

The TARA Project

Trauma – Attachment – Resilience into Action

Research Report (Phase 2 and 3)



Co-creation, feasibility and evaluation of trauma-informed approaches in child protection and welfare practice

For TUSLA, Child and Family Agency

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Executive Summary

1. Introduction

The TARA (Trauma, Attachment and Resilience into Action) Project was a ground-breaking partnership between TUSLA, the Child and Family Agency, and University College Cork (UCC), delivered between 2022 and 2026. It was established to support the integration of trauma-informed approaches within child protection and welfare services across the former Dublin South Central Integrated Service Area of TUSLA, now represented by the Dublin South City Network and the Kildare North Dublin West Network.

The project was implemented during a period of significant change within Irish child protection and welfare services. National reforms sought to strengthen service delivery, enhance equity of access, and place children and families more centrally within service planning and decision-making. At the same time, services were operating within a challenging environment characterised by increasing demand, complex and high-risk caseloads, staffing shortages, resource constraints, difficulties securing appropriate placements, and pressures within foster care services. Significant organisational restructuring during the lifetime of the project, including the transition from the former Dublin South Central Area to two separate service networks, added further complexity to the practice environment.

Against this backdrop, the TARA Project responded to a growing recognition of the impact of trauma and adversity on children, families, communities, and the workforce supporting them. It was underpinned by a shared commitment to improving outcomes for children and families through trauma-informed, relationship-based, and resilience-focused practice. The partnership brought together TUSLA's commitment to service enhancement with UCC's expertise in trauma-informed practice, professional education, and applied research, with the aim of translating evidence-informed knowledge into meaningful improvements in everyday child protection and welfare practice.

Central to the project was the recognition that effective responses to trauma and adversity require more than developing the knowledge and skills of individual practitioners. Sustainable trauma-informed practice also depends on creating organisational and systemic conditions that enable practitioners and teams to respond more effectively to the needs of children and families, while supporting workforce wellbeing, resilience, and professional capability. The TARA Project therefore adopted a multi-level approach, combining workforce development, participatory co-creation, implementation support, and evaluation to strengthen trauma-informed practice across individual, team, organisational, and service-system levels.

2. Project Design

The TARA Project was implemented across three phases between 2022 and 2026 to support the integration of trauma-informed practice within child protection and welfare services.

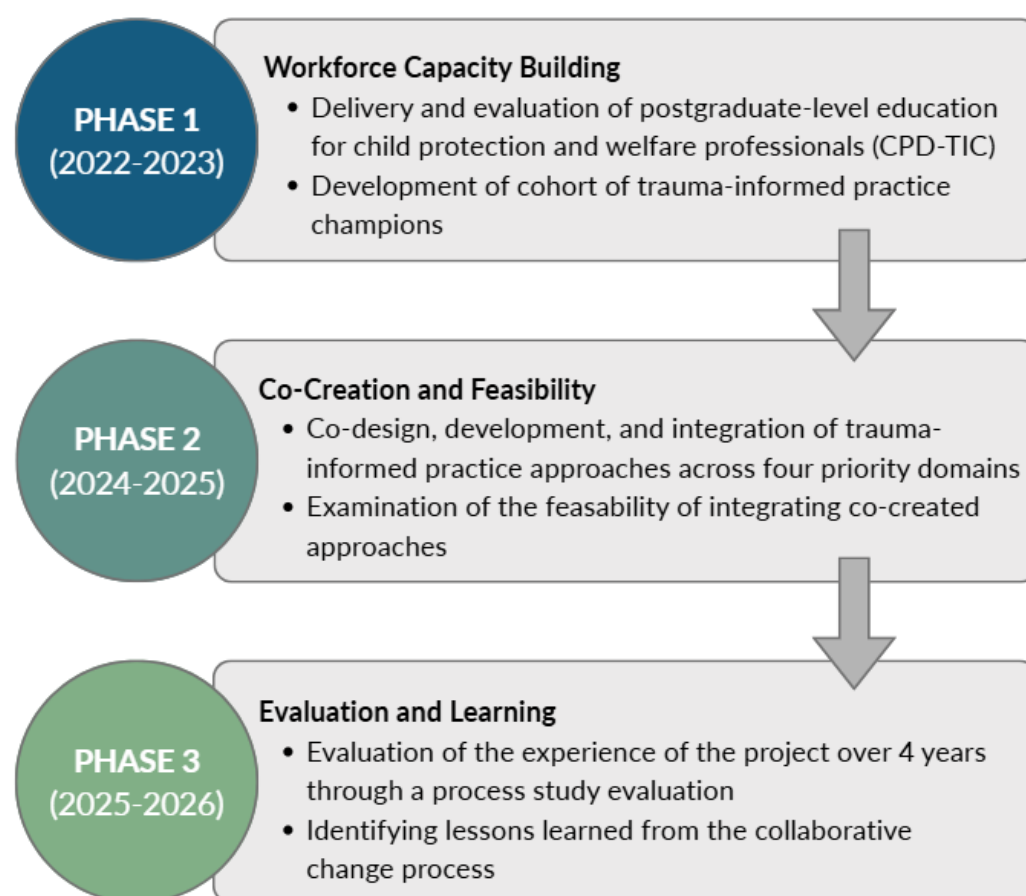


Figure 1: TARA Project Phases

Phase 1: Workforce Capacity Building (2022-2023) focused on strengthening workforce knowledge and skills through the [UCC Postgraduate Continuing Professional Development Certificate in Trauma-Informed Care: Theory and Practice](#).

Evaluation findings demonstrated improvements in trauma-informed knowledge, professional confidence, compassion satisfaction, and practitioners' capacity to apply trauma-informed principles in their work. This phase was informed by the TARA Practice Model, which supports practitioners to integrate contemporary trauma theory with existing practice wisdom. The TARA Project Phase 1 was completed in 2023, and the report is available at: [TARA Project Phase 1 Report December 2023](#).

Four priority domains for further trauma-informed practice development were identified:



Practitioner Resilience

Collaborative Practice

Working with Children and Families

The Child's Journey

Phase 2: Co-Creation and Feasibility (2024-2025) focused on collaboratively developing and testing trauma-informed approaches across these four domains. Using a participatory approach, practitioners, managers, young people, families, foster carers, and community partners worked together to design practical resources and service improvements relevant to frontline child protection and welfare settings.

Phase 3: Evaluation and Learning (2025-2026) examined the implementation and perceived impact of the TARA Project over its four-year duration, exploring how trauma-informed approaches influenced practice, service development, and organisational culture.

Key Stages of the Research

In Co-Creation and Feasibility (Phase 2) and Evaluation and Learning (Phase 3) the project employed a sequential mixed-methods design comprising three interconnected studies: a Qualitative Study, a Feasibility Study, and a Process Evaluation Study.

Stage 1: Cluster Development and Set-Up

Four trauma-informed practice clusters were established, involving 31 participants from child protection and welfare services. Each cluster focused on one of the four priority domains and was supported by a university-based facilitator who delivered workshops and provided ongoing support.

Stage 2: Co-Creation of Trauma-Informed Approaches

Using a participatory and improvement-focused methodology informed by the Breakthrough Series Collaborative and Plan-Do-Study-Act cycles, cluster members worked together to develop trauma-informed resources, tools, and practice enhancements. The co-creation process was documented through a qualitative study involving interviews with cluster participants.

Stage 3: Feasibility Testing and Showcase

The co-created outputs were presented through a showcase event and evaluated to assess their acceptability, appropriateness, and feasibility for wider implementation across services.

Stage 4: Finalisation and Dissemination

Feedback from feasibility testing informed the refinement of the outputs prior to dissemination to the wider child protection and welfare workforce.

Stage 5: Process Evaluation

A comprehensive process evaluation explored stakeholder experiences of the project and its impact on practice. Data were collected through focus groups and interviews with practitioners, managers, parents, foster carers, and agency partners. The evaluation examined both the implementation of the co-created approaches and broader developments in trauma-informed practice across the research site.

3. TARA Project Outputs

The four cluster groups produced six high-quality, workforce-endorsed practice approaches, internationally reviewed and published on the TARA Project website (see: [Tara Project Practice Outputs | University College Cork](#)).

Practitioner Resilience

The Practitioner Resilience Cluster developed a resource that offers prompts to support supervisors and supervisees to reflect on the environment in which supervision takes place. The questions are not intended as a checklist but as a way to encourage meaningful discussion and positive change.

Link to resource: [Practitioner Resilience: Professional Supervision Environment](#)

The Communication Cogs

The Communications Cogs Cluster created an easy-to-use resource that highlights, recognises, and addresses communication and its role in building, forming and retaining relationships with families, external agencies and within TUSLA.

Link to resources:

- [Communication Cogs background](#)
- [Communication Cogs glance cards](#)

The Ripple Effect

The Ripple Effect Cluster created a concrete resource that highlights, recognises, and addresses the needs of children and workers during difficult transitions for children in care, reducing stress and promoting resilience.

Link to resources:

- [Video 1: Ripple Cluster Initiative: What we want to change](#)
- [Video 2: Ripples of Waiting: The Experience of Children and Workers waiting for a new foster home](#)
- [Video 3: Ripples of Change: Practice changes with transitional spaces](#)
- [Video 4: Ripples of Moving](#)

- [Video 5: Ripples of Arriving: A child's and worker's experience of arriving to an emergency foster home](#)
- [Video 6: Ripples of Change: Reflections on changes of practice](#)
- [The Ripple Effect Guidance Document](#)

The Time Bandits

The Time Bandits created three resources:

1. A sensory pack to enhance the travel experience for children in care that promotes choice, engagement, and emotional expression. These packs aimed to support relational connection with access workers, fostering collaboration and trust while empowering children to manage transitions. Link to resource: [Time Bandits: Sensory Pack](#)
2. Bringing Kids Together (BKT) groupwork intervention was developed as a TARA-informed inclusive groupwork approach for foster children and children who foster. Link to resource: [Time Bandits: BringingKidsTogether](#)
3. The Fostering Team developed a whole-team approach. It represents a deliberate shift away from viewing the child as the “problem” to be fixed and instead adopts an ecological lens that recognises the impact of traumatising experiences and ongoing stressors within a child's wider system. The approach promotes shared responsibility across professionals and foster carers in understanding trauma and responding in ways that support recovery and resilience. Link to resource: [Time Bandits: Whole Team Foster Care](#)

4. Key Findings

The findings from Phases 2 and 3 of the TARA Project provide encouraging evidence that trauma-informed approaches can be successfully developed, implemented, and embedded within child protection and welfare services through a participatory, practitioner-led model. Across the Qualitative Study, Feasibility Study, and Process Evaluation Study, participants reported meaningful changes in practice, culture, collaboration, and workforce capacity. At the same time, the findings highlight the organisational challenges involved in sustaining trauma-informed practice within high-pressure service environments.

Practitioner Engagement and Co-Production

A consistent finding across the studies was the high level of practitioner commitment and engagement with the TARA Project. Practitioners valued the opportunity to identify service needs, co-create solutions, and shape approaches that were directly relevant to their work. The cluster-based model promoted ownership, motivation, and active participation, while multidisciplinary collaboration strengthened professional relationships, reflective practice, and shared learning.

The six co-created trauma-informed approaches were strongly endorsed by participants as acceptable, appropriate, and feasible for child welfare settings. The findings demonstrate that practitioner-led innovation can generate practical, contextually relevant resources that support trauma-informed, relational, and child-centred practice.

Development of a Trauma-Informed Culture

The research suggests that the TARA Project contributed to a significant shift towards a more trauma-informed culture within the research site. Participants described the development of a shared trauma-informed language, increased reflective practice, stronger collaborative relationships, and greater awareness of the impact of trauma on children, families, and staff.

Trauma-informed principles became increasingly integrated into everyday practice, workforce development activities, staff induction processes, and service planning. The findings indicate movement beyond isolated approaches towards broader cultural change, with practitioners reporting greater confidence in applying trauma-informed approaches in their work.

Workforce Capacity Building

The findings reinforce the value of ongoing workforce development and evidence-based trauma training. Participants identified postgraduate trauma-informed education, the UCC *Postgraduate Continuing Professional Development Certificate in Trauma-Informed Care* (CPD-TIC), as an important mechanism for strengthening trauma knowledge and supporting the translation of learning into practice.

Similarly, the *Fostering Connections: Trauma-Informed Foster Care Programme* was viewed as a valuable resource in supporting foster carers' understanding of trauma and strengthening trauma-informed caregiving practices.

Impact of the Co-Created Approaches

The Process Evaluation found that approaches were most likely to be implemented when they were practical, accessible, and provided immediate benefits for children, families, and practitioners. Resources such as the TARA File Review Tool were perceived as particularly useful because they could be readily integrated into routine practice.

The findings also demonstrated that implementation success depended not only on the quality of the approaches themselves but on the organisational supports available to sustain them. Where resources, dissemination strategies, protected time, and leadership support were available, approaches were more likely to become embedded in practice.

Importance of Relationships and Collaboration

Relational practice emerged as a central mechanism through which change occurred. Participants emphasised the importance of trusted relationships, collaborative working, reflective supervision, and psychological safety in supporting trauma-informed practice.

Improved communication and collaboration between services contributed to the development of a shared language and common understanding of trauma-informed practice. However, participants noted that progress often relied on the commitment of individual practitioners rather than systematic organisational structures, highlighting the need for stronger and more consistent interagency collaboration.

Organisational Challenges and Barriers

Despite positive developments, all three studies identified significant organisational barriers to sustaining trauma-informed practice. Practitioners worked within a context characterised by high workloads, staffing pressures, competing priorities, regulatory demands, inspections, and ongoing organisational reform.

These factors limited opportunities for reflective practice, reduced protected time for implementation activities, and created challenges for sustaining momentum. The findings demonstrate that practitioner commitment alone is insufficient to maintain trauma-informed change without adequate organisational resources, leadership support, and workforce capacity.

Sustainability and System-Level Change

The research highlights a tension between aspirations for trauma-informed practice and the realities of a system undergoing significant transition. Continued progress was often dependent on individual motivation rather than being fully embedded within organisational structures.

Participants also identified inconsistencies in trauma-informed practice across related services, including education, healthcare, and community organisations. These gaps were seen as barriers to continuity of care for children and families and reinforced the importance of developing a more coordinated, sector-wide approach to trauma-informed practice.

Overall Conclusion

Taken together, the findings demonstrate that participatory, cluster-based approaches can successfully support the co-creation and implementation of trauma-informed practice within child protection and welfare services. The TARA Project contributed to increased trauma-informed knowledge, stronger collaboration, enhanced reflective practice, and meaningful cultural change within the research site.

However, the findings also demonstrate that sustainable implementation requires more than individual commitment. Long-term success depends on organisational readiness, leadership commitment, protected time, workforce development, and coordinated trauma-informed approaches across the wider child and family service system. The TARA Project therefore provides both evidence of what is achievable through collaborative trauma-informed practice development and important lessons for sustaining such change over time.

IMPLEMENTATION

Drivers:

- Tangible, accessible, user-friendly approaches with immediate practice function (Bringing Kids Together; TARA File Review)
- Evidence-based trauma-informed postgraduate level training builds knowledge: *UCC Postgraduate Continuing Professional Development Certificate in Trauma-Informed Care* (CPD-TIC)
- Targeted interventions: value of the *Fostering Connections: Trauma-informed Foster Care Programme*

Barriers:

- Inadequate organisational support and dissemination: example of the Communication Cogs
- Limited protected time for development, dissemination, and sustained use

MECHANISMS OF IMPACT

Changes in practice and culture:

- Shift towards a trauma-informed culture, though incomplete
- Shared trauma-informed language
- Active use of TARA-based resources, tools, and co-created approaches in daily practice
- Caregivers apply learning from the *Fostering Connections Programme* in everyday interactions

Relational working:

- Dedicated, knowledgeable workers are central to trauma-informed practice and to caregivers' feelings of safety and support
- TARA provides a framework through which relational approaches could be understood, reinforced, and reemphasised

Inter-agency working:

- Increased communication and collaborative working between services support the development of a common language and approach
- Gaps in inter-agency collaboration remain and progress depends on individual commitment

CONTEXTUAL ISSUES

Organisational context:

- Tension between the promotion of trauma-informed approaches and a system in reform transition
- System characterised by staff turnover, unallocated cases, and disrupted continuity of care
- Progress relies on individual motivation rather than being embedded within organisational structures

Workforce and leadership:

- Consistent and supportive leadership is needed to provide the space for participation and resources to sustain progress
- Momentum for change is potentially lost without executive management support

The wider community context:

- Inconsistent trauma-informed approaches across community services disrupt continuity of care
- Priority sectors are schools and healthcare; initiatives like the TARA-ED Green Zone Project show how trauma-informed practice can be extended into a primary school setting

Figure 2: Process Evaluation Study Findings

5. Recommendations

The project recommendations are proposed across three categories: recommendations for project replication, organisational learning, and for a system-wide trauma-informed integration.

Recommendations for Project Replication

To support the successful implementation of future trauma-informed, participatory change approaches:

1. **Adopt a university-community partnership approach.** The findings demonstrate that collaborative partnerships between universities and service organisations provide an effective model for generating practice-based knowledge and supporting the integration of trauma-informed practices. This partnership model should be considered a key approach for embedding trauma-informed practice across child and family service systems.
2. **Assess organisational readiness and context prior to implementation.** Consider existing service demands, workforce capacity, organisational reform processes, and inspection schedules to ensure project activities are realistic, achievable, and responsive to local contexts.
3. **Invest in workforce capacity building.** Expand access to postgraduate-level trauma-informed education programmes, such as those provided by University College Cork, to strengthen knowledge and skills across all staff roles and levels of responsibility.
4. **Identify service-specific needs through workforce engagement.** Engage practitioners in identifying priority areas where trauma-informed approaches can enhance practice, address service gaps, and improve outcomes for children and families.
5. **Develop local trauma-informed champions.** Identify and support practitioners with an interest in trauma-informed practice to participate in cluster groups and lead the co-creation and implementation of service improvements.
6. **Communicate expectations clearly during cluster recruitment.** Provide comprehensive information regarding project timelines, workload commitments,

expected outputs, and available supports to promote shared understanding and engagement from the outset.

7. **Ensure balanced representation within clusters.** Cluster membership should include a diverse mix of professional disciplines, grades, and roles, while avoiding an overrepresentation of management personnel, to ensure all perspectives are represented.
8. **Provide expert cluster facilitation.** Cluster facilitators should possess substantial expertise in trauma-informed practice, a strong understanding of the theoretical foundations and practical application of the TARA Practice Model, and advanced group facilitation skills to effectively guide participatory change processes.
9. **Maintain continuity of cluster facilitation.** Consistent facilitation throughout the project should be prioritised, supported by regular contact and follow-up between workshops to sustain momentum, strengthen relationships, and enhance participant engagement.
10. **Provide protected time for participation.** Dedicated time for cluster activities should be formally agreed with senior management from the outset, with sufficient organisational resources allocated to support meaningful engagement.
11. **Build in evaluation mechanisms.** Implement ongoing evaluation processes to assess both project outcomes and participant experiences. Evaluation should capture the perspectives of children, young people, families, carers, and practitioners to ensure continuous learning, inform future developments, and support the ongoing refinement of trauma-informed practice.

Recommendations for Organisational Learning

To embed and sustain trauma-informed practice within organisations:

1. **Integrate trauma-informed practices into workforce development.** Trauma-informed practice should be embedded in both staff induction programmes and ongoing professional development pathways.
2. **Embed and scale trauma-informed resources across TUSLA.** Integrate TARA Project learning, resources, and tools into workforce development platforms, including HSELand, the TUSLA Hub, and EPPI (Empowering Practitioners and

Practice Initiative), and disseminate these across the organisation to support consistent trauma-informed practice.

3. **Support continuity during organisational change.** Clear communication regarding the impact of organisational reforms on ongoing approaches is essential. Transition planning should preserve successful practice developments and mitigate staff concerns regarding continuity of care and service provision.
4. **Sustain workforce capacity through ongoing development.** Ongoing support to sustain this capacity should include the provision of an annual event to support developments and learnings, as well as aligned continuous professional development activities.
5. **Sustain collaborative relationships beyond project completion.** Organisations should build on the stronger interdisciplinary and cross-team relationships established through cluster participation to support ongoing learning, collaboration, and innovation.

Recommendations for a System-Wide Trauma-Informed Integration

To strengthen the implementation of trauma-informed practice across child-serving systems of care.

1. **Improve dissemination and accessibility of trauma-informed practice resources.** TARA Project information, resources, and approaches should be consistently signposted across key agency partner platforms, including the Early Years Education and Care, Child and Family Services, School leaders, teachers and Guidance Counsellors, Health, Youth Justice services and other relevant services.
2. **Include trauma-informed content in staff induction programmes.** All newly appointed staff should receive foundational trauma-informed training as part of their induction process.
3. **Strengthen trauma-informed education within professional training programmes.** Universities should integrate trauma-informed practice into social work, social care, health, education, family support, early years, youth and community work curricula including engagement with placement practice teachers to reinforce learning in practice settings.

4. **Develop dedicated post qualifying trauma-informed modules in higher education.**

Universities should establish continuing professional development in trauma-informed practice for child serving professionals.

5. **Establish ongoing evaluation mechanisms.** Future implementation and sustainability efforts should include the perspectives of children, young people, families, foster carers, and staff to ensure trauma-informed approaches remain responsive, effective, and grounded in lived experience.

1.

Project Overview

1.1 Introduction

The TARA (Trauma, Attachment and Resilience into Action) Project represents a unique partnership established between TUSLA Dublin South Central and University College Cork (UCC) in 2022. The former Dublin South Central Area was reconfigured into two separate networks in January 2026, during the latter stages of the project; Dublin South City Network and Kildare North Dublin West Network. The project sought to support the integration of trauma-informed practices across the research site. The overarching aim of the project was to strengthen practice responses to the complex needs of children and families engaging with services, while supporting workforce development and organisational capacity for trauma-informed practice. Bringing together the research site's commitment to practice improvement and UCC's expertise in trauma-informed practice, professional education, and applied research, the partnership sought to bridge the gap between trauma-informed knowledge and its application within everyday frontline practice.

This chapter provides an overview of the TARA Project and the TARA Practice Model, which provided the conceptual framework underpinning the project. It outlines the project's phased approach, beginning with workforce capacity building (Phase 1) and progressing towards the co-creation, and feasibility testing (Phase 2), and process evaluation and learning of trauma-informed approaches integration (Phase 3). It situates the project within the wider Irish child protection and welfare context, and, more specifically, the research site.

1.2 The TARA Project Approach

The TARA Project represents an ambitious attempt to move trauma-informed practice from theory into practice through a structured, collaborative, and workforce-led

process. Recognising the complexity of embedding trauma-informed practices within child protection and welfare organisations, the project adopted a three-phase approach between 2022 and 2026, with each phase building upon the progress of the previous stage.

Central to the project was the development and application of the TARA (Trauma, Attachment and Resilience into Action) Practice Model (Lotty, 2023). Developed in response to the specific challenges of integrating trauma-informed practices within Irish child protection and welfare services, the model seeks to embed trauma-informed approaches across all organisational domains, including governance, leadership, policy, workforce development, supervision, service delivery, and evaluation. It defines trauma-informed practice as:

"A holistic therapeutic practice approach that reflects a mindset and skillset that promotes empowerment and growth for both the service user with lived and/or living experience of trauma and for the practitioner working with trauma" (Lotty, 2021b, p. 165).

This definition places equal emphasis on the experiences of service users and practitioners, recognising that sustainable trauma-informed systems require attention to both client wellbeing and workforce wellbeing. At the heart of the TARA Model is a commitment to supporting recovery, growth, empowerment, and partnership. This overarching principle is operationalised through six interconnected practice dimensions: Understand Lived Experiences; Build Embodied Safety; Build Relational Safety; Build Safe Coping; Build Mentalising; Build Collaboration.

THE PRACTICE OF TRAUMA-INFORMED CARE

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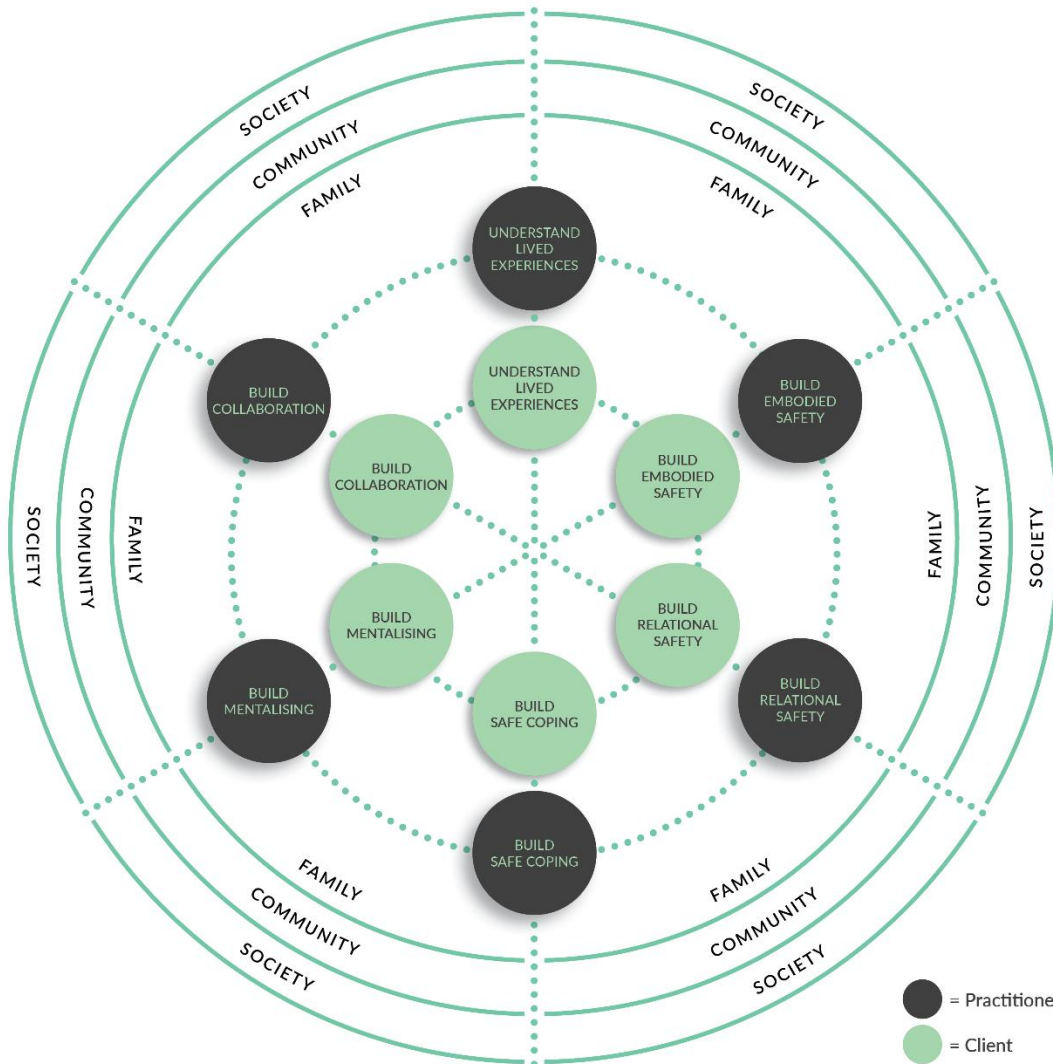


Figure 1.1: TARA Practice Model

Together, these dimensions of practise provide a framework for promoting person-centred, relational, and recovery-oriented practice across services (see [The TARA Practice Model | University College Cork](#)). The model recognises that frontline practitioners play a central role in facilitating positive change through the development of safe, trusting, and collaborative relationships. It also acknowledges the parallel processes associated with trauma, emphasising the importance of organisational cultures and systems that support both service users and practitioners (Lotty *et al.*, 2024).

1.2.1 TARA Project Phases

The project was implemented across three distinct phases (Figure 1.2).

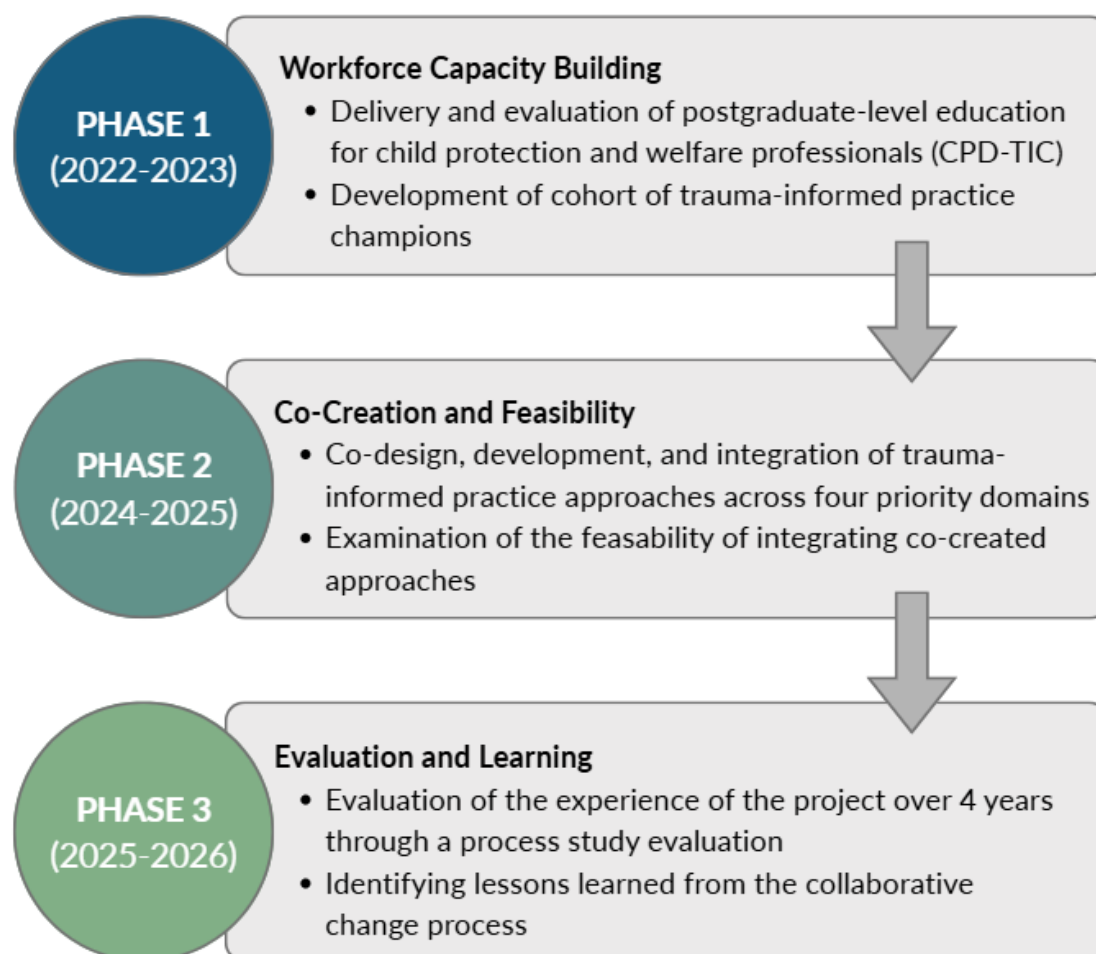


Figure 1.2: TARA Project Phases

Workforce Capacity Building Phase 1 (2022-2023)

The first phase focused on building workforce capacity for trauma-informed practice through the delivery and evaluation of the [UCC Postgraduate Continuing Professional Development Certificate in Trauma-Informed Care: Theory and Practice](#). The programme provided postgraduate-level education for child protection and welfare professionals and sought to develop a cohort of trauma-informed practice champions who could support wider organisational change. Evaluation findings demonstrated significant improvements in participants' trauma-informed knowledge, professional confidence, compassion satisfaction, and capacity to integrate trauma-informed principles into practice (Lotty, Kearns and Frederico, 2024). Furthermore, Phase 1

findings supported an integrated approach to 'weave together' existing practice wisdom and new insights from contemporary trauma theory and trauma-informed approaches through the TARA Practice Model. The TARA Model is focused on amplifying and strengthening best practice to support practitioners working with the complexities of intersectional experiences of trauma to improve quality of care in the Irish context. Phase 1 has provided promising evidence that the UCC postgraduate programme is effective in enhancing professional capacity to integrate trauma-informed approaches into existing practices through the TARA Model.

Importantly, Phase 1 created the foundation for subsequent phases by identifying key priorities for trauma-informed practice development. Through engagement with programme participants and practice champions, four priority domains emerged:

1. **Practitioner Resilience:** Supporting staff wellbeing, reflective capacity, and sustainability in demanding practice environments. This domain became the basis for the **Practitioner Resilience Cluster**.
2. **Collaborative Practice:** Enhancing communication, relationships, and integrated working across teams and agencies. This domain became the basis for the **Communication Cogs Cluster**.
3. **Working with Children and Families:** Embedding trauma-informed principles in direct work with service users. This domain became the basis for the **Time Bandits Cluster**.
4. **The Child's Journey Across Teams:** Improving continuity, consistency, and trauma-informed experiences as children move between services. This domain became the basis for the **Ripple Effect Cluster**.



These domains reflected the workforce's lived experience of practice and provided a practical structure for the next stage of the project. The Phase 1 Research Report is available at: [TARA Project Phase 1 Report December 2023](#).

Co-Creation and Feasibility Phase 2 (2024-2025)

Building on the foundations established in Phase 1, Phase 2 shifted the focus from individual learning to collective action. Trauma-informed practice champions worked collaboratively with clients, colleagues, managers, and stakeholders to co-design, develop, and integrate approaches across the four priority domains. The emphasis was on translating trauma-informed principles into practical, sustainable changes that could be integrated into existing service structures and everyday professional practice. Through a participatory action-research approach, staff became active contributors to organisational change, ensuring that approaches were grounded in local needs and realities. Phase 2 also examined the feasibility of integrating these co-created approaches in complex child protection and welfare settings.

Evaluation and Learning Phase 3 (2025-2026)

Phase 3 focused on examining the experience of the project over four years. Through a process evaluation, how trauma-informed practices were embedded within services were explored. This included exploring the factors that supported or hindered integration, and the perceived impact on children and families, interagency working, practitioners and teams. Finally, Phase 3 highlighted the lessons learned from this collaborative change process.

The findings presented in this report therefore focus primarily on Phases 2 and 3 of the Project.

1.3 Research Site Context

1.3.1 Child Protection and Welfare Services in Ireland

Child protection and welfare services in Ireland are delivered through TUSLA, the Child and Family Agency, the State agency responsible for safeguarding children and promoting their protection and welfare under the Child Care Act 1991 and the Child and Family Agency Act 2013. Established in 2014, TUSLA operates under the remit

of the Department of Children, Equality, Disability, Integration and Youth and provides a wide range of prevention, protection, early intervention, family support, and alternative care services (TUSLA, the Child and Family Agency, 2024).

The TARA Project was implemented during a period of significant organisational reform within TUSLA, aimed at strengthening child protection and welfare services. Central to this reform agenda was the introduction of the Local Integrated Service Delivery (LISD) model, which restructured services from seventeen operational areas across six regions into thirty local networks. These changes were intended to strengthen service delivery, improve equity of access, enhance workforce capacity, promote integrated working, and place children and families more centrally within service planning and decision-making.

While these reforms were widely regarded as necessary, their implementation occurred alongside considerable organisational pressures. Ongoing staffing shortages, resource constraints, increasing service demands, and a placement crisis created a challenging environment for practice development and organisational change. As a result, the implementation of the TARA Project took place within a complex context of both reform and system-wide capacity pressures.

1.3.2 Practice Challenges

From the outset, the project was undertaken within a child protection and welfare environment characterised by increasing demand, growing complexity, workforce pressures, and resource constraints. Rising numbers of child protection referrals, staffing shortages, and challenges in accessing specialist supports have placed considerable strain on practitioners and services nationally (TUSLA, the Child and Family Agency, 2025).

Recent reports have highlighted ongoing concerns regarding children waiting for allocation to social workers, limited access to therapeutic services, and pressures within alternative care services (Ombudsman for Children's Office, 2026). These challenges have reinforced the need for innovative and sustainable approaches that support both service users and the workforce.

Within this wider context, the former Dublin South Central Area represented a particularly challenging practice environment. Practitioners managed complex and high-risk caseloads while operating amid workforce shortages and organisational pressures. Foster care services faced additional difficulties relating to unallocated cases and continuity of support for children and foster carers (Health Information and Quality Authority, 2025).

This organisational reform was particularly significant for the TARA Project, as the former Dublin South Central Area was reconfigured into two separate networks during the latter stages of the study, Dublin South City Network and Kildare North Dublin West Network. This transition created uncertainty regarding service structures and responsibilities during the project period. It also highlighted the importance of ensuring that trauma-informed developments could be sustained and transferred across changing organisational contexts.

These realities provided a compelling rationale for the TARA Project. The emphasis on trauma-informed practice reflected a recognition that effective responses to adversity must address not only the needs of children and families but also the wellbeing, capacity, and resilience of the workforce responsible for supporting them.

1.4 Summary

This chapter introduced the TARA Project, a collaborative partnership between TUSLA Dublin South Central and University College Cork established to integrate trauma-informed practices across child protection and welfare services. It outlined the project's three-phase approach and also situated the context that shaped the environment in which the project was undertaken. The following chapter reviews the literature that informed the study.

2.

Literature Review

2.1 Introduction

This chapter presents a brief literature review that informed the project. It examines the evidence base for trauma-informed practice within child protection and welfare settings and explores the rights-based framework that underpins its implementation. The literature highlights both the necessity and the complexity of embedding trauma-informed approaches within child protection and welfare organisations and provides the context within which the TARA Project's collaborative and participatory approach to practice development was conceived and implemented.

2.2 Trauma-informed Practice in Child Protection and Welfare

Trauma-informed practice emphasises social justice, power relations, and human rights within a strengths-based framework that considers the individual's broader ecological context. As an organisational approach, trauma-informed practice involves the universal application of trauma-informed principles across all interactions within a service, encompassing both those who receive services and those who provide them. This whole-system approach seeks to enhance trauma awareness and responsiveness across organisational culture, policies, practices, and interagency partnerships (Bargeman *et al.*, 2022). The move towards embedding trauma-informed practice in the child protection and welfare service delivery is increasingly recognised and accepted among practitioners in Ireland (Lotty, 2021a). Nevertheless, considerable scaffolding and developmental work remain necessary to support effective implementation within existing child protection and welfare systems (McCormack, Campbell and Lotty, 2024).

Children and families who encounter child protection and welfare services frequently have histories of significant adversity, including physical, emotional, and sexual abuse,

neglect, and domestic violence. In addition, child protection and welfare-specific experiences, such as removal from the family home, entry into care, placement disruptions, and transitions between placements, may themselves be experienced as traumatic (Jankowski *et al.*, 2019; Corbett and Coulter, 2024). Research suggests that contact with child protection and welfare systems, particularly where systemic inequalities or oppressive practices exist, can further compound or generate additional trauma (Beck *et al.*, 2022; Kisiel *et al.*, 2024). The literature has argued that no other child-serving system engages such a high proportion of individuals with histories of trauma as child protection and welfare services, whether in family support, child protection, foster care, kinship care, or residential care settings (Bunting *et al.*, 2019).

The impact of this environment extends beyond service users and has significant implications for the workforce. High levels of job stress and time pressure have consistently been associated with increased levels of burnout among child protection and welfare workers across all stages of professional tenure (Lwin *et al.*, 2025; Stanley *et al.*, 2025). Social workers working directly with children are particularly at risk of experiences of burnout, secondary traumatic stress, and compassion fatigue. Despite a substantial body of research, many workforce frameworks continue to conceptualise staff wellbeing challenges as an isolated issue, overlooking the interconnected relationship between burnout, secondary trauma, workforce retention, and service quality (Ballout, 2025; Chen and Perry, 2026). The relationship between practitioner wellbeing and the quality of care experienced by children and families is a central concern of the TARA Project and is reflected throughout the practice domains identified during Workforce Capacity Building (Phase 1). Consequently, the development of trauma-informed child protection and welfare systems has emerged as an urgent priority internationally, receiving increasing policy and practice attention in recent years (Bosk *et al.*, 2020; Berring *et al.*, 2024).

2.3 Children's Rights and Trauma-informed Practice

The rationale for embedding trauma-informed practice within child protection and welfare systems is not solely empirical but also driven by a rights-based agenda.

Trauma-informed practice is perceived as a mechanism to drive the principles of the United Nations Convention on the Rights of the Child (UNCRC), which establishes children's fundamental rights to protection, dignity, participation, and development (United Nations, 1989). While trauma is not explicitly referenced within the Convention, its principles clearly affirm children's rights to protection from harmful experiences and to access quality care and support when harm has occurred (Bargeman, Smith and Wekerle, 2021).

Several articles within the UNCRC are particularly relevant to child protection and welfare practice. Article 19 establishes children's right to protection from violence, abuse, and neglect. Article 20 provides for special protection and assistance for children who cannot remain within their family environment. Article 25 requires regular review of care and treatment arrangements for children in care. Article 39 explicitly recognises children's rights to recovery and reintegration following experiences of abuse, neglect, exploitation, or other forms of harm, requiring that such recovery occur within environments that foster dignity, self-respect, and wellbeing. Importantly, Article 3 places an overarching obligation on states to ensure that all services responsible for children's care operate according to appropriate standards and that the best interests of the child remain the primary consideration in all decisions affecting them (United Nations, 1989; Scott, 2016).

The continuing relevance of these principles within the Irish context is highlighted in the Ombudsman for Children's Office (2026) report on the state of care in Ireland. Drawing on Articles 2, 3, 6, 12, 20, 37, and 39 of the UNCRC, the report identifies persistent challenges in the fulfilment of children's rights across care services and highlights the absence of adequate trauma-informed therapeutic supports as a significant concern. The report argues that incorporating the UNCRC fully into Irish domestic law is essential to ensuring children's rights are central to policy and practice decision-making. It further identifies ongoing challenges including placement shortages, inadequate interagency collaboration, insufficient therapeutic provision, and limited opportunities for children to participate meaningfully in decisions affecting their lives. The literature establishes that trauma-informed practice is not

merely an organisational aspiration but a rights-based imperative (Bargeman, Smith and Wekerle, 2021).

However, translating rights into everyday practice remains challenging. Systemic barriers, including limited resources, risk-averse organisational cultures, workforce pressures, and insufficient understanding of child development and trauma, can inhibit child protection and welfare systems from fully realising children's rights (Neagu, 2021). Consequently, there is growing recognition that developing trauma-informed organisations and communities represents an essential strategy for promoting children's rights, inclusion, and wellbeing, particularly within European child protection and welfare systems (Negrão *et al.*, 2024).

2.4 Defining Trauma-informed Practice

Despite increasing recognition of its importance, trauma-informed practice remains conceptually and operationally contested. There is currently no universally accepted definition of trauma-informed practice, with limited consensus regarding its core components, implementation processes, and outcome measures (Berring *et al.*, 2024; Kisiel *et al.*, 2024). The concept has been adapted across diverse service contexts and populations, resulting in a broad but sometimes fragmented body of knowledge.

Nevertheless, there is general agreement that trauma-informed practice represents a whole-system approach designed to reduce the risk of retraumatisation and to promote environments characterised by safety, trust, collaboration, empowerment, and responsiveness (Berring *et al.*, 2024). Trauma-informed practice may be understood as a service model that seeks to increase trauma awareness and trauma-responsive practices across organisational cultures, policies, procedures, and partnerships. Trauma-informed practices reflect an understanding of the prevalence and impact of trauma, while actively working to avoid retraumatisation and promote healing, resilience, and recovery (Substance Abuse and Mental Health Services Administration, 2023).

The literature highlights that a shared definition has important implications for implementation (Fernández *et al.*, 2023). Without a clear and agreed understanding of what trauma-informed practice entails within a particular context, there is a risk that

implementation efforts become inconsistent, superficial, or symbolic (Bargeman *et al.*, 2022). Moving from broad principles towards concrete, operationalised practice frameworks is therefore critical. It is this challenge that informed the development of the TARA Practice Model which was designed to provide a practical and contextually relevant framework for implementing trauma-informed practice within Irish child serving systems of care (Lotty *et al.*, 2024). The TARA Model is a promising model that supports integration of trauma-informed practice in child protection and welfare contexts.

2.5 Summary

This chapter has established the theoretical and rights-based foundations for the TARA Project. The complex and often traumatic experiences of children and families involved in child protection and welfare systems, combined with the significant challenges facing the workforce, highlight the necessity of trauma-informed approaches. The following chapter outlines the research design and methodology employed in the TARA Project.

3.

Methodology

3.1 Introduction

This chapter details the research design employed in this study, including a discussion of the research objectives, ethical approval, methodology, and stakeholder group.

3.2 Objectives

The overarching aim of the partnership was to integrate trauma-informed practices in the research site, to support responding to the complex needs of, and improve outcomes for, the children and families who come into contact with the service. The objective of Co-Creation and Feasibility (Phase 2) was to co-create and test the feasibility of trauma-informed approaches in the research site and disseminate the outputs. The objective of Evaluation and Learning (Phase 3) was to evaluate the experience of the project over the past four years. It was proposed to do this through the following objectives:

1. To describe and document the process of co-creating trauma-informed approaches across four identified practice domains within the research site,
2. To assess the acceptability, appropriateness, and feasibility of the co-created outputs among staff and stakeholders across the research site,
3. To produce the resulting outputs for dissemination to the wider child protection and welfare workforce,
4. To evaluate the experience of the project over four years from the perspective of parents, foster carers, agency partners and staff in the research site.

3.3 Ethical Approval

A dual ethical approval process was followed, with ethical approval obtained from the Social Research Ethics Committee at University College Cork on [Log No, 2024-212, 4/11/2024] and the Independent TUSLA Research Ethics Committee on [7/11/2024].

3.4 Research Study Stakeholder Group

A stakeholder group was established to support the project. The membership of the Stakeholder Group was agreed in collaboration with the Agency Lead, Maria Hayes, Principal Social Worker (PSW). Seven Stakeholder Group meetings were convened over the research period (24 months). Members provided expert review on the research process at meetings and through ongoing feedback. Members were also afforded the opportunity to provide feedback via email, phone, one-to-one meetings throughout the course of the Project to the Principal Investigator (PI)/Project Lead and/or Post-doctoral Researcher. This group includes individuals with lived experience in child protection and welfare (e.g., parents, foster carers, care-experienced people) and multidisciplinary professionals (e.g., social work, social care, youth and community work, psychology, teaching, nursing, psychotherapy). Please see Appendix 1 for membership details.

3.5 Research Design

The project used a complex sequential research design using mixed methods approaches. Co-Creation and Feasibility (Phase 2) involved participatory, cluster-based design to co-create, test, and disseminate trauma-informed practice approaches within a statutory child protection and welfare context. Evaluation and Learning (Phase 3) involved a process evaluation of the Project (2022–2026) to evaluate the experience of the project, see Figure 3.1.

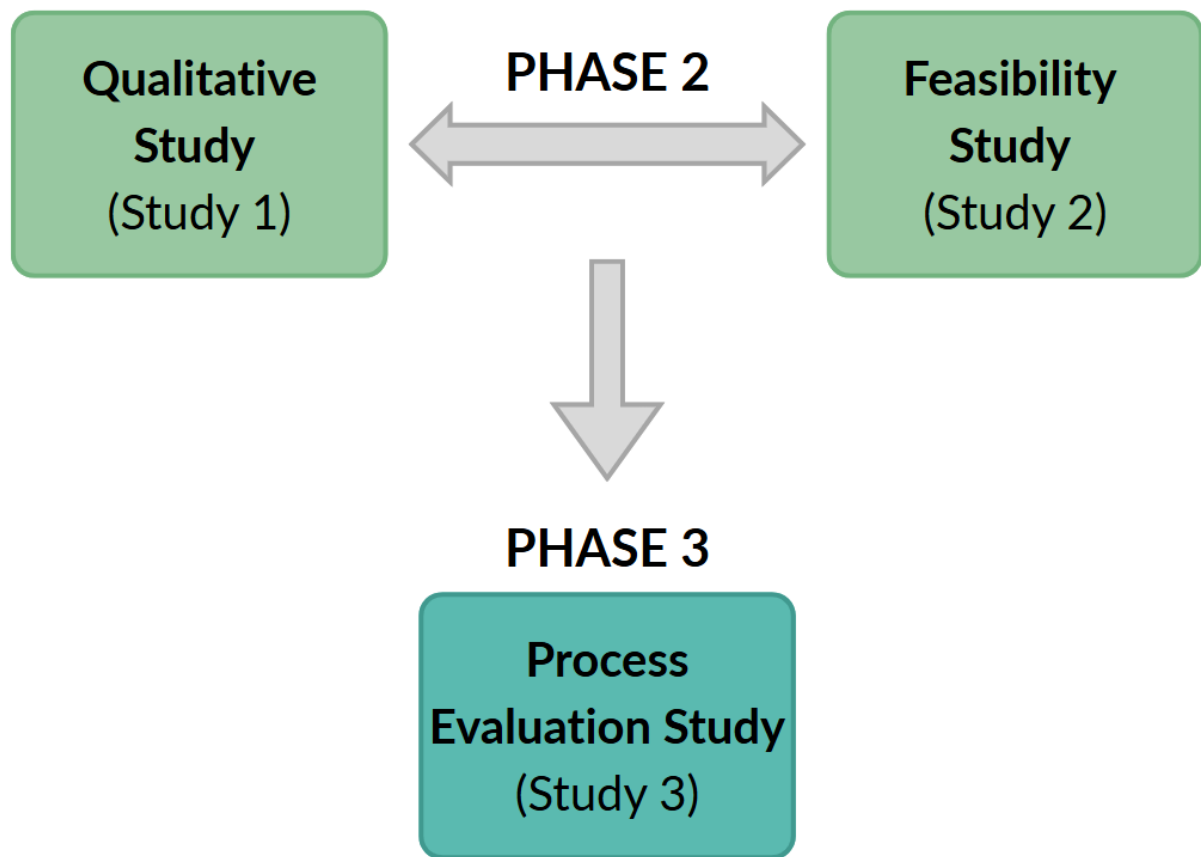


Figure 3.1: Project Research Design – Phases 2 and 3

3.6 Co-Creation and Feasibility (Phase 2) Methodology

Phase 2 comprised four sequential steps incorporating two studies (1. Qualitative Study and 2. Feasibility Study) as follows:

- Step 1: Cluster Group set-up;
- Step 2: Co-creation of trauma-informed approaches, which was documented by a **Qualitative Study** (Study 1);
- Step 3: Showcase event and feasibility testing through a **Feasibility Study** (Study 2);
- Step 4: Finalisation and dissemination.

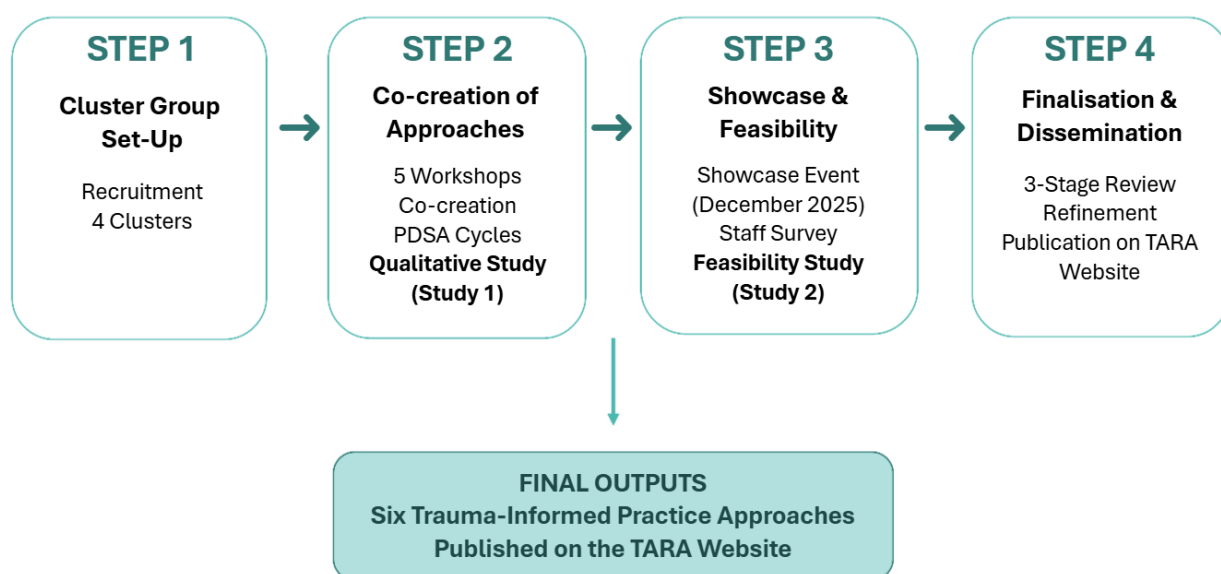


Figure 3.2: Co-Creation and Feasibility (Phase 2) Steps

Step 1: Cluster Group Set-up

Recruitment and Selection

A nominated gatekeeper at TUSLA was appointed as the project lead and served as the agency's primary point of contact throughout the study. To initiate recruitment, the gatekeeper extended an invitation to all staff (n = 180) across all levels of responsibility and roles within the agency to attend an online information session held on 5 December 2024. During this session, the Principal Investigator (PI) presented the project in full and subsequently invited those interested in participating to express their interest directly to the Post-doctoral Researcher. Of the 36 individuals who expressed an interest in participating, 31 went on to join the research project.

Cluster preferences were collected through an online survey, and participants were assigned to one of four cluster groups based on themes identified during Workforce Capacity Building (Phase 1) in the TARA Project (2022–2023). All participants (n = 31) were allocated to their first-choice cluster. Four cluster groups were established in January 2025.

Step 2: Co-creation of Trauma-informed Approaches

Workshops

From January 2025, participants took part in a structured programme of collaborative project development within their cluster groups. Each cluster was supported by a university-based facilitator who delivered five workshops and provided inter-session support. Using an adapted Breakthrough Series Collaborative (BSC) approach, clusters developed and refined practice approaches through an iterative process informed by Plan-Do-Study-Act (PDSA) cycles (Institute for Healthcare Improvement, 2003).

The programme comprised five sequential workshops:

- **Workshop 1: Define and Understand**

Participants identified their key practice issue and developed a shared understanding of the needs of children and families through a trauma-informed lens.

- **Workshop 2: Explore and Prepare**

Clusters reviewed relevant evidence, resources, and existing approaches, considering how trauma-informed principles could be applied in their practice context.

- **Workshop 3: Develop and Present**

Participants translated their learning into practical approaches and presented these to peers and facilitators for feedback.

- **Workshop 4: Refine and Improve**

Clusters revised their approaches in response to feedback, strengthening their relevance, feasibility, and alignment with trauma-informed practice.

- **Workshop 5: Finalise**

Participants completed and consolidated their approaches in preparation for the formal review process and showcase event.

Qualitative Study (Study 1)

A qualitative study captured the experience of the development period. Semi-structured interviews were conducted with nine cluster members across two rounds of data collection, supported by a concept-mapping methodology that provided a

visual, iterative means of capturing participants' experiences of the collaborative process. Both steps were designed to run concurrently, enabling the qualitative research process to capture the experience of participation as it unfolded in real time. For a peer-reviewed publication on this process, see [Price et al., “Translating trauma-informed knowledge into child welfare practice: findings from a participatory practice development initiative” \(2026\).](#)

Data Collection and Analysis

Participants were recruited by a call to the cluster group members. Data were collected through eight interviews at two-time rounds designed to gather detailed accounts of participants' experiences. Prior to participation in the study, participants were provided with an information sheet about the study (Appendix 2) and signed informed consent forms (Appendix 3). This research employed concept mapping as a data-gathering tool, guided by a constructivist grounded theory framework. Concept mapping is a collaborative method that enhances data collection and the sharing of perspectives, facilitating a more participatory exchange between researcher and participant (McCarthy and Cordie, 2024). Analysis drew on data generated through the interviews supported by a concept-mapping tool using a semi-structured schedule of questions (see Appendix 4). Data were analysed thematically following Braun and Clarke's (2006) six-phase framework and findings were validated with the Stakeholder Group on 27 January 2026.

Step 3: Showcase Event and Feasibility Study

Showcase Event

On 12 December 2025, the TARA Project Practice Initiatives Showcase Event brought together area staff to celebrate and disseminate the outcomes of the collaborative cluster group work. The event provided each cluster with an opportunity to present their developed approaches to area colleagues, serving as both a celebratory acknowledgement of participants' contributions and a platform for sharing the six practice approaches produced throughout the project.

The showcase held particular significance in the wider organisational landscape, being held on the final day before the reconfiguration of geographical boundaries and the

division of the area into two separate networks. In this respect, the event served not only as a culmination of the TARA Project's collaborative work, but also as a meaningful moment of collective reflection and recognition for an area community on the cusp of significant organisational change. The timing of the event underscored the importance of preserving and disseminating the practice developments generated through the project, ensuring that the learning achieved would endure beyond the structural transitions that followed.

Feasibility Study (Study 2)

Data Collection

Following presentation of each cluster group output at the Showcase Event, all attendees were invited to complete an electronic survey administered via QR, which included measurement scales and open-ended questions (see Appendix 5).

Measures

The selection of measurement scales was guided by the conceptual aims of the study and its underlying implementation framework. Three core implementation constructs were assessed: acceptability, reflecting perceived comfort with and willingness to engage with the presented approaches; appropriateness, reflecting their perceived alignment with professional needs, roles, and values; and feasibility, reflecting their perceived practicality within existing time and resource constraints. The reflective scales were partially adapted from established implementation outcome measures (Weiner *et al.*, 2017), refined for the context of this study, and subjected to psychometric validation. Together, the three scales comprised 20 indicators, each rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Higher scores represented more favourable perceptions of acceptability, appropriateness, and feasibility. Scale scores were calculated as the mean of completed items, provided that the predetermined minimum proportion of items had been answered.

Analysis

Exploratory factor analysis (EFA), Confirmatory factor analysis (CFA), and reliability analysis were conducted using SPSS 29.0 (Factor and Reliability procedures) and IBM SPSS AMOS 29.0. The open-ended questions responses were analysed using

thematic analysis (Braun and Clarke, 2021) to generate themes that captured the area-wide perceptions of staff on each approach's feasibility.

Step 4: Finalisation and Dissemination

A three-stage review process was implemented to ensure the quality, relevance, and rigour of the cluster approaches.

1. Facilitation Team Review (17 October 2025): Initial review of all materials, focusing on coherency, evidence base, and alignment with the TARA Practice Model. Feedback was provided to support further development.
2. Stakeholder Group Review (20 November 2025): Approaches were reviewed for relevance to frontline practice, organisational fit, and suitability for wider dissemination. Feedback informed further refinement.
3. Independent External Review (15 December 2025, n = 4; March/April 2026, n = 2): An international expert in trauma-informed practice conducted a final review, providing additional quality assurance and confirming the approaches' suitability for publication.

Following the review process, six approaches were refined in collaboration with cluster members, ensuring feedback was incorporated while maintaining their participatory and practice-led approach. Particular attention was given to producing accessible, practical resources for frontline practitioners. Final outputs included written guides, prompt cards, animated videos, and sensory resources.

The completed approaches were published on the [TARA Project website](#) hosted by University College Cork. As an open-access resource, the website supports dissemination and knowledge sharing across practice, research, education, and policy communities, extending the impact of the project beyond the research site and contributing to the evidence base for trauma-informed child protection and welfare practice.

3.7 Evaluation and Learning (Phase 3) Methodology

In Phase 3, a **Process Evaluation Study** (Study 3) was completed to evaluate how the project was experienced. The process evaluation was guided by the three main variables identified by the Medical Research Council (Moore *et al.*, 2015):

1. Implementation, examining how the TARA Project and its Phase 2 approaches were delivered and experienced by key actors;
2. Mechanisms of impact, exploring perceived changes in trauma-informed practice, culture, and service delivery during the Project period; and
3. Contextual issues, examining the external factors that facilitated or constrained implementation.

3.7.1 Data Collection and Analysis

Three focus groups and one interview were conducted in person at a neutral venue on 19 and 20 May 2026. Prior to participation in the study, participants were provided with an information sheet about the study (Appendix 6) and signed informed consent forms (Appendix 7). In total, 25 participants took part, guided by a series of semi-structured questions (see Appendix 8). Data was analysed using thematic analysis (Braun and Clarke, 2006) and findings were validated by the Stakeholder Group on 25 September 2026.

3.8 Summary

This chapter outlined the methodological framework that guided Co-Creation and Feasibility (Phase 2) and Evaluation and Learning (Phase 3) of the Project. The following chapters present the findings generated through this process.

4.

Qualitative Study Findings

4.1 Introduction

This chapter presents the findings of the **Qualitative Study** (Study 1) carried out in Co-Creation and Feasibility (Phase 2). The findings reflect a chronological sequence, moving from the formation of the cluster groups, through the challenges encountered in doing the work, to the cultural and practice changes that emerged as a result. This study has been published and is available at: [Price *et al.*, “Translating trauma-informed knowledge into child welfare practice: findings from a participatory practice development initiative” \(2026\).](#)

4.2 Interviews Participants

Nine participants participated in interviews across both rounds of data collection (Table 4.1). All participants were female, consistent with the predominantly female composition of the wider participant cohort. In terms of professional role, the largest proportion of interview participants were Principal Social Workers, accounting for five of the nine participants. Two participants held the role of Child and Family Support Network Coordinator (CFSN), while the remaining two participants were a Social Care Leader and a Social Work Team Leader, respectively.

Role	Gender	Count (n)
Principal Social Worker	Female	5
Child & Family Support Network Coordinator (CFSN)	Female	2
Social Care Leader	Female	1
Social Work Team Leader	Female	1
Total	All Female	9

Table 4.1: Interviews Participants

4.3 Concept Maps

The concept maps produced during the interview stages are presented below, offering a visual, participant-centred account of how the collaborative process unfolded from the perspectives of those directly involved. The maps were developed iteratively across the course of the project, evolving through successive stages of refinement in response to emerging themes and participant feedback. The final version of each map, representing the third iteration, was presented to participants during the second round of interviews, providing a basis for reflection and dialogue and ensuring that the visual representation of their experience remained grounded in and responsive to participant perspectives throughout.

4.3.1 Practitioner Resilience

The concept map for the Practitioner Resilience cluster illustrates the interconnected positive and challenging experiences throughout the collaborative process (Figure 4.1). On the positive side, the group demonstrated strong purpose and motivation, driven by a shared passion for practitioner resilience, a theme all members had previously engaged with through their University based coursework (Workforce Capacity Building Phase 1). However, members reported feeling pressure and guilt around the expectation to produce something meaningful while managing significant workload demands. A notable challenge was meeting regularly across different timetables, teams, and offices. Despite this, the group maintained momentum by using MS Teams as a communication tool and breaking into smaller sub-groups to work on different components in parallel.

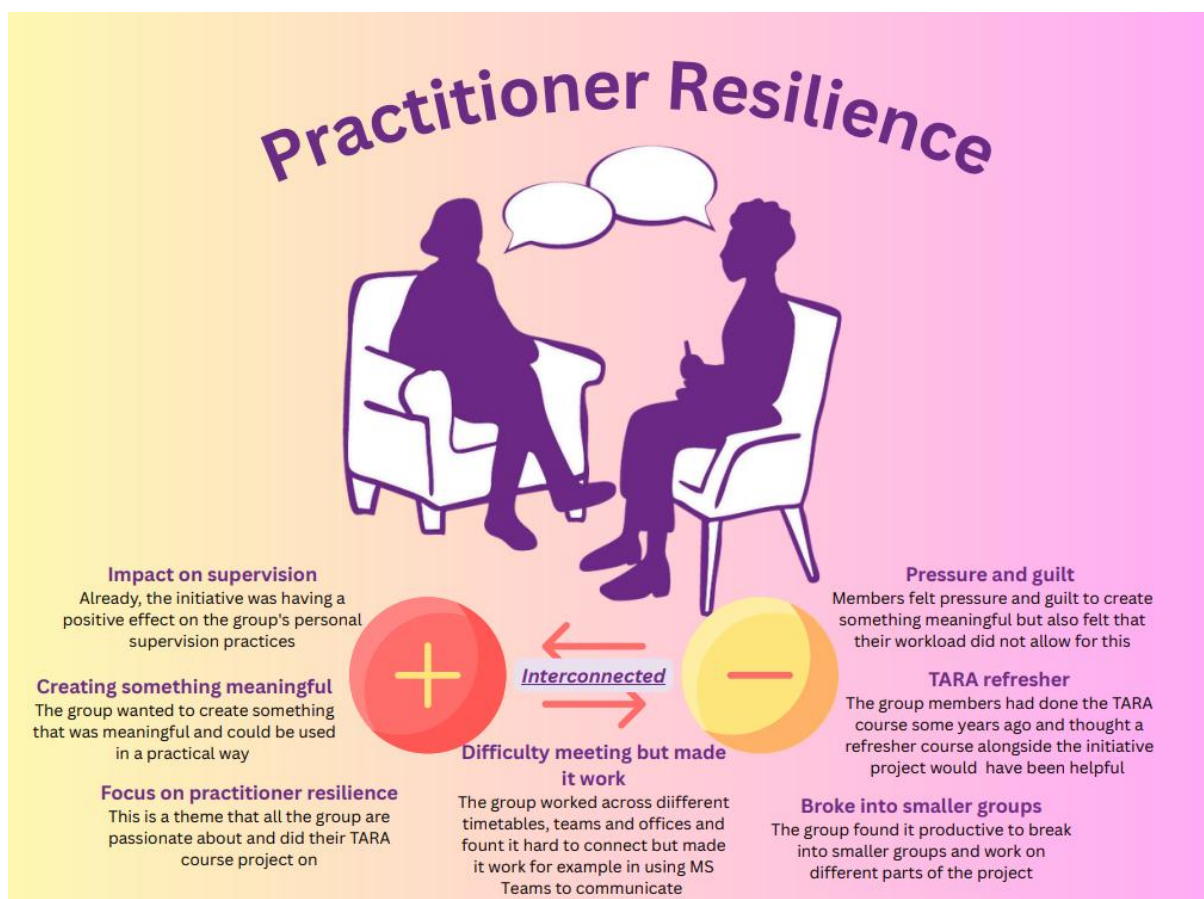


Figure 4.1: Practitioner Resilience concept map

4.3.2 The Communication Cogs

The concept map for the Communication Cogs cluster illustrates four interconnected themes (Figure 4.2). On the positive side, the Project provided the group with a valuable internal platform to strengthen cohesion and foster connections across teams and facilitated trauma-informed collaboration. However, the map also highlights two significant challenges: language barriers and misunderstandings hindering progress internally and in work with families and external partners; and a lack of joined-up thinking driven by disjointed strategies. Both challenges are positioned as potentially remediable, with the Communication Cogs approach conceived as a direct practical response.

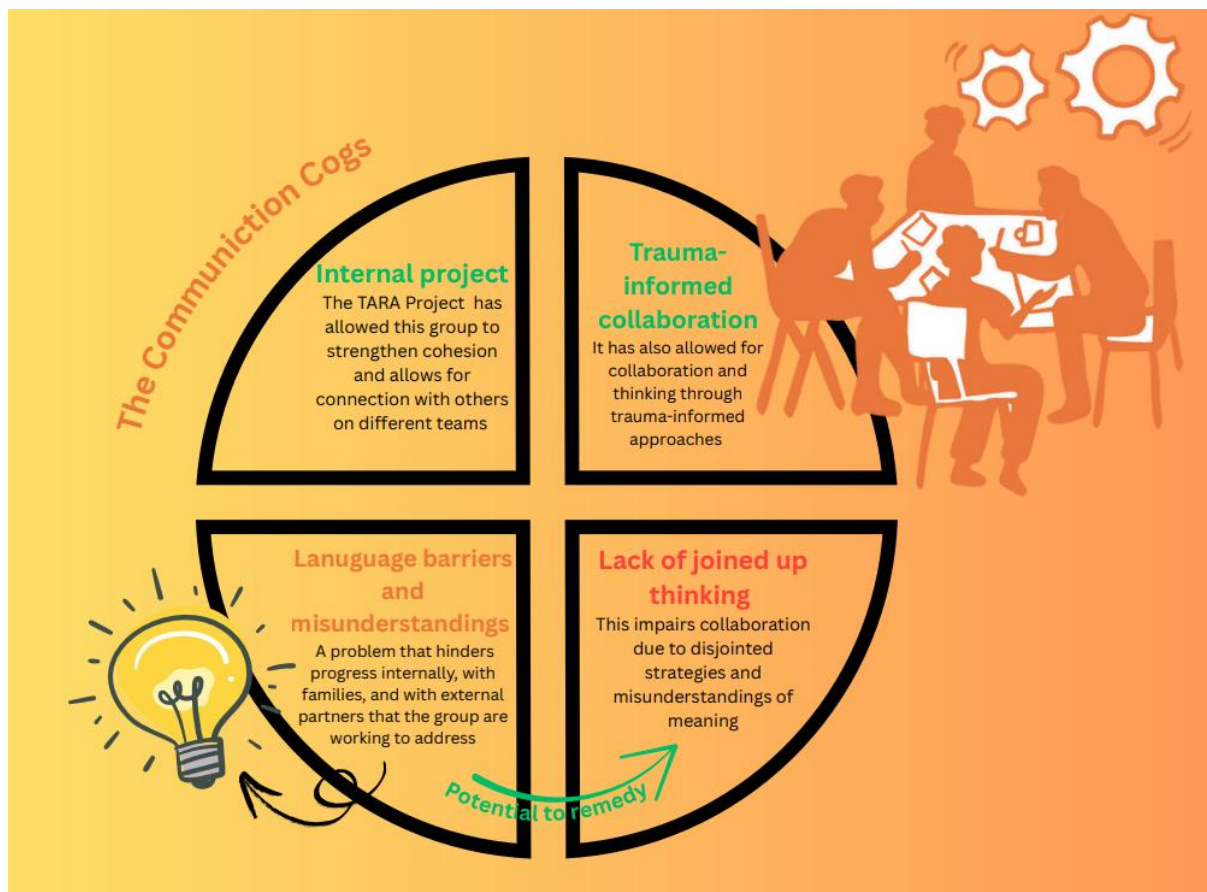


Figure 4.2: The Communication Cogs concept map

4.3.3 The Ripple Effect

The concept map for the Ripple Effect cluster centres on the pressing issue of the placement crisis and its impact on the children and families who come into contact with the service (Figure 4.3). At the heart of the map is the placement crisis itself, highlighting the experience of children spending time in unsuitable environments that are not equipped to meet their needs. This is compounded by bureaucratic rules that restrict the purchase of basic child-friendly supplies and past solutions being discontinued. In response, the concept map highlights the critical importance of protected time and dedicated space for exploring solutions, reflecting the group's understanding that systemic change requires both structural support and resources to develop innovative practice responses.

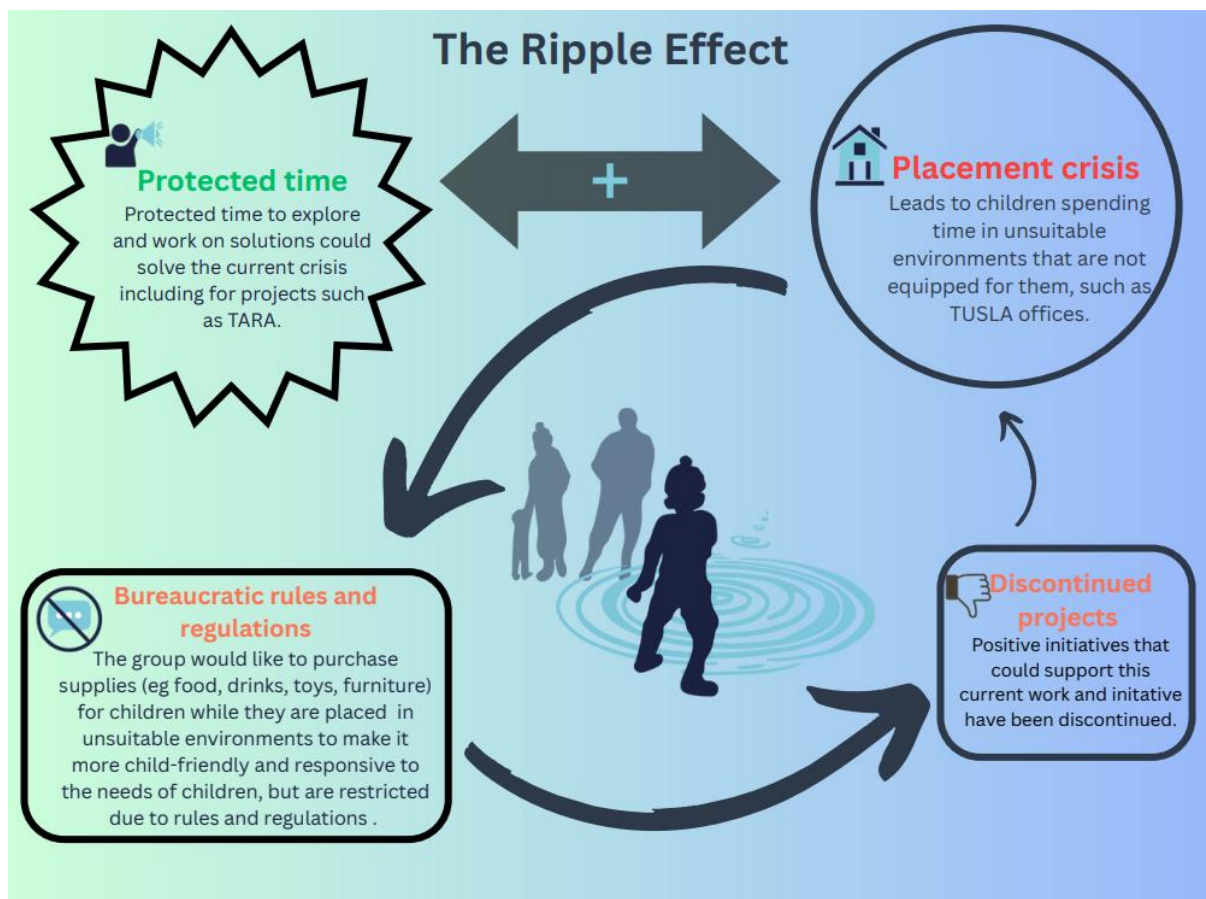


Figure 4.3: The Ripple Effect concept map

4.3.4 The Time Bandits

The concept map for the Time Bandits cluster captures six interconnected themes, with time and its constraints emerging as the central unifying concern (Figure 4.4). The group's core focus was on working with and supporting children and families, reinforced by the active incorporation of skills from the approach into daily practice and learning exchanges with colleagues from other areas. However, two significant structural challenges are highlighted: the absence of protected time as a key barrier, compounded by a disconnect between management support in principle and in practice – support expressed but not translated into protected time. The overall picture is of a motivated group whose capacity to engage fully was constrained by systemic and organisational barriers.

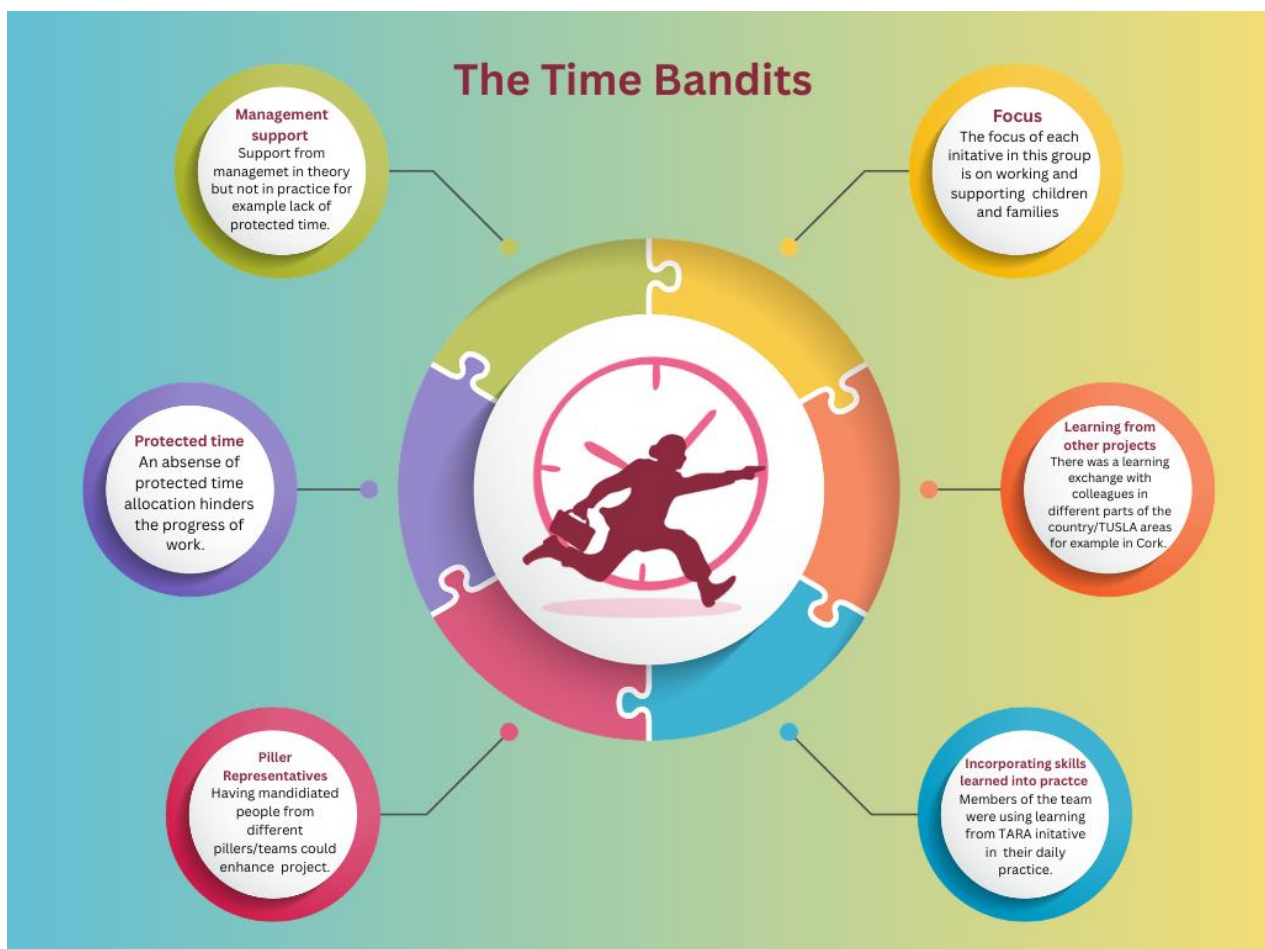


Figure 4.4. The Time Bandits concept map

4.4. Study Themes

Three overarching themes were identified from the data (Table 4.2), validated through triangulation with the full research team, the international expert, and the Stakeholder Group:

Study Themes
Theme 1: Coming Together Subtheme 1: Cluster Relationships Subtheme 2: Cluster Commitment
Theme 2: Shifting Sands Subtheme 1: Unclear Communication Subtheme 2: Practice Climate
Theme 3: Process of Change Subtheme 1: Culture Shifting Subtheme 2: Practice Changes

Table 4.2: Study Themes

Theme 1: Coming Together

The first theme, Coming Together traces the foundational experiences of cluster members in the early stages of the project, exploring how groups formed, relationships developed, and what motivated and sustained participation. This collaborative process is explored through two sub-themes: Cluster Relationships and Cluster Commitment.

Cluster Relationships

The cluster groups were composed of 31 staff from across the Dublin South Central area of TUSLA. The clusters were open to and inclusive of staff at all levels of responsibility, and were multidisciplinary in composition, spanning from early intervention to crisis intervention teams, as well as including staff not directly involved in direct interventions, such as administrative personnel. This diversity of membership proved beneficial for some groups, fostering a breadth of perspective and experience that enriched the collaborative process. For others, however, the

multidisciplinary composition initially gave rise to misunderstandings about the nature of each other's roles and areas of work:

"It was in relation to children in care – my colleagues from fostering were aware of some of the areas I was talking about, but PPFS had no idea, so they were kind of saying I don't really understand what you're talking about." (Interview 1)

One group consisted predominantly of managers, with only one non-managerial member, and this composition created challenges around ensuring that all voices were equally heard and that members felt confident in contributing:

"I think our group suffered a little bit from being manager heavy – we were all... not saying that if it wasn't managers would they have found they had more time, I don't know. But I think the mix wasn't great." (Interview 2.4)

Several groups also experienced staff turnover during the project, for both personal and professional reasons, including bereavement, sick leave, and the pressures of high caseload management, which led some initially interested members to withdraw from their groups. The impact of this attrition on group momentum and workload was felt acutely by those who remained:

"We've had some challenges with engagement from people, and I suppose their availability to attend meetings and responsibilities from them, so I suppose there's two of us left who are kind of driving it at the moment." (Interview 4)

A further logistical challenge arose from the fact that members were dispersed across different offices within the area, meaning that inter-group meetings were at times required to take place online rather than in person, which some participants felt impacted on the quality of the group experience. The geographical spread of cluster members, combined with varied working patterns including part-time and condensed working weeks, made finding common meeting times particularly challenging:

"And I suppose that it was about trying to come together as a group, to look at some of those pieces, and that was extremely challenging. So out of the five of us, there's only two days a week that we're all in work because some of us work part-time or condensed working weeks." (Interview 2)

Despite these considerable challenges, participants across all groups spoke positively about the relationships that developed through the cluster process. One participant described feeling fortunate in the composition of their cluster, noting that a strong sense of cohesion and a productive working process had supported the group in reaching agreement on and producing their approach. Notably, all groups reflected on the experience of deepening relationships with fellow cluster members – connections that participants expressed confidence would endure well beyond the life of the project:

"Like my relationship with the other people in the group has blossomed, developed, like, you know, like it's now like – even though you would do the pleasantries normally – it's kind of a little bit more deeper than that now when you see them."
(Interview 2.1)

Cluster Commitment

A recurring tension across the cluster groups related to the availability of time to engage meaningfully with the project. This challenge was consistently identified across all groups as a significant barrier to full and equitable participation:

"Time being an issue, and time constraints and complexities of people's caseloads and that limiting their participation and engagement in this project." (Interview 1)

Participants working in emergency child protection contexts faced particular challenges in this regard, as the demands of frontline crisis work meant that they did not have equitable access to the time and headspace required to participate on the same terms as colleagues working in other areas of the service, such as early intervention:

"You know, I could see across other groups, maybe they were people on teams that aren't driven by the crisis, the front door work that we were all responsible for – the safety of kids – whereas other groups, people who were doing very important work, not minimising their work, but their work was maybe allied to what we do as opposed to the frontline stuff. And maybe if we'd had a bit better of a mix."
(Interview 2.4)

Notwithstanding these challenges, cluster members consistently demonstrated a strong sense of commitment and motivation to integrate trauma-informed practice into their work and to bring about meaningful change in existing practices. The approaches that emerged were rooted in the personal and professional experiences of cluster members, with each group identifying specific areas of practice they were deeply motivated to develop and improve. This sense of purpose was grounded in both their prior engagement with the UCC *Postgraduate Continuing Professional Development Certificate in Trauma-Informed Care* (CPD-TIC) and their ongoing observations of the needs of the workforce:

"So, things just came about from actually discussing what we had done within our own projects from the TARA course [CPD-TIC]. I think there was a concern from having been doing the trauma course, but also in our own interest and motivation – for each person identifying a concern around the experience of retention in the area, of staff being very overwhelmed. So, I think we all kind of identified, well, every staff member should be getting a level of supervision, so that it's a good place to start – seeing this space as everyone having access to." (Interview 2)

The purpose of the approaches was to translate this learning into practice by designing and developing concrete, practice-ready outputs that would be immediately accessible and useful to practitioners in their day-to-day work. Participants were clear that they wanted to produce something meaningful, practical, and free from unnecessary complexity:

"Like that, we wanted something – it needs to be short, snappy, to the point, you know, not full of jargon – stuff that would really land home." (Interview 2.1)

In this way, the commitment and motivation of cluster members served as a powerful driver of the collaborative process, sustaining engagement and momentum even in the face of the challenges encountered along the way.

Theme 2: Shifting Sands

The second theme addresses the challenges and barriers encountered, including communication issues, unclear expectations, and the complex and pressurised

practice environment. This theme is explored through two sub-themes: Unclear Communication and Practice Climate.

Unclear Communication

Participants expressed concern about unclear expectations regarding the workload involved in the project, particularly in relation to the university's requirements. Many felt that what had been communicated at the initial expression of interest meeting did not reflect what was subsequently presented at their first cluster meeting and throughout the project thereafter. Some participants felt that the initial information session had, perhaps unintentionally, understated the demands of the project:

"I think she [PI] was possibly trying to present it as more manageable than it was. I understand – she wanted people to engage, so I might understand why she might do that. Or maybe I've got that wrong. That's what I got from attending that meeting. It did seem a lot more manageable than whenever we attended the first proper group meeting. It seems a lot more work." (Interview 2)

While participants understood the initiative to be primarily about practice integration, they described experiencing what felt like increasing pressure around project outputs and deadlines following the first meeting, leaving many feeling overwhelmed:

"And I think, well, hopefully I'll speak for everyone when I say I think we came away from that quite overwhelmed in terms of just what was expected. So, it was something that we're all very kind of passionate about and motivated about. But at the same time, we were thinking how are we going to kind of fit this in with all the other work that we have to do on a day-to-day basis." (Interview 2)

The pressure to produce a tangible output was described by one participant in particularly striking terms, drawing a parallel between their own experience within the project and the experience of families who engage with the agency:

"Actually, it's literally like you become the family in this experience, and you're the family, that's not able to show that you're good enough, and the colleges, the social worker telling you like that they will check on you in two weeks' time." (Interview 2)

This powerful reflection highlights the unintended parallels between the dynamics of the project process and the very experiences of powerlessness and scrutiny that trauma-informed practice seeks to address. Participants also drew attention to the absence of dedicated resources to support their participation, noting a disconnect between organisational agreement to participate and the practical resourcing of that participation:

"I know that obviously the Area management of this Area had agreed for us to participate, but that hasn't come along with resources really – from the college or from the Area." (Interview 2)

One participant suggested that had the full extent of the work involved been communicated from the outset, it would have created an opportunity for an early and meaningful conversation about the provision of protected time. There was a strong and consistent message across participants that staff need to be listened to, and that dedicated time and resources are essential not only for the success of approaches such as this, but for the broader goals of improving practice and supporting staff retention:

"I feel like they really need to be listening to the staff in this and recognising the need for, I suppose, more training and dedicated time to focus on this – because it will only help our practice, and helps staff retention, and helps the most important people, which are the children, young people and their families that we support." (Interview 2.1)

Practice Climate

The research site operates within a complex and demanding practice environment, characterised by high caseloads, significant staff stress, and burnout. Against this backdrop, some participants described a sense of guilt about dedicating time to the project, questioning whether it could be justified given the pressures facing frontline colleagues:

"Can I really justify sitting here and working on this if I know XY and Z are going on, and people are really stressed, and I could maybe be the person who alleviates some of their stress? So, I think that's just the nature of it, but yeah." (Interview 2.4)

For those in management roles, the tension between project participation and organisational responsibility was particularly acute:

"I'm a manager of a team that's extraordinarily under-resourced – to give this my priority was very challenging." (Interview 2.2)

During the project, additional pressure was placed on staff as a result of an unannounced HIQA inspection in November 2025, which significantly disrupted cluster members' capacity to engage with the project during that period:

"Like, I should have been [sending things on], as things were coming in... but like, the week of that HIQA inspection, I was like, I'm not going to go near anybody." (Interview 2)

Further uncertainty arose from a major organisational reform that was being planned for the area, generating significant anxiety among staff about future working arrangements, team compositions, and the continuity of approaches they had invested considerable time and effort in developing:

"I feel like with the reform looming in the background, that has been very stressful for staff as well... We developed a trauma-informed practice network and that was really successful – we had so much attendance, so much interest. Now with the changes, we don't know whether that can continue." (Interview 2.1)

Notably, one participant offered a more optimistic perspective on the forthcoming reform, expressing hope that it might ultimately lead to greater equity in service provision and create more capacity for staff to engage in practice development work in the future:

"...[if] we depend on reform and if it does lead to more equity across service provision, if that lands with regard to people's time and ability to put that practice into daily practice – that would be my thinking." (Interview 2.2)

The placement crisis further compounded these pressures, with one participant noting that conditions in the research site were particularly acute and unlike those experienced elsewhere in the country:

"And in [research site] in particular, because of the area we work in, it's much more challenging than maybe other parts of the country – but it's not just that; the placement crisis is the worst it's ever been." (Interview 2.2)

Participants identified the complexity of the prevailing practice climate and the pervasive sense of crisis as significant factors that affected their ability to develop their approaches to the extent they had originally hoped, underscoring the importance of organisational conditions and structural support in enabling meaningful and sustained practice development work.

Theme 3: Process of Change

Theme 3, Process of Change, captures the transformative outcomes of the collaborative process, exploring the cultural embedding of trauma-informed practice and the tangible impact of participation on individual and collective practice. This is explored through two sub-themes: Culture Shifting and Practice Changes.

Culture Shifting

Despite the considerable challenges encountered throughout the project, participants expressed a strong sense of pride in what had been achieved, particularly in relation to the tangible outcomes produced and their potential to positively impact children, families, and colleagues both within and beyond the organisation. The cluster work was widely regarded as a meaningful and valuable contribution to the ongoing integration of trauma-informed practice across the area. Participants reflected on the unique value of the cluster structure itself in enabling this kind of focused, practice-driven work:

"So, I think that the clusters are fundamental to this type of project because without them, you might not necessarily get the drive of people to come together and actually create real things, if that makes sense... So the clusters allowed us to kind of – like that – slow down our thinking, think through what we wanted to achieve for the children and families we work with and what might make a real impact." (Interview 2.3)

One participant spoke compellingly about how TARA has become embedded in the culture and ways of working within the research site, to the extent that it now forms a core component of the induction programme for new staff:

"So there's like, even now we're rolling out our induction programme because we're going to have, I think, 18 new starters to attend between January and June – so even for them to come in, like in the first session, like OK, it's really important that we do TARA first. So when you hear people talking about a TARA file review, this is what we mean; when you hear people talking about this, if you see this picture – just those basics of this is the way we work here, this is the way we want to work with families." (Interview 4)

This account reflects a significant cultural shift within the area, whereby trauma-informed practice is no longer experienced as an external initiative or additional expectation, but as a fundamental and defining characteristic of how the organisation operates and engages with families. The work of the cluster groups was seen as integral to sustaining and deepening this cultural embedding, building on the learning generated through the TARA Project over the preceding years and ensuring that its principles continue to shape practice into the future.

Practice Changes

In total, the four cluster groups produced six practice approaches over the course of the project. Three of the groups each produced one approach, while the fourth group developed four distinct approaches. All approaches were grounded in the focus areas identified and agreed upon by each cluster during Workforce Capacity Building (Phase 1) of the project, ensuring that the outputs were directly responsive to the practice challenges and priorities that participants themselves had identified as most significant.

Participants expressed a strong sense of satisfaction and pride in the value of the work they had undertaken throughout the process, and in the potential of the approaches produced to make a meaningful difference to the children and families they work with:

"I also feel really proud to have been part of the project – as I said, having something tangible and meaningful at the end of it and feeling like you are making a difference, that's really important to me. And I feel like, you know, we could positively impact a child or a family's experience of the organisation or their interaction with a member of staff." (Interview 2.1)

Beyond the tangible outputs produced, many participants spoke of the benefit of having dedicated space and time to think through issues that directly affect their daily work and practice – an opportunity that the demands of frontline work rarely afford:

"I think for me actually it has been very useful to spend some time thinking about and talking about supervision, and hearing from other people in the group around their experience of supervision. And although we haven't developed this yet, I've just entered into a couple of new supervisory relationships where I'm supervising people that I haven't before, and I'm finding myself already being really conscious about giving them choice around where that takes place." (Interview 2)

The reflective dimension of the project was identified as having a direct and immediate impact on participants' individual practice, extending the value of the collaborative process well beyond the production of formal outputs:

"And I'm like, it's made me really reflective in my practice, even myself. So although we're doing something for the masses, for me individually, it has benefited my practice – you know that kind of way. So yeah, I have enjoyed it. As I said, I would just like more, more, more dedicated time to do it." (Interview 2)

These reflections illustrate the dual impact of the cluster process – both collective and individual – demonstrating that the space created through the cluster groups enabled practitioners to reflect on and refine their practice in ways that are directly aligned with the principles of trauma-informed practice, whilst simultaneously contributing to the development of resources with the potential to benefit children, families, and the wider workforce.

4.5 Summary

This chapter has presented the findings of Study 1, the **Qualitative Study**, which explored the co-creation of trauma-informed approaches. Overall, the findings demonstrate that collaborative, practice-led approaches can support meaningful practice change, even in resource-constrained environments. However, the sustainability of such change remains dependent on ongoing organisational investment, leadership commitment, and the structural supports required to embed trauma-informed approaches into child protection and welfare practice across services. The next chapter will present the **Feasibility Study** findings.

5.

Feasibility Study Findings

5.1 Introduction

This chapter presents the results of the **Feasibility Study** (Study 2) which assessed the feasibility of the co-created outputs among the professional staff across the research area at the Showcase Event on 12 December 2025.

5.2 Participants

A total of 87 professionals formed the study sample. The number of valid responses varied across demographic items because of item-level missing data. Consequently, percentages are calculated using the valid number of responses for each variable, rather than the total sample of 87. The majority of participants were female (n = 69; 84%), with a mean of 10 years of professional experience. The cohort represented a diverse range of roles, although most participants were social workers (n = 36; 45%), with over half working in child protection roles (n = 42; 52%) (Table 5.1).

Demographics	Number	Percentage	Mean	Standard Deviation
Gender [n=82]				
1. Female	69	84.1		
2. Male	13	15.9		
Age [n=65]			36.2 Yrs	10.3 Yrs
Experience [n=77]			10.0 Yrs	9.1 Yrs
Title [n=80]				
1. Admin	2	2.5		
2. Area Manager	1	1.3		
3. Business Support	6	7.5		
4. CFSN Coordinator	1	1.3		
5. Family Support Worker	9	11.3		
6. Principal Social Work	4	5.0		
7. Psychologist	2	2.5		
8. Senior Social Work Practitioner	1	1.3		
9. Social Care Leader	10	12.5		
10. Social Care Manager	1	1.3		
11. Social Work Team Leader	7	8.8		
12. Social Worker	36	45.0		
Main Area of Work [n=81]				
1. After Care	2	2.5		
2. Area Manager	1	1.2		
3. Business Support	2	2.5		
4. Child Protection	42	51.9		
5. Children In Care	9	11.1		
6. Fostering	11	13.6		
7. PPFS/CFSN	14	17.3		

Table 5.1: Study participants

5.3 Practitioner Resilience

The Practitioner Resilience cluster developed a reflective supervision resource that uses structured prompts to support supervisors and supervisees in examining the supervisory environment. This approach is underpinned by a relational and systemic understanding of resilience, to promote high-quality reflective supervision.

5.3.1 Quantitative Results

The Practitioner Resilience approach scores indicated broadly positive perceptions across all three assessment dimensions. Respondents reported strong Acceptability (N = 75; Mean = 4.43; SD = .67) and Appropriateness (N = 74; Mean = 4.37; SD = .63). Feasibility (N = 73; Mean = 4.31; SD = .72), while still positive, was somewhat lower than the other two dimensions.

5.3.2 Qualitative Findings

Theme 1: Reflective Supervision

Participants consistently identified the approach as supporting more reflective supervision. Introducing this approach in practice was perceived as enhancing emotional safety within supervision. Practitioners who used the approach felt more confident to integrate trauma-informed practice in their casework through supervision and improved emotional regulation when managing complex caseloads. Supervision was experienced not simply as task-focused oversight, but as a relational and reflective space that supported mindfulness, validation, and trauma-informed practice.

Theme 2: Supporting Practitioner Resilience

A second theme captured the approach's contribution to a shared culture of wellbeing and practitioner resilience. The approach was seen as potentially supporting a shift from case management focused supervision within a time pressurised system to supervision supporting practitioner resilience, characterised by openness, mutual respect, and shared reflective practice strengthening organisational capacity for sustainable practice.

5.4 The Communication Cogs

The Communication Cogs cluster developed a place card as a concise, practice-focused resource to support practitioners in recognising and strengthening the role of communication with families, colleagues within the agency, as well as external agencies. Designed for ease of use within demanding workloads, the approach promotes reflective practice, open dialogue, respect, and improved quality of care.

5.4.1 Quantitative Results

The Communication Cogs approach consistently scored strong agreement across all three assessment dimensions. Respondents expressed a high degree of confidence and comfort in engaging with the tool, reflecting strong Acceptability (N = 79; Mean = 4.23; SD = .75), high levels of Appropriateness (N = 78; Mean = 4.26; SD = .71) and Feasibility scores (N = 78; Mean = 4.24; SD = .77).

5.4.2 Qualitative Findings

Theme 1: Communication promoting trust and engagement

The first theme reflected the approach's impact in supporting mindful, trauma-informed communication. Participants described how the approach prompts greater awareness, empathy, and intentionality in interactions with children and families, encouraging trauma-informed language, reflective listening, and emotional attunement. The Communication Cogs approach was seen as a means to strengthening trust, rapport, and collaborative relationships by creating space for shared discussion, joint problem-solving, and supportive engagement across staff, parents, and families.

Theme 2: Accessible tool supporting clarity and consistency

Participants consistently highlighted the user-friendly and accessible design of the Communication Cogs glance card which describes the approach. They felt the simple, visual, and at-a-glance format supported quick understanding, ease of use, and consistent application across diverse professional roles and communication contexts of the approach. The approach was valued for providing a shared language that promoted transparency, mutual understanding, and accountability within and across teams. Participants felt that this clarity enabled collective reflection on strengths and areas for development, fostering more consistent and open communication practices at an organisational level.

5.5 The Ripple Effect

The Ripple Effect cluster developed an approach to support children in transition between care placements, in response to the foster care placement crisis and its

destabilising consequences for children and practitioners. The cluster produced six animated videos depicting lived experiences of this transitional process and concrete ways to support children and practitioners. Animation was intentionally chosen in the video as an accessible and emotionally resonant medium to convey the complexity of waiting (environment of waiting), transition (journeying to the placement), and instability across the care system (arriving). The cluster also produced an accompanied resource providing an outline of the practices used throughout the waiting, journeying and arriving.

5.5.1 Quantitative Results

The Ripple Effect approach reflects generally positive perceptions across all three implementation dimensions. Respondents reported strong Acceptability (N = 78; Mean = 4.53; SD = .78) and Appropriateness (N = 78; Mean = 4.49; SD = .78), and Feasibility was also rated positively, though somewhat lower than the other two dimensions (N = 78; Mean = 4.36; SD = .84).

5.5.2 Qualitative Findings

Theme 1: Compassionate, child-centred resource

The approach was perceived as fostering safe, welcoming, and child-centred environments (waiting areas) during periods of transition, supporting children's emotional wellbeing and sense of security at a time of heightened vulnerability. Participants emphasised the tangible and compassionate nature of the comfort packs and associated resources that were part of the approach during transition, describing their role in reducing fear, meeting immediate needs, and conveying care and reassurance to children entering new placements.

Theme 2: Reflective practice and practitioner development

A second theme reflected the approach's contribution to professional learning and reflective practice. Respondents highlighted its value in strengthening empathy, enhancing understanding of children's lived experiences, and increasing awareness of both the child's and practitioner's emotional journey through placement transitions. Several participants recommended the approach be included in the induction of new

staff and training programmes, recognising its capacity to support practitioners' sensitivity, reflection, and relational engagement.

5.6 The Time Bandits Cluster

The Time Bandits cluster produced three approaches: a sensory pack, an inclusive group work approach, and a team based foster care approach.

5.7 Sensory Pack

The Sensory Pack approach supports the emotional and physical safety of children in care by providing a trauma-informed sensory environment during travel to and from family time. Young people were actively involved in shaping the packs' contents, ensuring the resource reflected lived experience and embodied trauma-informed principles of empowerment and co-production.

5.7.1 Quantitative Results

The Sensory Pack approach received exceptionally positive ratings across all three assessment dimensions. Respondents indicated strong Acceptability (N = 35; Mean = 4.66, SD = .47), Appropriateness (N = 35; Mean = 4.66, SD = .45) and Feasibility (N = 34; Mean = 4.57, SD = .58).

5.7.2 Qualitative Findings

Theme 1: Emotional Regulation

The Sensory Pack approach was consistently perceived as enabling soothing and grounding, helping children manage emotions, feel safe, and maintain focus during stressful moments or transitions. Participants felt using the pack supported emotional regulation by providing reassurance and calming sensory input in potentially overwhelming situations.

Theme 2: Versatility in Challenging Contexts

The packs were especially valued when used in demanding situations such as travel, family visits, and when supporting children with disabilities or additional sensory needs. Their adaptability and use across environments and child profiles helped

reduce anxiety, provide structure, and create a sense of familiarity and safety for children with diverse needs.

5.8 Bringing Kids Together (BKT)

Bringing Kids Together (BKT) is a groupwork approach for children in foster care and the children of foster carers to connect with peers who share related lived experiences. By intentionally bringing these groups together, BKT promotes belonging and emotional wellbeing through mutual understanding, using an approach that is distinctive within the Irish fostering context.

5.8.1 Quantitative Results

The BKT approach received exceptionally strong endorsement across all three assessment dimensions, recording the highest mean scores of all approaches. Participants reported high levels of Acceptability (N = 63; Mean = 4.84; SD = .34), while Appropriateness ratings were equally strong (N = 63; Mean = 4.8; SD = .40), and perceptions of Feasibility were similarly high (N = 63; Mean = 4.76; SD = .45), with the majority of respondents agreeing that the approach was practical and achievable within existing resources and time constraints.

5.8.2 Qualitative Findings

Theme 1: Inclusivity, Belonging, and Positive Relationships

The approach was widely valued for bringing together children in care and foster families in an inclusive, non-stigmatizing space. Participants highlighted feelings of equality, belonging, joy, and connection, with shared experiences fostering friendships, mutual understanding, and stronger bonds both within and across foster families.

Theme 2: Creative Expression and Collective Joy

Creativity, particularly through music, song, rap, and dance, was seen as a powerful and unifying element of the approach. This approach was seen as enabling children to express themselves freely, engage collaboratively, and experience shared achievement, contributing to a strong sense of fun, affirmation, and collective identity.

5.9 Whole Team Foster Care Approach

This approach embeds trauma-informed practice across the fostering team by reframing children's needs within an ecological, relational framework rather than a child-deficit lens. The approach incorporates an innovative file review method, bespoke psychoeducation for foster care families, and groupwork intervention for foster carers. It prioritises safety, connection, and caregiving relationships, supporting foster carers to respond consistently and sensitively to children's trauma related needs and to promote healing and resilience.

5.9.1 Quantitative Results

The Whole Team Foster Care approach received consistently strong endorsement across all three implementation dimensions. Respondents demonstrated high levels of Acceptability (N = 55; Mean = 4.58; SD = .51) and Appropriateness (N = 55; Mean = 4.56; SD = .54), and Feasibility ratings were equally strong (N = 55; Mean = 4.51; SD = .58).

5.9.2 Qualitative Findings

Theme 1: Strengthening trauma-informed understanding

The approach was valued for promoting trauma-informed practice through shared training, relational support, and a common understanding of children's trauma histories. This was viewed as enhancing collaboration between carers and professionals, supporting more empathetic, attuned, and responsive caregiving practices.

Theme 2: Reflective learning and implementation

File reviews and psychoeducational components of the approach were seen as providing meaningful insights into children's experiences and practical strategies for responding to children's emotional and behavioural needs. Participants also highlighted the approach's feasibility and strong potential for wider implementation, viewing it as a robust foundation for future trauma-informed foster care development in the wider organisation.

5.10 Summary

This chapter has presented the findings of Study 2, the **Feasibility Study**. The findings demonstrated that a participatory, cluster-based approach can effectively support the co-creation and integration of trauma-informed practices within child protection and welfare services. Six practitioner-led approaches were developed and were perceived by staff as acceptable, relevant, and feasible for child protection and welfare practice. The findings highlight the value of practitioner engagement, collaboration, supervision, and reflective practice in fostering trauma-informed innovation. While organisational challenges, including workload pressures and ongoing service reform, presented barriers to co-creation, participants identified significant opportunities to strengthen child protection and welfare practice. The next chapter presents the project's outputs.

6.

TARA Project Practice Outputs

6.1 Introduction

This chapter introduces the demographics of the cluster group participants then presents a description of each TARA Project output. Following the Showcase Event, six approaches were refined in collaboration with cluster group members, incorporating all reviewer feedback while preserving their participatory, practice-led character. Final independent external review was conducted by an international expert in trauma-informed practice (15 December 2025, $n = 4$; 1 April 2026, $n = 2$), providing additional quality assurance and confirming suitability for publication on the project university website, providing an open-access platform for dissemination: [TARA Project | University College Cork](#).

6.2 Cluster Group Participants

The cohort ($n = 31$) was predominantly female ($n = 24$), with most participants holding qualifications in social work or social care ($n = 23$) and educated to degree or master's level ($n = 28$).

Demographics by cluster grouping	Practitioner Resilience	Communication Cogs	Ripple Effect	Time Bandits
	n (%)	n (%)	n (%)	n (%)
Gender				
1. Female	6(100)	8(88.9)	5(62.5)	5(62.5)
2. Male	-	1(11.1)	3(37.5)	3(37.5)
Age				
1. 25-30	-	1(11.1)	1(12.5)	-
2. 31-40	2(40)	1(11.1)	4(50)	3(37.5)
3. 41-50	2(40)	6(66.7)	3(37.5)	3(37.5)
4. 51-60	1(20)	1(11.1)	-	-
5. 61 and over	-	-	-	2(25)
Professional grade/title				
1. Social worker	1(16.7)	3(33.3)	2(25)	1(12.5)
2. Social care leader	-	-	1(12.5)	4(50)
3. Family support worker	-	-	-	1(12.5)
4. Team leader	2(33.3)	1(11.1)	1(12.5)	2(25)
5. Principal social worker	2(33.3)	-	3(37.5)	-
6. Other ¹	1(16.7)	5(55.6)	1(12.5)	-
Main area of work				
1. Child protection	3(50)	2(22.2)	2(25)	2(25)
2. Fostering	1(16.7)	1(11.1)	3(37.5)	2(25)
3. Family support	1(16.7)	1(11.1)	-	2(25)
4. Other ²	1(16.7)	5(55.6)	3(37.5)	2(25)
Professional practice experience				
1. 1-5 years	-	1(11.1)	2(25)	1(12.5)
2. 6-10 years	1(16.7)	3(33.3)	1(12.5)	-
3. 11-15 years	2(33.3)	-	2(25)	-
4. 16-20 years	2(33.3)	1(11.1)	2(25)	3(37.5)
5. 21-25 years	1(16.7)	3(33.3)	1(12.5)	3(37.5)
6. 26 years and over	-	1(11.1)	-	1(12.5)
Primary qualification				
1. Social work	4(66.7)	4(44.4)	5(62.5)	3(37.5)
2. Social care	-	2(22.2)	1(12.5)	4(50)
3. Other ³	2(33.3)	3(33.3)	2(25)	1(12.5)
Highest level of formal education				
1. Certificate	-	-	1(12.5)	1(12.5)
2. Degree	2(33.3)	4(44.4)	3(37.3)	4(50)
3. Masters	4(66.7)	4(44.4)	3(37.5)	3(37.5)
4. Other ⁴	-	1(11.1)	1(12.5)	-
Completed the UCC CPD (TIC)				
1. Yes	4(66.7)	5(55.6)	2(25)	3(37.5)
2. No	2(33.3)	4(44.4)	6(75)	5(62.5)

1. (including Child and Family Support Network Co-Ordinators, Business Support)

2. (including Children in Care, Alternative Care, Business Support and PPFN, CFSN, Meitheal)

3. (including Early Care and Education / Advocacy and Leadership in Early Years, Admin, Community Studies, Sociology and Social Science, Regional and Local Development, Criminology, Family Support, Fostering)

4. (including Level 9 Postgraduate Certificate)

Table 6.1: Cluster Group Participants

6.3 Practice Outputs

6.3.1 Practitioner Resilience through the Supervision Environment



The Practitioner Resilience cluster developed a resource that provides structured prompts to help supervisors and supervisees reflect on the environment in which supervision takes place. The approach is grounded in the belief that practitioner resilience is not solely the responsibility of individual practitioners, nor is it reducible to personal capacities, skills, or resources alone. Rather, resilience is understood as something that is shaped and sustained by the quality of relationships, supports, and organisational systems that surround practitioners in their work. When practitioners are genuinely supported within their working environment, resilience becomes a

shared and collective process, enabling them to manage the complex and emotionally demanding nature of their work more effectively and sustainably. Within this framework, high-quality reflective supervision and the physical, relational, and organisational environment in which it occurs is understood as playing a vital role in sustaining practitioner wellbeing and, by extension, the quality of care provided to children and families. The resource developed by this cluster, therefore, represents a practical and evidence-informed contribution to the embedding of trauma-informed supervision practices across the research site.

Link to resource: [Building Practitioner Resilience](#)

6.3.2 The Communication Cogs



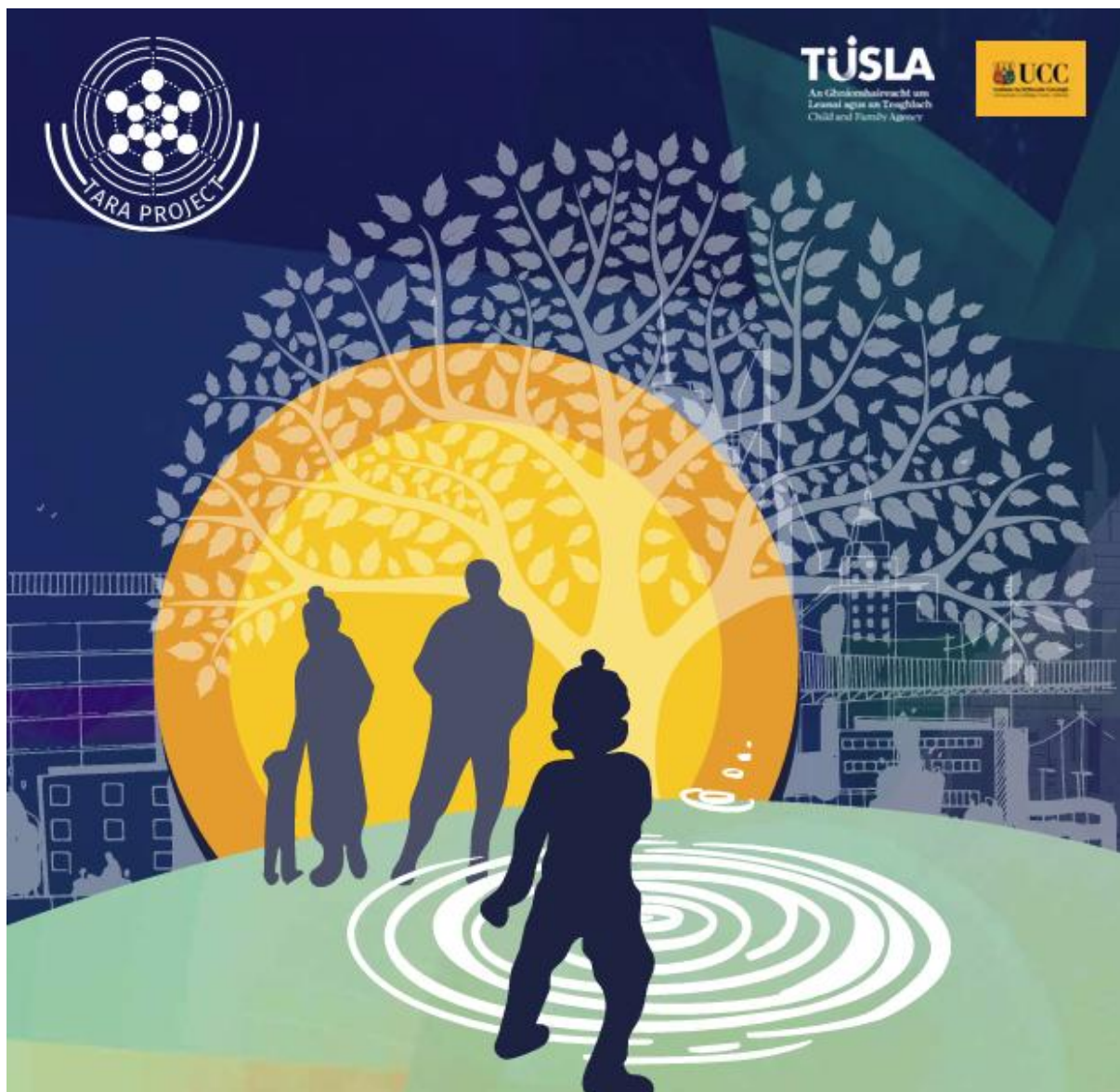
The Communication Cogs cluster aimed to develop a practical, easy-to-use resource that highlights, recognises, and addresses the role of communication in building, forming, and sustaining relationships with families, external agencies, and colleagues within TUSLA. The resource was designed as a concise and accessible document to support practitioners in reflecting on and developing their communication skills, fostering open dialogue, improving the quality of care, promoting respect, and strengthening relationships. Its brevity and practical orientation were deliberate, enabling quick review and application amid busy, demanding workloads. Central to the development of this approach was the cluster's recognition that the window of opportunity for meaningful communication is often narrow, and that every contact

with a family, colleague, or external partner carries significance. This awareness reflects a deeply trauma-informed understanding of communication, one that acknowledges the potential of even brief interactions to either build or erode trust, and that positions thoughtful, skilled communication as a fundamental component of effective and compassionate child protection and welfare practice.

Link to resources:

- [Communication Cogs background](#)
- [Communication Cogs glance cards](#)

6.3.3 The Ripple Effect



The Ripple Effect cluster was developed in direct response to the critical shortage of foster homes, which has resulted in frequent placement moves for children in care. These repeated transitions create significant instability and stress for children, while simultaneously increasing vicarious trauma exposure for the practitioners supporting them. Recognising the profound impact of this crisis on children, families, and the workforce alike, the cluster sought to develop a concrete and meaningful resource that acknowledges and addresses the needs of all those affected. The cluster's work was guided by four interconnected aims: to highlight the challenges experienced by children who undergo multiple placement moves; to recognise and validate the lived experiences of both children and practitioners during periods of waiting and transition; to create resources that support colleagues in making sense of these experiences, developing their practice skills, and building resilience; and to make recommendations to inform future practice and policy in this area. These aims were realised through the production of six animated videos that bring to life the lived experiences of children, families, and practitioners navigating the placement process. The use of animation as a medium was a deliberate, considered choice, offering an accessible, engaging, and emotionally resonant way to communicate complex experiences. The videos can be used for staff development, reflective supervision, and the broader promotion of understanding and empathy across the child protection and welfare sector.

Link to resources:

- [Video 1: Ripple Cluster Initiative: What we want to change](#)
- [Video 2: Ripples of Waiting: The Experience of Children and Workers waiting for a new foster home](#)
- [Video 3: Ripples of Change: Practice changes with transitional spaces](#)
- [Video 4: Ripples of Moving](#)
- [Video 5: Ripples of Arriving: A child's and worker's experience of arriving to an emergency foster home](#)
- [Video 6: Ripples of Change: Reflections on changes of practice](#)
- [The Ripple Effect Guidance Document](#)

6.3.4 The Time Bandits



The Time Bandits was the only group with more than one approach, with a total of three approaches in this cluster. The approaches focused on developing tools to help incorporate trauma-informed practices into their work. This included a sensory pack, a focus on fostering, and support in bringing siblings together.

TARA Sensory Pack

The Sensory Pack was developed to support the emotional and physical safety of children in care by creating a trauma-informed sensory environment during the travel periods that precede and follow family time. Recognising that transitions are among the most stressful and emotionally dysregulating experiences for children in care, the cluster sought to enhance the travel experience by developing sensory packs designed to promote choice, engagement, and emotional expression. The packs were

designed to support relational connections between children and workers, fostering collaboration and trust while empowering children to manage the challenges of transitions more effectively. A distinctive and particularly significant feature of this approach was the active involvement of young people in its development. Recognising the centrality of lived experience to the design of effective trauma-informed resources, the cluster supported young people to contribute their perspectives on what would help them feel calm and supported during transport. Their feedback directly informed and shaped the selection of items included in the sensory packs, ensuring that the final resource was genuinely responsive to the needs and preferences of the children it was designed to serve. This participatory approach reflects a deep commitment to the principles of empowerment and co-production that lie at the heart of trauma-informed practice.

Link to resource: [Time Bandits: Sensory Pack](#)

Bringing Kids Together (BKT)

The Bringing Kids Together (BKT) approach was developed to provide a safe, inclusive, and supportive space for all children linked with fostering – both children in foster care and the children of foster carers – to meet, socialise, and connect with others who share similar experiences. The approach is grounded in the recognition that children in these circumstances benefit significantly from the opportunity to engage with peers who understand their lived experience, and that such a connection can play an important role in promoting emotional well-being and a sense of belonging. What makes BKT particularly distinctive is its deliberate and innovative combination of foster children and children who foster within a single group, an approach that, to the cluster's knowledge, is unique within the Irish context. The BKT adopts an inclusive, child-centred approach firmly grounded in rights-based participation, ensuring that children are not passive recipients of a service but active contributors to its design and development.

Link to resource: [Time Bandits: Bringing Kids Together](#)

TARA Whole Team Foster Care approach

The TARA Foster Care approach represents the embedding of trauma-informed practices within the fostering team in the research site, developed through the collaborative work of the TARA Project. It is built on a whole-team approach that fundamentally reframes how children's needs and behaviours are understood, moving away from a deterministic lens that locates the problem within the child towards a broader ecological perspective that recognises the impact of traumatising experiences and ongoing stressors within the wider systems surrounding the child. Through a compassionate and evidence-based approach, it is designed to equip fostering teams and foster carers with the knowledge, skills, and tools needed to support children who have experienced trauma. Central to this is a focus on the quality of caregiving relationships, prioritising containment, safety, and connection as the foundations for healing and resilience. Foster carers are supported to develop the capacity to consistently and confidently provide these experiences, enabling them to respond to the complex needs of the children in their care in ways that are nurturing and trauma-informed.

Link to resource: [Time Bandits: Whole Team Foster Care approach](#)

6.4 Summary

In this chapter, the outputs from Co-Creation and Feasibility (Phase 2) of the TARA Project were presented. The findings demonstrate the importance of practitioner involvement in implementation processes and show how the resources developed through the project contributed to increased awareness, skills development, and the embedding of trauma-informed practices within services. The next chapter presents the findings of the **Process Evaluation Study** carried out in Evaluation and Learning (Phase 3).

7.

Process Evaluation Study Findings

7.1 Introduction

This chapter presents the findings of the **Process Evaluation Study** (Study 3), which was carried out as part of Evaluation and Learning (Phase 3). The study evaluated perceptions of the effect of the TARA Project and the integration of co-created practice outputs. Findings are drawn from three focus groups and one semi-structured interview conducted on 19 and 20 May 2026 with partner agency staff, TUSLA staff, parents, and foster carers.

7.2 Participants

Study participants ($n = 25$) are described in Table 7.1. The staff and agency partners groups included variation in gender, teams, discipline, and professional roles, with six distinct agencies represented among agency partners. The foster carer focus group comprised three foster carers, each with 10–15 years of fostering experience. Two were general foster carers and one was a relative foster carer. As only one parent attended the planned parents focus group, this session was conducted as an individual semi-structured interview. The participant had approximately five years of ongoing engagement with the agency.

Group Type	Number	Discipline	Role/Team	Grade	Gender
Agency Partners (FG1)	6	2 Family Support 1 Youth Work 3 Social Care	2 Youth Justice 4 Family Support	2 Managers 4 Practitioners	21 (female) 4 (male)
TUSLA staff (FG2)	15	8 Social Care 5 Social Work 1 Family Support 1 Psychology	8 Family Support 1 Domestic Violence 6 Foster Care	4 Managers 11 Practitioners	
Parents (Interview 1)	1	n/a	n/a	n/a	
Foster Carers (FG4)	3	n/a	1 Relative Foster Care 2 General Foster Care	n/a	

Table 7.1: Study Participants

7.3 Findings

Four main themes were identified in the study: Influence on Practice; Caregivers' Experiences of Services; Working Across Systems of Care; Losing Momentum. A number of subthemes present under each main theme (Table 7.2).

Study Themes
Theme 1: Influence on Practice Subtheme 1: Relational Practice Subtheme 2: Practice Impacts of TARA Subtheme 3: Support for Embedding TARA Practice
Theme 2: Caregivers' Experiences of Services Subtheme 1: Increased Understanding of Trauma Subtheme 2: Value of Trauma-informed Work
Theme 3: Working Across Systems of Care Subtheme 1: Growing Collaboration Subtheme 2: Partners Supporting Families Subtheme 3: Addressing Community Gaps
Theme 4: Losing Momentum Subtheme 1: Culture Shift Subtheme 2: Reform as Disruption Subtheme 3: Capacity Under Pressure

Table 7.2: Process Evaluation Study Themes

Theme 1: Influence on Practice

This theme explores how TARA changed professional practice and contributed to embedding trauma-informed approaches within the research site. Participants described tangible changes in their practice but also identified organisational and bureaucratic conditions that constrained implementation. This theme comprises three subthemes: Relational Practice; Practice Impacts of TARA; and Support for Embedding TARA Practice.

Relational Practice

Participants consistently described relationship building, compassion, and kindness as fundamental to working in a trauma-informed way. While these attitudes cannot be attributed solely to TARA, participants across the groups perceived a greater emphasis on relational and strengths-based practice from TUSLA during the TARA Project period, with compassion and understanding prioritised over shame and judgement.

"Strengths based. I feel like a lot of it is very like strengths based, their kind of approach with the parents. Very empathetic." (ID6 FG1)

Relationship building was recognized as the cornerstone of trauma-informed practice, but participants identified challenges around maintaining relationship continuity in the current practice environment. For example, in reflecting on the recent changes to Meitheal, one participant expressed concern that transferring families between Child and Family Support network (CFSN) coordinators could create an unnecessary rupture in relationships:

“Meitheal I'm thinking of, what we've been used to is with one person stays with that one person, and that, that's around security of relationship until the end... looking from a trauma-informed lens, you're aiming to build that relationship and you finish it... I wonder, you know, how this is going to work... we're ready to package one now in a couple of weeks, you know, but it will, we'll see because that kind of goes against the model.” (ID4 FG2)

Despite significant progress, participants recognised that relational practice was not yet consistently embedded across TUSLA. One practitioner described tensions when working alongside colleagues who did not adopt a trauma-informed approach, illustrating that while relational working has become more prominent, implementation remains uneven:

“another young mother I'm working with who has gone through extreme trauma all her life and I can really see the positive changes she's made... but the other professional can't see that, she's not coming kind of from a trauma-informed lens... sometimes when you're working with another professional from the same agency and they're not trauma-informed, to kind of, you kind of have that battle of heads sometimes.” (ID14 FG2)

Practice Impacts of TARA

Participants in the staff focus group expressed that their professional practice had transformed since participating in the Project, agreeing that TARA had made them better practitioners. Participants described incorporating trauma-informed language into their everyday practice as a result of TARA. The impact of TARA particularly resonated in the fostering team, with a foster care team leader expressing that “we’ve possibly benefited most”.

"I find my practice has improved since doing the TARA project and the tools... I think the tools from the TARA, me personally, has made me a better practitioner and I am using them." (ID14 FG2)

The perceived impact of the TARA Project Phase 2 co-created approaches varied. Participants expressed that while TARA had influenced their personal supervisory practices, they had seen limited evidence of the Practitioner Resilience resource being employed within TUSLA. One practitioner, however, provided evidence of its circulation and highlighted the importance of the supervision approach in the context of the restructuring under reform:

"the supervision tool, that's been circulated recently... because of all the changes, there's new teams, so people will have new line managers, supervising different relationships, so I think maybe if we could work on that tool to be really circulated well" (ID4 FG2)

Participants provided stronger evidence for integration of the TARA File Review and Bringing Kids Together (BKT) in practices in foster care. Participants in both the staff and agency partners focus groups highlighted the value of the TARA File Review for understanding the child and for fostering collaborative inter-agency work:

"So many mapping, lovely mapping meetings... They've done that piece of work, significant piece of work... they've set all the players around to go, ok, let's you know, go through our findings, I guess, and then really explore in the room that everyone's understanding of potentially where this kid has come from and potentially explaining behaviour and potentially looking at where do we need to be for that kid because of this... it's great and where it should be." (ID2 FG1)

Beyond the Phase 2 co-created outputs, staff participants attested to the value of the UCC Postgraduate Continuing Professional Development Certificate in Trauma-Informed Care (CPD-TIC). One participant who was in the process of undertaking the CPD-TIC reported that *"it is going well, and all the resources are really good"*. Participants provided evidence of the impact of the training, in both their personal anecdotes of mentoring staff and sharing knowledge, and in their experiences of being mentored by TARA-trained practitioners. Practitioners also shared their active use of TARA tools such as

the [TARA - Understanding the Drivers of Behaviour](#) and the [Thermometer of Regulation](#), which were found to be particularly beneficial in the delivery of the Non-Violent Resistance Programme (NVR). Simple, visual tools were considered effective in translating trauma to other practitioners and to families:

“So yeah, absolutely has given us a new perspective of looking at things and being able to explain really complex situations to parents in really simple terms and language.” (ID5 FG2)

Support for Embedding TARA Practice

Participants described how TARA depended heavily on individual commitment because organisational structures did not consistently provide the time, resources, or leadership required to embed change. They identified TARA champions as one mechanism through which approaches could be maintained and disseminated across the new networks but emphasised that champions need organisational recognition and incentivisation.

“it would be great to have trauma-informed champions to make sure that the work that has been done is being rolled out” (ID14 FG2)

This reliance on individual champions was seen as evidence of a wider organisational commitment gap. Participants argued that successful implementation of TARA required consistent top-down leadership: *“it needs to be a top-down approach”*. For example, although considerable time and effort was invested in developing the Communication Cogs approach, participants felt there was little organisational commitment to its dissemination, with cost cited as a barrier. Within this, participants expressed preference for physical resources over digital ones, arguing that resources circulated by email were easily overlooked in a pressurised work environment. Many were unaware that the Phase 2 co-created outputs had already been circulated TUSLA-wide or that they are publicly available online. Experiences of the Communication Cogs resulted in wider demotivation around dissemination of Phase 2 co-created approaches.

“My thing with that is that we spent a lot of time as a collective, really put a lot of thought into it... we wanted it to be like digitized, but also like a format where it's there. And then a meeting there a couple of weeks ago where it was, we were asked to like do it ourselves and laminate ourselves... so it was about cost what it came down to, but I really feel strong that we put a lot of work into it that it should be honoured” (ID4 FG2)

A further barrier to implementation was the lack of protected time to embed TARA within workloads. For example, participants shared the difficulties they experienced in prioritizing the CPD-TIC training, one describing a downturn in attendance due to people's busy schedules. Participants recognised that families and caseloads necessarily took priority but argued that TARA would continue to take the “back seat” without explicit organizational support and an allocated time lock.

“it needs to be worked into your caseload management, i.e. you need to be given a set amount of time a week to be able to do the lovely trauma-informed pieces in our practice... There needs to be an allocated little time lock so that the other tasks don't take over and that's getting pushed on the long finger.” (ID5 FG2)

Theme 2: Caregivers' Experiences of Services

This theme explores the perspectives of those with lived experience of TUSLA services during the TARA Project period, focusing on perceived changes in service provision and the impacts of TARA on children and families. These experiences are presented across two subthemes: Increased Understanding of Trauma and Value of Trauma-informed Work.

Increased Understanding of Trauma

The foster carers who participated in the focus group showed strong awareness of trauma-informed practice and attested to TARA enhancing their understanding of trauma and influencing their approach to fostering. All three foster carer participants had completed the *Fostering Connections: Trauma-informed Foster Care Programme* (the programme strongly aligns with the TARA Practice Model and was delivered by TARA Phase 1 participants who had completed the CPD-TIC programme)) during the Project. They expressed that the *Fostering Connections Programme* changed their use

of language, shifting from the question ‘what is wrong with you?’ to the more empathetic ‘what has happened to you?’ Another area that resonated with carers was allocating quality time. One foster carer did feel that elements of the *Fostering Connections Programme* were “repetitive” of courses they had already attended and noted that promised follow-up from TUSLA had not occurred, suggesting opportunities to streamline training across services and strengthen post-training support.

“The course [Fostering Connections Programme], I thought it was very interesting because I have one [child] in particular... She was very much affected by the trauma over the last few years and thing is with that course, the Connections course, it was, they gave us a toolbox... I did put it into practice after, and it was all about, first of all, change the language” (ID2 FG4)

As an example of carers applying their trauma-informed understanding, two participants described supporting the relationship between foster children and their birth parents, sharing the positive impact this had on their foster children. These participants also emphasised the importance of maintaining positive relationships with birth parents themselves. One participant shared that the children “do much better” when they see their foster parents getting on with their birth parents. Foster carers sought to minimise children’s feelings of isolation and avoid compounding the trauma associated with separation from their birth parents.

Practitioners’ observations reinforced carers’ own accounts, providing evidence that TARA training and resources have helped caregivers to build an understanding of trauma. Participants described how the use of TARA tools in their practice has transformed parents and foster carers’ understanding of the child’s trauma, one describing TARA as a “game changer” for a lot of foster carers.

“the amount of them that have that light bulb moment say, ah, I get it, it makes sense... So yeah, like lots of those YouTube videos we use and a lot, like the amount of parents... the amount of them that are like, oh my God, I get it, wow, and are so blown away by understanding the impact of like, know that piece where it's talking about the school day and your window of tolerance... it genuinely just makes such a difference to how parents understand their kids.” (ID5 FG2)

Value of Trauma-informed Work

This subtheme considers how families have experienced relational and trauma-informed support from TUSLA in the TARA Project period. These findings align with Theme 1 (*Influence on Practice*), as the support experienced by caregivers reflects the changes perceived by practitioners. The foster carers, and the one parent interviewed, particularly valued the support provided by individual TUSLA practitioners, emphasizing consistency, responsiveness, and open communication. It was not always possible to determine whether these practitioners had experience of TARA training or tools, but participants' experiences indicate that relational ways of working were evident in practice and appreciated by caregivers. Participants did however express that perspectives on TUSLA were heavily dictated by experiences of individual workers, highlighting disparities in the support that is being offered to different families.

"TUSLA, to be honest, I have really, really, really good experience with them. They changed my life, to be honest, they changed my life." (Interview 1)

"I've had amazing social workers, I have to say that, they've supported me very, very well. If I have an issue, my own link worker is amazing... if you need anything, he's straight on, he goes out of his way to try and get you supports" (ID3 FG4)

One caregiver highlighted the value of Bringing Kids Together (BKT), as their foster child was involved in BKT and reportedly *"loved it"*. A participant from the staff group who was involved in setting up BKT also reported encouraging feedback from foster carers and witnessed the positive impact of the approach on children, who were building friendships:

"the response from the foster parents is amazing... It brings the family sense together. You know, it's impacting really positively that the same, that they're on the same journey, slightly different, but they're on that same journey together." (ID8 FG2)

Despite these positive experiences, participants also identified opportunities to strengthen trauma-informed support for caregivers. Agency partners felt foster carers required greater support from TUSLA to manage developmental trauma needs but

were largely unaware that the *Fostering Connections Programme* was already in operation, suggesting communication gaps across organisations. Participants in the foster carers group also identified a need to extend trauma-informed training to birth parents and children in care.

"Maybe there should be trauma done for kids in care as well because I don't think they realise they have trauma." (ID3 FG4)

Theme 3: Working Across Systems of Care

This theme explores trauma-informed working across wider child and family systems during the TARA Project period. Participants described strengthened collaboration between TUSLA and agency partners, alongside persistent gaps in trauma-informed understanding and provision across community, education, and healthcare services. This theme is organized into three subthemes: Growing Collaboration; Partners Supporting Families; and Addressing Community Gaps.

Growing Collaboration

Agency partners described stronger collaboration with TUSLA during the TARA Project period, characterized by improved partnership working and mutual respect. Agency partners recalled in the past they had felt siloed from TUSLA and overburdened, one participant reflecting that they had been *"kind of handed everything"*. Participants described a shift towards more collaborative working in recent years, reporting that social workers were more responsive, maintained better communication, and showed increased recognition of agency work.

"the social worker is much more willing to engage with you more as a worker and maybe not pull away as they would have before... I see the last few years a much more informed and a much more collaborative piece, recognising the trauma with the family and much more communication from the social workers." (ID1 FG1)

Participants in the agency partners and staff groups identified CFSNs, Meitheal, and practice networks as important mechanisms for strengthening collaboration across services. Participants valued these opportunities for shared learning, emphasising the importance of developing a collective trauma-informed understanding of children and families.

"I facilitate a practice, trauma practice network... and what the agencies asked for in September, it's interesting we did the ACEs as the focus of the last one, but what they would like to do for the next session is to focus on them bringing in their like learning for what they do as a team, so say [XXX-names of partner agencies], what they bring in with their trauma lens and response." (ID4 FG2)

Despite improvements in inter-agency collaboration, agency partners identified persistent shortcomings in communication from TUSLA. Participants experienced variation between TUSLA practitioners, as while some were trauma-informed and responsive, others were "lax" in their response and had to be chased.

"now this is me personally on my team, there's not enough communication or phone calls or calls back... if social workers change, you might not hear from a social worker for five, six months... sometimes you hear nothing for the next six months, unless you were proactively chasing it." (ID3 FG1)

Partners Supporting Families

In the current practice climate, partner agencies were recognised as having an important role in supporting children and families. Participants described increasing reliance on partner agency and community services to support families alongside statutory services:

"I think more and more we're encouraged to signpost into the community, like, so the needs within the community, yes, they're growing as a result" (ID2 FG2)

Agency partners described providing ongoing trauma-informed support while families waited for a response from TUSLA. Several participants occupied roles that had embraced trauma-informed approaches prior to the introduction of TARA, but the group showed evidence of support for trauma-informed practice across the sector, with one participant suggesting that practitioners "shouldn't be in the line of work" if they do not agree with the ethos of trauma-informed practice. Participants recognized the pressures facing TUSLA and described partner agencies providing support where there were gaps in statutory provisions. Participants also described longevity of staff in their organizations, emphasizing the stability they could offer in contrast to the turnover described within TUSLA.

“all the experience and the trauma-informed language we are using is holding that space while waiting for a trauma-informed practitioner from TUSLA because they are really overwhelmed.” (ID3 FG1)

Foster carers highlighted the support that child and family partner agencies had given them. For example, during COVID, one participant described the crucial role of their play therapist from a child and family partner agency, highlighting how agencies are addressing gaps in statutory provisions when TUSLA capacity is limited:

“She [Partner Agency play therapist] kind of stood in as my social worker even though she's not a social worker.” (ID1 FG4)

An important point that emerged in the data was that agency partners can offer dedicated support to families because they are given adequate resources and time to enact trauma-informed practice. This links to the findings of Theme 1 (*Influence on Practice*, subtheme *Support for Embedding TARA Practice*). One participant in the agency partners group even conceived of their role as not only supporting children and families in a trauma-informed way, but also TUSLA practitioners. In this context, partner agencies emerged as an important source of additional capacity and continuity for children, families, and practitioners, highlighting the value of collaboration across services in supporting trauma-informed practice.

“I come in like literally, you know, magic wand stuff, because I have the time and I’m given this, you know, carte blanche, and it’s lovely” (ID2 FG1)

Addressing Community Gaps

While participants recognized that TARA had strengthened trauma-informed practice within TUSLA, they identified significant gaps in trauma-informed knowledge and training across wider child-serving systems, particularly in schools, early years, family support and healthcare services. This was perceived as a major barrier in implementing trauma-informed practice:

“we have become trauma-informed but I think you could be working with a child and then when you go to the community, you come to a wall... we know what we need but that’s not available.” (ID13 FG2)

Staff and agency partners highlighted opportunities for improved consistency across services. Participants advocated for inter-agency training and common tools to promote continuity in trauma-informed practice between organisations:

"I think we need to go really back to basics with organisations and I suppose even like utilising the CFSNs [Child and Family Support Networks] and their roles and their links in the community like if there was some sort of tool or workshop or something that we could do... So for example, if I was using something in my practice, social workers then use it in their practice, but then if we choose from TUSLA interventions, we know that [XXX-name of partner agency] are going to use the same tool or the [XXX-name of partner agency] or you know, a FRC [Family Resource Centre], they're all going to be using some sort of collective tool." (ID5 FG2)

Schools were identified as a particularly significant gap. Foster carers praised TUSLA and partner agencies for their interventions in schools but raised concerns that the schools do not have a trauma-informed lens. Practitioners echoed these concerns but also reported significant progress in tackling this gap by using TARA tools and approaches when working with schools.

"as an example from being in a meeting with a principal, a year head, and tutors and SNAs... you can even see there's conflicts between the team and the principal, because the principals don't get it... So it just goes to show how much difference it makes and from being a six year old getting red cards and thoughts of suspension to being like, okay, we understand now. Let's take a different approach, sensory garden... there's just been a complete shift of how they understand it and time that they're putting into her." (ID12 FG2)

Services for infants and young children were also identified as a significant gap. Participants highlighted the importance of implementing trauma-informed approaches from the earliest stages of life, recognising that exposure to trauma during critical developmental years can have lasting effects on children's wellbeing, development, and future outcomes. Participants perceived this as a resourcing and funding obstacle, ultimately reflecting the need for top-down organisational buy-in from the "big investors" across the sector. This reflects the calls for top-down implementation

discussed in Theme 1 (*Influence on Practice*, subtheme *Support for Embedding TARA Practice*).

"a lot of people had yes trauma-informed and at different stages, and you could see certain services had really invested, those that didn't have as much investment were the early years, and yet they're, they're crucial years, and the gaps are there and the challenges... people across the area asked me, could they do an organisational strategic plan with the big investors, like in terms of your HSE, your Department of Education, to get the buy-in... because there's gaps, there are big gaps for services." (ID4 FG2)

Participants also identified gaps in trauma-informed practice within healthcare, particularly General Practitioners (GPs) and the Health Service Executive (HSE). One participant described that a barrier to setting up a trauma-informed meeting room was that *"they have to ask the HSE if they can use that space"*. This illustrates that TUSLA is reliant on support from other organisations but faces difficulties in enacting trauma-informed practice because of bureaucratic blockages in collaborating with organisations. Another participant described how a GP's limited understanding of trauma impacted a child's ability to access supports:

"it required me to contact a GP for a child on a family's behalf because GP wouldn't take them serious that they weren't, that the child wasn't leaving their homeless accommodation hotel room to be able to avail of mental health supports. So it's like even GP... no awareness of trauma and the impact of trauma and the impact of being in homeless accommodation, the impact on that child's social emotional well-being." (ID5 FG2)

Theme 4: Losing Momentum

This theme explores the conditions shaping the sustainability of progress towards trauma-informed practice within TUSLA. Participants described a cultural shift towards trauma-informed thinking during the TARA Project period but felt that progress remained fragile and challenges persist in translating this mindset into consistent practice. The TUSLA reform was experienced as a significant interruption to TARA, while ongoing pressures relating to staffing, workload, and resources limited

the capacity to embed TARA consistently. This theme is described by three subthemes: Culture Shift; Reform as Disruption; and Capacity Under Pressure.

Culture Shift

Participants perceived a shift towards trauma-informed practice within TUSLA since the TARA Project began in 2022, but emphasized that this remained incomplete. While trauma-informed principles were increasingly understood in theory, participants identified a persistent gap between intention and consistent implementation.

"Culture has changed, yeah, it's slowly changing... We have a way to go, but definitely, now I don't know if anyone else has felt that, but I do feel the, more of an openness." (ID1 FG1)

"I do think from our Area manager down, like the intention is so positive" (ID3 FG2)

Participants identified resource constraints as a barrier to translating this intention into practice, one expressing doubt that TUSLA could follow through on their plans to progress trauma-informed practice in a system that is *"really, really struggling"*. Participants also cautioned that an understanding of trauma-informed principles did not necessarily translate into trauma-informed practice:

"I think people like to say they're trauma-informed in their practice... But their theory to practice skills might be a little bit lacking" (ID5 FG2)

Staff participants expressed that there was a desire to make TUSLA's physical spaces trauma-informed, signaling a shift in understanding, but shared facing resourcing issues and organisational resistance. Multiple participants mentioned that TUSLA buildings are not fit for purpose, one participant describing an office building as *"horrific"* while another building was described as *"awful"*. Against this context, participants described a push for creating trauma-informed spaces in partner organisations that are *"warm, inviting, and safe"*. Agency partners described TUSLA increasingly asking to use agency spaces, recognising that families may feel safer there. This indicates a culture shift within TUSLA, as, in a challenging organisational context, trauma-informed solutions are being found that centre families.

"I've seen it, I've seen it even down to going, the, they'll be more aware of their building and might go, is it ok to come here" (ID2 FG1)

Reform as Disruption

Dissatisfaction with the reform permeated the staff focus group, with participants describing it as chaotic, poorly communicated, and fundamentally disruptive to TARA momentum. One participant described the changes as *"demotivating"*, while an agency partner described TUSLA as operating in *"chaos mode, crisis mode"*. Participants recalled that enthusiasm and motivation for TARA was strong at the time of the showcase event in December 2025, only for this momentum to be undermined by the chaos of the reform. Team separation and moves disrupted established relationships and hampered participants' ability to focus on TARA. One participant also reported encountering resistance from colleagues in newly formed teams who had not engaged with TARA.

"as you're being separated, you're kind of losing that kind of, the momentum, where you're not losing the tools you use but things that are being put in place are coming from higher up and like, we have no control over that" (ID14 FG2)

"at one point, everything was brilliant, and like there was a real drive behind it, and then it's like we're working with a different team in [XXX-name of new Network], and the feedback that I've had is that they say, "What's this crap?"... So they've not done TARA, not saying that they say crap, but... what's the big deal?" (ID12 FG2)

Participants felt blindsided by the reform due to a perceived lack of consultation from the TUSLA executive. They emphasised that the reform was not trauma-informed or collaborative, reinforcing the disconnection between trauma-informed practices promoted through TARA and participants' experiences of organisational change. For example, one participant described how the restructuring dismantled their office environment:

"The office was taken, then we got an e-mail sent around and to me it didn't come from a trauma-informed perspective. It was very much just like everyone's offices are being changed. There's not enough desks for people, so we're going to be sharing desks, no personalised items on desks, just very clinical." (ID14 FG2)

A recurring criticism of the reform was the perception that TUSLA is operating according to a financially driven business model that is incompatible with the relational ethos of trauma-informed practice. Rather than viewing the reform as supporting children and families' needs, participants felt that managerial priorities had become increasingly focused on budgets and efficiency.

"It's an epidemic of a business model, 100 percent... it's not relational" (ID5 FG2)

Capacity Under Pressure

Participants across groups described TUSLA as a system operating beyond capacity, with chronic staffing shortages, high turnover, and limited resources. These pressures were exacerbated by the reform, creating significant barriers to embedding TARA. Participants described a practice climate characterised by increased demand and new levels of case complexity, including children's exposure to age-inappropriate social media and sexism, which was stretching social workers beyond capacity. Participants linked workforce pressures to burnout and staff turnover, most acutely among early-career social workers and within the Children in Care teams. Participants felt that initiatives aimed at staff wellbeing and retention had been undermined by the reform, one participant recounting that the reform halted a retention committee.

"the transfers aren't happening, so they're holding onto cases... but also taking on an increased caseload, so it's like they're just at breaking point, yeah, and I mean it's sad to see, there's really good social workers that have been there for three or four years, they're just leaving" (ID12 FG2)

Participants consistently emphasised that these workforce pressures also impacted children, particularly through disrupted relationships and reduced continuity of care. They raised concerns about the number of changes in placements and social workers experienced by some children, which they described as destabilising and potentially harmful. It was suggested that TUSLA need to acknowledge to families that they are struggling, as clear communication could help maintain relationships rather than perpetuate children's experiences of abandonment.

“there was a kid who was really, I think, something like 25 placements in three years, from 12 to 15, and really struggling in care. And what was displayed is like a lot of anger issues and behaviour... and a lot of the work is the self-worth stuff, just going back to that, the identity of the self-worth.” (ID2 FG1)

Participants also expressed concerns about the high number of unallocated cases and the impact of this on families. The three foster carers who participated in the study all described periods when their children had no allocated social workers. One participant also described TUSLA’s attempts to change their long-standing link worker despite established relationships, reinforcing concerns that continuity of care was not prioritised.

“I have spoken to team leaders in different areas and they’re saying we’ve got children that are on unallocated lists... if you understand trauma and you understand how that is going to have a very detrimental impact on the child and the family.” (ID12 FG2)

Despite these system pressures, participants continued to recognise the value of TARA and practitioners sought to carve space for trauma-informed practice. The need for TARA was seen as particularly important during periods of organisational instability, with one participant noting that:

“there is that need for the self-care piece, particularly when we’re in a period of change within the organization” (ID5 FG2)

7.4 Summary

This chapter presented the findings of Study 3, the Process Evaluation Study, which examined perceptions of the impact of the TARA Project and the integration of co-created trauma-informed practice approaches. Overall, the findings indicate that TARA contributed to meaningful changes in practitioners’ knowledge, confidence, and practice, with these changes reflected in caregivers’ experiences of support. The study identified evidence of an emerging trauma-informed culture within TUSLA; however, this cultural shift remained incomplete, and the implementation of TARA approaches varied across services.

The findings also highlight the importance of organisational context in supporting and sustaining practice change. The TARA Project was implemented during a period of significant reform within TUSLA. While these reforms were widely welcomed as necessary to improve outcomes for children and families, they coincided with ongoing staffing, resource, and placement challenges that placed considerable pressure on service delivery. Consequently, the embedding of trauma-informed practices was influenced by a range of contextual factors, including organisational support, workforce capacity, reform-related disruption, and the extent to which collaborative approaches were adopted across services and communities.

Taken together, the findings suggest that participatory, trauma-informed implementation approaches can support practice change within child protection and welfare services, but that sustained organisational commitment and system-wide support are required to embed and maintain change over time. The next chapter draws together the findings from the three component studies of Phases 2 and 3 and discusses their implications for research, policy, and practice.

8.

Discussion

8.1 Introduction

This chapter presents a critical discussion of the findings from Phases 2 and 3 of the TARA Project. Phases 2 and 3 consisted of three component studies: (1) a **Qualitative Study**, which captured experiences of the co-creation of trauma-informed approaches, (2) a **Feasibility Study**, which assessed the acceptability, appropriateness, and feasibility of the co-created approaches, and (3) a **Process Evaluation Study**, which evaluated experiences of the TARA Project over four years. Together, these studies offer promising evidence of the integration of trauma-informed approaches in the research site since the Project began in 2022, while also demonstrating the complexity of sustaining trauma-informed practice in a challenging practice climate. The findings from each study are discussed in turn.

8.2 Qualitative Study (Study 1)

The Qualitative Study identified three interrelated factors shaping the implementation of trauma-informed practice during the co-creation of the trauma-informed approaches: practitioner commitment and motivation, the organisational context in which change occurred, and the capacity of participatory approaches to support meaningful cultural change. Participants demonstrated a high level of commitment and engagement throughout the project. The opportunity to select and develop practice approaches aligned with their areas of interest promoted ownership, motivation, and active participation. The multidisciplinary cluster structure also strengthened interprofessional relationships, enhanced reflective practice, and created valuable opportunities for shared learning and collaboration.

However, the findings highlight that commitment alone is insufficient to sustain change in trauma-informed practice. Participants worked within a highly pressurised

child welfare context characterised by significant service demands, staffing challenges, competing priorities, and limited protected time. These factors constrained engagement and integration into practice, illustrating the gap that can exist between organisational commitment to trauma-informed practice and the practical resources required to support it. The findings emphasise the importance of organisational readiness, leadership support, and dedicated time and resources if trauma-informed approaches are to be sustained.

Despite these challenges, the project contributed to a notable shift towards a more embedded trauma-informed culture within the research site. Participants reported the development of a shared trauma-informed language, stronger collaborative relationships, increased reflective practice, and a greater sense of collective responsibility for practice development. Trauma-informed approaches became integrated into everyday practice and organisational processes, including staff induction and service development activities, suggesting movement beyond surface-level implementation towards more sustainable cultural change. For further details and discussion, see [Price *et al.*, “Translating trauma-informed knowledge into child welfare practice: findings from a participatory practice development initiative” \(2026\).](#)

8.3 Feasibility Study (Study 2)

The Feasibility Study demonstrated that a participatory, cluster-based approach can successfully support the development of trauma-informed approaches within child welfare services, even in challenging organisational contexts. The six co-produced approaches were strongly endorsed by practitioners as acceptable, appropriate, and feasible, reflecting their relevance to frontline practice and alignment with trauma-informed, relational, and child-centred practice.

The Feasibility Study highlighted the value of practitioner-led innovation, with participants drawing on professional expertise, practice wisdom, and lived experience to develop approaches that were both meaningful and applicable to their work. The findings also support the use of the Breakthrough Series Collaborative methodology as an effective framework for trauma-informed practice development in child protection and welfare settings.

At the same time, the study identified significant organisational challenges, including regulatory demands, high workloads, limited opportunities for reflective practice, and ongoing service reform. These factors were perceived as constraining practitioners' ability to consistently enact trauma-informed approaches. Despite these pressures, participants identified opportunities to strengthen reflective, relational, and trauma-responsive practice, particularly through enhanced use of supervision and collaborative learning processes.

Overall, the project demonstrates that co-production and meaningful practitioner engagement can facilitate sustainable and contextually relevant practice innovation. However, continued organisational support, protected reflective space, and attention to workforce wellbeing will be essential to sustain and embed trauma-informed practice over the longer term.

8.4 Process Evaluation Study (Study 3)

The Qualitative Study and Feasibility Study in Phase 2 both informed the Process Evaluation in Phase 3, which examined the perceived effect of the TARA Project and integration of co-created approaches. The Process Evaluation Study was guided by the Medical Research Council framework for process evaluations (Moore *et al.*, 2015), to consider experiences of implementation, mechanisms of impact, and the contextual issues that facilitated or constrained progress. For a visual representation of this discussion, see Figure 2 in the Executive Summary.

8.4.1 Implementation

The findings indicate that approaches were more likely to be incorporated into practice when they were tangible, accessible, and user-friendly. The perceived success of Bringing Kids Together (BKT) and the TARA File Review suggests that approaches with an immediate practice function and tangible benefits for children and families were most readily integrated. However, uptake and sustained use of approaches was heavily dependent on the organisational support available to embed them, including resources and allocated protected time. The Communication Cogs output was valued by practitioners and scored highly in the Feasibility Study, but inadequate organisational support and dissemination limited its use at the time of the study,

illustrating the necessity of timely dissemination methods to prevent undermining implementation (Proctor, Powell and McMillen, 2013). It is important to note, however, that dissemination of the co-created approaches has progressed since the time of data collection, with the research site taking steps to support their wider dissemination.

Building on the foundation of Workforce Capacity Building (Phase 1), the Process Evaluation Study also provided support for the continued value of evidence-based trauma-informed postgraduate level training. The study highlighted the contribution of the UCC *Postgraduate Continuing Professional Development Certificate in Trauma-Informed Care* (CPD-TIC) to the development of trauma-informed knowledge among practitioners in the research site, while also responding to the challenges of translating knowledge into practice. Similarly, the TUSLA [*Fostering Connections: Trauma-informed Foster Care Programme*](#) was identified as an important resource for shaping foster carers' understanding and responses to children's trauma, consistent with previous evidence of its effectiveness and implementation (Lotty, Bantry-White and Dunn-Galvin, 2020, 2022; Lotty, Dunn-Galvin and Bantry-White, 2020).

8.4.2 Mechanisms of Impact

The Process Evaluation Study provided evidence of changes in practice and culture, echoing the Qualitative Study's (Phase 2) finding that the TARA Project had contributed to a more embedded trauma-informed culture within the area (Price *et al.*, 2026). Participants described a shift towards a trauma-informed culture, although this remained incomplete, alongside the development of shared trauma-informed language. Participants also reported active use of TARA-based practice resources and tools in daily practice ([TARA Practice Model | University College Cork](#)) as well as co-created approaches during the project. Caregivers similarly described applying learning from the *Fostering Connections Programme* in their interactions with children, suggesting that trauma-informed practice is becoming integrated within the research site. Relational working emerged as central to these changes, with dedicated and knowledgeable practitioners identified as particularly important to trauma-informed practice and to caregivers' feelings of safety and support. This may reflect cautions that what is described as trauma-informed practice is relational practice that

underpins and simply constitutes good practice (Asmussen *et al.*, 2022; Smith and Monteux, 2023). Nonetheless, the TARA Project provided a framework through which relational approaches could be understood, reinforced and reemphasised, and integrated (weaved through existing practices), reflecting a key finding of Workforce Capacity Building Phase 1 (Lotty *et al.*, 2024). Increased communication and collaborative working between services also supported the development of a common language and approach, building on the need for stronger consistent inter-agency networks identified in Workforce Capacity Building in Phase 1 (Lotty *et al.*, 2023). However, gaps in inter-agency collaboration remained, with progress continuing to depend on individual commitment rather than consistent organisational support.

8.4.3 Contextual Issues

The sustainability of progress was constrained by the wider context of the TUSLA reform, inspection workforce pressures (Caffrey *et al.*, 2025), and gaps in trauma-informed capacity across community services. Capacity issues were not limited to TUSLA, as partner agencies are also experiencing similar challenges. For example, EPIC, the national advocacy service for children and young people in care, has recently changed their referral system in response to increased demand for their services. EPIC is now operating a waitlist of twelve weeks and paused professional referrals, to prioritise requests received directly from children and young people (EPIC, 2026). The research highlights a tension between the promotion of trauma-informed approaches within TUSLA and a system in reform transition, characterised by staff turnover, unallocated cases, and disrupted continuity of care (Neylon, 2026). However, recent evidence from conversation with Grainne Sullivan, Area Manager, Dublin South City Network (7 October 2026) indicates that retention has improved within the research site in 2026, suggesting that some of the pressures identified during data collection may be beginning to shift.

Nonetheless, this study echoes the Qualitative Study's finding that practitioner commitment alone could not overcome limited protected time, competing demands, and organisational pressures. This reinforces the importance of consistent and supportive leadership in providing the space for participation and resources to sustain

the progress made during the project (Fernández *et al.*, 2023; Goldstein *et al.*, 2024). Concerns identified in Workforce Capacity Building in Phase 1 regarding the potential loss of momentum without executive management support remain relevant in evaluating the project impact and effects. The continued progress appeared to rely substantially on individual motivation rather than being systematically embedded within organisational structures. At the same time, recent evidence of improving retention and progress in disseminating the approaches suggests that some of the contextual conditions identified in this study are changing. This reinforces the importance of consistent organisational support in sustaining and extending progress.

The wider community context also shaped the embedding of the TARA Project's aim. Inconsistent trauma-informed approaches across early years, schools, healthcare, and other community services were highlighted that disrupted continuity of care for children and their families. This builds on Workforce Capacity Building in Phase 1 that also identified the need for more consistent trauma-informed practice across organisations that serve children and families. Emerging aligned projects such as the TARA-ED Green Zone Project demonstrate how trauma-informed practice can be extended into a primary school setting (Lotty and Nic Dhomhnaill, 2026).

8.5 Summary

This chapter has presented a discussion of the findings from three component studies: the Qualitative Study, Feasibility Study and Process Evaluation Study from Phases 2 and 3 of the TARA Project. Taken together, these studies demonstrate how participatory, practitioner-led approaches can support the development and integration of trauma-informed practice in child protection and welfare settings. Across the studies, practitioner commitment, collaboration, and shared learning supported changes in practice and culture, while findings also highlighted the importance of consistent organisational support, protected time, and broader development of consistent trauma-informed implementation across child-serving systems in sustaining this progress. In the following chapter, the major conclusions and recommendations are presented.

9.

Conclusion and Recommendations

9.1 Introduction

The TARA Project was a research collaborative aimed at integrating trauma-informed practices within the then Dublin South Central Area, now two networks of TUSLA, to better support children and families engaging with the service. The conclusions and recommendations presented here are drawn directly from the project findings and reflect the collective experience of all those involved. The recommendations are organised into three interconnected areas: the structural conditions necessary to replicate similar collaborative projects; organisational learning to ensure the insights generated are sustained beyond the life of the project; and recommendations to strengthen the implementation of trauma-informed practice across child-serving systems of care. Together, they reflect the progression of the research from capacity building, co-creation process and feasibility to learning, to support the future of child protection and welfare practice in Ireland.

9.2. Summary of Key Conclusions

The TARA Project has demonstrated that a participatory, workforce-led approach to trauma-informed practice development is both feasible and highly valued within a complex child protection and welfare context. Despite operating within one of the most pressurised child protection and welfare environments in the country, 31 staff members from across the research site came together to co-create six practice approaches of demonstrable quality, relevance, and practical value. All six received strongly positive endorsement from the wider workforce across the dimensions of acceptability, appropriateness, and feasibility, affirming both the quality of the work produced and the broader workforce's readiness for trauma-informed practice development.

Perhaps the most significant conclusion to emerge from this study is of genuine cultural change within the research site. Trauma-informed practice is no longer experienced by staff as an external initiative or additional expectation, it has become a defining feature of how the area operates and engages with the children, families, and colleagues it serves. The embedding of TARA principles within staff induction programmes, the emergence of a shared language for practice, interagency collaboration and the sense of pride expressed by cluster members all point to a level of cultural integration that goes well beyond the surface-level adoption often associated with training-focused trauma-informed practice approaches.

At the same time, the findings are an honest and important reminder that trauma-informed practice development cannot succeed on goodwill and motivation alone. The absence of formally protected time, the disconnected experience of participants between management support in principle and in practice, the disruption of an unannounced HIQA inspection, and the uncertainty generated by organisational reform all significantly constrained participants' capacity to engage with the project to the extent they had hoped. These findings confirm that meaningful implementation of trauma-informed practice requires genuine organisational investment in the structural conditions necessary to support it: protected time, adequate resourcing, clear communication, and strong leadership commitment.

This research study also makes an original and timely contribution to the evidence base for participatory methods in child protection and welfare settings, addressing gaps in the existing literature both in Ireland and internationally. The six practice approaches produced through the cluster process are themselves a contribution to this evidence base, representing practical, workforce-endorsed responses to some of the most pressing challenges facing child protection and welfare practitioners today.

The work of the TARA Project has laid a strong foundation for the continued development of trauma-informed practice within TUSLA and across wider child-serving systems. The recommendations that follow set out priorities for sustaining and extending this work beyond the Project.

9.3 Recommendations

Drawing on the findings of the TARA Project, the following recommendations are proposed to support the replication of similar collaborative trauma-informed approaches, strengthen organisational learning, and promote a system-wide trauma-informed integration. The recommendations reflect the overarching goal of embedding trauma-informed approaches across services to improve outcomes for children, young people, and families.

The project recommendations are proposed across three categories: recommendations for Project Replication, Organisational Learning, and for a System-Wide Trauma-Informed Integration.

9.3.1 Recommendations for Project Replication

To support the successful implementation of future trauma-informed, participatory change approaches:

1. **Adopt a university-community partnership approach.** The findings demonstrate that collaborative partnerships between universities and service organisations provide an effective model for generating practice-based knowledge and supporting the integration of trauma-informed practices. This partnership model should be considered a key approach for embedding trauma-informed practice across child and family service systems.
2. **Assess organisational readiness and context prior to implementation.** Consider existing service demands, workforce capacity, organisational reform processes, and inspection schedules to ensure project activities are realistic, achievable, and responsive to local contexts.
3. **Invest in workforce capacity building.** Expand access to postgraduate-level trauma-informed education programmes, such as those provided by University College Cork, to strengthen knowledge and skills across all staff roles and levels of responsibility.
4. **Identify service-specific needs through workforce engagement.** Engage practitioners in identifying priority areas where trauma-informed approaches can

enhance practice, address service gaps, and improve outcomes for children and families.

5. **Develop local trauma-informed champions.** Identify and support practitioners with an interest in trauma-informed practice to participate in cluster groups and lead the co-creation and implementation of service improvements.
6. **Communicate expectations clearly during cluster recruitment.** Provide comprehensive information regarding project timelines, workload commitments, expected outputs, and available supports to promote shared understanding and engagement from the outset.
7. **Ensure balanced representation within clusters.** Cluster membership should include a diverse mix of professional disciplines, grades, and roles, while avoiding an overrepresentation of management personnel, to ensure all perspectives are represented.
8. **Provide expert cluster facilitation.** Cluster facilitators should possess substantial expertise in trauma-informed practice, a strong understanding of the theoretical foundations and practical application of the TARA Practice Model, and advanced group facilitation skills to effectively guide participatory change processes.
9. **Maintain continuity of cluster facilitation.** Consistent facilitation throughout the project should be prioritised, supported by regular contact and follow-up between workshops to sustain momentum, strengthen relationships, and enhance participant engagement.
10. **Provide protected time for participation.** Dedicated time for cluster activities should be formally agreed with senior management from the outset, with sufficient organisational resources allocated to support meaningful engagement.
11. **Build in evaluation mechanisms.** Implement ongoing evaluation processes to assess both project outcomes and participant experiences. Evaluation should capture the perspectives of children, young people, families, carers, and practitioners to ensure continuous learning, inform future developments, and support the ongoing refinement of trauma-informed practice.

9.3.2 Recommendations for Organisational Learning

To embed and sustain trauma-informed practice within organisations:

1. **Integrate trauma-informed practices into workforce development.** Trauma-informed practice should be embedded in both staff induction programmes and ongoing professional development pathways.
2. **Embed and scale trauma-informed resources across TUSLA.** Integrate TARA Project learning, resources, and tools into workforce development platforms, including HSELand, the TUSLA Hub, and EPPI (Empowering Practitioners and Practice Initiative), and disseminate these across the organisation to support consistent trauma-informed practice.
3. **Support continuity during organisational change.** Clear communication regarding the impact of organisational reforms on ongoing approaches is essential. Transition planning should preserve successful practice developments and mitigate staff concerns regarding continuity of care and service provision.
4. **Sustain workforce capacity through ongoing development.** Ongoing support to sustain this capacity should include the provision of an annual event to support developments and learnings, as well as aligned continuous professional development activities.
5. **Sustain collaborative relationships beyond project completion.** Organisations should build on the stronger interdisciplinary and cross-team relationships established through cluster participation to support ongoing learning, collaboration, and innovation.

9.3.3 Recommendations for a System-Wide Trauma-Informed Integration

To strengthen the implementation of trauma-informed practice across child-serving systems of care.

1. **Improve dissemination and accessibility of trauma-informed practice resources.** TARA Project information, resources, and approaches should be consistently signposted across key agency partner platforms, including the Early Years Education and Care, Child and Family Services, School leaders, teachers and Guidance Counsellors, Health, Youth Justice services and other relevant services.

2. **Include trauma-informed content in staff induction programmes.** All newly appointed staff should receive foundational trauma-informed training as part of their induction process.
3. **Strengthen trauma-informed education within professional training programmes.** Universities should integrate trauma-informed practice into social work, social care, health, education, family support, early years, youth and community work curricula including engagement with placement practice teachers to reinforce learning in practice settings.
4. **Develop dedicated post qualifying trauma-informed modules in higher education.** Universities should establish continuing professional development in trauma-informed practice for child serving professionals.
5. **Establish ongoing evaluation mechanisms.** Future implementation and sustainability efforts should include the perspectives of children, young people, families, foster carers, and staff to ensure trauma-informed approaches remain responsive, effective, and grounded in lived experience.

9.4 Summary

The recommendations presented in this chapter are organised across three interconnected domains: project replication, organisational learning, and systems-wide implementation within child-serving systems of care. Together, they reflect the key learning generated through the TARA Project and provide a practical framework for embedding and sustaining trauma-informed practice across child protection, welfare, and related services.

Drawing on the experiences of project participants, cluster members, the Stakeholder Group, the research team, and international expertise, the recommendations highlight the importance of organisational readiness, workforce development, participatory approaches to practice improvement, effective leadership, and cross-sector collaboration. They also emphasise the value of consistent education and training pathways, shared learning opportunities, and coordinated approaches to trauma-informed practice across organisations and professional disciplines.

The findings demonstrate that meaningful and sustainable practice change is most likely to occur when organisations invest in staff capacity, create opportunities for reflection and collaboration, and support practitioners to co-create solutions to local service needs. The TARA Project showed that a participatory, cluster-based approach can successfully engage practitioners, managers, and leaders in the implementation of trauma-informed practice, even within complex and resource-constrained environments.

Importantly, trauma-informed transformation should be viewed as an ongoing process rather than a single intervention. Continued commitment to workforce development, implementation supports, leadership engagement, evaluation, and the inclusion of lived experience perspectives will be essential to sustaining progress over time. By building on the foundations established through the TARA Project, child-serving systems of care can strengthen a shared culture of trauma-informed practice that supports improved outcomes for children, young people, families, carers, and the workforce.

9.5 Concluding Remarks

The TARA Project represents a unique and innovative partnership between TUSLA's Dublin South Central Service Area (reformed into the new TUSLA networks of Dublin South City and Kildare North Dublin West) and University College Cork, established through a shared commitment to improving outcomes for children, young people, and families. Through four years of collaboration, the project sought to support the implementation of trauma-informed approaches across services and has successfully engaged practitioners, managers, leaders, and stakeholders in a collective process of learning, reflection, and practice development.

Importantly, the project has generated a practical roadmap for trauma-informed transformation within child-serving systems of care. At a time when understanding of *how* best to embed trauma-informed practice remains an evolving area both nationally and internationally, the TARA Project makes a significant contribution by moving beyond the rhetoric of trauma-informed principles and policies towards the development of concrete, implementable practices. Through the TARA Practice

Model, the project has demonstrated how trauma-informed approaches can be translated into meaningful changes that support both workforce practice and improved outcomes for children and families.

A particular strength of the project has been its integration of existing practice wisdom with contemporary trauma theory, guided by the theoretical foundations and practical application of the TARA Practice Model. This collaborative and evidence-informed approach has influenced practice across participating services and provided a strong foundation for future development.

While the journey towards fully trauma-informed systems of care continues, the TARA Project has established important foundations for sustainable change. The findings highlight the value of co-creation, workforce development, organisational commitment, and collaborative partnerships in supporting implementation. Continued investment in these areas, alongside ongoing professional development and evaluation, will be essential to sustaining momentum and embedding trauma-informed practice over time.

Ultimately, the TARA Project provides not only evidence of what is possible but also a pathway for how change can be achieved. By continuing to build on the foundations established through the Project, this can further strengthen trauma-informed systems of care that support the wellbeing, resilience, and long-term outcomes of children, young people, families, carers, and *in parallel* the committed workforce. It seems appropriate to conclude this report in the words of a research participant who captures the moment this project finds itself:

"I think the learning is just the ongoing value of trying to keep the principles and the way that we work alive, so trying to look at it from the trauma lens, looking at it from the experience of our children and families, like really trying to keep them in mind... this the way we want to work with families, this is the way we want them to experience us." (Interview 4)

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Appendices

Appendix 1: Stakeholder Group Membership

Name	Affiliation
Adrienne Bradley	Dublin South Central, Family support worker
Elizabeth Breen	Dublin South Central, Lived experience
Linda Coomes	Dublin South Central, Family support worker
Rachel Cunningham / Darren Murphy	Dublin South Central, Lived experience
Margarita Frederico	Emeritus Professor, La Trobe University
Catherine Hanley	Assistant Director of Public Health Nursing, HSE
Jane Hanrahan	Dublin South Central, Social Work Team Leader, Fostering
Jacque Harris	Foster Carer, TUSLA
Maria Hayes	TARA Project Agency Lead
Peter Lane	Advocacy Officer, EPIC
Maria Lotty	Principal Investigator, School of Applied Social Studies, UCC
Shirley Martin	Head of School, School of Applied Social Studies, UCC
Finola McCarthy	Mapping Expert, UCC
Dervella McNee	Director, Candle Community Trust
Lyn Mulligan	Dublin South Central ,Fostering Social Worker
Maura O'Donoghue	Adult Continuing Education Lecturer and TARA Cluster Facilitator, UCC
Laura O'Halloran	Adult Continuing Education Lecturer and TARA Cluster Facilitator, UCC
Caoilfhionn O'Kane	Principal Social Worker, CPC Chairperson, Dublin South Central, TUSLA
Tadgh O'Shea	Statistical Expert, Munster Technological University
Aoife Price	Post-doctoral Researcher, School of Applied Social Studies, UCC

Emily Quigley	Post-doctoral Researcher, School of Applied Social Studies, UCC
Deborah Russell-Carroll	Dublin South Central, Principal Psychologist Manager
Grainne Sullivan	Dublin South Central, Area Manager
Nicole Wynne	Dublin South Central, Social Care Leader

Appendix 2: Qualitative Study Information Sheet

Participant Information Sheet

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, to enable you to make an informed choice.

The purpose of this study is to develop trauma-informed practice approaches to improve practices in child welfare in order to support children and families that encounter the services. You are invited to participate as a Cluster Leader of one service domain this study is examining. Should you choose to participate, you will be asked to take part, two interviews, which will be facilitated by a member of the research team. Each interview will be audio recorded and is expected to take 60 minutes to complete.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so, you can refuse to answer specific questions, or decide to withdraw from the focus group. Once the interviews have been concluded, you can choose to withdraw your contribution at any time in the subsequent two weeks.

All of the information you provide will be kept confidential and anonymous and will be available only to the Research Team. The only exception is where information is disclosed which indicates that there is a serious risk to you or to other.

Once the interview is completed, the recording will immediately be transferred to an encrypted laptop and wiped from the recording device. The data will then be transcribed by the researcher, and all identifying information will be removed. Once this is done, the audio-recording will also be deleted and only the anonymized transcript will remain. This will be stored on a University College Cork supported cloud storage platform OneDrive. The data will be stored for minimum of ten years.

The information you provide may contribute to a research report, research publications and/or conference presentations.

We do not anticipate any negative outcomes from participating in this study. Should you experience distress arising from the research process, you may contact the nominated gatekeeper, Principal Social Worker, Maria Hayes at: maria.hayes@tusla.ie, who will direct you to assistance.

This study has obtained ethical approval from the UCC Social Research Ethics Committee and the TUSLA Ethics Research Committee.

If you have any queries about this research, you can contact me, the Principal Investigator, Dr Maria Lotty at: maria.lotty@ucc.ie

If you agree to take part in this study, please sign the consent form overleaf.

Appendix 3: Qualitative Study Consent Form

Participant Consent Form

Thank you for your expression of interest to participate in this study. If you wish to take part in this study, please complete the consent form.

I.....agree to participate in Dr Maria Lotty's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I agree to participate in two interviews during the development stage of the TARA Research Project Phase 2

I give permission for my interview to be recorded.

I understand that I can withdraw permission to use my data within two weeks of the interviews, in which the researcher will delete my material. All Microsoft Teams recording files will be deleted 6 months after the transcript is complete.

I understand that anonymity will be protected in the write-up by disguising my identity in so far as possible.

I understand that disguised extracts from the interviews (e.g., my name / location won't be used) may be quoted in presentations and publications (e.g., report, article, social media publicity of the study's findings, etc.)

Having taken all of the above into consideration:

I agree to participate in this study ☐

I do not agree to participate in this study ☐

Signed: Date:

Appendix 4: Qualitative Study Interview Questions

Interview questions - for concept mapping with cluster coordinators

1. Can you tell me about your project, the team involved, what you have been working on, your engagement with the cluster, etc.?
2. Why did the group choose to focus on this project? What is the change being sought?
3. How did the team collaborate and communicate throughout the project? Were there any conflicts or challenges within the team? How were they resolved?
4. Were there any resources or other constraints, and how did the team address them?
5. How did you and the team feel at different stages of the project? Were there any moments that were particularly stressful or enjoyable?
6. How did the project positively or negatively impact your motivation and engagement, both positively and negatively, within the project and your daily work?
7. Did you feel supported throughout the process? If not, what could have improved this?
8. How was feedback collected from stakeholders/target audience, and what impact did (or will) it have on the final output?
9. What specific goals/expectations were set for the cluster, and to what extent were they achieved?
10. What is your learning from the process/project?
11. Would you recommend joining a similar project to others? Why or why not?
12. How does the cluster work relate to your and other teams within TUSLA?
How have you included other staff within the area in this work?
13. Would you like to add anything relevant to this research that I have not asked a question about?

Second Interview Questions – review of maps and reflective interview with cluster member

1. This map was developed following my interview with the cluster coordinator in May. Do you think it accurately represents the work of the cluster? Why? Why not?
2. How did you find the overall process and being a part of the project?
3. What have you learned from the process?
4. Would you encourage others to get involved in a similar project?
5. Do you think relationships formed through the work on this project will be sustained going forward?
6. Do you believe the project will have a lasting impact?
7. Do you think TUSLA will learn from this project? If so, in what way?
8. What are your overall reflections from the project?
9. Is there anything else you think is important to say that I have not asked a question about?

Appendix 5: Measures Survey from Showcase Event

Section 1: Information about the study

As a participant in this study, you are invited to complete the following online survey. Participation in this study is completely voluntary. All information you provide will be confidential and your anonymity will be protected throughout the study and the future. The anonymous data will be stored on a University College Cork supported cloud storage platform OneDrive. The data will be stored for minimum of ten years.

Section 2: Consent information

Having considered the information provided please answer the following questions prior to completing the survey.

Do you consent to participate in this study?

1. Yes
2. No

Are you over the age of 18 years?

3. Yes
4. No

Section 3: Background information

Please answer the following questions:

Email address

How do you describe your gender?

5. Male
6. Female
7. Non binary

What age are you?

What is the title of your post?

- 8. Social worker
- 9. Social care leader
- 10. Family support worker
- 11. Team leader
- 12. Principal social work
- 13. Other (please fill in below)

What is your main area of work?

- 14. Child Protection
- 15. Fostering
- 16. After Care
- 17. Family Support
- 18. Other (please fill in below)

How many years' professional practice experience do you have?

Section 4: Acceptability Measures

The initiative is appealing to me

19. Strongly Disagree

20. Disagree

21. Neutral

22. Agree

23. Strongly Agree

I like the initiative

24. Strongly Disagree

25. Disagree

26. Neutral

27. Agree

28. Strongly Agree

I favour the initiative

29. Strongly Disagree

30. Disagree

31. Neutral

32. Agree

33. Strongly Agree

The initiative is acceptable to me

34. Strongly Disagree

35. Disagree

36. Neutral

37. Agree

38. Strongly Agree

The initiative is good enough to allow in my area

39. Strongly Disagree

40. Disagree

41. Neutral

42. Agree

43. Strongly Agree

The initiative is good enough to use in my area

44. Strongly Disagree

45. Disagree

46. Neutral

47. Agree

48. Strongly Agree

Section 5: Appropriateness Measures

The initiative seems like a good match for my area

49. Strongly Disagree

50. Disagree

51. Neutral

52. Agree

53. Strongly Agree

The initiative is quite apt for my area

54. Strongly Disagree

55. Disagree

56. Neutral

57. Agree

58. Strongly Agree

The initiative looks like what is required in my area

59. Strongly Disagree

60. Disagree

61. Neutral

62. Agree

63. Strongly Agree

The initiative seems sufficient to my area

64. Strongly Disagree

65. Disagree

66. Neutral

67. Agree

68. Strongly Agree

The initiative seems appropriate to my area

69. Strongly Disagree

70. Disagree

71. Neutral

72. Agree

73. Strongly Agree

The initiative seems easy to use in my area

74. Strongly Disagree

75. Disagree

76. Neutral

77. Agree

78. Strongly Agree

Feasibility Measures

The initiative seems implementable in my area

79. Strongly Disagree

80. Disagree

81. Neutral

82. Agree

83. Strongly Agree

The initiative seems possible in my area

84. Strongly Disagree

85. Disagree

86. Neutral

87. Agree

88. Strongly Agree

The initiative seems doable in my area

89. Strongly Disagree

90. Disagree

91. Neutral

92. Agree

93. Strongly Agree

The initiative seems workable in my area

94. Strongly Disagree

95. Disagree

96. Neutral

97. Agree

98. Strongly Agree

The initiative seems achievable in my area

99. Strongly Disagree

100. Disagree

101. Neutral

102. Agree

103. Strongly Agree

The initiative seems practicable in my area

104. Strongly Disagree

105. Disagree

106. Neutral

107. Agree

108. Strongly Agree

The initiative seems attainable in my area

109. Strongly Disagree

110. Disagree

111. Neutral

112. Agree

113. Strongly Agree

The initiative seems feasible in my area

114. Strongly Disagree

115. Disagree

116. Neutral

117. Agree

118. Strongly Agree

Start of Block: Section 7: Additional comments and final remarks

Section 7: Additional comments and final remarks

What specific parts do you think The Ripple Effect initiative would be beneficial in practice?

Do you think there could be any potential difficulties in implementing the initiative in your area?

Have you any further comments you would like to make?

Appendix 6: Process Evaluation Study Information Sheet

TARA Project Phase 3 – Evaluation Study Information Sheet

Background to the Study

TUSLA Dublin South Central Area has been working to integrate trauma-informed practices across the area since 2022, in collaboration with University College Cork through the TARA Project see: [TARA Project | University College Cork](#). The aim of the TARA Project is to develop trauma-informed practice approaches that enhance and strengthen child welfare practice.

The purpose of this study is to explore how trauma-informed approaches developed by Dublin South Central Area staff during the Project are being experienced across the new TUSLA networks of **Dublin South City** and **Kildare North Dublin West** which were previously part of the Dublin South Central Area.

The approaches being explored include:

- Building practitioner resilience – professional supervision environment: [TARA Project Practitioner Resilience: Professional Supervision Environment](#)
- Trauma-Informed Practice for Children Experiencing Multiple Moves in Foster Care: [TARA Project The Ripple Effect Transitions in Care](#)
- Walking the path together: A Glance card on trauma-informed collaboration: [TARA Project Communication Cogs Glance Card](#) ; [Communication Cogs background document](#)
- Time bandits: Sensory Pack: [TARA Project Time Bandits: Sensory Pack](#)
- TARA Foster Care: [TARA Project Time Bandits: Whole Team Foster Care approach](#)
- BKT: [TARA Project Time Bandits: Bringing Kids Together](#)

The study will involve **three focus groups** with participants drawn from parents, foster carers, TUSLA staff, and partner agency staff (e.g., HSE staff, local schools, and Barnardos). A final report will be shared with TUSLA, including recommendations to support the continued improvement of child welfare practice based on the study findings.

Participation in the Study

Thank you for considering taking part in this research project. The purpose of this information sheet is to explain the study and what your participation would involve so that you can make an informed decision. You are invited to participate to share your views on new initiatives and practices developed by staff in the Dublin South Central Area.

If you choose to take part, you will be invited to join one focus group, lasting approximately one hour. The session will be audio-recorded.

Participation is entirely voluntary. You do not have to take part, and if you do, you may: Decline to answer any question; Withdraw from the focus group; Withdraw your contribution within two weeks after the group has taken place. However, because focus groups involve shared discussion among participants, it may not always be possible to remove your full contribution from the group recording or transcript.

All information you share will be kept confidential and anonymous, accessible only to the University College Cork Research Team. The only circumstance in which confidentiality may be broken is if information is disclosed that indicates a serious risk of harm to you or to others. While the research team maintains confidentiality, please note that confidentiality cannot be fully guaranteed among focus group members.

After the focus group, the recording will be securely transferred to an encrypted UCC laptop and deleted from the recording device. The audio will be transcribed by the UCC researcher, and all identifying information will be removed. Once transcription is complete, the audio recording will be deleted. An anonymised transcript will be stored on OneDrive, a secure University College Cork cloud-based storage platform. Data will be stored for a minimum of ten years in line with UCC research data policies. Your anonymised contributions may be included in: The study report for TUSLA; Academic publications and Conference presentations

We do not anticipate any negative outcomes from participating. However, if you experience distress related to the research, you may contact the nominated gatekeeper: Maria Hayes, Principal Social Worker Email: mariat.hayes@tusla.ie She will guide you to appropriate supports.

This study has obtained ethical approval from: The UCC Social Research Ethics Committee, and The TUSLA Research Ethics Committee.

If You Would Like to Participate

Please contact the Principal Investigator: Dr Maria Lotty Email: maria.lotty@ucc.ie

You will be invited to an online information session on **23rd April 2026, 9:30-10:30 am** for those who wish to learn more before we run the focus groups.

Thank you for taking the time to consider this invitation.

Appendix 7: Process Evaluation Study Consent Form

TARA Project Stage 3 Focus Group - Research Consent Form

Thank you for your expression of interest to participate in this study. If you wish to take part in this study, please complete the consent form.

I.....agree to participate in Dr Maria Lotty's research study.
The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I agree to complete the research online surveys.

I agree to participate in a focus group to discuss the practice approaches developed in this research project: yes ☐ no ☐

I give permission for my focus group to be video recorded.

I understand that I can withdraw permission to use my data within two weeks of the focus group, in which the researcher will attempt to delete my material; however, for the reasons outlined above, I understand that this may not be completely effective. All Microsoft Teams recording files will be deleted 6 months after the transcript is complete.

I understand that data from fellow participants in the focus group will be retained.

I understand that anonymity will be ensured in the write-up by disguising my identity.
I also undertake to maintain the confidentiality of the focus group.

I understand that disguised extracts from the focus group (e.g., my name / location won't be used) may be quoted in presentations and publications (e.g., article, book chapter, student thesis, social media publicity of the study's findings, etc.), if I give permission below (please tick one box):

I agree to participate in this study ☐

I do not agree to participate in this study ☐

Signed: Date:
PRINT NAME:

Appendix 8: Process Evaluation Study Focus Group Questions

- Since the TARA Project began what changes have you experienced in practice in TUSLA?
- Have you got any examples? What is different about this from before?

Specific to each initiative:

- What did you think about this initiative?
- What change did you think was being sought?
- How did you experience the approach/s?
- How do you think others experienced the approach/s?
- How do you understand success for these approaches?
- What could have been done differently?
- Have you any ideas about how to improve these practice approaches?
- Are there areas of practice that could be improved for future research?