

Trauma-Informed Care in the Childcare and Family Placement Process: Miracle Foundation's Approach Within Alternative Care in India

Institutionalised Children Explorations
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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 childcare institutions (CCIs), but also the inherent trauma that comes from a child being separated from her or his family. This article looks at how Miracle Foundation applies principles of TIC at every stage: from intake and care at a CCI while awaiting placement, to preparing children and families for transition, and finally to supporting post-placement.

Following a brief background of the trauma surrounding institutional settings and its damage on children's development drawn from existing literature, the article defines the principles of TIC: safety, choice, collaboration, trustworthiness and empowerment. The narrative then illustrates 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 childcare and placement process. Training government officials through a train-the-trainer model equips them to practise a strength-based approach with children and families. This also positions us for a systemic change when it comes to developing all members of the social workforce through system strengthening.

Keywords

Alternative care, trauma-informed care, mental health, India

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Background and Context

The intensity of trauma for children living without parents varies depending on the nature of the parent's death. Even those who have parents and are considered 'economic orphans' have faced some kind of traumatising experience that results in the child being enrolled into a childcare institution (CCI) (e.g., natural disaster, abandonment due to remarriage, lack of financial resources, education opportunity and abuse or neglect).

Miracle Foundation has therefore developed a robust mental health programme that commits to promoting the mental health and well-being of children by encouraging self-awareness, building life skills and developing coping strategies, thus preparing them to achieve their full potential. 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 counselling and professional services.

Training and support take place with children, their families, CCI social workers, houseparents, government officials and other NGOs. 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-traumatisation in the childcare system for a systemic change. Engagement with the government through workshops and a train-the-trainer model on Miracle's methodology increases our impact for more trauma-informed and child-focussed care, 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 response to traumatic stressors, meaning that an individual would be less able to positively cope with negative stressors that come up in their life (Udayan Care, 2014).

The regimented nature and lack of individualised care in institutions can further enable or add additional trauma. Such conditions can result in poor life outcomes for children after they leave CCIs:

- Cognitive and emotional developmental issues such as lower IQ, poor attachment, behavioural issues and distrust of others (Center on the Developing Child, 2007).
- Increased likelihood of becoming victims of trafficking, exploitation, substance abuse and suicide (Pashkina, 2001; 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' (Buffalo Center for Social Research, 2019). The model of TIC used in this article comes from Institute on Trauma and Trauma-Informed Care at the University of Buffalo, and is based on Harris and Falot's (2001) book *Using Trauma Theory to Design Service Systems, New Directions for Mental Health Services*. 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.

The five guiding principles of TIC are as follows:

- *Safety*: Ensuring individual's physical and emotional safety.
- *Choice*: Individual has choice and control. They are made well aware of their rights and responsibilities.
- *Collaboration*: Making decisions with the individual and sharing power increases participation in and effectiveness of services.
- *Trustworthiness*: Task clarity, consistency and interpersonal boundaries between an individual and her/his care provider.
- *Empowerment*: Building on individuals' strength and developing coping skills for them to fall back on if and when services stop. Individuals feel validated and affirmed with every contact with the agency.

Guiding Principles in Practice

The rest of the article 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 CCI staff. These measures are incorporated in the agreements for CCIs partnering with Miracle Foundation, training materials for staff and children and in-house tools to monitor CCI performance on meeting children's rights and a child's placement progress.

Intake and Care while Awaiting Placement

Entry into an institution can be a difficult and emotional experience for a child as it is the threshold for separation from their family into a new setting and living under the care of strangers. Miracle Foundation guides CCIs to ensure the safety, well-being and development of a child during her/his duration there.

Safety and Trustworthiness

Safe, Nurturing Family Environment

Family groups are created with a caregiver to child ratio no greater than 1:20 so that every child receives individual attention and a sense of belonging. Houseparents are mentored by Miracle team members, and social workers are

made to be aware of a child's physical and emotional needs and are encouraged to be actively involved in all aspects of the child's life as a source of support.

Houseparent training also involves positive discipline techniques and understanding the emotions and needs behind disruptive behaviour. Techniques such as role modelling, rewarding good behaviour and loss of privilege are used to instil self-control and self-discipline within children, instead of using abusive behaviour that can risk re-traumatisation.

Confidentiality and Stigma

Receiving mental health care is often seen as a sign of weakness or disease. To address this stigma, all new social workers and psychologists hold introductory group sessions with the children prior to any individual sessions in order to build a relationship. CCIs are also encouraged to create safe, child-friendly spaces for counselling to take place so that children feel open to share. Staff members are discouraged from sharing children's information among themselves or in front of the other children to avoid 'labelling' children, and psychologists must sign a confidentiality form from disclosing about cases. Through building a relationship between children and mental health resource persons, the number of children receiving counselling has grown in the last 3 years:

- An increase of 76 per cent in the number of children receiving counselling from a social worker from 2017 to 2019.
- The number of children receiving counselling from a psychologist increased from nineteen in 2017 to forty-nine in 2019.

Counselling to Help Children Understand their Identity and Behaviour

Miracle mentors social workers on basic counselling skills, such as active listening, importance of attachment and monitoring medication for mental health issues. Psychologists are also identified for each CCI to visit regularly every month for more advanced cases.

Prior to Miracle's targeted mental health initiative, CCI staff were primarily concerned with disciplining and managing troublesome behaviours (e.g., breaking objects, bedwetting, back talking to staff and not paying attention in school). 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, CCI staff used to rely on medications such as antidepressants prescribed by psychiatrists to address bedwetting. 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 counselling for the children. Bedwetting incidents decreased significantly as the children were able to identify and express their feelings of fear, anger and guilt.

Self-care for Staff

Many houseparents carry their own trauma from being widowed, divorced or abused and may not have learned the life skills being taught to the children. Miracle teaches houseparents the importance of self-care and provides individual counselling for those who need it. In one case, a housemother enjoyed caring for

children but would often lose her temper. Through counselling, she eventually opened up about feelings of anger, fear and anxiety from her husband's abuse. The counsellor 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 have made an incredible difference in her and helped her to be more effective in caring for the children.

Choice and Empowerment

Life Skills Education

Miracle has created Life Skills Education trainings that educate children on their rights and focus on the areas that the World Health Organization (1999) Department of Mental Health identifies as fundamental for psychosocial development for healthy and productive children and adolescents: decision-making, problem-solving, creative and critical thinking, communication and interpersonal skills, self-awareness and empathy and coping with emotions and stress.

Lifebook

Children in the care system are often missing sources of identity, such as recollection of their past, photographs 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. Miracle trains CCI staff on guiding children to create Lifebooks¹ that help each child process and take ownership of their past and self-identity by documenting their personal journey in a visual manner. Paired with individual counselling, the Lifebook is a therapeutic tool that can enhance identity formation, resolve grief, raise self-esteem and prepare the child for moving to family.

Assessment for Family-based Placement

National and local governments around the world have started putting pressure on CCIs to rehabilitate children out of institutions. To avoid sacrificing quality for urgency and re-traumatizing children, Miracle ensures that the appropriate time is taken to conduct child-focussed decision-making to fully understand what placement option suits the best interest of the child.

Safety

Child and Family Assessment Forms, Tools and Visits

While required JJA (Juvenile Justice (Care and Protection of Children) Act, 2015) documents (e.g., case history, social investigation report and individual care plan) provide vital information on the child and family's background, Miracle has created

versions of the JJA forms that provide space for more details on what a family needs to do to ensure a child's well-being. Additionally, we introduced two forms:

- *Risk assessment*²: Based on a tool created by Hope and Homes for Children (HHC), this checklist prompts professionals to ensure all potential risks of abuse and neglect have been considered.
- *Placement plan*³: This maps out how suitable a placement is based on five well-being domains (household economy, education, family and social relationships, physical and mental health and living conditions). It is used to create a *Home Thrive Scale* which plots the scores on a graph to show progress over time (See Figure 1).

A social worker or caseworker visits the family home to complete these tools, so they can get a better understanding of the living conditions and observe a child's interaction with their family and community. The CCI and Miracle will support children and families to address concerns until scores rise to safe enough levels for children to be placed back with their families.

Choice and Collaboration

Child's Active Participation with Multi-disciplinary Team: Understanding Strengths and Needs

Miracle works with CCI staff to ensure that children are actively engaged and are 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. 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 time – adults are there to aid and support a child's interests, not determine it for them.

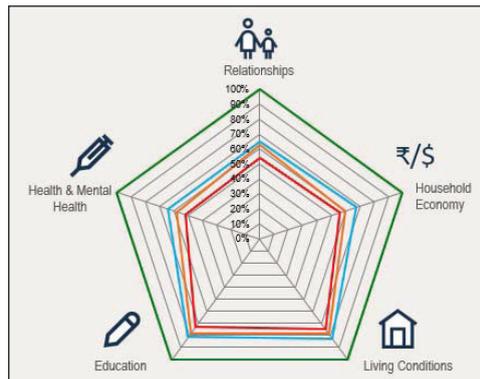


Figure 1. Example of a Home Thrive Scale, to be completed prior to placement, at time of placement, and updated post-placement until case closure. Progress is shown here from baseline (red) to first follow-up visit (blue).

Transition into Family-based Placement and Follow-up Support

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. Even after a case formally closes, the CCI should always be available for the child and family to contact for support if it is needed in the future.

Collaboration and Empowerment

Child and Family Preparation, Education and Support

Reality can set in after an initial ‘honeymoon’ period for any placement option. Miracle trains social workers to guide children and families through the transition phase so they understand that all players must have a voice in the process. Counselling is done with children and caregivers to help each process the transition, validate mixed feelings and help mend any wounded relationships. Parents/caregivers learn the same way CCI staff do on how to foster attachment with their children, practise positive disciplining and listen for children’s needs beyond their behaviours. Moving plans are paced according to the child’s level of safety and comfort, and at every step, the social worker checks with both parties to adjust plans accordingly.

Resource mapping done alongside families builds their capacity to explore existing sources of support outside of the CCI and Miracle (e.g., government schemes, other NGOs and community support groups) to encourage self-sufficiency.

Safety and Trustworthiness

Regular Follow-up Visits and Calls

The social worker is an anchored support system to help children and families navigate this time of change, following up with a child after placement for a minimum 1 to 2 years, or until their case can be determined to be closed. The risk assessment and placement plan continue to be updated at each follow up to track the child and family’s progress and plan further interventions until no significant support is necessary.

In cases where placements do not work out and children must return to CCIs, there is risk of intensifying trauma for children who have already faced abandonment once. 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. If the placement cannot be saved, efforts are made to have the transition back to the CCI as painless as possible.

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 childcare can reduce the risk of re-traumatisation and poor life outcomes.

TIC works towards improving children's cognitive, physical and emotional well-being by ensuring quality care while they are in an institution, and more successful placements (regardless of the type) when they leave. Miracle's mental health programme and overall methodology continue to develop as we focus our efforts on placing children into more family-based care options.

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 centre.

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Notes

1. Lifebook Guide for Miracle India is written by Janie Cravens, L. C. S. W. Lifebook curriculum is developed using materials 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, Department for Community Based Services, Kentucky Cabinet for Health and Family Services.
2. As per HHC's 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'. Miracle has their permission to use the risk assessment and has given them credit on the tool.
3. Miracle Foundation's Placement Plan was developed after substantial research into family assessment tools used by numerous global organisations including USAID (Child Status Index), UK Department of Health, Save the Children, HHC, 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 five areas or 'domains' that the Placement Plan would measure.

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