their peers (Benbenishty et al., 2018). There are also significant gaps in achievement in youth in foster care compared to their peers. There is estimated to be at least a 20-percentage point difference in reading, math, and writing. Every time youth in foster care change placement, there is an additional 2.52 percentage point drop in their academic achievement (Clemens et al., 2018). Riebschleger et al. (2015) stated that foster care youth cite not having stable helping relationships as one of the main reasons they have these significant challenges. If we can implement these trauma-informed training, we will be assisting in solidifying strong relationships for foster youth in foster care. Not only would this assist in increasing their academic achievement, but it would increase their overall functioning. This topic is crucial to the social work profession. Youth in foster care often do not have these helping relationships that facilitate a process of change. These youth experience significant trauma and are constantly moved to different homes and, therefore, lack the helping relationships to promote growth and learning. It is a simple concept, yet it is something that many of these youth lack. We need to be helpers to give youth in foster care the necessary foundation to facilitate their future helping relationships and break the cycle of oppression in the child welfare system.

Needs/Challenges

Training Requirements for Foster Parents

The Foster Care Independence Act of 1999, retrieved from congress.gov, gives a brief overview of what foster parent training should look like. It only stated that foster parents need to be adequately trained and have the appropriate knowledge and skill development level to provide for the child placed in their home. This training should be

done before a child is received and should also be continued after the child is placed. Unfortunately, this leaves much room for interpretation, so every state has different models for training foster parents. Literature shows that some states allow foster parents to choose whether they want to attend any training voluntarily (Walsh, 2018). In contrast, others do not require training to be completed to become licensed foster parents.

Grimm completed a study in 2003 that assessed the required training hours for foster parents across various states. His summary was posted by the National Foster Parent Association, and it stated that the annual training requirements ranged from 6 to 20 hours. There is also no universal check and balance system; the agency is responsible for tracking the training, and it can determine if a foster parent is exempt from training requirements. Two universal trainings have been widely used across 26 states and are considered the gold standard (but not a requirement). These trainings are *Model Approach to Partnerships in Parenting Group Preparation as Selection of Foster and Adoptive Families (MAPP/GPS)* and *Foster Parent Resources for Information, Development, and Education (PRIDE)* (Agosti et al., 2013). MAPP was developed in the 1980s and revised in the 1990s by the Child Welfare Institute, and PRIDE was created in 1993 and modified in 2003 by the Child Welfare League of America. Unfortunately, these training focus more on helping families decide if they want to be foster parents rather than teaching them the skills they need to be foster parents.

Lack of Voice of Youth in Foster Care

Riebschleger et al. (2015) describe that a crucial component in developing trauma-informed training would include the voice of the youth in foster care. This idea needs to be researched more and is a vital component of a trauma-informed system. Konijn et al. (2020) also discussed the need for more research to include the voice of youth in foster care. This would provide vital details from the foster youth perspective as to whether the training is assisting in decreasing their exposure to traumatic events. Including the voice of the youth being oppressed could assist in developing and enhancing the trauma-informed system to provide them with the support they need to succeed. Barnett et al. (2018) discussed another critical gap in research—to examine if there is an impact on training based on how the facilitators are conducting the trainings, their backgrounds, how they communicate the information, and their level of expertise in the field.

Riebschleger et al. (2015) describe qualitative research conducted with foster care youth. These youth stated that early intervention, better-trained foster parents, and continuity in relationships (with foster parents and child welfare workers) would reduce trauma exposure and increase overall functioning. The youth described that if child welfare staff were appropriately trained, they would be better able to be more protective and supportive. Additionally, youth felt that when their foster parents had adequate trauma training, they cared for the children more and made them feel like part of the family. The youth in the study felt that if foster parents had more trauma training, they would be better equipped to handle behavioral challenges, and this would decrease their movements within the foster care system.

It is essential to explore these gaps in research so that these marginalized youth have access to the services they need to thrive. Research shows that trauma impacts normal development; therefore, more must be done to educate and train staff and foster parents. It is also essential to understand that trauma has more significant impacts that perhaps society is unaware of. Beyerlein Bloch (2014) discuss how poverty rates, crime rates, and physical health problems often stem from unresolved childhood trauma. Murphy et al. (2017) discussed that as many as nine out of ten children in the child welfare system have been exposed to trauma, further pushing for the need for more research on developing trauma-informed systems.

Racial Disparity & Incorporating Racial Equity

Over the past five years, the statistics have remained steady, indicating that the majority of children in the child welfare system remain to be either Black or Latinx. According to the American Bar Association, over 50% of Black children in the United States will experience a child welfare investigation, and 10% of those children will be removed. This is double the rate of White children. In 2022, The UN Committee on the Elimination of Racial Discrimination expressed its concern at the "disproportionate number of children of racial and ethnic minorities removed from their families and placed in foster care" in the United States. Research also shows that Black and Latinx children, once placed in the child welfare system, have more placement disruption and are four times less likely to return to their parents (Drake et al., 2023).

Due to the racial disparity, it is necessary for the child welfare system to be informed in Critical Race Theory (CRT), which focuses on social justice and advocates for equity and inclusion. It addresses systematic oppression and emphasizes real-world ways to address racism. It encourages people to work collaboratively towards achieving social changes that are equitable. CRT recognizes that racism and inequality exist and sets forth a framework to work toward being more equitable and promoting social justice. It emphasizes the outcomes that can be achieved if we work collaboratively. Assessing cultural and ethnic differences is crucial and necessary when working with youth in the foster care system. Therefore, the next vital step to ensuring everyone feels heard is utilizing CRT to understand how the child welfare system is failing and how we can begin to make changes. Providing a common language will enhance collaboration toward the goal of social justice and ensure everyone's voice, opinions, and ideas are respected. Hanna et al. (2016) discuss how the shortage of diverse foster parents has led to youth being placed with families of different cultural backgrounds and having to assimilate and lose their identities. Therefore, utilizing CRT is vital for clarifying how trauma-informed training can prevent re-traumatization. This project showed that trauma-informed training and critical race theory can lead child welfare staff and foster parents to use a common language to provide a healthy framework that shows a commitment to providing an environment where youth can thrive both academically and psychologically.

Examples of Successful Implementation

The literature emphasized that being successful in implementing trauma-informed training requires an investment of more than a few hours or days of training. There needs to be investment from everyone from the top down. Leadership development is crucial, enhancing workforce development, teamwork, and collaboration (Mahon et al., 2022). These pilot programs resulted in a decrease in placement disruptions as well as fewer behavioral concerns. There were also reports that staff, foster parents, and youth in care all felt more supported.

Conners-Burrow et al. (2013) discuss implementing trauma-informed training for child welfare staff at an agency in Arkansas. The training consisted of two phases: the first phase focused on training directors and supervisors within the child welfare system during a two-day training period, and phase two focused on training front-line child welfare staff and foster parents utilizing a one-day training model to lessen the workload burden. The results of this study suggested that the training was highly successful, and staff and foster parents stated that it improved their overall knowledge of trauma-informed care and that they could implement effective practices. A three-month follow-up call was placed to see if the same behaviors continued post-training. Both staff and foster parents stated that there was a significant increase in their implementation of trauma-informed practices.

The National Child Traumatic Stress Network created a trauma-informed parenting workshop called *Caring for Children Who Have Experienced Trauma*. The workshop focuses on conceptualizing trauma, broken up into seven sessions, each two hours. Each module contains worksheets that help the foster parent apply the concepts they are learning and allow opportunities for discussion with other foster parents. The training workshops are led by child welfare staff and have a co-facilitator, who is also a foster parent. Sullivan et al. (2016) evaluated this workshop by collecting data from 159 diverse foster parents in North Carolina before and after they completed the workshop. The data collected indicated that the foster parents felt more equipped to meet the needs of the children because of the training and also felt they were less likely to request the child be removed from their home due to behavioral concerns.

Lang et al. (2016) evaluated a statewide initiative in Connecticut, which took steps to create a trauma-informed child welfare system across a 2-year implementation period. The initiative included workforce development, implementing policy changes, creating trauma screening protocols, and partnering with community-based organizations that provided evidence-based mental health treatment. The workforce development activities comprised three components focused on trauma's impact on the children and the staff. The screening activities included developing the use of a TF-CBT tool. The Department of Children and Family Services Commissioner then mandated that the department's policies be guided by trauma-informed practice and devised a policy workgroup to review such policies for implementation. The initial results of the initiative in Connecticut (known as CONCEPT) showed significant improvements across all domains in relation to knowledge about trauma and providing trauma-informed care.

The front-line staff (caseworkers) reported feeling more prepared to work with the children and support them and their families in a more trauma-informed way.

Lotty et al. (2020) discussed their study of foster parents who participated in a trauma-informed training program in Ireland called *Fostering Connections: The Trauma-informed Foster Care Program.* This program focuses on psychoeducation that supports foster parents in providing trauma-informed care to reduce trauma-related behavioral challenges. The program focuses on helping foster parents understand the impact of trauma on the children in their care, the impact of parenting a child who has experienced trauma, and developing a skillset to address the trauma and strengthen their relationship. It is a manualized program with six 3.5-hour sessions. There are group activities, role plays, discussions, and at-home exercises to reinforce what they have learned. The results of this study showed that foster parents felt they could see things through the children's perspective, which helped them be more supportive. They also felt that by promoting healthy environments, the children could share their experiences openly and promote safety in the home. Foster parents felt this was a transformative learning experience that provided an essential framework to work with the children exposed to trauma. It helped change their perspectives and beliefs and decreased the number of movements for the children. Foster parents also felt that it changed how they interacted with the children and provided them with a common language where communication improved.

Murphy et al. (2017) discuss the implementation of Trauma Systems Therapy throughout a large private child welfare system in Kansas. The data they used to analyze the effectiveness of trauma-informed care was taken over three years. Of the 1,499 children in the sample, approximately half of the children had a partial or full diagnosis of PTSD. All staff were trained in the Trauma Systems Therapy model, which was implemented over three years. The results of the study indicated that emotional and behavioral regulation improved. On average, there was less placement disruption during their time in foster care, with an average of four movements.

Although most literature supports trauma-informed training, there are some limitations that have been discussed by Bunting et al. (2019). Some of these include a limited focus on child and family outcomes, research conducted on small samples with short follow-up periods, and the lack of control groups. However, it should be noted that despite these weaknesses, the literature supports that using trauma-informed models can reduce repeated trauma exposure to youth in foster care as well as improve the overall care these youth receive while in the child welfare system.

The Benefit of Trauma Informed Training

When child welfare staff and foster parents are trained in trauma-informed practices and become supportive allies to the children and youth in foster care, research shows that this promotes resilience in the youth and leads to a connection in establishing relationships. It also promotes placement stability for the youth (Bartlett, 2018), which has a significant impact on psychological outcomes. Therefore, systems to prevent this disruption would positively impact the youth. Beyerlein & Bloch (2014)

discussed that trauma-informed care is a hopeful solution to this issue of placement instability. It educates parents on how to respond to trauma and teaches them skills for coping with challenging behaviors. Trauma-informed training also emphasizes that children are not to be blamed for their behaviors, and the hope is that the training fosters empathy and patience and creates stability for the youth.

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Bartlett et al. (2020) suggested that when a child welfare agency is trained and practices in a trauma-informed way, we see a reduction in behavioral problems and a decrease in posttraumatic stress. Trauma-informed training assists foster parents and child welfare staff in responding appropriately to children exposed to traumatic events. Trauma-informed care also improves the effectiveness of the child welfare system because it provides a common language for everyone involved in the care of these children. Having a common language also reduces the risk of triggering a child with the language being used. The article also stated that when a person is trained in trauma-informed care, it also helps the caregiver and child welfare staff reflect on their history and helps them identify their triggers and be mindful of their reaction to stressors.

A trauma-informed child welfare system can improve outcomes and facilitate a positive environment where children and youth thrive. Child welfare staff and foster parents are consistently exposed to traumatic events, leading to compassion fatigue and vicarious trauma (Beer et al., 2021). Being trauma-informed trained assists staff ability to normalize their feelings as well as provides a safe space to express their emotions, which leads to overall better care for the youth in foster care.

Implementing trauma-informed care has some proven results within the foster care system and can improve the overall well-being of youth in care; therefore, securing funding to continue research and implementation is crucial (Conners-Burrow et al., 2013). If the needs of the youth in care are prioritized, and there is a focus on their emotional needs, perhaps further trauma exposure can be prevented, and there might be a decrease in placements as well as a decrease in the need for psychotropic medication and hospitalizations. Child welfare workers and foster parents would have the skill set to manage the trauma triggers and build healthy relationships where the youth feel supported and thrive.

The use of trauma-informed practices in the child welfare sector is crucial. Although there is a push to commit to this practice, there needs to be more funding or research to support this change in thinking. According to the Child Welfare Information Gateway (2020), the goals of the child welfare system are to provide safety and permanency and to enhance the overall well-being of the youth. For this to happen, there must be a commitment to providing the resources to the staff and foster parents.

Current Efforts

Legislation

Over the past 40 years, federal laws have shaped how the child welfare system operates. Most recently, the shift is towards establishing trauma-informed care and

enhancing collaboration between child welfare workers, foster parents, and behavioral health providers. Federal legislation is looking for outcomes based on performance data. In March 2017, the National Conference of State Legislatures found 40 bills in 18 states that discussed the need for trauma-informed practices. No bills were introduced that required child welfare staff and foster parents to be trained in trauma-informed care (Center for Health Strategies, 2017). The Children's Bureau is pushing for changes at a national level to the child welfare system. They have five strategies they are pushing for related to the implementation of trauma-informed practices. Middleton et al. (2019) described these five strategies as changing the focus to preventing maltreatment, prioritizing the importance of family involvement, focusing interventions on being trauma-informed, building capacity for community providers to be trauma-informed, and developing informed and competent child welfare workforces.

In 2018, The Family First Prevention Services Act was passed. This Act highlights the need for trauma-informed care and services (utilizing evidence-based programs) for children and their families before entering the child welfare system. This Act is a preventive measure to reduce the need for children to be admitted into foster care. According to the U.S. Department of Health and Human Services, in 2020, 6,349 children were admitted into foster care, and 60% of those families (3,824) did not receive any prevention services in the 12 months before their admission into care. A preventative approach is crucial in New York State. The hope is that providing trauma-informed services to families before child welfare involvement will reduce their risks and provide them with the services they need.

In 2018, the SUPPORT law went into effect (SAMHSA, 2018). Although the aim was to support communities associated with substance abuse, this law established a task force on trauma-informed care to address trauma's impact on children's healthy development. The task force's goal is to make recommendations as to best practices for children and families that have experienced trauma or are at risk and, secondly, explore ways in which agencies can coordinate care for these families that have been exposed to trauma. The SUPPORT law demonstrates the need for advocacy to create a trauma-informed lens for children and families who continue to suffer from race inequities.

In June of 2021, the RISE from Trauma Act was introduced in the New York State Senate, which would expand trauma-informed training to schools, health care settings, first responders, and child welfare agencies. It would also assist with building community support to address trauma. In 2022, Assembly Bill A7476 was introduced and is still in committee. This bill will enact the "New York City Training and Comprehension of Trauma in Children Act," which will provide trauma-informed care training to teachers in the city of New York. In October of 2022, the Community Mental Wellness and Resilience Act was introduced to the House and referred to the subcommittee on health. This Act would assist in creating community resources to assist in the prevention of traumatic events.

Legislation such as the Family First Prevention Act has made grant money available to child welfare agencies to support recruitment and retention of high-quality

foster families. The Family First Act prioritized trauma-informed practices not only when youth are in foster care but also prior to placement to avoid another traumatic event. Since one of the significant barriers to providing trauma-informed care to youth in foster care is financial assistance, this Act can be a crucial component to moving towards a more trauma-informed lens in the child welfare system.

Resources

Trauma-informed training will produce better outcomes for the youth in foster care. Resources, such as Trauma System Care (Casey Foundation), Child Welfare Trauma Informed Toolkit (SAMHSA), and various resources on The National Child Traumatic Stress Network, are available to agencies to implement trauma-informed care into their practices. According to the U.S. Department of Health and Human Services (HHS, 2021), some of the improvements associated with implementing trauma-informed training are that fewer youth in foster care required crisis services, there was a decrease in the use of psychotropic medication, there were fewer movements, and overall improved functioning for the youth in care. Foster parents need more effective training to reduce burnout, which could lead to them ceasing their relationships with foster children. With a commitment to ongoing training and support, there can be a decrease in the risk of placement instability and a reduction in the re-traumatization of foster care youth.

The Chadwick Trauma-Informed Systems Dissemination and Implementation Project has various sources agencies can use to implement trauma-informed care training across systems. There is a guide for administrators, a desk guide for mental health professionals, a desk guide for child welfare staff, a guide on how to apply a trauma lens, and a community assessment tool to assess the readiness of the workforce to use the trauma lens. Throughout these guides and resources, there is a description of what the essential elements of a trauma-informed child welfare system would have. The essential elements are maximizing the physical and psychological safety of children and their families, enhancing the well-being and resilience of the children in care, creating partnerships with those who have been involved with the child welfare system, screening for trauma-related needs, enhancing the well-being and resilience of the workforce with the child welfare system, and creating partnerships with agencies to ensure everyone is working with a trauma-informed lens.

Remaining Barriers

Federal Level Barriers

Although The Family First Prevention Services Act of 2018 is a great start, the requirement to use evidence-based programs is a challenge. Many approved evidence-based programs are not designed to serve diverse populations (Newman, 2017). Limited evidence shows these modalities' effectiveness in serving ethnic and culturally diverse populations. There are many racial disparities and inequities in the child welfare system; therefore, there must be a more in-depth analysis through a broader lens of the best approaches. The Office of Children and Family Services has stated that over 50%

of African American children in the United States experience child welfare engagement by their 18th birthday and are disproportionately placed into foster care. The Office of Children and Family Services is making progress in shifting resources from foster care to prevention. However, more must be done to eliminate disparities and further promote equity within this broken system.

Agency Level Barriers

The child welfare system becoming trauma-informed means more than just training. Everyone, starting from the top down, must be invested in and want the change (Connell et al., 2019). This will then assist with a change in the behavior, leading to a shift in the policies and how things are approached. However, getting buy-in from everyone is difficult, as there will always be resistance to change. Another challenge is that no one understands what it means to be a completely trauma-informed trained system because the concept has never been fully implemented. Additionally, its guidelines constantly change (Akin, 2017).

Lang et al. (2017) noted that many common challenges associated with implementing trauma-informed care and screening were associated with agency systems. Some of the most significant barriers reported are IT systems that need to be better suited for data collection and input, agency culture, and a need for more resources (mental health providers) that are local to the agencies. Middleton et al. (2015) describe that another barrier to successfully implementing trauma-informed practices was the lack of focus on ensuring staff self-care opportunities and monitoring self-care to ensure that anyone suffering from vicarious trauma was receiving assistance=.

The size of caseloads and workloads is often cited in the literature as a barrier to child welfare agencies implementing trauma-informed training and practices. Most states have mandated a maximum of 15 cases per worker; however, a family with eight children is only considered one case. This leaves less time for basic case requirements and staff resistance to implementing a new model. Weeks (2020) discussed that these high caseloads lead to turnover and inability to participate in other training. Conners-Burrow et al. (2013) cited many barriers to child welfare staff providing trauma-informed care. These barriers included compassion fatigue, burnout, stress with meeting agency requirements, moving children, and addressing concerns from outside agencies. Crisis management takes priority, which means trauma assessments are likely never done. Literature also stated that many child welfare workers and foster parents do not feel adequate to address trauma needs and therefore are reluctant to have these discussions with the youth. They fear starting the discussion and not being able to handle the responses.

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Lang et al. (2016) discussed other barriers to implementing trauma-informed training and care initiative fatigue and staff resistance to adding another responsibility to their job description. They also discussed concerns around having resources (both financial and workforce) to ensure they can sustain the ongoing training and fidelity to the models. Lang et al. (2017) also discussed that there are substantial financial

implications to becoming trauma-informed and for a system-wide change to occur; therefore, a cost analysis needs to be done. More research is needed in the area of cost savings so that there can be a push for more funding. Weeks (2020) also discussed how insufficient funding to implement trauma-informed training is a huge barrier, and that funders often drive how things are being done, such as policies and procedures that may hinder implementation success. Therefore, the need for more funding and flexibility with funding continues to delay the successful implementation of trauma-informed training.

Jankowski et al. (2019) discussed funding being an ongoing barrier to facilitating the change in the child welfare system and included high staff turnover as a significant barrier. The high staff turnover then leads to a shortage in staff, which trickles down to higher caseloads and staff burnout. There needs to be a push for the government to provide more funding to facilitate training and decrease staff turnover. Weeks (2020) discussed that having the support of external stakeholders (court systems, behavioral health providers, and schools) also helps the successful implementation of trauma-informed care.

According to Sullivan et al. (2016), when child welfare staff and foster parents are not trained in trauma-informed practices, there is the possibility of misunderstanding what a child has gone through, which can be detrimental to the established relationship. When foster parents and child welfare workers are not trauma-informed trained, they may misinterpret symptoms such as disruptive behavior problems, leading to the use of psychotropic medication treatment or little to no other intervention. This also can lead to placement disruptions, which re-traumatize the youth. Sullivan et al. (2016) cited that the biggest reason for placement disruption is the lack of parent training needed to support the high needs of youth in foster care.

Weeks (2020) discusses that engaging leadership in applying trauma-informed care will facilitate a successful implementation. This in turn assists in setting the tone for staff and foster parents, which implies the agency's commitment to change. This links directly to the Diffusion of Innovation theory that states change is likely to occur if there is buy-in from leadership. Another facilitator Weeks (2020) discussed was the importance of involving external stakeholders such as community partners, schools, and courts in implementing training to become more trauma-informed. A shared understanding leads to a shared language, which increases the ability to work together to ensure external stakeholders are not causing more harm to the youth.

Recommendations for Next Steps

Policy

More needs to be done to advocate for changes. Child welfare agencies must begin to shift their policies and implement mandatory trauma-informed training for both foster parents and staff. Agencies can begin efforts at a state level and then a federal level. Many organizations such as PressOn, CHAMPS-NY, COFCCA, and the Campaign for Trauma-Informed Policy and Practice aim to educate community partners and Congress on what policies would help mitigate trauma and build a more trauma-informed child welfare sector. These organizations are advocating for funding to assist

with hiring more staff to decrease burnout rates as well as decrease caseload size, more funding to increase training opportunities, as well as develop structures needed to support the training systems created. They are also advocating for more stakeholder training to assist in developing a trauma-informed workforce.

Practice

Foster parents and child welfare staff are not sufficiently trained and do not have the expertise to work with youth from different intersecting identities. A shortage of diverse foster parents has led to children and youth being placed with families of different cultural backgrounds and having to assimilate and lose their identities. More needs to be done when working with this vulnerable population. In addition to trauma-informed care training, mental health practitioners serving these youth must be well-versed in evidence-based practices to build their resilience. By providing trauma-specific interventions to youth in foster care, mental health practitioners can effectively assist youth in addressing their trauma histories. Case managers must also be trained in trauma-informed care to be able to provide the psychoeducation the foster parents need to assist the youth in their care.

Research

There must be more research that focuses on the voice of the youth in foster care as to what is lacking in the child welfare system. Their needs are not being heard. When speaking with a former youth in care, one of the most common themes discussed was the need for foster parents to have more training on trauma. Too often, youth are labeled as "bad" when they appear to be "acting out." However, more trauma training would lead to a better understanding of trauma reactions, and more could be done to help facilitate emotional growth for these youth. Former youth in foster care have expressed that they often felt unheard or undervalued. If they had more supportive caseworkers and foster parents, perhaps their experiences would have been different.

Why This Matters

When staff and foster parents have a solid understanding of trauma, its impact on development, and how caring and supportive relationships with adults help young people build resilience, they can create a safe environment where children can thrive (Murphy et al., 2017). To improve outcomes for this marginalized population, the child welfare sector must address the trauma needs of youth in foster care. By directly addressing these needs, systems that work collaboratively with youth in foster care will be able to provide them opportunities to heal from their trauma and form helping relationships with their foster parents and child welfare staff. The hope is that these relationships will lead them to successful lives where they can live independently (Jim Casey Youth Initiative, 2012). By implementing a mandate to train child welfare staff and foster parents in an evidence-based trauma-informed model, all systems that interact with young people in foster care benefit, and the re-traumatization of children will stop (Agosti et al., 2013). The aim is for both foster parents and staff to use a

common language and have the skill set needed to stop the re-traumatization of these youth. In doing this, the youth in foster care can develop more appropriate coping skills, leading to fewer moves while in care.

Supporting the need for policy change and mandating this training will begin shaping how the social work profession can impact one of the most oppressed groups. It will promote equity and help build resilience and strength in these youth. Suppose there is enforcement of a trauma-informed lens, and the agencies routinely screen children and families for exposure to trauma and use culturally sensitive practices to treat their mental health needs. In that case, it will begin to provide a safe environment where children and families can thrive (Harvard Women's Health Watch, 2019). Supporting the need for this policy will emphasize the need for collaboration across systems, strengthen the resilience of families, and most importantly, decrease the continued exposure to traumatic events.

Research conducted by Gourdine (2019) and Benbenishty et al. (2018) shows that there needs to be in-depth examinations of child welfare policies and the effects of cultural differences between children and their foster parents. There needs to be a focus on building a sense of awareness and training potential foster parents to decrease the impact that placement has on these youth. Foster parents should be trained on best practices (trauma-informed) and cultural competence training to reduce oppression among these marginalized children. Caseworkers should also be trained on intergenerational trauma to understand the social imbalances that may have led to foster care placement. "Using data to evaluate child welfare practices and policies can help inform policy decisions…to improve the well-being of the children involved in the system" (Gourdine, 2019, p. 82). This is crucial to ensure we are fighting for social justice. There cannot be a one-size-fits-all all model within the child welfare sector. The system must become more educated and self-aware of implicit biases to do this work. Agencies need to teach foster parents and child welfare workers how to assist in ensuring they are not part of the problem, and the only way to do this is to become trauma-informed in our practices.

Youth in foster care are more at risk of being re-traumatized; therefore, steps must be taken to safeguard them. Recruitment of diverse foster parents is also critical to decrease the risk of youth assimilating into different traditions or losing their self-identity (Anyon, 2011). Due to culturally insensitivechild welfare practices, children are being placed in homes where they do not identify with the foster parents (Hanna et al., 2016). Trauma-informed care training must be mandated for child welfare staff and foster parents. This will assist youth in foster care in developing helping relationships with those they most identify with. This training will begin a process to assist in facilitating the staff and the foster parents to use a common language to provide a healthy framework when working with the youth. It will ensure they facilitate the change process by gaining trust and showing empathy to these youth. Embedded in this training, there needs to be a module on critical race theory. This will give them the foundation to understand why advocating, forming a helping relationship, and supporting foster care youth is essential. This training may also decrease staff burnout and disruptions in foster care placements. If both staff and foster parents understand intersecting identities and the need to hear

the narratives of these youth in their own words, only then will there start to be positive changes and facilitate the process of change needed.

Conclusion

Over the past 10 years, efforts have increased to provide trauma-informed training to child welfare staff and foster parents. It requires combined efforts across various systems. However, youth will have long-lasting effects if this is not done. They will continue to be retraumatized. There needs to be a focus on building resiliency and making the child welfare system a safe and brave space for those who need to heal from their trauma. Change is difficult; there will always be resistance. Therefore, it is essential to have adaptive leaders to lead this charge. Some states now hold foster care agencies accountable for their outcomes, basing funding on their results (Casey Family Programs, 2011). This practice may be helpful to move this initiative forward and keep the importance of trauma-informed training at the forefront. Therefore, the time is now to shift the focus to a trauma-informed lens. It is a commitment of time that requires much advocacy, but the time is now to stop the social injustices that continue to oppress foster care youth.

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