ff

# Integration of trauma-informed practice for the Namibian child welfare system: A rapid review

**E Kole**

**orcid.org/ 0000-0002-9631-8552**

Mini-dissertation accepted in partial fulfilment of the requirements for the degree Masters Social work in Child protection at the North-West University

Supervisor: Mrs T Sayed

Graduation: June 2021

## Foreword

Children in contact with the child welfare system (CWS) are at risk of experiencing trauma. Unresolved childhood trauma may add to public health concerns that may affect the well-being of children and later, adulthood. More importantly, traumatic experiences in children pose serious risks for their behavioural health, chronic health or may cause developmental disabilities. If CWS strives toward the principle of the best interest of the child, consideration should be given towards integrating trauma-informed practice (TIP).

In order to achieve this, the article seeks to provide information to detail elements for a framework informing TIP in the Namibian CWS. The findings will serve as a resource document and contribute towards the integration and operationalisation of TIP.

This dissertation is compiled in partial fulfilment of the requirements for the Master's in Social Work in Child Protection at the North-West University (NWU).

The article format is informed by the guidelines provided by the NWU Manual for Master's and Doctoral Studies as well as in accordance with the author guidelines of the Children and Youth Services Review Journal.

Approval by the Health Research Ethics Committee (HREC) was provided on 02 April 2020, in order to carry out the study under the title: *Integration of Trauma-Informed Practice for the Namibian Child Welfare System: A rapid review.*

Overall, the reviewer hopes that this article acts as a catalyst for the consideration and integration of the TIP approach in Namibia and the rest of Africa.

## Acknowledgements

**God Almighty, *Thank You.*** Indeed, my prayers did not go unanswered. You have carried me these years and have given me the strength to persevere and to complete this quest. I am humbled by Your grace.

To Mr. V. Uanivi and Mrs Lemmina Uanivi; your support, love and assistance contributed greatly to me completing this Master's Degree. I love you and appreciate you. May God bless you and may we be a part of each other's lives forever.

To my children, Punaje and Hailey Uanivi; may I inspire you to always go for your dreams and goals. I love you endlessly. Thank you for being understanding and supportive. Every moment I spend with you reminds me of how lucky I am to be your Mother.

To my parents, Hannie and Kafidi Kole and my brothers, Johan, Llewelyn and Gustav. Thank you for loving and supporting me. I love you and wish to share this achievement with you.

To Mrs Sayed, it is surely no coincidence that you were appointed my study leader. You believed in me and supported me. Thank you for your guidance and encouraging words. I will never forget you!

Lastly, to Dr Hanelie Malan, my classmates and the rest of the lecturers and guest lecturers; thank you for great times and for enriching my academic experience.

# Table of Contents

Foreword ..... ii
Acknowledgements ..... iii
Table of Contents ..... iv
List of Figures ..... vi
List of abbreviations ..... vii
Conceptual definitions ..... viii
Research outline ..... x
Section 1: Background and orientation ..... x
Section 2: Research Manuscript ..... x
Section 3: Discussion, Conclusion, strength of the study, policy brief, critical reflection and future research recommendations ..... x
Author contributions, letter of permission and declaration ..... xii
Section 1: Background to the study ..... xiv
Executive Summary ..... xiv
Background to the study ..... 1
Problem Statement ..... 3
Review question ..... 4
Aim of the study ..... 4
Study design and methodology ..... 4
Step 1: Define a practice question ..... 5
Step 2: Search for research evidence ..... 6
Step 2.1 Determine the database search strategy ..... 6
Step 2.2 Conducting your search ..... 6
Step 2.3 Saving your search ..... 9
Step 2.4 Citation retrieved – assessing for relevance ..... 9
Step 3: Critically appraise the information sources ..... 9
Step 4: Synthesise the evidence – "Putting it all together" ..... 9
Step 5: Identifying applicability and transferability issues for further consideration during the decision-making process ..... 10
Step 6: Presentation of extracted data, writing up, editing and dissemination of findings ..... 10
Ethical considerations ..... 11
Structure of the mini-dissertation ..... 12
References ..... 13
Section 2: Manuscript in article format ..... 21
Overview of Section 2 ..... 21
Abstract ..... 23
1. Introduction ..... 24
2. Method ..... 26

2.1 Search strategy ... 26
2.2 Selection of studies ... 27
2.3 Quality review and data extraction ... 28
2.4 Data analysis and data synthesis ... 28
Results ... 28
3.1 Study characteristics ... 30
Discussion ... 36
4.1 Theme 1: Understanding TIP ... 36
4.2 Theme 2: Workforce and organisational capacity building ... 37
4.3 Theme 3: Workforce and client support ... 38
4.4 Theme 4: Meaningful coordination and partnerships ... 38
Limitations ... 39
Conclusion ... 39
Future research recommendation ... 40
Ethical consideration ... 41
Disclosure statement ... 41
References ... 42
Section 3: Discussion, conclusion, strength of the study, future recommendations, critical reflection and policy brief ... 48
3.1 Discussion ... 48
3.2 Conclusion ... 49
3.3 Strengths of the study ... 50
3.4 Future research recommendations ... 51
3.5 Policy brief ... 51
3.6 Reflection ... 53
Combined Reference List ... 55
Addendum 1 ... 62
Ethics ... 62
Addendum 2 ... 63
Critical appraisal skills program ... 63
Addendum 3 ... 69
NOTARI data extraction tool ... 69
Addendum 4 ... 70
MAStARI data extraction tool ... 70
Addendum 5 ... 71
Turn it in report ... 71
Addendum 6 ... 72
Declaration by language editor ... 72

Table 1: Study characteristics ..... 29
Table 2: Summary of main findings and conclusions ..... 31

## List of Figures

Figure 1: PICO ..... 6
Figure 2: PRISMA flow diagram ..... 8
Figure 3: Search strategy ..... 24
Figure 4: PRISMA flow diagram ..... 29

## List of abbreviations

| | |
|---|---|
| **CPS** | Child Protection Services |
| **CWS** | Child Welfare System |
| **COMPRES** | Community Psychosocial Research |
| **HREC** | Health Research Ethics Committee |
| **MGEPESW** | Ministry of Gender Equality, Poverty Eradication and Social Welfare |
| **NCTSN** | National Child Traumatic Stress Network |
| **NWU** | North-West University |
| **PICO** | Population Intervention Comparison Outcome |
| **PRISMA** | Preferred Reporting Items for Systematic Reviews and Meta-Analyses |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |
| **STS** | Secondary Traumatic Stress |
| **TIP** | Trauma-Informed Practice |
| **UNICEF** | United Nations Children's Fund |

## Conceptual definitions

**Child:** A child is a human below the age of 18 years (Government of the Republic of Namibia, 2015; Organization of African Unity, 1990; United Nations Children's Fund [UNICEF], 1989).

**Child protection:** Overall, child protection means the prevention, protection and response to violence, exploitation and abuse of children (Inter-Parliamentary Union and UNICEF, 2004:5; UNICEF, 2015:1). Child protection can be referred to as "measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children" (Save the Children, 2007:1).2

**Child trauma**: Refers to a child witnessing or experiencing an event that poses a real or perceived threat to the life or well-being of the said child or someone close to the child, such as a parent or sibling (Child Welfare Committee & National Child Traumatic Stress Network, 2013:9).

**Child Traumatic Stress:** Refers to a child's physical and emotional responses to events that threaten the life or physical integrity of the child or of someone critically important to the child (Child Welfare Committee & National Child Traumatic Stress Network, 2013:12).

**Child Welfare System (CWS):** A group of services designed to promote the well-being of children by ensuring safety, achieving permanency and strengthening families to care for their children successfully (Child Welfare Information Gateway, 2013:1).

**Complex trauma:** Complex trauma refers to experiences of multiple traumatic events that occur simultaneously or sequentially, such as child maltreatment; emotional abuse and neglect; sexual abuse; physical abuse and witnessing domestic violence. These instances are chronic and begin in early childhood; often inflicted by parents or others who are supposed to care for and protect the child (Child Welfare Committee & National Child Traumatic Stress Network, 2013:10; Cook et al., 2003:5).

**Trauma:** In a nutshell, trauma can be summarised as the exposure to traumatic events and the response to the exposure (Taylor et al., 2019:326). The Substance Abuse and Mental Health Services Administration (SAMHSA) developed their own concept of trauma by using the three 'e's to describe trauma in terms of a trauma-informed system. Their concept reads:

> *Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.*(SAMHSA, 2014:7).

**Traumatic experience**: Refers to experiencing or witnessing an unexpected event outside of a person's control, such as criminal victimisation, an accident, natural disaster, war or exposure to community or family violence, physical abuse, sexual assault and loss or separation from a caregiver, as well as exposure to other forms of household dysfunction (Connell et al., 2019:1; Levenson, 2017:105). The event influences the child's ability to cope and causes feelings of fear, helplessness or horror, which may be expressed by disorganised or agitated behaviour (Child Welfare Committee & National Child Traumatic Stress Network, 2013:9).

**Trauma-Informed Practice (TIP):** Refers to an approach in which the organisation and staff realise and understand the influence of past traumatic experiences on current problems of clients and adopt practice interventions and organisational policies that respond with sensitivity to these clients (Taylor et al., 2019:328; Katz, & Haldar, 2015:369; Knight, 2014:26)**.**

**Trauma-informed CWS:** Consists of a system in which all parties involved recognise and respond to the impact of traumatic stress on children, caregivers, families and

those who have contact with the system (Taylor et al., 2019:326; Knight, 2014:26; The Chadwick Trauma-Informed Systems Project, 2013:5).

## Research outline

This mini-dissertation is submitted in partial fulfilment of the requirements for the Master of Social Work in Child Protection at the North-West University (NWU), Potchefstroom campus. The sections of this study are presented below.

### Section 1: Background and orientation

Section 1 includes information outlined in the research proposal, which was submitted for approval purposes and focuses on the research aim, the review question, the review approach, study design and process as well as the definition of key concepts as they present in a trauma-informed setting. Ethical considerations are also addressed; the ethical approval letter obtained in order to perform this study is attached in addendum 1.

### Section 2: Research Manuscript

Section 2 consists of the manuscript in an article format for the preferred journal. The article format is in line with the author guidelines of the *Child and Youth Services Review Journal*, for consideration of possible publication. However, due to examination purposes, the length of this article is longer than that of the requirements specified by the Journal. Changes will be accorded to adhere to the submission requirements of the Journal guidelines, after submission for examination to the NWU. Section 2 also covers the findings, conclusions and strengths of the study, identified during the research process.

### Section 3: Discussion, Conclusion, strength of the study, policy brief, critical reflection and future research recommendations

In Section 3, the concluding section of this mini-dissertation consists of a discussion, conclusion, strengths of the study and a policy brief. The study concludes with a critical

reflection on the Master's journey and future research recommendations based on the information observed during the research process.

## Author contributions, letter of permission and declaration

| | |
|---|---|
| Ms E. L. Kole | Ms Kole is a student enrolled in the Master's in Social Work, Child Protection programme. The student was responsible for identifying the research topic, compiling the proposal and acted as the primary reviewer of the rapid review process as well as writing up the mini-dissertation report. |
| Mrs T. Sayed | Mrs Sayed served as the supervisor as well as the second reviewer for the rapid review. Mrs Sayed was also responsible for guiding the student during the process. |

Below is the declaration from the supervisor and student declaring their contribution to the development of this mini-dissertation. The approval serves that this mini-dissertation has been accepted and fulfils the requirement for the degree, Master's in Social Work, Child Protection.

**Declaration by author (student)**

I, Enjouline Laurensia Kole, hereby declare that this mini-dissertation is a product of my original work and I have acknowledged all authors and sources in this mini-dissertation. I also declare that I have not submitted this mini-dissertation to any other university for examination or grading purposes. I have also obtained the necessary ethical approval from the North-West University Health Research Ethics Committee (NWU-HREC) to conduct the study under the title: Integration of TIP for the Namibian CWS: A rapid review

_____

Ms. E. L. Kole

**Declaration by co-author**

I, Tasleem Sayed, hereby declare that this mini-dissertation submitted by the student, Ms E.L. Kole complies with the requirements of the degree, Master's in Social Work, Child Protection. I hereby grant permission for the student to submit this mini-dissertation for examination purposes.

_____

Mrs T. Sayed

## Section 1: Background to the study

## Executive Summary

**Integration of Trauma-Informed Practice for the Namibian Child Welfare System: A rapid review**

The Namibian legal framework contains a broad criterion of children who are considered to require care and protection. These include situations and circumstances where children have been abused, neglected or exposed to other acts of violence or exploitation resulting in traumatic experiences in children. Social Workers in the Child Welfare System (CWS) provide care and protection services to these children.

However, literature shows that Namibia's CWS has not integrated a Trauma-Informed Practice (TIP), which is an approach to respond appropriately to clients who have experienced a traumatic event. A trauma-informed approach is inclusive of trauma-specific interventions. This, in practice, means understanding the relationship between a child's lifetime trauma history, his or her behaviour and responses and identifying the impact of trauma on child and brain development.

This study followed a rapid review approach driven by specific steps to reach the aim of the study. This research study aimed to gather evidence from the literature to inform a framework for the integration of a trauma-informed CWS in Namibia. The findings of the study can provide information to Namibia as a country and guide social work practitioners to integrate TIP in the CWS.

The study resulted in the identification of four themes, namely understanding of TIP, workforce and organisational capacity building, workforce and client support, and meaningful coordination and partnerships. These themes are to be considered when developing a framework to integrate TIP.

## Background to the study

Child welfare agencies have a responsibility to provide services to children and families who have been affected or impacted by childhood traumatic stress (Hendricks & Wilson, 2011). TIP involves the understanding of clients' symptoms, as they are associated with experienced trauma(s) and that clients are not to blame for coping behaviours that may otherwise be considered as problem behaviours (Beyerlein & Bloch, 2014).

In the child welfare context, events such as removal from the home, multiple placements in out-of-home settings, transferring to new schools and separation from existing social support networks all contribute to traumatic experiences in children (Kramer, Sigel, Conners-burrow, Savary & Tempel, 2013). Traumatic events in children may result in a consistent sense of fear, helplessness, sadness, inability to sleep, nightmares, bed-wetting, hypervigilance, difficulty concentrating, racing heart, dizziness and stomach aches, self-injury, suicide ideation and other harmful emotional and psychological reactions (Taylor et al., 2019:26; Levenson, 2017:105; Beyerlein et al., 2014:10; SAMHSA, 2014:8; Chadwick Trauma-Informed Systems Project, 2012:26). Trauma-based interventions are based on an understanding drawn from child development theory, attachment theory, traumatic stress impact as well as factors that promote resilience (Buckley, Lotty & Meldon, 2016:35).

Trauma has shaped the culture of the CWS, in the same way, trauma shapes the world-view of child victims (Chadwick Trauma-Informed Systems Project, 2012). The sooner this is changed, the sooner the system can assist children and in doing so promote child well-being. If a CWS is trauma-informed, it may result in promoting children's well-being and supporting parents, caregivers, communities and staff to respond to the child's emotional or behavioural problems in a way that promotes recovery from trauma and fosters resilience.

Without research evidence, the social welfare workforce is unable to deliver TIP and will not be able to assist children and build their resilience. As the primarily intended benefactor of this study, the Ministry of Gender Equality, Poverty Eradication and Social

Welfare (MGEPESW) CWS workforce is mandated to render child protective services in Namibia. The Child Care Services division, deals with child protection services performed by social workers and the Administration Officers in the Child Care Facilities and Protection division administers child state grants by (Ministry of Gender Equality and Child Welfare, 2018:15). CWS programmes in the MGEPESW are delivered in the following service areas: violence against children, custody and control of children, alternative care placements, gender-based violence-related cases, integration of street children, child justice and child social grants (Ministry of Gender Equality and Child Welfare, 2018:15).

TIP is a strengths-based framework, which is grounded in an understanding of and responsiveness to the impact of trauma. It emphasises physical, psychological and emotional safety for both providers and survivors, creating opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk & Olivet, 2010). Child welfare workers and child caregivers need to be aware of TIP, as they are the important link between identifying and taking children to a mental health practitioner for specialised help. The lack of trauma-informed training can affect the worker's understanding in effectively treating the child's symptoms, especially regarding disruptive behaviour problems and the need for appropriate mental health treatment interventions (Conners-Burrow et al., 2013).

According to Dwivedi and Harper, a mentally healthy child develops psychologically, emotionally, creatively, intellectually and spiritually as cited in Heyns & Roestenburg, (2017). According to Beyerlein and Bloch (2014), there is an increasing interest in integrating trauma-focused interventions into CWSs, as well as coordinating with mental health professionals specialising in trauma-focused interventions.

Studies exploring the integration and implementation of TIP were found regarding literature for children and adolescents in foster care (Greeson, Briggs, Kisiel, Layne & Ake, 2011); for juveniles (Ford & Blaustein, 2013); for children in child and youth care centres

(Heyns & Roestenburg, 2017) and sexually abused children (Quadara et al. 2016). One study pointed out that implementing a TIP approach into a large system is a process; even so, they state that it is achievable (Murphy, Moore, Redd & Malm, 2017). Thus, there is a need to explore the content of different TIP approaches in different service areas, to inform a framework applicable to the context of the Namibian CWS.

## Problem Statement

The MGEPESW has introduced a national case management system which sets out the process of providing protection and support services to children and their families (Catholic Relief Services, 2017:27). A close examination of the *Case Management Operations Manual* found that focus is primarily on the process of identifying, investigating and documenting protection services by social workers. The manual is the only document found guiding social work practice in the MGEPESW CWS. Most children and families involved with the CWS experience emotionally painful life events and TIP addresses the client's trauma (Katz, 2019:51; Chadwick Trauma-Informed Systems Project, 2012:65). Katz (2019:82) states that TIP is necessary and a critical approach to child welfare. The current system and related service areas, however, lacks the component of TIP.

Many children in the CWS have histories of recurrent interpersonal trauma perpetrated by caregivers early in life, which is often referred to as complex trauma (Greeson et al., 2011). Few child welfare agencies fully integrate trauma knowledge into their practices or have trauma-specific interventions available for children who could benefit from them, either internally or through partnerships with mental health providers (Tullberg, Kerker, Muradwij & Saxe, 2017). The reviewer believes that CWS workers are on the frontline and should provide or coordinate the management of trauma-informed services for children's needs to be met. Children in need of protection or care services are more likely to have been exposed to traumatic events. Therefore, this study is motivated by Katz's (2019) view which best explains TIP as not asking clients *'What is wrong with you?'* but instead *'What happened*

*to you?'*. Therefore, child welfare workers should understand the behaviours of children as reactions to trauma. With the implementation of interventions that identify and speak to traumatic stress and exposure earlier, serious developmental and behavioural issues may be reduced (Komada, 2019).

Even though the area of TIP has been widely researched and literature exists that defines, evaluates and discusses the implementation of TIP in a CWS (as well as organisations) (Jankowski, Schifferdecker, Butcher, Foster-Johnson & Barnett, 2019; Katz, 2019; Murphy et al., 2017; Tullberg, Erika; Kerker, Bonnie; Muradwij, Nawal & Saxe, 2017); there is a gap in the literature on TIP within the Namibian child welfare context. The reviewer managed to find one study that deals with TIP in Namibia but it is not within the child welfare area. It is this lack of literature that motivated the reviewer to undertake this study, to provide evidence to the Namibian child welfare workforce to consider integrating TIP in the CWS.

This study reviewed other studies and, through deductive analysis, identified elements for a framework to consider when integrating TIP into CWSs. The findings will be based on the experiences of other organisations that have taken the lead in implementing a trauma-focused practice.

## Review question

What are the elements of a TIP needed for the Namibian CWS?

## Aim of the study

This study aims to explore the elements of TIP for implementation into the Namibian CWS.

## Study design and methodology

Two reviewers were involved in the rapid review process. The review aimed to search for studies, critically appraise them and synthesise the best available evidence regarding the research question (Dobbins, 2017). The reviewers for this rapid review were

Ms Kole and Mrs Sayed. The first reviewer, Ms Kole, conducted the rapid review and wrote up the report. The second reviewer, Mrs Sayed, provided supervision and guidance to ensure the process was followed as outlined in the proposal.

Key steps and processes applicable to a rapid review as outlined and discussed by Boland, Cherry and Dickson (2017) were followed together with the steps on how to conduct a rapid review by Dobbins (2017) in this study process. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram was used to report how many studies were identified for inclusion in this study and outline the process as the review progressed (Boland et al., 2017). The reviewer was guided by the 27 item checklist and used the PRISMA flow diagram to report the number of studies found and how many studies were included or excluded from the review (Moher, Liberati, Tetzlaff & Altman, 2009). The reviewer notes that the PRISMA checklist is not a quality assessment instrument but that it can be used for quality appraisal (Moher et al., 2009).

**Step 1: Define a practice question**

Step one of the rapid review process defines a practice question or issue, which is neutral, clearly articulated, focused and answerable by the review (Dobbins, 2017). The reviewer identified the following review question: *What are the elements of a TIP needed for the Namibian CWS?* The Population Intervention Comparison Outcome (PICO) framework (Dobbins, 2017) was used to refine the study's practice question. This step allows the reviewer to refine and identify the components according to the PICO framework; P is the population, I is the intervention, C is the comparison and O is the outcome (Boland, Cherry & Dickson, 2017).

| | |
|---|---|
| P - Population | Social workforce in the CWS |
| I – Intervention/phenomena of interest | TIP |

| | |
|---|---|
| C – Comparator (if any) | No comparisons were investigated during this review |
| O – Outcome | Elements comprising a framework for a trauma-informed CWS in Namibia identified |

**Figure 1: PICO framework**

## Step 2: Search for research evidence

### *Step 2.1 Determine the database search strategy*

This step in the review process focuses on scoping searches. Scoping searches assist to identify the databases as well as which search terms to use and how many studies are available on the proposed topic (Boland, Cherry & Dickson, 2017).

A librarian in the employ of North-West University (NWU) assisted the reviewer to conduct a preliminary search. The Librarian, Mr Nestus Venter, searched the NWU's electronic database. The Boolean search method consisted of keywords identified by the reviewer. During this step, the research question is the focal point and it determines which search terms to look for, which answered the practice issue (Boland, Cherry & Dickson, 2017).

### *Step 2.2 Conducting your search*

During the planning stages, a preliminary search was done with the help of Mr Venter. The following set of terms were searched in abstracts; "TIP" OR "trauma-informed system+" AND "CWS+" OR "child care system+" and 505 sources were found, of which 368 were academic journals. These results from a preliminary search indicated that there was enough material available to be worked through to identify sources that could answer the research question. The reviewer used the PRISMA flow diagram to display the search strategy and results. Firstly, the searched terms were searched for within the abstract and thereafter the full text of the articles was used to determine which articles to include/exclude from the review. The following databases were mentioned during the preliminary search: Academic Search Premier, PsycINFO, CINAHL with Full text,

SocINDEX with Full Text, ScienceDirect, MEDLINE, MasterFILE Premier and Springer Nature eBooks. The search period included studies between 2010 to 2019, to allow for the inclusion of recently published studies and to provide evidence on the implementation of TIP (which is a relatively new approach). Finally, the reviewer wanted to focus on more recent studies, which increase the chances of information on previous studies of the same topic. Figure 2 below shows the PRISMA flow diagram used by the reviewer.

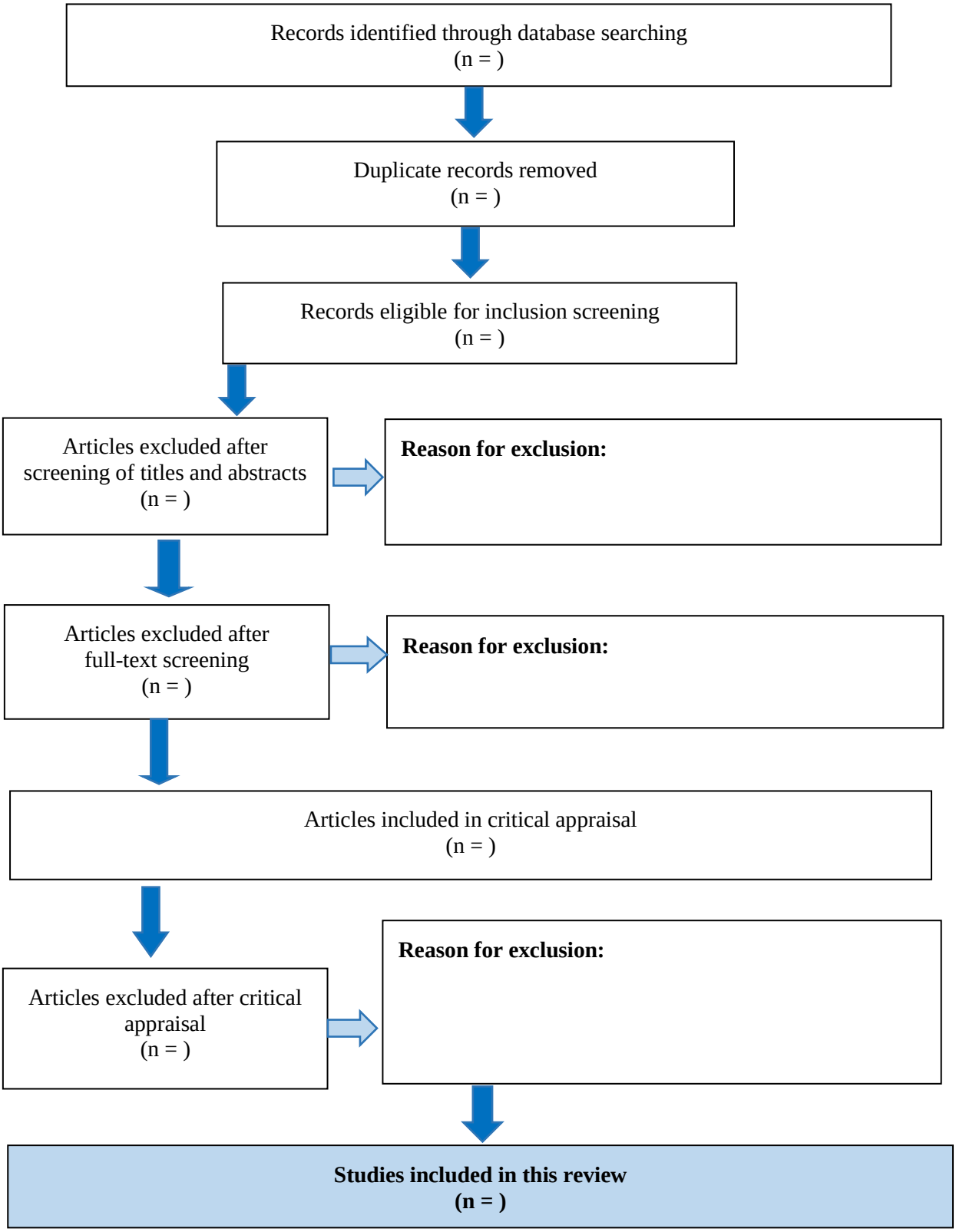


**Figure 2: PRISMA flow diagram**

***Step 2.3 Saving your search***

According to Dobbins (2017), it is important to ensure that each source, combination of terms searched and the results for each source be documented and saved. The exact set of terms used in the final search strategy should be captured (Dobbins, 2017). The reviewer used the following terms (TIP or "trauma-informed system" OR "trauma-informed care") AND (CWS OR "childcare system" OR "child protection system) AND (integration or implementation) during the search for relevant articles.

***Step 2.4 Citation retrieved – assessing for relevance***

It is encouraged to save all citations in a reference management system (Dobbins, 2017). The reviewer used Mendeley as the citation manager. All articles were exported and saved to Mendeley.

**Step 3: Critically appraise the information sources**

During this stage of the review process, the reviewer selected relevant studies to include in the review. Critical appraisal means assessing the quality of each study that will be included in the review and there are different tools to guide the quality assessment for different study types (Boland, Cherry & Dickson, 2017; Dobbins, 2017). In the event where there are inconsistencies or differences regarding the appraisal and data extraction process between the two reviewers, an opportunity will be provided for each reviewer to discuss and come to an agreement. The Critical Appraisal Skills Programme (CASP) (CASP, 2018) tool were used to appraise articles for qualitative and quantitative articles respectively (Addendum 2).

**Step 4: Synthesise the evidence – "Putting it all together"**

This step consists of three components, namely data extraction, data synthesis and drawing implications (Dobbins, 2017). In addition, this step involves extracting information from papers; summarising and clarifying theories and translating evidence into relevant

information for the purpose of the review. According to Dobbins, (2017), extracted data should include details such as the title, author(s), date published, type of publication, number and type of included studies, settings and population studied, interventions implemented, outcomes measured and results, if relevant to the question (Dobbins, 2017). These headings were used to develop data tables during the data extraction and analysis process.

The reviewer used the NOTARI and MAStARI data extraction tools (Joanna Briggs Institution, 2014) (Addendum 4 & 5), as the tools are standardised for rapid and systematic reviews as a baseline to extract data. After extracting data, it was time to synthesise the data. The reviewer, therefore, placed the extracted data in tables.

**Step 5: Identifying applicability and transferability issues for further consideration during the decision-making process**

The reviewer has the responsibility towards readers to ensure that the discussion of findings and conclusions are accurate, evidence-based, appropriate and applicable to the review question (Boland, Cherry & Dickson., 2017).

This step is crucial to determine if the research will be relevant and suitable in the local context, which would increase its chance of success. Adapting research evidence to the local context helps to answer the question, “Can this research be used with our population?” (Dobbins, 2017). The nature of the research is proposed to the Namibian child welfare system.

**Step 6: Presentation of extracted data, writing up, editing and dissemination of findings**

Only the most relevant information was extracted. Data extraction is the process whereby relevant data are extracted from selected papers and stored in one single format – usually a data extraction form or data extraction table (Boland, Cherry & Dickson, 2017). The reviewer was guided by several key steps when extracting and reporting data from the selected studies (Boland, Cherry & Dickson, 2017). These include:

(i) Identify the data that you want to extract;

(ii) Build and pilot your data extraction form or data extraction table(s);

(iii) Extract relevant data;

(iv) Complete the data tables for your thesis and

(v) Report the extracted data in your thesis.

Based on the data compiled in the data extraction tables, the next step is for the reviewer to write up the review article and share the article with the second reviewer. Once the two reviewers agreed on the final draft of the article, the draft article was submitted for professional language editing and formatting. Thereafter, the completed dissertation was submitted for examination. Once the review has been examined, it will be submitted to the *Child and Youth Services Review Journal for possible* publication. The reviewer will also present the findings at the Permanent Task Force for Children in Namibia to all child protection service providers in the public and private sector.

## Ethical considerations

This study is a rapid review and does not include any human participants; hence, no consent was needed, and the risk for the study is significantly low. The validity and reliability of the data were achieved by following the specific steps outlined in this section, to ensure some of the rigorous methodologies of a systematic review applicable to a rapid review applied as described by Boland et al. (2017) and Uman (2011). The trustworthiness is ensured by the combined expertise of the two reviewers. The first reviewer received continuous input and guidance from the second reviewer on how to conduct a rapid review.

In order to ensure further trustworthiness, this proposal was submitted for approval to various committees. Firstly, the proposal was submitted to the Social Work Committee at the NWU for review and approval and thereafter to the scientific committee COMPRES (Community Psychosocial Research). These committees consisted of a small panel of experts that shared their knowledge on the topic, content and the proposed methodology. Thereafter,

the proposal was submitted to the scientific committee of Compress at NWU and finally to the HREC (Health Research Ethics Committee). Approval was received from all committees (Ethics No.: N W U - 0 0 3 3 9 - 2 0 - A 1)

## Structure of the mini-dissertation

This study is written in line with the guidelines provided by the NWU's *Manual for Master's and Doctoral Studies* (NWU, 2016), as well as the author guidelines of the *Children and Youth Services Review Journal* (Elsevier, 2020). The study is divided into three sections, namely: Section 1: Background to the study; Section 2: Research manuscript; Section 3: Discussion, Conclusion and Strengths of the study. This final section includes a critical reflection, policy brief and recommendations for future research.

**References**

Atwool, N. (2019). Challenges of operationalizing trauma-informed practice in child protection services in New Zealand. *Child and Family Social Work*. https://doi.org/http://dx.doi.org.nwulib.nwu.ac.za/10.1111/cfs.12577

Beyerlein, B. A., & Bloch, E. (2014). Need for Trauma-Informed Care Within the Foster Care System: A Policy Issue. *Child Welfare*, *93*(3). Retrieved from https://eds-a-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=4&sid=489742b0-772f-4388-a052-7a965ddf4964%40sessionmgr4008

Beyerlein, B., Gerrity, E. T., Layne, C. M., Pynoos, R. S., Briggs, E. C., Fairbank, J. A., … Steinberg, A. M. (2014). The National Child Traumatic Stress Network Core Data Set: Emerging findings, future directions, and implications for theory, research, practice, and policy. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/a0037798

Boland, A.; Cherry G. M.; & Dickson, R. (2017). *Doing a Systematic Review: A student's guide* (2nd editio). London, New Delhi, Singapore, Washington DC, Melbourne: Sage publishers.

Buckley, A., Lotty, M., & Meldon, S. (2016). *What happened to me ? Responding to the impact of trauma on children in care : trauma informed practice in foster care*. Retrieved from https://www.lenus.ie/bitstream/handle/10147/617885/WhatHappened.pdf?sequence=1

Bunting, L., Montgomery, L., Mooney, S., Macdonald, M., Coulter, S., Hayes, D., & Davidson, G. (2019). Trauma Informed Child Welfare Systems — A Rapid Evidence Review. *International Journal of Environmental Research and Public Health*, *16*.

Catholic Relief Services. (2017). *Child Protection: Case Management Operations Manual*. Retrieved from https://www.medbox.org

Chadwick Trauma-Informed Systems Project. (2012). *Creating Trauma-Informed Child*

*Welfare Systems: A Guide for Administrators*. Retrieved from https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Trauma_Informed_CW_Systems_Guide.pdf

Child Welfare Committee & National Child Traumatic Stress Network. (2013). *Child Welfare Trauma Training Toolkit*. Retrieved from https://www.icmec.org/wp-content/uploads/2017/04/Trauma-Training-Toolkit-NCTSN-2013.pdf

Child Welfare Information Gateway. (2013). *How the Child Welfare System Works*. Retrieved from https://www.childwelfare.gov/pubPDFs/cpswork.pdf

Clarke, V., & Braun, V. (2013). *Teaching thematic analysis : Overcoming challenges and developing strategies for effective learning Associate Professor in Sexuality Studies Department of Psychology Faculty of Health and Life Sciences University of the West of England Coldharbour Lane Br*. *26*, 120–123. Retrieved from https://core.ac.uk/download/pdf/16706434.pdf

Connell, C. M., Lang, J.M., Zorba, B., and Stevens, K. (2019). Enhancing Capacity for Trauma-informed Care in Child Welfare : Impact of a Statewide Systems Change Initiative. *Am J Community Psychol.*, (64), 1–14. https://doi.org/10.1002/ajcp.12375

Conners-Burrow, N. A., Kramer, T. L., Sigel, B. A., Helpenstill, K., Sievers, C., & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, *35*(11), 1830–1835. https://doi.org/10.1016/j.childyouth.2013.08.013

Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. (2003). *Complex Trauma in Children and Adolescents Adolescents. National Child Traumatic Stress Network.* Retrieved from https://www.nctsn.org/sites/default/files/resources//complex_trauma_in_children_and_adolescents.pdf

Dobbins, M. (2017). *Rapid Review Guidebook Steps for conducting a rapid review*. Retrieved from https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf

Elsevier. (2020). *Children and Youth Services Review: Author Information Pack*. Retrieved from https://www.elsevier.com/wps/find/journaldescription.cws_home/556?generatepdf=true

Ezell, J. M. (2019). First , do no harm to self : Perspectives around trauma-informed practice and secondary traumatic stress among rural child protective services workers. *Journal of Child Custody*, *16*(4), 387–407. https://doi.org/10.1080/15379418.2019.1687061

Food and Agriculture Organization of the United Nations. (2011). *Food Security Communications Toolkit*. Retrieved from http://www.fao.org/3/i2195e/i2195e.pdf

Ford, J. D., & Blaustein, M. E. (2013). Systemic Self-Regulation: A Framework for Trauma-Informed Services in Residential Juvenile Justice Programs. *Journal of Family Violence*. https://doi.org/10.1007/s10896-013-9538-5

Goldman Fraser, J., Griffin, J. L., Barto. B. L., Lo, C., Wenz-Gross, M., & Spinazzola, J., Bodian, R. A., Nisenbaum, J. & Dym Bartlett, J. (2014). Implementation of a workforce initiative to build trauma-informed child welfare practice and services : Findings from the Massachusetts Child Trauma Project. *Children and Youth Services Review*, *44*, 233–242. https://doi.org/10.1016/j.childyouth.2014.06.016

Government of the Republic of Namibia. *Child Care and Protection Act No.3 of 2015*. , Pub. L. No. 5744, 1 (2015).

Greeson, J. K. P., Briggs, E. C., Kisiel, C. L., Layne, C. M., & Ake, G. S. (2011). *Complex trauma and mental health in children and adolescents placed in foster care: Findings from the National Child Traumatic Stress Network*. Retrieved from

https://pdfs.semanticscholar.org/f0a6/8237b99429f48627753790093403a78049f0.pdf?_ga=2.8706677.1794166794.1553719569-1318250068.1553719569

Hendricks, A., & Wilson, C. (2011). Creating Trauma-Informed Child Welfare Systems Using a Community Assessment Process. *Child Welfare*, *90*(6), 187–205. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=11&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Heyns, Y., & Roestenburg, W. (2017). *The ECO-MACH framework and protocol for managing children with mental health issues in alternative care facilities*. *18*(1), 21–37. Retrieved from https://journals-co-za.nwulib.nwu.ac.za/docserver/fulltext/carsa_v18_n1_a3.pdf?expires=1553811976&id=id&accname=57837&checksum=77B07123EF045C169553DCBEC9E0FBC7

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings~!2009-08-20~!2009-09-28~!2010-03-22~! *The Open Health Services and Policy Journal*, *3*(2), 80–100. https://doi.org/10.2174/1874924001003020080

Inter-Parliamentary Union and UNICEF. (2004). *Child protection: A handbook for parliamentarians A handbook for*. Retrieved from https://www.unicef.org/publications/files/Guide_Enfants_OK.pdf

Jankowski, M. K., Schifferdecker, K. E., Butcher, R. L., Foster-Johnson, L., & Barnett, E. R. (2019). Effectiveness of a Trauma-Informed Care Initiative in a State Child Welfare System: A Randomized Study. *Child Maltreatment*. https://doi.org/10.1177/1077559518796336

Katz, S. & Haldar, D. (2015). The pedagogy of trauma-informed lawyering. *Clinical Law Review*, *22*(2), 359–394. Retrieved from

http://resolver.ebscohost.com.nwulib.nwu.ac.za/openurl?sid=EBSCO%3Aedshol&genre=article&issn=10791159&ISBN=&volume=22&issue=2&date=20150101&spage=359&pages=359-394&title=Clinical+Law+Review&atitle=The+Pedagogy+of+Trauma-Informed+Lawyering&aulast=Katz%2C+Sarah&id=DOI%3A&site=ftf-live

Katz, S. (2019). Trauma-Informed Practice: The Future of Child Welfare, 28 Widener Commw. *L. Rev*, *28*(1), 51–83. Retrieved from https://heinonline.org/HOL/License

Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J., & Moher, D. (2012). Evidence summaries : A rapid review method. *Systematic Reviews*, *1*(10), 20146–24053. https://doi.org/10.1186/2046-4053-1-10.How

Knight, C. (2014). Trauma-Informed Social Work Practice: Practice Considerations and Challenges. *Clinical Social Work Journal*, *43*(1), 25–37. https://doi.org/10.1007/s10615-014-0481-6

Komada, E. (2019). RECOGNIZING THE ROLE OF TRAUMA AND CREATING TRAUMA-INFORMED SYSTEMS IN PENNSYLVANIA JUVENILE COURTS. *Widener Commonwealth Law Review*, *2019*(1), 85–104. Retrieved from https://heinonline-org.nwulib.nwu.ac.za/HOL/Page?handle=hein.journals/wjpl28&id=92&collection=journals&index=

Kramer, T. L., Sigel, B. A., Conners-burrow, N. A., Savary, P. E., & Tempel, A. (2013a). A statewide introduction of trauma-informed care in a child welfare system. *Children and Youth Services Review*, *35*(1), 19–24. https://doi.org/10.1016/j.childyouth.2012.10.014

Levenson, J. (2017). Trauma-informed social work practice. *Social Work (United States)*. https://doi.org/10.1093/sw/swx001

Ministry of Gender Equality and Child Welfare. (2018). *Monitoring and Evaluation Plan Directorate of Child Welfare Services 2018-2020*. Windhoek.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). *Academia and Clinic Annals of Internal Medicine Preferred Reporting items for Systematic Reiews and Meta Analysis*. *151*(4), 264–269.

Murphy, K., Moore, K. A., Redd, Z., & Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative. *Children and Youth Services Review*, *75*, 23–34. https://doi.org/10.1016/j.childyouth.2017.02.008

NWU. (2016). *Manual for Master ' s and Doctoral Studies*. Retrieved from http://library-nwu-ac-za.web.nwu.ac.za.nwulib.nwu.ac.za/sites/library.nwu.ac.za/files/files/documents/manual postgrad.pdf

Organization of African Unity. *AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD*. , (1990).

Pence, D. M. (2011). Trauma-informed forensic child maltreatment investigations. *Child Welfare*, *90*(6), 49–69. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=14&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Quadara, A., Hunter, C., Australian Institute of Family Studies., & Australian Royal Commission into Institutional Responses to Child Sexual Abuse. (2016). *Principles of trauma-informed approaches to child sexual abuse : a discussion paper*. Retrieved from https://apo.org.au/sites/default/files/resource-files/2016/11/apo-nid69750-1169756.pdf

SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from https://store.samhsa.gov/system/files/sma14-4884.pdf

Save the Children. (2007). *Save the Children and Child Protection*. Retrieved from https://resourcecentre.savethechildren.net/node/7586/pdf/sc_child_protection_definition

_20071.pdf

Sprang, G.; Craig, C.; Clark, J. (2011). Secondary Traumatic Stress and Burnout in Child Welfare Workers: A Comparative Analysis of Occupational Distress Across Professional Groups. *Child Welfare*, *90*(6), 149–169. Retrieved from 224845524_Secondary_Traumatic_Stress_and_Burnout_in_Child_Welfare_Workers_A_Comparative_Analysis_of_Occupational_Distress_Across_Professional_Groups

Taylor, S., Battis, C., Carnochan, S., Henry, C., Balk, M., Austin, M. J., Balk, M. (2019). Exploring trauma-informed practice in public child welfare through qualitative data-mining of case records. *Journal of Public Child Welfare*, *13*(3), 325–344. https://doi.org/10.1080/15548732.2018.1500967

The Chadwick Trauma-Informed Systems Project. (2013). *Guidelines to applying a trauma lens to a Child Welfare Practice model*. Retrieved from http://muskie.usm.maine.edu/helpkids/PMNetworkDocs/Trauma-Informed PM 2013 CTISP.pdf

The Joanna Briggs Institute. (2014). *Joanna Briggs Institute Reviewer's Manual, 2014 edition.* Adelaide: The Joanna Briggs Institute

Tricco, A. C., Langlois, E. V, & Straus, S. E. (2017). *Rapid Reviews To Strengthen Health Policy And Systems : A Practical*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/258698/9789241512763-eng.pdf;professionalid=D4B0

Tullberg, E.; Kerker, B.; Muradwij, N., & Saxe, G. (2017). The Atlas Project: Integrating Trauma-Informed Practice into Child Welfare and Mental Health Settings. *Child Welfare*, *95*(6), 107–125. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=16&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Uman, L. S. (2011). Systematic Reviews and Meta-Analyses, (February), 57–59

UNICEF. (1989). *The United Nations Convention on the Rights of the Child* (p. 14). p. 14. Retrieved from https://www.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf

UNICEF. (2015). Child Protection Overview. Retrieved from https://data.unicef.org/topic/child-protection/overview/

## Section 2: Manuscript in article format

### Overview of Section 2

This section serves as the manuscript in article format and is prepared according to the guidelines of the *Children and Youth Services Review Journal,* for possible publication. This section begins with an introduction and method and ends with the discussion and conclusion.

**Note to the examiner: The Children and Youth Services Review Journal does not require specific formatting and word count on the first submission. Once an article has been approved for publication it is prepared according to specific requirements.*

# Integration of trauma-informed practice for the Namibian child welfare system: A rapid review

***Enjouline Laurensia Kole.** P.O. Box 30544, Pionierspark, Windhoek, Namibia. +264 813406191. koleenjouline@gmail.com

**Tasleem Sayed** Community Psychosocial Research (COMPRES) NWU, Potchefstroom Campus, Private Bag X6001, Potchefstroom 2520, South Africa. +27727860474 20062621@nwu.ac.za

**Corresponding author*

**Abstract**

Children entering or involved with the Child Welfare System (CWS) face considerable emotional trauma, from removal from the family home to being placed in alternative care. There is no guarantee that children exposed to these traumatic experiences will be dealt with sensitively by social workers. In order to address this gap, trauma-informed practice (TIP) can be considered to build stronger relationships and decrease the trauma associated with the CWS. The TIP approach addresses the lack of effective systematic coordination between the CWS and the mental health service providers. Some benefits of the TIP are that it improves the well-being of children as well as changing the way social workers respond to children's emotional and behavioural problems.

This research study aimed to gather evidence from the literature to inform a framework for the integration of a trauma-informed CWS in Namibia. The article followed a rapid review approach driven by specific steps. A rapid review can produce robust evidence within a short time frame. Ten articles were considered for data extraction. Four themes emerged from this review, namely understanding of TIP, workforce and organisational capacity building, workforce and client support and meaningful coordination and partnership. These themes present elements that form an integral part of a framework for developing a strategy for the integration of a TIP. The framework can provide significant interventions to deal with children, parents and staff members affected by or dealing with trauma-related experiences. The findings, therefore, support the integration of TIP into the Namibian CWS, as well as other African CWSs.

**Keywords**: Trauma-Informed Practice, Child Welfare System, Integration

## 1. Introduction

Trauma-informed practice (TIP) promises a revolutionary change to the child welfare system (CWS) service outcomes in Namibia. There is a call to apply the TIP approach across child-serving systems, such as child welfare, juvenile justice and education, amongst others (Atwool, 2019:26; Connell et al., 2019:3; Chadwick Trauma-Informed Systems Project, 2012). TIP provides the opportunity to take into consideration a client's traumatic experiences and align practice response approaches; as well as realising and addressing the impact a client's traumatic experiences may have on the service provider (Katz & Haldar, 2015). TIP recognises the impact of family adversity and trauma relating to the CWS and aims to mitigate the impact of such adversity by supporting and enhancing child and family capacity for resilience and recovery.

Primarily, child welfare services focus on the protection and safety of children. However, the persons encountering the CWS are most vulnerable. Research suggests that children experience direct trauma as a result of their involvement with the CWS (Katz, 2019). System contact, such as removal from home, experiencing multiple placements, separation from the primary caregiver, cumulative insult of repeated experiences of separation and loss, transfers to new schools and separation from existing social support networks add to traumatic experiences for children, which may alter their well-being (Bunting et al., 2019; Katz, 2019; Tullberg et al., 2017; Goldman Fraser et al., 2014; Kramer et al., 2013).

In order to decrease traumatic experiences, TIP can be considered within the CWS. A trauma-informed CWS is defined as:

> *One in which all parties involved recognise and respond to the varying impact of traumatic stress on children, caregivers, families and those who have contact with the system. Programs and organisations within the system infuse this knowledge, awareness and skills into their organisational cultures, policies and practices* (Chadwick's Trauma-Informed Systems Project, 2012:11).

Since it is believed that the hallmark of a CWS is built on the principles of child protection and acting in the best interest of the child, the reviewer believes that TIP is a catalyst that can realise this sentiment. The Child Care and Protection Act, Act 3 of 2015, demonstrates the Namibian government's commitment to protecting children's rights, promoting their well-being and strengthening families (Government of the Republic of Namibia, 2015).

In some parts of the world such as the United States of America, TIP approach is implemented to improve service delivery to children and persons exposed to trauma. Literature shows an increase in child service areas, such as the justice system, CWS, education system and others moving towards integrating TIP into their systems (Chadwick Trauma-Informed Systems Project, 2012). This is because the effects of trauma are prevalent and far-reaching among children, especially in the CWS, which impacts casework practice. This trauma and its effects have historically been overlooked or poorly understood in day-to-day child welfare practice (Chadwick Trauma-Informed Systems Project, 2012:11). Currently, there is no information available about TIP in the Namibian CWS. Hence, this study seeks to determine the elements of TIP for integration into the Namibian CWS.

Based on the findings observed, TIP enables access to emotional and psychological health services for children. It expands the focus of child welfare to child well-being. The TIP approach creates an opportunity to strengthen partnerships, collaboration and referrals between child welfare and mental health service providers and the family. It allows for response services to children exposed to traumatic experiences as well as staff members regarding secondary traumatic stress (STS).

In contrast to the benefits of a TIP CWS, challenges including high staff turnover and the importance of existing priorities (such as court hearings) (Tullberg et al., 2017) may influence the integration of TIP into the Namibian CWS. Knowledge about these bottlenecks

can be useful during the planning stage and allow for the development of strategies to prevent or to respond to these challenges when they occur.

## 2. Method

The nature of this study followed the guidelines for rapid reviews by means of planning, conducting and reporting (Dobbins, 2017). Rapid reviews are intended to respect the principles of knowledge synthesis, including a clear statement of review objectives, pre-definition of eligibility criteria, assessment of the validity of findings (for example through assessing risk of bias) and systematic presentation and synthesis of results (Tricco et al., 2017:5). A rapid review is an emerging research approach within the world of knowledge synthesis. It provides evidence to decision-makers in a short timeframe, to deliver a comprehensive understanding of a phenomenon (Polisena et al., 2015; Khangura et al., 2012).

This quality-driven approach used for this study allowed the reviewer to search multiple sources in a limited period, and to deliver comprehensive evidence of available literature on the topic. It also resulted in the gathering of information for recommendations to policy changes, namely to integrate TIP in the Namibian CWS. According to literature, the concept of TIP in the Namibian CWS is relatively non-existent. A rapid review is the desired approach to identify information to instigate the development of frameworks for TIP integration in Namibia's CWS.

### 2.1 Search strategy

The search strategy for this review aimed to identify all available text applicable to the research question. This included a comprehensive search of full-text journal studies, peer-reviewed studies, empirical studies, theses, and dissertations that identify elements for consideration when developing a framework for the integration of TIP into the CWS. Articles included were not restricted to specific designs. Publications from January 2010 to 30 December 2019 were considered for this review, which allowed for the inclusion of articles

published in the past ten years; this thus provided fairly recent and relevant information. TIP is a relatively new approach and the reviewer aimed to identify studies that focused on identifying evidence of implementation of TIP in CWS or different service areas. More recent studies also contain information from previous studies on the same topic.

Two reviewers were involved in the rapid review process. The search strategy was developed and reformulated many times in order to gain as many articles as possible. The reviewers conducted a comprehensive literature search of the NWU's One Search databases (independently). One Search is a search engine that provides a fast, precise and comprehensive search of 262 electronic databases. The search strategy, including several keywords, as presented in Figure 3.

**Figure 3: Search strategy**

A total of 1061 studies were found in the initial search for articles to include in answering the rapid review question. The articles identified during the search strategy were subjected to a screening process for possible inclusion in the review study. This step was based on a pre-approved selection criteria.

| |
|---|
| "trauma-informed practice" OR "trauma-informed system" OR "trauma-informed care" |
| AND |
| "child welfare system" OR "child care system" or "child protection system" |
| AND |
| evaluation OR assessment+ |

## 2.2 Selection of studies

After a vigorous manual process of working through titles, abstracts and later the full articles of all considered studies, the complete list was concluded and captured in a data extraction table. A comprehensive list was designed to organise the articles and hand sort them into categories of 'Yes', 'Maybe' or 'No, during the title and abstract screening process. The articles categorised as 'Yes' and 'Maybe' were included in the full-text screening.

Articles that met the inclusion criteria were selected for inclusion in the rapid review after the full-text screening. Articles focusing on trauma-informed care were removed. Two articles could not be reviewed, as access to the full article had been denied. Mr Nestus Venter, the Librarian at the NWU, Potchefstroom campus, assisted with the retrieval of these two articles, which were later included in the selection process.

### 2.3 Quality review and data extraction

Critical appraisal and data extraction were done simultaneously by the first reviewer; reviewer two confirmed and evaluated the data. Uman (2011) suggests that a data extraction form be used, therefore all relevant data from each article was extracted to a predefined data extraction form. Full-text articles were critically appraised for methodological quality. The Critical Appraisal Skills Programme (CASP) (CASP, 2018) tool were used to appraise articles for qualitative and quantitative articles respectively (Addendum 2).

### 2.4 Data analysis and data synthesis

Both reviewers performed data analysis and data synthesis by reading each article and extracting the most essential information for this review. The NOTARI and MAStARI data extraction tools (Joanna Briggs Institution, 2014) was used by expanding it in accordance to primary research outcomes in relation to the purpose of the study. The relevant information was analysed by using thematic analysis (Clarke & Braun, 2013) and was entered into the pre-specified data-extraction form to create a coding framework relevant to the framework of TIP. The results from the data extraction table were used to organise results and findings, to simplify the conclusion process (Dobbins, 2017).

## Results

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram in Figure 2 illustrates the process and information flow for the search strategy.

It also explains the reason for excluding articles and provides an overview of the search results.

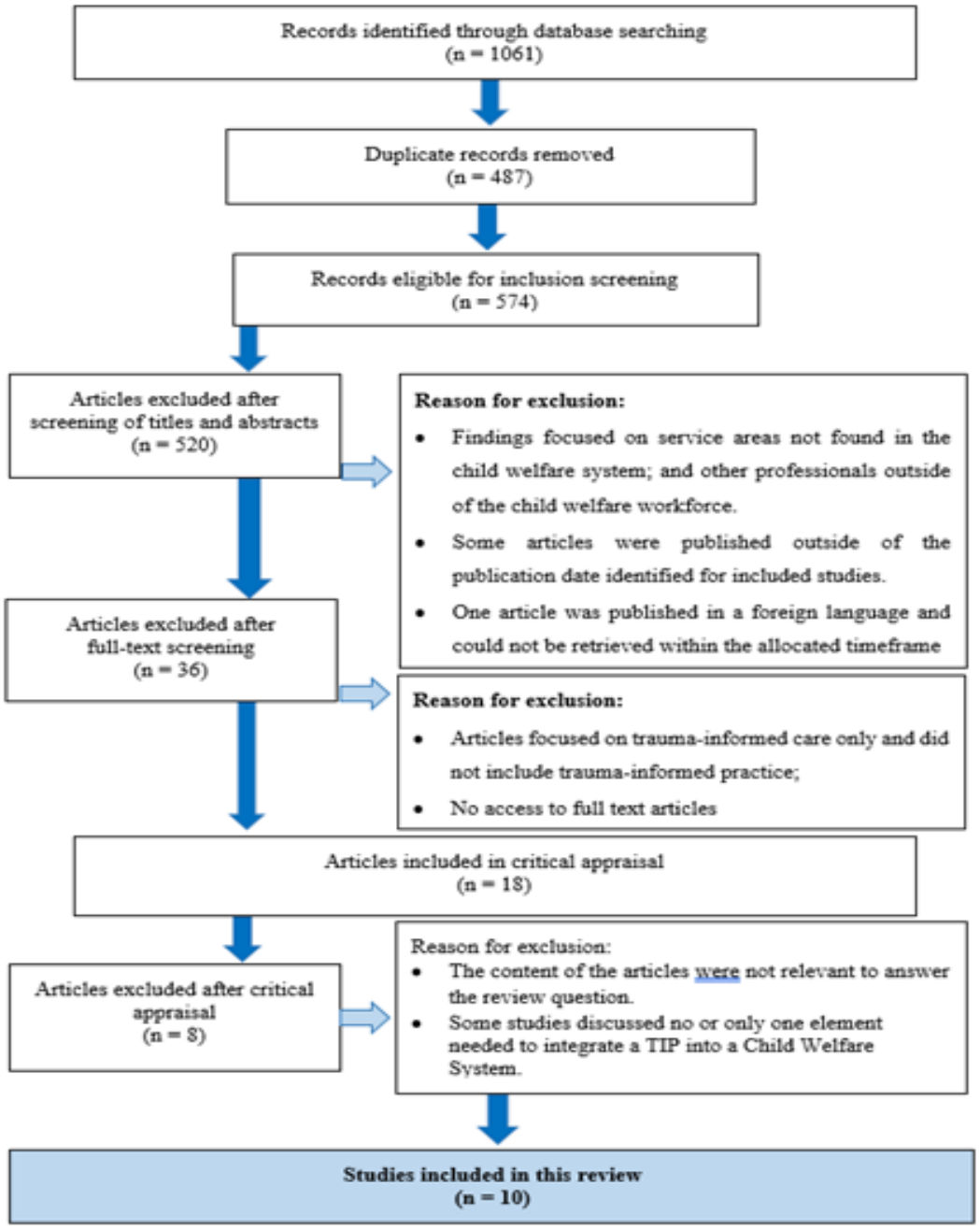


**Figure 4: PRISMA flow diagram**

As illustrated in Figure 4, a total of 1061 articles were considered in the review before the title and abstracts were screened. Many articles were removed from the initial number, as there were many duplications (n=487). Several articles were removed after titles and abstracts

were screened as the findings were not focused on the nature of the study (n=520) and some articles were removed (n=36) as the full text did not refer to the nature of the study content. Lastly, some articles were removed after critical appraisal (n=8), which left the reviewers with 10 articles that were considered for this review.

### 3.1 Study characteristics

This section includes two tables. Table 1 presents the study characteristics for each included article. As can be seen, the majority of the studies reviewed were conducted in the United States of America. Of the 10 studies reviewed, eight were conducted in the United States of America, one study took place in New Zealand and another in Northern Ireland.

Table 2 presents evidence on the main findings and conclusions of each article. Most of the studies focused on evaluating the implementation of TIP or care in CWS areas. This provided preliminary evidence on which elements and factors need to be considered when planning/integrating TIP. Different studies evaluated different elements; hence, there is no direct link to which element contributes more to the successful integration of TIP. Therefore, it can be concluded that all the elements identified should be treated with equal importance during the planning process. The studies reviewed based their TIP approach on literature by the Child Welfare Collaborative Group, the National Child Stress Network and the Chadwick Trauma-informed Systems Project. These three were the most widely consulted sources. They informed frameworks for TIP implementation into CWSs and were adapted to develop training material and tools to integrate TIP into existing systems. Other sources used include models from the Michigan Children's Trauma Assessment Centre; Substance Abuse and Mental Health Services Administration; California Social Work Education Centre; Blumerian conceptual model of trauma-informed work and STS among rural child protective services (CPS) workers, as well as the Administration for Children, Youth and Families.

**Table 1: Study characteristics**

| Author | Title | Country | Study approach | Organisation/Source where TIP has been derived/adapted from | Service area setting TIP |
|---|---|---|---|---|---|
| 1. Atwool, N. (2019) | Challenges of operationalising trauma-informed practice in child protection services in New Zealand | New Zealand | Ecological approach | NCTSN | Child protection |
| 2. Tullberg et al. (2017) | The Atlas Project: Integrating Trauma-Informed Practice into Child Welfare and Mental Health Settings | United States of America | Evaluation study Outcome evaluation | NCTSN Administration for Children, Youth and Families | Foster care and mental health |
| 3. Katz, S. (2019) | Trauma-informed practice: the future of child Welfare? | United States of America | Review study | NCTSN Chadwick Trauma-Informed Systems Project | CWS Judicial system |
| 4. Ezell, J.M. (2019) | First, do no harm to self: Perspectives around trauma-informed practice and secondary traumatic stress among rural child protective services (CPS) workers | United States of America | Case study (Small sample size and mostly White representation) | Michigan Children's Trauma Assessment Centre Blumerian conceptual model of trauma-informed work and STS among rural child protective services workers | Child welfare workers – addressing worker's STS |
| 5. Pence, D.M. (2011) | Trauma-Informed Forensic Child Maltreatment Investigations | United States of America | Mixed approach Qualitative interviews and training | NCTSN Child Welfare Collaborative Group California Social Work Education Centre Chadwick Trauma-Informed Systems | CWS (Forensic Child Maltreatment Investigations) |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | evaluations | Project | |
| 6. | Goldman Fraser, J. et al. (2014) | Implementation of a workforce initiative to build trauma-informed child welfare practice and services: Findings from the Massachusetts Child Trauma Project | United States of America | Program implementation and outcome evaluation (Massachusetts Child Trauma Project) Survey | Child Welfare Collaborative Group<br>NCTSN<br>Chadwick Trauma-informed Systems Project | Child welfare services and Child mental health services |
| 7. | Kramer et al. (2013) | A statewide introduction of trauma-informed care in a child welfare system | United States of America | Program evaluation | National Child and Traumatic Stress Network<br>Child Welfare Collaborative Group | Child Welfare |
| 8. | Skinner-Osei et al. (2018) | Trauma-informed services for children with incarcerated Parents | United States of America | Review study | Substance Abuse and Mental Health Services Administration | Social work services to children of incarcerated parents |
| 9. | Bunting et al. (2019) | Trauma Informed Child Welfare Systems—A Rapid Evidence Review | Northern Ireland, United Kingdom | Rapid review study | NCTSN<br>Chadwick Trauma-Informed System Project<br>Michigan Children's Trauma Assessment Centre | Community-based child welfare services |
| 10. | Connell et al. (2019) | Enhancing Capacity for Trauma-informed Care in Child Welfare: Impact of a Statewide Systems Change Initiative | United States of America | Evaluation study | Child Welfare Collaborative Group<br>The National Child Stress Network<br>Chadwick Trauma-informed Systems Project | Child Welfare |

**Table 2: Summary of main findings and conclusions**

| Author | Title | Study objective | Authors' conclusion/findings regarding TIP in CWS |
|---|---|---|---|
| 1. Atwool (2019) | Challenges of operationalising trauma-informed practice in child protection services in New Zealand | To explore what changes would be needed to achieve TIP in the child protection service in New Zealand | In New Zealand, trauma-informed approaches will only be effective if embedded across micro-, meso- and macro levels and if government policy is proactive about reducing avoidable trauma caused by historic abuse and the impact of colonisation. |
| 2 Tullberg et al. (2017) | The Atlas Project: Integrating TIP into Child Welfare and Mental Health Settings | To describe and discuss the components and aspects of the Atlas Project that can inform future TIP integration efforts | TIP in foster care are critical to identify and meet children's needs; as well as developing trauma-related knowledge of staff, foster care caretakers and mental health clinicians. |
| 3. Katz (2019) | TIP: the future of child welfare? | To identify the goals and relevance of TIP and then evaluate child welfare law through this lens and make recommendations for legal reform | TIP is a necessary and critical approach to child welfare intervention. The Family First Act requires that the services provided to children be trauma-informed. |
| 4. Ezell (2019) | First, do no harm to self: Perspectives around TIP and STS among rural child protective services (CPS) workers | To capture experiences and perspectives around STS mitigation intervention | Key intervention implementation barriers included sparse local resources for mental health referrals, broad community-level socioeconomic barriers, inconsistent engagement from state and local government stakeholders and organisational stressors. Respondents indicated that STS was substantially affecting their professional and domestic lives, noting ways TIP helped them address the impacts of their trauma exposures. |

| | | | | |
|---|---|---|---|---|
| 5. | Pence (2011) | Trauma-Informed Forensic Child Maltreatment Investigations | To discuss a training strategy to infuse trauma information into an existing forensic child maltreatment investigation curriculum | Basic and advanced training supporting trauma-informed investigation practices are critical for successful understanding and implementation of evidence-based and research-supported trauma interventions. |
| 6. | Goldman Fraser et al. (2014) | Implementation of a workforce initiative to build trauma-informed child welfare practice and services: Findings from the Massachusetts Child Trauma Project | To enhance the capacity of child welfare workers and child mental health providers to identify, respond and intervene early and effectively with children are traumatised by chronic loss, abuse, neglect and violence. | The Massachusetts Child Trauma Project was launched to address the need to respond to childhood trauma in the State. Challenges of high staff turnover, training requirements and time for trauma-focused evidence-based treatments in community-based mental health agencies and organisational shortcomings like budget constraints, all influenced the efforts to implement and maintain TIPs. |
| 7. | Kramer et al. (2013) | A statewide introduction of trauma-informed care in a child welfare system | To evaluate initial stages of a trauma-informed training program for the Arkansas Division of Child and Family Services | This study highlights the need to develop TIPs among child welfare supervisors as an important first step toward developing a child welfare workforce better prepared to meet the needs of children who have experienced trauma. Time constraints, heavy caseloads, lack of staff and limited resources were cited as implementation barriers of TIP. |
| 8. | Skinner-Osei et al. (2018) | Trauma-informed services for children with incarcerated parents | To review literature about the effects of parental incarceration on attachment, stigma, physical and mental health and intergenerational transmission of trauma; to make specific | TIP allows for conceptualising cases through the lens of trauma and utilising trauma-informed responses with children of incarcerated parents. Trauma-informed social workers can coach problem-solving and decision-making strategies so that children can develop and practice self-correction skills that may have been absent |

| | | | | |
|---|---|---|---|---|
| | | | recommendations for conceptualising trauma and utilising trauma-informed responses with children of incarcerated parents. | in chaotic households or communities. |
| 9. | Bunting et al. (2019) | Trauma Informed Child Welfare Systems-A Rapid Evidence Review | To identify the key components of approaches used within systems of care to create TIP and what the evidence is of their effectiveness | The most frequently evaluated components of implementation were the training of staff members; leadership and strategic planning, the development of evidence-based treatment and trauma-focused services; the provision of on-going staff support and the development of trauma-aligned policies and procedures. The development of trauma-informed screening processes and evidence-based treatments or trauma-focused services were evaluated. All produced positive results. |
| 10. | Connell et al. (2019) | Enhancing Capacity for Trauma-informed Care in Child Welfare: Impact of a Statewide Systems Change Initiative | To evaluate the extent to which improvements were sustained during implementation and assess staff perceptions of the effects of program components on changes at system level | Integration of trauma-informed care showed increased recognition for workers' STS, with an increased utilisation of trauma-focused behavioural health services. There were organisational changes to the intake process and implementation of a differential response system. |

The studies reviewed presented information on TIP integration in different service areas in the CWS. A broad representation of traditional child welfare sectors such as child protection, foster care, mental health, judicial, forensic investigation and community-based services were all involved in the review to provide evidence on the integration of TIP.

## Discussion

There is a great demand for improving child welfare services to children. Additional threats of exploitation and abuse of children, such as online sexual exploitation, cyberbullying and human trafficking have emerged since the advent of the Internet and the evolution of the digital world. In order to realise the protection of children's rights, CWSs need to continuously review and update approaches to improve service delivery. While fully recognising the efforts made to achieve physical protection of children, this article seeks to act as a departure point for ensuring the psychological and emotional protection of children in the CWS. Above all, it provides an opportunity to strengthen the coordination of child mental health services between child welfare and mental health practitioners.

This article identifies four themes for TIP integration, which could be considered to make up the framework when integrating a trauma-informed CWS. They are discussed below.

### 4.1 Theme 1: Understanding TIP

Provision of essential knowledge when introducing a new practice approach is vital. The development of TIP for social workers includes building a theoretical framework informing practice interventions when dealing with clients (Buckley, Lotty & Meldon, 2016:35). The child welfare trauma-informed approach draws from the child development theory, attachment theory, neurobiological development, functional impairment, traumatic stress impact and factors that promote resilience, to build a conceptual framework to understand and respond to childhood

trauma (Beyerlein et al., 2014:52; Chadwick Trauma-Informed Systems Project, 2012:20; Cook et al., 2003:35). These are not the only theories informing childhood trauma but they are critical to helping one understand and develop a TIP approach when dealing with children.

Existing practices that support or comprise of TIP features should be integrated at the organisational level. Finally, positive results were recorded in the review on the development of trauma-informed screening processes and evidence-based treatments or services in organisations (Bunting et al., 2019:19).

### 4.2 Theme 2: Workforce and organisational capacity building

In order to integrate TIP in the CWS, it is crucial to impart knowledge to staff members on the subject, as well as to develop organisational standard operating procedures for the integration of TIP. In most of the studies, training is the most evaluated component – the results showed positive correlations to staff knowledge, attitude, behaviours and skills. Training is, therefore, identified as the central element of TIP integration (Bunting et al., 2019:3; Kramer et al., 2013:23; Pence, 2011:49). Strategies for consideration when building organisational capacity during the integration of a trauma-informed approach include effective and high-quality training; a brief screening or assessment tool; identification and access to evidence-based trauma treatments and system changes (Connell et al., 2019:12; Pence, 2011:50).

The studies reviewed for this article identify primary resources, which inform the content of trauma-informed organisational frameworks. They are the National Child Traumatic Stress Network (NCTSN); Chadwick's Trauma-Informed Systems Projects; Child Welfare Collaborative Group and to some degree, the Michigan Children's Trauma Assessment Centre (Atwool, 2019:26; Bunting et al., 2019; Connell et al., 2019; Katz, 2019:69; Goldman Fraser et al., 2014:235; Kramer, 2013:19; Pence, 2011:50). The training curriculum and training tools

developed by these institutions provide a comprehensive trauma-informed model, which could be adapted to fit different service areas.

### 4.3 Theme 3: Workforce and client support

In two of the studies reviewed it was indicated that there is little focus on STS or staff wellness support during the implementation of TIP integration; however, it was noted that it is still a core component of TIP (Bunting et al., 2019:17; Connell et al., 2019:11; Pence, 2011:52). Excluding STS as an element during the planning phase may cause a barrier to the integration of TIP or even become an occupational hazard to staff members (Atwool, 2019:27; Tullberg et al., 2017:405; Goldman Fraser et al., 2014). The development and intervention of responses to STS (such as personal safety plans, creation of a staff wellness room or facilitation of staff wellness fairs) are important to reduce STS and burnout (Connell et al., 2019:11; Pence, 2011:64; Sprang et al., 2011:164).

### 4.4 Theme 4: Meaningful coordination and partnerships

Social workers are not the only professionals dealing with children in distress. A multi-disciplinary approach is always recommended when dealing with child victims or witnesses. A broad area of partnership prospects has been identified, such as partnerships with universities (which could include TIP into existing curricula) (Kramer et al., 2013); mental health service providers and alternative care providers and parents (Tullberg et al., 2017; Chadwick Trauma-Informed Systems Project, 2012). Partnerships with the community and large cultural or tribal groups were also identified as essential for TIP integration in a CWS (Bunting et al., 2019; Goldman Fraser et al., 2014). “Therefore, in order to provide the best services for children and families in its care, the child welfare agency must establish strong collaborative partnerships on

the individual, agency and system levels" (Chadwick Trauma-Informed Systems Project, 2012:99).

This study highlights the need for integrating TIP into the Namibian CWS. The four elements identified could form part of the pillars of a framework for the integration of TIP into the Namibian CWS. More elements could be considered for inclusion in the framework. The findings of this study simply identified the elements that appeared more frequently.

## Limitations

The study had several limitations, including:

- Search results were limited to databases prescribed to the NWU's electronic database.
- Limited search based on NWU's electronic database may have resulted in the exclusion of recent studies on the topic published in other databases.
- Search results indicated no information regarding TIP in African CWSs.
- The synonymous use of TIP and trauma-informed care resulted in studies being excluded from the review process.
- Study findings are mostly based on information provided by service providers that are White, who may not understand the impact trauma can have on clients of colour.
- The elements of a trauma-informed CWS are overrepresented by American-based literature.

## Conclusion

To the best of the reviewer's knowledge, the current study is the first that explores the integration of TIP for CWSs in Namibia or Africa. From the literature reviewed, it can be concluded that there is a need to integrate TIP into the Namibian CWS. However, there are policy, organisational and financial implications to be considered when planning to integrate TIP approach into the Namibian CWS. The studies presented both benefits and barriers that support

and hinder the integration of TIP. The *Child Protection Case Management Operations Manual* (Catholic Relief Services, 2017) lays a foundation for the Namibian CWS to integrate the TIP into its CWS and, thus ensure the protection of children from psychological harm. Additionally, the Child Care and Protection Act, Act 3 of 2015, promises to protect children from physical or psychological harm (Government of the Republic of Namibia, 2015:18).

TIP will help the Namibian social welfare workforce understand the relationship between a child's lifetime trauma history and their behaviour and responses; as well as identifying the impact of trauma on child development and brain development (Buckley et al., 2016). If a CWS is trauma-informed, it may result in promoting children's well-being whilst supporting parents, caregivers, communities and staff to respond to the child's emotional or behavioural problems in a way that promotes recovery from trauma and fosters resilience.

TIP also brings the workers well-being to the forefront. In the past, little or no effort was put into addressing the physical or psychological dangers social workers experience. With TIP, an opportunity is presented to create interventions to respond to STS in staff members.

The Child Welfare Collaborative Group, the National Child Stress Network and the Chadwick Trauma-Informed Systems Project resource materials on TIP informed most of the tools during the creation of a TIP integration framework.

## Future research recommendation

Taking into consideration the findings and conclusions of the study, the following recommendations are made for future research:

- Research on evaluations of TIP elements in CWSs.
- Research to evaluate the direct impact TIP has on the child, the family, the staff members and the organisation.

- Research to assess the need to add TIP to curriculums of social service workforce training.

## Ethical consideration

This study is a rapid review and does not include any human participants; hence, no consent was needed and the risk is significantly low. The validity and reliability of the data were achieved by following the specific steps outlined in this article, which ensured the rigorous methodologies of a systematic review applicable to a rapid review as described by Boland et al. (2017) and Uman (2011) were used.

Trustworthiness was ensured by the combined expertise of the two reviewers. The first reviewer received continuous input and guidance from the second reviewer on how to conduct a rapid review. In order to ensure further trustworthiness, this proposal was submitted for approval to various committees. Firstly, the proposal was submitted to the Social work Committee at the NWU for review and thereafter to the scientific committee COMPRES (Community Psychosocial Research). These committees consisted of a small panel of experts that shared their knowledge on the topic, content and on the proposed methodology. Thereafter, the proposal was submitted to the scientific committee of Compress at NWU and the finally to the HREC. Approval was obtained from all committees.

## Disclosure statement

The reviewer received funding towards her tuition fee for the Master's in Social Work: Child Protection from the National Student Financial Aid Fund of South Africa as well as her employer, the MGEPESW in the Republic of Namibia. Despite the funding support, the research topic and findings were in no way influenced by any of the two institutions; they are those of the reviewer alone. Further, this research was a rapid review study and did not involve any humans or animals.

**References**

Atwool, N. (2019). Challenges of operationalizing trauma-informed practice in child protection services in New Zealand. *Child and Family Social Work*. https://doi.org/http://dx.doi.org.nwulib.nwu.ac.za/10.1111/cfs.12577

Beyerlein, B. A., & Bloch, E. (2014). Need for Trauma-Informed Care Within the Foster Care System: A Policy Issue. *Child Welfare*, *93*(3). Retrieved from https://eds-a-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=4&sid=489742b0-772f-4388-a052-7a965ddf4964%40sessionmgr4008

Beyerlein, B., Gerrity, E. T., Layne, C. M., Pynoos, R. S., Briggs, E. C., Fairbank, J. A., … Steinberg, A. M. (2014). The National Child Traumatic Stress Network Core Data Set: Emerging findings, future directions, and implications for theory, research, practice, and policy. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/a0037798

Boland, A.; Cherry G. M.; & Dickson, R. (2017). *Doing a Systematic Review: A student's guide* (2nd editio). London, New Delhi, Singapore, Washington DC, Melbourne: Sage publishers.

Buckley, A., Lotty, M., & Meldon, S. (2016). *What happened to me ? Responding to the impact of trauma on children in care : trauma informed practice in foster care*. Retrieved from https://www.lenus.ie/bitstream/handle/10147/617885/WhatHappened.pdf?sequence=1

Bunting, L., Montgomery, L., Mooney, S., Macdonald, M., Coulter, S., Hayes, D., & Davidson, G. (2019). Trauma Informed Child Welfare Systems — A Rapid Evidence Review. *International Journal of Environmental Research and Public Health*, *16*.

Catholic Relief Services. (2017). *Child Protection: Case Management Operations Manual*. Retrieved from https://www.medbox.org

Chadwick Trauma-Informed Systems Project. (2012). *Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators*. Retrieved from https://ncwwi.org/files/Evidence_Based_and_Trauma-

Informed_Practice/Trauma_Informed_CW_Systems_Guide.pdf

Child Welfare Committee, & National Child Traumatic Stress Network. (2013). *Child Welfare Trauma Training Toolkit*. Retrieved from https://www.icmec.org/wp-content/uploads/2017/04/Trauma-Training-Toolkit-NCTSN-2013.pdf

Clarke, V., & Braun, V. (2013). *Teaching thematic analysis : Overcoming challenges and developing strategies for effective learning Associate Professor in Sexuality Studies Department of Psychology Faculty of Health and Life Sciences University of the West of England Coldharbour Lane Br*. *26*, 120–123. Retrieved from https://core.ac.uk/download/pdf/16706434.pdf

Connell, C. M., Lang, Jason.M., Zorba, Bethany., and Stevens, K. (2019). Enhancing Capacity for Trauma-informed Care in Child Welfare : Impact of a Statewide Systems Change Initiative. *Am J Community Psychol.*, (64), 1–14. https://doi.org/10.1002/ajcp.12375

Conners-Burrow, N. A., Kramer, T. L., Sigel, B. A., Helpenstill, K., Sievers, C., & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, *35*(11), 1830–1835. https://doi.org/10.1016/j.childyouth.2013.08.013

Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. (2003). *Complex Trauma in Children and Adolescents Adolescents. National Child Traumatic Stress Network.* Retrieved from https://www.nctsn.org/sites/default/files/resources//complex_trauma_in_children_and_adolescents.pdf

Dobbins, M. (2017). *Rapid Review Guidebook Steps for conducting a rapid review*. Retrieved from https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf

Elsevier. (2020). *Children and Youth Services Review: Author Information Pack*. Retrieved from https://www.elsevier.com/wps/find/journaldescription.cws_home/556?generatepdf=true

Ezell, J. M. (2019). First , do no harm to self : Perspectives around trauma-informed practice and

secondary traumatic stress among rural child protective services workers. *Journal of Child Custody*, *16*(4), 387–407. https://doi.org/10.1080/15379418.2019.1687061

Food and Agriculture Organization of the United Nations. (2011). *Food Security Communications Toolkit*. Retrieved from http://www.fao.org/3/i2195e/i2195e.pdf

Ford, J. D., & Blaustein, M. E. (2013). Systemic Self-Regulation: A Framework for Trauma-Informed Services in Residential Juvenile Justice Programs. *Journal of Family Violence*. https://doi.org/10.1007/s10896-013-9538-5

Goldman Fraser, J., Griffin, J. L., Barto. B. L., Lo, C., Wenz-Gross, M., & Spinazzola, J., Bodian, R. A., Nisenbaum, J. & Dym Bartlett, J. (2014). Implementation of a workforce initiative to build trauma-informed child welfare practice and services : Findings from the Massachusetts Child Trauma Project. *Children and Youth Services Review*, *44*, 233–242. https://doi.org/10.1016/j.childyouth.2014.06.016

Government of the Republic of Namibia. *Child Care and Protection Act No.3 of 2015*. , Pub. L. No. 5744, 1 (2015).

Greeson, J. K. P., Briggs, E. C., Kisiel, C. L., Layne, C. M., & Ake, G. S. (2011). *Complex trauma and mental health in children and adolescents placed in foster care: Findings from the National Child Traumatic Stress Network*. Retrieved from https://pdfs.semanticscholar.org/f0a6/8237b99429f48627753790093403a78049f0.pdf?_ga=2.8706677.1794166794.1553719569-1318250068.1553719569

Heyns, Y., & Roestenburg, W. (2017). *The ECO-MACH framework and protocol for managing children with mental health issues in alternative care facilities*. *18*(1), 21–37. Retrieved from https://journals-co-za.nwulib.nwu.ac.za/docserver/fulltext/carsa_v18_n1_a3.pdf?expires=1553811976&id=id&accname=57837&checksum=77B07123EF045C169553DCBEC9E0FBC7

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings~!2009-08-20~!2009-09-28~!2010-03-22~! *The Open Health*

*Services and Policy Journal*, *3*(2), 80–100. https://doi.org/10.2174/1874924001003020080

Inter-Parliamentary Union and UNICEF. (2004). *Child protection: A handbook for parliamentarians A handbook for*. Retrieved from https://www.unicef.org/publications/files/Guide_Enfants_OK.pdf

Jankowski, M. K., Schifferdecker, K. E., Butcher, R. L., Foster-Johnson, L., & Barnett, E. R. (2019). Effectiveness of a Trauma-Informed Care Initiative in a State Child Welfare System: A Randomized Study. *Child Maltreatment*. https://doi.org/10.1177/1077559518796336

Katz, Sarah & Haldar, D. (2015). The pedagogy of trauma-informed lawyering. *Clinical Law Review*, *22*(2), 359–394. Retrieved from http://resolver.ebscohost.com.nwulib.nwu.ac.za/openurl?sid=EBSCO%3Aedshol&genre=article&issn=10791159&ISBN=&volume=22&issue=2&date=20150101&spage=359&pages=359-394&title=Clinical+Law+Review&atitle=The+Pedagogy+of+Trauma-Informed+Lawyering&aulast=Katz%2C+Sarah&id=DOI%3A&site=ftf-live

Katz, S. (2019). Trauma-Informed Practice: The Future of Child Welfare, 28 Widener Commw. *L. Rev*, *28*(1), 51–83. Retrieved from https://heinonline.org/HOL/License

Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J., & Moher, D. (2012). Evidence summaries : A rapid review method. *Systematic Reviews*, *1*(10), 20146–24053. https://doi.org/10.1186/2046-4053-1-10.How

Komada, E. (2019). Recognizing The Role Of Trauma And Creating Trauma-Informed Systems In Pennsylvania Juvenile Courts. *Widener Commonwealth Law Review*, *2019*(1), 85–104. Retrieved from https://heinonline-org.nwulib.nwu.ac.za/HOL/Page?handle=hein.journals/wjpl28&id=92&collection=journals&index=

Kramer, T. L., Sigel, B. A., Conners-burrow, N. A., Savary, P. E., & Tempel, A. (2013a). A statewide introduction of trauma-informed care in a child welfare system. *Children and Youth Services Review*, *35*(1), 19–24. https://doi.org/10.1016/j.childyouth.2012.10.014

Levenson, J. (2017). Trauma-informed social work practice. *Social Work (United States)*. https://doi.org/10.1093/sw/swx001

Ministry of Gender Equality and Child Welfare. (2018). *Monitoring and Evaluation Plan Directorate of Child Welfare Services 2018-2020*. Windhoek.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). *Academia and Clinic Annals of Internal Medicine Preferred Reporting items for Systematic Reiews and Meta Analysis*. *151*(4), 264–269.

Murphy, K., Moore, K. A., Redd, Z., & Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative. *Children and Youth Services Review*, *75*, 23–34. https://doi.org/10.1016/j.childyouth.2017.02.008

NWU. (2016). *Manual for Master ' s and Doctoral Studies*. Retrieved from http://library-nwu-ac-za.web.nwu.ac.za.nwulib.nwu.ac.za/sites/library.nwu.ac.za/files/files/documents/manualpostgrad.pdf

Organization of African Unity. *African Charter On The Rights And Welfare Of The Child*. , (1990).

Pence, D. M. (2011). Trauma-informed forensic child maltreatment investigations. *Child Welfare*, *90*(6), 49–69. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=14&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Polisena, J., Garritty, C., Kamel, C., Stevens, A., & Abou-setta, A. M. (2015). Rapid review programs to support health care and policy decision making : a descriptive analysis of processes and methods. Systematic Reviews Journal, 4(26), 1–7. https://doi.org/10.1186/s13643-015-0022-6

SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from https://store.samhsa.gov/system/files/sma14-4884.pdf

Sprang, G.; Craig, C.; Clark, J. (2011). Secondary Traumatic Stress and Burnout in Child Welfare Workers: A Comparative Analysis of Occupational Distress Across Professional Groups. *Child*

*Welfare*, *90*(6), 149–169. Retrieved from 224845524_Secondary_Traumatic_Stress_and_Burnout_in_Child_Welfare_Workers_A_Comparative_Analysis_of_Occupational_Distress_Across_Professional_Groups

Taylor, S., Battis, C., Carnochan, S., Henry, C., Balk, M., Austin, M. J., … Balk, M. (2019). Exploring trauma-informed practice in public child welfare through qualitative data-mining of case records. *Journal of Public Child Welfare*, *13*(3), 325–344. https://doi.org/10.1080/15548732.2018.1500967

The Chadwick Trauma-Informed Systems Project. (2013). *Guidelines to applying a trauma lens to a Child Welfare Practice model*. Retrieved from http://muskie.usm.maine.edu/helpkids/PMNetworkDocs/Trauma-Informed PM 2013 CTISP.pdf

The Joanna Briggs Institute. (2014). *Joanna Briggs Institute Reviewer's Manual, 2014 edition.* Adelaide: The Joanna Briggs Institute

Tricco, A. C., Langlois, E. V, & Straus, S. E. (2017). *RAPID REVIEWS TO STRENGTHEN HEALTH POLICY AND SYSTEMS : A PRACTICAL*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/258698/9789241512763-eng.pdf;professionalid=D4B0

Tullberg, Erika; Kerker, Bonnie; Muradwij, Nawal, & Saxe, G. (2017). The Atlas Project: Integrating Trauma-Informed Practice into Child Welfare and Mental Health Settings. *Child Welfare*, *95*(6), 107–125. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=16&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Uman, L. S. (2011). Systematic Reviews and Meta-Analyses, (February), 57–59

UNICEF. (1989). *The United Nations Convention on the Rights of the Child* (p. 14). p. 14. Retrieved from https://www.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf

UNICEF. (2015). Child Protection Overview. Retrieved from https://data.unicef.org/topic/child-protection/overview/

## Section 3: Discussion, conclusion, strength of the study, future recommendations, critical reflection and policy brief

This section presents a final discussion of the findings of the study. It also includes a conclusion as well as the strengths that emerged during this study, alongside future recommendations. This section briefly ends off with a policy brief and some personal reflections by the student.

### 3.1 Discussion

Articles included in the review primarily focused on the implementation of TIP in the United States of America and the population constituted of a mostly White workforce. This

limitation is echoed by Atwool, (2019:28), that a White social workforce may fail to understand and recognise traumatic experiences and disregard a need for culturally appropriate services to an ethnically diverse group. Namibia has a culturally rich population which practices diverse traditions and colonial history which presents historical trauma to many.

Despite the aforementioned limitations, most of the articles reviewed otherwise indicated the importance of integrating TIP approaches in child welfare settings to improve child welfare interventions and outcomes (Atwool, 2019:25; Ezell, 2019:405; Katz, 2019:83; Tullberg et al., 2017:109). There was also a positive and consistent mention of the same resource institutions as leading and preferred resources to use when informing TIP during development and integration.

Many advantages of TIP have been noted, such as the increase in family placement and the decrease in placement disruptions; support for collaboration between child welfare and behavioural health settings on trauma-related issues; increased staff members and parent/caregivers' knowledge about trauma and increase in organisational awareness of secondary traumatic stress (STS) in workers. However, challenges were also highlighted during the integration and implementation of TIP. They include high staff turnover, training requirements, lack of time for trauma-focused evidence-based treatments in community-based mental health agencies and organisational shortcomings, such as funding constraints (Ezell, 2019:387; Tullberg et al., 2017:119; Goldman Fraser et al., 2014:240).

### 3.2 Conclusion

To the best of the reviewer's knowledge, the current study is the first that explores the integration of TIP for CWSs in Namibia or Africa. From the literature review, it can be concluded that there is a need to integrate TIP into the Namibian CWS. However, there are policy, organisational and financial implications to be considered when planning to integrate a TIP approach into the Namibian CWS. The studies presented both benefits and barriers that support and hinder the integration of the TIP. The *Child Protection Case Management Operations Manual* (Catholic Relief Services, 2017) lays a foundation for the Namibian CWS to integrate the TIP into

its CWS and, thus ensure the protection of children from psychological harm. Additionally, the Child Care and Protection Act, Act 3 of 2015, promises to protect children from physical or psychological harm (Government of the Republic of Namibia, 2015:18).

From the review, the reviewer identified four thematic elements that inform a framework for the integration of TIP into a CWS. The themes are:

- *Understanding TIP*
- *Workforce and organisational capacity building*
- *Workforce and client support*
- *Meaningful coordination and partnerships*

**3.3 Strengths of the study**

- Most of the studies emphasised the need for integration of TIP into CWSs.
- The findings provide preliminary evidence that the implementation of TIP ensures increased knowledge on trauma for staff members; improved mental health and emotional well-being for children; recognition for coordination/partnerships between mental health service providers and child welfare staff members and acknowledgement of workers' STS.
- The use of three primary sources informing a framework for TIP integration in the different studies is a positive indication and these sources may be used to inform the framework for integrating TIP into the Namibian CWS.
- A majority of the studies reviewed had an evaluation approach pertaining to issues such as relevance, efficiency, effectiveness, impact, cost and sustainability of the TIP integration and implementation into CWSs.
- Some of the studies identified challenges to be considered during the planning of a TIP approach for their systems or organisations, such as financial constraints and organisational or staff readiness for the new responsibilities.

- This study introduces TIP to the Namibian CWS and hopefully to other African countries.

### 3.4 Future research recommendations

To produce more evidence on the effectiveness of TIP, more research on evaluations of TIP elements in CWSs should be conducted. Specifically, research that evaluates the direct impact TIP has on the child, the family, the organisational staff and the organisation should be considered. As a proactive measure, research could also assess the addition of TIP to curriculums of social service workforce training.

### 3.5 Policy brief

A policy brief is "a concise summary of a particular issue, the policy options to deal with it and some recommendations on the best option; aimed at government policymakers and others interested in formulating or influencing policy" (Food and Agriculture Organization of the United Nations, 2011:141). The key target audience of this policy brief is governmental and civil society child welfare services directors and managers in Namibia. Quarterly, these people meet at the Permanent Task Force for Children. The reviewer will present the policy brief at this meeting in 2021, to reach multiple stakeholders. Additionally, the reviewer will share the policy brief with the Parliamentary Committee on Social Issues and also post it to local universities.

NWU®

**POLICY BRIEF**
**December 2020**

# Integration of Trauma-Informed Practice for the Namibian Child Welfare System: A rapid review

## TRAUMA-INFORMED PRACTICE

Integration of **Trauma-Informed Practice (TIP)** in the Namibian Child Welfare System (CWS) can prevent future risk behaviors in children related to exacerbating public health concerns. Unresolved/unattended childhood trauma may place a demand on government to cater for children and ultimately adults on issues such as, substance/drug abuse, criminal activities, homelessness and contracting sexually transmitted diseases. TIP promises to enhance mental and emotional well-being interventions for clients/children and staff members.

A trauma-informed practice is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment as defined by Hopper, Bassuk, & Olivet, (2010).

Despite the focus of this brief being on the integration of TIP into CWS, it provides opportunities for integration into other sectors and service areas such as gender-based violence, intimate partner violence and other abuse cases.

## AIM

The **aim** of this study was to identify and explore the elements of a trauma-informed practice for integration into the Namibian child welfare system. To fulfil this aim, the researchers followed a **rapid review approach**. A comprehensive search was conducted by two independent researchers by utilising six databases. A total of 10 articles were identified as per the inclusion and exclusion criteria.

## POLICY IMPLICATIONS TO INTEGRATE TIP INTO CWS

- Organisational policy change to accommodate the new practice changes.
- Development of Standard Operating Procedures between child welfare and mental health service providers.
- Budgetary provisions

There is a great demand for improving child welfare services to children and this study is proof of such.

This study identified **four elements** to be considered for consideration when planning the integration of TIP into the Namibian CWS. These elements are:

1. Understanding of trauma-informed practice
2. Workforce and organisational capacity building
3. Workforce and client support
4. Meaningful coordination and partnership

These elements corroborate with the essential elements of a TIP CWS as illustrated by the Chadwick Trauma-Informed Systems Project (2012).

## RECOMMENDATIONS

- Develop a framework to integrate TIP into Namibian CWS
- Integrate TIP into Namibian CWS
- Develop tools and approaches to integrate TIP into the Namibian CWS
- Development of workplace wellness programs and policies to address secondary traumatic stress

Ms E. Kole | Mrs T. Sayed | COMPRES | koleenjouline@gmail.com

### 3.6 Reflection

I cannot help but compare my journey during my Master's studies to the bestselling book by the Former First Lady of the United States of America, Michelle Obama: *Becoming.* She writes, 'Next to your name is another name'. Next to my name was Mother and social worker and these two names took over my existence. I am not complaining, however I felt I needed more. I wanted to challenge myself to see what I could become if I gave myself the opportunity.

I made the impulsive decision to enrol for a Master's degree at the NWU. This daring decision would take me to a foreign country and introduce me to an exciting learning experience.

During my studies, I learned many wonderful things which helped to further my understanding of myself and my career. The topics covered filled knowledge gaps I had and deepened my passion and love for social work. However, whilst the knowledge gained has been immeasurable, the process of selecting a topic came with many obstacles. Many of the proposed topics were rejected, until I read about TIP.

As my knowledge about TIP expanded, I could see how it could improve child welfare service delivery. In Namibia, there is a wide range of child welfare service providers that can benefit from this study.

My study leader, Mrs Sayed, was my compass during this study. She introduced me to the rapid review research method. Again, would I have learned about review studies if it were not for my Master's? Definitely not. Therefore, I am confident that I am about to achieve one of my life goals: finishing my Master's studies.

I learned that if you dare to start a process, God will provide the resources, strength and people to help you through. At the end of my Master's journey, I got a promotion at work. The knowledge I gained during my studies, helped me to become a valuable member of the MGEPESW. The quality of my worked improved and I gained more and more responsibilities.

The Master's journey has been a challenging, yet enjoyable one. I had to travel to the Republic of South Africa once a month to attend classes for a week. When I began my studies, my

children were four and six years old. I had to learn to juggle work life, student life and domestic life.

Despite this, I am so excited to use my new position to introduce TIP to the rest of the Namibian child welfare workforce. I am excited for the children, the parents and the social workers who might benefit from the integration of such an approach. Namibia can take the lead in Africa in integrating TIP into its CWS. The TIP approach is the missing link between mental health service providers and child welfare service providers.

This journey was worth every minute, every cent and every emotion. If I had to do it again, I would.

**Combined Reference List**

Atwool, N. (2019). Challenges of operationalizing trauma-informed practice in child protection services in New Zealand. *Child and Family Social Work*. https://doi.org/http://dx.doi.org.nwulib.nwu.ac.za/10.1111/cfs.12577

Beyerlein, B. A., & Bloch, E. (2014). Need for Trauma-Informed Care Within the Foster Care System: A Policy Issue. *Child Welfare*, *93*(3). Retrieved from https://eds-a-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=4&sid=489742b0-772f-4388-a052-7a965ddf4964%40sessionmgr4008

Beyerlein, B., Gerrity, E. T., Layne, C. M., Pynoos, R. S., Briggs, E. C., Fairbank, J. A., Steinberg, A. M. (2014). The National Child Traumatic Stress Network Core Data Set: Emerging findings, future directions, and implications for theory, research, practice, and policy. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/a0037798

Boland, A.; Cherry Gemma. M.; & Dickson, R. (2017). *Doing a Systematic Review: A student's guide* (2nd editio). London, New Delhi, Singapore, Washington DC, Melbourne: Sage publishers.

Buckley, A., Lotty, M., & Meldon, S. (2016). *What happened to me ? Responding to the impact of trauma on children in care : trauma informed practice in foster care*. Retrieved from https://www.lenus.ie/bitstream/handle/10147/617885/WhatHappened.pdf?sequence=1

Bunting, L., Montgomery, L., Mooney, S., Macdonald, M., Coulter, S., Hayes, D., & Davidson, G. (2019). Trauma Informed Child Welfare Systems — A Rapid Evidence Review. *International Journal of Environmental Research and Public Health*, *16*.

Catholic Relief Services. (2017). *Child Protection: Case Management Operations Manual*. Retrieved from https://www.medbox.org

Chadwick Trauma-Informed Systems Project. (2012). *Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators*. Retrieved from

https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Trauma_Informed_CW_Systems_Guide.pdf

Child Welfare Committee, & National Child Traumatic Stress Network. (2013). Child Welfare Trauma Training Toolkit. Retrieved from https://www.icmec.org/wp-content/uploads/2017/04/Trauma-Training-Toolkit-NCTSN-2013.pdf

Child Welfare Information Gateway. (2013). *How the Child Welfare System Works*. Retrieved from https://www.childwelfare.gov/pubPDFs/cpswork.pdf

Clarke, V., & Braun, V. (2013). *Teaching thematic analysis : Overcoming challenges and developing strategies for effective learning Associate Professor in Sexuality Studies Department of Psychology Faculty of Health and Life Sciences University of the West of England Coldharbour Lane Br*. *26*, 120–123. Retrieved from https://core.ac.uk/download/pdf/16706434.pdf

Connell, C. M., Lang, Jason.M., Zorba, Bethany., and Stevens, K. (2019). Enhancing Capacity for Trauma-informed Care in Child Welfare : Impact of a Statewide Systems Change Initiative. *Am J Community Psychol.*, (64), 1–14. https://doi.org/10.1002/ajcp.12375

Conners-Burrow, N. A., Kramer, T. L., Sigel, B. A., Helpenstill, K., Sievers, C., & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, *35*(11), 1830–1835. https://doi.org/10.1016/j.childyouth.2013.08.013

Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. (2003). *Complex Trauma in Children and Adolescents Adolescents. National Child Traumatic Stress Network.* Retrieved from https://www.nctsn.org/sites/default/files/resources//complex_trauma_in_children_and_adolescents.pdf

Dobbins, M. (2017). *Rapid Review Guidebook Steps for conducting a rapid review*. Retrieved from https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf

Elsevier. (2020). *Children and Youth Services Review: Author Information Pack*. Retrieved from https://www.elsevier.com/wps/find/journaldescription.cws_home/556?generatepdf=true

Ezell, J. M. (2019). First , do no harm to self : Perspectives around trauma-informed practice and secondary traumatic stress among rural child protective services workers. *Journal of Child Custody*, *16*(4), 387–407. https://doi.org/10.1080/15379418.2019.1687061

Food and Agriculture Organization of the United Nations. (2011). *Food Security Communications Toolkit*. Retrieved from http://www.fao.org/3/i2195e/i2195e.pdf

Ford, J. D., & Blaustein, M. E. (2013). Systemic Self-Regulation: A Framework for Trauma-Informed Services in Residential Juvenile Justice Programs. *Journal of Family Violence*. https://doi.org/10.1007/s10896-013-9538-5

Goldman Fraser, J., Griffin, J. L., Barto. B. L., Lo, C., Wenz-Gross, M., & Spinazzola, J., Bodian, R. A., Nisenbaum, J. & Dym Bartlett, J. (2014). Implementation of a workforce initiative to build trauma-informed child welfare practice and services : Findings from the Massachusetts Child Trauma Project. *Children and Youth Services Review*, *44*, 233–242. https://doi.org/10.1016/j.childyouth.2014.06.016

Government of the Republic of Namibia. *Child Care and Protection Act No.3 of 2015*. , Pub. L. No. 5744, 1 (2015).

Greeson, J. K. P., Briggs, E. C., Kisiel, C. L., Layne, C. M., & Ake, G. S. (2011). *Complex trauma and mental health in children and adolescents placed in foster care: Findings from the National Child Traumatic Stress Network*. Retrieved from https://pdfs.semanticscholar.org/f0a6/8237b99429f48627753790093403a78049f0.pdf?_ga=2.8706677.1794166794.1553719569-1318250068.1553719569

Hendricks, A., & Wilson, C. (2011). Creating Trauma-Informed Child Welfare Systems Using a Community Assessment Process. *Child Welfare*, *90*(6), 187–205. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=11&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Heyns, Y., & Roestenburg, W. (2017). *The ECO-MACH framework and protocol for managing children with mental health issues in alternative care facilities*. *18*(1), 21–37. Retrieved from https://journals-co-za.nwulib.nwu.ac.za/docserver/fulltext/carsa_v18_n1_a3.pdf?expires=1553811976&id=id&accname=57837&checksum=77B07123EF045C169553DCBEC9E0FBC7

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings~!2009-08-20~!2009-09-28~!2010-03-22~! *The Open Health Services and Policy Journal*, *3*(2), 80–100. https://doi.org/10.2174/1874924001003020080

Inter-Parliamentary Union and UNICEF. (2004). *Child protection: A handbook for parliamentarians A handbook for*. Retrieved from https://www.unicef.org/publications/files/Guide_Enfants_OK.pdf

Jankowski, M. K., Schifferdecker, K. E., Butcher, R. L., Foster-Johnson, L., & Barnett, E. R. (2019). Effectiveness of a Trauma-Informed Care Initiative in a State Child Welfare System: A Randomized Study. *Child Maltreatment*. https://doi.org/10.1177/1077559518796336

Katz, Sarah & Haldar, D. (2015). The pedagogy of trauma-informed lawyering. *Clinical Law Review*, *22*(2), 359–394. Retrieved from http://resolver.ebscohost.com.nwulib.nwu.ac.za/openurl?sid=EBSCO%3Aedshol&genre=article&issn=10791159&ISBN=&volume=22&issue=2&date=20150101&spage=359&pages=359-394&title=Clinical+Law+Review&atitle=The+Pedagogy+of+Trauma-Informed+Lawyering&aulast=Katz%2C+Sarah&id=DOI%3A&site=ftf-live

Katz, S. (2019). Trauma-Informed Practice: The Future of Child Welfare, 28 Widener Commw. *L. Rev*, *28*(1), 51–83. Retrieved from https://heinonline.org/HOL/License

Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J., & Moher, D. (2012). Evidence summaries : A rapid review method. *Systematic Reviews*, *1*(10), 20146–24053. https://doi.org/10.1186/2046-4053-1-10.

Knight, C. (2014). Trauma-Informed Social Work Practice: Practice Considerations and Challenges.

*Clinical Social Work Journal*, *43*(1), 25–37. https://doi.org/10.1007/s10615-014-0481-6

Komada, E. (2019). RECOGNIZING THE ROLE OF TRAUMA AND CREATING TRAUMA-INFORMED SYSTEMS IN PENNSYLVANIA JUVENILE COURTS. *Widener Commonwealth Law Review*, *2019*(1), 85–104. Retrieved from https://heinonline-org.nwulib.nwu.ac.za/HOL/Page?handle=hein.journals/wjpl28&id=92&collection=journals&index=

Kramer, T. L., Sigel, B. A., Conners-burrow, N. A., Savary, P. E., & Tempel, A. (2013). A statewide introduction of trauma-informed care in a child welfare system. *Children and Youth Services Review*, *35*(1), 19–24. https://doi.org/10.1016/j.childyouth.2012.10.014

Levenson, J. (2017). Trauma-informed social work practice. *Social Work (United States)*. https://doi.org/10.1093/sw/swx001

Ministry of Gender Equality and Child Welfare. (2018). *Monitoring and Evaluation Plan Directorate of Child Welfare Services 2018-2020*. Windhoek.

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). *Academia and Clinic Annals of Internal Medicine Preferred Reporting items for Systematic Reiews and Meta Analysis*. *151*(4), 264–269.

Murphy, K., Moore, K. A., Redd, Z., & Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative. *Children and Youth Services Review*, *75*, 23–34. https://doi.org/10.1016/j.childyouth.2017.02.008

NWU. (2016). *Manual for Master ' s and Doctoral Studies*. Retrieved from http://library-nwu-ac-za.web.nwu.ac.za.nwulib.nwu.ac.za/sites/library.nwu.ac.za/files/files/documents/manualpostgrad.pdf

Organization of African Unity. *AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD*. , (1990).

Pence, D. M. (2011). Trauma-informed forensic child maltreatment investigations. *Child Welfare*,

*90*(6), 49–69. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=14&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Polisena, J., Garritty, C., Kamel, C., Stevens, A., & Abou-setta, A. M. (2015). Rapid review programs to support health care and policy decision making : a descriptive analysis of processes and methods. Systematic Reviews Journal, 4(26), 1–7. https://doi.org/10.1186/s13643-015-0022-6

Quadara, A., Hunter, C., Australian Institute of Family Studies., & Australia. Royal Commission into Institutional Responses to Child Sexual Abuse. (2016). *Principles of trauma-informed approaches to child sexual abuse : a discussion paper*. Retrieved from https://apo.org.au/sites/default/files/resource-files/2016/11/apo-nid69750-1169756.pdf

SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from https://store.samhsa.gov/system/files/sma14-4884.pdf

Save the Children. (2007). *Save the Children and Child Protection*. Retrieved from https://resourcecentre.savethechildren.net/node/7586/pdf/sc_child_protection_definition_20071.pdf

Sprang, G.; Craig, C.; Clark, J. (2011). Secondary Traumatic Stress and Burnout in Child Welfare Workers: A Comparative Analysis of Occupational Distress Across Professional Groups. *Child Welfare*, *90*(6), 149–169. Retrieved from 224845524_Secondary_Traumatic_Stress_and_Burnout_in_Child_Welfare_Workers_A_Comparative_Analysis_of_Occupational_Distress_Across_Professional_Groups

Taylor, S., Battis, C., Carnochan, S., Henry, C., Balk, M., Austin, M. J., … Balk, M. (2019). Exploring trauma-informed practice in public child welfare through qualitative data-mining of case records. *Journal of Public Child Welfare*, *13*(3), 325–344. https://doi.org/10.1080/15548732.2018.1500967

The Chadwick Trauma-Informed Systems Project. (2013). *Guidelines to applying a trauma lens to*

*a Child Welfare Practice model*. Retrieved from http://muskie.usm.maine.edu/helpkids/PMNetworkDocs/Trauma-Informed PM 2013 CTISP.pdf

The Joanna Briggs Institute. (2014). *Joanna Briggs Institute Reviewer's Manual, 2014 edition.* Adelaide: The Joanna Briggs Institute

Tricco, A. C., Langlois, E. V, & Straus, S. E. (2017). *Rapid Reviews To Strengthen Health Policy And Systems : A Practical*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/258698/9789241512763eng.pdf;professionalid=D4B0

Tullberg, Erika; Kerker, Bonnie; Muradwij, Nawal, & Saxe, G. (2017). The Atlas Project: Integrating Trauma-Informed Practice into Child Welfare and Mental Health Settings. *Child Welfare*, *95*(6), 107–125. Retrieved from https://eds-b-ebscohost-com.nwulib.nwu.ac.za/eds/pdfviewer/pdfviewer?vid=16&sid=cb6acca2-e873-4680-9cc2-ecb320352225%40sessionmgr102

Uman, L. S. (2011). Systematic Reviews and Meta-Analyses, (February), 57–59

UNICEF. (1989). *The United Nations Convention on the Rights of the Child* (p. 14). p. 14. Retrieved from https://www.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf

UNICEF. (2015). Child Protection Overview. Retrieved from https://data.unicef.org/topic/child-protection/overview/

# Addendum 1

# Ethics

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 086 016 9698
Web: http://www.nwu.ac.za/

**North-West University Health Research Ethics Committee (NWU-HREC)**

Tel: 018 299-1206
Email: Ethics-HRECApply@nwu.ac.za (for human studies)

2 April 2020

## ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 02/04/2020, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

**Study title: Integration of trauma-informed practice for the Namibian child welfare system: A rapid review**
**Principal Investigator/Study Supervisor/Researcher: Ms T Sayed**
**Student: EL Kole - 31084524**

**Ethics number:** N W U - 0 0 3 3 9 - 2 0 - A 1

Institution Study Number Year Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

**Application Type: Systematic review**
**Commencement date: 02/04/2020**
**Expiry date: 30/04/2021**

**Risk:** Minimal

**Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of an annual monitoring report and the concomitant issuing of a letter of continuation. A monitoring report is due at the end of April annually until completion.**

**General conditions:**

*While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:*

- *The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:*
  - *Annually on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for active monitoring.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-HREC reserves the right to:*

# Addendum 2

## Critical appraisal skills program

CASP
Critical Appraisal
Skills Programme

www.casp-uk.net
info@casp-uk.net
Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 10 questions to help you make sense of a Qualitative research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial-Share A like. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-sa/3.0/ www.casp-uk.net

CASP
Critical Appraisal Skills Programme

**Paper for appraisal and reference:**

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

| | |
|---|---|
| Yes | |
| Can't Tell | |
| No | |

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

| | |
|---|---|
| Yes | |
| Can't Tell | |
| No | |

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

| | |
|---|---|
| Yes | |
| Can't Tell | |
| No | |

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

CASP
Critical Appraisal Skills Programme

4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

CASP
Critical Appraisal Skills Programme

6. Has the relationship between researcher and participants been adequately considered?

| | |
|---|---|
| Yes | |
| Can't Tell | |
| No | |

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

| | |
|---|---|
| Yes | |
| Can't Tell | |
| No | |

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

CASP
Critical Appraisal Skills Programme

8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

CASP
Critical Appraisal Skills Programme

| Section C: Will the results help locally? | |
|---|---|
| 10. How valuable is the research? | HINT: Consider<br>• If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature<br>• If they identify new areas where research is necessary<br>• If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used |

| Comments: |
|---|
| |

# Addendum 3

## NOTARI data extraction tool

A data extraction tool is formulated (Botma *et al.*, 2010:244) as a control mechanism to presents data in a similar format to ease analysis and synthesis. The NOTARI data extraction tool by the Joanna Briggs Institute (s.a) for qualitative methodologies in this study and presented hereafter.

| NOTARI data extraction tool | | | | | |
|---|---|---|---|---|---|
| **Reviewer** | | **Date** | | **Record nr** | |
| **Author(s)** | | | | | |
| **Year** | | **Journal** | | | |
| **Method** | | | | | |
| **Participants** | | | | | |
| **Setting** | | | | | |
| **Geographical** | | | | | |
| **Cultural** | | | | | |
| **Population** | | | | | |
| **Sample size** | | | | | |
| **Interventions** | | | | | |
| **Data analysis** | | | | | |
| **Author conclusions** | | | | | |
| **Reviewer comments** | | | | | |

# Addendum 4

# MAStARI data extraction tool

**MAStARI data extraction tool**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Reviewer** | | **Date** | | **Record nr** | | |
| **Author(s)** | | | | | | |
| **Year** | | | **Journal** | | | |
| **Method** | RTC | Retrospective | Quasi-RCT | Observational | Longitudinal | Other |
| **Participants** | | | | | | |
| **Setting** | | | | | | |
| **Population** | | | | | | |
| **Sample size** | | | | | | |
| **Interventions** | | | | | | |
| **Author conclusions** | | | | | | |
| **Reviewers conclusions** | | | | | | |
| **Study results** | | | | | | |
| Dichotomous | Outcome | | Intervention (n, N) | | Intervention (n, N) | |
| Continuous | Outcome | | Intervention (n, N) | | Intervention (n, N) | |

# Addendum 5

## Turn it in report

turnitin

### Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

| | |
|---|---|
| Submission author: | TASLEEM SAYED |
| Assignment title: | Kole |
| Submission title: | 20062621:Enjouline_Kole_FINAL_tu... |
| File name: | -f3d5-459a-bfc4-a2ee62e6c9ee_En... |
| File size: | 1,005.5K |
| Page count: | 56 |
| Word count: | 11,359 |
| Character count: | 64,276 |
| Submission date: | 18-Dec-2020 08:30AM (UTC+0200) |
| Submission ID: | 1478397227 |

NWU

Copyright 2020 Turnitin. All rights reserved.

# Addendum 6

## Declaration by language editor

Marielle Tappan
Wapadrand, Pretoria
**Tel** 072 474 1158
**Email** mteditorialinfo@gmail.com

MT Editorial

**Date of Edit: 17 December 2020**

**Edit: Enjouline Kole**

To whom it may concern,

I, Marielle Tappan, trading under the name MT Editorial, hereby confirm that I am a language editor.

I have extensive experience in the field of language and publishing and received my Bachelors of Information Science in Publishing from the University of Pretoria. I am also a registered member of the Southern African Freelancer's Association.

I hereby declare that the editing done for any client is done with the utmost diligence and the full appreciation of the English language and all of its intricacies, as was done for edited sections of this document.

If there are any other queries, please do not hesitate to contact me.

Kindest Regards,

**Marielle Tappan**
Owner, MT Editorial
(BIS) Publishing
SAF03058, SAFREA

Marielle Tappan