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Trauma-informed care in the child care and family placement process – Miracle Foundation's approach within alternative care in India

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Abstract

Trauma-informed care (TIC) is critical in institutional settings to address not only the trauma of experiences that lead children to be enrolled into alternative care such as child care institutions (CCI), but also the inherent trauma that comes from a child being separated from her or his family. Miracle Foundation (henceforth referred to as Miracle) ensures the rights of the child are met while she/he is at an institution while working towards placing every child into a safe, loving family. This article looks at how Miracle Foundation applies principles of trauma-informed care at every stage: from intake and care at a CCI while awaiting placement, to preparing children and families for transition, and finally to monitoring and support post-placement.

Following a brief background of the trauma surrounding institutional settings and its damage on children's development drawn from existing literature, we will define the principles of trauma-informed care: safety, choice, collaboration, trustworthiness, and empowerment. The narrative will then illustrate how these principles are applied with children, families, and CCI staff through capacity building, access to counselling and mental health resources, and dedicated guidance by Miracle team members throughout the child care and placement process. Training government officials through a train-the-trainer model equips them to practice a strength-based approach with children and families. Government officials in turn pass this methodology to all CCIs in their purview, broadening our impact multifold. This also positions us for systematic change when it comes to developing all members of the social workforce through system strengthening.

By building up a robust mental health program rooted in both prevention and intervention, Miracle has worked to reduce the stigma surrounding mental health prevalent in the South Asian context and ensure the best interest of the child. This will add to the larger body of work on best practices related to applying the theoretical aspects of trauma-informed care on the ground.

Keywords: alternative care, trauma-informed care, mental health, India

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Background and Context

According to the UNICEF, an estimated 153 million children globally have lost one or both parents; 43 million of them live in South Asia (UNICEF, 2012). Of the over 3,700 children Miracle Foundation has supported within CCIs over the last 19 years, almost half (49%) of them are reported to be single or double orphans. The intensity of trauma varies depending on the nature of the parent's death, and even those who have parents and are considered "economic orphans" have faced some kind of traumatizing experience that resulted in the child being enrolled into a CCI (e.g. natural disaster, abandonment due to remarriage, lack of financial resources and education opportunity, abuse or neglect).

Because of this, Miracle Foundation has developed a robust mental health program that commits to promoting the mental health and well-being of children by encouraging self-awareness, cultivating social-emotional development, building life skills, and developing coping strategies, thus preparing them to cope with the stresses of life, achieve their full potential, and live a productive life, from childhood, to adolescence, through to adulthood. Miracle's mental health team ensures that CCIs, children, families, communities, and governments are aware of the importance of mental health and have access to appropriate resources, such as regular counseling and professional services.

Training and support takes place at five levels:

- **CCI social workers** – basic counseling skills and child development through ongoing trainings, mentoring visits, and workshops
- **CCI houseparents** – attachment, basic child development, and positive discipline through trainings, mentoring visits, and workshops
- **Children** – life skills education, building coping skills, preparation for family-based care through individual and group counseling and trainings
- **Parents/caregivers** – individualized guidance, counseling, and positive parenting education
- **Government officials/other NGOs** – to support mental health needs of children and families through strength-based approach. Train-the-trainer model conducted for state-

level officials, and engagement with District Child Protection Units (DCPU), Child Welfare Committee (CWC), Juvenile Justice Board, and State Child Protection Society Officials through workshops.

By strengthening the capacity of these stakeholders in understanding and coping with trauma, we work towards breaking the stigma around mental health in India and the cycle of re-traumatization in the child care system for more systemic change. Engagement with the government in particular increases our impact for more trauma-informed and child-focused care multifold to reach thousands of families.

Effects of poor mental health and trauma among orphans and vulnerable children

Evidence indicates that early separation from parents is a risk factor for developing a chronic versus acute response to traumatic stressors (Udayan Care, 2014). Other studies such as the longitudinal project by Duke University following single and double orphans compared to non-orphaned or abandoned children in five lower- and middle-income countries (including India) showed that high levels of emotional difficulty can contribute to lag in cognitive development (Escueta, Whetten, Ostermann, O'Donnell, & The Positive Outcomes for Orphans Research Team, 2014). Exposure to potentially traumatic events, like losing a parent, are correlated with this kind of high emotional difficulty. Therefore, it goes on to recommend, interventions targeting psychosocial development are needed to "ease the strains inhibiting a child's learning." This includes working to strengthen families' socioeconomic conditions since those can also contribute to psychosocial challenges (Escueta, et al., 2014).

The regimented nature and lack of individualized care in institutions can enable or add additional trauma. For instance, almost 57 per cent of children in institutions in 13 Indian states reported to have faced physical abuse by staff members at institutions (Ministry of Women and Child Development, Government of India, 2007). Such conditions can result in poor life outcomes for children after they have left CCIs:

- Cognitive development – lower IQ[1]
- Emotional development – poor attachment, behavioural issues, distrust of others[1]
- Physical development and somatic disorders – low weight, height, chronic health problems[1]; eating disorders, skin lesions, respiratory disorders, digestive disorders[2]
- 500 times more likely to commit suicide than children growing up in families[3]
- 40 times more likely to get criminal records[3]

[1] Center on the Developing Child - Harvard University. Brain Architecture. Retrieved from https://developingchild.harvard.edu/

[2] Dr. Jean-Luc Duillard, Regional Programme Coordinator of Mental Health Promotion and Suicide Prevention at the Hospitalier de Saintonge, France; as noted in Udayan Care's *Institutionalised Children: Seminar on Standards of Care and Mental Health.*

[3] Retrieved from Hope and Homes for Children training attended by Miracle team members. www.hopeandhomes.org/

- Increased likelihood of becoming victims of trafficking, exploitation, and substance abuse[4]

Care for children must be highly individualized as the impact of trauma for each child can vary dramatically. Variables to consider for orphans specifically include: age and sex of the child at the time of loss of caretaker, nature and quality of the links before the break, any violence suffered, quality and diversity of care, and self-esteem and resilience of each child (Udayan Care, 2014).

Trauma-informed care approach

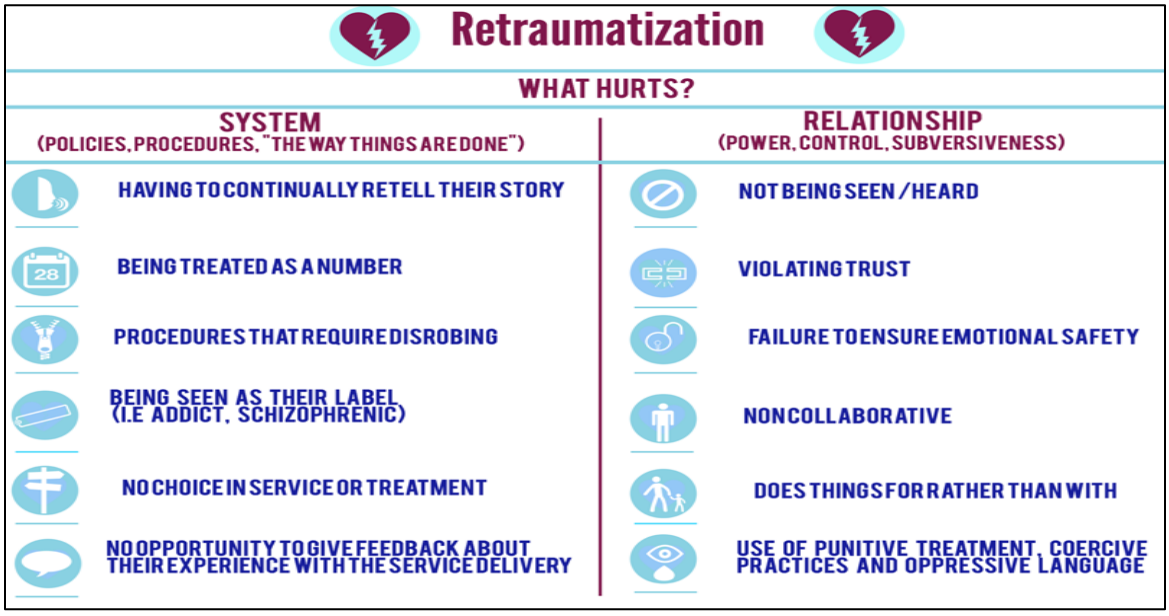
A trauma-informed care (TIC) approach "understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize" ("What is Trauma-Informed Care?" 2019). The model of trauma-informed care used in this paper comes from the University of Buffalo's Institute on Trauma and Trauma-Informed Care (ITTIC) and is based on Maxine Harris and Roger Fallot's book, "Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services (2001)." TIC does not directly treat sources of trauma, but rather seeks to provide support services in a way that is accessible and appropriate for people who have faced trauma. This is done based on five guiding principles:

- **Safety** – ensuring individual's physical and emotional safety. Can include having common areas that are welcoming and where privacy is respected.
- **Choice** – individual has choice and control. They are made well-aware of their rights and responsibilities.
- **Collaboration** – along with choice, making decisions with the individual and sharing power increases participation in and effectiveness of services. They have a significant role in planning and evaluating services.
- **Trustworthiness** – task clarity, consistency, and interpersonal boundaries between individual and care provider.
- **Empowerment** – building on individual's strength and developing coping skills for them to fall back on if and when services stop. This can be done by providing an atmosphere where individuals feel validated and affirmed with every contact with the agency.

Figure 1 also lists out factors associated with re-traumatization as a reference to how Miracle works to avoid this risk to children and families.

[4] Udayan Care's *Institutionalised Children: Seminar on Standards of Care and Mental Health.*

Figure 1: Factors associated with re-traumatization from ITTIC.



Along with the beneficiaries of support services, TIC acknowledges that trauma can be present at all levels of care, including support *staff*. Staff should be trained to recognize and deal with symptoms of trauma in individuals and in their own experiences, and the system should avoid re-triggering their traumas as well.

Guiding Principles in Practice

The rest of the paper will detail how these principles of TIC are embodied in Miracle Foundation's methodology for family-based care at every stage of interaction with children, families, and staff: intake and care of children while awaiting family placement at a child-care institution, assessment for potential placement options, transition into a placement option, and post-placement mentoring and support. *Note*: certain components can overlap in the principles they embody, so for the purposes of this paper, they are listed by the most prominent principles.

These measures are incorporated in the policies and agreements for child-care institutions partnering with Miracle Foundation, training materials for staff and children, and in-house tools to monitor CCI performance on meeting children's rights called the *CCI Thrive Scale* and a child's placement progress on the *Home Thrive Scale*.

- Intake and Care in CCI While Awaiting Placement
    - Safe, nurturing family environment
    - Positive discipline
    - Child protection policies
    - Confidentiality and stigma

    - Counseling to help children understand their identity and behaviour
    - Self-care for staff
    - Rights of the Child and Life Skills Education
    - Lifebook work
    - Child participation: children's committees and Youth Ambassadors
- Assessment for Placement
    - Child and family assessment forms, tools, and visits
    - Child's active participation with multi-disciplinary team
- Transition to New Placement
    - Individual and family counseling
    - Family preparation, education and support
- Post-Placement Mentoring and Support
    - Regular follow up visits and calls
    - Placement disruption

Intake and Care While Awaiting Placement

Entry into a child-care institution can be a difficult and emotional experience for a child as the threshold for separation from their family into a new setting, and living under the care of strangers. Living among other children in institutional care can also subject a child to lose a sense of self and belonging. Miracle Foundation mentors CCIs to ensure the safety, wellbeing, and development of a child during her/his duration there.

Safety, Trustworthiness

Safe, nurturing family environment – Staff members make a child's initial transition as welcoming as possible by allowing children to bring belongings from their previous home to retain self-identity, along with giving a "welcome kit" that provides a child her/his own toiletries. When the child is ready to do so, she/he is then introduced to other children at the institution, including those who are in their specific family group.

Family groups are created with a caregiver to child ratio no greater than 1:20[5] so that every child receives individual attention and sense of belonging in a family-like environment. Houseparents are the primary caregivers for children. They are mentored by Miracle team members and the social worker to be aware of children's physical and emotional needs, and encouraged to be actively involved in all aspects of a child's life as a source of support. The family group and CCI

[5] Caregiver to child ratio for infants and toddlers is 1:3 but none of the children in CCIs Miracle works currently have children in this age range.

staff are also available as a support system for children to reach out to long after they leave the institution as a safety net.

Turnover of caregiving staff can disrupt a child's sense of stability and risks re-traumatizing their separation and possible abandonment. To address this, human resource policies are advised to include appropriate benefits like health insurance to account for staff's physical needs, along with enough leave time, and access to resources for their mental health.

Positive discipline – Houseparent training involves learning positive discipline techniques as alternatives to corporal punishments that can be common in institutional settings. This is particularly important to avoid re-traumatizing children who may have faced physical and emotional abuse outside of the CCI. Like social workers, houseparents are taught to find the emotions and needs behind disruptive behaviour. Techniques such as role modelling good behaviour, rewarding good behaviour and loss of privilege are used to instill self-control and self-discipline within children instead of abusive behaviour.

Child protection policies – While the Juvenile Justice Act (JJA) in India outlines child protection measures for all forms of alternative care, unfortunately, not all institutions are aware of or practice these measures actively. CCIs who partner with Miracle are required to have a child protection policy (CPP) that is reviewed by Miracle team members to ensure all staff, volunteers, and ancillaries who are in direct contact with children are aware of types of abuse as well as how to report and prevent them. A child safeguarding policy (CSP) for Miracle Foundation as an organization has been created to guide all members of the organization (staff or volunteer), whether they have direct contact with the children, or indirectly have an impact on the children via the policy decisions they make or programs/projects they oversee. The CSP is broader than child protection as it is not only about protection, but also about promoting children's well-being in areas such as health, education, etc.

Confidentiality and Stigma – CCIs are required by the Indian government to collect background information on all children enrolled in their institution. Given the highly sensitive nature of these documents, staff members are discouraged from sharing the information among themselves or in front of other children to avoid "labelling" and possible discrimination. Psychologists are required to sign a confidentiality agreement to not disclose any information from their counselling sessions with anyone other than the Miracle mental health team[6].

The backgrounds from which children come, and the very fact that they are in CCIs are often highly stigmatized in communities. Children have been known to be isolated in schools from children who are not in CCIs, and may be avoided for the reasons that led them to enrollment in CCIs, such as parents' death, suicide, or separation, or being affected by HIV/AIDS. Trainings and discussions on types of bullying and their harmful effects are held with children so they

[6] Case history and medication review form are also shared with a medical consultant for extra review in case of inappropriate treatment.

know how to avoid such behaviours, create safer spaces, and deal with bullying if faced with it themselves. More work in the community to address stigma as a means of preventing separation and strengthening family placements is planned for the future. For instance, community bodies like Village Panchayats hold significant sway over local views, and can be rallied to help to break the stigma attached to certain conditions.

There is also stigma attached to receiving mental health care as a sign of weakness or disease. To address this, all new social workers and psychologists hold introductory group sessions with the children to build a relationship prior to any individual sessions, which helps the children feel more comfortable in reaching out to them. CCIs are encouraged to create safe, child-friendly spaces for counseling to take place so that children feel comfortable and open to share – placing comfortable chairs, pleasant colors or images on walls, and soundproof walls or having a room far enough away from other residents for confidentiality. Through building a relationship between children and mental health resource persons, the number of children receiving counseling has grown in the last 3 years:

- 76% increase in number of children receiving counseling from SW from 2017 to 2019
- Number of children receiving counseling from a psychologist increased from 19 in 2017 to 49 in 2019
- Number of children attending group counselling sessions increased from 56 in 2017 to 183 in 2019. Group sessions cover topics more broadly with children so they can discuss together, such as changes during puberty and how to mitigate bullying.

Counseling to help children understand their identity and behaviour – Common reasons we have observed for children in the CCIs to start counseling include difficulty managing anger and other emotions, low self-esteem, bedwetting, self-harm, and learning difficulties. Social workers are taught basic counselling skills by Miracle team members so they can conduct individual counselling sessions to help children process trauma and cope with the emotions attached. Professional counsellors and psychologists are also identified for each CCI to visit regularly every month for more advanced cases. Social workers learn skills such as active listening, building trust and rapport with children, importance of attachment, and medication for mental health issues.

When Miracle's targeted mental health initiative first started, CCI staff were primarily concerned with disciplining troublesome behaviour and how to stop them (e.g. breaking objects, bedwetting, backtalk to staff, not paying attention in school, etc.). Through guidance from the mental health team, social workers have learned to listen to children *beyond* symptomatic behaviours to understand root causes related to trauma. For example, bedwetting was observed to be a common issue among all ages in the CCIs. Staff would rely on psychiatrists in hospitals who sometimes issued heavy anti-psychotic medication to young children for the issue, even if they did not show signs of psychosis. Once our mental health team educated the CCI staff on how trauma manifests in children and the serious nature of psychotropic medications, they also

initiated counseling for the children. Bedwetting incidents decreased significantly as the children were able to identify and express their feelings of fear, anger, guilt, etc. – as opposed to relying on medication and treating the physical factors of bedwetting alone.

Counseling reports include a child's background and observations collected from others to provide context for her/his condition, goals to address the concern, and progress on those goals to track over time. After each session, the child shares how they feel she/his is progressing, alongside thoughts from the social worker, psychologist, and Miracle Mental Health Coordinator in a collaborative manner.

Self-care for staff

As important as it is for children to feel safe in their environment, the mental health of CCI staff members responsible for taking care of them is equally critical. Many of our houseparents carry their own trauma from being widowed, divorced, abused, and may not have learned the life skills taught to the children. Along with training to help them better support the children, we also focus on their emotional health; if they lack basic skills, or have never felt truly loved, or deal with their own depression, they will not be able to fully support the children they serve. Social workers and houseparents learn about the importance of self-care and how to incorporate it into their busy lives with simple exercises like taking time for leisure activities, eating regularly, and allowing themselves to express emotions. Miracle also provides counseling by psychologists for houseparents. In one case, a housemother enjoyed caring for children, but tended to lose her temper with them and argue with other houseparents. Though skeptical about counseling at first, she eventually opened up to share her feelings of anger and betrayal at her husband for committing suicide, and the fear and anxiety that took hold as a result. The counselor taught her relaxation techniques, helped her come to terms with her story, and worked with her to map out plans to diminish her anxiety. Her newfound acceptance, peace, and calm has made an incredible difference for her, and has helped her to be more effective in caring for the children.

Choice, Empowerment

Rights of the Child and Life Skills Education – Oftentimes, children are unaware of all the rights they have, and likely have been told what their priorities are by adults. Miracle has created Life Skills Education (LSE) trainings to be conducted with children so that they are educated on their rights, understand their emotions and build skills to cope with them in a healthy and productive manner – to fill in the gaps on what that they may have otherwise learned from parents or relatives in a family setting. Children learn about the 12 Rights of the Child recognized by the United Nations Convention on the Rights of the Child (UNCRC) in 1989 (See Figure 2), and how these mean that they have a choice over what happens to them.

Figure 2: Rights of the Child inspired by the UNCRC, taught to children through LSE

LSE units focus on the areas of life skills that the World Health Organization (WHO) Department of Mental Health identifies as fundamental for psychosocial development for healthy and productive children and adolescents (1999):

- decision-making and problem-solving;
- creative thinking and critical thinking;
- communication and interpersonal skills;
- self-awareness and empathy;
- coping with emotions and coping with stress

Time within a CCI is temporary, so a child must be prepared for life outside of it once they either age-out at 18 years or are placed into a family. However, because most decisions are made for children in an institutional setting – from when they wake up, what foods they eat, their extracurricular activities, and so on – many careleavers admit to feeling lost and overwhelmed when they first move out of the CCI. Miracle LSE units include training on basic skills for navigating the real world, including knowing what foods to eat, personal hygiene, and financial planning. CCI staff are also guided to involve children in maintaining the campus through age-appropriate chores and take children out to complete basic tasks in the community (e.g. shopping at a market, purchasing train ticket, etc.). This builds their agency and empowers them to have more control over their life rather than being completely dependent on an institution. Still, the CCI staff will always continue to be available as a support system for the child even after she/he leaves the institution.

LifeBook work

Children in the care system are often missing sources of identity, such as recollection of their past, photographs, personal belongings, or contact with family members who can share their history. This lack of identity can raise issues of anxiety and insecurity that can continue into adulthood if left unresolved. Children may feel that they are to blame, unlovable, or lack agency in shaping their future, which leaves them at risk of low self-esteem, worry and depression. Miracle trains CCI staff on guiding children to create LifeBooks[7] that help each child process and take ownership of past and self-identity by documenting their personal journey in a visual manner. Paired with individual counseling, the Lifebook is a therapeutic tool that can:

- provide a chronology of the child's life to enhance identity formation
- help resolve grief and difficult emotions and answer the question "Why Did This Happen To Me?"
- prepare a child for moving into another placement – keeping track of the important people, places and events in their life; can help prepare a child for adoption by building a bridge between the birth family and adoptive family
- raise self-esteem –the child better understands how much they have accomplished, the people who surround them and care about them, and the strengths they have developed which will allow them to move forward
- preserve connections to people who have been important in their lives – helps children integrate past experiences with the present circumstances in a healthy, constructive manner

Collaboration, Empowerment

Child participation: Children's committees and Youth Ambassadors – Circumstances that have landed children into CCIs, and the decision to be moved into a CCI itself, are usually out of children's control. One of the most critical rights for children in an institutional setting is the right to be heard and participate in decisions affecting them in order to reinstate this sense of control.

Children's committees are the primary channel for children to express this right in CCIs and are required by the JJA in India. However, many times these are only done on paper and not functioning in person. Miracle trains CCI staff and children to understand the importance of child participation and activate the committees as platforms for children and adults to work together to improve conditions both within the CCI and their lives outside of it. In addition to establishing committees focused on day-to-day functioning of the CCI, Family-Base Care

[7] LifeBook Guide for Miracle India, written by Janie Cravens, LCSW. LifeBook curriculum developed using material from *Kids and LIfebooks: Tips for Social Workers*, Beth O'Malley, Ezine Articles and *Making History – A Social Worker's Guide to Life Books*, Joann Harrison, Elaine Campbell, Penny Chumbley, Dept for Community Based Services, Kentucky Cabinet for Health and Family Services.

Committees have formed in order to discuss ways to support children going through the placement process and raising awareness about it in the community.

A recent initiative, Miracle Youth Ambassadors, came from the realization that the most important voice in the larger child protection and child welfare space has long been sorely missing: the voice of children themselves. Miracle identified a group of children from a pool of self-selecting candidates from residents in partnering CCIs to become Youth Ambassadors. They are mentored on sharing their personal experiences and ideas to affect change in the child care system in favor of family-based care through various media and advocacy channels. The children are not just voices to adults in the space, but a voice to other children like themselves. In this way, children are empowered process their experiences and trauma as a way to help others by sharing their voices as one of millions of children in CCIs around the world.

Assessment for Family-Based Placement

As the global conversation on deinstitutionalization grows louder, national and local governments around the world have started putting pressure on CCIs to rehabilitate children out of institutions. Sacrificing quality for urgency, however, risks doing more harm than good by potentially re-traumatizing children in families who are not yet ready to take care of them. To avoid this, Miracle ensures that the appropriate time is taken to conduct child-focused decision making to fully understand what placement option suits the best interest of the child, and that the child is an active participant in the decisions made for their lives.

Safety

Child and family assessment forms, tools, and visits – the JJA requires a number of forms to be filled out when the child first enters and CCI and updated throughout the child's duration in the institution, including:

- Case History – basic details on child and family, and why child is considered for CCI.
- Social Investigation Report (SIR) - Details about child and family's background. Completed when the child enters the CCI, and once a year thereafter to determine suitability of reunification with family or other family-based care options. Can help identify support systems from the community, relatives, local contacts, etc. when child is placed outside the CCI.
- Individual Care Plan (ICP) – Personal details of child and progress on their development during and after their stay at a CCI. To be initiated and updated from the time child enters a CCI up to first follow-up visit post-placement.

While these provide vital information on the child and family's background, and what the *child* needs to do to prepare for placement, more information was needed on what a *family* needs to do

to ensure the child's safety; Miracle has created versions of the JJA forms that provide space for more details. Additionally, we introduced two forms that further mapped out the risk and safety of a child's potential placement considering all aspects of a their wellbeing:

- Risk Assessment[8] – based on a tool created by Hope and Homes for Children (HHC), this is a checklist that prompts professionals to ensure that all potential risks of abuse and neglect have been considered. A child will not be placed into a home if the risk category is high, and CCI and Miracle will intervene to address risks until it falls to safer levels.

- Placement Plan[9] – maps out how suitable a placement is for a child based on five wellbeing domains (household economy, education, family and social relationships, physical and mental health, and living conditions). Child will not be placed into a home if scores are too low, and the CCI and Miracle will support child and families to address concerns until scores rise to safer levels. Needs, intervention, and progress are collected (ex. relationship counseling, parenting skills, child care during work hours, access to basic amenities, vocational training for child or adult). This tool is used to create a *Home Thrive Scale* which plots the scores on a graph to show progress over time (See Figure 3).

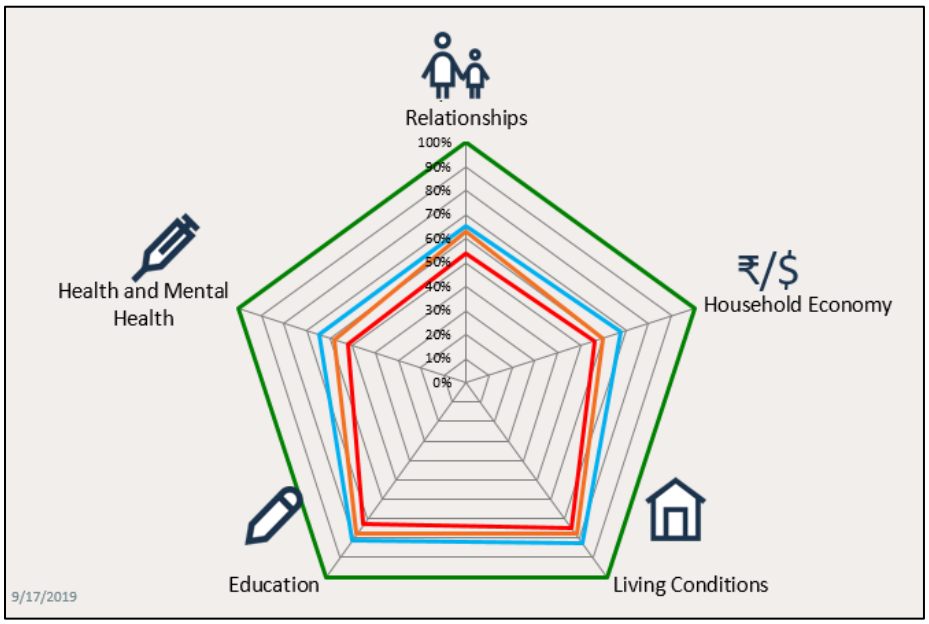
A social worker or case worker must visit the family home in person to fill out these tools so they can get a better understanding of the living conditions and observe a child's interaction with their family and community – is the family happy to have the child back, do they have strong ties with their neighbors, is someone who has hurt the child still nearby, and so on. Even for children identified to live independently, she/he needs to be able to move into safe housing with a healthy support system available.

Technology is being utilized to streamline the process of data input and collection, capture real-time data from the ground, and use data to drive strategy and program development. Staff can fill out the Risk Assessment and Placement Plan using FormAssembly – which is integrated with Salesforce – instead of relying on paper or Word documents. Eventually, the full case management system will be built out into Salesforce to minimize the gap between field data and Miracle team members.

[8] Julia Kraguli, Child Protection Manager, HHC, shared their Risk Assessment Tool with Miracle Foundation in 2018 for our use in the field. As per their Guidelines for the tool, "The Hope and Homes for Children Child Protection Risk Assessment Tool is based on risk factors for child abuse and neglect identified by the American Psychological Association with weighting based on the North Carolina Family Risk Assessment of Abuse/Neglect." We have their permission to use the Risk Assessment, and have given them credit in a footer on the tool.

[9] Miracle Foundation's Placement Plan was developed after substantial research into family assessment tools used by numerous global organizations including US AID (Child Status Index), UK Dept of Health, Save the Children, Hope and Homes for Children, Faith to Action, and Better Care Network. After a comparison of factors or domains addressed by these assessment tools was completed, a consolidated list was created and reduced to 5 areas or "domains" that the Placement Plan would measure.

Figure 3: Example of a Home Thrive Scale to monitor suitability of placement and child's wellbeing, based on Placement Plan tool that gets filled out prior to placement, at time of placement, and updated with each follow-up post-placement until case closure. Progress on each wellbeing domain for this child is observed from baseline (red) to their first follow up visit post-placement (blue).



Choice, Collaboration

Child's active participation with multi-disciplinary team: understanding strengths and needs – The JJA forms do include space for children's wishes and desires; however, due to time or resource constraints, they may not always be filled out with the child's full participation. Miracle works with CCI staff to ensure that children are actively engaged and at the core of the entire case management and placement planning process. Planning also involves members from all areas of a child's care to form a multi-disciplinary team (MDT). This includes the social worker, family members, doctors, psychologist, teachers, and others who have a close relationship with the child. Assessment forms and tools are to be completed and updated in consultation with the child each and every time – adults are there to aid and support a child's interests, not determine it for them.

Planning and Transition into Family-Based Placement

Once a placement has been determined suitable for a child, the work begins on shifting the child from the CCI into the home. Bringing a child into a family is a process (not an event), and whether the family is old or new, it is a time of change and adjustment. Constant dialogue and support is needed with the child and family to make the transition as seamless as possible.

Safety

Individual and family counseling – Successful placements go beyond physical infrastructure and financial safety. Alongside any counseling a child is undergoing for processing their personal emotions and traumas, counseling is also done to help them process the transition into a new placement regardless of whether it is reuniting with biological parents, moving into a new family, living independently, or another care option. For reunifications with family – depending on the reason for family separation in the first place, duration of the separation, and frequency of family contact with child in CCI – it takes time for each party to come to terms with the idea of the placement and mend any wounded relationships since they have been apart. Social workers and/or psychologists meet with children and families, both individually and together, to understand each side's thoughts and feelings about the placement in a safe space.

Collaboration, Empowerment

Child and family preparation, education and support – While reunifications or other family placements are typically a joyous occasion for everyone involved, reality can set in after an initial "honeymoon" period. Miracle conducts trainings for CCI staff to guide children and families through the transition phase so they understand that there are multiple players in the placement and that all must have a voice in the process.

Transitioning into any placement can come with a mix of emotions for children: excitement and happiness for having a family, anxiety about new settings, and missing their friends at the CCI, to name a few. Moreover, there will inevitably be trauma when the child is moved to a different primary caregiver, especially when the child has formed an attachment to the current caregiver. CCI staff are guided to help children come to terms with these emotions by validating them and pacing plans based on her/his level of safety and comfort. Visits to the family home prior to official placement are encouraged to build familiarity with the new settings, and children have agency in what activities take place during these visits. Taking along belongings and memories (e.g. photos, letters, LifeBook) from the CCI also help bridge the transition between placements. At every step, the social worker is checking in with child and family to assess their thoughts and adjust plans accordingly.

Parents/caregivers may also feel ill-equipped to take care of children after being apart for so long, if the child is now an adolescent, or if the child is completely new to the family. Miracle has positive parenting trainings available with practical support to caregivers in these scenarios so they are empowered to realize their parenting potential. Caregivers learn the same way CCI staff do on the importance of attachment, how to how to foster it with their children, positive discipline techniques, and listening for children's needs beyond their behaviours.

Oftentimes, the resources needed to keep a family together are available and it is only awareness of these resources that is lacking. Resources can include government schemes, other NGOs, and community support groups who can provide services or funding for children's and families'

needs even if the CCI or Miracle are no longer working in the area. Resource mapping is done alongside children and families builds their capacity to explore existing sources of support outside of the CCI and Miracle to encourage self-sufficiency.

Post-placement Mentoring and Support

The CCI is responsible for a child's wellbeing even after they have left the institution. Even after a case formally closes, a child and family should always know whom to contact for support if it is needed in the future.

Safety

Regular follow up visits and calls – As outlined by the JJA and Miracle guidelines, a social worker or case worker is expected to follow up with a child after the placement until her/his case can be determined to be closed. As mentioned before, placement out of a CCI is a process involving much change and adjustment, so the social worker or case worker needs to be an anchored support system to help children and families navigate. Case closure can only take place when either of the following occur:

- Goals and objectives of the care plan have been met (as agreed by all involved, including the child and family) and the child's long-term protection and care are reasonably assured;
- The permanency goal has been met and there is reasonable expectation that the child is in a permanent care situation with a family of origin or extended, adoptive, or long-term foster family;
- The child has reached an age of independence (usually 18 or older) and can reasonably be expected to have success in living independently
- The case has been transferred to another agency or organization or case worker (in which case the child's files should also be transferred)

Follow-ups are encouraged to continue for a minimum of 1 to 2 years after placement (reducing frequency over time), but can go on longer if a child or family needs significant support. Time is spent with children and families both separately and all together in order to get honest thoughts and feelings from both parties, as well as observing their interpersonal interactions. The Risk Assessment and Placement Plan described in the Assessment section continue to be updated at each follow up visit or call by the social worker or case worker. These are used to track the child and family's progress after placement and plan further interventions until no significant support is necessary.

Placement disruption

Even with thorough assessment processes and meticulous planning, sometimes a placement will not work out as planned and a child must return to the CCI. For example, relatives may have overestimated their resources to take care of another child, or adoptive parents may not felt ready to deal with a child's unexpected behaviour. Such circumstances can intensify the trauma of a child who has already faced abandonment from family before, with feelings of rejection, guilt, and self-doubt. Miracle trains social workers to manage this critical time by approaching both child and family with compassion for their good intentions. The social worker's role is to understand where the placement broke down and provide immediate relief to the family and child in the way of community services, counseling support, parent education, etc. If the placement cannot be saved, efforts are made to have the transition back to the CCI as painless as possible. Staff and families are encouraged to organize a brief, meaningful goodbye ritual for parents and child that should be positive with a wish (and therefore permission) that the child be happy in the future. Sorrow that the placement did not work out is also appropriate.

Conclusion

Trauma lies at the core of children's experiences in the alternative care system – it underlies the reason for children being placed into the system, can be intensified through the institutional experience, and manifests in all aspects of a child's development. Embedding the principles of TIC into all areas of child care can reduce the risk of re-traumatization and poor life outcomes mentioned at the beginning of the paper by working towards the following impact indicators:

- Greater numbers of families kept intact and fewer children enrolled into institutional care
- Children and young people from CCIs do not face stigma and discrimination in the community. Parents/carers and children feel supported and are able to confront and challenge any shame or stigma they do face.
- Children feel safe in families and have positive relationships with their carers
- Increased awareness on the benefit of mental health services among children and families
- Children demonstrate an increase in confidence, self-esteem and improved positive behaviours
- Lasting placement from children and families feeling happy about decisions regarding the child's case plan and being fully consulted along the way

Ultimately, TIC works towards improving children's cognitive, physical, and emotional wellbeing by ensuring quality care while they are in an institution, and more successful placements (regardless of type) when they leave. Miracle's mental health program and overall methodology continue to develop as we focus our efforts on placing children into more family-based care options. While services like individual child counseling and LSE have been

conducted within Miracle-affiliated CCIs for several years, other practices and tools more specifically related to implementing family-based care (e.g., Risk Assessment, Placement Plan, Home Thrive Scale, better case management) are still relatively new. Therefore, implementation of all procedures is still in the process of becoming standard practice at all the CCIs.

The interventions and tools outlined here can contribute to the body of good practices when working with children in need of care and protection by keeping child-based decision making and evidence-based practices at the center.

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