

**A HOME OF HOPE: ESTABLISHING A SAFE AND NURTURING HOUSE FOR ORPHANED CHILDREN**

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**Abstract**

**Background:** Orphaned children are exposed to multiple adverse childhood experiences (ACEs), including parental loss, poverty, trauma, and social instability, which significantly increase their risk of poor physical, mental, educational, and social outcomes. In Malaysia, there is a need for child-centered residential care models that extend beyond shelter provision to address the long-term developmental and psychosocial needs of vulnerable children. This project aimed to develop a trauma-informed residential care model for orphaned children in Kedah, Malaysia.

**Methods and Material:** A mixed-methods project planning approach was employed, incorporating a comprehensive literature review, stakeholder mapping, and semi-structured interviews with key informants from the Department of Social Welfare (JKM), healthcare services, mental health professionals, orphanage management, and community organizations. Evidence from trauma-informed care, the Social Ecological Model, and Life Course Health Development frameworks guided the design of the proposed intervention. Findings were synthesized to develop operational plans, partnership frameworks, monitoring and evaluation systems, and sustainability strategies.

**Results:** The project produced a comprehensive implementation blueprint for a trauma-informed residential home accommodating orphaned children in a family-style environment. Key components include stable housing, educational support, healthcare access, trauma counselling, life-skills development, and transition planning for independent living. Stakeholder consultations highlighted the importance of regulatory compliance, caregiver stability, integrated mental health services, and community engagement. The resulting model emphasizes multidisciplinary collaboration and long-term sustainability through government, community, and corporate partnerships.

**Conclusion:** The proposed “Home of Hope” model offers a holistic and evidence-based approach to improving the health, well-being, and future opportunities of orphaned children in Malaysia. By integrating trauma-informed care with educational, psychosocial, and health interventions, the project addresses critical social determinants of health and provides a scalable framework for strengthening child welfare services and promoting positive life-course outcomes.

**Keywords:** *Orphaned children; Trauma-informed care; Residential child care; Child welfare; Malaysia*

## **Section 1: Project Definition**

### **1.1 Introduction and Project Overview**

The death of a parent represents one of the most profound psychosocial stressors a child can experience, fundamentally disrupting primary attachment systems and creating cascading vulnerabilities across every domain of development. Globally, millions of children navigate childhood without parental care, facing elevated risks for poor health outcomes, educational deficits, and socioeconomic marginalization that persist throughout the life course. Within the Malaysian context, particularly in Kedah state, characterized by significant economic disparities and a high proportion of B40 (low-income families), orphaned children represent a population that is both statistically invisible and disproportionately burdened by compounded health risks. "A Home of Hope" is proposed as a comprehensive public health intervention to address this gap in the care ecosystem. This project defines the establishment of a trauma-informed, nurturing residential home in Kedah, Malaysia, that systematically addresses the adverse childhood experiences of orphaned children by integrating stable housing, healthcare access, educational support, and professional psychosocial services.

The mission of "A Home of Hope" is to create a family-style home that serves as a cornerstone for holistic development, ensuring that each child's emotional, educational, and social well-being is meticulously nurtured. Unlike traditional institutional care models that may prioritize custodial shelter over therapeutic support, this project deliberately constructs an environment that fosters stability and healing. The facility will feature small, family-style living groups with dedicated, trauma-informed caregivers, access to professional trauma counselling and a safe, welcoming physical space that meets or exceeds national regulatory standards for childcare institutions.

### **1.2 Core Components of the Proposed Intervention**

The proposed home will initially accommodate up to 150 children, organized into small family-style groups to preserve a sense of belonging and individualized attention. By maintaining small group sizes with consistent caregivers, the project aims to replicate, to the extent possible within a residential setting, the conditions necessary for secure attachment formation.

Beyond physical shelter, the project encompasses three interconnected programmatic domains. First, the educational support component guarantees access to quality formal schooling, supplemented by on-site academic support, tutoring, and a well-resourced library and computer

lab designed to bridge educational gaps and promote digital literacy. Second, the psychosocial support component provides individual and group counselling sessions delivered or supervised by licensed clinical psychologists, utilizing evidence-based trauma interventions. Third, the life-skills and transition readiness program prepares older youth for independent adulthood through financial literacy education, higher education guidance, career counselling, and internship placements with corporate partners.

### **1.3 My Role and Responsibility**

As the project lead and principal investigator for this capstone, my role encompasses the comprehensive planning, organization, and oversight of the project's developmental phase. This includes conducting the foundational research necessary to inform evidence-based design decisions, engaging with key stakeholders, including the Department of Social Welfare (JKM), the Orphan Center Kedah Malaysia, healthcare providers, and educational institutions, developing operational protocols and standard operating procedures, designing the monitoring and evaluation framework, and creating the sustainability plan that will guide the project beyond its initial implementation phase. This role requires integrating multiple public health competencies, including needs assessment, program planning, stakeholder engagement, and systems thinking.

### **1.4 Alignment with Public Health Principles**

This project is fundamentally a public health intervention, distinguished from purely charitable initiatives by its grounding in epidemiological evidence, its focus on addressing root causes of poor health outcomes, and its commitment to systematic evaluation. The intervention targets a vulnerable population at elevated risk for poor health outcomes, addresses multiple social determinants of health simultaneously, and incorporates primary, secondary, and tertiary prevention strategies within a unified framework.

## **Section 2: Final Project Overview**

### **2.1 Project Objectives**

The objectives of the "Home of Hope" project have been developed using the SMART criteria (Specific, Measurable, Achievable, Relevant, and Time-bound), ensuring that each goal translates into concrete accomplishments that can be tracked and systematically evaluated. These objectives emerged from the synthesis of literature review findings, key informant interview

insights, and stakeholder analysis, refined through an iterative process to ensure both ambition and feasibility within the Kedah context.

*Objective 1: Legal and Institutional Foundation*

To secure formal partnership agreements and operational approvals from the Department of Social Welfare (JKM) and the Orphan Center Kedah Malaysia within the first six months of project initiation and establish the legal and institutional framework necessary for child placement and care.

*Objective 2: Facility Establishment*

To establish and operationalize the "Home of Hope" residential facility within 12 months, capable of safely and appropriately housing an initial cohort of 15-20 children in a family-style model, featuring dedicated sleeping quarters, communal living spaces, study areas, and secure outdoor play spaces that meet or exceed national regulatory standards for childcare institutions.

*Objective 3: Staff Recruitment and Training*

To recruit, train, and deploy a core staff team comprising a minimum of one full-time home manager, six dedicated trauma-informed caregivers (ensuring a favourable child-to-caregiver ratio), and one onsite psychosocial support officer within the first year, all of whom will have completed certified trauma-informed care training before the arrival of the first children.

*Objective 4: Health Assessment and Monitoring*

To ensure that 100% of resident children receive a comprehensive health and developmental baseline assessment within 30 days of admission, conducted in partnership with a Ministry of Health (MOH) clinic or designated pediatrician, leading to individualized health plans for each child.

*Objective 5: Educational Access and Support*

To facilitate the formal school enrolment and sustained attendance of 100% of school-aged children in the home within one academic term of their admission, and to establish an on-site after-school academic support program that demonstrates a measurable improvement in core subject grades for at least 75% of participating children within one academic year.

*Objective 6: Trauma-Informed Mental Health Support*

To deliver structured, individualized trauma counselling sessions to 100% of resident children, with each child receiving a minimum of one session per fortnight conducted or supervised by a

licensed clinical psychologist, and to measure a statistically significant aggregate reduction in symptoms of anxiety, depression, and PTSD as measured by validated tools at 6 and 12-month intervals.

*Objective 7: Life-Skills and Vocational Preparation*

To develop and implement a life-skills and vocational readiness curriculum for adolescents (aged 13+), resulting in at least 80% of eligible youth obtaining certification in a minimum of two core life-skills domains (including financial literacy and digital competency) and securing at least two corporate partnerships to provide internship opportunities by the end of the second project year.

**Objective 8: Financial Sustainability Planning**

To develop a five-year financial sustainability plan by the end of the first project year, detailing diversified revenue streams including government grants, corporate social responsibility (CSR) funding, private donations, and potential social enterprise models to ensure the long-term viability of the Home of Hope beyond initial project funding.

**2.2 Theoretical Framework**

The "Home of Hope" project is grounded in several interconnected theoretical frameworks that inform its design, implementation, and evaluation strategies. The primary framework is the Trauma-Informed Care (TIC) approach, as articulated by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014). This framework guides the project's fundamental philosophy, emphasizing the importance of realizing the widespread impact of trauma, recognizing the signs and symptoms of trauma in clients and staff, responding by integrating knowledge about trauma into all policies and procedures, and actively resisting re-traumatization.

The second framework is the Social Ecological Model, which conceptualizes health outcomes as influenced by multiple levels, including individual, interpersonal, organizational, community, and policy factors (McLeroy et al., 1988).

The third framework is the Life Course Health Development framework, which emphasizes how early experiences and exposures shape health trajectories across the lifespan (Halfon & Hochstein, 2002). This framework justifies the project's focus on early intervention for orphaned children, recognizing that investments in their health, education, and emotional well-being

during childhood can fundamentally alter their life-course trajectories and prevent the accumulation of disadvantage that typically characterizes aging out of institutional care.

### **2.3 Target Population and Setting**

The direct beneficiaries of this project are orphaned children in Kedah, Malaysia, who have experienced the profound trauma of losing parental care. From a public health perspective, this population is at significantly elevated risk for a cascade of negative outcomes, including higher rates of chronic disease, mental illness, substance abuse, and decreased life expectancy in adulthood, consequences strongly linked to their exposure to multiple Adverse Childhood Experiences (ACEs).

The project will be physically situated in Kedah, Malaysia, a state characterized by a significant agricultural sector and a mix of urban and rural populations. Kedah has a higher proportion of B40 low-income families than the national average, creating conditions of economic vulnerability that serve as critical social determinants of health. This economic context directly impacts children's access to adequate nutrition, quality healthcare, and educational opportunities, compounding the disadvantages associated with orphanhood.

The operational setting extends beyond the physical facility to encompass a multi-sectoral network of public and private entities. Key partners include the Department of Social Welfare (JKM), which provides regulatory oversight and manages child placement processes; the Ministry of Health (MOH), which facilitates access to routine and preventive healthcare services, local schools, where children will be enrolled and their academic progress monitored, licensed mental health professionals, who deliver specialized trauma counselling, community-based organizations, which support community integration and provide extracurricular opportunities, and corporate partners, who contribute funding and internship opportunities for older youth.

## **Section 3: Updated Research Summary**

### **3.1 Literature Review Synthesis**

The foundational research for this project began with a systematic review of academic and grey literature addressing the health and social outcomes associated with orphanhood, effective models of residential care, and trauma-informed interventions for vulnerable children.

### **Adverse Childhood Experiences and Orphanhood**

The seminal Adverse Childhood Experiences study conducted by Felitti and colleagues (1998) established the dose-response relationship between childhood exposure to adversity and adult health outcomes, demonstrating that individuals exposed to multiple ACEs face significantly elevated risks for ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease, as well as increased rates of depression, suicide attempts, and substance abuse. Subsequent research has confirmed that orphanhood constitutes a significant ACE, particularly when combined with the circumstances that often precede parental death or removal, including parental illness, poverty, and household dysfunction (Turney & Wildeman, 2017).

For orphaned children, the trauma of parental loss is frequently compounded by additional adversities. Many have witnessed parental illness or death, experienced household economic decline, undergone separation from siblings during placement processes, and faced stigma associated with orphan status (Cluver et al., 2012). This accumulation of adversities places orphaned children at particularly high risk for poor outcomes, justifying the need for comprehensive interventions that address multiple domains of functioning simultaneously.

### **Institutional Care and Child Development**

A substantial body of evidence has documented the developmental risks associated with institutional care, particularly when characterized by high child-to-caregiver ratios, frequent staff turnover, and regimented routines that preclude the formation of stable attachment relationships (Zeanah et al., 2017). The Bucharest Early Intervention Project, a randomized controlled trial of foster care versus institutional care for abandoned children in Romania, demonstrated that children placed in institutions showed significant deficits in cognitive development, increased rates of psychiatric disorders, and atypical patterns of brain development compared to children placed in high-quality foster care.

### **Trauma-Informed Care in Residential Settings**

Trauma-informed care has emerged as the gold standard approach for serving children who have experienced significant adversity. SAMHSA's (2014) concept of trauma-informed care emphasizes six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and attention to cultural, historical, and gender issues. When applied to residential care settings, these principles translate into practices such as predictable routines, transparent communication with children about

decisions that affect them, opportunities for children to exercise choice and control, and staff training in trauma-responsive de-escalation techniques (Bath, 2008).

### **Educational Interventions for Vulnerable Children**

Children who have experienced trauma and institutional care face significant educational challenges. Trauma-related impairments in executive functioning, attention, and memory interfere with academic learning, while placement instability disrupts school continuity (Perfect et al., 2016). Children in residential care are at elevated risk for school dropout, grade retention, and special education placement, outcomes that limit their long-term economic opportunities and perpetuate cycles of poverty. The "Home of Hope" project addresses these needs through guaranteed school enrolment, on-site after-school academic support, and designated staff responsible for educational liaison.

### **Life Skills and Transition Programs**

Youth aging out of residential care face particularly acute challenges, including elevated rates of homelessness, unemployment, and exploitation (Courtney et al., 2011). Life skills programs that prepare youth for independent living have emerged as a critical intervention, though evidence regarding their effectiveness remains mixed. Programs that combine skills training with concrete support, including assistance with housing, employment, and continued education, show more promising outcomes than skills training alone (Woodgate et al., 2020).

The "Home of Hope" project incorporates these findings by developing a comprehensive life-skills curriculum that addresses financial literacy, digital competency, and vocational preparation, complemented by corporate partnerships that offer internship opportunities and potential employment pathways.

## **3.2 Key Informant Interview Findings**

To ensure the project's relevance and feasibility within the specific Kedah context, semi-structured interviews were conducted with eight purposively selected experts representing key stakeholder groups. These interviews provided project-specific direction and actionable recommendations that could not be obtained solely from the published literature.

### *I. Interview with Senior JKM Officer:*

The interview with a senior officer from the Kedah State Department of Social Welfare revealed critical insights regarding the regulatory framework for residential child care in Malaysia. The

officer emphasized that JKM registration is mandatory for any facility caring for children, and that compliance with the Child Care Centre Act 1984 and the Care Centres Act 1993 is required. Key requirements include minimum space standards, specified child-to-caregiver ratios, background checks for all staff, and regular inspections. The officer noted that JKM prioritizes family-based care and views residential care as a last resort, but acknowledged the need for high-quality residential options for children who cannot be placed with relatives or in foster care. Recommendations included early engagement with JKM during the planning phase, involvement of JKM in developing child protection policies, and consideration of how the home could support family reunification when appropriate.

II. *Interview with Orphanage Director:*

The director emphasized the critical importance of staff quality and retention, noting that consistent caregivers are more important to child outcomes than any specific program element. Challenges identified included funding instability, difficulty accessing specialized mental health services, and the emotional toll on staff working with traumatized children. Recommendations included investing significantly in staff support and supervision, diversifying funding sources rather than relying on a single donor, and building strong relationships with local schools to facilitate children's smooth integration.

III. *Interview with Clinical Psychologist:*

The psychologist emphasized that trauma-informed care requires more than providing therapy sessions; it requires creating an environment where children feel safe, predictable, and in control. Specific recommendations included using evidence-based trauma treatments, including Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) for appropriate children, ensuring that all staff understand basic trauma principles, and providing regular clinical supervision to prevent staff burnout and secondary traumatic stress.

IV. *Interview with Health Department Official:*

A public health official from the Kedah State Health Department mapped pathways to healthcare for children in residential care. The official explained that all Malaysian citizens, including children in institutional care, are entitled to services at MOH clinics and hospitals, though access may require assistance with transportation and appointment scheduling. Recommendations

included establishing a formal linkage with a specific MOH clinic, ensuring that all children are registered with MyKad (national identity cards) to access services, and developing individualized health plans that address both acute and preventive care needs.

#### V. Interview with CBO Leader

A leader from a local community-based organization provided insights regarding community integration strategies. The CBO leader emphasized that residential facilities are sometimes viewed with suspicion by neighbouring communities, requiring deliberate relationship-building efforts. Recommendations included hosting community events at the home, inviting neighbours to participate in celebrations and activities, and positioning the home as a community resource rather than an isolated institution.

### **3.3 Stakeholder Analysis and Mapping**

A systematic stakeholder analysis was conducted to identify all individuals, groups, and organizations with an interest in the "Home of Hope" project and to map them by level of influence and interest. This analysis informs the engagement strategy and ensures that critical stakeholders are appropriately prioritized.

#### High Influence, High Interest Stakeholders

These stakeholders require close engagement and active partnership. They include the Department of Social Welfare (JKM), which holds regulatory authority and manages child placements; the Orphan Center Kedah Malaysia, which provides the institutional foundation and initial legitimacy; and the project's advisory committee, which provides ongoing guidance and oversight.

#### High Influence, Low Interest Stakeholders

These stakeholders require engagement sufficient to maintain their awareness and support, though they may not require intensive involvement in day-to-day operations. They include the Ministry of Health, which can facilitate access to healthcare; the Ministry of Education, which oversees the schools children will attend; and major potential funders, whose support is essential for sustainability.

#### Low Influence, High Interest Stakeholders

These stakeholders are important sources of support and feedback, though they do not hold decision-making authority. They include the children who will reside in the home, their extended

families, frontline staff, volunteers, and community-based organizations that may provide services or referrals.

#### *Low Influence, Low Interest Stakeholders*

These stakeholders require monitoring and general communication but do not demand intensive engagement. They include the general public, media outlets, and other residential care providers who may be interested in the project's model.

### **Section 4: Project Implementation Summary**

#### **4.1 Research Phase Implementation**

The implementation of this capstone project began with the execution of the research activities outlined in the project timetable. During Weeks 1-2, the project proposal was finalized based on initial feedback, and a preliminary literature search was conducted to solidify the theoretical framework. An initial contact list for key informant interviews was drafted, identifying potential interviewees across the stakeholder categories identified in the proposal.

Weeks 3-4 were dedicated to executing the comprehensive literature review. Academic databases, including PubMed, PsycINFO, and Google Scholar, were searched using terms such as "orphan" and "health," "residential child care," "trauma-informed care," "adverse childhood experiences," and "child welfare Malaysia." Grey literature was reviewed from organizations including UNICEF, the World Health Organization, and the Malaysian Department of Social Welfare.

During Weeks 5-6, stakeholder mapping was finalized, and interview guides were developed for each key informant category. Interview protocols were tailored to elicit information relevant to each stakeholder's expertise while maintaining sufficient consistency to allow cross-cutting themes to emerge. Initial contact was made with prioritized stakeholders, and the first four interviews were conducted with the senior JKM officer, the orphanage director, the clinical psychologist, and the health department official.

Weeks 7-8 focused on completing the remaining key informant interviews and synthesizing findings. Interview recordings were transcribed and analyzed thematically, identifying recurring recommendations and concerns that informed subsequent project design decisions. A research summary document was compiled, integrating literature review findings with interview insights.

#### **4.2 Project Design Phase Implementation**

During Weeks 9-10, the service delivery model and partnership structure were finalized based on research findings. The proposed model incorporates small family-style living groups with dedicated caregivers, integrated psychosocial support, guaranteed educational access, and a comprehensive life-skills program for older youth. A template Memorandum of Understanding was drafted for use with key partners, outlining roles, responsibilities, and expectations in sufficient detail to prevent misunderstandings while allowing flexibility for partner-specific adaptations.

A preliminary logic model was developed, linking project inputs (funding, staff, facilities, partnerships) to activities (care provision, counselling, education support, life-skills training) to outputs (children served, sessions delivered, partnerships established) to outcomes (improved health, educational achievement, emotional well-being, successful transitions). This logic model provides the foundation for the monitoring and evaluation framework and ensures that all project activities are clearly linked to intended results.

Weeks 11-12 were dedicated to designing the detailed monitoring and evaluation framework. Indicators were selected for each objective, drawing from validated measures where available. Data collection tools were developed, including intake assessment forms, progress tracking templates, and feedback instruments for children, staff, and partners. A reporting timeline was established, specifying quarterly progress reports and comprehensive annual impact reports. The structure of the five-year financial sustainability plan was outlined, including potential funding sources and diversification strategies.

During Weeks 13-14, all project components were integrated into a complete, polished project proposal and implementation plan. A presentation summarizing the project plan was developed for stakeholders and academic review. All project documentation was finalized and organized for submission.

### **4.3 Stakeholder Engagement Activities**

Throughout the research and design phases, ongoing stakeholder engagement was maintained through multiple channels. Initial meetings were held with representatives of the Orphan Center Kedah, Malaysia, to confirm their continued interest in partnership and to discuss facility options. Preliminary consultations were conducted with JKM to understand regulatory

requirements and to begin building the working relationship that will be essential during implementation.

Presentations of preliminary findings and proposed designs were made to small groups of stakeholders to solicit feedback and ensure that the project remained responsive to their needs and concerns. These presentations generated valuable refinements to the proposed model and strengthened stakeholder buy-in for the eventual implementation.

#### **4.4 Challenges Encountered and Adaptations**

Several challenges were encountered during the implementation phase, requiring adaptive responses. Scheduling interviews with key informants proved more time-consuming than anticipated, requiring persistent follow-up and flexibility in scheduling. Some stakeholders expressed initial reluctance to participate, requiring additional explanation of the project's purpose and the intended use of their input.

The COVID-19 pandemic, while less disruptive than in earlier years, continued to affect operations, with some stakeholders preferring virtual meetings and some facilities restricting access for external visitors. These constraints were accommodated through flexible meeting modalities and creative approaches to gathering necessary information without in-person site visits.

Resource constraints limited the scope of some research activities. While the literature review was comprehensive, access to some subscription-only databases and journals was limited. While key informant interviews were conducted with eight experts, a larger sample would have provided greater diversity of perspectives. These limitations were addressed by triangulating findings across multiple sources and by acknowledging constraints in interpreting them.

### **Section 5: Project Analysis, Evaluation, and Recommendations**

#### **5.1 Critical Analysis of Project Design**

The "Home of Hope" project represents a comprehensive response to a complex public health challenge, grounded in evidence and responsive to the specific Kedah context. Several strengths of the design warrant particular attention. First, the project's grounding in trauma-informed care principles ensures that all aspects of the intervention, from physical environment to staff training to daily routines, are aligned with promoting healing among children who have experienced adversity. Second, the multi-sectoral approach recognizes that child well-being cannot be

achieved through residential care alone but requires integration with health, education, and social services. Third, the explicit attention to sustainability from the outset increases the likelihood that the project will endure beyond initial funding cycles.

The project's focus on a single facility, while appropriate for a pilot or demonstration initiative, limits its potential impact at the population level. Even if fully successful, the "Home of Hope" will serve only a fraction of orphaned children in Kedah, let alone Malaysia. This limitation is inherent to the project's design as a model development initiative, but it underscores the importance of the replication strategy outlined in the long-term vision.

## 5.2 Evaluation Against Objectives

While the project has not yet progressed to implementation, the design phase can be evaluated against its objectives for this stage. The research activities outlined in the timetable were substantially completed, producing a comprehensive evidence base to inform project design. Key informant interviews were conducted with representatives of all major stakeholder groups, generating actionable recommendations that shaped the final proposal. Stakeholder analysis was completed and informed the engagement strategy. The monitoring and evaluation framework was designed and is ready for implementation. The sustainability plan structure was outlined, with detailed development planned for the next phase.

These accomplishments demonstrate the successful execution of the foundational work necessary to launch the project. The resulting project blueprint is evidence-based, contextually relevant, and responsive to stakeholder input—qualities that position it well for successful implementation should resources and approvals be secured.

## 5.3 Lessons Learned

Several lessons emerged from the research and design phases that may inform both the subsequent implementation of this project and similar initiatives elsewhere.

### I. *The Importance of Early Stakeholder Engagement*

Engaging stakeholders during the design phase, rather than waiting until implementation, proved essential for identifying potential obstacles and incorporating diverse perspectives.

### II. *The Value of Mixed-Methods Research*

The combination of literature review, key informant interviews, and stakeholder analysis provided complementary insights that no single method could have generated on its own. The

literature review established the evidence base and identified best practices; key informant interviews revealed context-specific opportunities and constraints; and stakeholder analysis identified who needed to be engaged and how.

### *III. The Need for Flexibility in Timelines*

Despite careful planning, the research and design phases required more time than initially anticipated. Scheduling interviews, securing stakeholder input, and integrating feedback into refined designs all took longer than projected.

### *IV. The Challenge of Balancing Ambition and Feasibility*

Throughout the design process, tension existed between ambitious goals that would maximize impact and realistic constraints that limited what could reasonably be achieved. This tension was managed through iterative refinement, stakeholder consultation, and careful attention to the evidence regarding what interventions are most likely to produce meaningful outcomes. The resulting design represents a considered balance, but ongoing attention to this tension will be required during implementation.

## **5.4 Recommendations**

### **Recommendation 1: Prioritize Staff Recruitment and Retention**

The single most important determinant of project success will be the quality and stability of the staff team. Recruitment should prioritize candidates whose values align with the trauma-informed philosophy, and investment in competitive compensation, supportive supervision, and opportunities for professional development will be essential for retention. Staff support should be viewed not as an administrative expense but as a core programmatic investment.

### **Recommendation 2: Phase Implementation Strategically**

Rather than aiming for full operational capacity immediately, implementation should be phased, starting with a small cohort of children and gradually expanding as systems are refined and staff gain experience. This phased approach allows for learning and adaptation without overwhelming staff or compromising the quality of care.

### **Recommendation 3: Invest in Monitoring and Evaluation Infrastructure**

The monitoring and evaluation framework designed during this capstone should be implemented from day one, with data collection systems in place before the first child arrives. Investment in

data management infrastructure and staff training in data collection will pay dividends by enabling the demonstration of impact, securing funding, and continuously improving services.

#### **Recommendation 4: Cultivate Redundancy in Partnerships**

While formal partnerships are essential, dependency on any single partner creates vulnerability. Where possible, multiple partnerships should be cultivated to provide backup options in case any single partnership encounters difficulties. This principle applies across domains, including healthcare access, educational support, and funding sources.

#### **Recommendation 5: Document and Share Learning**

As a pilot initiative, the "Home of Hope" could contribute to the evidence base for effective interventions for orphaned children. Systematic documentation of implementation experiences, challenges encountered, and adaptations made should be prioritized, with findings shared through appropriate channels to inform policy and practice beyond the immediate setting.

### **Section 6: Materials Delivered**

The following materials have been developed and delivered as part of this capstone project:

#### **6.1 Research and Planning Documents**

- I. **Annotated Bibliography:** A comprehensive annotated bibliography in APA format, synthesizing key literature on adverse childhood experiences, trauma-informed care, residential child care models, educational interventions for vulnerable children, life-skills programs, and sustainability strategies for non-profit organizations.
- II. **Key Informant Interview Transcripts and Analysis:** Transcribed interviews with eight key informants, accompanied by thematic analysis identifying key recommendations and implications for project design.
- III. **Stakeholder Analysis Matrix:** A systematic mapping of all identified stakeholders, categorized by influence and interest, with corresponding engagement strategies.
- IV. **Research Summary Document:** A comprehensive synthesis of literature review findings and key informant interview insights, providing the evidence base for project design decisions.

#### **6.2 Project Design Documents**

- V. **Final Project Proposal:** A complete project proposal incorporating SMART objectives, phased methodology, and a detailed implementation plan.

- VI. Project Operational Manual Outline: An outline of standard operating procedures to be developed fully during implementation, including protocols for daily routines, health management, education liaison, crisis intervention, and child protection.
- VII. Memorandum of Understanding Template: A template MOU for use with key partners, outlining roles, responsibilities, expectations, and governance mechanisms.
- VIII. Program Logic Model: A visual representation linking project inputs, activities, outputs, and outcomes, providing the foundation for the monitoring and evaluation framework.
- IX. Monitoring and Evaluation Framework: A comprehensive framework including indicators for each objective, data collection tools, data management procedures, and reporting timelines.
- X. Sustainability Plan Outline: An outline of the five-year financial sustainability plan, including identified potential funding sources and strategies for revenue diversification.

### **6.3 Presentation Materials**

- XI. Project Summary Presentation: A presentation summarizing the project plan, suitable for delivery to stakeholders, academic review panels, and potential funders.
- XII. Stakeholder Briefing Materials: Concise briefing materials tailored for different stakeholder groups, highlighting aspects of the project most relevant to their interests and concerns.

### **6.4 This Capstone Report**

- XIII. Comprehensive Project Report: The present document provides a complete account of the capstone project, including project definition, final overview, research summary, implementation summary, analysis and evaluation, and delivered materials.

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