Transforming Care

From Institutionalized Care towards Family-based Alternative Care

Pilot Project Final Report

By

Miracle Foundation India

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Background & Context

With the mission for supporting orphans and vulnerable children to have a better quality of life, while bringing about systemic and sustainable change that reduces the need for child care institutions (CCIs). In 2019, Miracle Foundation India collaborated with its 2-partner organisation Child Care Institutions (CCIs)/ Children Home Gokul Balika Ashram for girls run by Matrumandir located in Devrukh – Ratnagiri Dst. Maharashtra & AARAMBH Boys home located in Indore Dst. Madhya Pradesh as a part of its pilot project with the goal to *'create a replicable model for other CCIs to effectively implement Family Based & Alternative Care through systemic change by engaging multiple stakeholders'.* As reflected in the goal, stakeholder engagement, sustainability, holistic approach and children's best interest were at the core of the project.

The project was originally scheduled to be a two-year project (Year 1: March 2019 – April 2020, Year 2: April 2020 – March 2021). The four key objectives for pilot project included:

➢ Creating a model for other CCIs by putting together learnings & best practices
➢ Showcase a true transformation by incorporating family-based care into the CCI model
➢ Strengthening the processes, develop steps for systemic change & gather data for comparative analysis (supporting children in a CCI vs. in a family)
➢ Engage government & non-government agencies to promote Family-based Alternative Care (F-BAC) for creating sustainable impact

Last year in April 2020, the pilot project completed its first year when a Mid Term Review (MTR) was conducted to: track the progress of the pilot in-terms of the activities per the timeline while ensuring those were still relevant to the program objectives & make modifications in the project goals based on the learnings from Year one. The complete MTR Summary report is also available for reference in the resource library of India Alternative Care Network (IACN)as well as on the website of Better Care Network (BCN). Following the recommendations made in MTR report, the second year of the pilot project focused on the following areas:

➢ Increase CCIs ownership for programme plan, activities & monitoring
➢ Full staffing for carrying out F-BAC in both CCIs
➢ Transitional planning for sustainable placements for existing children in both CCIs
➢ Strengthening the advocacy efforts through engagement with all key stakeholders
➢ CCI's would develop vision clarity through the envisioning exercise

The Purpose:
As we completed two years mark for pilot in March 2021, we needed to know:

➢ What an overall pilot at both CCIs progressed in adapting the key learning, way forward as cited in MTR Report
➢ What was next for the pilot would this continue as planned/
➢ Identify key lessons, learnings in the process

Methodology

For the second-year pilot project report, both the teams at Miracle & CCIs worked together for data collection. Primary data was collected within the purview of capturing key achievements, challenges, learning & recommendations, way forward plan and analysed by the Miracle team. This included:

- ➢ Structured interviews with children & their caregivers:

    - o For AARAMBH: The CCI team interviewed five children: out of which four were reintegrated with families in 2019 & 2020 & one was temporarily placed with family under Expedite Case Management Process (ECM)[1]. As for the caregivers out of the above five children: two of the children's caregivers were interviewed.

    - o For Gokul: CCI's Program Officer (PO) interviewed seven children: out of which three children were in CCI & four were reintegrated with family. As for the caregivers, out of the above seven children: four children's caregivers were interviewed

- ➢ Focused Group discussions were conducted with:

    - o The district government child protection functionaries: including one Child Welfare Committee (CWC) officials

    - o CCI teams at both CCIs including Social Worker, In charge, Program Office (FBC) & Chief Functionaries (CFOs)

- ➢ Program feedback survey with:

    - o Implementation team at Miracle Foundation working with both CCIs

    - o Members of senior (Sr.) management at Miracle Foundation

- ➢ Analysis of data from Case Management Tracker Tool (CMT) to track effectiveness of case management system, a tracking system developed by Miracle Foundation India covering all six stages of case management (Admission, Assessment, Planning, Implementation, Follow-up, Case closure) in order to track pre and post reintegration progress, wellbeing of the children and families.

- ➢ Quarterly goals for the pilot project based on the evolving plan for both CCIs for timely achievement of targets.

- ➢ Evaluating needs through child & family assessments by assessing the utilisation of Miracle Foundation India's proprietary Thrive Scale™. It is a strengths-based assessment tool used to identify strengths, risks, and address areas of support within a family home over time. A home's safety is measured based on five wellbeing domains - Family and Social Relations, Health and Mental Health, Education, Living Conditions, and Household Economy - with the child and family's participation and views at the core.

The findings from data analysis from all concerned stakeholders fall in four major areas of Achievements, Challenges, learnings & Recommendations and Way Forward.

Achievements

a) Develop clarity of future 'vision:'

A visioning exercise is a powerful tool to use when engaging in strategic planning. It is useful to the organization when it is driving a transitional change (reinvention phase). The strategic review analysis exercise successfully conducted with AARAMBH helped to plan the organisation's future vision – which was transitioning out of 'institutional care' in to community-based approach. This implied, AARAMBH utilising existing building structure to set up training facility & working in 'identified high-risk' community for prevention of separation of children from families while ensuring child safety. However, for Gokul, the strategic review analysis exercise was not held due to lack of participation from CCI Management. While, there were 'envisioning discussions' to understand alignment of the organisation's goal towards transitioning from institutional care towards family-based care. The CCI leadership wanted to continue with institutional care-set up for children in need of care & protection while also looking to expand into other projects such as – old age home & after care institution for 18+yrs girls.

b) A Well-established Case Management System

Both the CCIs ensured that all children data was captured in the case management tracking system (CMT) in order to track the pre and post reintegration progress, wellbeing of the children and families. However, the reintegration target for children was impacted due to COVID-19 pandemic particularly for Gokul, where there was no new reintegration. AARAMBH on the other hand worked very closely with children and families to ensure smooth transition of children from CCIs to families and other forms of alternative care by effectively utilizing Miracle's 'expedited case management process'. While also ensuring regular monitoring support to all children placed prior to COVID-19 pandemic. AARAMBH was able to over achieve its target of reintegrating seven Children in Year two.

Table 1 below depicts the Impact numbers from Both CCIs:

Table 1

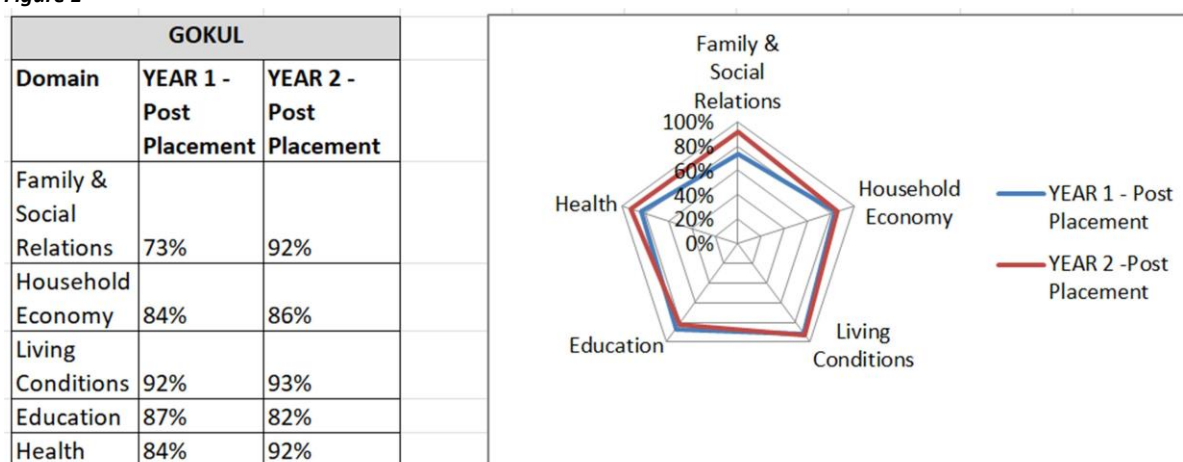| Number of Children	Gokul	Aarambh
Baseline - At CCI (At beginning of project)	18 children	35 children
Beginning of Year 2 – At CCI	10 children	33 children
Currently At CCI (April 2021)	10 children	3 children
Assessment Phase	5	0
Preparation Process as of April 2021: • Planning Stage	5 0	1 15

• ECM Process • Implementation Stage	0	2
Follow Up/Evaluate Stage	11 Children 2 Children (Case Closure)	**15 Children**⬆⬆ 3 Children (Case Closure)
New Admissions	0	0 - The CCI is committed to no new ADMISSIONS
CCI Thrive Scale Score	83% Feb 2019 88% Feb 2020 88% Nov 2020	89% Dec 2018 89% Jan 2020 **96% Jan 2021**⬆⬆
Right #1 Score	76% Feb 2019 before expansion of Right 1 69% Feb 2020 71% Nov 2020	64% Dec 2018 before expansion of Right 1 52% Jan 2020 **75% Jan 2021**⬆⬆
Children in Other Forms of Family Placement	Reintegration with Parent: 8 Reintegration with Kinship:2 Independent Living: 3	Reintegration with Parent: 3 Reintegration with Kinship: 7 Group/semi-independent living: 8 children

Explanation:
- *Children at CCI:*
  - AARAMBH: Due to COVID-19 pandemic several children were moved to families in April 2020 'unplanned move' without preparing child or family. However, these children were covered under Miracle's ECM process to ensure smooth transition with on-going family preparation to ensure permanency & structured follow up plan.
  - GOKUL: Due to COVID-19 pandemic child and family preparation process went on a 'stand-still' due to restricted contacts between children and families
- *Preparation Process as of April 2020*
  - Planning Stage – Children identified for placement in families & alternative care
    - AARAMBH: (TS^TM assessment continue to ensure smooth transition)
      - In-plan reintegration with Kinship: 1 child
    - Gokul: (1 new child added to the list. Intensive preparation work continues with family & child – started late due staffing issues)
      - In-plan reintegration with Parent: 3 children
      - In-plan reintegration with Kinship: 2 children
  - ECM Process: In current situation of pandemic where lot of unplanned placements happened without preparing child or family, ECM process supported to design a permanency & follow up plan, while also ensuring every child placed with family was safe, healthy; protected from risk, thriving.
    - AARAMBH: CCI supported 15 children and families to ensure smooth transition with frequent follow-ups (fortnightly) & monthly TS^TM for families
  - Implementation Stage: - Children in process of transition
    - AARAMBH:
      - In-plan reintegration with Parent: 2 children
- Post Placement Follow Up/Evaluate Stage:
  - AARAMBH: last year, CCI was successful to reintegrate 15 children using ECM process. There were 8 children who were placed in group living & semi-independent living with structured weekly visits

> and mentoring support by ORW (Outreach worker). Additionally, by April 2021 3 children's cases were closed – considering completion of 18 months monitoring support.
> - o Gokul: Year two was slightly slow for CCI where no new child was reintegrated, this was due to COVID-19 pandemic, lack of staffing & poor implementation of case management process. However, 'by Oct 2020 we finally had full staff which resulted in reinitiating regular remote follow-up support & monitoring to children & families' shared by CCI team during FGD session, eventually leading to 2 case closures.

Figure 1 & 2, depicts the pre and post reintegration analysis of Thrive Scale™ scores on the five wellbeing domains from the case management tracker for the children in AARAMBH & Gokul, which in a way captured the essence of their experience.

Figure 1

GOKUL		
Domain	**YEAR 1 - Post Placement**	**YEAR 2 - Post Placement**
Family & Social Relations	73%	92%
Household Economy	84%	86%
Living Conditions	92%	93%
Education	87%	82%
Health	84%	92%

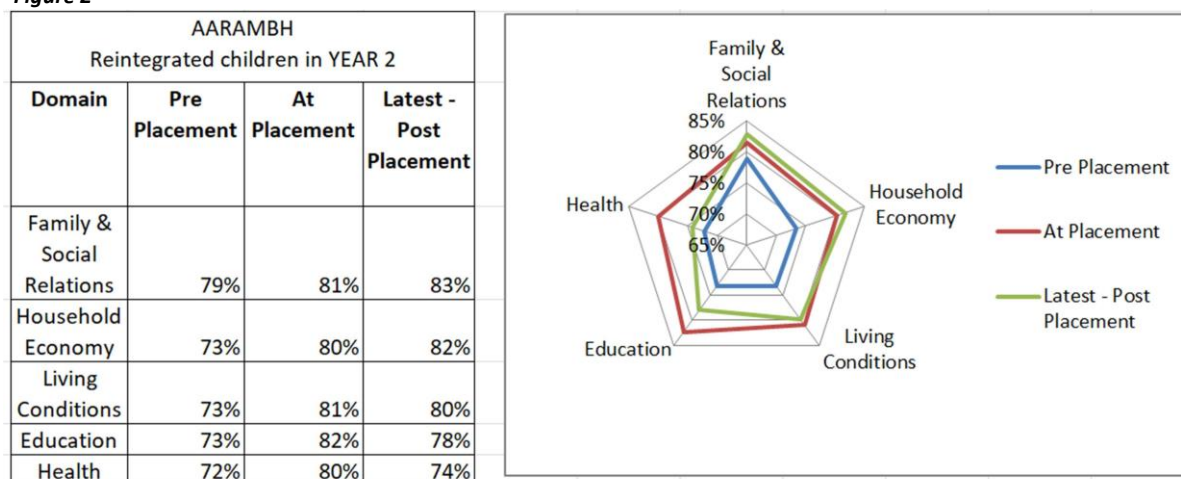**Explanation:** *Data of 12 of 13 reintegrated children in YEAR 2 was taken for this analysis.*
Data showed significant **increase %** in domains such as *Family & social relationships, Health & Mental Health*. This was due to support of Mental health Resource Person (MHRP) who was instrumental in supporting CCI team in family relationship strengthening. Reintegrated children interviewed for this study shared that 'they have now developed strong bonding with the extended family members as well. They got more time to spend at home, helped in the household chores for their parents.' Also, during the parents interview all 4 parents/caregivers shared that their bond with the children has grown. During lockdown phase children helped the parents in household chores. Children's relationship with extended families also developed well. Paternal family relatives of the community have accepted the children very well. Some relatives might not help them financially, but were there to give moral support'. In latter part of year two, with appointment of PO, who worked extensively to create linkages for family to access health services.

Household economy & Living conditions domains did not see much progress which was primarily due to the 'COVID-19 pandemic' however there was relief support provided to families through Miracle & other initiatives through linkages with community services & social protection schemes. 3 of 7 parents interviewed shared that 'they were daily wage earners & were most affected of COVID lockdown. During this time, they had no source of livelihood somehow, for a couple of months these families managed the daily household needs, and the needs of their children. But slowly it becomes impossible for them to manage their expenses when relief support came to their rescue'.

There was a decline in *education domain* where few children identified who did not want to continue with formal education and were at risk of drop out, children wanted/ or were expected by the families to work for supporting the family's income.

Red FLAGS: 2 children in this category who were identified with risk of child marriage & non-continuity of education. The PO shared during the FGD discussion that 'parents who were illiterate, daily wager preferred to plan marriage of their children or children started working', this was a big challenge.

Figure 2

AARAMBH Reintegrated children in YEAR 2			
Domain	**Pre Placement**	**At Placement**	**Latest - Post Placement**
Family & Social Relations	79%	81%	83%
Household Economy	73%	80%	82%
Living Conditions	73%	81%	80%
Education	73%	82%	78%
Health	72%	80%	74%

Explanation: *Data of all 15 reintegrated children was taken for this analysis.*
Note that out of 15 reintegrated children, 4 children were planned placements while 11 children were under ECM process that were later reintegrated through regular follow-ups & assessments.

Data shows increase percentage in all wellbeing-domains from the time of pre-placement phase. However, there was a dip seen in few domains at the time of placement to most recent scores in domains such as **education & health**. This slump was observed due to reduced frequency of assessments (between December '20 – February '21) as the PO position was vacant.

Currently, with restructuring of staff and appointment of new PO this gap is been mitigated by the CCI team through regular education follow-up, through support of coaching teachers (developing educational plan) & connecting the families to social protection schemes such as Ayushman Health insurance schemes & helping families access local resources including PHCs, Aanganwadi & Asha workers under ICDS schemes. The social worker shared during the FGD that 'having community volunteers come up to support in follow-ups to ensure consistent support to the family was helpful'.

Red FLAGS: No child is this category.

c) **Active involvement of CCI Management:**

There was an increased involvement seen at CCI management level which was seen particularly in Year two. Both CFOs were part of discussions during mentoring meetings & participation monthly meetings with CFOs. However, AARAMBH CFO 'Mr. Anup Sahay's passion to drive the project further was quite apparent' as shared by Miracle's implementation team during pilot project survey. Regular engagement efforts were made with different stakeholders including govt. officials: through steering committee meetings, discussions with WCD members & with other community organizations, organizing family meetings. Mr. Sahay spearheaded the process of staff recruitment & mentored the staff to formulate & implement quarterly goals. He represented AARAMBH's and Miracle Foundation's methodology on Family Based Care at different platforms.

Figure 3: *Mr. Anup Sahay & Dr. Sandhya Vyas (Joint Director – WCD Indore) sharing reintegration experience & State's approach at the 'Safe & Permanent Reintegration' Organized by Miracle Foundation*

d) Consistent engagement with different stakeholders:

Year two experienced great initiative taken up by the CCIs. **At AARAMBH** *the steering committee* was formulated in collaboration with Government stakeholders, the Department of Women and Child Development (WCD) (Indore division) with two broad objectives:

- Providing a platform for discussing best practices; any development – in policy/legislative framework; highlight emerging issues/challenges specially related to children living in institutions
- Developing workable action plans including prevention; gatekeeping features for transition of children in families and other forms of alternative care

The committee consisted of Govt. stakeholders and NGO representatives. Through regular engagement efforts and showcasing AARAMBH's pilot work at different platforms, 'WCD got willing to include AARAMBH's children in its interventions if the data and regular updates could be provided to them' as shared by Mr. Sahay.

Figure 5: *Steering Committee meeting at Women & Child Development (WCD) office Indore - February 2021*

AARAMBH conducted two remote *meetings* *for parents/ caregivers of reintegrated children*. The objective of these meeting was to provide a platform to parents to express their concerns regarding where in what areas do, they feel their child's growth and development got hampered. The parents also got opportunity to interact with each other and learn from other parent's experiences. The CCI also shared some interesting parenting tips. The Program Support Officer shared during the FGD that 'all families were motivated well to continue children's education and give them a bright future'. She added 'children were learning the value of and enjoying festivals, celebrations etc. in the community and were getting to experience their culture and traditions first hand'.
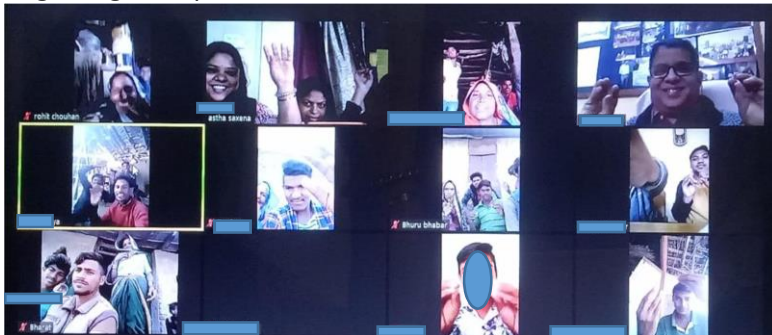

Figure 6: *Remote Parents meeting for Reintegrated children families November 2020*

*Image blurred to protect child

AARAMBH initiated donor engagement efforts through structured donor meetings in order to reach out to prospective donors to support the transformation of care model. Team also actively started connecting with PRI members to help identify and connect children's families with available social protection schemes. The CCI created a robust resource mapping document in order to support linkage of families with available schemes.

During the caregiver/parent interview a parent shared 'we migrated from the village as all our paper work like the ration card, other documents were registered on village address hence we were unable to claim any benefits'. CCI team supported parents to obtain requisite documentation for availing schemes. Program Officer during the FGD exercise informed 'Seventeen children's families were linked

with schemes - 10 families with Ayushman Yojana, 2 families with PM Awas Yojana, scholarship scheme for tribal children - 5 (12th and above)'.

Gokul CCI, initiated their first working group meeting with Miracle's support in September 2020. The committee included participation of government officials who were represented the district and were responsible for the care and protection of the children. This included Child Welfare Committee (CWC), District Women & Child Development Department (DWCD) officials & District Child Protection Unit (DCPU). However, these efforts were not consistent due to a 'gap' - no meeting since several months due to lack of engagement efforts from the CCI management.
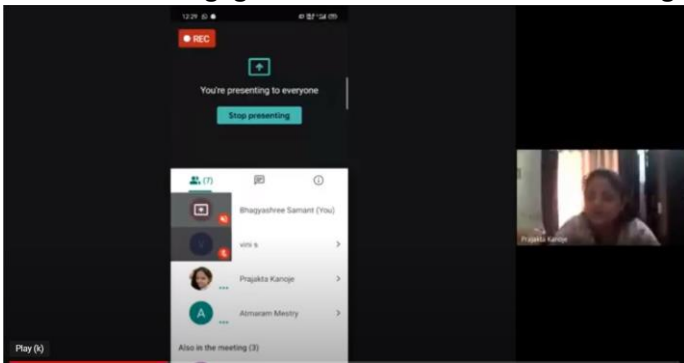

Figure 7: Remote Working Group meeting Ratnagiri September 2020

Gokul CCI efforts in the direction of donor engagement for transitional care support and engagement with parents remained limited due to the pandemic. The CFO Mr. Mestry shared during FGD discussion that 'for the children staying in CCI, rapport improved with their parents. The parents who never used to visit their children for entire year, also started visiting frequently. Parents started interest in their child's life's developments regularly.

As shared by CCI team during FGD discussion when asked about their networking efforts 'Identification of the resources required for strengthening the families could not happen but with the help of the FBC process, we could strengthen understanding about the communities where the children's families resided including the living conditions, household economy & family and social relationship of the families'.

e) **Streamlining the documentation process:**

This was a great achievement for AARAMBH, where the CCI managed to have up-to-date documentation process in place including timely report of various initiatives undertaken including quarterly activity reports, quarterly goals, reports of various networking exercises with different stakeholders & all child & family assessments. Miracle's implementation team felt that 'appointment of Program Officer was a game changer'. However, this was a shortfall for Gokul CCI, points for which are captured under the challenges section of this document.

f) **Children's Participation:**

AARAMBH CCI initiated Family Based Care (FBC) Committee, giving children a platform to voice their opinion and participate in decision making. Children took their learnings from the CCI to the children and other people in the communities. Children also played active part in spreading awareness about child rights, family-based care to all the stakeholders.
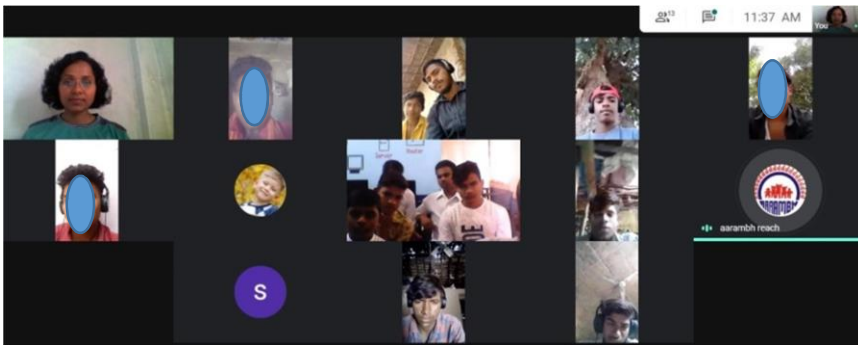
Figure 8: *Remote (FBC) Committee meeting October 2020*
*Image blurred to protect child identity

During interviews with children, when asked 'if they could get an opportunity to influence the reintegration process in their own way, and what would they do differently' - 5 of 5 children shared that they 'wouldn't have changed anything in the process as they felt that the process was inclusive, not only were their views taken but they were decision making process'. Children living in group living shared 'the CCI considered my choice of staying in the city while also ensuring I remain in contact with my parents in the village, I have become more responsible.'

Gokul CCI did not formulate FBC committee for the children. However, during interviews with children, three children awaiting placement shared 'our opinions were considered regularly in every decision-making process which was related to us. We were involved in the placement processes. We were aware that our family members were also involved in the process which was great, Miracle and CCI team conducted telephonic conversation with our family members on a regular basis'.

Challenges

The challenges below cover the perspective shared by respondent as well as from the pre & post reintegration analysis of data in case management tracker and analysis of CCIs quarterly goals

- ***Staffing Challenges:*** There were few challenges during Year two. AARAMBH's PO position was vacant for three months, hence CCI's FBC activities including assessments & follow-ups got delayed. However, this was promptly managed by the CFO by leading recruitment of the new PO. He revamped the staffing structure after the Strategic Review Analysis to ensure 'redeployment of the current staff'. The aim of the staffing model as explained by the CFO was to 'reduce the gap in program implementation by ensuring staff were capacitated enough to take up the responsibilities of the PO in his/her prolonged/unexpected absence'
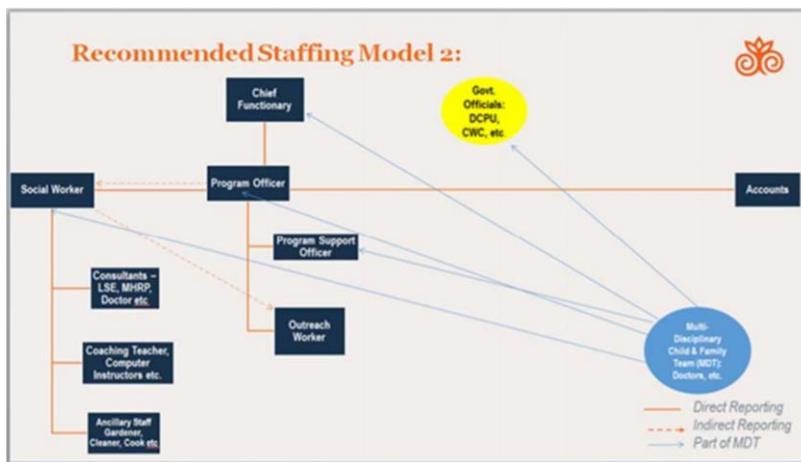
Figure 9
current staffing models at AARAMBH

For Gokul, the appointment of PO position, In-charge and Social Worker happened very late in the process (September 2020). CFO also cited 'It was <u>difficult to retain the staff</u>, and fresher candidates joined the organization (Untrained staff)'. CCI team spent lot of time in rapport building before actually starting implementation process.

- *COVID pandemic resulted in derailed program activities:*
  - **Rapid restorations at AARAMBH** COVID led to lot of unplanned placements, it took frequent follow-up, regular assessment and streamlining education for all children. Unavailability of smart phones with children and families, created issue in reaching out to them, and it also become hurdle in the online education of the children initially. At the time of this final report there were 15 children who were with families under ECM process 'temporary placement'.
  - Gokul team struggled with **remote follow-ups and assessment**, considering the staff was new. Social worker cited this difficulty in FGD discussion 'There were <u>limitations to receive accurate information</u> about the situation of families <u>though remote calls</u>.'
  - Due to pandemic most of the families interviewed shared that they were <u>grappling with financial crisis, with loss of earning</u> as most of them were 'wage earners. A parent shared during the interview 'it became impossible for them to manage their expenses'.
  - 'Limited support by the Government authorities due to the pandemic Specifically of the state of **dysfunctional schemes** caused difficulty for children and families. <u>Support</u> given through the Balsangopan scheme (got delayed for more than 6 months) was <u>not enough to meet the needs of the children</u>, particularly health related, special medical needs (children with epilepsy, nutritional deficiencies etc.), higher education. In the covid situation, many of the carers were jobless and already in financial crunch. With large families where both children and carers at home & there were no means of earning, raised their expenses which <u>lead to carers exploring CCI as an option for better child care.</u>
  - **Lack of awareness about the existing schemes & resources among families** from the <u>marginalized, vulnerable communities staying on outskirts</u> of the village area was another propelling reason identified by AARAMBH team. Most of the families <u>lacked proper paperwork to avail any govt. scheme</u> like PDS, Ujjwala yojna other community services. Documentation, lengthy process to get approval on application was a major deterrent. Families did not take follow-up themselves even after being provided with all information. The CCI team at AARAMBH

was working closely with families & PRIs to mitigate this gap by providing documentation support to the families.

- o **In-person visits/ contact between children in the CCIs and families** could not happen at Gokul due to restricted movement during COVID lockdown. This led to slowing down the preparation process & ultimately hampering the transitioning of children in families. A parent shared during the interview 'I worried about my child in the CCI, I am only in touch with her through telephone, almost for the whole year I could not meet my child in person'.

- o During the survey implementation, team member at Miracle shared **'Local coaching was hard to find'** children found remote coaching less effective than in person coaching'. This caused drop in the education scores in TS^{TM} assessments (refer in Figure 1 & 2).

- o **Risk of safety**. As shared in Figure 2 explanation, Gokul CCI shared 2 reintegrated children marked as 'Red Flag' during TS^{TM} assessment. This included risk of child marriage & non-continuity of education. Also, another factor included lack of contact with family where support of DCPO was sought to trace the family.

- **Lack of alignment of the vision & collective goal towards transformational care**: At Gokul, the CCI leadership preferred to continue with institutional care-set up for children in need of care & protection while also planned expansion to other projects such as – old age home & after care institution for 18+yrs girls. This was contrary to the original goal of the pilot project. This led to several delays in project implementation at every level. 'Communication gap' within the organization, was also a highlighted area shared by CCI staff during the FGD.

- **Documentation remained a grey area** for Gokul CCI. The reasons for which included lack of staff (between April 2020 – September 2020) there was only 1 staff i.e., social worker who was responsible to manage the entire CCI related activities. Additionally, due to high staff-turnover (the entire team changed since September 2020), the team needed time to be oriented and trained in assessment and other reporting templates. Also, there was limited guidance and support by the CFO in the process. Finally, poor network connectivity & dysfunctional computer system for documentation were other challenges identified by the CCI team responsible for reporting system.

- As shared by CCI team at Gokul, 'families did not easily get ready to **accept the responsibility of the children in kinship care**, reason being that most of the time, they themselves were overburdened with responsibility of their own children and family member.' 2 out 3 respondents (Children in CCI) had single parents and because of the financial pressure & lack of support from extended family, the children of these single parents remained institutionalized. Third child got institutionalized after the death of her parents, as her elder married sister was unable to take care of her, as she was dependent on her in- laws family.

Learnings & Recommendations

The learnings & recommendations below covers the perspective shared by all respondents, Q-goals and progress on program deliverables as well as from the pre & post reintegration analysis of data for children in case management tracker.

- **Mindful Staffing Strategy.** Ensuring a robust staffing structure which incorporated 'redefining the roles of staff' as the CCI transitions. While sharing the example of AARAMBH implementation team mentioned during the survey, 'it was a good practice, to not rely most/all program on one person like PO - support other members to have a backup, in the uncalled-for absence of main point person'.

AARAMBH learnt from the experience of program slow down as the PO left. These situations could be avoided with resorting to redeployment of staff as a part of strategic review analysis exercise. The CFO worked extensively to reframe the roles, e.g., house father redeployed as community outreach worker (ORW) & in charge redeployed as program support officer for FBC as majority of the children were transitioned from CCI to families. Additionally, hiring any new staff keeping perspective of '10 X thinking' for expanding the program at the grassroots.

- **Redefining the partnership model** with other CCIs. One of the important learning from this pilot project for Miracle Foundation pilot was to redefine the partnership model with its other CCI partners. The new approach facilitated CCI partner organizations to realize their full potential and take ownership in the implementation of family-based alternative care and family strengthening initiatives, towards sustainable reintegration of children with families. As shared by the implementation team from Miracle during the survey – *'When CCI team found solution to their problem, they took action quickly but if readily given a solution they take time to do that. Facilitating the process to find solution for ground level problems was more helpful than giving solution'*.

- Importance of **mapping and utilizing support of community resources** (Anganwadi, Asha workers, VCPC, community volunteers, community heroes, SMC) played important role in regular monitoring & more mentoring support to the families. The respondent official shared about the constant efforts of the DCPU office in their district to strengthen the village / ward level child protection committees, as they believed that V/WCPCs could play a major role to strengthen families, family-based care, creating a safe environment for children. Additionally, AARAMBH's efforts were critical at working closely with families & PRIs to mitigate gaps by providing documentation support to the families to access schemes & services. They further identified and trained 'community volunteers' in Barwani district on life skill support and child rights, and were able to further take these trainings ahead in the community.

Figure 10
Community Volunteer training by Life Skill educator February' 21

- **Constant engagement efforts with stakeholders** were critical for the program to be successful. This included formulating/ facilitating OR participating in different forums including steering committees, working groups etc. to share regular program updates/ progress on different platforms. One of respondent official suggested 'CCI should share the data and updates on children restored (the transition process) to families and kins'. Additionally, the engagement should not be limited to WCD, DCPUs but also Community Based Organizations (CBOs), PRIs, schools and other key players.

AARAMBH's efforts in this direction including formation of MDT (Multi-disciplinary team discussion) for case discussion on transition & developing intervention plans to support child & family's needs was commendable.
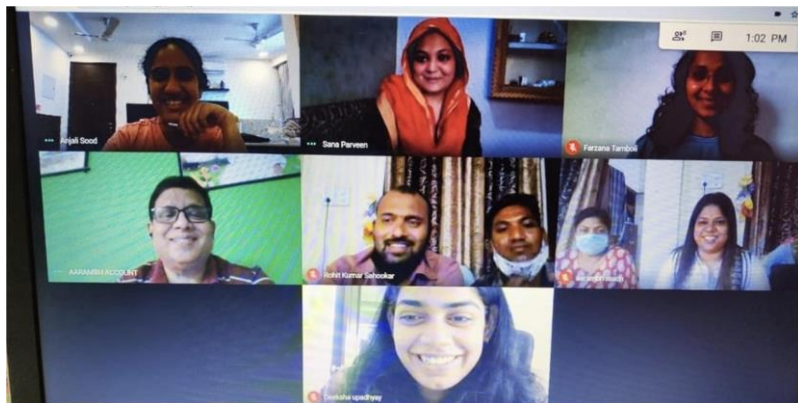

Figure 11 MDT Meeting at AARAMBH June' 20

- **Child Participation.** Involving children in decision making process so child doesn't feel 'forced' to move to caregiver just because it was the only option available for him/her & spending more time on preparatory efforts (planning stage) so the child & caregivers were prepared & had realistic expectations. Additionally, supporting initiatives like FBC Committee which was a means of children taking learnings to families and communities e.g., AARAMBH children took session on child rights with village children. Anup ji (CFO, AARAMBH) shared – *'If children become change ambassadors, the program would be sustainable.'*

- **CCI became agents of change.** CCI not only worked towards reintegration of children into families, but also worked effectively towards 'preventing children from re- entering the system'. The CCI could play an effective role of creating synergy between the systems CWC, DCPU & community resources (so the children & family needs could be better addressed). The CCI also invested in training & equipping the social workforce across child care & protection sector in family - based alternative care.

- **Strengthening the Case Management System was important** for effective transition and reintegration of children in families and other forms of family based alternative care. A comprehensive case management system provided and coordinated care & support to children and families, leading to a more efficient system that delivered services for children and protected them from harm, abuse, and exploitation.

- **Strengthening community based other alternative care options on ground** (fit persons, small group homes, foster care etc.) so that Institutions were not looked at the ONLY options if the kinship care arrangement did not work.

- **Strengthening 'effort in Remote work'.** With the COVID pandemic, most efforts went towards remote follow-up support & monitoring of children & families, Remote trainings to CCI and other stakeholders, remote engagement efforts & remote education for children in families - which was an explored territory earlier. Hence, it was important to have systems in place to ensure that remote efforts were successful. Miracle's guideline on remote assessment was a step in this direction.

- **Prioritizing Self-sustainability.** It would be important for CCIs to diversify their donors to ensure the care provided to children was not compromised. <u>CCI needed to ensure more effort in donor education and engagement for diversion of funding towards Family Strengthening (FS) and Family Based Alternative Care (FBAC).</u> Regular efforts were made towards utilizing community support system including linking of children & families with social protection schemes through Active Family Support (AFS) Model*.

Way Forward

- **Gokul:** At the time of the completion of the two-year pilot   project, Miracle Foundation concluded with its direct partnership support with Gokul CCI. Miracle **continued its efforts to ensure smooth transitioning out plan for children in families through its District Facilitator (DF) Model.** The DF Model focused on implementing and showcasing the model of reintegrated children in their families while ensuring a safe, nurturing family environment in which the children thrive. The key areas of work included:

  - Ensuring a proper mechanism for regular/ robust follow-ups for reintegrated children for safe placements.
  - Collaboration with district authorities, community resources for monitoring of reintegrated children & working towards prevention of further separation
  - Facilitating/participating in different forums including working groups etc. to draw workable action plans including prevention, gatekeeping of children to prevent unnecessary entry into the system in the first place & for promoting efforts in transition of children in families and other forms of Alternative Care.

- **AARAMBH:** As successfully completed year 2, the pilot project extended another year – YEAR 3 focusing on KEY deliverables which included:

  - **Developing & implementing program deliverables & goals** (Quarterly goals)
  - **Ensuring smooth transition** of children in families OR other F-BAC option which included - linkages with community resources, monitoring with timely assessments & sharing case stories and documentation.
  - **Ensuring staffing model caters to the project needs** while ensuring roles and responsibilities of all staff to be clarified to ensure role distinction & reporting structure.
  - **Strengthening networking and engagement** efforts with different stakeholders including government, non-government agencies, community resources.
  - **Hosting training of social workforce/ learning exchange'** to 'train & equip' the social workforce across child care & protection sector in family - based alternative care sphere.
  - **Showcase** the progress and process of transition of children into families as **'best practice model'** in different forums such as steering committees, learning exchanges etc.
  - **Increase community's involvement towards prevention efforts.** CCI takes lead in helping communities support children and families through coordination of services. Enabling them to protect vulnerable children by ensuring neighborhoods are safe, nurturing places for children. While also striving to improve educational and developmental outcomes for children and youth.
  - **Prioritizing self-sustainability** through efforts to increase the donor base through donor education and engagement that focuses on Family Strengthening (FS) and Family Based Alternative Care (FBAC)

Quotes from Respondents

'I dream that the children should be happy in the families, free from any kind of abuse or other issues. I now want to activate village level committees so that the project could be continued in the community even after our pilot project is officially over. I want to see children take complete ownership of their lives and have a good future.'
– CFO, AARAMBH

'Through Pilot   program we have strengthened our understanding about the communities where the children's families reside including the living conditions and household economy & family and social relationship of the families
– CCI team, Gokul

'In order to ensure that systems are effective and that the rights of children are protected, coordination and convergence are essential' – Govt. Official

I 'Really appreciate Miracle Foundation for the support that all the interventions could be moved to the remote medium smoothly.' - CCI

'The family is the best place where they can develop themselves with the given support from family members' -Reintegrated Child

'Pilot s have been a learning lab for other CCIs. The vision development and building partnership to its essence - 'true partnership' should be our approach while working with otherCCIs as well' – Implementation team at Miracle

'We should continue to use our learning of pilot sfor doing advocacy at the state and district level so that the districts can come forward to learn more for other CCIs in their districts' – Sr. Team Miracle

GLOSSARY

- **Case Management Tracker (CMT):** Miracle's CMT is tool to track effectiveness of case management system, a tracking system developed by Miracle Foundation India covering all six stages of case management (Admission, Assessment, Planning, Implementation, follow-up, case closure) in order to track pre and post reintegration progress, wellbeing of the children and families.
- **Case Management Process**
- **Home Thrive Scale™**
- **Strategic Review Analysis**
- **Multi-Disciplinary Team Discussion**
- **Steering Committee/ Working Group**
- **FBC Committees**
- **DF Model:** With emerging need to spearhead the work of reintegration of children in CCIs and working closely with families. The DF Position will uphold the Miracle Foundation India mission to advocate loving family for every child in CCIs.
- **Expedited Case Management**
- **ACTIVE Family Support Model (AFS)*** Adapted from Hope & Homes for Children. The ACTIVE Family Support Model aims to support the "restoring and strengthening the social network, the family's attachment with the community and overcoming the social exclusion of the family."

ACRONYM LIST

FBAC	Family Based Alternative Care
FS	Family Strengthening
CCI	Child Care Institution
HTS	Home Thrive Scale
CMT	Case management tracker
CFO	Chief Functionary Officer
LSE	Life Skill Education
DWCD	Department of Women and Child Development
NGO	Non-Government Organization
SW	Social worker
PO	Program Officer
DF	District Facilitator
MHRP	Mental Health Resource Person
MDT	Multi-Disciplinary Team Discussion
FBC Committee	Family Based Care Committee
FGD	Focused Group Discussion
ECM	Expedited Case Management
MTR	Mid Term Review
AFS	ACTIVE Family Support