Assessing Trauma-Informed Care and Community Voice in Central Texas' Child Welfare System

TNOYS
TEXAS NETWORK OF YOUTH SERVICES

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This report is generously funded by Mission Capital which has continuously demonstrated their commitment to improve the model of care for foster children and create a Central Texas where all have access to opportunity and can thrive.

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Executive Summary

An estimated 27,875 children were in Texas Department of Family and Protective Services (DFPS) substitute care in 2020.[1] Of that, approximately 5,028, or nearly one fifth (18.0%), were located in Central Texas DFPS Region 7.[2] Traditionally, child welfare approaches emphasize removing children from situations of abuse and neglect to place them in more stable and secure environments. Interpretation of this approach can vary widely, however, and in many cases the unique needs of youth who have experienced trauma are overlooked or oversimplified as "problem behaviors".[3] At the same time, child welfare providers across Texas and the country have been slow to adopt practices to listen to and meaningfully collaborate with youth who have firsthand experience in the child welfare system, despite significant evidence that this community engagement improves outcomes for children, youth, and families.

Over the last decade, child welfare providers and related organizations in Central Texas have worked toward a more nuanced approach to best meet the complex needs of children and families involved with the child welfare system. In 2014, Mission Capital established the Travis County Collaborative for Children (TCCC), an intensive, multi-year, multi-partner initiative to dramatically improve the model of care for foster children. Since its inception, TCCC has partnered with the Karyn Purvis Institute of Child Development (KPICD) to train over 1,000 Central Texas providers in implementing Trust-Based Relational Intervention® (TBRI), an evidence-based, trauma-informed care (TIC) model for working with children who have experienced trauma. During this same period, TCCC and Central Texas child welfare providers have increasingly recognized that centering the voices of those with lived experience is an effective strategy to improve outcomes for children and youth who are either systems-involved or vulnerable to experiencing systems-involvement.

Texas Network of Youth Services (TNOYS) is a statewide research and advocacy organization that strengthens services and supports for Texas youth to help them overcome challenges and achieve healthy development. In 2021, TNOYS partnered with Mission Capital to evaluate how trauma-informed principles and practices to center community voices are integrated within the Central Texas child welfare system. TNOYS conducted this assessment via provider survey, provider interviews, and a listening session (focus group) with youth and young adults (YYAs) who have experience in the Central Texas child welfare system. This report details TNOYS' research findings as well as actionable strategic recommendations for improvement.

These quantitative and qualitative data reveal how Central Texas providers have implemented TIC and community voice over time, as well as the experiences, challenges, and needs of providers and youth. The findings speak to the importance of TIC models, the need for additional resources and training on how to implement TIC and community voice, barriers to implementation, and a need for greater system-wide transformation and collaboration. The findings also align with the evidence base for promoting holistic development and healthy outcomes for youth and families in the child welfare system.

TNOYS developed strategic recommendations that child welfare providers and related organizations can implement in their policies and programs to strengthen implementation of TIC and community voice in order to improve outcomes for the youth and families they serve.

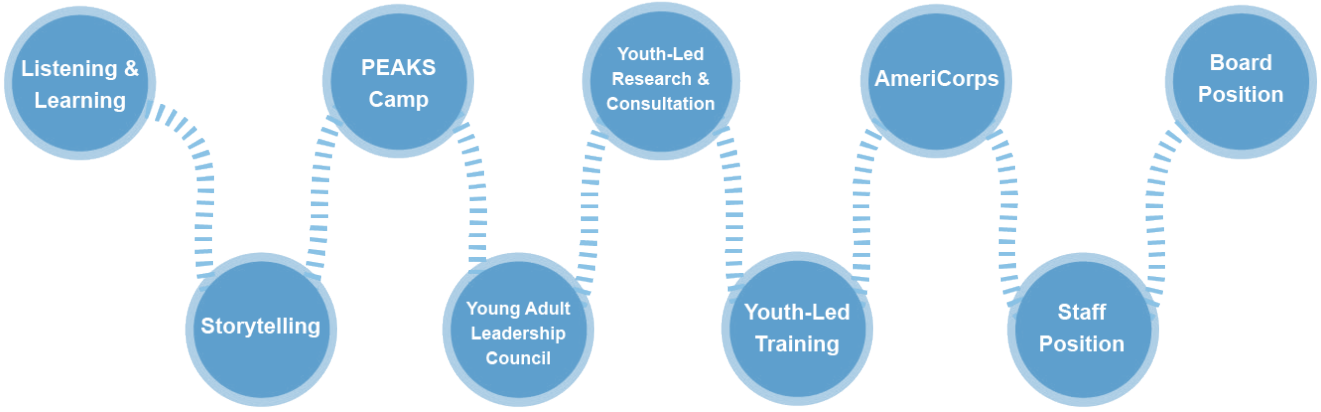
- Provide and maintain regular training for all staff focused on TIC implementation and responding to youth with trauma histories, trauma-related disorders, and behaviors.
- Collaborate across entities to maximize knowledge and create efficiencies.
- Improve data sharing to avoid retraumatization.
- Promote normalcy, strengths-based approaches, individualized care, and youth-centered services.
- Foster trusting relationships with youth through open communication and transparency.
- Prioritize hiring and supporting individuals with lived experiences.
- Facilitate more regular opportunities for youth engagement and community voice, including opportunities for youth to have control over their own lives.

Introduction

Texas Network of Youth Services (TNOYS) is a statewide membership network that has worked for over forty years to strengthen services and support for Texas youth and families. TNOYS aims to foster collaboration, build organizational capacity, and effect change across seven systems that serve youth and young adults: child welfare, health and behavioral health, housing and homelessness services, victim and survivor services, justice, education, and higher education/workforce. TNOYS focuses heavily on Texas' child welfare system, where an estimated 27,875 children were in Texas Department of Family and Protective Services (DFPS) substitute care in 2020, with approximately 5,028 located in Central Texas DFPS Region 7.[1,2] Traditionally, child welfare approaches emphasize removing children from situations of abuse and neglect in order to place them in more stable and secure environments. Interpretation of this approach can vary widely, however, and in many cases the unique and individual needs of youth who have experienced trauma are overlooked or oversimplified as "problem behaviors".[3] At the same time, child welfare providers across Texas and the country have been slow to adopt practices to listen to and meaningfully collaborate with youth who have firsthand experience in the child welfare system, despite significant evidence that this community engagement improves outcomes for children, youth, and families.

TNOYS has strong, long-standing relationships with the child welfare provider community in Central Texas and across the state, and serves providers across systems through youth advocacy, coalition building, training, research and resource development, and technical assistance. In Central Texas alone, TNOYS' member network includes over 20 child welfare provider organizations such as Upbring, STARRY, and LifeWorks. TNOYS is known for producing strong work in the areas of participatory action research and program evaluation. For example, in 2015 TNOYS completed a major four-year initiative titled *Creating a Culture of Care*, in which partner stakeholders such as the University of Texas at Austin and the Substance Abuse and Mental Health Services Administration (SAMHSA) worked with TNOYS to provide technical assistance and support services to residential treatment centers with the goal of reducing seclusion and restraint practices that can retraumatize youth.

TNOYS' Youth Engagement Roadmap



TNOYS' youth engagement roadmap illustrates how youth and young adults take part in the organization's work in both big and small ways.

TNOYS is also a statewide leader in meaningful collaboration and partnership with youth and young adults (YYAs), and we truly center youth voices in everything that we do. For instance, TNOYS completed the first-ever statewide youth participatory action research project in 2016, employing 16 youth experiencing homelessness to interview other youth with this experience about the challenges they face and the support services they need. In 2018, TNOYS established the statewide Young Adult Leadership Council (YALC) to engage youth and young adult (YYA) leaders between ages 16 and 25 who have experience in one or more

systems in which TNOYS works. The YALC helps guide TNOYS' work and influences the direction of youth services in Texas through policy, practice, and partnership. YALC members are an integral part of TNOYS' research, storytelling, and policy advocacy initiatives.

TNOYS recently partnered with Mission Capital, a leadership and capacity building organization serving the Central Texas nonprofit community for over 20 years. The partnership's goal is to evaluate the child welfare landscape of Central Texas (specifically DFPS Region 7), and assess how trauma-informed care and community voice practices are integrated within child welfare organizations. We developed and distributed a region-wide survey to over 120 child welfare providers and interviewed an additional sample of providers to collect data on efforts to implement and integrate these research-based approaches. Our team also spoke directly with youth in the region who have experienced the child welfare system to understand their perspectives of the landscape.

Applying Trauma-Informed Care Approaches to Child Welfare

Although the term "trauma-informed care (TIC)" is often viewed as a buzzword in the child welfare space, the model has yet to be fully integrated within child welfare programs. TIC is a comprehensive organizational change approach that emerged from the 1998 Adverse Childhood Experiences (ACE) study, a landmark study that demonstrated the relationship between a person's childhood adversities and the likelihood that they experience negative health, cognitive, emotional, and behavioral outcomes later in life.[4,5] For example, childhood trauma survivors are more likely to experience greater involvement in the child welfare and juvenile justice systems and experience long-term health problems such as diabetes or heart disease.[6] The TIC approach responds to these findings by accounting for underlying trauma and establishing safe, trustworthy, and mutually collaborative relationships between service providers and clients/patients.

Simply put, a TIC approach is one that reframes interactions with clients, stakeholders, and staff from "what's wrong with you?" to "what happened to you?".[7] A system or organization that is trauma-informed:

1. Recognizes the widespread impact of trauma;
2. Recognizes the signs and symptoms of trauma;
3. Responds to trauma by applying the following principles of a trauma-informed approach at an organizational level and within their programs and practices:
    A. **Safety** - Throughout the organization, clients and staff feel physically and psychologically safe;
    B. **Trustworthiness and Transparency** - Organizational staff prioritize transparency in decision-making in order to build and maintain trust;
    C. **Peer Support** - Individuals with shared experiences to clients are integrated into the organization and viewed as integral to services delivery;
    D. **Collaboration** - Power differences are leveled to support shared decision-making. This addresses power differences between staff and clients and among organizational staff;
    E. **Empowerment** - Client and staff strengths are recognized, invested in, and validated. This includes a belief in resilience and the ability to heal from trauma; and
    F. **Humility and Responsiveness** - The organization recognizes and addresses biases, stereotypes, and historical trauma.
4. Actively avoids re-traumatization at an organizational level and within their programs and practices.[8]

Given the prevalence of trauma among youth in the child welfare system, TIC approaches have potential to positively impact youth and the system as a whole. While approximately one-half to two-thirds of all youth experience at least one traumatic event in their lifetimes, this statistic approaches 90% among youth in care.[9] The likelihood for complex trauma, or exposure to multiple traumatic events, is also very high for youth in care.[10] In addition to the trauma that young people may experience prior to Child Protective Services (CPS) involvement, the process itself of being investigated, separated from their families, placed in care, and

shuffled between multiple placements increases the risk of experiencing further trauma.[9] Moreover, a trauma-informed system or organization focuses not only on youth and families served, but also on organizational staff and stakeholders. Indeed, TIC involves a comprehensive organizational shift in which greater awareness of and responsiveness to trauma has the power to change policies, practices, and programs while also supporting professionals and staff who may themselves have experienced trauma.

Texas child welfare providers have been working to implement trauma-informed approaches for over a decade. DFPS began providing TIC training for caseworkers and caregivers in 2009. Over the years, DFPS has increased TIC training requirements and the variety of trainings offered, expanded training requirements to more provider types, and created staff positions dedicated to TIC implementation and oversight.[11] Many providers have relied on training in Trust-Based Relational Intervention (TBRI®), a TIC-based therapeutic model developed at Texas Christian University's Karyn Purvis Institute of Child Development (KPICD) that trains caregivers to provide effective support and treatment for children and youth in vulnerable situations.[12] While other TIC-based models exist, TBRI® has been the leading choice for child welfare providers across the state, including in Region 7.[13] Since the creation of the Travis County Collaborative for Children (TCCC), KPICD has trained over 1,000 providers across more than 100 child welfare organizations in Central Texas in implementing TBRI®.

Nevertheless, gaps exist in determining how organizations keep up with and implement TBRI® or other TIC training models, and little research has demonstrated direct links between training in trauma-informed approaches and subsequent implementation. While most research on TIC implementation in Texas has been focused on the number of trainings delivered, this report seeks to understand how widely TIC is implemented in practice in Region 7 and the specific ways that implementation is accomplished.

The Role of Community Voice in Child Welfare

Although there is some research to understand how community voice is integrated into child-serving organizations, the child welfare system is still learning to adapt these concepts into its structure. Community voice refers to listening to the thoughts, feelings, and perspectives of the people directly involved in and affected by systems, and using this information to influence changes in agency policies, practices, and programs.[14] Organizations may seek input from their clients, from those who have exited their program and services, or from community members who have lived experience with relevant system(s). The prioritization of community and youth voice is not a new concept.

In fact, 1989's UN Convention of Rights recognized the rights of youth to be heard and included in decisions that impact their lives.[15] Since then, organizations have integrated community voice to varying degrees, from practices like conducting standard exit surveys to more comprehensive and meaningful practices like implementing a community or youth action board that has decision-making authority and opportunities to initiate change, lead programs, and deliver trainings.[14]

When organizations listen to and learn from the communities they serve, they are able to combat the distrust that stems from historical injustices against disenfranchised communities.

Research demonstrates that assessments, plans, and programs that include community voice are more successful in achieving an organization's mission and lead to greater positive outcomes for clients compared to programs that do not.[16] When organizations listen to and learn from the communities they serve, they are able to combat the distrust that stems from historical injustices against the disenfranchised.[17] Organizations can take their impact further when they engage youth and community members who share characteristics such as race, gender, and ability that are representative of those involved in the system overall. The

importance of listening to and learning from young people to understand their experiences from their points of view cannot be overstated, particularly in the child welfare system whose purpose is to promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation.[18] Youth in the child welfare system who are not heard, or have repeated experiences in which their worries are not acted upon, are less likely to seek help and have their needs met when experiencing adverse events in the future.[16]

Alternatively, youth that have opportunities to significantly engage and be heard are better equipped to establish meaningful supportive relationships and experience greater empowerment, a key principle of implementing TIC.[19] In fact, engaging community and specifically youth voice can advance all six principles of a trauma-informed approach: Safety, Trustworthiness and Transparency, Peer Support, Collaboration, Empowerment, and Humility and Responsiveness. Youth who use their voice and feel that providers listen and are responsive to their needs and wants are more likely to experience a sense of psychological safety. Similarly, open communication fosters transparency, especially when reciprocated, and promotes trust within the provider-youth relationship. Engaging youth in a peer support model with individuals who share similar experiences is another way that organizations can implement community voice. Organizations can achieve collaboration when the thoughts and opinions of youth truly impact the organization's decision-making. When providers implement community voice on issues related to biases, stereotypes, and historical trauma, they promote humility and responsiveness. Moreover, supportive relationships and empowerment foster resilience in youth, particularly for youth who have been exposed to violence and other trauma.[20]

When youth-serving providers meaningfully integrate community voice, they work to reverse maladaptive frameworks and survival behaviors that stem from trauma; promote protective factors that increase resilience; and help prepare youth for adulthood and civic participation.[21,22] By surveying youth and providers, TNOYS sought to understand the extent to which child welfare organizations embed community voice in practices and programming. Additionally, TNOYS explicitly incorporated community voice into this research project by engaging TNOYS' YALC in developing and applying all three data collection methods used in the study.

Methodology

TNOYS engaged in three data collection methods to evaluate trauma-informed program implementation and the integration of community voice in program planning in child welfare programs in Region 7: a provider survey, provider interviews, and a listening session (or focus group) with YYA in the region. In partnership with the YALC, we engaged YYA with lived experience throughout the entire process and across all three data collection methods. Eight YALC members between the ages of 18 and 21 supported development of the provider survey and interview questions, as well as youth listening session questions. YALC members also took on various roles co-facilitating and conducting the youth listening session.

Findings

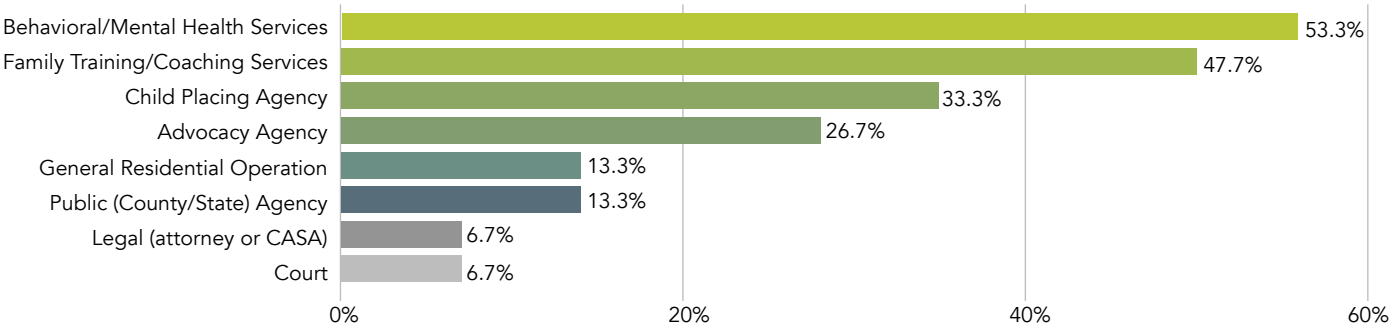
Findings From the Field

TNOYS and the YALC developed and distributed a survey to child welfare providers across the 30 counties in Region 7. To supplement the survey results, TNOYS interviewed providers to hear their perspectives on integrating TIC and community voice in their work and in the region overall. As stated above, TNOYS' YALC helped assess and refine both the survey and interview questions. Two TNOYS staff members, including one with lived experience, conducted the interviews with providers. TNOYS conducted a total of four interviews with child welfare providers in the region, all at middle or senior management positions.

Between October 22 and December 13, 2021, TNOYS distributed the survey to a total of 135 child welfare organizations providing services in one or more of the 30 counties in Region 7. We received a total of 15

responses with representation across six unique counties (some respondents serve multiple counties). These include Bastrop (2), Caldwell (2), Fayette (1), Freestone (1), Hays (2), Lee (1), Travis (8), Williamson (4), and five respondents whose organizations work across all 30 counties in Region 7. Respondent organizations also varied in size with six employing 0-50 people, five employing 51-100 people, two employing 101-200 people, and one employing over 500 people. Figure 1 displays the distribution of organization types surveyed based on respondents' reports, with the knowledge that child welfare organizations may provide a variety of services to both children and families.

Figure 1: Type of Service Organization



A number of themes emerged across Region 7 child welfare providers' responses:

- Region 7 has significantly increased its understanding and recognition of trauma.
- Implementation of trauma-informed care varies across the region.
- Providers can strengthen efforts to avoid retraumatization.
- Consistent implementation of care is a challenge.
- Understanding and integration of community voice varies widely.
- Within their community voice work, providers struggle to ensure representation.
- Barriers make it difficult to prioritize integrating community voice.

Region 7 Has Significantly Increased Its Understanding and Recognition of Trauma

The first two tenets of TIC are to recognize the widespread impact of trauma and to recognize the signs and symptoms of trauma. As a result of TIC training and trauma-screening practices, child welfare providers in Region 7 demonstrate a solid grasp of these concepts and lay the groundwork for effective TIC implementation. All provider interviewees remarked on shifting attitudes towards TIC's effectiveness, as well as its increase in popularity among child welfare providers in Central Texas over the past 5-10 years. Further, interview participants note that organizational leadership has pushed to promote TIC training and implementation in their programs, leading to a more comprehensive understanding of TIC within those organizations. As a result, the majority of surveyed child welfare providers (86.7%) in the region are trained in a trauma-informed approach or model. Unsurprisingly, TBRI® is the most commonly used model (80.0%) among those who report being trained in a trauma-informed model.

80% of Respondents have staff trained in Trust-Based Relational Interviewing (TBRI®), making it the most commonly used trauma-informed care model in the region.

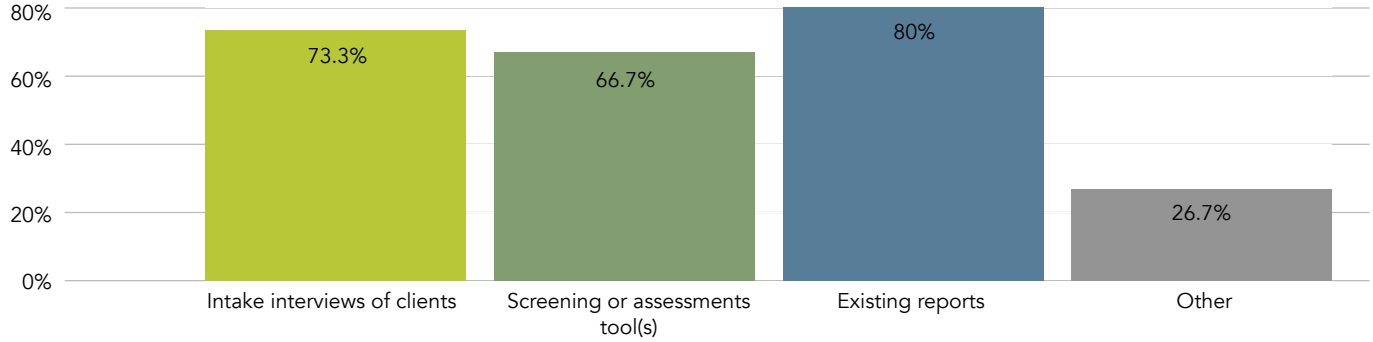
100% of respondents rate their organization's knowledge of trauma-informed care as "Good" or "Excellent."

It is worth noting that many of the other models respondents report using are actually trauma-specific treatments or interventions as opposed

*These include interventions such as: Facing the Challenge, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Tuning into Teens, Child and Family Traumatic Stress intervention (CFTSI), Neurosequential Model of Therapeutics (NMT), Aggression Replacement Therapy, Nurturing Parent (3), and Trauma Affect Regulation: Guide for Education and Therapy (TARGET).

to trauma-informed models.* These responses indicate that many providers in Region 7 include trauma-specific treatments in their understanding of TIC. When pressed, interview respondents demonstrate a clear distinction, describing how they incorporated trauma-specific treatments or interventions as a result of their trauma-informed training. Overall, providers believe they have a strong grasp of TIC with all respondents in the sample self-reporting their organization's understanding of TIC as "Good" or "Excellent". Region 7's understanding and knowledge of TIC is also reflected in their trauma-screening practices. Early identification of trauma histories among youth and families is a crucial step in providing effective treatment and avoiding retraumatization, and a variety of instruments† exist to screen for trauma history, trauma symptoms, and trauma-related illnesses or disorders.[23] As no single trauma identification tool or assessment is likely to uncover the full breadth and depth of an individual's trauma history, it is best practice for providers to use multiple tools or methods to collect the information they need in as much detail as possible.[23]

Figure 2: Methods of Identifying Client Trauma Histories



All organizations surveyed report using at least one screening method or process to identify client trauma histories, with 80% of respondents (Figure 2) using two or more screenings, and 13.3% using as many as four screening methods. 80% of respondents specified that they gather client histories from the reports of other organizations that have provided services to youth, which is a positive indication of collaboration between child welfare providers in the region. Respondents report implementing a wide range of specific trauma screening tools and assessment models in their organizations. The use of evidence-based tools and models to assess for trauma indicates that child welfare providers in Region 7 have established the basis for successful TIC implementation. By training staff to effectively use screening tools and models, Region 7 providers on the whole do well to demonstrate the first two tenets of TIC.

60% of respondents use the Child and Adolescent Needs and Strengths (CANS) Trauma Comprehensive Version

46.7% use the Adverse Childhood Experiences (ACEs) assessment. These were the most common trauma-specific screening tools reported by respondents

Implementation of Trauma-Informed Care Varies Across the Region

> "The shelter became a much more therapeutic place, and a lot less [of just] a place that housed children"
>
> – [Provider 1]

Survey responses indicate a varied and somewhat vague picture of TIC implementation in Central Texas. To be meaningfully trauma-informed, child welfare organizations must be responsive to trauma through the six principles of a trauma-informed approach:

†Some of the most commonly used instruments among child welfare providers include the Child and Adolescent Needs and Strengths (CANS) - Trauma Comprehensive Version, Child PTSD Symptom Scale for DSM-5, Trauma Symptoms Checklist for Children (TSCC), and Trauma Symptom Checklist for Young Children (TSCYC).[24]

Less than half of providers (46.7%) are "Very satisfied" with their organization's implementation of a trauma-informed approach.

Safety, Trustworthiness and Transparency, Peer Support, Collaboration, Empowerment, and Humility and Responsiveness.[8] This includes a consideration of the structure and policies at the organization level, as well as the services provided to individual YYA.

When asked to discuss how organizations employ trauma-informed approaches in their work, four major categories emerged from provider responses: training, trauma identification and interview practices, specific clinical/therapeutic interventions, and forming connections. The first two categories speak more to understanding trauma and recognizing its signs and symptoms as discussed above, rather than how TIC is implemented. The remaining two categories — specific clinical/therapeutic interventions and forming connections — more readily reflect the TIC principles of Safety and Empowerment. Clinical and therapeutic interventions require a degree of both physical and psychological safety, which may be similarly established by forming connections with families and youth. Clinical and therapeutic interventions clearly demonstrate the empowerment principle because these interventions work to evaluate clients' strengths and grow their skills, ultimately helping clients heal from trauma. Implementing such interventions also requires a degree of both physical and psychological safety, which may be similarly established by forming connections with families and youth.

Interviewees provide more detailed examples of how they implement TIC approaches in ways not represented in the survey results. All four interviewees highlight a change in how staff understand and respond to challenging youth behaviors. Prior to implementing TIC approaches, providers described their experience as "constant battling between kids and staff" (Provider 3). Behaviors were viewed strictly as "good" or "bad" using points systems or other practices (Provider 1), and "bad" behavior was often met with punitive measures or punishments. After receiving TIC training and implementing TIC approaches, providers describe staff practices as "moving away from punitive measures" (Provider 2). Interviewees report that staff changed their thinking from "how to get kids to be good, to how do we meet their needs" (Provider 1), and not defending client behaviors to the point of enabling, but "looking at [youth's] history" to put behaviors in the context of their past trauma (Provider 4).

Providers also note that implementing TIC approaches involves changing "how [providers] interact with staff" (Provider 2) and "taking that approach with [their] colleagues" (Provider 4) as well as with their clients. One interviewee describes how implementation at their organization involves specific strategies like nurture groups, a play-based therapeutic intervention that helps teach relational and regulation skills, and a "restoration room", a low sensory environment and calming space that both clients and staff can use to regulate their emotions and behaviors to reduce the risk of retraumatization and secondary trauma (Provider 1). Compared to survey responses, these practices appear to be exemplary approaches and describe TIC implementation at a higher level than most child welfare organizations in the region.

While the survey and interview findings show that TIC implementation varies across Region 7, these findings also demonstrate that child welfare providers mainly focus on the two principles of Safety and Empowerment through their interventions. These interventions include replacing practices and programs that reinforce the "good" vs. "bad" dichotomy, and engaging with challenging behaviors as opportunities to meet clients' needs. The remaining four principles of Trustworthiness and Transparency, Peer Support, Collaboration, and Humility and Responsiveness, however, are not as apparent in the implementation methods described by providers in the region. Additionally, some organizations in the region emphasize implementing TIC approaches in staff interactions and modifying the physical environment to be more trauma-responsive, but these behaviors appear to be rare.

Providers Can Strengthen Efforts to Avoid Retraumatization

Trauma-informed organizations must also actively avoid retraumatizing their clients at an organizational level and within their programs and practices. Retraumatization is described as "re-living stress reactions experienced as a result of a traumatic event when faced with a new, similar incident."[25] In many cases, people who have undergone traumatic experiences may not recognize how current stress is related to past trauma. While clients' reactions to such stress may at first seem disproportionate at times, it is crucial that providers understand that retraumatization may be a factor and take deliberate actions to minimize it. In addition to practicing the core tenets of a trauma-informed approach, child welfare organizations can apply specific practices to more successfully achieve this goal, such as deliberate use of solutions-focused language and questioning, minimizing the number of times a client must recount unpleasant experiences, and understanding and reducing environmental triggers including certain settings, behaviors, objects, or people.

Survey respondents described the ways in which they avoid retraumatization among both staff and clients. Over one-third of providers address this goal through continued training for staff, including formal education in trauma-informed models as well as specific practices like regular supervision and team debriefs following specific work with clients. In this way, staff have opportunities to process their experiences and fine tune their skills for avoiding retraumatization among their clients and themselves. Another third of respondents detail strategies for sharing client information to minimize the number of times a client has to repeat their story and potentially relive traumatic experiences. Some of these respondents share information within their organization through methods like electronic medical records and regular consultations between professional staff. Others practice inter-agency information sharing, communicating with their external partners to determine the best course of action for their clients based on their experiences and needs.

Just over one-quarter of organizations describe the need to ensure that youth-serving environments are safe, appropriate, and trauma-sensitive. This practice involves evaluating the appropriateness of different placement types for clients (e.g. residential treatment center, foster home, etc.) as well as minimizing the number of placements a child experiences altogether. 20% of organizations describe encouraging self-care practices among staff and making available staff support and benefits like paid time off. Other practices discussed among respondents include soliciting client feedback to evaluate what practices would help to avoid retraumatization, applying non-punitive practices in response to behaviors, and assessing practices for intake and discussing past trauma.

These data reflect that Region 7 providers work to avoid retraumatization of their clients in multiple ways, including continued TIC training, sharing client information as appropriate, and evaluating placement options for clients. Some of these specific strategies, however, do not appear to be applied to their maximum potential. For example, only one third of providers discussed information sharing as a means to minimize clients reliving traumatic experiences, which tells us that providers may not understand the potential of information sharing as a strategy to reduce retraumatization. Additionally, although all organizations use some sort of screening tool or process to identify client trauma histories, only one respondent specifically mentioned the intake process when discussing the ways their organization avoids retraumatization. This indicates a disconnect between the practices that child welfare organizations use most often and their efforts to avoid retraumatization. Ideally, frequently used practices like the intake and screening process are supported with specific measures to avoid retraumatization, but the data demonstrate that this may not always be the case. It is clear that child welfare providers in Region 7 are aware of the need to avoid retraumatization, but they may underutilize the most impactful or relevant means for doing so.

Consistent Implementation of Trauma-Informed Care is a Challenge

> "It's easy to say you're trauma-informed, but it's difficult to implement all the time"
>
> – [Provider 2]

Child welfare providers have seen improvement in the ways that they understand and implement TIC, but find that consistent implementation over time is a struggle, especially when confronted with specific barriers related to costs, training opportunities, and staff turnover. One interviewee described how training and cost go hand-in-hand: without adequate funds, organizations cannot support the costs to provide regular TIC training for their staff. This particular organization's breakthrough to implementing TIC at a high level came when they received "a grant that helped [them] to get all of [their] counselors trained", (Provider 3). Without this support, such comprehensive staff-wide training would not be possible.

The remaining majority of child welfare providers in Region 7 (73.3%) train their staff by taking advantage of opportunities as they arise. In this way, a majority of providers ensure that new staff are initially trained (66.7%). Fewer organizations, however, report providing training multiple times per year or annually, which may reflect the aforementioned barriers of cost, lack of training opportunities, and availability of trainers. In light of such barriers, providers may have to prioritize the training of new hires at the expense of providing ongoing training to existing staff, or only pursuing additional training as opportunities arise. 66.7% of organizations have had their staff trained in a trauma-informed approach in the last one to six months. Though these data do not reflect which or what proportion of staff were trained, they show that child welfare organizations in Region 7 are making attempts to provide ongoing training despite the described barriers.

The top barriers to implementing or strengthening a trauma-informed approach or model according to provider respondents:

- Costs/lack of funding (46.7%)
- Staff shortages and/or staff turnover (40%)
- Lack of training opportunities/ availability of trainers (40%)
- Time constraints (40%)

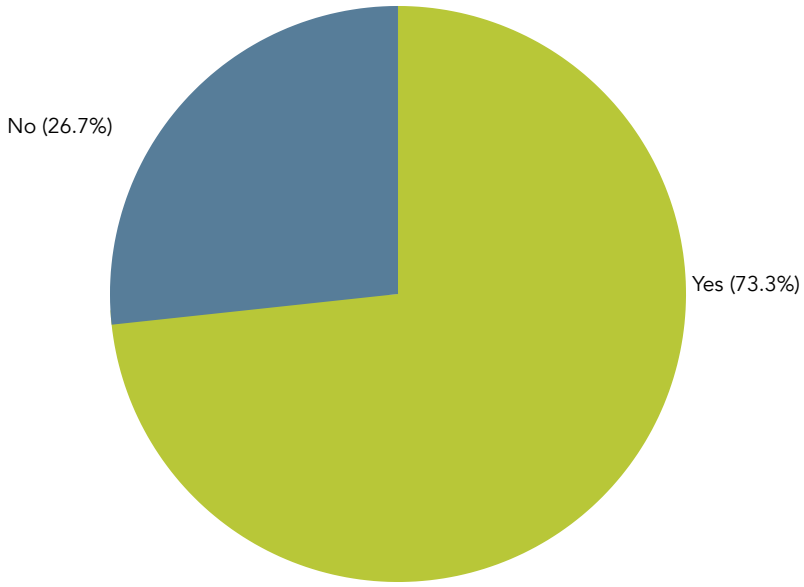
Interview participants also spoke specifically about challenges associated with staff turnover. On the one hand, staff at child welfare organizations experience high rates of burnout and secondary trauma, motivating them to move on from their positions fairly quickly. On the other hand, high staff turnover rates make it difficult to implement and maintain TIC practices effectively within child welfare organizations. Providers describe investing time and funds into providing high-quality training for their employees, only to have those staff move on, leaving the organizations to start over again with new employees who require training and must reestablish relationships with clients. By implementing TIC principles successfully, providers can help reduce rates of burnout and secondary trauma among direct care staff. While this will in turn curtail staff turnover, providers need staff to stick around long enough for their investments in training and organizational shifts to take effect.

Providers are most often able to provide training or retraining in trauma-informed approaches as opportunities arise (e.g. conferences, webinars, etc.) (73.3%) and prioritize training for new staff (66.7%).

66.7% of organizations have had their staff trained in a trauma-informed approach in the last one to six months.

Despite these challenges, child welfare providers in Region 7 are determined to strengthen their implementation of TIC. The majority of respondents (73.3%) indicate that they have plans to implement or strengthen their organization's trauma-informed approaches (Figure 3). Specifically, most respondents (46.7%) reported that they intend to strengthen their approach through continued and expanded training.

Figure 3: Plans to Implement or Strengthen Implementation of a Trauma-Informed Approach



For example, one provider highlighted their organization's focus on training related to cultural humility and responsiveness, specifically around improving service delivery to Spanish-speaking clients. Respondents also mentioned that TIC is part of their organization's overall strategic plan, and their agencies have even developed TIC committees within the organization to help identify and create strategies to advance its implementation. Noticeably missing from these plans is increased collaboration between organizations to share best practices on implementation, pool resources, share in training opportunities, and maximize knowledge, all of which can help organizations overcome many of their stated challenges.

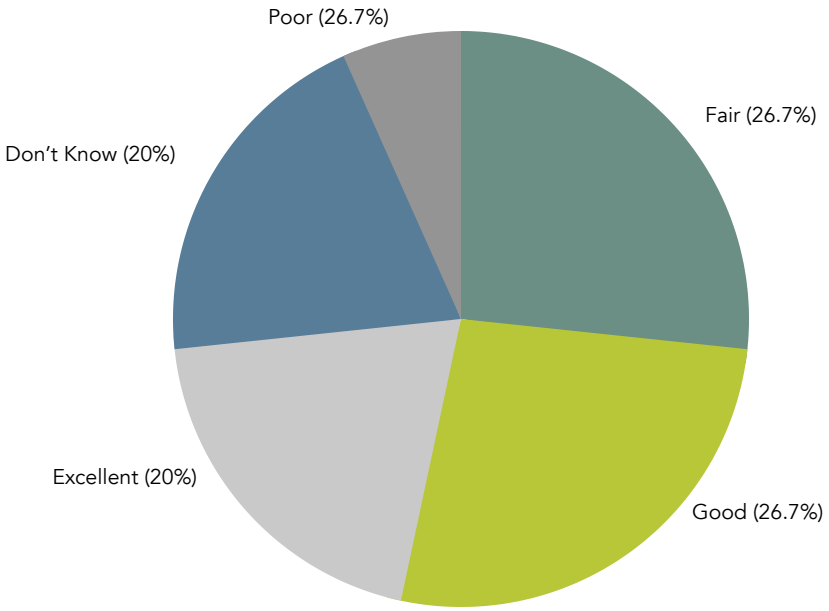
Understanding and Integration of Community Voice Varies Widely

Survey responses indicate that child welfare providers' understanding and implementation of community voice varies widely across the region. There is a fairly even distribution of this understanding, with providers reporting their understanding as "Fair" (26.7%), "Good" (26.7%), and "Excellent" (20%) (Figure 4). 20% of providers reported that they don't know.

> "I don't feel like we [engage community voice] enough, honestly"
> – [Provider 4

Similarly, provider responses varied when asked if they connect those with lived experience to opportunities to influence programs, services, or practices. Their responses were based on an adaptation of Hart's Ladder of Youth Engagement, a model that ranks youth engagement practices on a scale from one (decoration) to eight (organizing and governing).[26,27] Ideally, those that work with youth avoid levels one through three ("decoration" to "tokenism") in favor of levels four through eight ("assigned but informed" through "youth/community initiated, shared decision making"), with eight as the most robust. Responses indicate that Region 7 providers engage community members at all levels of the Ladder. The most commonly cited expression of community voice on Hart's Ladder is level four, assigned but informed (40%). The second most commonly

Figure 4: Organizational Understanding of Integrating Community Voice



cited is level three, "tokenism" (33.3%), and the third most commonly cited is level six, "provider initiated, shared decisions with youth/community" (20%). Though it is encouraging to see that all providers have attempted to engage community members in influencing their work, some levels are much more impactful than others. In general, the higher the level on the ladder, the more robust the engagement of community voice, and very few providers in Region 7 are implementing community voice at the higher levels.

Similarly, the data show that organizations more commonly employ less intensive methods (such as surveys and evaluation forms) to engage individuals with lived experience, whereas more intensive methods such as focus groups and interviews are the least commonly used. 20% of respondents do not use any methods to gather feedback from clients and community members, and 40% of organizations report using multiple engagement methods (Figure 13). Among those who do engage community voice, distributing surveys and evaluation forms is by far the most commonly used method for collecting community feedback (80%), followed by engaging an advisory group or council (40%), and facilitating focus groups with the community (20%). These findings suggest a need for provider organizations to better understand the importance of integrating community voice, the positive impact it can have on both clients and provider organizations, and more meaningfully engage youth and those with lived experiences in the services that impact their lives.

The majority of providers (53.3%) seek to engage community voice at the end of receiving services.

The frequency of engagement is also a meaningful indicator of integration of community voice. Ideally, community voices are engaged in the initial services planning stage, regularly throughout the period when services are provided, and at the conclusion of service provision to evaluate the process and outcomes. Child welfare providers in Region 7 most commonly seek community voice and input at the end of receiving services (53.3%) (Figure 14). Interviewees noted that their work engaging community voices is inconsistent. For example, an organization might have a former client with lived experience as a board member but fail to maintain that seat when the individual transitions out, or they might form or dissolve a parent or youth council based on organizational circumstances.

Overall, the data show that child welfare providers in Central Texas engage community voice infrequently and through less intensive methods. This may reflect a limited understanding of what it means to engage community voice, how these practices can improve outcomes for clients, and the ways community voice can support organizations overall. Child welfare providers may also lack the understanding, training, or structures

and support to engage their clients and the community more meaningfully and consistently. In fact, providers seem to recognize that they "don't feel like [they engage community voice] enough, honestly" (Provider 4), and state that they "would love to do more" (Provider 2), but do not always know how to strengthen their approaches and integrate community members into their programs in ways that keep community members engaged.

Within Their Community Voice Work, Providers Struggle to Ensure Representation

One impactful way to embed community voice at a child welfare organization is to employ staff with lived experience. Providers with their own life experiences within the child welfare system are equipped with "context expertise" that can help them relate to young people in care and improve youth services.[28] Systems that seek to engage those with lived experience in staff positions must also prepare to provide training and support to employees so they can best serve clients.[29] If done well, hiring people with lived experience helps to increase trust with clients and can be an effective way to improve client treatment and child welfare organizations overall.[30]

One third of respondents report employing those with lived experiences as junior staff and one third employ those with lived experience on an advisory board or council.

Survey responses indicate that child welfare providers in Region 7 have made attempts to employ staff with lived experiences in some capacity (Figure 15). The most common levels at which providers employ staff with lived experiences are as junior staff such as frontline workers or case workers (33.3%) or as part of an advisory board or council (33.3%). One key acknowledgement from interview participants is that providers may only be aware that staff have lived experiences when they self-disclose that information, and not because organizations are actively seeking out staff with lived experience as part of recruitment efforts.

To meaningfully integrate community voice, it is important to ensure that organizations engage community members within demographics that are reflective of the larger child welfare community. In terms of race (Figure 5), 40% of providers in Region 7 feel that the clients they engage in their approach to community voice are only slightly representative of the communities that they serve. Another 26.7% indicate that their approach is not at all representative of the community's race or that they do not know.

Figure 5: Racial Representation of Community Voice

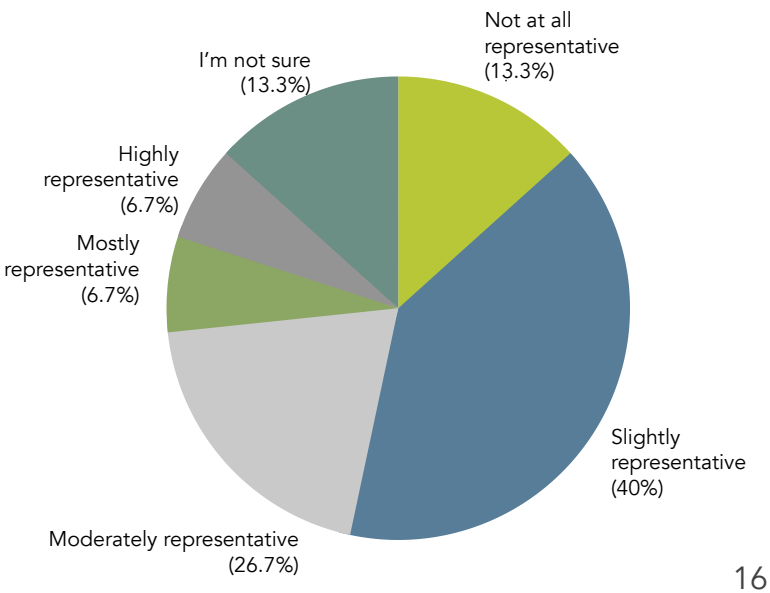
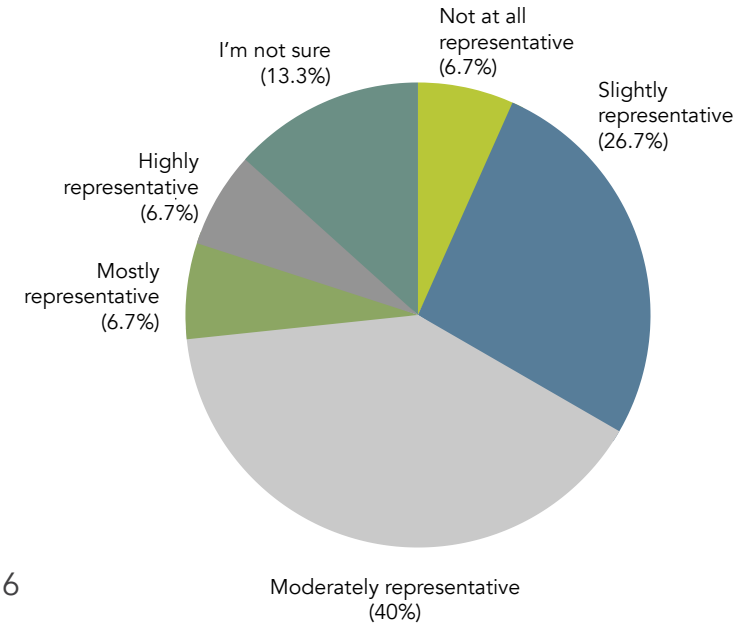


Figure 6: Gender Representation of Community Voice



Respondents did indicate that gender representation is slightly more aligned to the communities served in Region 7. Respondents most frequently report that their approach to community voice is moderately representative (40%) of gender distribution in the community (Figure 6). Another 26.7% indicate that their approach is slightly representative. Integrating community voice can work to combat distrust built over time as a result of injustices and past experiences, but organizations need resources and processes in place to ensure that youth and community members from diverse and representative backgrounds are supported and engaged. The fact that providers in Central Texas do not have strong demographic representation within their approaches to integrating community voice indicates that the necessary resources and processes are missing within many organizations, and that organizations may need additional training and support in this area.

Barriers Make it Difficult to Prioritize Integrating Community Voice

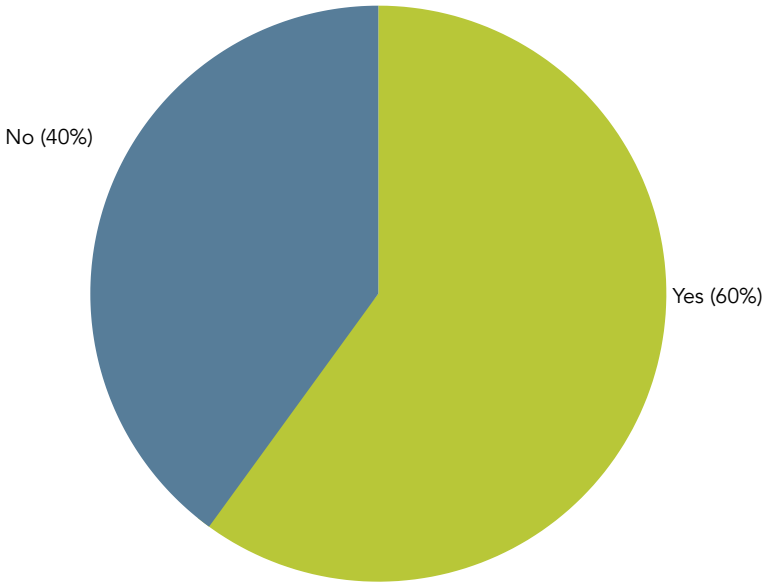
Providers in Region 7 have differing attitudes about how well their organizations currently integrate community voice into their services. 53.3% of providers report that they are only slightly satisfied or not at all satisfied with how well they currently integrate community voice within their organizations. Among those who are not satisfied with how well their organization integrates community voice, providers identified specific barriers that make it difficult to prioritize community voice even if they want to change. The most commonly reported barriers to integration are time constraints (33.3%), and implementation challenges or lack of support (33.3%). One provider described how the COVID-19 pandemic largely interrupted their work with a parental advisory group, making it much more difficult to regularly meet. Another provider spoke to inconsistencies with participation wherein a community member such as a youth board member transitions out of a position, and the organization struggles to refill it.

The top barriers to integrating community voice according to provider respondents:

- Lack of implementation support and/or implementation challenges (33.3%)
- Time constraints (33.3%)
- Costs/lack of funding (26.7%)

Despite these challenges, 60% of survey respondents currently have plans for strengthening their integration of community voice in the future (Figure 7). The majority of providers have plans to increase how often they gather feedback from those with lived experience through surveys or advisory groups. Overall, providers

Figure 7: Plans for Integrating Community Voice in the Future



demonstrate a desire to improve their approach to integrating community voice and are committed to rethinking how it might work for their respective organizations, but they also acknowledge that barriers like time constraints and implementation challenges make it difficult to support engagement at higher levels. Region 7 providers need support building the foundation for truly robust community engagement and integration of community voice.

Findings From Youth Voices

In order to understand the perspectives of YYA with lived experience in the child welfare system, TNOYS conducted a virtual listening session on how well child welfare providers integrate TIC and community voice into their services. To start, TNOYS leveraged our YYA and member networks to recruit nine participants from Region 7 ranging in age from 15 to 23 years old. The YYA who attended represent five unique counties in Region 7 including Burleson (1), Falls (2), Hays (1), Travis (5), and Washington (1), with some having child welfare experience in multiple counties in the region.

Members of TNOYS' YALC were heavily involved in preparing for and conducting the listening session with YYA. The YALC participated in a series of trainings on research methods, including the process to develop a listening session from establishing the research questions to analyzing and presenting the findings. The YALC assisted in developing the YYA listening session questions and ensured that both the questions and the overall process were youth friendly and avoided retraumatization. During the listening session with YYA from Region 7, the YALC engaged in various roles to facilitate, take notes, keep time, and co-moderate.

During the listening session, YYA participants responded to a series of questions related to their experiences with child welfare providers implementing TIC and integrating community voice. Given that not all youth are familiar with the terms "trauma-informed care" or "community voice", questions referred to the concepts and principles of TIC rather than the specific terms. TNOYS invited participants to return about four weeks later for a member check, a process in which data are returned to participants to review for accuracy and check that the findings adequately reflect their experiences.[31] Six of the original nine participants returned for this session, during which we reported the major findings from the listening session and asked for clarification or new insight that could be added to the findings.

A number of themes emerged across YYAs' experiences with, and perspectives on, the degrees to which child welfare providers integrate trauma informed care and community voice into their services.

- Youth in the child welfare system feel physically safe, but extreme restrictions and perceived lack of genuine concern for YYA create barriers to normalcy and psychological safety.
- Common practices and procedures lack efficiency and fail to consider young people's unique needs; more can be done to promote strengths-based and trauma-informed approaches.
- Providers can do more to provide meaningful support and help youth in care access resources.
- Youth often do not trust or quickly lose trust in providers, especially when it is perceived to be unearned; Youth recognize that it is often easier to build trust with providers who can relate to young peoples' experiences or identities.
- Youth feel a lack of control over the decisions that impact their lives and desire meaningful opportunities to use their voices.

Overemphasis on Physical Safety Leads to Lack of Normalcy

> "Sometimes I feel like the systems specifically take it too far in terms of what they think is safe."
>
> [H., Female, 19]

There was a strong consensus among the youth listening session participants that while they tend to feel physically safe in the child welfare system, many rules intended to keep them safe can become too extreme and actually increase their discomfort. Creating a physically and psychologically safe environment is a major principle of a trauma-informed approach. Responses from youth help us see how specific practices and connections within the system can help or hurt their sense of safety. For example, several participants emphasized how physical accommodations, like separating gender hallways and having their own rooms, do a lot to make them feel safe, especially for female participants. Psychologically, YYA who interact with staff that demonstrate a genuine care for the youth report an increased sense of safety and improved experience overall. The YYAs understand that a sense of connection to providers goes a long way in making them feel safe, though unfortunately, few participants reported regularly experiencing this sense of connection.

On the other hand, almost all YYA spoke about extreme safety measures and restrictions that ultimately make their experiences worse. Normal experiences like having Halloween candy, accessing snacks in the refrigerator, or going to a sleepover are guarded, with one participant citing, "Sometimes [...] you have to talk to this person and that person and this person in order for you to get permission to do something. And that's not really normal" [M., Female, 15]. Even after going through the appropriate processes and asking for permission, many times youth noted that their requests are still denied on the premise of ensuring safety. Young people who do not have or are denied regular access to normal activities and experiences lack opportunities to make age- and developmentally-appropriate choices for themselves. In the TIC framework, these young people are seeking empowerment and for their individual strengths and capabilities to be recognized and validated. Their responses also pose an opportunity for child welfare providers to increase the integration of community voice through listening to YYA requests and allowing them to participate in the activities and experiences that are important to them.

Some Common Practices and Procedures Are Perceived as Inefficient, Inconsiderate, or Punitive Rather than Strengths-Based or Trauma-Informed

> "Why should I be punished just because I need help?
>
> [T., Male, 18]

We found that many participants have strong feelings about the structure created in the child welfare system. YYA spoke to specific ways in which they feel exhausted, punished, and frustrated by the practices and procedures in place. For instance, several people were very sensitive to the number of times they repeat the same processes with providers, such as the intake process when they often have to repeat their stories to multiple staff across multiple organizations. The repetition is perceived as unnecessary, inconsiderate, and like people are not paying attention. In the words of one participant, "A lot of the time, usually when they come, they end up asking the same questions over and over and over again, and [...] that gets annoying." [M., Female, 15]. In this over repetition is the very real risk of retraumatization that, by definition, a trauma-informed system or organization makes special effort to avoid. YYA clearly indicate that more can be done within organizational processes and procedures to significantly reduce this risk and prevent creating strong negative associations or trauma responses to the very organizations that are meant to help them.

Additionally, many participants agree that a common practice when YYA enter child welfare programs is to revoke privileges that must then be earned back, thereby suggesting that the YYA did something wrong by needing child welfare services in the first place. This practice creates an environment that feels punitive, with one participant saying, "Why should I be punished just because I need help?" [T., Male, 18]. Similar practices and procedures create expectations that participants feel are too generalized for the diversity of strengths, identities, and needs of YYA receiving services, making it difficult for all the YYA in a program to meet those expectations. As a result, if one YYA in a program does not meet an expectation that fails to account for individualized needs and abilities, then everyone in the program experiences the same consequences. These overgeneralized practices and expectations contribute to participants feeling that providers do not care about them as individuals or recognize their unique needs and strengths. Once again, YYA experiences highlight the absence of a core TIC principle: empowerment. TIC principles recognize that providers can build clients' strengths and create positive connections in order to increase resilience, especially with people who have experienced trauma. Youth experiences emphasize the need for more strength-based approaches that identify and cater to their individual needs and appropriately match the pace of their progress.

Need for Meaningful Support to Access Resources

> "I feel like recently or in the past 5 or 6 years, [having truly supportive providers] is more common because a lot more people are speaking out about how the system is and how services have been."
>
> [E., Female, 17]

YYA participants indicate that providers who go above and beyond to ensure youth get the services they need are rare in the child welfare system, but they are becoming more common. Instead, YYAs report that more useful help sometimes exists outside of the system. Several people reported that they received meaningful support from school staff like teachers, counselors, or coaches while in care, but that it was less convenient to have these supports outside the system as these adults could not always provide youth with resources related to their specific case or child welfare experience. Among the positive experiences youth report they did have with child welfare providers, YYA identified specific ways that providers are genuinely useful, like communicating relevant resources in a timely manner and helping YYA navigate complicated processes. Unfortunately, most participants feel that providers do not communicate very well, and that YYA miss out on opportunities because they don't know about specific supports or resources available to them. In one instance, a youth could not access the full Preparation for Adult Living (PAL) program, a program required for youth 16-18 years old to ensure that they are prepared for their inevitable departure from DFPS.[32] As the youth put it, "I never really got the full PAL experience because I was told about it like six months before I graduated. Because of this, I missed out on some opportunities" [R., Female, 23]. Other youth felt they were missing out on resources to help them navigate experiences like entering higher education and associated costs, transitioning into independent living, and opportunities for normalcy.

Most participants agree that clear communication of needs and resources between youth and staff is very useful, especially when providers identify a youth's individual needs and help YYA prioritize how to address these needs. Specifically, YYA mentioned mental and behavioral health needs, as well as trauma-specific needs. Research also suggests that professionals are better able to serve youth with specific identities — like BIPOC youth, LGBTQ+ youth, or those of physical or intellectual disabilities — when they are trained to address any underlying biases or stereotypes they might hold. Being sensitive to the needs of specific identities and combatting preconceived notions before and while working with clients highlight the TIC principle of humility and responsiveness. A few participants noted that this kind of needs-responsive support is increasing in the child welfare system, with one participant saying, "I feel like recently or in the past 5 or 6 years, it is more common because a lot more people are speaking out about how the system is and how services have been" [E., Female, 17].

Lack of Trust in Providers and Importance of Providers Who Relate to Youth

> "That's literally why I'm majoring in social work, because I feel like there needs to be more people in this system who understand [being in the child welfare system].
>
> – [H., Female, 19]

Many YYA participants report not having much initial trust in child welfare providers, but they also identify ways that providers break and can build trust over the course of their relationship with a YYA. Past trauma, negative experiences in and around the child welfare system, and a lack of transparency can all contribute to a youth's initial feelings of distrust. Participants explained that they often do not know how the system or providers will help them once they divulge their information, despite being expected to disclose this information. One participant summarized this sentiment by saying, "They expect us to tell them everything about our life and they kind of get mad when you don't. And then they don't do the same the other way around" [M.B., YYA participant, female, 15].

Listening session participants offered several solutions for providers to build greater transparency and trustworthiness. For example YYAs desire clearer explanations of the processes that directly affect them, with one participant specifically citing how they have felt blindsided by new information or decisions made in the courtroom environment that could have been communicated earlier. Building trust with youth who have experienced trauma is a delicate balance and also crucial for their healing. For the YYA participants, trustworthiness means knowing that they can rely on their service providers to address their needs and follow through with what they say they will do. YYA also indicated that trusting relationships are often more quickly formed with providers who have similar experiences or identities to the YYA, highlighting the benefits of the TIC principle of peer support. As one participant put it, "When this lady's sitting there [offering sympathy] and doesn't even know, it doesn't make me connect at all" [H., Female, 19]. Comparatively, YYA recognize that providers with their own lived experiences are better able to understand and relate to their situations. Hiring and properly supporting staff with lived experiences appears to be an effective solution to address multiple challenges detailed in this report.

Limited Opportunities for Youth Voice or Youth-led Decisions

> "I feel like sometimes you have so many people in control of your life and sometimes it feels like they're all fighting against each other and you're caught in the crossfire"
>
> [M., Female, 15]

Finally, youth expressed frustration over the lack of control in their own lives, especially when compared to the control that case workers, judges, providers, and others have over their lives. For youth, having a voice in decisions as small as what music they listen to or which after-school activities they participate in can go a long way toward making youth feel seen and heard. Unbalanced power and disharmony lead to negative consequences for young people, with one participant sharing, "I feel like sometimes you have so many people in control of your life and sometimes it feels like they're all fighting against each other and you're caught in the crossfire" [M., Female, 15]. Youth themselves report that there is a need for providers to share power with youth and collaborate with young people. This is crucial because research demonstrates that YYA who are not afforded age-appropriate agency over their own lives are more likely to feel powerless, hopeless, and fall into depression, thus making it more difficult to successfully enter adulthood.[33]

Alternatively, YYA recognize the value of meaningful collaboration in which young people are true partners in making decisions, planning, and generating ideas. Meaningful collaboration is a core principle of TIC and a research-based approach to strengthening services and improving outcomes for youth. YYA participants noted that when they do have meaningful opportunities to use their voice and influence the system around them (e.g. share their experiences, provide feedback on programs or practices, voice new ideas for consideration), they find the experience both enjoyable and personally healing. YYA also shared that the majority of opportunities to use their voice are generally more available to older youth once they have exited or aged out of the child welfare system, even though participants recognize that, "It would be more helpful [...] to be able to talk about stuff that was happening when [...] I was in the middle of my case" [H., Female, 19], rather than after the fact.

Recommendations

Based on research, provider surveys, and discussions with youth and child welfare providers in Region 7, TNOYS developed the following recommendations for child welfare providers and related organizations to strengthen implementation of trauma-informed care principles and community voice in Region 7's child welfare services and programs.

Provide and maintain regular training focused on TIC implementation and responding to youth with trauma histories, and trauma-related disorders and behaviors.

Promisingly, the data in this report reveal that increased TIC training and the use of trauma-screening tools have significantly improved child welfare organizations' understanding of trauma throughout Region 7. While this understanding of trauma lays the groundwork for successful implementation of TIC, our findings suggest that providers have difficulty reliably translating knowledge into practice. Organizational leadership should seek training and technical assistance on practical implementation of TIC that is tailored to their organization's specific strategies, needs, and strengths. In doing so, organizations should focus on how they can strengthen their TIC approach through changes to their practices, programs, and services while using an organization-wide lens to embed TIC in the very structure of their organization.

Next, organizations should provide additional training for new and existing staff to ensure alignment in their understanding of TIC, as well as regular opportunities for practice-based learning. When providers are able to "speak the same trauma-informed language" and practice skills to improve both the services they provide to youth and families and their work with their peers, then everyone benefits. By empowering staff through practical training, staff learn to better serve their clients and create a trauma-responsive culture that supports both clients and employees, which can ultimately improve staff retention. Collaborations between organizations like Mission Capital and the Karyn Purvis Institute of Child Development continue to provide TBRI training to youth-serving organizations in Central Texas and across the state. TNOYS is also well-equipped to provide evidence-based and researched-informed training with a trauma lens, such as the Youth Thrive™ and Families Thrive™ curriculums, as well as to provide targeted technical assistance to address a individual organization's unique needs, strengths, and circumstances.

Collaborate across entities to maximize knowledge and create efficiencies.

Many providers describe difficulties consistently implementing TIC, especially when faced with barriers like lack of funding, availability of trainers, time constraints, and staff turnover. When information is siloed within departments, organizations, and systems, it limits providers' capacities to share knowledge and best practices that can help them overcome these challenges or reduce hurdles. Providers should prioritize greater collaboration within and between organizations to share information about best practices for implementing TIC, training and funding opportunities, and client trauma histories as appropriate. Fostering collaboration

between organizations also allows for them to share best practices to implement TIC in ways that may be specific to regional factors like demographics, age, and available resources. Providers should seek to strengthen partnership with a diversity of organizations that work with YYA and families involved in child welfare and related systems to maximize their understanding of the client experience and strengthen and streamline processes for receiving care.

One approach to strengthen collaborations is to join a regional or statewide collective. As a member network and capacity-building organization that has been in this work for over 40 years, TNOYS has and continues to facilitate workgroups and regional and statewide collaboratives that allow providers to share ideas and best practices, troubleshoot challenges, reduce duplication, and magnify the overall impact of their cumulative efforts. Regionally, Mission Capital convenes the Travis County Collaborative for Children, an intensive, multi-year, multi-partner initiative aimed at impacting the model of care for foster children. Providers should seek out similar opportunities to plug into the work that is being done in their region and across the state.

Improve data sharing to avoid retraumatization.

In the child welfare system, significant amounts of time and money are dedicated to data collection and reporting on clients' circumstances and needs. As described by the youth we spoke with, YYA often interact with many different agencies and organizations across systems where they are required to recount their experiences over and over, potentially reliving traumatic events from their past. Sequestering data in multiple, disjointed places creates inefficiencies and hinders effective cross-systems collaboration wherein providers are equipped with the information they need to meet the needs of YYA and families. We encourage regional and statewide efforts to improve data sharing between organizations and systems for the benefit of YYA and families served. Although individual providers are not the final decision-makers on such efforts, they can advocate for change through collective action. For example, paying close attention to confidentiality requirements and privacy laws, collaborative bodies such as TCCC may consider developing a standardized informed consent tool for use across the region so that with clients' permission, relevant and useful data can be shared across entities.

On a larger scale, implementing a statewide integrated data system would allow for greater flow of information about cases and outcomes for YYA and their families. Providers can support policy pushes to implement such a system across the state. When providers have access to the most up-to-date and relevant client information between staff, organizations, and systems, they are better able to make efficient use of their time, make effective choices to meet clients' needs, and avoid retraumatization of YYA.

Promote normalcy, strengths-based approaches, individualized care, and youth-centered services.

The youth we heard from in this report were very clear about their desire for normalcy, or the opportunity to participate in age- and developmentally-appropriate activities and experiences that typically make up the daily lives of young people who do not have experience with the child welfare system or other systems.[34] Normal and routine experiences have a major impact on YYAs' social, emotional, and cognitive development. Providers can take active steps to embed normalcy into their programs and the daily lives of the youth that they serve by allowing participation in activities like playing video games, going on school trips, using social media, taking driver's education courses, and going to prom, or by regularly pointing YYAs to resources that help them engage in such activities. Providers can also support policy that paves the way for more normalcy in youths' lives. For example, TNOYS helped pass Senate Bill 2054 during the 2021 Texas Legislative Session, which created a driver's license fund to remove barriers for youth with experiences in the child welfare system or homelessness, allowing them to access driver's education, practice time, vehicles for practice, and license tests.

Providers must remember that normal for one youth may not be normal for another, so promoting normalcy also means that providers work to identify the individual strengths and needs of the youth in their care and then individualize services and support accordingly. TIC models encourage the use of strengths-based approaches that involve reducing the blanket use of punitive or unnecessarily restrictive practices that can make young people feel as though they are being punished for needing support. When providers prioritize normalcy and embed it into their programs and practices, they also strengthen their implementation of TIC. Providers should seek training and technical assistance from organizations like TNOYS to better understand normalcy and its impact on youth and to successfully implement strengths-based approaches that center youth and their needs.

Foster trusting relationships with youth through open communication and transparency.

Thus far, Central Texas child welfare providers' implementation of TIC has primarily focused on Safety and Empowerment, with less focus on implementing other principles such as Trustworthiness,Transparency and Collaboration. At the same time, YYA express a desire for providers to be more honest and transparent with them about the decisions that affect their lives, and trust is broken when YYA feel blindsided by new information or feel their relationship with providers is unreliable. Providers should develop an individualized communication strategy with each YYA as part of their case plan in order to facilitate regular and timely information sharing. These strategies should be co-created with the YYA involved and describe how and when YYA can expect information from the provider, and how and when the YYA can access the provider and seek information and resources to meet their needs. YYA who have trusting, stable relationships with their providers are more likely to seek their help when faced with challenging situations and to achieve positive outcomes. Additionally, when providers encounter barriers to integrating community voice, providers can rely on these relationships and communication styles to support new ideas and client-centered solutions.

Prioritize hiring and supporting individuals with lived experiences.

With some targeted support, child welfare providers in Region 7 are well-positioned to lead the way in hiring and managing staff with lived experiences who can relate to youth clients and bring a different perspective to the field. While the YYA engaged in this study did not recall many instances in which they were supported by providers with similar backgrounds to their own, YYA participants unanimously agree that the presence of consistent peer support or provider staff who share their experiences would have an overwhelmingly positive impact on their lives. Research reinforces this sentiment, demonstrating that when staff with lived experiences provide support that includes positive self-disclosure, role modeling, and empathy paired with conditional regard, clients experience fewer episodes of depression and psychosis, a greater sense of belonging, hope, and control in their lives, and an increase in self-care behaviors and satisfaction with various life domains.[35]

Hiring staff with lived experience may also protect against frequent staff turnover due to the connection they have to the work and the YYA being served. Region 7 providers should seek to hire and train staff with lived experiences while also building the infrastructure to support these staff and meet their unique needs in the workforce. In doing so, providers can embed community voice within their organizations' structure and better support YYA overall. For years, TNOYS has modeled hiring, training, and managing staff with lived experiences in the systems in which we work, offering opportunities for youth to engage at a various levels based on their individual needs, strengths, goals, and capacities. We have seen the difference it makes for the youth and organizations that we serve. TNOYS is well positioned to provide guidance and support to organizations taking steps to recognize and act on the value of lived experiences in their staffing models.

Facilitate more regular opportunities for youth engagement and community voice, including opportunities for youth to have control over their own lives.

Though strides have been made to collect, assess, and implement client feedback through methods such as surveys and interviews, integrating community voice remains one of the region's and the field's largest areas for improvement. Providers can assess their current level of youth and community engagement through tools like the Hart's Ladder of Youth Engagement and determine their next steps to move up the ladder toward greater engagement. Providers can also create developmentally-appropriate opportunities for youth to exercise control over their lives and influence organizational or programmatic decisions. For example, younger youth might be invited to participate in interviews with providers to reflect on their experiences and provide feedback for future services, while older youth might have opportunities to co-create their case plans with a caseworker or be involved in a youth board or council that meaningfully guides organizational decision-making processes.

Organizations that need additional guidance on making these changes should seek out training and technical assistance. TNOYS has a long history of providing training and technical assistance to youth-serving organizations across Texas and is a recognized expert in youth engagement across youth-focused systems, including child welfare. STNOYS is available to provide this support, regardless of an organization's current level of community engagement, from learning about the importance of community voice, to identifying areas for growth, to developing and implementing practices that align with an organization's resources, capacity, and longer-term goals. Centering youth and community voices can have a tremendous positive impact on youth, communities, and provider organizations. No matter where they are on the engagement ladder, providers can and should invest time and resources in opportunities that will build organizational capacity for youth engagement and integration of community voice.

Conclusion

As a whole, child welfare providers in Region 7 have taken many steps to understand and implement best practices in TIC and community voice. Report findings demonstrate increased use of TIC training and trauma-screening over time, which has helped providers strengthen their understanding of trauma and trauma-related behaviors. As a result, many providers in the region are learning to contextualize trauma and adjust practices and programs to respond to clients' needs, instead of their behaviors, and ultimately improve outcomes for YYA in care. Though many providers in Region 7 have implemented some practices to integrate community voice in their work, gaps exist in the region's understanding of community voice and the ways in which child welfare providers can integrate community voice at a higher level.

With nearly 20% of Texas' foster youth served in Central Texas, TIC and community voice are two important strategies to address a great need. These strategies are not only backed by research: both providers and YYAs have spoken on the need for these approaches and demonstrated their efficacy. TNOYS analyzed input from providers, feedback from YYA, and the existing research base to develop strategic recommendations that child welfare providers in Region 7 can implement to strengthen implementation of TIC and community voice.

It is crucial that providers in the region and across the state align their practices with evidence-based approaches such as TIC and community voice to best support the needs of YYA in the child welfare system. Assessing the current state of the region is an important element in determining the next steps providers must take to strengthen their work and improve outcomes for some of Texas' most vulnerable yet resilient youth.

Appendix: Survey Questions

Please select the type of organization that you represent and/or services your organization provides. Please select all that apply.

Substance Use Treatment	General Residential Operation	Legal (attorney or CASA)	Public (County/State) Agency	Behavioral/Mental Health Services
Parent or Family Training/Coaching/ Support Services	Child Placing Agency	Court	Advocacy Agency	Other (please specify)

In which county is your organization headquartered?

Which of the Region 7 counties does your organization serve? Please select all that apply.

All Region 7 Counties	Burnet	Hamilton	Llano	Travis
Bastrop	Caldwell	Hays	Madison	Washington
Bell	Coryell	Hill	McLennan	Williamson
Blaco	Falls	Lampasas	Milam	
Bosque	Fayette	Lee	Mills	
Brazos	Freestone	Leon	Robertson	
Burleson	Grimes	Limestone	San Saba	

Approximately how many people does your organization employ?

0-50	51-100	101-200	201-500	500+

Trauma-Informed Care

How would you describe your organization's knowledge of trauma-informed care as a whole:

I don't know	
Poor	(our organization knows very little about trauma-informed care)
Fair	(our organization has been introduced to trauma-informed care, and potentially a few staff are trained in a trauma-informed model)
Good	(our organization understands trauma-informed care, some staff are trained in a trauma-informed model, and some services, programs, and practices are based on trauma-informed care principles)
Excellent	(our organization understands trauma-informed care, the majority or all staff are trained in a trauma-informed care model, and the majority of services, programs and practices are based on trauma-informed care principles)

In what ways does your organization identify trauma histories of the clients it serves? Please select all that apply.

None	Intake interviews of clients	Screening or assessment tool(s)	Existing reports from other organizations or departments	Other (please specify)

Which trauma screening tool(s) or trauma assessment model(s) does your organization use? Please select all that apply.

None	Clinician Administered PTSD Scale for DSM-5	Child PTSD Symptom Scale for DSM-5	UCLA PTSD Assessment Tools	Adverse Childhood Experiences (ACES)
Child and Adolescent Needs and Strengths (CANS) – Trauma Comprehensive Version	Child and Adolescent Trauma Screen (CATS)	Childhood Attachment and Relational Trauma Screen	Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model	Transactional Model
Other (please specify)				

Please select the type of organization that you represent and/or services your organization provides. Please select all that apply.

None	Families Thrive	Attachment, Regulation, and Competency (ARC)	Risking Connection	Other (please specify)
TBRI	Youth Thrive	Sanctuary Model		

Does your organization offer any trauma-specific treatments, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Processing Therapy, or others? **(Yes/No)**

In what ways does your organization employ a trauma-informed approach/model in its services or programs, and/or practices? Please describe below.

In what ways does your organization avoid retraumatization of its staff and clients? Please describe below.

By what means does your organization ensure fidelity to the trauma-informed models it uses (i.e. using the models as they are originally designed and with consistency)? Please describe below.

How satisfied is your organization with how it currently employs a trauma-informed approach/model?

Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Completely satisfied

What are the greatest barriers to integrating or strengthening your organization's integration of community voice? Please select all that apply.

No barriers, or very few	Costs/lack of funding	Time constraints	Lack of buy-in from staff	Lack of implementation support and/or implementation challenges
Lack of organizational knowledge	Lack of training opportunities	Staff shortages and/or staff turnover	State/federal regulations	Other (please specify)

Does your organization have plans to implement or strengthen implementation of a trauma-informed approach or model? **(Yes/No)**

Briefly describe your organization's plans to implement or strengthen implementation of a trauma-informed approach or model.

From which organizations, agencies, or individuals did/does your organization receive trauma-informed training within the past 5 years? List all that apply.

How does your organization prefer to receive training? Please select all that apply.

No preference	Conferences	Bringing in a trainer	In-house trainer	Other (please specify)
Webinars	In-Person Single Training Events			

How satisfied are you with the ***availability*** of trauma-informed trainers in your region?

Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Completely satisfied
My organization has not sought out training				

How satisfied are you with the ***quality*** of trauma-informed trainers in your region?

Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Completely satisfied
My organization has not sought out training				

How satisfied are you with the ***associated costs*** of trauma-informed trainers in your region?

Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Completely satisfied
My organization has not sought out training				

How often does your organization provide opportunities for staff training and/or retraining in trauma-informed models? Please select all that apply.

My organization does not provide opportunities for staff training or retraining	For new staff	Multiple times a year	Very satisfied	As opportunities arise (e.g. conferences, webinars, etc.)

Approximately, when was the last time staff of any position were trained in a trauma-informed model(s)?

In the last month	In the last 3 months	In the last 6 months	In the last year	In the last 3 years
In the last 5 years	More than 5 years ago			

Any additional thoughts or comments?

Community Voice

How would you describe your organization's understanding of integrating community voice in its work?

I don't know	
Poor	(our organization knows very little about community voice)
Fair	(our organization has been introduced to the idea of community voice and its implications, and has begun identifying opportunities to integrate it in our work)
Good	(our organization understands community voice, may have engaged in continuing education opportunities around the subject, and has integrated community voice in some organizational planning, programs, and/or policies)
Excellent	(our organization understands community voice, views integrating community voice as an essential part of its work, and has integrated community voice in several of its planning processes, programs, and policies)

What types of opportunities currently exist for community voices to influence your organization's programs or services, practices or policies? Please select all that apply.

Community members, clients, or others with lived experiences:

have little to no involvement outside of receiving services.	have minimal opportunities to provide input and are not fully aware of the impact of their input.	are called upon as necessary to provide input. They are informed about the impact of their input.	have some decision making power with existing plans, programs, and/or practices within the organization.	collaborate as equals to plan and execute organizational programs or complete specific tasks.
lead certain activities or programs with support from the organization.	have an ongoing central role in the organization's structure and regularly share in decision making around planning, programs, and policies.			

Does your organization have opportunities for its clients and/or those with lived experiences to inform or provide feedback on its programs or services, practices, or policies? **(Yes/No)**

What mechanisms does your organization use for its clients and/or those with lived experiences to inform or provide feedback on its programs or services, practices, or policies ? Please select all that apply.

Surveys/evaluation forms	Listening sessions/ focus groups	Interviews	Advisory group or council	Other (please specify)

How often does your organization seek feedback from clients and/or those with lived experiences? Please select all that apply.

Annually	Quarterly	At the beginning of service provision	Regularly while providing services	At the end of service provision
Other (please specify)				

How is feedback utilized? Please describe below.

Does your organization employ those with lived experience within any of the following roles? Please select all that apply.

None	Junior staff	Executive staff	Board of directors	Other (please specify)
Consultants	Senior staff	Advisory board or council		

How well do the community voices that your organization integrates represent the racial composition of the population that you serve?

Not at all representative	Slightly representative	Moderately representative	Mostly representative	Highly representative

How well do the community voices that your organization integrates represent the gender composition of the population that you serve?

Not at all representative	Slightly representative	Moderately representative	Mostly representative	Highly representative
I'm not sure				

How satisfied is your organization with how it currently integrates community voice within its programs or services, practices and/or policies?

Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Completely satisfied

What are the greatest barriers to integrating or strengthening your organization's integration of community voice? Please select all that apply.

No barriers, or very few	Costs/lack of funding	Time constraints	Lack of buy-in from staff	Lack of implementation support and/or implementation challenges
Lack of organizational knowledge	Lack of training opportunities	Staff shortages and/or staff turnover	State/federal regulations	Other (please specify)

Does your organization have plans to integrate or strengthen integration of community voice within its programs or services, practices, and/or policies? **(Yes/No)**

Briefly describe your organization's plans to integrate or strengthen integration of a trauma-informed approach or model.

Would you like to provide any additional thoughts or comments?

Cross Systems Work

Does your organization ***accept referrals or placements*** from any of the following system or provider types? Please select all that apply.

Juvenile or Criminal Justice System	Housing or Homelessness Services providers	Commercial Sexual Exploitation of Youth (CSEY) advocacy organizations, or specialized services for youth who have experienced or are at risk of experiencing CSEY	Health/Behavioral Health (e.g. LMHA, substance use providers, etc.)	Other community providers (please specify)
Foster Care	Prevention and Early Intervention	Schools		

Does your organization ***ever refer youth to other systems, types of providers, services or placements,*** either as a step-down step-up or for more appropriate or additional services? Please select all that apply.

My organization does not refer youth to other systems, types or providers, services or placements	Commercial Sexual Exploitation of Youth (CSEY) advocacy organizations or specialized services for youth who have experienced or are at risk of experiencing CSEY	Housing or Homelessness Services providers	Health/Behavioral HealthHealth/ Behavioral Health (e.g. LMHA, substance use providers, etc.)	Other community providers (please specify)
Juvenile or Criminal Justice System	Prevention and Early Intervention	CPS	Schools or Workforce Programs	

Does your organization ***provide any specific services or programs*** as they relate to any of the following? Please select all that apply.

My organization does not provide any specific services or programs related to those listed below	Justice-involved youth	Youth with IQ below 70	Counseling	Youth with insulin controlled diabetes
Sexual Behavior Treatment	Substance use treatment	Mental health care	Pregnant and Parenting Youth	Other physical health support
Commercial Sexual Exploitation of Youth (CSEY)	Housing or homelessness prevention	Treatment for Violence or Aggression	Youth with sensory issues or on the autism spectrum	Workforce or job training
Psychiatric services				

In which areas could your organization benefit from more and/or higher quality training and/or technical assistance services? Please select all that apply.

Commercial Sexual Exploitation of Youth (CSEY)	Housing and Homelessness	Victim Services	Health/Behavioral Health	Workforce
Justice-involved youth	Education			

Does your organization currently have a procedure for identifying victims of Commercial Sexual Exploitation of Youth (CSEY)? **(Yes/No)**

Please describe the procedures for identifying CSEY survivors.

Please describe what processes your organization has in place once CSEY survivors are identified.

Report confirmed or suspected exploitation to DFPS	Report confirmed or suspected exploitation to local or state law enforcement	Call 911 to report confirmed or suspected exploitation	Call the National Human Trafficking Hotline to connect the youth with services	Contact your local Child Advocacy Center to connect the youth with services
Refer youth to specialized services	Provide intensive services			

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