



# **FAMILY STRENGTHENING AND FAMILY-BASED ALTERNATIVE CARE**

# **FAMILY STRENGTHENING**

## Family Strengthening

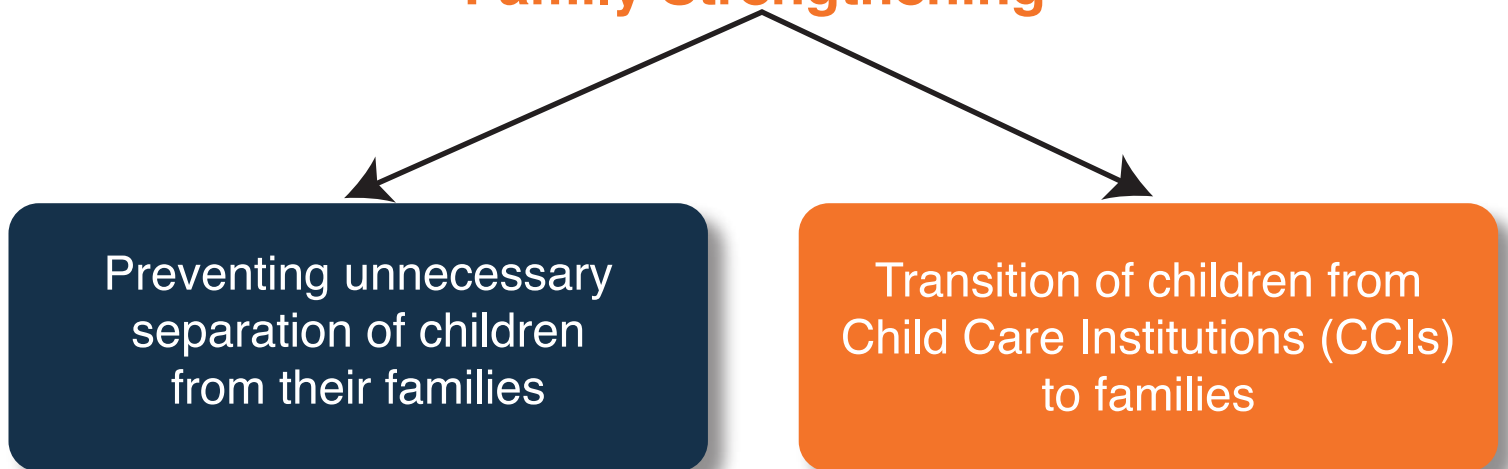
### What : Concept

Family strengthening is a process to enhance the capacity of parents, caregivers, and children to build positive relationships within families and to enable access to social protection services.

**It assists families in fostering protective factors that contribute to child well-being like:**

- Parent-child relationship,
- Social connections,
- Awareness of parenting support in times of need,
- Emotional competence of children
- Facilitating access to income generation initiatives and other social protection services.

### Family Strengthening



### Why : Family strengthening is essential for

- Supporting vulnerable families in child care roles;
- Supporting families caring for children with inadequate parental care and vulnerable children in alternative care arrangements (kinship care, foster care);
- Reintegrating children from institutional care into the care by their parents or family-based care.

# Family Strengthening

## How : Components of Family Strengthening

- Care and support services aligned with the public child protection system appropriate to child and family.
- More public expenditure allocation and investment of funds like CSR, JJ funds for Child Protection and FS and F-BAC.
- Regular mapping and assessment of at-risk families to identify their vulnerabilities.
- Building capacities of families and communities to care for children and prevent unnecessary separation and ensure sustainability.
- Activating and involving community-based child protection mechanisms such as community groups, Child Welfare and Protection Committees, PRIs, and other community stakeholders.
- Convergence of community mechanisms for gatekeeping, referrals, and linkages with services (Government, NGOs and community resources).

## Approach

\*A structured process on case conceptualization is followed to assess, intervene, and progress tracking on five well-being domains ensuring a holistic approach to well-being domains.

### ACTIVE Family Support<sup>1</sup>



\*Ref: Hope and Homes for Children

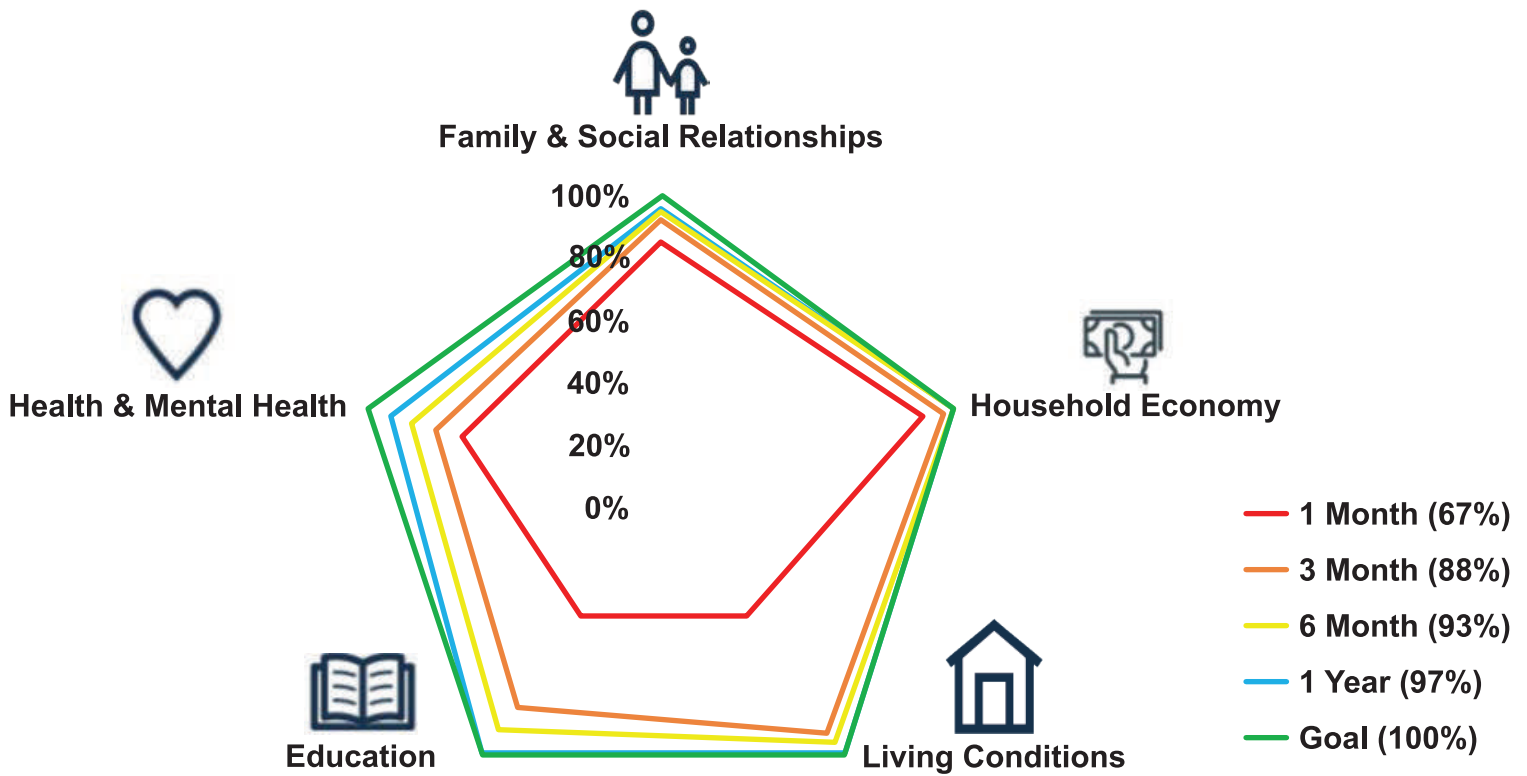


# Family Strengthening - Thrive Scale™

## Thrive Scale™ : An assessment & intervention tool

Miracle Foundation’s Thrive Scale™ is a strengths-based assessment and intervention tool that eases the process of identifying strengths, risks, and areas of support within a family to determine a child’s safety and wellbeing in their family setting.

The Thrive Scale™ focuses on five well being domains: Physical & Mental Health, Education, Family & Social Relationships, Home Finances and Living Conditions.



## Family Strengthening - Well-being domains

### Family and social relationships:



- Assess quality and stability of familial and social connection.
- Establish or improve contact with parents/relatives and support networks in the community.
- Give referrals to community programmes by Government and other organizations.
- Development of social skills and understanding of socially acceptable behavior.
- Advocate and enhance positive parenting skills in the family.
- Support behavior change to deal with violence and abuse/misuse of substances.

### Employment and Household Economy:



- Evaluates financial stability and well-being of the household.
- Support to access government livelihood benefits and income generating resources.
- Assistance in obtaining necessary documents and employment.
- Enrollment to vocational training.
- Assistance to understand financial management.
- Support to increase household income.

### Living Conditions:



- Assess the physical environment where the child/children live.
- Adequate and secure housing.
- Access to civic amenities like electricity and running water.
- Purchase of furniture, household appliances, and equipment.
- Payment of rent or household bills for a short period.
- Purchases of food and other household supplies for a short period.

### Education:



- Enabling inclusive and educational environments in families as well as communities.
- Enrollment of the children/drop out children in schools and ensure education supplies.
- Access to scholarship for continuous education.
- Involvement of children in extracurricular activities.
- Access to funding for children's following needs of transport facility, school admissions and for higher education.






### Physical and Mental Health:

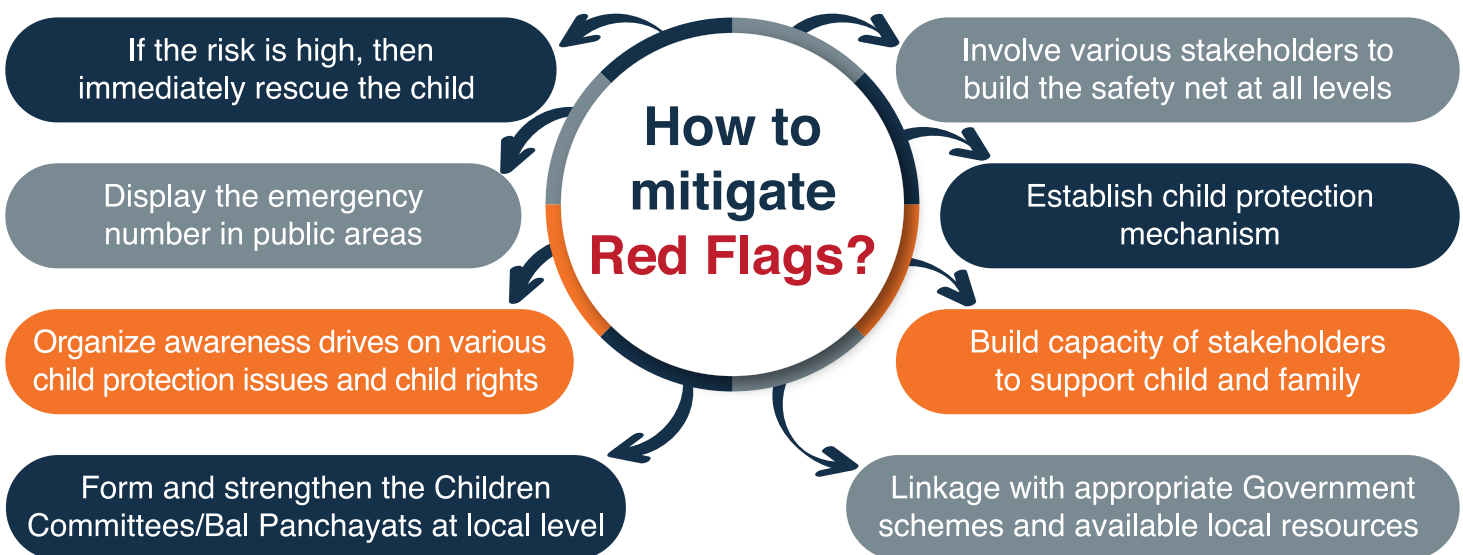


- Support to access primary health care services including insurance.
- Support to access specialized medical services and purchase of medicines.
- Access to family planning and counselling.
- Psychosocial support to family and community.
- Attention to medical support for children with special needs.

# Red Flags

Red flags are specific circumstances or indicators that may signal an imminent risk to the safety and well-being of a child within their family environment i.e. the child is unsafe.\* Red flags must be addressed and taken into consideration at every step of case management while working with child and family.

| Well being domain   | Red flags<br>(areas of risk for child and family)   |
|---|---|
|  <b>Family and Social Relationship</b> | Physical/verbal/emotional abuse in the family, Gender discrimination, Domestic violence, Cyber bullying, Non-accidental injury<br><br>Sexual abuse in family, POCSO victim, molestation of a child or family member, pornography & cyber molestation, etc.<br><br>Child Marriage, Eloping, Run away |
|  <b>Household Economy</b>            | Insecure income/employment, migration, child labour,  |
|  <b>Living Conditions</b>            | Unsafe living situation (community engages in commercial sex work, liquor shop, constant altercation) / environment, natural disaster, pandemic   |
|  <b>Education</b>                    | Children not enrolled or drop out from school, absence of quality education, learning disability in children, family not prioritizing education.  |
|  <b>Health and Mental Health</b>     | Alcohol/substance abuse in child or family, critical illness, child or parents with special needs, chronic health issues.   |



\*The term "unsafe" refers to the presence of immediate or impending danger or threats of harm.

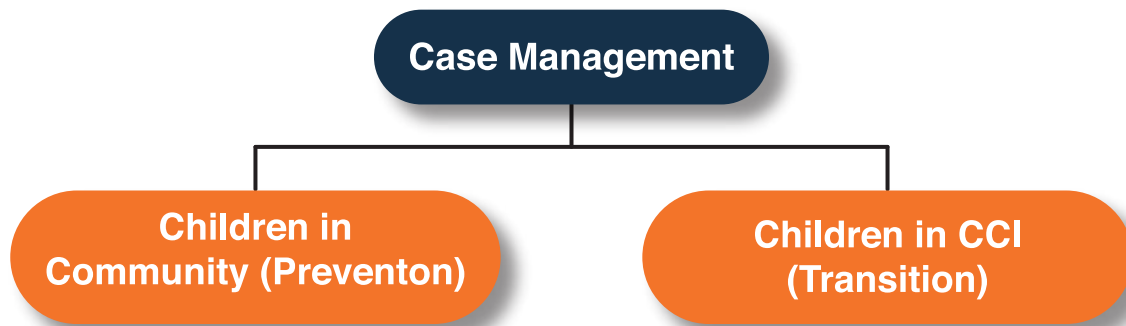
# CASE MANAGEMENT



# Case Management

Transforming lives through individualized care and services so that children and families can meet their goals.

## Case Management - Based on Circumstances surrounding Children



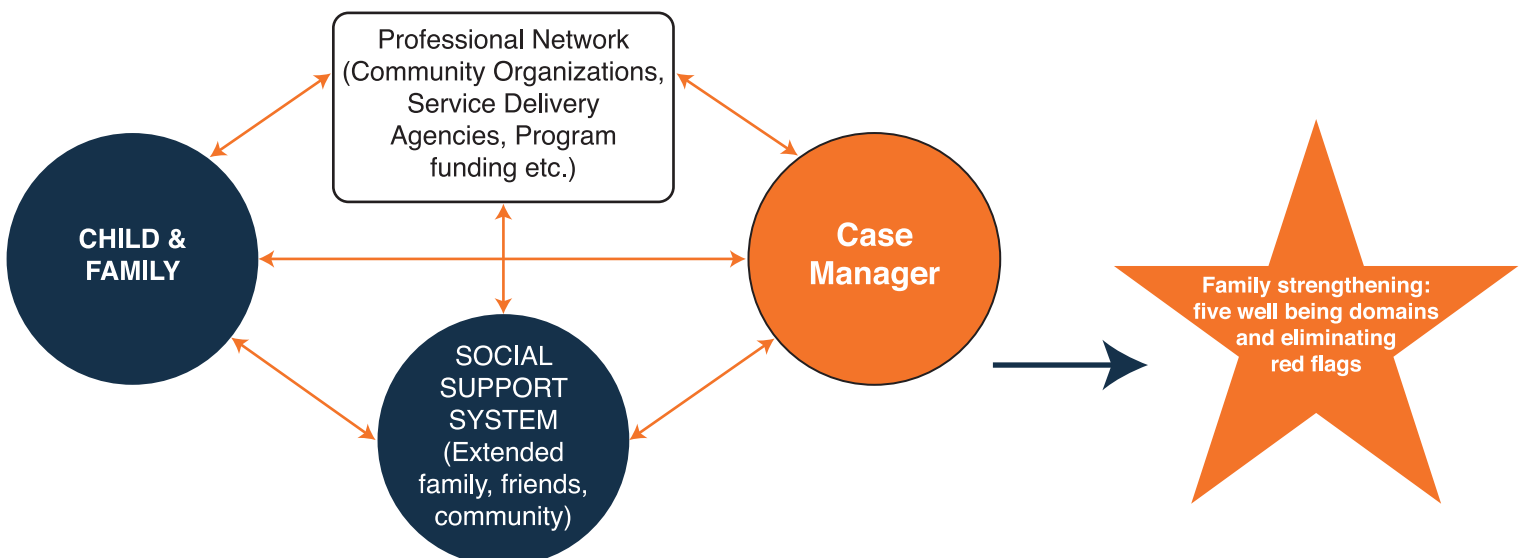
**Goal: Safety & Permanency**

Case management process is a systematic and coordinated approach that encompasses various activities aimed at effectively addressing the needs and goals of children and families.

A case management process is important to ensure that children and families receive appropriate support, resources, and services. In turn to prevent separation of children from families or support for separated children for family reintegration, or placement in family-based alternative care settings.

## Stakeholders in case management

Case management promotes collaboration among multiple stakeholders, such as child protection functionaries, service providers, community organizations, and others, to ensure a holistic, individualized, and child-centered approach that strengthens families.



# REINTEGRATION

## Reintegration



### What : Concept

Family reunification is a process for reintegrating a child back from the institution to his or her birth family. However, reunification is not always possible or appropriate while reuniting a child with his or her birth family. If it is determined to be unsafe or not in the best interests of a child at any stage in the process, then alternative forms of family care—kinship care, foster care, or adoption—should be considered.\*

### How : Case Management process for Reintegration:



The process is highly individualized, focused on the child and is often non linear.

#### Importance of child participation in the reintegration process

- Addressing the fears at each step
- Valuing the opinions regarding reintegration
- Children are prepared and have a say in the decision affecting their lives
- Timely escalation of red flags related to safety

## Reintegration

### For whom: Children in need of care and protection (Section 2.14 JJ Act 2015)

Victim of child marriage; child labour; POCSO; trafficking, abandoned, orphaned, surrendered and street children; child with special need; run away children; child in abusive environment; chronic health issues; children affected by conflict, war and natural calamity; children of incapacitated parents etc.



### Who are the Stakeholders?

Child, Child Welfare Committee, Child Care Institute staff, District Child Protection Unit, Teacher, Parents, Peer group of the child, Police, Child Protection Committee, Lawyers, Doctors, Mental Health experts, Language interpreter etc.

## Key points to consider in case management process

- 01** Child participation age, culture, capabilities and understanding.
- 02** Build trust, gather input, be non judgmental and respectful.
- 03** Right tool - Right question - Right way
- 04** Be creative and skillful - Story telling, Art and Craft.
- 05** Use different communication skills - Active listening, Verbal and Non Verbal communication
- 06** Use your professional judgement for deciding best interest of THE child.

# Reintegration - Case Management Process

## Intake:



- Look for concerns that need to be addressed immediately such as health issues, signs of abuse, etc.
- Collect all required documents and present them to the appropriate authorities (JJA Form 17 to CWC within 24 hours).
- If the child is lost or abandoned, to notify the Police or other authorities, the CCI must submit Form 17 to the local Police.
- Determine the immediate, short-term placement into a CCI.

## Assessment:



- Focus on understanding more about the child's and family strengths and challenges.
- Identifying the child's interests, concerns, needs, strengths, and support system.
- Collaborating with family members and professionals in the child's life (health, education, mental health, etc)
- Completing a comprehensive child care plan to address the child's needs and identify potential interventions. Child Case History – JJA Form 43 and Individual Care Plan (ICP) – JJA Form 7 need to be submitted within one month.
- Assessing the safety of the family environment through Red Flag items identified on the Thrive Scale™.
- Determining if reintegration is possible after contact with the family (Social Investigation Report – JJA Form 22 within 15 days)

## Planning & Implementation



- The case manager uses child-focused decision making and service planning to address the needs of the child and the family.
- The Case Manager can utilize the Thrive Scale™ to provide a clearer picture of services needed to surround the child.
- Once reintegration has been determined for the child, it is time for the Case Manager to facilitate the implementation of support and follow the progress. This includes:
  - Preparing the child and family for reintegration – working through emotions related to the separation and reunification.
  - Linking them to their support network and community services.
  - Keeping the family involved and updated throughout the process.

## Follow Up:



The child's family must be regularly communicated with by the case manager. The main goal is to make sure they find the support useful, to comprehend any problems or worries, and to modify the care plan as necessary.

- Regular calls and visits
- Conversations with teachers and healthcare providers for additional insight into the family's adjustment.

The Thrive Scale™ should be completed at every follow-up contact, and plans should be modified as needed to help the child and family build upon their strengths and continue to develop their coping skills.

## Case Closure:



Cases are typically closed because:

- Goals of the plan have been met and long-term care is assured.
- The Permanent goal has been met.
- The child can successfully live independently at the age of 18.
- Care of the child has been transferred to another agency or organisation.

Even after closure, the child and family should always know whom to reach out to for assistance in the future.



## Case Management Process – Transition

### Step One: Intake

- Present child to CWC within 24 hours with JJA Form 17
- Collect all required documents and submit to appropriate authorities
- If child was lost or abandoned, submit copy of JJA Form 17 to Police within 24 hours

CWC places child in CCI

CWC places child in family (refer to CMT Prevention & Gatekeeping)

### Step Two: Assessment

- Complete SIR (JJA form 22) within 15 days which requires home visit
- Complete case history (JJA form 43) within 15 days
- Complete ICP (JJA form 7) as per prescribed schedule
- Enter child's details on track child portal
- If reintegration or F-BAC options are available, complete Thrive Scale™ to identify red flags, safety issue, vulnerabilities and determine feasibility of placement after contacting the family.

Reintegration/F-BAC options unavailable? OR Red Flags Present on TS?

YES

NO

### Children Remain in CCI OR Mitigate Red Flags

- Repeat SIR Annually
- Fill ICP every 2 weeks for a month, then once a month
- Update track child portal monthly
- Keep exploring options for alternative care e.g., foster care, Adoption, semi/ Independent living
- If a red flag has been identified ensure safety in the family and aim to come up with a safety plan within three working days from identification
- Involve community support systems in the process of creating a safety plan for the child/family
- **Move to step three - planning only when all red flags are mitigated**

### Step Three: Planning & Implementation Post mitigation of red flags

- Child focused decision making by a multi-disciplinary team (MDT)
- Based on needs identified through TS assessment, plan strengthening intervention in consultation with key stakeholders
- Based on planned interventions list out next steps and resources for linkages
- Work on delivering appropriate interventions (counselling, education plan, etc.) to child and family, monitor progress, make linkages and strengthen family
- Administer Thrive Scale™ at-least once a quarter
- Update ICP monthly while child is in CCI
- Ensure child/family's readiness for reintegration/ placement
- Prepare plan for post reintegration/ placement support
- Present the case and recommendations to CWC/appropriate authorities

### After CWC orders placement:

- Conduct family visit to reassess safety & ensure early critical interventions have been successful
- Thrive Scale™ after home visit - within 3 months to confirm readiness for placement
- Complete ICP 15 days prior to the placement
- Repeat SIR, if not done minimum 3 months before placing the child
- After several short stays - Move child in new living situation
- Identify who would continue to provide support to child and family post placement
- Continue to provide support to child and family as outlined in the Thrive Scale™
- **Move to step four after placement**

### Step Four: Follow Up & Evaluation After placement (Minimum 1.5 to 2 Years of placement – as per JJA)

- Complete ICP for non-institutional care in 1st follow up visit
- Complete Thrive Scale™ within 2 months post placement, thereafter once in every quarter
- Continue remote calls in 15 days for 6 months, thereafter once a month.
- Keep monitoring the progress and modify the strategy if needed using Thrive Scale™ tool
- Continue in-person visit to support family and link for interventions/local community resources (wherever possible/applies)
- Focus on all well-being domains- Family & Social relationship, Education, Living conditions, Household economy, and Health & Mental Health
  - \*\* Refer ICP and SIR

Support still needed after 1.5-2 years of follow up?

YES

NO

- Continue follow up contacts as needed
- SIR at follow up (in case of critical issues in family)
- Assessments & interventions as required
- Share follow up report with CWC
- Based on case scenario, caseworker makes decision on frequency

### Step Six: Case Close

- Case close criteria -
- Child/family thriving, self-sustained, do not need further support
- No risks or red flags
- Resilience in family (believe in their strength to face challenges)
- Sustained education/path to employability (need based follow up continues)
- Disruption - no contact with child/family or untimely death
- Child completed 25 years of age
- **Celebrate Case Closure**

### Disruption in Placement

- Ascertain reason for disruption
- Move to emergency foster case, respite care, etc. whenever possible
- Readmit to CCI only if it's the last available option
- If child is readmitted to CCI, start case management process

# PREVENTION AND GATEKEEPING

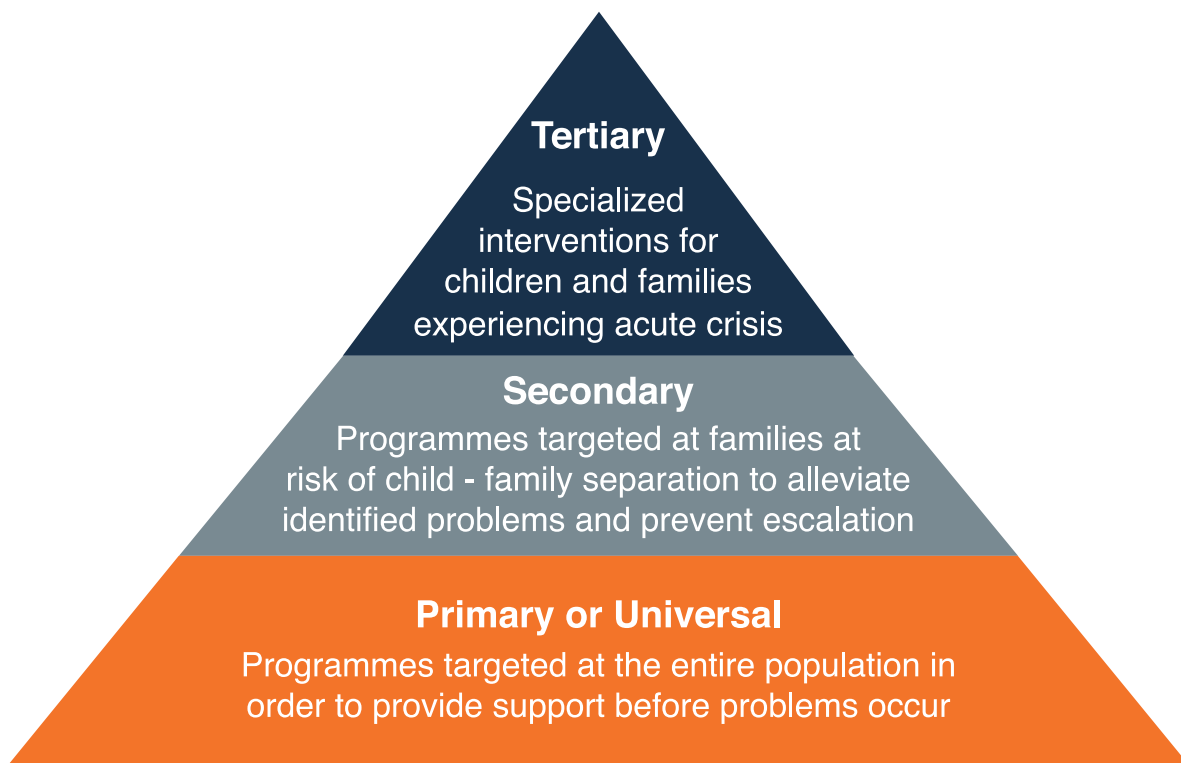
# Prevention

## What : Concept

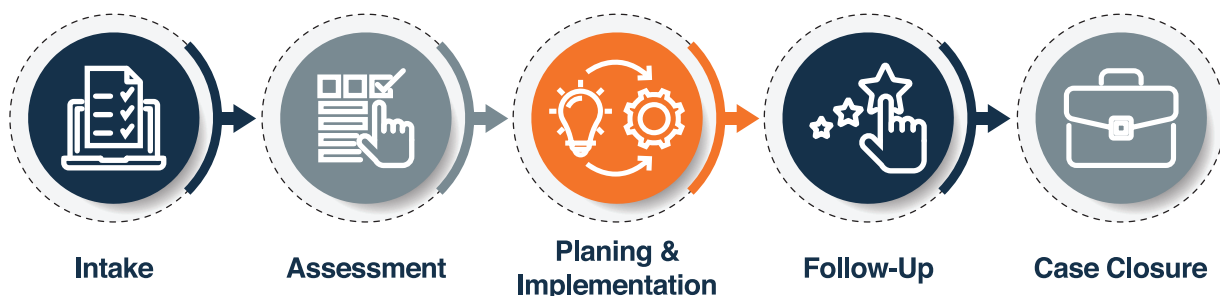
Prevention is addressing and overcoming crisis situations that may lead to child separation from their birth or extended family by undertaking actions to address and overcome crisis situations that might result in child separation.



## How : 3 Levels of Prevention:



## How : Case Management process for Prevention:



The process is highly individualized, focused on the child and is often non linear.

## Prevention - Case Management process

The process is highly individualized, focused on the child and is often non linear.



### Intake

- Engaging with key stakeholders and building awareness around the concerns of child protection.
- Identification of families and children at risk of separation from the families through vulnerability mapping.



### Assessment

- Assessment of family and children using the Thrive Scale™ tool.
- Identification of Red Flags in the well being domain of the family.
- Mapping out available resources and eligible social protection schemes.



### Planing & Implementation

- Listing out the needs.
- Developing a plan of action accordingly.
- Link the child and family to avail:
- Psychological support & counseling
- Life skill education & material benefits
- Entitled social protection schemes
- Address red flags



### Follow up

- Keep monitoring the progress and plan/change the strategy, if needed, using the Thrive Scale™.
- Follow up with the child and family to ensure that the child is thriving.



### Case Closure

- Children thriving with more than 80% of the Thrive Scale™ Score
- No red flag cases
- Resilience within the family
- Employability (Need based follow up continues)
- Celebrate

# Gatekeeping

## What : Concept

Gatekeeping is a systematic process of referring children and families to appropriate services or care arrangements with the aim of caring for children in their families and preventing unnecessary separation.

## What makes Gatekeeping Effective?

01

Establish/Activate safety net at the community level

02

Act promptly and adequately to strengthen the families at risk

03

Stakeholders have regular access to appropriate knowledge and skills

04

Ensure active child participation at various platforms

05

Acknowledge and amplify the voices of change makers in the society

06

Strategic convergence of available resources at community level and Government departments

## Pillars to Determine the Best Interests of Children

### Principle of Necessity

Is it necessary to separate the child from the family?

### Principle of Suitability

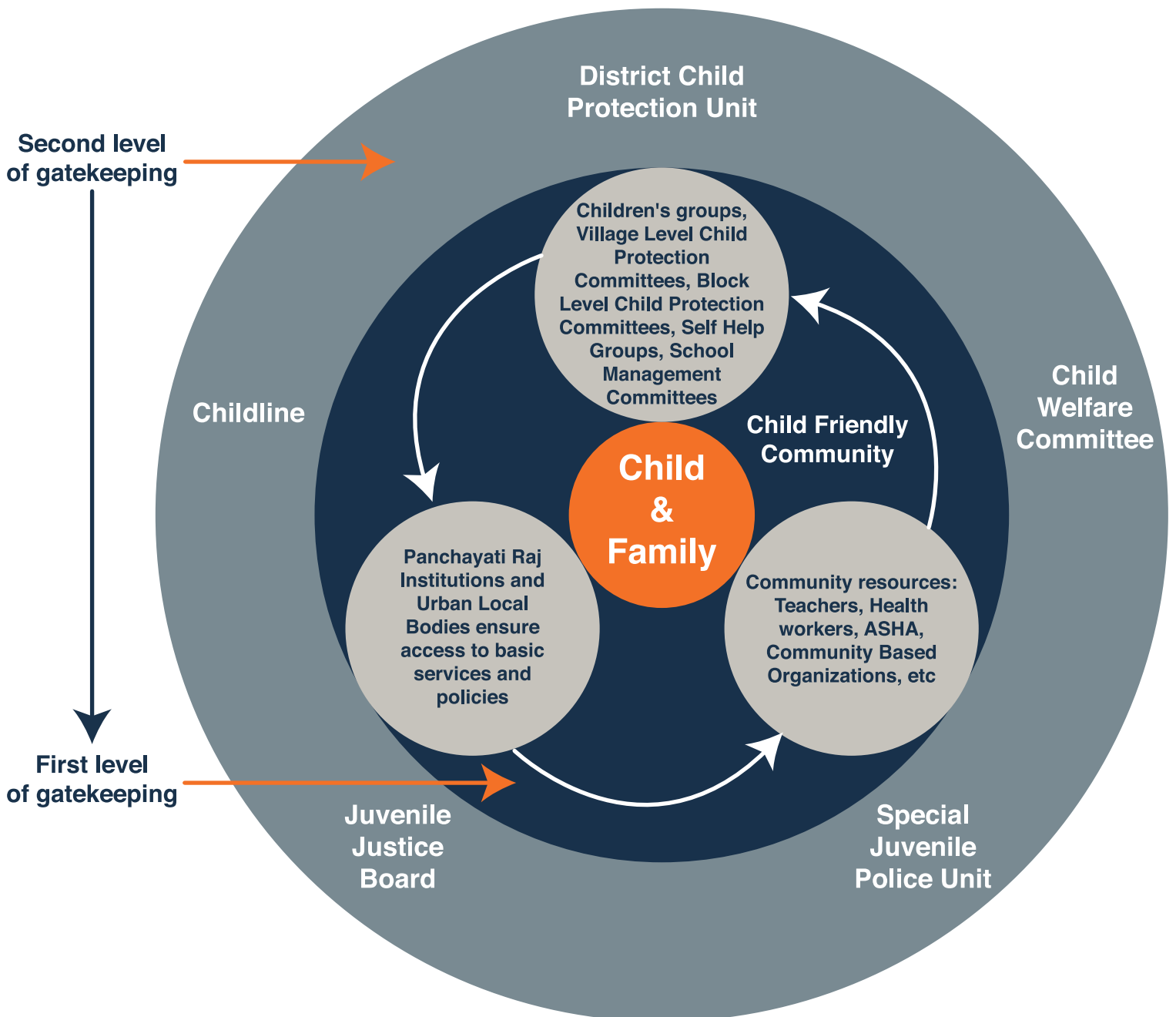
If yes, What are the best suitable alternative care options for the child?



# The Prevention Circle

## Convergence :

The Prevention Circle is based on systematic convergence among all stakeholders



## Case Management Process – Prevention & Gatekeeping

