# Experiences of lay social workers trained in a trauma-informed intervention in the deinstitutionalization of Rwanda

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**Abstract**

**Purpose** – *Rwanda established a deinstitutionalization program to end institutional care and transition to family-based care for children. Part of their program involved training local volunteers in an evidence-based, trauma-informed caregiving model, Trust-Based Relational Intervention (TBRI), to provide education, support and TBRI training to caregivers who reunited or adopted children from institutional care in Rwanda. This study aims to describe the process of disseminating a trauma-informed intervention, TBRI, as part of the national deinstitutionalization program in Rwanda.*

**Design/methodology/approach** – *Semi-structured interviews were conducted with ten lay social workers about Rwanda's care reform and their experience using TBRI. A phenomenological approach was used to qualitatively analyze the interviews.*

**Findings** – *Analysis revealed five themes centered on the usefulness and universality of TBRI, the power of community in meeting the needs of children and youth and the importance of connection in supporting children who have experienced institutional care.*

**Originality/value** – *A global call to end institutional care and shift to family-based care for children has organizations, governments and experts seeking pathways to implement care reform. Although care reform is a complex process, Rwanda created and implemented a deinstitutionalization program focused on spreading the message of care reform and providing sustainable support for caregivers and families.*

**Keywords** *Adoption, Rwanda, Orphanages, Deinstitutionalization, Family-based care, Trust-based relational intervention*

**Paper type** *Research paper*

In recent years, the government of Rwanda, in partnership with a network of local community- and faith-based stakeholders, has led an ambitious care reform and family strengthening program for children and youth living in institutional care. In 2012, Rwanda established *Tubarerere Mu Muryango!* (translated to *Let's Raise Children in Families!*). Grounded in a child's rights framework and Rwandan cultural values that place a strong emphasis on family care, this national program, overseen by the Ministry of Gender and Family Promotion, provided a strategic plan to reunite children living in institutions with their families or find suitable family-based care alternatives (Rwanda National Commission for Children, 2020). Program activities have included establishing national standards for children's care, recruiting and training social workers and psychologists, supporting families of reintegrated children and foster families, raising community awareness of the negative impact of institutionalization and establishing community volunteers to support children and families. By 2017, most of Rwanda's 33 institutions had closed, and 70% of children and youth previously in residential care had been placed with families (2,388 of the 3,323 in care in 2012). Rwanda is on track to close all institutions by the end of 2020 (UNICEF Rwanda *et al.*, 2019).

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## Impact of institutionalization

The harmful effects of institutionalization on the developing child are well-established. A comprehensive meta-analysis and systematic review reveals that institutionalization is associated with delays in cognitive development, brain development, physical growth, attention and socio-emotional development (van IJzendoorn *et al.*, 2020). The last 25 years have brought pivotal and widely regarded studies of children in institutional care, such as the Bucharest Early Intervention Project (Zeanah *et al.*, 2003) and the English and Romanian Adoptees Study (Sonuga-Barke *et al.*, 2017). Such projects revealed the significant, pervasive and persistent effects of institutionalization on development and helped to bring about a global shift in attitudes and beliefs toward caring for vulnerable children (Goldman *et al.*, 2020). This work continues to inform practice and policy, calling attention to the universal needs of children for a consistent, sensitive and responsive caregiver, a stimulating and enriching environment and healthy interactions through which to develop self-regulation and promote executive functioning (Dozier *et al.*, 2012). However, these studies also revealed a vast range in quality of care from the global privation experienced by children in Romanian orphanages exposed after the fall of the Ceaucescu regime (Rutter, 1998) to the quality care experienced by children in British nurseries whose physical and social needs were met, but who still showed the effects of the lack of a consistent caregiver (Tizard and Hodges, 1978). Individual differences and specific contextual factors can play a significant role in the experiences of children in care, even children living in the same facility. Age at institutionalization, duration of institutionalization and staff preference are among the most widely recognized factors influencing outcomes for children in institutions, with longer durations of and earlier exposure to institutionalization predicting poorer outcomes, and status as a "favorite" child seeming to act as a protective factor (van IJzendoorn *et al.*, 2020). Although far from a complete recovery, research suggests that post-institutionalized children seem to undergo a period of rapid "catch-up" after being placed in family care (O'Connor and Rutter, 2000).

Despite the abundance of research on the harmful effects of institutionalization, there is a paucity of published research regarding the experiences of children in Rwandan institutions or African institutions in general. Given the orphan crisis that has proliferated in Sub-Saharan Africa in the past few decades (Lombe and Ochumbo, 2008), this is an unfortunate gap in the literature. In a recent exception, Nsabimana *et al.* (2019) reported that children in Rwandan institutions exhibited more externalizing behavior problems on the Child Behavior Checklist than children living in families. The authors also found a significant main effect of parents' living status (comparing orphaned to non-orphaned children across care environments), such that non-orphaned children exhibited more externalizing behavior problems than orphaned children. Further, the authors found a significant interaction for children's self-esteem by care environment and parent's status, such that only children living in a family and living with their own parents had higher self-esteem than other children. Although, as the authors note, there is almost no research on the effects of orphanhood and institutionalization in Sub-Saharan Africa, this study suggests that, as expected, institutionalization is associated with negative outcomes for children in Rwanda.

## Deinstitutionalization and trauma-informed care

Among children in institutional care, there appears to be a high prevalence of maltreatment prior to institutionalization (Morantz *et al.*, 2013), compounded by substantial risk of maltreatment while institutionalized (Allroggen *et al.*, 2017; Euser *et al.*, 2014). Even institutionalized children who do not experience maltreatment experienced loss or separation from caregivers and may experience multiple placements and/or lack of a consistent caregiver. Thus, children in residential care are at risk for complex developmental trauma, the early-life experience of multiple, long-lasting or chronic traumatic events, often of interpersonal nature, that lead to developmentally adverse

outcomes (van der Kolk and Courtois, 2005). Appropriately caring for and promoting healing in children with complex developmental trauma or who have histories of early adversity requires an approach that uses the three pillars of trauma-informed care: safety, connection and emotion regulation (Bath, 2015). The first step in caring for children who have experienced trauma is to create an environment of safety. For children who have been institutionalized, this involves not only physical safety, including predictability, consistency and appropriate control and power over their circumstance but also emotional safety. Emotional or felt-safety requires connection with caregivers. Fostering connection is important in any trauma-informed intervention, but for children who have been institutionalized, it is especially important. Characteristics of institutional care, including high staff turnover, multiple caregivers, high staff-to-child ratios and regimented care unresponsive to individual needs are incompatible with the universal need for a quality caregiver (Dozier *et al.*, 2012; Zeanah *et al.*, 2003). As noted earlier, institutionalization is associated with a host of negative outcomes, including social-emotional, cognitive and behavioral difficulties. Early-life trauma and lack of synchrony with a specific caregiver can significantly impact the brains of institutionalized children during the critical years of development (De Bellis and Zisk, 2014), leading to stress hormone dysregulation, changes in brain structure and functioning, compromised executive functioning, difficulty regulating emotional and sensory stimulation and compromised language development (McLean, 2016). A trauma-informed approach addresses these challenges by teaching self-regulation skills and supporting children learning new ways to manage emotions (Bath, 2015).

One criticism of the current framework of trauma and trauma-informed care is that this framework too narrowly addresses the individual, family and household, excluding societal factors that can contribute to experiences of adversity (e.g. poverty, hunger and inadequate housing; Edwards *et al.*, 2017) and the sociocultural factors that might foster well-being and/or aid in recovery (Ginwright, 2018). Little is known about institutional care experiences and outcomes for children in Rwanda. However, the substantial adversity impacting Rwandan communities as a whole is well-documented, with the historical and intergenerational trauma and tragedy of the 1994 genocide, the HIV/AIDs pandemic and high rates of poverty continuing to devastate children, families and communities. Thus, trauma-informed care involves not only delivering trauma-specific intervention services for children who have been institutionalized but also encouraging a paradigm shift in service systems to recognize trauma more broadly and respond appropriately with a community-wide culture of care (Harris and Fallot, 2001).

## Trust-based Relational Intervention

TBRI is a holistic, evidence-based model of care for vulnerable children and youth consistent with the pillars of trauma-informed care described above (Bath, 2015). Grounded in attachment theory and developmental trauma, the core objective of TBRI is to help caregivers to *See the Need* and *Meet the Need* of children and youth. TBRI allows both the caregiver and the child to play an active role in the child's healing process by promoting healthy caregiver–child interactions through three interaction and synergistic principles: *connecting, empowering* and *correcting* (Purvis *et al.*, 2013).

The TBRI *connecting* principle addresses relational needs through two sets of strategies: *engagement* and *mindfulness*. *Engagement* strategies build connection nonverbally, through valuing eye contact, healthy touch, behavioral matching, appropriate voice quality and playful engagement. *Mindfulness* strategies equip caregivers to build healthy interactions through increased awareness of self (including their own experiences with caregivers), awareness of others (including recognizing the unmet needs of their child) and awareness of situation. The TBRI empowering principle addresses of *empowering* addresses safety through *physiological* and *ecological* strategies. *Physiological* strategies

include attending to hydration, nutrition and sensory experiences. *Ecological* strategies include practices such as transition planning and rituals to create an environment of safety. TBRI addresses trauma-related behavioral and self-regulation difficulties through the TBRI correcting principle's *proactive* and *responsive* strategies. *Proactive* strategies encourage healthy behavioral development and teach self-regulation skills through playful interactions. *Responsive* strategies address behavioral challenges while maintaining the caregiver–child connection.

## Trust-based Relational Intervention in Rwanda

Early studies of the TBRI model, in which post-institutionalized adopted children attended a TBRI-based day camp, suggested that children show decreases in depression, salivary cortisol levels and behavioral difficulties and increases in attachment representations and attachment behaviors after camp (Purvis and Cross, 2006; Purvis *et al.*, 2007). More recently, studies suggest that children whose parents receive TBRI training show reduced behavioral difficulties and trauma symptoms (Purvis *et al.*, 2015; Razuri *et al.*, 2016). The TBRI model has been applied to a range of contexts, including child welfare systems (Crawley *et al.*, 2020), adoption preservation (Howard *et al.*, 2014), residential treatment (Purvis *et al.*, 2013) and congregate care (Purvis *et al.*, 2012). TBRI has been used around the world, with over 3,500 child-serving professionals from 33 countries trained as TBRI Practitioners. However, the current study is the first to examine TBRI in a country outside of the USA. The TBRI focus on relationship-building and creating an environment of felt-safety is consistent with the stated goals of Rwanda's care reform and family strengthening program (Rwanda National Commission for Children, 2020) and the recommendations put forth by international experts in institutional care (Goldman *et al.*, 2020). In this study, TBRI principles, practices and strategies remained consistent with existing training and curriculum. However, the TBRI implementation process was tailored to be conducive to the context in Rwanda. For example, previous studies of TBRI caregiver trainings have consisted of four-day in-person trainings (Purvis *et al.*, 2015) or web-based training (Razuri *et al.*, 2016), but neither would be feasible in this project. In Rwanda, regular trainings and support groups and individualized home visits were conducted for ongoing support and education for caregivers.

TBRI training and implementation in Rwanda was carried out by the PEACE Plan, a network of Christian churches dedicated to community and global change and a key stakeholder of the Rwandan child-care deinstitutionalization process. As part of the deinstitutionalization process, the local Rwandan PEACE Plan churches were joined by PEACE Plan churches from the USA to spread awareness, place children in families, identify and train local volunteers and provide long-term support to sustain these efforts. Using a train-the-trainer model, an experienced TBRI Practitioner and PEACE Plan representative trained Rwandan local church volunteers, referred to as lay social workers, to apply the TBRI model of care within Rwandan communities and to provide TBRI caregiver training and ongoing support to the families assigned to their caseload.

Lay social workers were given three main tasks to support families using TBRI: conduct support groups, facilitate trainings and perform home visits. Lay social workers held regular support groups for caregivers who were part of the deinstitutionalization program in their area. The support groups included time for caregivers to connect to each other and receive reminders on TBRI strategies. The trainings were educational opportunities for caregivers to practice TBRI specific strategies and tools. The home visits were performed on an "as-needed" basis with a minimum of one monthly home visit. During the home visits, lay social workers would check-in on families on their caseload and help them solve any current issues.

## Current study

The purpose of the current study is to examine the experiences of lay social workers using TBRI in Rwanda during the national deinstitutionalization program. This exploratory, qualitative study draws on semi-structured interviews conducted with ten lay social workers, with questions focusing on social workers' direct experiences with the intervention model and their impressions of caregiving practices and the cultural relevance of the model.

## Method

### *Sampling and study setting*

Participants in the current study were Rwandan local church volunteers providing training and ongoing support to families reintegrating or fostering children and youth transitioning out of institutional care. The volunteers, referred to as lay social workers, were recruited from local churches with which the PEACE Plan had partnered with to bring awareness to the needs of children in institutional care and the effects of institutional care on child development. Participating PEACE Plan churches were instrumental to local deinstitutionalization efforts, with some deciding to "adopt" institutions in their area and find homes for every child in institutional care.

Lay social workers were trained in TBRI by an experienced TBRI Practitioner affiliated with the PEACE Plan and with extensive experience and long-standing relationships within the community. After training, the responsibilities of lay social workers included helping to find suitable family-based care for institutionalized children, training caregivers reintegrating or fostering children and hosting support groups to caregivers. Additionally, each lay social worker was assigned a caseload of four to seven families for which they provided more individualized care, including, at minimum, monthly home visits in which the lay social worker offered support, mediation and coaching in the family's home.

For the current study, a research team consisting of university researchers, PEACE Plan representatives and TBRI Practitioners from both the USA and Rwanda completed data collection in a remote, rural, developing area of Rwanda. This area was chosen for the study because Rwanda's deinstitutionalization program with the PEACE Plan and subsequent TBRI training began in this part of the country. Two local PEACE Plan churches were selected in this area for data collection, each of which included approximately 5–10 lay social workers. Of these workers, ten volunteered to participate in the research study.

Detailed participant demographic information is largely unknown, as birth records were not kept in this remote region of a developing country. All participants (70% male, 30% female) were Rwandan natives and spoke Kinyarwanda, the official language of Rwanda. Most participants did not read or write and did not speak English. No participant had formal education in social work or a similar helping profession. Participants in the current study had functioned in the lay social worker role for approximately 7 years (2012–2019) and worked with a consistent caseload of 4–7 families each. Owing to the remote location, lay social workers could travel up to 3 h by foot to meet with families in their homes and facilitate the regular support groups in their churches.

### *Data collection and ethical considerations*

Research team members from the USA traveled to Rwanda in 2018 to meet with local PEACE Plan stakeholders, lay social workers and caregivers and to develop a data collection plan. The research team returned one year later, in 2019, to collect data. One month prior to the research team's 2019 data collection visit, the PEACE Plan director in this area discussed the data collection plan at both participating churches during the regular support group for caregivers. The PEACE Plan director explained that the research team would be conducting recorded interviews with lay social workers who volunteered to

participate. Lay social workers were told that they could choose to participate but their work as lay social workers would not be affected if they declined. Lay social workers who elected to participate in the study received 5,000 Rwandan francs (approximately 5.50 USD) as travel reimbursement. For comparison, this amount of money would cover approximately one week's worth of groceries for a family in this area.

In the following month, during the support groups, the research team facilitated data collection. An English-speaking member of the research team explained the study and consent following the IRB-approved protocol. Another member of the research team who is fluent in both Kinyarwanda and English translated the explanation to the lay social workers. A consent waiver was used for the current study, given the illiteracy of the participants. The bilingual research team member read the consent waiver form and each lay social worker selected whether they agreed to participate or not.

Throughout the research planning process, the research team members in the USA worked with the PEACE Plan. Rwanda research team members to ensure cultural acceptability, comprehension and feasibility of the data collection plan. Prior to data collection, ethical approval was obtained from the university's Institutional Review Board, and international research approval was obtained from the Directorate of Science, Technology, and Research in Rwanda.

### *Interview and translation process*

The lay social workers who agreed to participate in the study completed semi-structured interviews, which included six questions and took approximately 10–15 min. A research team member who is fluent in both English and Kinyarwanda explained the interview recording process. Once the participant had consented to both participation in the research study and the recording of the interview, the researcher conducted the semi-structured interview in Kinyarwanda while another research team member recorded the interview. After the interview, participants were thanked for their time and issued the travel reimbursement.

A list of five questions was created by the research team and the PEACE Plan to use in the semi-structured interviews (Appendix). The purpose of the questions was to gather information on lay social worker's experience with and use of TBRI. Semi-structured interviews were audio-translated by a third research team member uninvolved in the consent and interviewing process who was fluent in both Kinyarwanda and English. An additional research team member transcribed the English-translated interviews.

### *Transcript analysis*

The interviews were analyzed using a phenomenological approach. Phenomenological analysis is a type of qualitative analysis used to understand a specific phenomenon that research participants have experienced. In the current study, the phenomenon was the role of lay social workers and their use of TBRI in this role. The phenomenological approach is used to explore the similarities and differences in participants' experiences within the specific shared phenomenon (Creswell and Poth, 2018).

Three research team members completed the phenomenological qualitative analysis together to follow the coding process known as investigator triangulation (Seale, 2002). This process is used to establish validity in qualitative analysis as three separate coders check each other in the coding process. The three coders independently familiarized themselves with the transcripts of the semi-structured interviews. Because the two primary coders did not speak Kinyarwanda, the language in which the interviews were conducted, and random IDs were assigned to interview transcripts, the coders could not match interviews to participants. The team members read the data initially and then, reading the data a second time, recorded possible emergent themes and codes. The three coders met to discuss

possible themes and codes and worked together to create the codebook. Two coders completed the codebook and the third coder reviewed, revised and approved the codebook. Once the codebook was completed and approved, the three coders initially began the coding process, coding the data line by line based on the codebook. After the three coders independently coded the first two participants' transcripts, they met together to review the coding, resolve any disagreements in coding, and update the codebook. After the first two transcripts, two coders completed the remaining coding independently and met together to resolve any differences. The third coder reviewed the coded transcripts, discussed the results and gave feedback on the coding process.

## Results

Coding of the interview transcripts indicates five primary themes: *ownership of the need, children's need for connection, the value of the family, lay social worker's* role *as mediator* and *the power of community*. An overview of each theme, examples and specific codes associated with each of the five themes are provided below.

The first theme is *ownership of the need*. Participants explained that once lay social workers and caregivers received training in the effects of institutional care and the needs of children, individuals in the community took full ownership of the need and worked to meet the needs of children who were in institutional care in their area. This theme broke down into two codes: *families choose to adopt* and *lay social workers choose to support*. Participants described the way families in the community took ownership of the need by deciding to adopt children. Decisions were largely faith-based, with participants describing how families recognized that as they were adopted into God's family, they should adopt these children into their own families. One participant said, "And when we were being taught TBRI we were also being taught of the love of Jesus and how we are meant to love these children as Jesus has loved us and adopted us." Although TBRI is not a faith-based intervention, many caregivers and lay social workers framed the intervention in spiritual beliefs or religious practices. The second code involves lay social workers' ownership of the need by choosing to support the adoptive families. Lay social workers described feelings of empathy and compassion toward children who were in institutional care, and they expressed a desire to support families because they believe they are called as Christians to support one another. One participant stated, "So the first reason that I wanted to become a social worker/family care person to enter this work, the reason that I wanted to enter this work firstly because I am a Christian and felt that God asks us to love each other and to care for each other, and he promises the Kingdom for those who serve Him." A repeated refrain was that as Rwandans gained awareness of the needs of children who were in institutional care, they quickly and effectively worked to meet those needs.

The second theme is *children's need for connection*. Participants explained that they believe children need connection and healthy relationships to experience healing from early-life trauma in institutional care. Two codes emerged in this theme: *the need for voice* and *the need for time*. In regard to the need for voice, participants described the importance of giving children voice to express their feelings and to communicate these feelings with their caregivers. Participants also expressed the need for caregivers to communicate with their children. The participants expressed an understanding of the importance of connection in order to give voice, which allows children to express their needs and get their needs met. One participant stated, "[…] once you have connecting with the child and you are able to connect with them as your child, then they also start to open up to you and connect to you. And then you are able to empower them to be able to express their needs[…]" Participants also describe the need for time. The participants recognize the value of attention and time for children in healthy relationships and the power of spending time together in a family. One participant explained how they believe time with a child helps bring understanding for the parent: "And when [the parents] are complaining

about a certain behavior of the child, I feel that it is because they are not being given enough time and attention and when I tell them that, I tell them spend more time with your child." This theme highlights the participants' awareness of the importance of healthy, secure relationships in healing early-life trauma and the way in which they encouraged families to create these relationships.

The third theme is *the value of family*. Participants described a belief in the power of family in improving the lives of children. This theme includes two codes: *the value of belonging* and *future success*. The first code, the value of belonging, involves participants' recognition of the positive impact of a child's sense of belonging. Participants explained that once a child is part of a family, the child experiences becoming part of something bigger than themselves where they can find value in who they are as individuals, gain identity, find security in a family and have role models for navigating life. One participant explained, "And so when they were put into families, they were able to become part of these families and this helped them form their identity." The second code, future success, includes the way in which participants believe being part of a family leads to future success in life. Participants believed that being part of a family helps a child learn skills that will help them survive and become successful members of society. Conversely, participants indicated that institutional care does not give children the skills they need to be successful in life. One participant explained their belief that Rwanda wanted to deinstitutionalize to, in part, improve the country's future: "And so the government was looking to the future by trying to prepare these kids with skills that they will learn in a family of how to take care of themselves and how to take care of a home." This theme on the value of family demonstrates the participants' recognition of the power in being part of a family to improve children's lives both in the present and in the future.

The fourth theme is *the lay social worker's* role *as mediator in the family*. This theme focuses on the participants' role in providing support to adoptive families. The theme includes four codes that describe how lay social workers provided support: *connection and rapport building, trauma processing, TBRI coaching* and *improving family relationships and communication.* The first code, connection and rapport building, captures how lay social workers build relationships with each family on their caseload. The participants describe connecting with parents and children individually to build rapport by talking to them and listening to their needs. One participant describes their role as a lay social worker: "My role as a social worker was to listen to the families by listening to the parents and the children and listening to the different angles and problems that they have." The second code, trauma processing, includes the way lay social workers help children who were in institutional care process their past, talk about their emotions and learn about their family of origin. One participant explains the need for children to process their trauma, "And then I can see that they need someone to really talk about what they are feeling inside and what they are holding inside. Because I believe that if they don't say it it's going to be the foundation of other problems that they will not be able to talk to us about for us to help them." The third code, TBRI coaching, describes how lay social workers used TBRI to give advice to parents on how to meet the needs of their children and problem-solve specific situations. The participants explain how they help parents become aware of the needs of children who were in institutional care and give them TBRI strategies to help in difficult situations in their home. One participant described their coaching style: "I talk to the child and I help the parents understand what the child is going through and I give the parents advice. And I talk to them about how they could help the child." The fourth code, improving family relationships and communication, focuses on the way lay social workers work to improve communication and relationships within the family systems on their caseload. The participants describe helping the family members understand each other and facilitating conversations between family members so they can communicate about specific issues. One participant explains their role as mediator by stating, "My role as a social worker is to help the children to feel understood, talk to the parents and the children, be able to hear

both sides, and be able to connect them in the middle with whatever they are feeling or thinking and being able to connect them to reach a mutual understanding and to be patient to each other and to be understanding and loving to each other." This fourth theme on the lay social worker's role as mediator in the family captures the way lay social workers help families connect, communicate and understand each other better.

The final theme, *the power of community*, includes the participants' focus on the power of community in Rwanda's deinstitutionalization process and on the care of children who were in institutional care. This theme includes three codes: *community responsibility, community support and encouragement* and *universality of TBRI in community*. The first code, community responsibility, captures how the entire community takes responsibility for caring for children who were in institutional care. Participants describe sharing the common cause of caring for these children. One participant described the community's belief on their responsibility: "When you adopt, this thing of taking in a child, adoption and what the country is trying to do is something we should all take ownership of." The second code, community support and encouragement, includes the way in which the community supports each other in caring for children who were in institutional care. This includes sharing experiences, attending support groups together, being involved in trainings for caregivers and encouraging each other when times are difficult. One participant describes the desire to be approachable to best support families: "That's why I wanted to be an approachable person and for me to also feel like I can approach others so we can work together and help each other and support each other and be community together." The third code, the universality of TBRI in community, encapsulates the universality of TBRI beyond meeting the needs of children who were in institutional care. Participants describe how using TBRI helped them improve relationships among everyone in the community, not just children who had experienced early-life trauma. Participants explain their belief that TBRI helps in all relationships and helps bring their community together. One participant stated that receiving training in TBRI helped them see it was universal for all relationships: "So that training really showed us that [TBRI] could help us with our everyday lives with children and with all our relationships in general." This theme highlights the way the communities in Rwanda surrounded the families who adopted children from institutional care, supported each other and used TBRI to improve all relationships.

## Discussion

The current study provides valuable insight into the experiences of lay social workers using TBRI in Rwanda. Results from qualitative phenomenological analysis of semi-structured interviews revealed five themes that indicate that lay social workers have a good understanding of the needs of children transitioning out of institutional care, find value in the TBRI model and have embraced their role and the role of the community in the deinstitutionalization process. The results support the idea of family-based care being central to the culture of Rwanda. Rwandan communities took ownership of the need to care for children, families chose to adopt children from institutional care and lay social workers chose to serve as volunteers to support families. Further, the caregivers and lay social workers understood the needs of institutionalized children for more than just family-based care. They recognized children's need for connection within a family – for the child to be heard, seen and a valued member of the family. The communities value family as a place to belong and to gain the skills necessary for the future success of their community. Seeing and understanding the success of TBRI in their families, interview participants expressed the belief that TBRI could benefit all of their relationships. The lay social workers reported TBRI as a useful intervention that impacted not just the families who adopted children but their entire communities.

The results of the analysis also illuminate the way TBRI was disseminated and used in Rwandan communities. The lay social workers supported families by facilitating trainings,

conducting regular support groups and visiting families in their home as needed. The lay social worker served as a mediator between the caregivers and their children. They built rapport with the family, assisted with understanding and processing trauma the adopted child may have endured, taught TBRI skills and tools to help the caregivers meet the needs of their adopted child and improved family relationships through teaching communication skills. Thus, this early evidence suggests that as part of the deinstitutionalization program, PEACE Plan local churches created an effective plan for implementing and disseminating TBRI that was culturally relevant and specific to the needs of the community.

The need for connection and relationships is universal. Based on the experiences of lay social workers, it appears that the use of TBRI principles and strategies in Rwanda remained relatively consistent to the way TBRI has been used in the USA. However, the current study reinforces the need to design implementation strategies that are flexible and responsive enough to meet the needs of communities across the globe. For stakeholders seeking to use existing intervention models in different sociocultural contexts, building relationships with and giving voice to engaged community members who will champion the model is essential to gaining community-wide support while ensuring that specific practices and strategies are culturally relevant and appropriate.

## Implications for policy and practice

As noted above, a criticism of the existing framework from trauma-informed care is that it focuses on individual trauma but does not account for social, historical and/or cultural factors that can contribute to an individual's experience of potentially traumatic events or circumstances, nor how these factors are involved in recovery. As such, fostering flexible and responsive intervention strategies not only requires adaptations to service delivery and other logistics but also openness to a broader conceptualization of trauma and a willingness to incorporate and learn from community practices, cultural rituals and historical wisdom that can promote healing (Ginwright, 2018). The interview themes revealed in the current study stress the importance of the embeddedness of children within families, communities and cultures. Interviewees describe the choices communities made to take *ownership of the needs* (theme one) of institutionalized children, which was likely essential in building community engagement with the deinstitutionalization process. An emphasis on children's *need for connection* and the *value of the family* (themes two and three) suggest that the interviewees recognize the importance of belonging and grounding the intervention strategies within family life. The fourth theme, *lay social worker's* role *as mediator in the family*, speaks more specifically to the distinct role of social workers in providing training and support, but social workers, too, are members of the community, not outsiders delivering services. The final theme, *power of community*, speaks most directly to this point and also serves as a reminder that intervention practices that do not incorporate that caregiving systems in which children and youth are embedded are not likely to achieve long-term impact. Moving forward, incorporating a broader, culturally informed concept of trauma and embracing the sociocultural factors through which healing is experienced will be valuable to TBRI implementation projects and trauma-informed care studies in general.

Around the globe, calls for an end to institutionalization and demands for family-based care for every child have reached a fever pitch. Leading experts in child development, international aid organizations, faith-based organizations and governments around the world are seeking pathways to reform, closing institutions while being mindful of the need to provide sustainable support to children and youth, caregivers and communities. A 2015 analysis of care reform identified Rwanda as a country showing "promising policies and practices" among nations undergoing care reform and family strengthening initiatives (Better Care Network & UNICEF, 2015). While there are many challenges to this complex process, much can be learned from Rwanda's process. In particular, the current study provides information about the experiences of lay social workers who are instrumental in

spreading the message of care reform, supporting caregivers and families and building capacity to sustain these initiatives at the community level.

Social work is only beginning to emerge as a profession in Rwanda, with few university-level social work programs and no professional associations in the country (Spitzer, 2019). Despite the absence of a professional social welfare workforce, the impact of volunteers in meeting capacity and providing human resources cannot be overstated. Community-based volunteers ensure that training and support programs proposed at a national or international level are tailored to fit the sociocultural context specific to a nation and a community. In their role as caregiver trainers, community awareness builders, and ongoing family supporters, lay social workers could help deinstitutionalization programs avoid the pitfalls of a top-only approach, in which national policies are announced without stakeholder engagement or consideration of implementation practicalities. In their role as mediators and connections to PEACE Plan local churches, lay social workers may also aid in avoiding the pitfalls of a bottom-only approach, in which individual institutions are transformed in isolation from national policy and with a failure to address the wider factors of care reform (Goldman *et al.*, 2020).

## Limitations and future research

Although the results of the current study provided insight into use of TBRI in an international context, there were some limitations. First, participants in the study volunteered for the interviews, which may indicate that the participating lay social workers viewed TBRI more positively than lay social workers who did not volunteer to participate. Further, the study included a small sample size of lay social workers from two locations in one remote area of Rwanda. Interviewing more lay social workers in different areas would aid in gaining further understanding of the usefulness of TBRI in Rwanda. Finally, the current study relied on semi-structured interviews. The study would be strengthened by collecting more than one type of data. The results of this study should not be generalized to other cultures or locations, as the experience of disseminating and implementing TBRI is unique to the specific cultural context of this study.

Just as essential as capturing the experiences of lay social workers is capturing the experiences of caregivers and families trained and supported by those lay social workers. A manuscript examining caregivers' use of TBRI in Rwanda is currently under review (Hunsley *et al.*, 2021) and, together with the current paper, will provide a more comprehensive picture of the TBRI implementation process for all involved. The purpose of the current line of research is to gain an understanding of how TBRI is used and how it can be made more culturally relevant so that the model continues to meet the needs of an increasingly global community. As such, qualitative studies such as the current study are critical for ensuring that the intervention is appropriate, feasible and acceptable. However, the ultimate purpose of intervention research is to determine if the intervention is effective at improving caregiving practices and children's emotions and behaviors. The next step is to study the effectiveness of the intervention to determine if TBRI improves outcomes for children, youth and families in Rwanda and, ultimately, how to support dissemination on a larger scale.

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## Appendix. Semi-structured interview questions

*Training*

- Which of the three principles of TBRI is the most difficult for caregivers to understand and use? Which is easiest?
- Describe your involvement with families after training.

*Culture*

- What led you to decide to become a lay social worker?
- What would you say is Rwanda's view of adoption? Has it changed?
- What would you say is Rwanda's view of parenting? Has it changed?
- Do you have any stories to share with us about using TBRI?


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Dr Jana Hunsley is an Associate Research Scientist at Texas Christian University's Karyn Purvis Institute of Child Development and holds a PhD in experimental psychology. Her work focuses on the research and creation of trauma-informed interventions for children, youth and families. Jana is also a Licensed Clinical Social Worker (LCSW), holds a Master of Science in experimental psychology, a Master of Arts in social service administration and a Bachelor of Science in psychology. Jana Hunsley is the corresponding author and can be contacted at: j.hunsley@tcu.edu

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Dr Elizabeth Styffe is an Associate Professor in Nursing, international educator and child-policy consultant, specializing in trauma-informed care. Dr Styffe has lectured in 18 countries, working for 14 years as Director of the Rwanda Healthcare and Orphan Care Initiatives. Collaborating with the Rwandan church and government, over 6,000 lay health-care and lay social workers were trained. Dr Styffe served two terms in the US President's Advisory Council on HIV/AIDS, and assisted in US Action Plan for Children in Adversity (USAID). Styffe holds a doctorate in nursing practice, a Master's of Nursing from UCLA, a Masters in Ministry Leadership, is a public health nurse, a Registered Nurse and TBRI Practitioner and Educator.

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