



Transforming Care

From Institutionalized Care towards Family-based Alternative Care

Pilot Project Mid-term Review Report

By

Miracle Foundation India

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Mid-term Review (MTR) for the Pilot Project with Miracle Foundation India's partner CCIs – from institutionalized care towards family-based alternative care

Background:

What we know. Children thrive when they grow up in families surrounded by love, support and security. Most families would not leave their children behind in Child Care Institutions (CCIs) if they had been provided with the right support to care for their children. Juvenile Justice Act, United Nations Convention on the Rights of the Child (UNCRC), UN Guidelines for Alternative Care of Children & UNICEF all support Family Based -Alternative Care and also believe that CCIs should be the last resort & reunification begins when a child enters an institution.

In light of the above, In March 2019 Miracle Foundation collaborated with 2 CCI/ children home (PILOT CCIs): Gokul Balika Ashram for girls – Matrumandir (Devrukh - Ratnagiri, Maharashtra) & AARAMBH Boys home (Indore, Madhya Pradesh) to create a replicable model for other CCIs to effectively implement Family Based- Alternative Care through systemic change by engaging multiple stakeholders. This Project is a 2 Year project (Year 1: March 2019 – April 2020, Year 2: April 2020 – March 2021). **There are 4 key areas that the Pilot Project focuses on:**

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

Internal Mid Term Review (MTR) was conducted after completion of Year 1 of the project to:

1. Ascertain that the planned pilot project activities were still coherent with the planned timeline, were relevant & useful to the key stakeholders
2. Also provide an opportunity to make modifications & ensure achievement of indicators from the Evolving Plan ([Annexure 1](#)) - a broad plan highlighting major activities within the lifetime of the project.
- 3.

Source of Data collection for MTR included stakeholder reflection through a survey questionnaire with Miracle Foundation's management & implementation team, CCI management & implementation team, government stakeholders & interviews with children and families who are in process of placement & those who are already placed in year 1 to gauge the effectiveness of the transition process ([Annexure 2](#)).

Other sources of data collection included reviewing monthly activity reports by CCIs, Miracle program mentoring reports, pilot fortnightly call minutes, monthly meeting with CFO minutes, quarterly pilot goals - metrics, monthly high-level updates to sr. management & evolving plan.

Key Accomplishments for Pilot Project:

- **Strengthened F-BAC related processes in the CCIs:** The first year was targeted to develop the why and how of the F-BAC for the CCI team and strengthen the processes for effective placement. There were a few setbacks regarding the placements at the onset which included mass reunification at Gokul with 10 girls reunified without fully following the case management process; however, the team took it as a learning and became better equipped to handle such situations. Both CCI teams had a strong understanding on the 5 steps of transformation process¹

¹ The concept of CCIs five steps of transformation is sourced from the work of Hope and Homes for Children

- **Increased commitment to focus on gatekeeping:** AARAMBH was not taking any new admissions since inception of the pilot project. Also, Gokul agreed not to admit any more children unless ordered by Child Welfare Committee (CWC) while ensuring other F-BAC options are optimally explored
- **Effective Case Management Process:** Since case management process was introduced & case management tracker tool was implemented, the CCI team was able to follow it effectively and track individual status of each child in CCI, on a central document and in real-time. This tool was instrumental in better planning of home visits & assessments while making efforts for children and family's linkages to resources in the community
- **Supporting learning for program improvement through Monitoring & Evaluation Tools:** The pilots were the first project of its kind, developing the monitoring tools was helpful to quantify the attainment of program goals. The evaluation tools such as the evolving plan, monthly pilot report & quarterly metrics – goals proved effective as it promoted up-front thinking and planning to determine exactly what would be monitored on an on-going basis and what would be evaluated from time-to-time, how often these activities would take place, and who would be responsible for what functions.
- **Successful Learning Exchange Workshops on F-BAC with government and non-government agencies:** An important focus area for the project was engagement with other key stakeholders. Learning Exchange workshop created an effective platform for future scope of working together to support children moving into family placements. CCI team took ownership of the workshop with Miracle Foundation's support. The district child protects machineries also collaborated as partners for the workshops.
- **Exposure and Cross-visits among the selected pilot CCIs and other partner CCIs:** Sharing experiences of F-BAC journey on successes & challenges with other CCI leaders helped the pilot CCI team become ambassadors of change with not only showcasing the learnings & best practices related to F-BAC work in pilot CCIs but also helping develop growth mind-set for other partner CCIs
- **Structured child and family preparation work for effective transition to F-BAC:** This has proved to be an effective model with great utilization of the resources such as Mental Health Resource Person (MHRP) AKA trained counsellors and other community support to ensure that the family and child feel supported after children were sent back to family from AARAMBH. For Gokul the MHRP appointment was towards end of the year hence not much intervention in this area. Refer to [Annexure 2](#) for understanding the impact of preparation for effective transition
- **Effective utilisation of the assessment tools:** Assessment tools including Individual Care plans (ICPs), Social Investigation Reports (SIRs), Thrive Scale™ marked as success in planning placement and are appreciated by external government and non-government agencies. Also, Strategic Review proved to be an effective exercise for the CCIs to learn about the trend of overall admission and reunification data in their CCIs and identify services needed for current children to prevent further admissions while planning future interventions
- **Efficacious learning ground for other projects** for creating & testing out the tools and implementing Miracle Foundation's methodology on the ground. Pilots still fit very much with not only Miracle Foundation's, but India states and UNICEF's goals to reduce the need for institutional care

Our Impact Numbers:

Number of Children	Gokul	Aarambh
Baseline - At CCI*	18 children	35 children*
At the time of mid-term review	10 children	33 children
Assessment Phase	6	24

Preparation Process as of March 2020 (status of children at different stages of case management process)		
<ul style="list-style-type: none"> • Planning Stage* • Implementation Stage* 	4 0	10 4
Follow Up/Evaluate Stage	13 Children <ul style="list-style-type: none"> • 1 appointed as staff in CCI • 1 child in After Care home 	3 Children
New Admissions	1 (Short Term placement in Jan 2020 child was reunified in Feb 2020)	0 - The CCI is committed to no new admissions
CCI Thrive Scale Score	83% Feb 2019 88% Feb 2020	89% Dec 2018 89% Jan 2020
Right #1 (Right to Family) Score	76% Feb 2019 before expansion of Right 1 69% Feb 2020	64% Dec 2018 before expansion of Right 1 52% Jan 2020
Children in Other Forms of Family Placement	Reunification: 8 Kinship:1 Independent Living: 3 After Care: 1	Reunification: 2* Kinship:1
<p><i>*Explanation:</i> <i>Baseline at CCI:</i></p> <ul style="list-style-type: none"> • For Gokul: There were 18 girls in the CCI when we first started with Pilots, at the initial stage there were mass reunification of 10 girls due to CWC orders without proper pre-work. That is why it doesn't line up exactly with current # of girls at the CCI & those followed-up. There were 2 new admissions (sibling) in Year 1 happened post CCI follow up during the family survey of reunified children, when family directly approached the CWC for admission • AARAMBH: <ul style="list-style-type: none"> ○ Out of 35 boys only 2 kids reunified including 1 under kinship care. Both reunifications done with proper steps followed including preparation for transition & post placement follow up and support. 1 child's case (Reunified in 2017) reopened due to concerns about health and education identified post CCI follow up during the family survey of reunified children. ○ *Note: in June 2020 32 Children went back to their family homes during COVID lockdown due to the state government guidelines. The CCI continues to follow up with all 32 children & families on fortnightly basis. <p><i>Preparation Process as of April 2020</i></p> <ul style="list-style-type: none"> • Planning Stage – Children identified for placement in families & alternative care <ul style="list-style-type: none"> ○ Gokul: <ul style="list-style-type: none"> ▪ Reunification plan: 2 children ▪ Kinship Care: 1 child ▪ Independent Living Plan: 1 Child ○ AARAMBH: <ul style="list-style-type: none"> ▪ Reunification plan: 7 children ▪ Kinship Care: 3 children • Implementation Stage: - Children in process of transition <ul style="list-style-type: none"> ○ AARAMBH: <ul style="list-style-type: none"> ▪ Reunification plan: 2 children ▪ Independent Living Plan: 2 Children (Siblings) 		

Challenges - Areas of Opportunity:

- **Struggle in staff recruitment and retention:** The staffing plan for both CCIs was developed at a later stage in June 2019 after identifying the need for special position for F-BAC initiatives. Also, there was high turnover in CCI staff & difficulty in recruitment:
 - Especially for new positions of the Program Officer F-BAC (PO), difficulty in recruiting put lot of pressure on existing staff to meet timelines and implementing tools. Since April 2020, AARAMBH

was fully staffed with PO & Community Outreach Worker (ORW) on-board. At the time of mid-term review, Gokul had vacancies for in-charge position, direct caregiver staff and PO Position. It also took some time for Gokul Management to come on-board with the proposed staffing strategy

- **Slow process for building understanding of CCI team on F-BAC processes & utilising tools - initially time consuming:** It took lot of time to build understanding of CCI team on the use of new tools & developing analytical approach. The CCI team during their survey for MTR rated the effectiveness of F- BAC training curriculum as mostly positive with some area to improve their understanding refer [Annexure3](#) for details.
- **Challenges in Mindset shift of the families towards F-BAC process:** Despite having parents' meetings which were organised by CCI to build families understanding on importance of F-BAC, there were many families/ parents who were not ready for family placement & needed continued engagement efforts which included one-one discussion with parents/more follow ups on parent meetings etc. Some key reasons identified during the assessments & discussions for lack of readiness of parents included lack of preparedness for the change – children had been in CCI for long, and families were comfortable with this arrangement, other factors included - livelihood, lack of education opportunities for children in native places & poor social and family relationships/support.
- **Under-utilisation of networking practices and creating resource linkages:** Resource Mapping an important tool, was underutilized by both the CCIs. At the time of MTR, AARAMBH was taking efforts to establish linkages of resources in the community and connect needy families to the same. The case management tracker tool was revised so the schemes could be made more relevant and child specific. Recommendations were made for Gokul to utilise support of other agencies like ChildLine however this continued to be an area of concern with Gokul.
- **Documentation Challenges:** Documentation was a big challenge for both CCIs for various reasons which included lack of adequate staffing, insufficient visits (pre/post) placement due to lack of planning & lack of ability of the staff to capture finding in the assessment reports (for Gokul)
- **Limited engagement with other government & Non-Government Stakeholders:** The workshops were great initiative however taking next steps in-terms of planned activities including formation of working groups and steering committee was delayed.
- **Need to develop clarity of future 'vision:'** AARAMBH's CFO by virtue of his firm belief in the need for family-based care, backed by good knowledge, understanding of the child protection sphere in the state, could foresee their future work in prevention of child separation. family strengthening in communities. However, CCI leadership at Gokul needed to explore and develop clarity for the same. Miracle Foundation facilitated understanding both the CCIs through the envisioning exercise

Lessons Learnt - Suggestions for Improvement:

- **Re-evaluating the evolving plan in terms of rearranging the activity flow to allow enough buffer time while implementing F-BAC roll-out plan at other partner CCIs:** This has been a very important learning whereby it would be vital to rearrange activities & timeline of the evolving plan. For example: strategic review, staffing and advocacy work to complete at the outset. Envisioning is another piece which can come in soon for other CCIs while we roll-out. This will help in developing build understanding on the common goal (CCI and Miracle have goal alignment)
- **It is important to regularly evaluate the CCI team's understanding on the F-BAC training units:** This includes conducting refresher sessions through innovative means like: Q&A sessions, practical sessions to ensure the team was able to apply the learnings from the training unit to practice. Also, it was noted from the Pilot CCI team survey for MTR, that the team did not feel confident in understanding of adoption process & implementation of ILifebook work therapeutic tool ([Refer Annexure 3](#)). a need was felt to simplify the tool for their use, as well as make available updated training curriculum.

- **Strengthen efforts in engagement with all the key stakeholders:** Engagement with all the key stakeholders including child, family, community and government & non govt. systems & donors at every step was vital.
 - **Children must be considered the most important stakeholders.** learning from Gokul's child & family MTR survey indicated that children were engaged right from project inception in various steps including decisions supporting their placement. Also working at their pace (ensuring they did not feel rushed) -. On the other hand, a successful example from AARAMBH was for a child where initial plan by CCI was placement with parents which was reworked after understanding child's wishes and feeling to continue with his education at Indore while staying with his paternal uncle.
 - **Regular engagement with parents in form of individual and group parents meeting** to include discussion to better understand their apprehensions towards F-BAC & helping them to feel more supported. This would lead to a mind-set change of families, so that they take more responsibility for their children and increase willingness to provide supportive care for them. Focus more on family strengthening before placing child into a family and use resources available in the community (state, centre sponsored schemes, CSR funds, skill development, etc.). Continuity of education was a challenging area where parents were to be educated and further supported. This was the learning from Gokul's child & family MTR survey.
 - **Networking and relationship building with government machinery and community-based organisation** in family's community was a must in order to ensure sustainable placement.
 - **Donor Engagement:** reaching out to prospective donors to support the transformation of care model. The CCI partners needed to take the lead in this area and reach out to Miracle if there was any specific support required
- **Focus on preparation of Children and Families for transition to ensure sustainable placement.** CCI should structure the preparation of children and families to include individual and family sessions with MHRP & SW to ensure preparedness, involvement of child & family in placement related decision-making process, ensuring the requisite life skills were provided to children before the placement, encouraging frequent & regular contact. (Learnings from the child and family survey conducted for MTR refer to [Annexure 2](#)).
- **It will be beneficial to have a "runway" time for preparing teams:** It was vital to have at least three months' time in planning phase (i.e., develop tools, having requisite staff first vs as we go). This included having simple to understand M&E tools ready at the outset which can be used by the CCIs themselves to measure their progress.
- **Understanding that each CCI is its own individual:** It was the management styles, proactiveness, contexts, children and communities - all of which affected the decision making and actions taken. Timelines and processes need to be flexible, to be kept in mind when going forward with F-BAC rollout with other partner CCIs. Keep
- **Encourage more networking and cross-learning b/w CCIs:** Cross-visits & exposure visit was a hit, a need was felt to encourage more cross visits among the pilots, non-pilots & other CCIs/NGOs, and to stay in communication to continue the learning process.
- **Staffing is critical at the onset:** Getting the right staff with required skills was difficult, which had been a learning from the pilots; hence it was important to identify the 'must-haves and should-have' skills. Staffing differed from one CCI to another hence needed to be more individualised per the need. Staffing needed to be regularly evaluated to see if there was a need to restructure. We need to contemplate ways to engage with the government in this process to explore the scope of partnership (creating joint positions)

- ***It is vital to have understanding of 'why & how' of F-BAC to carry out sustainable placement:*** It is indeed a time taking process but is very crucial. There are still many organisations (CCIs) whose management are not yet prepared for F-BAC and would need the understanding on the same (Learning from Exposure visits)
- ***It will be helpful to have an advocacy plan from the beginning:*** This would further help to have a common understanding about advocacy expectations for all involved and a plan which was built on the CCI's vision of the future scope of work. There needed to be definite plans for CCI to increase the synergy with the government machinery District Child protection Unit (DCPU)/CWC/Department of Women & Child Development (WCD, planning community interventions with ground level Child Protection (CP) systems, Community Based Organization (CBOs), panchayat and other stakeholders. It would be interesting to see if CCI could be model for other CCIs in their district for ideal reunification, prevention and gate-keeping practices
- ***Increase CCI ownership in programme planning, activities & planning future interventions:*** Ownership from CCIs heads & team was the need of the hour. The CCI took lead of overall project & activities including networking & linkages & donor engagement, stood on top of timeline and took lead in preparing their envisioning plan which they discussed with Miracle
- ***Building necessary support system for families in their communities is long term solution:*** It's vital to strengthen families before moving children to their family home. Working with families so that they feel supported for livelihood through skill building, promoting them to do small business, explore other livelihood options etc. First step in the process is need identification though Social Investigation Reports (SIRs) & Placement Plan tool. Resource Mapping needs to be family specific and connecting families to ensure effective utilisation of resource. We learnt from AARAMBH's experience where identifying the supportive counselling for father's alcoholism in the family's community proved more beneficial rather than calling them to the CCI.
- ***Case Management Process is important for ALL children & tracker tool proved to be great tool to capture the progress of each child on regular basis:*** Having an effective case management process streamlines & tracks the child's journey towards F-BAC and alternative care options. In AARAMBH the team was able to identify 14 children for family placement with whom preparation work was going on. We also understood from Gokul's experience that certain factors like academic session of the child also play an important role while planning the reunification process. It would be important also encourage participation of other key professionals (DCPOs, ChildLine etc.) in this process, so that we are not creating 'parallel systems'
- ***Documentation promotes evidence-based practice:*** Continuous efforts to document the learnings, case stories, assessments & child case files which will be extremely helpful to make child related placement recommendations and sharing best practices and learning with other organisations. Hence encouraging CCIs to have robust documentation system. From Gokul's experience we learnt it might be important to consider a separate staff for documentation if this was not the strength of the existing staff.
- ***'Big Picture' thinking:*** This needs to be nurtured from the start. Evolving plan was a participatory effort between CCI and Miracle team and not just Miracle's vision which was getting implemented. It was important to understand if the CCI could envision taking up F-BAC work. We get sometimes so lost in implementing the activities as they are planned that we sometimes forget the purpose and relevance of the same in CCI's context.

Way Forward – for Year 2

We imbibed the learnings from Year 1 and come up with focus areas for year 2. *Note: Details on the major activities for Year 2 with timelines are separately attached as [Annexure 4](#)*

- **To work on CCI's vision clarity through Envisioning exercise:** CCI took a lead in envisioning work, prepares a proposal/plan for what they wanted to work on in long-term/ vision for the future, also utilising Strategic Review Analysis PART 2 which focused on vision for CCI going forward
- **Increase CCI ownership for Programme plan, activities & monitoring:** CCI took lead of overall project & activities - including networking, linkages & donor engagement; stood on top of timeline, prepared their envisioning plan & eventually monitored their progress through self-assessment on evolving plan/quarterly metrics etc. CCI took lead in networking efforts with government agencies, ensuring implementation of working group/ steering committees & Multi-Disciplinary Team MDT discussions.
- **Revisiting & Updating the Evolving plan:** This included adding new activities and/or removing activities which did not make sense anymore in the evolving plan & quarterly metrics. Also including any changes that might occur post envisioning work e.g., if CCI was not interested in prevention - community based intervention then taking such activities out of the list and adding activities which would further cater to the CCI vision.
- **Staff recruitment for Gokul & Role clarity:**
 - Staff recruitment (Immediate appointment of in charge, House Mother & Programme officer) for Gokul was to be done at the earliest. The CCI could also consider more involvement of government officials (DCPOs) or a partnership with organisations who had community case workers (who could be trained) in case hiring staff for the organization itself continued to be a challenge
 - Organisational Development (OD) exercise for both CCIs
- **Strengthen engagement with ALL Key Stakeholders:**
 - *Child Participation:* Activating F-BAC Committees in both CCIs, participation of children in preparing individual care plan (ICPs), placement related discussions and plan in context of Gokul
 - *Engagement with Families:* Ensuring families were aware about purpose of social investigation report (SIR), Thrive Scale™ etc. and were more engaged in developing placement related plans and decisions. Continued engagement efforts with parents.
 - Working with Govt. Agencies & other available community structures: Both CCIs utilise platforms like working groups & steering committees. Establishing healthy relationships with various government & community players through:
 - extending support to Government personnel through various training programs and workshops
 - Regular quarterly meeting with District Department of Women & Child Development (DWCD) & CWC to evaluate the progress of F-BAC programme (activating working groups)
 - Donor Engagement: In context of Gokul, CCI takes lead in this area to ensure the other existing donors are aligned with F-BAC strategy, seek support of Miracle if needed
- **Strengthening Documentation:** Ensuring CCI is able to capture qualitative data, collate learnings, case stories, updating regular assessments & updating child case files. This has been a challenging area and needs to be addressed.
- **Cross-learning b/w CCIs (Pilots & Other CCIs):** Need to continue networking and cross-learning between Pilots, non-Pilots, and other CCIs/NGOs to share best practices, learnings and challenges
- **Gatekeeping and Prevention work:** Both CCIs take lead in strengthen gatekeeping efforts with the govt. machinery. Utilising platforms like MDTs and working group for such work. Also, can plan trainings of the DCPOs, other community level services (ICDS: anganwadi, Asha workers etc.), conducting joint family visits with DCPO/ChildLine to develop collaborative working

- *Resource Mapping & Optimisation:* Resource Mapping to be child & family specific in their communities & connecting them to ensure effective utilisation of resource. Also exploring scope of linkages with other organisations for effective service design. Based on the learning from the child and family survey for MTR ([Annexure 2](#)) - Going forward, there are some key areas identified where program focus, networking efforts and funds should go:
 - Education support needed- school fees, transportation, specialised support for learning issue
 - Health support – medication support for pre-existing conditions, equipment support etc.
 - Livelihood support – Considering there has been major impact due to COVID 19, also for single mothers who might need support in form of skill building, paying rent or need seed money to start business
 - Counselling support – to address parenting issues, trauma support, adjustment issues and ensuring smooth transition to F-BAC
- *Developing Advocacy Plan:* Start discussions and develop Advocacy plan to be done by Miracle internally and then shared with CCI to make it more CCI and region specific while ensure this is a collaborative approach
- *Transitional planning for sustainable placements:* Updating case management process for ALL children with definite timelines (considering F-BAC and other alternative care options available). This includes identifying the needs of the child and family, thinking ways of supporting through existing resources (Govt./ nongovernment. schemes) or any additional support needed, ensuring proper prep- work of child & family before reunification and ensure post placement monitoring and support (high priority for Gokul)
- *Miracle Regional Team lead the Pilot implementation & Planning while F-BAC Manager supports in strategic planning.* Activities like fortnightly calls, monthly calls with CFO, monthly report Pilot related progress, quarterly metrics, reviewing evolving plan/ quarterly Metrics and other key activities led by regional team. Plan for transition initiate in Q2.

Annexure 1

Evolving Plan Activities

	On Track
	Slow Progress
	Off Track
	Not Started

S.no.	Activities	AARAMBH	GOKUL
I	Pre-Preparatory Phase- Overall plan and strategy		
1	Developing a concept note		
2	Inspirational meetings/dialogues with CCIs		
3	Workshops for enhancing F-BAC understanding		
4	High-level networking for knowledge building		
II	Preparatory Phase:		
1	Prepare the M & E framework - Log Frame and M&E Plan in consultation with the program leads, CCIs, government and other stakeholder (purpose and goals of Pilot Program, what do we want to learn).		
2	Identification of pilot team at Miracle and orientation of pilot work		
3	Develop and share letter of intent and interim budgets		
4	Develop the M&E tools for information collection		
5	Develop and share evolving two years tentative plan		
6	Appropriate Staffing (case load and skill level) at CCI level for engagement and assessment - involve existing staff or hire new staff, if needed		
7	Creating tools and content for training		
II	Elements of Transforming Care (These elements are not a step-by-step process. Some elements run the entire length of the transforming care process. Others represent specific stages within that process)		
1	ENGAGEMENT: Start with put children first ensure their voice...then tell stories of change, bring everyone on board, continue to engage through all phases.		
1.1	Develop a Behavior Change Communication (BCC) strategy		
1.2	Develop advocacy strategy which overlaps BCC, utilises behind-the-scenes influencing to ensure decision-makers and donors support transforming care and guide CCIs accordingly		
a	Meetings with CWC, DCPUs and other government officials, any other stakeholders: awareness building, gatekeeping etc.		
b	Workshop with pilot CCIs, CWC members, DCPUs, other district officials		
d	Awareness building and sensitization meetings with donors, volunteers: remote and in person (as & when needed) by CCIs		
e	Engaging the board of management/congregation head of NGOs for building their knowledge, perspective and involve them for high level updates throughout the transformation processes.		
1.3	Engaging CFOs, in charges, social workers, strengthen their knowledge and perspective, on-going capacity building with social workers, in charges and team involved in transforming care		
1.4	To work with the CCI to develop a clear vision and plan for their model of care, where they want to see their organization in next few years		
1.5	Engaging house parents to strengthen their knowledge and perspective on F-BAC, sensitization sessions with them and on-going capacity building		No HM
1.6	Meeting with children in groups to get their views and perspective on F-BAC: Child participation		
1.7	Meeting with parents to get the understanding of their attitudes towards institutional care and family- care care: individual meeting or group meetings. <i>A note of caution: parents and children should not feel overwhelmed with such meetings so plan the agenda of meetings as per the need. It can be delayed as well</i>		
1.8.9	Engaging Mental health resource persons (MHRP), LSE/Career counsellors and other consultants for awareness building and sensitization on F-BAC		
1.10'	F-BAC funding philosophy sessions with all CCIs leading to roll out CCI Budget (July 19- March 2020)		

1.11'	Map out support needed by CWC to strengthen gatekeeping mechanism at CWC level according to government gatekeeping policies and engage in dialogue with them.	NO CWC	
1.12'	Developing new business and fundraising plans to sustain the transition with adequate resources;	Plan Yr. 2	
2	ASSESSMENT: Understand the situation of children, the risks and vulnerabilities they are experiencing, and the human resources available across existing prevention and alternative care services		
2.1	Strategic Review: Understanding Child Demographic such as numbers of children in institutions and the drivers of institutionalisation; other forms of care available; understanding parents, stock and flow analysis, costs of different forms of care; and the legislative framework – in theory and in practice.		
2.2	Family study for reunified children to see the success of a past reunification, understand support services utilized, and identify gaps in services (one time study for pilots)		
2.3	Data analysis of family study and report compilation		
2.4	Create a case management system at CCI		
a	<i>Training CCI team on case management systems and developing CCI specific case management system</i>		
b	<i>Child assessment: Review and complete all pending case histories</i>		
c	<i>Child assessment: Complete and Review all ICPs (Individual Care Plan) - Child assessment (ICP- Part B is completed on monthly basis while the child is in CCI)- Refer to ICP</i>		
	<i>Family assessment: Complete SIRs (Social Investigation Reports) for all children on annual basis after individual home visits. *SIR should not be older than 3 months before placement.</i>		
e	<i>Family assessment: "Revisiting Risk Assessment and complete Placement Plan for all children identified for family placement."</i>		
f	<i>MDT- Case discussion - Bringing back data: all data such as SIRs, ICPs, meetings with various stakeholders etc. are collected and brought to one place with the CCIs for further analysis - Case discussion, evaluate cases with CCI SW, In charge and Miracle team</i>		
g	<i>Meeting with CWCs and DCPUs update them about the identified cases and brainstorm on the service design for them. All meetings will be led by the CCI team and sometime facilitated by Miracle team</i>		
h	<i>Resource mapping for Identified children and families based on ICPs and SIRs and Placement Plan</i>		
2.5	Identify and invite various stakeholders in order to map resources (Ex. NGOs in the community, govt officials, schools, healthcare services)		
2.6	Identify and assess CCIs staff (workforce) who can be redeployed in the new services as foster carer, carer for group homes, special educators, case workers, community outreach workers, teachers, health workers		
2.7	Identify additional support required by professionals to ensure case management such as special educator, specialized service for the child with trauma, counselling services for parents those abuse substances etc.		
2.8	Identify requirements to develop new services and capacity to deliver those services such as emergency foster care, adoption, foster care, group homes, independent living, children with special needs	Plan Yr. 2	
2.9	The child care institution identifies areas of high need (at high risk of separation) in the community by examining from which area a large number of children in the institution are coming from. If it's part of the CCI's vision and transition plan.	Plan Yr. 2	
3	SERVICE DESIGN & CAPACITY BUILDING: Design and develop services to support children in families and develop alternative care to match needs and circumstances of children. Embed the principles of necessity and suitability.		
3.1	Capacity building for kinship carers, foster carers, prospective parents by involving District Child Protection Unit (DCPU) and Special Adoption Agencies - this will be led by CCI team		
3.2	Linkages, networking and capacity building of local volunteers, community structure (ASHA, VCPC, SMC, paralegal) by involving concerned department and DCPU on F-BAC, gatekeeping, child protection mechanism so that children once reunified should not readmitted in any institution and will get adequate support in their family		

3.3	Development (recruiting, training) of a professional workforce (child focused) : Existing Staff of CCIs, Mental health resource person, special educator, specialized service for the child with trauma, counselling services for parents etc.		
3.4	Strengthening universal services on inclusive education, community healthcare. If it's part of the CCI's vision and transition plan.		
3.5	Provide or locate or link need based support for family strengthening: household economy, living condition, education, healthcare, relationship etc.		
3.6	Provide or locate or link need based support for teenagers in institutions who are moving towards adulthood to prepare them to live independently in the community. It includes training and support which is currently happening and ongoing		
3.7	Provide or locate or link support services for children with special need (young children, children with disabilities)	N/A	N/A
4	TRANSITION: Transition the system from reliance on institutions to family and community care. Support children's transition, prepare families, and support the transition of resources from institutions to family and community-based care.		
4.1	Preparing families based on needs and resources identified in placement plan.		
4.2	Preparing children based on needs and resources identified in placement plan		
4.3	Manage the transforming process by establishing a Steering Committee, a Project Management Team and a Children and Youth Council. Refer to Guidelines and Principles (yet to formalities)		
4.4	Steering committee meeting/Working Group Meeting		
4.5	Project Management committee meeting	N/A	N/A
4.6	Children and youth council meeting by strengthening existing children's committee or develop new one		
4.7	Logistical Planning to keep every small detail in mind while placing the child/children - legislation that might affect child's placement, funding, support to family, school admission, who will accompany the child, farewell, welcome, transportation facilities to school, basic health care is available.		
4.8	Social worker or community outreach worker receives on-going training to conduct discussions and trainings with children and families in order to help prepare them for placement		
4.9	Transition plan for the child/children is prepared and shared with DCPU/government authorities in prescribed formats and seek approval from them (when everything is ready at family). Home management committee meetings could be used for this.	N/A	
4.10'	Children are placed in a family with a planned move following case management process efficiently and in consultation with DCPU/government authorities		
4.11'	Community initiatives to prevent separation in the community if it's part of the CCI's vision and transition plan. - Identify and Train Mobile Team (Mobile team - could be existing CCI members & or combination of new appointed community members) - Evaluating gaps in community - Capacity building to local volunteers (health, education, community development) - Capacity building to local authorities and key stakeholders to involved in gatekeeping - Partnership and Collaboration with Government and other CBOs		
5	SUPPORT, MONITORING & LEARNING: Ensure on-going support for children and families. Set up systems to ensure learning from mistakes and identify gaps in the new system. Use learning to evaluate, scale and sustain change throughout the transformation process		
5.1	Post-placement monitoring - (First follow up in 1 month, 2nd follow up in 3rd month, third follow up in 6th month, 4th follow up in 12th month, 5th follow up in 18th month) Including this here based on our latest discussion: Calls & Visits: 1st month: weekly calls; 1st month – one visit 2-5 months: monthly calls; 3rd month – one visit 6 months - 1.5 years: quarterly calls; 6th month – one visit; 1 year – one visit; 1.5 years – one visit (More frequent calls/visits may be required if issues arise)		
5.2	Post placement support as per post placement plan such as education support, healthcare support, training etc.		

5.3	Measure progress & impact using technology: Thrive 1.1 to measure progress of a child care institution (CCI) towards transforming into a community care model and share with Miracle team		
5.4	Measure progress & impact using technology: Thrive 2.0 to track the quality of the placement to make sure the child has food, access to education, a safe place to live, healthy relationships with friends and neighbours. Share with Miracle team		
5.5	Share monthly progress report with Miracle team		
5.6	Monthly Catch up between Miracle Pilot team and Miracle Senior Management		
5.7	Meeting with the Divisional Commissioner of the region and share midterm and end term report		
5.8	Fortnightly/Monthly follow up call between Miracle Pilot team		
5.9	Monthly catch up between Miracle regional team (PM, PC) and pilot CCI team		
5.10'	Evaluation - Midterm and end term of entire program by internal or external agencies		

Annexure 2

Survey interview with children & families on effectiveness of transition process

Purpose:

- Gauge involvement of the children & their families in the various steps in the Case Management Process and decision making
- Understand the effectiveness of prep-work/transition process
- Assess overall placement: whether flourishing or struggling in some areas including support provided by CCI and how to strengthen the reunification and follow up process

AARAMBH

Children Pre/Post Placement

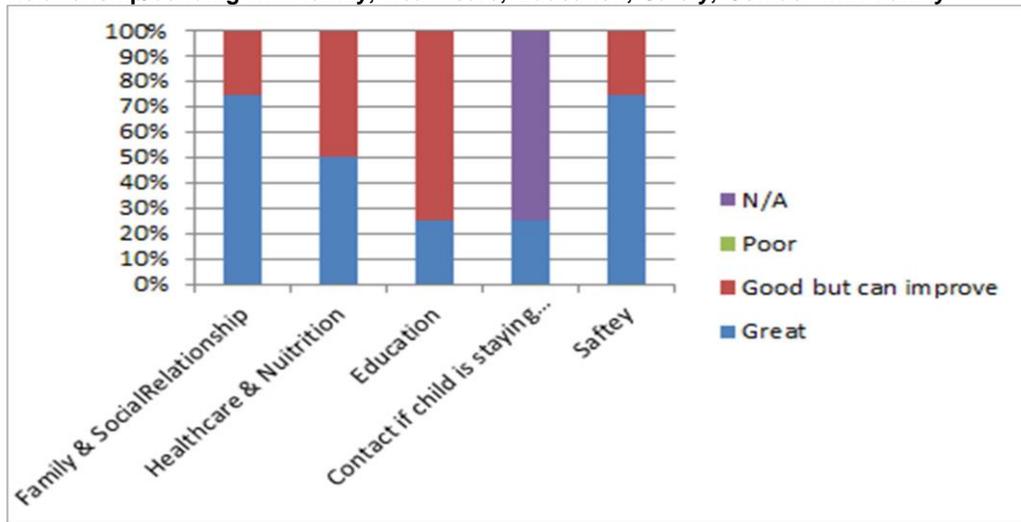
Interviews conducted through **WhatsApp video call**

Overall children were very interested and interactive

Child - Post Placement: 3/3 CHILDREN interviewed

Pre-Placement: 5/5 Children Interviewed

- Post placement: Overall Rating:
 - **Relationship/bonding with family, Healthcare, Education, Safety, Contact with Family**



Key reasons for responses of “Good but can improve”:

- Child has pre-existing medical condition; family sometimes find it difficult to meet his medical needs
- Pre-existing learning disability & lack of educational support options available due to which child is drop-out
- Impact on education & study routine since child moved temporarily in village during COVID times
- Child in CCI for long duration due to which he is in process of building relationship to extended family
- Contact by CCI team have been regular as planned Visits are quarterly - Six monthly for all 3 children, however phone contact is fortnightly/Monthly
- Any other Support needed by the children in addition to support which was offered in 5 wellbeing domains:
 - Health support - Medication cost (due to families affected financial condition due to COVID)
 - Education - Transportation cost (due to families affected financial condition due to COVID)
- Overall, all (8) children 5 in Pre-placement and 3 in the post-Placement stage felt inclusive and didn't want to change anything in the placement process. **The children felt that CCI team had consulted children & their families to ensure their wishes & feelings were considered.** The children cited individual discussions regarding their education, career and living condition and relationship with family took place. *Note** There is just 1 child who was reunified in 2018 the placement process was not as structured
- 7 out of 8 children commented on the effectiveness of the preparation for transition & support services. 2 children were reunified last year when the CCI started to work on the same. However, 5 children are in the planning and implementation phase. **Overall rated all services including individual counselling, group counselling, life bookwork & LSE sessions as useful. Children in planning stage suggested to continue session with MHRP**

- Confidence with life skills - Mix of Very Confident and Somewhat Confident; It will be good to spend more time on this (LSE Priority units & their application) with children in transition.
 - LSE units that stood out: decision making, interpersonal skills, anger management skills, goal setting, communication, empathy, emotions & Problem solving.
- Contact with family - Overall contact was rated positive, Parents/caregivers visited the children once a month or quarterly in CCI (due to the distance factor & financial expense), While children visited the families once or twice in a year for 10-15 days. **Children mentioned that it would have been nice to have weekly contact or fortnightly contact at CCI. Hence financial support to the parents for contact can be 1 aspect that be considered.**

Family - pre/post Placement

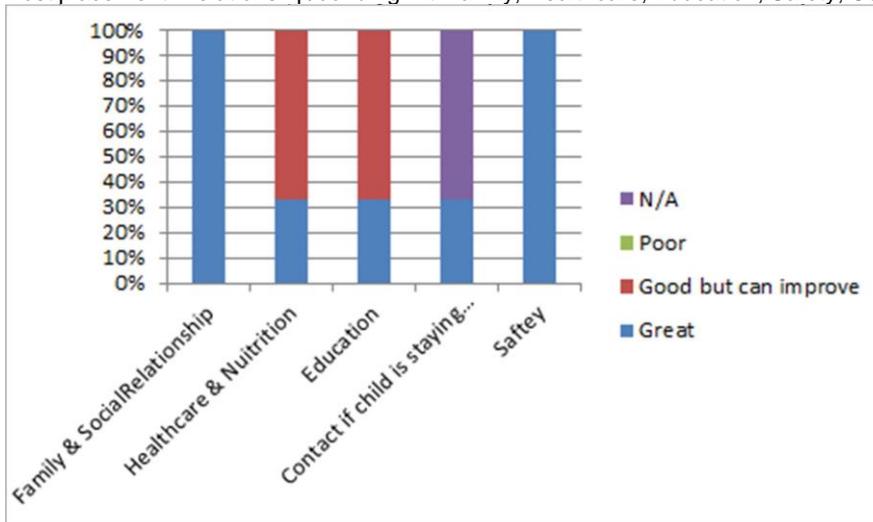
Interviews conducted through WhatsApp video call

Overall Parents/caregivers were interactive; however, in few cases children were supporting the parents to understand the question as speak in tribal language

Family- Post Placement: 3/3 Parent/Caregivers interviewed

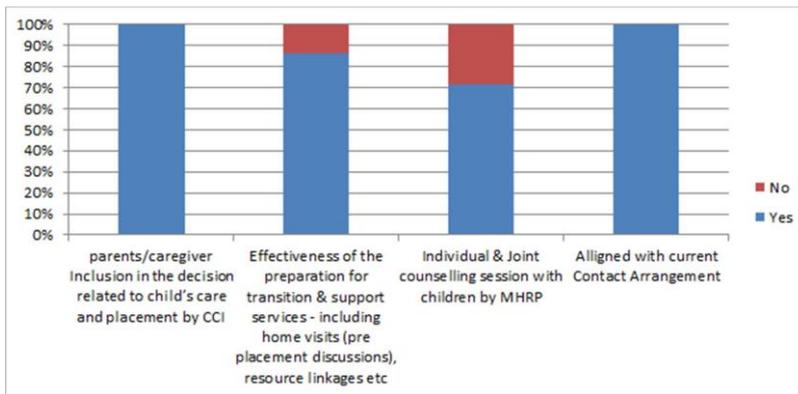
Pre-Placement: 4/4 Parent/Caregivers interviewed

- Post placement: Relationship/bonding with family, Healthcare, Education, Safety, Contact with Family



Key reasons for responses of "Good but can improve":

- Lack of awareness of parent about child's education 'goes regularly to the college but don't know details'
- Child's pre-existing health condition due to which his education has impacted and the learning disability. **Family faces issues to cater to medical needs of the child. They would love for child to complete education if learning disability could be supported**
- Contact by CCI team have been regular as planned Visits are quarterly - Six monthly for all 3 children, however phone contact is fortnightly/Monthly
- **Support needed:**
 - Mostly education support needed- school fees, transportation, specialised support for learning issue
 - Health support - Medication support
 - Room rent as child is living with kinship carer* however in charge informed that this was covered by government scheme which child is entitled to
 - In covid times due to impact on family income - food & grocery support will be helpful



- **All the parents/caregiver felt inclusive in the decision related to child's care and placement by CCI.** 6 out of 7 caregivers mentioned regular visits by CCI team for SIR, Placement Plan (they were not sure about the terms but were very clear about the purpose of visits).
- Overall, 6 out of 7 Caregivers commented on the effectiveness of the preparation for transition & support services. *1 child was reunified in 2018 when the Pilot had not commenced
 - 5 of 7 parents have attended individual sessions & Joint session with children with MHRP and found them effective
 - Planned MHRP intervention with 1 family in June
- Overall, all parents contact arrangements positively with no major concerns. Currently children are staying with them due to COVID lockdown; parents seem very happy and excited as they are able to spend a lot of time with them.
- Changes to the reunification process? No Change

Gokul

Children Pre/Post Placement

Interviews conducted through **Audio call**

Overall children were very interested and interactive

Child - Post Placement: 4/5 CHILDREN interviewed

Pre-Placement: 3/4 Children Interviewed

- Post placement: **Relationship/bonding with family, Healthcare, Education, Safety, Contact with Family - all rated Great!** Happy to be back with their families. With couple responses of "Good but can improve" because:
 - There was more focus on education at the CCI
 - Insufficient water at their family home
 - Feeling alone at home away from CCI friends
- CCI's continuing to follow up with reunified children every few weeks through phone and visits, children sometimes visit CCI too
- **Couple of girls mentioned that even though they felt consulted about their reunification process, child's right to be heard needs to be considered before reunification for other children as well, and there should be time for children to prepare mentally before moving back, including counselling.**
- Girls generally felt they had some control of their stay in the CCI and consulted by the CCI staff and CWC during the placement process, including discussions on health/education/plans for the future. Except a couple cases of No or Not Sure, so there's scope to improve children's involvement. Otherwise, they found CCI staff to be very helpful in ensuring they had their needs met for health and higher education
 - They were part of the children's committees so helped make decisions in CCI and gain leadership that way, involved in ICP
 - Harshada: she uses the suggestion box, individual meeting SW, discussion with LSE training. She thought she has already had good platform to share and talk about the issues.
 - 1 child wasn't aware she's in the planning/transition process, so could be lack of communication there
- **Individual and counselling by MHRP - # of sessions could increase, and in some cases weren't conducted;** however, when they were conducted, quality has been great
 - Similarly, Group counselling generally found to be going well, but scope for having more sessions and better quality

- There could be more joint sessions with parents/caretakers going forward and some haven't been conducted at all. However, quality when they do take place has been good.
- Could use more sessions of Lifebook work and some hadn't had any sessions yet. Qualities of sessions were good, but some scope for improvement
- **Confidence with life skills - Mix of Very Confident and Somewhat Confident; Can spend more time on this with children in transition.**
 - LSE units that stood out: expressing emotions, interpersonal communication, study skills, goal setting, positive thinking, self-awareness
- Contact with family - most girls seemed to have regular contact with family through phone calls every week or couple of weeks, and visits once a month or every couple of months. However, a couple have not seen their family in some time (1 said family hasn't visited in 3 years)

Other - while CWC did consult children during extension orders, reunification seems to be discussed when child is approaching age limit. Need to work with CWC on being more proactive about family placement before aging out.

Family - pre/post Placement

(NOTE: many answers left blank, may have had trouble understanding questions)

Interviews conducted through Audio call

Overall Parents/caregivers were interactive

Family - Post Placement: 2/3 Parent/Caregivers interviewed

Pre-Placement: 3/4 Parent/Caregivers interviewed

- **Post placement: Relationship/bonding with family, Healthcare, Education, Safety, Contact with Family - all rated Great!**
 - One response "Good but can improve" because there was tension btw mother and extended family but it's getting better
 - Healthcare facilities available, and sometimes services even free of cost. However sometimes for more serious cases they need to go to Ratnagiri which is further
- Support needed: **Mostly education support needed for some girls (e.g., Harshada wants to be pilot) - schoolfees, transportation, stationary; education was reason for admitting children into CCI in the first place for some girls**
 - 1 mother needed support with safety - needs to either get part time job to spend time w children or someone to look after children while working
- **Need more consultation from CWC with parents, and discussion on child's ICP/SIR seems to be lacking --** most answered No or Not Sure. However, they did get updates on children's health/education/plans for future through CCI.
 - 1 caretaker said she visited the CWC but did not have any discussion on the transition or placement plan once child was admitted
- Individual counselling with MHRP and joint sessions with children mostly not conducted
- In some cases, parents not able to visit children due to distance or because children not allowed to go home for holidays (CWC order since last year). Would want to see their children more.
- Only receiving support from Gokul, not linked with any other resources
- **Changes to reunification process? One response: Before reunification with family, child needs to be discussed and her opinion should be upheld, later stage family of the child needs to be consulted then placement should be planned.**
 - **Need to consider safety of community before placement**

Key Takeaways from the Surveys

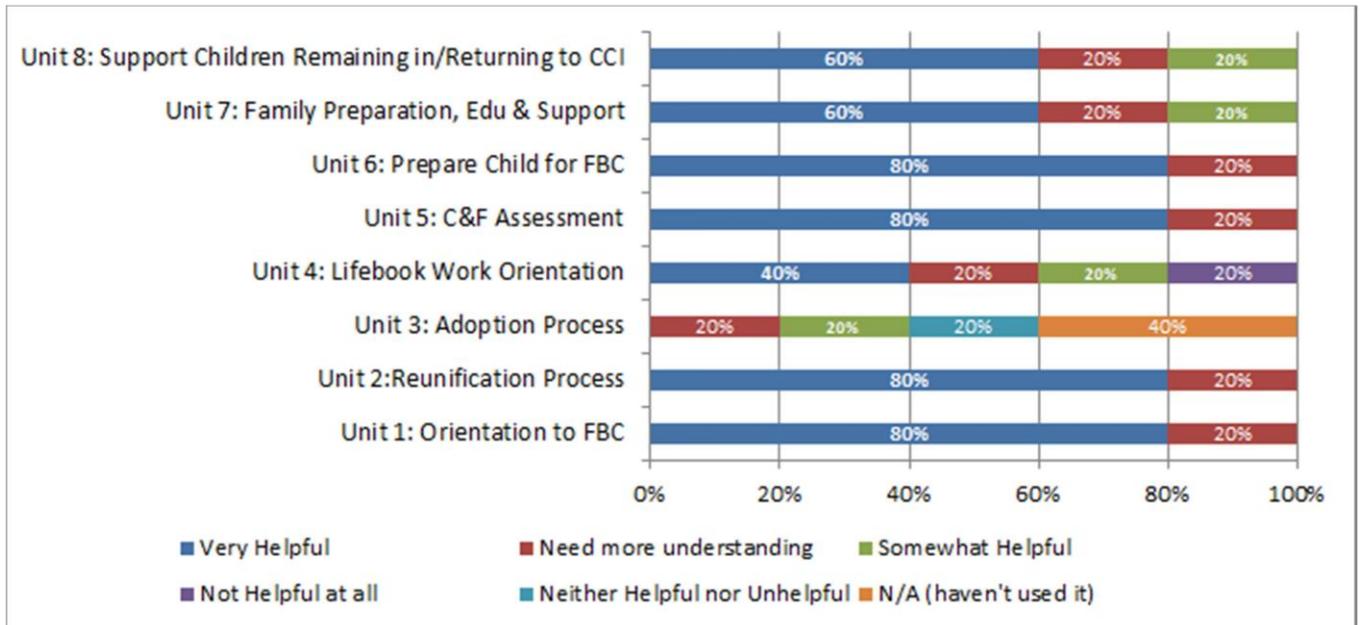
- *How are children and families doing?* Seems like they're doing pretty well at both CCIs and enjoying their family placements! Huge success as that's the main point of the program.
- *What made it a good/bad experience, and how could it improve?* Children and families happy to be together. In some cases, however, they miss their CCI friends and are missing some services that CCIs provided, like focus on education and access to enough water. CCIs and CWCs will need to address these needs through assessments and support during the transition period, and can think how to ease children transition by maintaining contact with the CCI children (not just the SW)
- *How did/do they find the placement process? What made it good/bad and how could it improve?* Seemed like most children and families felt heard and supported by the CCI during the whole placement process and follow up.

- however, the CWC at Gokul could work on involving them more; more counselling sessions can be done, especially at Gokul; support for more in-person contact btw children and families can be done for both CCIs pre-placement
- children seem generally confident in LSE, but can spend more time on this pre and post placement. Units that stood out and can be emphasized for children at other CCIs: decision making, problem solving, interpersonal communication, anger management, goal setting, empathy, expressing emotions, study skills, positive thinking, self-awareness
- *Areas of support needed:* Education (school fees, transportation, parents' involvement, etc.) even after placement, followed by health (access to medication). These will need to continue to be a focus area for resource mapping, discussion during case mgmt. and maybe what CCI's can redirect their efforts towards instead of being a CCI (just a thought, maybe not)

Annexure 3

The overall Feedback on the 'F-BAC training Units'

* Source Survey CCI team - See Learnings & Way forward in the notes



Key Points from the graph:

- Mostly all units have been rated 'useful' at different degrees
- As AARAMBH is not a JJ license home they have not utilised the adoption process yet
- The Lifebook work at Gokul has yet to begin hence ratings seem scattered. This unit will need more understanding as well

Lessons learnt:

- Need to focus on enhance understanding on alternative care options including Adoption Process - helping the team understand the concept and how it can be utilised in their context. It may be useful to have a separate unit with basic understanding on all alternative care options
- Lifebook work is a therapeutic tool & needs the facilitator be skilled in counselling hence social workers find it difficult to facilitate the session. The session needs to be structured and to be conducted by trained counsellor preferably Mental Health Resource Person (MHRP)
- Constant need to evaluate understanding of the CCI implementation team on F-BAC unit through revisiting the units again, having q & a sessions & also understanding how effectively the team is able to utilise the units in practice

Way Forward:

- Miracle to review the original F-BAC Training units ensuring they are updated. Timeline: July 2020
- Lifebook work to be initiated at Gokul CCI by MHRP with children in Planning stage. Timeline June 2020
- Also revisiting the Lifebook work unit to see if it can be simplified for SW to facilitate the session. Timeline July 2020 (while reviewing F-BAC units)

Evaluate understanding of the CCI implementation team on F-BAC units & also understanding how effectively the team is able to utilise the units in practice by planning F-BAC refresher session during Mentoring visits

Annexure 4
Major Activities Planned in Year 2 (April 2020 - March 2021)
Based on Way Forward
(Note: Quarter are mark per Calendar Month e.g., Q2: April – June)

Activities Planned	Timeline
Expedite Case Management at Both CCIs	Q2
Logistical Planning for transitional Planning for children based on expedite Case Management	Q2
Staff Recruitment for Gokul	Q2/Q3
Evaluate understanding & application of F-BAC units of CCI implementation Team	Quarterly
Envisioning exercise - Lead by CCI	Q2/Q3
Miracle to review the original F-BAC Training units & revise the same	Q3
OD Exercise for role clarity for AARAMBH	Q3
Based on Envisioning work rework/ update the evolving plan (Review every Quarter & Update)	Q3
Working Group /Steering Committee Formation & Activation	Q3
Developing Advocacy Plan	Q3
MDT Meeting for case discussions activation	Q3
Child Participation through activation of F-BAC Committee - AARAMBH	Q3
Child Participation through activation of F-BAC Committee - Gokul	Q3
Community Assessment - if community initiative is part of CCI's Vision	Q4
Parents/Caregiver Meeting both CCIs Lead by CCI team	Q4
Develop Strong Linkages & Network groups within the community for Family Strengthening	Q4
Capacity Building training programs/workshop for local authorities and key stakeholders to involved in gatekeeping - with support of state Machinery where CCI takes lead in organising this (remote/in person)	Q4
Start working on the vision plan of the CCI	Q4
CCI measure progress & impact Programme plan, activities with Miracle's Support	Quarterly
Target for Placement by end of Year 2 ensuring ALL STEPS in Case Management Processes: AARAMBH: 13 Children Gokul: 5 Children	Q1*2021

