An inquiry into trauma-informed practice and care for social workers in care and protection roles in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Working alongside clients who have experienced trauma is an essential part of statutory social work. It is imperative that social workers have a sound knowledge of trauma-informed practices. This article addresses the utilisation of a trauma-informed practice and care framework, acknowledging the potential to strengthen knowledge and training within this area to ensure safe practice with clients who have experienced traumatic events in their lives. Furthermore, the study explores the importance of support for social workers in care and protection roles when working alongside trauma-affected clients, to try and mitigate the impact of indirect trauma.

METHODS: Using an exploratory research design, qualitative data have been collated through semi-structured interviews with four care and protection social workers, capturing their stories in a narrative format and comparing the data collected to academic research on trauma-informed practice and care.

FINDINGS: Key themes identified from interviews with statutory social workers included social workers' perceptions of trauma, the implementation of trauma-informed practice and care, the value to participants of training and investment in knowledge development and practitioner access to trauma-informed practice and care support.

CONCLUSIONS: While social workers have a sound knowledge of trauma and its impact on individuals and their behaviours, how to implement and utilise trauma informed care can often be an area of confusion. Additionally, the impact of secondary trauma on practitioners themselves is often overlooked; it falls on the practitioner to manage themselves rather than there being a collaborative organisational approach for them.

KEYWORDS: trauma-informed practice; trauma-informed care; childhood trauma; social work; supervision; trauma-informed training

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Studies show that between 28% to 98% of individuals have experienced at least one traumatic occurrence in their lifetime. Further to that, more vulnerable groups of people have much higher rates of exposure to trauma (Goodwin & Tiderington, 2020).

Social work practice can often fail to address past trauma. For example, practitioners can struggle to address the past trauma, focusing instead on current issues of the immediate and future safety of a child or young person (Knight, 2018). When past trauma is not addressed or not responded to in an informed way, this can invalidate the client's experience potentially leading to re-traumatisation, often reducing the opportunity for "healing and recovery" (Atwool, 2019 p. 27).

Due to these aspects, a considerable amount of work is being explored ensuring social workers are trauma-informed including integrating trauma-informed practices throughout social work education (Goodwin & Tiderington, 2020). The overarching question is: Is this enough? Do statutory social workers have the knowledge, skills and support to work effectively and safely alongside the complexities of trauma?

The terms *trauma-informed practice* (TIP) and *trauma-informed care* (TIC) seem often to be used synonymously throughout the literature. The challenge to decipher these terms and to understand the difference between them and what each means, is apparent. It could be assumed that, for social workers trying to utilise TIP and TIC this may pose a barrier when striving to implement these frameworks into practice with clients. Atwool (2019) noted that there is no clear definition or shared understanding of the term *trauma informed*. Although Levenson (2020) does explain that when referring to TIP and TIC, *practice* focuses on clinical intervention and *care* is concerned with organisational structures.

When reviewing the literature around TIP and TIC, a theme that is consistently identified is the lack of understanding of these terms. Knight (2018) stated "… trauma-informed practice and care remains ideals rather than reality…" (p. 82). Furthermore, although most social service sectors are aware of the importance of implementing TIP and TIC principles into practice, the challenges, including lack of resources and a lack of understanding restrict these attempts (Knight, 2018). An increase of resources could be beneficial towards more sufficient implementation of TIP and TIC principles within social work settings, providing clearer guidelines for practice (Knight, 2018).

Additionally, within the social work sector, rates of compassion fatigue, vicarious trauma, and secondary trauma are increasing and the effect on workers concerning indirect trauma sometimes receives minimal attention (Dombo & Blome, 2016). Secondary traumatic stress refers to a negative outcome whereby the clinician may experience similar symptoms to post-traumatic stress disorder (Manning-Jones et al., 2016). Vicarious trauma refers to clinicians that adopt a change in their worldview that includes powerlessness, pessimism, and suspicion (Knight, 2018). Compassion fatigue creates an inability for clinicians to be able to empathise with their clients (Knight, 2018). Due to the nature of working with clients who have experienced significant trauma, excessive caseloads, and lack of support in the work environment, social workers can be at a higher risk of experiencing the phenomena of indirect trauma, potentially leading to burnout or countertransference (Knight, 2018).

Childhood trauma and its impacts

To work alongside, and build empathetic relationships with, clients who have been impacted by trauma it is important to define terms and explore the complexities of trauma (Branson, 2019). Childhood trauma can be defined as "… when a child experiences an actual or threatened negative event, series of events, or set of circumstances that cause emotional pain and overwhelm the child's ability to cope" (Bartlett & Steber, 2019, para. 4). This includes experiences that threaten a child's physical, psychological, and emotional safety. These experiences may occur as a significant one-off event or can occur and be perpetuated over time (Pihama et al., 2017). Additionally, intergenerational trauma that is caused by racism, oppression, and negative stereotyping and the impact that it has on Aotearoa New Zealand Māori need further consideration when assessing childhood trauma (Pihama et al., 2017).

Children who have had significant trauma have a high risk of challenges throughout their life related to their physical and mental wellbeing (Taggart, 2018). Childhood trauma can lead to attachment issues, decreasing the likelihood of secure attachments, and creating challenges when it comes to establishing sound coping skills across the lifespan (Levenson, 2020). Childhood trauma negatively impacts the development of the brain, social-emotional development, learning abilities, cognitive development and has also been linked to a shorter lifespan (Bartlett & Steber, 2019). However, although the impact of childhood trauma can be severe and linked to such things as post-traumatic stress disorder, all reactions to trauma are unique and many individuals can achieve levels of pre-trauma functioning (Bartlett & Steber, 2019). Trauma experiences are unique—the impact trauma has on an individual can be influenced by their different personal, social, and cultural environments (Knight, 2018).

The delivery and development of trauma-informed practice and care in Aotearoa

Recent statistics show that, in 2022, there were 45,000 children with early risk factors for statutory care and protection and youth justice involvement and 56,500 children receiving some form of assistance from Oranga Tamariki (New Zealand Government, 2022).

With rates of child abuse and neglect continuing to rise in Aotearoa New Zealand, along with children in state care having significantly poorer outcomes, the need for change in the way practice is delivered on a legislative level has been put at high priority (Atwool, 2018). This coincided with a government report released in 2015 prompting that practice in this area needs to be child-centred and trauma-informed (Atwool, 2018).

> Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of, and responsiveness to, the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper et al., 2005, as cited in Taggart, 2018, p. 2)

Social service agencies should consider that every client they work alongside has the potential for trauma exposure in some form (Knight, 2018). Additionally, a history of childhood trauma in the areas of mental health, child welfare, domestic violence, substance abuse, sexual assault settings, and homelessness is extremely prevalent (Knight, 2018). The first step to trauma-informed practice is recognition that childhood trauma is common, understanding the link between childhood trauma and current issues is paramount for practice (Levenson, 2020).

Building resilience in children who have been impacted by childhood trauma can be enhanced when their specific needs are responded to within their environments. This includes awareness of the impact of childhood trauma (Bartlett & Steber, 2019). Utilising trauma-informed care with children the four Rs can assist in recovery. These consist of: *Realise*—the impacts of trauma and recovery pathways; *Recognise*—trauma signs and symptoms; *Respond*—integrating into policy, procedure, and practice; *Resist Re-traumatisation*—for children and the adults working with them (Bartlett & Steber, 2019). Trauma-informed practice has five principles: *safety*, *trust*, *empowerment*, *choices*, and *collaboration*. These principles reflect the direct opposite of the experiences had by traumatic exposure (Knight, 2018). A trauma-informed approach needs to be addressed at micro, meso, and macro levels. The micro level starts at the very beginning of intervention and engagement with families, with consideration of the family's history and values (Atwool, 2019). The meso level focuses on organisational support including management of caseloads, sufficient supervision, cultural and iwi integration, and multi-agency systematic approaches (Atwool, 2019). The macro level includes political leadership, including the risks of systematic oppression given the high numbers of children entering state care being children of those who were in state care themselves (Atwool, 2019).

It is important that agencies value and understand TIC and TIP principles to ensure consistency of care and alleviate the risk of re-traumatisation (Heffernan & Viggiani, 2015). Additionally, social workers need to have the ability to understand their clients, both on emotional and systems levels to allow for working alongside them collaboratively, towards promoting empowerment (Heffernan & Viggiani, 2015). Ideally, utilising trauma-informed practice and care should enable clients to understand their traumatic experiences and ways to cope with behaviours associated with that trauma on social, emotional, and psychological levels (Knight, 2018). A detailed description of what *child-centred* and *trauma-informed* mean, along with exactly how the approaches should be implemented into practice, need to be developed by child protection agencies (Atwool, 2019).

Colonisation and historical trauma

It is important to note that colonisation has had a significant impact on historical and intergenerational trauma within Aotearoa which has led to an over-representation of Māori within care and protective services (Atwool, 2018).

Existing TIC and TIP models fail to address trauma from a te ao Māori perspective. On this basis, research into trauma must incorporate Mātauranga Māori and a Kaupapa Māori methodology (Pihama et al., 2017). Atwool (2018) suggested that failure to implement a more culturally inclusive system that enables more effective engagement with Māori will result in the "perpetuation of practices resulting in intergenerational patterns of engagement with child protection services" (p. 28).

Heffernan and Viggiani (2015) expressed the importance of including cultural competence in TIP and TIC principles. Cultural considerations when implementing TIP and TIC are important. For Māori, the recognition of cultural approaches within trauma practices in Aotearoa New Zealand is lacking, with a failure to provide for historical and intergenerational trauma experienced by indigenous people and the impact trauma has on spirit, mind, body, and heart (Pihama et al., 2017).

Practitioner support and supervision and self-care

While indirect trauma is an inevitable consequence of working alongside traumatised clients, sufficient support systems, alongside reflective practice can reduce this (Taggart, 2018). Therefore, an important aspect of working in a trauma-informed way is to ensure that self-care and supportive and reflective supervision are present (Taggart, 2018). Branson (2019) added that peer supervision can also aid in this area. Supervision should include the trauma-informed principles of safety and trust—a secure attachment between a supervisor and supervisee will promote self-reflection and learning (Knight, 2018). Virtue and Fouche (2010) added that those social workers who feel understood and have their needs met within supervision, are assisted in feelings of security and therefore have higher practice competence. However, this also requires consistent and ongoing supervision, due to social services often being short-staffed, under pressure, and coping with client crisis priorities, supervision is not always provided regularly (Branson, 2018).

A study conducted between 2014-2015 showed that 88.4% of new graduates had supervision monthly or more often, while 11.6% had various experiences of supervision including six-weekly, very infrequently, or not at all (Beddoe et al., 2020). During 2017 and 2018 mental health training in Aotearoa New Zealand, practitioner self-care proved to be an area of concern, reporting increasing levels of stress, burnout, and vicarious trauma (Morris-Matthews et al., 2020). This led to the priority of self-care training for the Ngātahi project in 2019, which included separate training for supervisors and managers to enable them to support practitioners with self-care (Morris-Matthews et al., 2020). From this study, three main themes emerged on what practitioners would do differently to ensure self-care is utilised well. These were prioritisation and commitment, paying attention to others, and integrating self-care models into practice (Morris-Matthews et al., 2020). Branson (2019) suggested that the prevention of indirect trauma falls not only on the individual but on organisations promoting a collaborative self-care strategy. Knight (2018) agreed that when organisations strongly promote self-care this decreases the risks of indirect trauma.

Methods

Research design

The overall research design used was exploratory. Flynn and McDermott (2016) explained that exploratory research is used when the researcher wants to gain information about the topic, additional insight, and to test the researcher's predispositions to see if they are credible. Additionally, data are not tested or measured but factors are sought that are crucial to the topic or issue being researched (Flynn & McDermott, 2016).

Recruitment process

The recruitment process used was purposive and snowball sampling, whereby supervisors of care and protection teams were contacted, provided with the research information, and who then passed it on to their peers. Applicants then contacted the researcher. This process was therefore considered respondent-driven (Flynn & McDermott, 2016).

Participants

The study included four participants who met the following criteria:

- Registered social workers currently working in care and protection roles.
- A range of newly qualified social workers and social workers who have been in the field long term.
- From a single region in the North Island.

Exclusion criteria included:

- Registered social workers working in care and protection roles for less than six months.
- Students or employees working in care in protection roles who are not registered social workers.
- Social workers who are currently receiving counselling for occupation-related trauma.
- Social workers who are not working in care and protection

Participants taking part in this inquiry had a range of experience in the field of child protection. Two participants had 18-20 months, one had 8 years, and one had 10-plus years.

Data collection

The method of data collection used was semi-structured interviews to allow participants to share their stories in a way that was comfortable for them, sometimes sharing feelings relating to the topic.

Data analysis

The research was submitted and approved by the Eastern Institute of Technology Research and Ethics Committee Hawkes Bay. All research upheld Te Tiriti o Waitangi, recognising the bicultural context of Aotearoa, acknowledging cultural values, and ensuring that research respects and reflects Te Ao Māori (Aotearoa New Zealand Association of Social Workers [ANZASW], 2019). Considerations of cultural aspects included the changes in the way some of the interviews were conducted due to Covid-19 restrictions. Considering that whanaungatanga may have been important to some participants, each participant was asked if they were comfortable conducting interviews via teams.

This research aimed to obtain personal stories and perspectives on care and protection social workers' knowledge, training, and understanding of TIP. Including the support they receive towards emotional resilience and self-care when working alongside trauma-affected clients. Therefore, the methodological approach used was qualitative.

The qualitative approach is underpinned by an interpretivism epistemology. Using this approach assisted the researcher in gaining the participants' perceptions and feelings regarding the topic of TIP and TIC, including suggestions on improvement of practice in this area.

The data analysis method used for this inquiry was narrative, which is "… based on the understanding that people use stories to make sense of themselves and their world" (Flynn & McDermott, 2016, p. 180). Through using an inductive approach, three prominent themes emerged and these were developed to answer the research question based on the narrative content (Sage Research Methods, 2017). The themes are social workers' perception of trauma-informed practice and care: knowledge gaps; confidence through experience; the value of knowledge; training and education; and practitioner access to self-care and professional supervision. These four themes directly relate to the three components of the research question: knowledge, training, and support. Each theme is discussed in a narrative analysis format to ensure participants' voices are heard, with a particular focus on participants' perceptions.

Findings

Theme One—Social workers' perception of trauma-informed practice and care—knowledge gaps

Participants were asked the question: "What does trauma-informed practice and care mean to you?" All participants had some knowledge on being trauma-informed, with some going into more detail than others. One participant required the question to be re-framed as: "When thinking of trauma-informed practice, what does that terminology mean to you?" And then again, "What does trauma-informed care mean to you?" All participants included in their answers that understanding trauma and the impact it has on clients is an important aspect of successful engagement. This observation directly reflects that the first step towards utilising trauma-informed practice is understanding trauma and the impact it can have on clients who have been exposed to it (Knight, 2018). One participant included being aware of "what happens in the brain". Another participant expressed some confusion around the term *trauma-informed*: "always threw me, trauma, yep but trauma-informed?" Two participants recognised the impact working with trauma can have on a practitioner's wellbeing and its personal impact on them.

> … a trauma-informed practice framework is where the practitioner is aware of the impact of the trauma work, they do and having a knowledge base of how that can impact on a practitioner's wellbeing … I view it as a protective framework … the more I know about trauma-informed practice the better I can look after myself … that means my practice will be safer... (Participant A)

One participant's perception of trauma-informed care terminology included ensuring that when placing children in state care they are placed within families that have an awareness of trauma and the potential impact it can have on children, their behaviour and subsequent development.

None of the participants identified any of the trauma-informed principles concerning safety, trust, empowerment, choices, collaboration, and culture although some comments encompassed some of these principles, "placing children with people that are informed"; "my practice will be safer"; "what we need to put in place to support them through that". Upon reflection, further prompting or an additional question around "How do you implement trauma-informed principles into practice?" may have been useful in the researcher gaining an in-depth insight into the depth of knowledge participants have in this area.

Theme Two—Confidence through experience

Participants were asked about their confidence in working alongside clients who have been impacted by trauma, and whether they had received any specific training on trauma-informed practice and care. When asked about how confident they felt about using TIP and TIC at the beginning of their career, two answered that they were very confident, one answered that in their early days it was working with people in general that made them nervous, not specifically working with trauma, and finally, a participant commented that it came with a lot of "learning". The two participants who commented that they were very confident had different reasons for feeling this way, one participant had experienced trauma in childhood so commented, "I felt comfortable in that uncomfortable space" while the other said that their knowledge on trauma-informed practice assisted in confidence.

Participants were asked how confident they felt currently working alongside clients affected by trauma. Participants all expressed that they their confidence grew with experience through direct practice and increased knowledge. Three out of four participants gave additional detail on why they believe their confidence has flourished.

> … at the beginning when people disclose really uncomfortable stuff, there's this natural need … especially if you're a really empathetic person to be … we've got to say something to fix it, and now I know, actually just be with them … silence is ok … let them speak … let them have those quiet moments. (Participant B)

Another participant commented on having additional knowledge lead to enhanced tolerance, and additional resilience to combat the potential of desensitisation. Another spoke about having a greater understanding of clients' lived experience and accepting stories without judgement.

Theme 3—The value of knowledge, training and education

A study conducted by Beddoe et al. (2019) with students and educators focussing on the content of the social work curriculum found that students expressed anxiety that they had not received enough content on trauma as a topic. In contrast, the educators argued that while there may not be a series of topics specifically covering trauma, the analysis of trauma and risk management are woven throughout practice and theory courses (Beddoe et al., 2019).

Participants were asked about the level of trauma-informed practice and care training they had received since they began practising social work. All participants had received some training in this area, through past and current employment. Two participants identified training by a psychologist who focused on "not just trauma but trauma with children in care specifically" and "how to work from a strengths-based trauma-informed practice framework … with children who have care and protection history". Another participant identified training for working with young children and teenagers focusing on the neurological development in children with histories of adverse childhood experiences specifically.

> It's about how your brain develops and what paths can get broken … if you go through trauma or traumatic life experiences … how the brain re roots and those things get lost … you're reasoning,

> and all that kind of stuff doesn't develop properly… (Participant C)

Another participant could articulate further learnings experienced through training:

> *I started to learn things like medical trauma … it's not just violence and other things like that, that can give us those trauma responses. It's a whole lot of other adverse experiences that can give us those same responses. (Participant B)*

One participant mentioned that their team facilitates trauma training for caregivers around working with difficult behaviours. This resonates with Bartlett and Steber's (2019) suggestions that an ecological approach to responding to childhood trauma is needed towards increasing resilience. Additionally, having a shared understanding of the individual child's needs between professionals and families can assist in creating an environment that is safe physically and emotionally (Bartlett & Steber, 2019).

Other comments about the amount of training received included "I've had heaps"; "we've had lots of that … it comes up every year or two years". Conversely, another commented "I've done my own research"; "I wouldn't say there's a big notion on trauma-informed practice"; "I haven't experienced management directly saying we need more trauma-informed practice training."

None of the participants commented on receiving any form of training related to the trauma-informed aspects of self-care, self-awareness, and the impact on practitioners when working alongside clients impacted by trauma. When training around trauma-informed practice is mentioned, people said it was oriented towards practice with clients and the impact trauma has on the client directly. Additionally, comments made referenced specific learnings focused more on learning about trauma itself but not the specifics of trauma-informed practice and care.

Theme Four—Practitioner access to self-care and professional supervision

Participants were asked questions concerning professional supervision and practitioner self-care: "How did their organisations support self-care and emotional resilience?" Three participants identified the Employee Assistance Programme (EAP), which assists with supporting employee development, performance, and wellbeing (EAP Services, 2021). One participant commented that, although EAP is available, access to sessions is limited and needs to be approved by a supervisor first. One participant commented that they have good support from management when it comes to the need for flexibility when having a family. Another mentioned sufficient sick leave and developing a strategy of taking "mental health days" when required. Staff need to take responsibility for their self-care and emotional resilience was commented on by three participants: peer supervision, friends and family, physical self-care such as walking, gardening, and "getting in touch with mother nature" were other examples of how participants attended to their self-care. This aligns with Bartlett and Steber's (2019) suggestions that stress reduction strategies such as mindfulness, exercise, social support, and hobbies can assist in the wellbeing of adults who work alongside children who have been exposed to trauma.

Comments relating to the contribution of supervision reflected a degree of ambivalence: one participant did not mention it, while another mentioned supervision as an avenue for support but did not comment further. Another participant compared the supervision in prior employment to supervision they receive now expressing that the previous supervision had been "… emotionally driven … personal and professional and … a lot of reflection …", whereas now it is "strictly case management".

> … I don't feel like I get any direct support from my employer, I feel like it's actually a personal responsibility, as much as there's all this literature out there that says that it's an organisational responsibility, I don't feel that. I'm the one who has to have really firm boundaries, I'm the one who has to take care of myself … (Participant A)

> "… when you do fall over, there's kind of like this thing of … you should have pulled out, you should have known when you were getting unwell and it's your responsibility to seek these things out … (Participant B)

Did participants feel comfortable accessing supervision to discuss their emotional resilience and self-care? Three out of four participants expressed they did not. The participant who said they would feel comfortable discussing emotional resilience and self-care suggested that their supervisor often "checks in to see how I'm doing emotionally and physically" and it's about "offloading onto my supervisor". One participant who answered no and declined to comment further. Another participant explained that they would not feel comfortable because they feel it is "surface level". While another explained that their supervision is:

> … case direction, case management, how I'm coping with my work, and maybe five minutes at the end we might focus on self-care and wellbeing … I always say I'm fine and carry on because I don't feel safe to say I'm not coping because my supervisor controls my workload, my pay… (Participant A)

Comments were also made that time constraints and lack of professional supervision training may be contributing factors here. Heffernan and Viggiani (2015) suggested that practitioners should be able to ask for support without feeling weak or like they are inadequate in sustaining work demands.

Lastly, participants were asked if they had any suggestions as to how their organisation could enhance emotional resilience and self-care. One participant simply said, "acknowledge it". This aligns with Heffernan and Viggiani's (2015) suggestion that supervisors can be proactive about acknowledging when practitioners have had rough cases by supporting them to take time off if needed, rather than waiting for the practitioner who may be struggling to ask for support. Another participant suggested that external supervision could be beneficial "… just to be able to offload and not worry about [their] supervisor". In a study on supervision and support for social workers, it was mentioned that external supervision was highly valued by participants; this was due to being able to be open and honest in discussions without fear of any repercussions (Beddoe et al., 2020). Other suggestions from participants included funded mindfulness activities like tai chi, massages, yoga, or gym memberships. Another participant also added that there is a shift happening presently which includes "a push to get on the waka, change your attitude".

Discussion

The aim of this research was to explore the knowledge and training social workers have in preparation for working with trauma; to determine what support social workers receive and how they access support. Ideally, this study will contribute towards strengthening trauma-informed practice and care for clients and practitioners. Each participant was able to identify issues and to suggest recommendations that contributed towards the researcher gaining a clear perspective of the "social worker's voice". This research also enabled the identification of gaps and the need for further studies on implementing TIP and TIC principles into social work practice, including further support for social workers in the context of supervision. The hope is that it will assist in enhancing the need for further research and practice implementation for, not only practitioners, but at organisational and structural levels, including policy, procedures, and additional trauma-informed training for social workers.

The following themes were identified: social workers' perception of trauma-informed practice and care; implementing trauma-informed practice; and care and practitioner access to TIP and TIC support.

Social workers' perception of trauma-informed practice and care

Although organisations recognise TIP and TIC, there is still a lack of understanding of what it is and how to implement it into practice (Knight, 2018).

During the interviews, participants appeared to have a good understanding of trauma and the impacts it entails, but the implementation of trauma-informed practice is still underutilised—potentially due to confusion in this area. While training in trauma seems to be a high priority, specific training on what trauma-informed practice and care are, including guidelines on the implementation of TIP and TIC into practice could be beneficial in filling this gap.

Levenson (2020) suggested that the terminology of *trauma-informed practice* and *trauma-informed care* can be used interchangeably. Knight (2018) suggested that this confusion and misunderstanding can create a decline in implementation.

Implementing trauma-informed practice and care

In this article, the overall view would be that confidence in this area comes with past experiences, knowledge, and time, and that this would be specific to each individual and their experiences of trauma and/ or trauma work. Additionally, based on participants' answers, it could be argued that the term *experience* is subjective and can be based on both informal and formal knowledge (Chenoweth & McCauliffe, 2015). The utilisation of trauma-informed practice and care can assist social workers to work alongside clients who have experienced trauma in a safe and informed way for both the client and practitioner. Practices that are not trauma-informed can lead to the re-traumatisation of clients and cause practitioners to struggle with indirect trauma. While practitioners seem to feel confident working alongside clients affected by trauma, this is enhanced with time, knowledge, and experience. The incorporation of the trauma-informed principles; safety, trust, empowerment, choices, and collaboration, along with the addition of a te ao Māori perspective will guide practitioners to work alongside trauma clients effectively. Understanding trauma is not enough, trauma work needs to be capitalised on with an ecological model that incorporates micro, macro, and meso levels.

Balu (2017) posed a question that evokes reflection: "Can a support system that is fragmented by the demands of consistent traumatic exposure that impacts social workers, provide care that will assist people to have a healthy sense of self?" While attempts are being made by social work agencies and social workers to implement TIP and TIC, confusion around practice implementation and lack of resources is undermining these efforts (Knight, 2018).

Heffernan and Viggiani (2015) suggested that training on responses to client trauma is not sufficient, for trauma-informed practices to work well these must start from the top down. Organisational policies, procedures, and vision that influence and reflect on trauma responses can only then trickle down to the agencies influencing a culture change within an environmental setting that is trauma-informed. Furthermore, training needs to reflect, not only a setting that allows practitioners to work alongside clients with trauma-informed practices, but the role that the agency should play in safeguarding staff to ensure they are not traumatised via the trauma exposure of their clients (Heffernan & Viggiani, 2015).

This view is supported by Roberts et al. (2023) who argued that a whole system approach is required to provide support and training across organisations to equip practitioners with a consistent, shared understanding of trauma and attachment.

Knowledge of TIP and TIC is crucial to inform effective and safe practice: should social work education include and apply TIC principles and knowledge within the curriculum? Vasquez and Boel-Studt (2017) argued that trauma-focussed content will help students to develop knowledge and understanding of how to work with the complexities of trauma. This view is consistent with Knight (2022) who suggested that the inclusion of trauma-informed principles into social work field education can strengthen personal and professional development. Similarly, Wilson and Nochajski (2016) reported that the integration of trauma-informed content into areas of the social work curriculum led to an overall increase in students' confidence and ability to use and engage in TIC approaches.

Practitioner access to trauma-informed practice and care support

Beddoe et al. (2022) stated that "Good supervision involves listening, observing and processing emotion and being able to critically question practice while regaining trust" (p. 535, para 2). Furthermore, they suggested that lengthy case management sessions can feel oppressive and time-wasting, whereas supervision that is seen as quality thinking time leads to greater satisfaction (Beddoe et al., 2022).

Organisational support has strengths in adaptability for practitioners' needs outside of work, family commitments, sickness, and mental health leave. Supervision would potentially be seen as an area of weakness with staff not feeling comfortable or able to access this when needed. Virtue and Fouche (2010) explained that social workers who are exposed to experiences of trauma within their work setting need to be supported with strategies to cope with the impact of that work; supervision should be a safe space where discussions around working with trauma and abuse can be unpacked. Heffernan and Viggiani (2015) added that organisations that provide sufficient safety nets for their workers by educating and empowering practitioners can reduce the risk of practitioners becoming impacted by indirect trauma. Trauma-informed supervision should integrate the trauma-informed principles of safety and trust—this allows practitioners to explore self-reflection and their experiences of indirect trauma, which can then lead to empowerment and feelings of self-efficiency (Knight, 2018). Beddoe et al. (2020) added that sufficient supervision and support have been linked to positive job satisfaction, especially in child protection social work. Additionally, practitioners' reactions to trauma should be normalised, and regular check-ins of practitioners' emotional responses to their work including how their reactions may affect both their work and their personal lives should be discussed. Branson (2019) suggested that strategies toward minimising the risks of indirect trauma fall on both the employee and the organisation collaboratively.

When working within the realm of child protection, the impact had on the family can be traumatic as they fear the potential that their child may be removed. This can cause the family to be untrusting and feel like the social worker is intruding into their private lives, leading to low engagement with the agency (Atwool, 2019). Additionally, many families with children who t are entering the child protection system with exposure to trauma, have adults within the family who have also had trauma exposure. This leads to a cycle with families failing to recognise the intergenerational impact, creating complex trauma for the whole family unit (Heffernan & Viggiani, 2015). Child protection workers are consistently exposed to this trauma cycle, becoming vicariously exposed to trauma themselves (Heffernan & Viggiani, 2015). Balu (2017) explained this as the *ripple* *effect*, whereby trauma vicariously impacts individuals, families, and the systems, services, and professionals that work alongside them. Knight (2018) agreed that clinicians working alongside survivors of trauma have a high risk of indirect trauma. Although many negative effects can occur from working alongside trauma survivors, positive consequences can also have an impact due to previous trauma exposure (Manning-Jones et al., 2016). Vicarious resilience is where a clinician has an enhanced appreciation for their advantages, enables them to re-evaluate their goals, feels confident in practice, and increased levels of empathy and compassion (Knight, 2018). Additionally, organisations that promote self-care, health, and wellbeing, alongside taking regular time off can alleviate indirect trauma (Heffernan & Viggiani, 2015).

Limitations

This is a small study utilising four participants, therefore, the data produced only represents a small sample; a larger sample of care and protection social workers may have been beneficial in gaining a higher level of social workers' understanding of the topic. Flynn and McDermott (2016) suggested that when conducting exploratory research data only represents a small portion of the population. In this research, participants seemed trusting enough to share stories with the researcher openly and honestly. Although, there could have been benefits in prompting participants further in some questions to gain additional data.

Conclusions and recommendations

Social workers in care and protection roles work alongside children and their families who have been impacted by trauma consistently throughout their work. Trauma is complex and the application of TIC requires knowledge, guidance and support to ensure that the principles are applied consistently and safety. Therefore, social workers need to have the tools to promote practices that will aid in assisting them to do so in ways that are empowering, while encouraging self-determination. Supervision and self-care are important aspects in decreasing the risk of practitioners becoming impacted by indirect trauma. This includes frequent and reflective supervision that coincides with the trauma-informed principles of safety and trust towards creating a healthy attachment between the supervisor and supervisee. While social workers seem to be proactive in fulfilling their self-care needs, supervision is an area of concern for several reasons. Practitioners seem reluctant to engage in reflective supervision with their supervisors due to concerns about how it may impact their work. Additionally, supervision is consistently being prioritised for case management, and time restraints impact the ability for discussions around self-care and emotional resilience.

Recommendations for further research and practice include:

1. Further studies that encapsulate the voices of clients that have experienced trauma and their experiences of working alongside social workers.
2. Implementing set practice guidelines for trauma informed practice and care into agency policy.
3. Investigation into the benefits of engaging in external supervision for social workers.
4. Further training on the implementation of trauma-informed practice for social workers, with the addition of specific trauma-informed supervision training for supervisors.
5. Advocating for trauma informed principles into the social work education curriculum.

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