

From Vulnerability to Strength: The Impact of Thrive Scale™ on Family Strengthening and Child Separation Prevention in Urban and Rural India

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Abstract

This study addresses the urgent need for family-based care for children without parental care, as emphasised by the UN General Assembly's 2019 resolution, India's Juvenile Justice Act 2015, and Mission Vatsalya. The primary aim is to evaluate the effectiveness of the Thrive Scale™ tool developed by Miracle Foundation India in generating measurable, data-driven decisions to plan and implement suitable interventions for family strengthening. The study covers the purview of family strengthening initiatives across the five wellbeing domains, conducted with 153 families (89 from Chhotaudepur, Gujarat, 64 from Ramnagar, Waze Pune, Maharashtra), analysing the assessment and intervention planning data from the Thrive Scale™ tool. Analysis of this data revealed a significant increase in well-being scores: from 74% to 94% in Gujarat and from 64% to 74% in Maharashtra. Early identification of risks, timely interventions, and continuous monitoring were key to fostering family resilience. Recurring challenges with livelihood, alcohol abuse suggest a need for long-term interventions. The study concludes that family strengthening is a complex, non-linear process requiring ongoing follow-up and adaptable interventions. The Thrive Scale™ tool empowers the Child Protection Workforce to make informed decisions, aligning with the Juvenile Justice Act and enhancing case worker efficiency in strengthening families.

Keywords: Family-based Care, Thrive Scale™ Tool, Family Strengthening, Child-family Separation, Family Strengthening.

Introduction

As of 2023, India has an estimated 436.6 million individuals under the age of 18, constituting about 30.5% of the total population (UNICEF, n.d.). Recent data indicates that approximately 24.1 million children in India are impacted by floods, cyclones, heatwaves, and other emergencies annually (UNICEF, 2023).

Children do well when their families do well, and families do better when they live in supportive neighbourhoods and communities. Many families facing socio-economic hardships are at risk of separation due to external pressures, such as poverty, health crises, or lack of access to essential services. A child's separation from family can have detrimental effects on a child's well-being.

A recent study included in the Journal of the National Human Rights Commission, India, revealed that parents place their children in institutions due to (1) poverty & migration and (2) socially acceptable beliefs that institutions are a means to disciplining and educating a child (Bajpai, 2017). According to government data and Indian practitioners, about 50% of the children in CCIs come from families that are unable to take care of them due to their financial situation. The COVID-19 pandemic has pushed many families deeper into poverty, which has led to a rise in the number of children in distress.

According to the official data cited by MWCD, the number of children affected due to COVID-19 in India is 1,53,827. This data, however, is not restricted to Covid-19 orphans alone. Of the 1,53,827 children registered on NCPCR's Bal Swaraj portal, 1,42,949 children have a single parent, 492 are abandoned children, and 10,386 children have lost both their parents, said the ministry (Indian Express, 2022).

Children may be pushed out of the protective net of their families due to several stressors, which are unique to every community, family, and child. In response to these challenges, family strengthening is understood as an umbrella approach to the care of children in their families, whereby vulnerable families, caught up in the vicious cycle of economic, social and cultural deprivation, are supported to build protective factors and prevent unnecessary separation.

Family strengthening refers to programs, strategic approaches and deliberate processes of empowering families with the necessary capacities, opportunities, networks, relationships and access to services and resources to promote and build resilience, such that children are provided safe and nurturing care even when the family is under stress. These programs and processes depend on the active engagement of parents, caregivers, children, youth and other family members in decisions that affect the family's life (India Alternative Care

Network, 2025).

Given the scope of family strengthening programs, a multi-sectoral preventive approach is essential. Regular mapping and assessment of at-risk families by the state, and identifying their vulnerabilities, is key to family strengthening. Vulnerability mapping tools are being developed by State Government departments as well as civil society organisations to enable the identification of at-risk families requiring sponsorship and a range of family strengthening services.

Community-based child protection groups, local self-government bodies, and other community stakeholders become the strong conduits and proponents of family strengthening services. Convergence of community mechanisms and stakeholders with child protection mechanisms at all levels enables gatekeeping, referrals, and linkages with services on a need basis.

Miracle Foundation India facilitated the implementation of programs aimed at preventing child & family separations through community-led interventions, participation of village-level child protection committees, and district child protection workforce. This paper analyses the effectiveness of the Miracle Foundation India Thrive Scale™ tool in guiding and supporting family strengthening programs, focusing on a comparative analysis between rural (district Chotta Udepur, Gujarat) and urban (Ramnagar, district Pune in Maharashtra) contexts.

Literature Review

In the Indian context, the Juvenile Justice (Care and Protection of Children) Act of 2015 (JJ Act, 2015) underscores the importance of family preservation and rehabilitation of children within their families wherever possible. The Act emphasises that alternative care arrangements should only be made when necessary, thus encouraging the strengthening of family-based support systems.

Vulnerability mapping is essential for family strengthening as it identifies families most at risk and ensures targeted, effective interventions. By addressing vulnerabilities early, the methodology helps prevent family breakdown or child separation, while enabling efficient resource allocation and informed decision-making. The insights gained guide tailored, sustainable solutions that address root causes and foster resilience within families and communities. Additionally, vulnerability mapping supports monitoring and evaluation, providing a baseline to track program impact and refine approaches for long-term success.

The State Government departments are coming up with / using the vulnerability mapping frameworks. The Department of Women, Child Development & Social Security, Government of Jharkhand, has developed a 16-indicator vulnerability mapping tool to address vulnerabilities affecting children and families, ensuring a data-driven approach to child welfare. The vulnerability mapping tool is designed to systematically assess the risk and support needs of children based on various factors. It evaluates key aspects such as family composition, health status, education, age, living environment, safety, nutrition, emotional well-being, and parental responsibilities. Each criterion is scored, with higher scores indicating greater levels of vulnerability. The tool categorises children into three groups—least vulnerable, vulnerable, and highly vulnerable—based on their total score, ensuring a structured approach to identifying those at risk. This assessment tool serves as a decision-making framework for child welfare organisations, enabling them to prioritise resources and interventions effectively. By documenting findings and the evaluator's details, the tool ensures accountability and transparency in assessments. Ultimately, the tool facilitates targeted action to address the immediate needs of children in vulnerable situations and supports long-term child protection planning.

Referring to the consolidated tools and guidelines on vulnerability mapping of children in need of care and protection issues by the Directorate of Women & Child Development, Government of Madhya Pradesh, the vulnerability mapping tool is a structured framework designed to assess and quantify the risk levels of children in vulnerable situations. It evaluates key components such as family composition, health status, education, age, living environment, safety, nutrition, emotional well-being, and parental responsibilities. Each factor is scored based on its severity, with the total score categorising children into three levels: least vulnerable, vulnerable, and highly vulnerable. Additional considerations include family history, access to welfare schemes, and protective or risk factors. The tool also includes sections for documenting the date, evaluator's name, and findings, ensuring transparency and accountability.

Functionally, the tool helps child welfare organisations systematically identify risks and prioritise children who need immediate support. It provides insights for designing targeted interventions, such as healthcare, education, or housing support, based on specific needs. By offering a clear scoring system, it facilitates resource allocation, policy-making, and

effective monitoring of interventions over time. This comprehensive approach ensures that vulnerable children are assessed holistically and supported with appropriate and timely actions.

The National Commission for Protection of Child Rights (NCPCR) Vulnerability Mapping Tool and Madhya Pradesh's (MP) Vulnerability Mapping Tool share the common objective of identifying and addressing risks faced by children in need of care and protection. However, they differ in scope, methodology, and specific focus areas. While the MP government vulnerability mapping tool is more tailored to the specific needs and challenges of Madhya Pradesh, emphasising localised implementation and grassroots engagement, the tool developed by the NCPCR is broader, standardised, and designed for national application. The Commission initiated an exercise of vulnerability mapping through the programme Samvardhan to Combat Child Trafficking, along with other existing mechanisms.

The use of JJA tools of Individual Care Plan (ICP), Social Investigation Report (SIR) is integrally used in child and family assessment by the social workforce. These tools help to assess unique child-specific characteristics, needs, support correspondingly family family-specific background factors, strengths, vulnerabilities, and insecurities; however, there remains a need to analyse, track the progress across the steps of case management, leveraging the data generated through the ICP/SIR tools. There is a need to make the case management process more holistic by prioritising needs and risks such that the case worker can plan support intervention strategies in order of the criticality of the risk faced by a particular child and/or family. This is particularly necessary in the case of accentuated safety concerns, which can be seen as red flags.

Thrive Scale™¹ is a methodology that guides a particular child, family case across the case management process. The Thrive Scale™ tool is a family participatory evaluation tool that enables the child protection workforce, and case workers, towards data-based decisions, conducting risk assessments, intervention planning, and progress tracking for reintegration of children from the child care institutions to family and protecting them from separation from their families, thus ensuring a holistic and effective approach to family strengthening. This tool aids in determining whether intervention is needed and assists in planning immediate and long-term actions across the five key domains. It also helps to identify Red Flags, which are urgent concerns that signal immediate threats to a child or household, requiring swift

intervention. Identifying these risks early enables timely responses, ensuring child safety and preventing harm.

Family and social relationships refer to the assessment and evaluation of the quality and stability of a child's familial and social connections. This domain focuses on assessing the strength of relationships, the presence of a supportive family network, the availability of positive role models, the level of communication and trust within the family, and the child's overall sense of belonging and connection to their immediate and extended social circle.

Education focuses on assessing and evaluating the child's educational opportunities and experiences. This domain considers various factors related to education, including school enrollment, attendance, access to quality education, educational resources and materials, teacher-student ratios, special learning needs, and the overall learning environment. It examines the child's educational progress, academic achievements, and engagement in learning activities. Additionally, the Education domain considers factors such as educational support systems, attitudes around education, and opportunities for extracurricular activities and skill development.

Health assessment and evaluating the physical and mental well-being of the child and family members is a domain that considers the various aspects of health, including access to healthcare services, regular medical check-ups, timely vaccinations, and preventive care. It also examines the child's overall physical health, including balanced nutrition, exercise, and sleep patterns, access to physical and play activities, and a clean and hygienic living environment. The mental health component of this domain evaluates the child and family's emotional well-being, resilience, and the presence of any mental health challenges or disorders. It considers factors such as the child's ability to cope with stress, ability to form meaningful social and interpersonal relationships, adapt to change, cope with stress, demonstrate empathy, and behave in socially appropriate ways, as well as access to mental health support services, and the presence of a supportive and nurturing environment.

Living Conditions focuses on evaluating and assessing the physical environment in which the child resides. This domain considers factors such as the safety, cleanliness, and adequacy of the living space, including housing conditions, access to clean water and sanitation facilities, and overall hygiene. It also considers the availability of essential

amenities, such as electricity, toilets, and ventilation. The domain examines the suitability of the living conditions to meet the child's developmental needs, including access to recreational facilities and a supportive neighbourhood or community environment.

Household economy refers to the assessment and evaluation of the financial stability and well-being of the child's household. It involves examining various aspects of the household's economic situation, including income, expenses, debt, savings, and access to necessities. This domain aims to determine the level of financial security and resources available to meet the needs of the child and the family. It considers factors such as employment status, income sources, financial planning, budgeting skills, and the ability to cover essential expenses, such as housing, food, healthcare, and education.

Thrive Scale™ uses a strength-based approach by focusing on areas in which families are thriving and can be optimised to prevent the child from being separated from their family. For each of the parameters, milestone is scored on a scale of 1-4, respectively, in crisis (Needs immediate attention); 2 = vulnerable (Needs attention, but not urgent); 3 = safe (attention helpful but not necessary); 4 = thriving (no attention needed). It also helps to identify Red Flags, which are urgent concerns related to the safety of a child within the family.

What distinguishes the Thrive Scale from the other tools specified above is that Thrive Scale is not just another child and family assessment tool, but informs the case worker in making intervention plans for preventing family separation and tracking progress on Family strengthening by considering the voices of the family and child. By acknowledging specific needs within the five wellbeing domains, the methodology facilitates targeted and effective interventions. Case workers can better and more quickly identify which areas to focus on with their families' cases by comparing wellbeing domain scores and marking vulnerable milestones. Families, in turn, feel more supported by having all five domains covered. Additionally, they can visually see their progress over time as interventions are completed and scores shift over time.

Scholarly works on child welfare and protection have consistently shown the effectiveness of community-driven programs that address the socio-economic conditions leading to families in crisis and separations. Recent studies on social work practices in India reveal that localised approaches like the use of assessment tools, such as the Thrive Scale™ by Miracle

Foundation India, can generate valuable data for proactive interventions. Such tools help NGOs and community workers in identifying vulnerabilities early and preventing crises that may lead to the breakdown of families (Sharma, 2022).

Objectives of the Study

The primary objective of this research paper is to evaluate the effectiveness of the Thrive Scale™ methodology developed by Miracle Foundation India to guide the case management process, creating measurable, data-driven decisions that can support planning suitable interventions for family strengthening.

‘Case management process’ is a systematic and coordinated approach that encompasses various activities aimed at effectively addressing the individual needs and goals of children and families. A standard case management process is important to ensure that children and families receive appropriate support, resources, and services, and in turn, to prevent the separation of children from families, provide support for separated children for family reintegration, and/or placement in family-based alternative care settings.

The core principles of case management are aligned to those laid down in the Juvenile Justice (Care and Protection of Children) Act 2015 (Government of India, 2015). The process is highly individualised and focuses on the best interest of the child, follows the five steps of intake, assessment, planning & implementation, monitoring & follow-up and case closure. These are nonlinear and iterative in nature.

Miracle Foundation is a 24-year-old organisation with a vision “to ensure a family for every child in our lifetime”. The organisation’s strategic focus is on enabling effective gatekeeping by empowering social workers and strengthening community prevention efforts, and transitioning children from institutions to families by providing support to government bodies and child care institutions. At its core is to facilitate, strengthen the child protection and allied systems towards family strengthening by providing the support needed to ensure their long-term well-being, helping children thrive in a stable, nurturing environment.

The Thrive Scale™ methodology was developed by the organisation after extensive research and study of the family-based care models and frameworks, globally, as well as the national legislative framework on non-institutional care set out by the Juvenile Justice (Care

& Protection of Children) Act 2015, the then Integrated Child Protection Scheme (ICPS).

Hypothesis of the Study

The Thrive Scale™ tool, developed by Miracle Foundation India, serves as an effective, evidence-based assessment mechanism that supports family strengthening interventions by generating measurable data on family well-being, addressing vulnerabilities early, and preventing unnecessary child-family separation. By regularly assessing economic stability, child safety, health, education, and emotional support, the Thrive Scale™ enables targeted interventions that reduce risks of separation caused by socio-economic challenges.

The hypothesis proposes that the Thrive Scale™:

1. **Create Evidence:** By regularly assessing families (As a third step of case management: follow-ups) through the Thrive Scale™, measurable data will be generated that reflects a family's progress or areas of concern. This data can then be used to guide further interventions and support systems.
2. **Strengthen Families:** The tool supports family strengthening programs by identifying and addressing vulnerabilities early on through the first step of case management: Assessment, offering targeted interventions (such as access to financial assistance, healthcare, or emotional support) that help keep families together.
3. **Prevent Child-Family Separation:** By addressing risks before they escalate through red flags, the Thrive Scale™ tool helps prevent unnecessary separations caused by factors that can be mitigated through proper intervention.

Methodology

This study examined two community-based projects aimed at preventing the separation of children from families under the mentorship of the Miracle Foundation India. One program was located in the urban area of Ramnagar, Waze Pune, Maharashtra, while the other was based in the rural area of Chotta Udepur, Gujarat. The family strengthening initiatives were conducted with 153 families (89 families from Chotta Udepur, Gujarat, 64 from Ramnagar, Waze Pune, Maharashtra).

The Chhotaudepur district in Gujarat is a tribal-dominated rural area, with over 85% of the

population belonging to Scheduled Tribes (ST) and the remainder consisting of Scheduled Castes (SC) and other communities. The primary livelihoods in this region include farming, seasonal labour, bamboo basket making and selling, and animal husbandry. The Ramnagar community of Maharashtra is a slum community with 15 to 20% of people owning businesses, while 75 to 80% work in low-paying jobs: garbage collection and housekeeping. Using Miracle Foundation India's vulnerability checklist, 89 families at risk were identified, with a total of 128 children (Boys 62: Girls 66) in Chotta Udepur, Gujarat. Whereas 64 families at risk were identified, comprising a total of 132 children in Ramnagar, Maharashtra.

These programs marked the first community-level prevention project initiatives under the tripartite Maharashtra & Gujarat State Government, UNICEF and Miracle Foundation India partnership, providing an opportunity to establish evidence-based frameworks in two distinct geographical and demographic contexts. Miracle Foundation India partnered with the Deepak Foundation, a well-established organisation with a deep understanding of local communities and strong operational capacity in both Gujarat and Maharashtra. Additionally, Miracle Foundation engaged with Child Welfare Committees (CWCs) in these states to prioritise areas for the family strengthening program, ensuring a targeted and impactful approach.

The methodology consisted of analysing the assessment and intervention planning data from the Thrive ScaleTM tool captured by the social workers in the case management tracker (CMT)² between March 2020 and March 2024. Two case studies are presented later in the study, one from each state, tracing the progress made by the families in the required areas of the five well-being domains following the five steps of the case management process.

As stated in the introduction section earlier, the case management process consists of five key stages: intake/admission, assessment, planning and implementation, follow-up, and case closure.

1. **Intake/Admission:** The process begins when a child or family is identified as being at risk of separation.
2. **Assessment:** A baseline or first Thrive ScaleTM (TS) assessment is conducted, or red flags are identified that indicate potential risks during the planning and implementation stages.

3. **Planning and implementation:** Social workers develop and carry out intervention plans to address the identified needs. This involves linking the family to necessary services, support networks, and resources aimed at empowering the family and providing security for the child.
4. **Follow-ups:** Ongoing monitoring ensures that the family continues to benefit from the support provided. Revisions to the care plan are made when needed based on the family's evolving circumstances.
5. **Case closure:** Cases are closed once the care plan's goals have been met, and the child's long-term protection and well-being are assured.

The family strengthening interventions, identified through the Thrive Scale™ assessments, carried out in the project location included a range of support initiatives such as capacity building in parenting skills, linking families to social welfare protection schemes, life skills education, health and hygiene promotion, psychosocial and educational support, and career counselling. Special attention is given to critical safety concerns or “red flags,” which are addressed with priority attention to safety planning on an urgent time-bound basis to prevent family breakdown.

To ensure sustainability, the program actively engaged stakeholders at the district, block, panchayat, and village levels, including District Child Protection Units, Block Development Officers, Panchayati Raj institutions, Village/Ward-level Child Welfare & Protection Committees, and community groups such as Bal Panchayats (Children Clubs), ASHA (Accredited Social Health Activist) workers, Anganwadi workers, ANMs (Auxiliary Nurse Midwife), and Self-Help Groups (SHGs). The program's findings are shared with these local stakeholders to foster their participation and ownership, ensuring community-based support for the program's long-term sustainability.

Findings

The key findings highlighted the impact of the Thrive Scale™ tool leveraged in assessing and addressing challenges faced by families by following a systematic case management process in both geographical settings, including insights from a real case study.

Chhotaudepur, Gujarat

A needs assessment was conducted to evaluate the vulnerability status of these families

across the five well-being domains, identifying red flags and planning interventions to support them. Quarterly assessments were carried out to track the progress of each family. The Thrive Scale assessment done over the three-year duration depicted through a spider graph below illustrates both domain-wise and overall progress of the families (Figure 1 to 3).

**Figure 1: Needs assessment through Thrive Scale
(based on five well-being domains)**

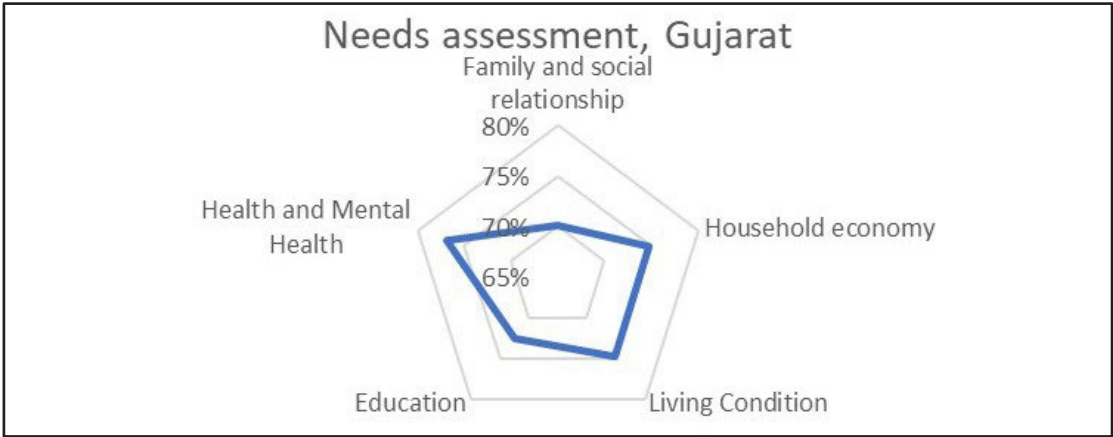


Figure 2: 10th Visit score (based on five well-being domains)

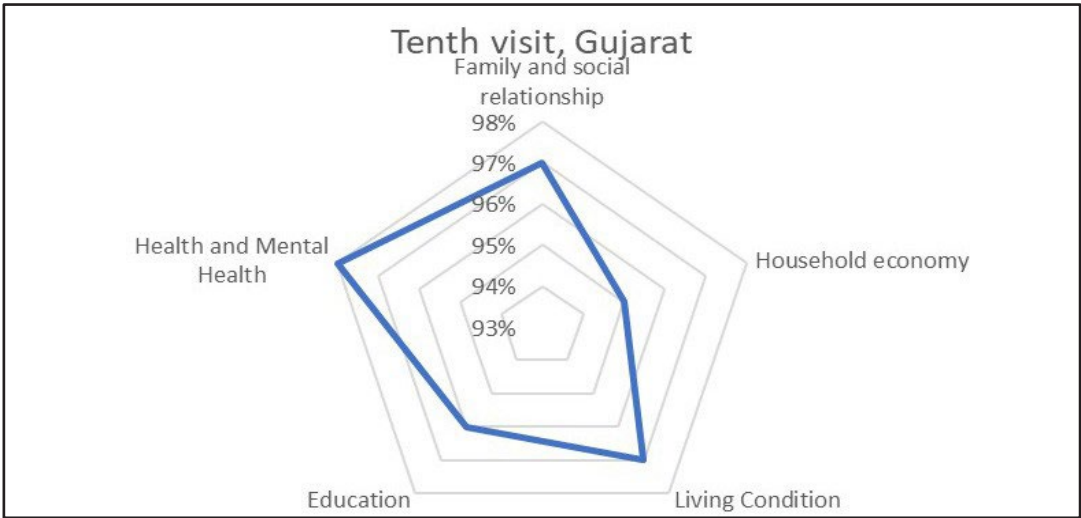


Figure 3: Overall progress in TS score (based on five well-being domains)

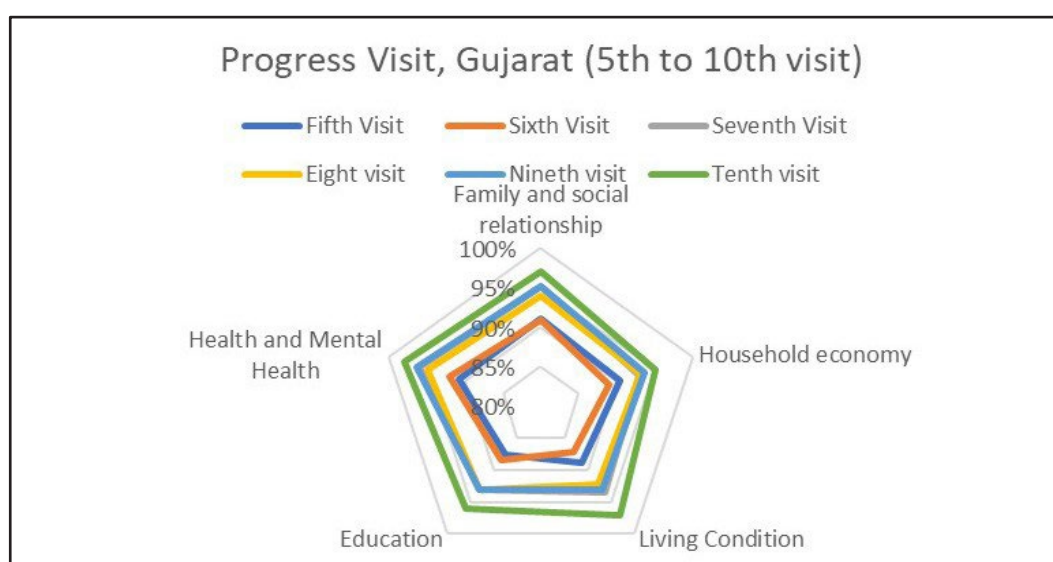
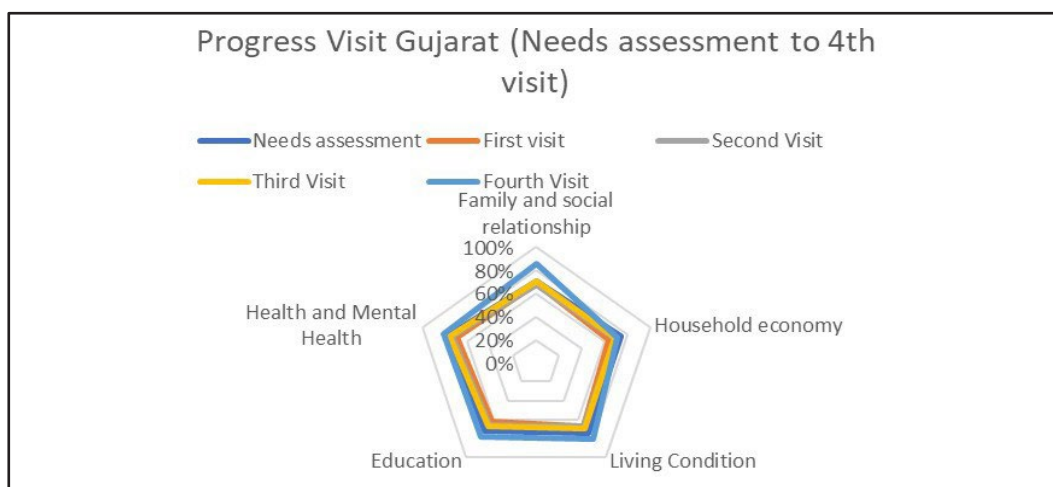
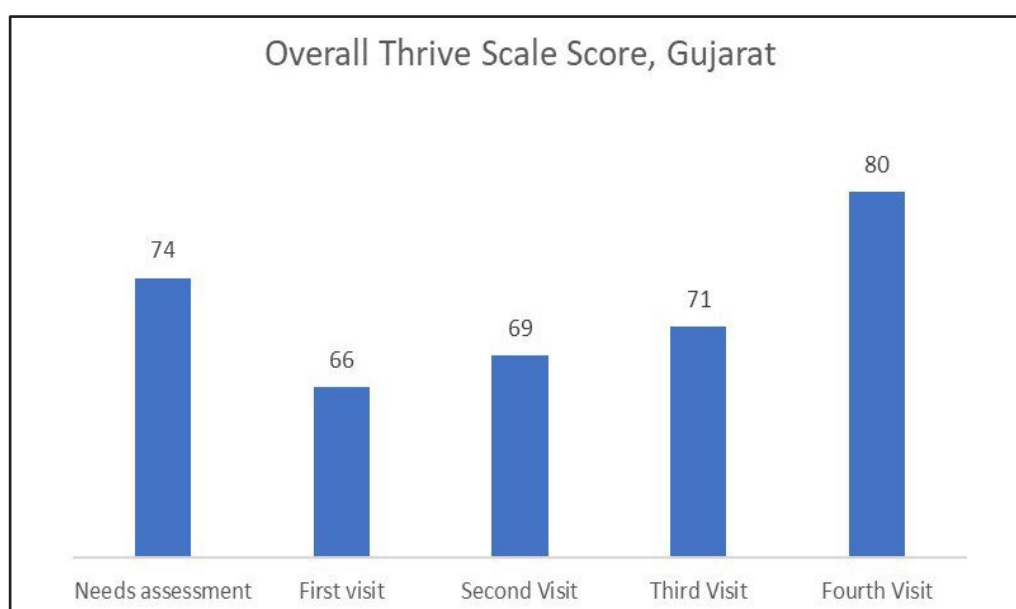
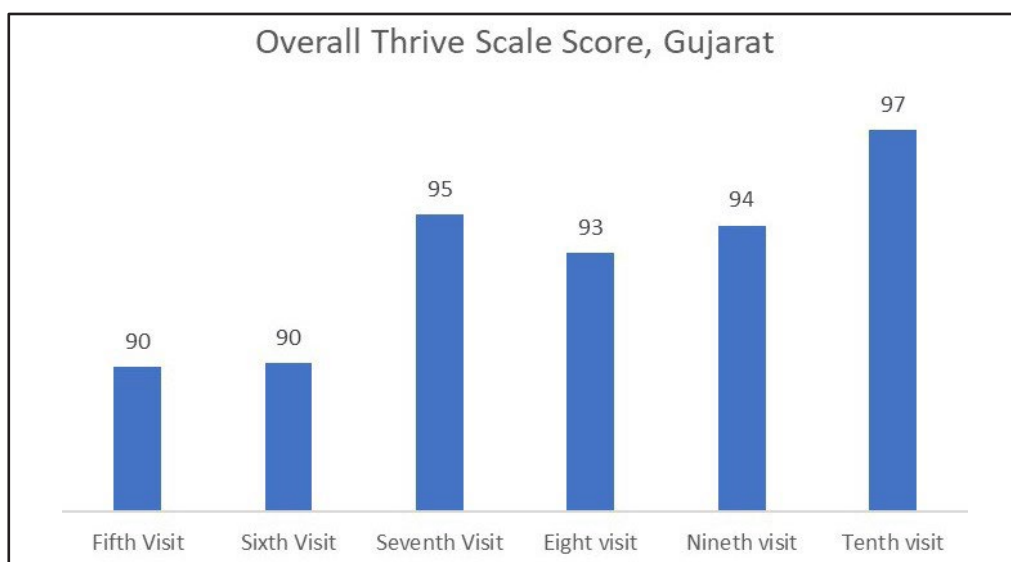


Figure 4: Overall progress in TS (based on visits)





During the year 2024, the 10th progress visit in Gujarat was completed, and data for 83 children was updated in 'Thrive Well™' during the 10th visit. Significant efforts were made to strengthen linkages and address red flags among vulnerable families (Figure 8.4).

A thorough evaluation of red flags reveals root causes, allowing for customised interventions across various well-being domains. The graph below shows the domain-wise red flags (Figure 5A to 5B):

Figure 5A: Visit-wise Red Flags (1)

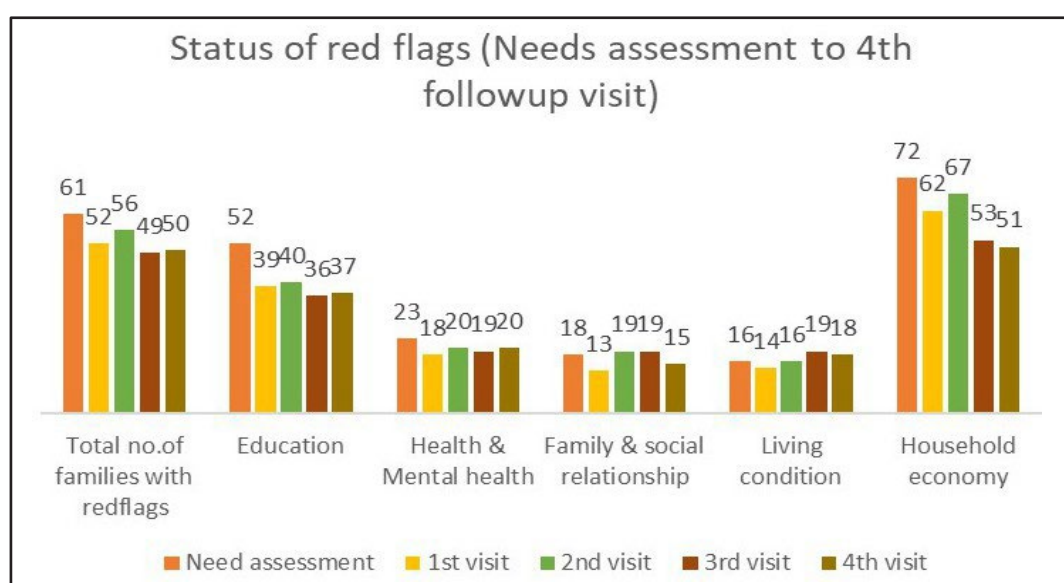
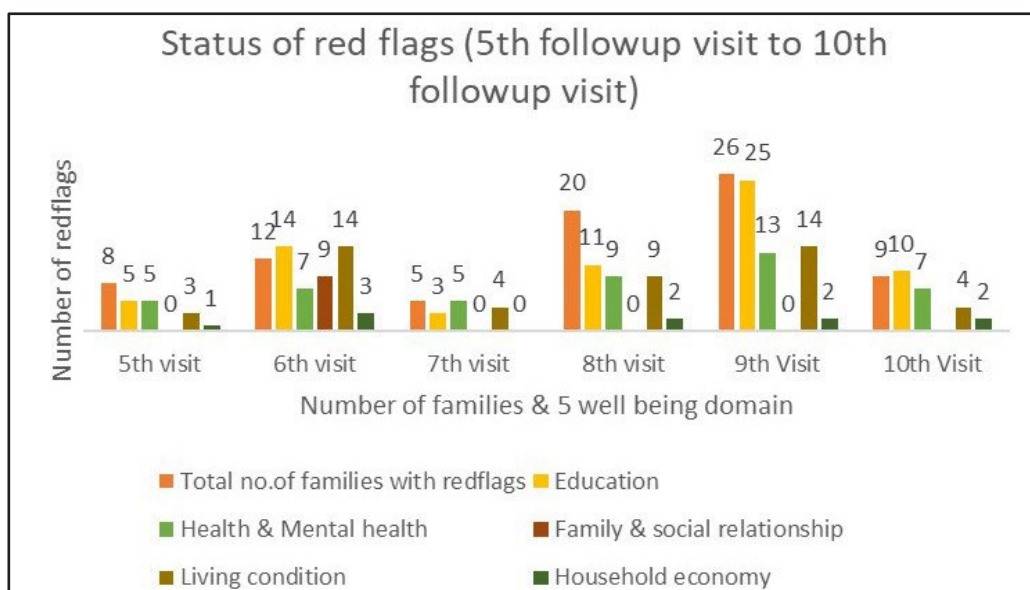


Figure 5B: Visit-wise Red Flags (2)



Recurrence of red flags was seen; this was mainly due to the following reasons.

- Education: No interest in studies, migration with family
- Household Economy: Poor earnings, non-sustainable livelihood, migration
- Family and social relationships: Risk of child marriage & child labour
- Living conditions: Poor kachha house, no toilets
- Health and mental health: Alcohol addiction was the main reason

Gujarat

In Gujarat, out of 89 identified families, 56 families are in follow-up (children 83: 38 Boys and 45 girls), 11 families have migrated, while 22 families have completed their intervention requirements, leading to the closure of their cases.

Case Study

This section of the study peeks into the case study of one family from Gujarat's intervention area. The case studies highlight the challenges and successes of the family:

Step one: Intake

During the situation analysis and identification of vulnerable families using the vulnerability

checklist, a woman-headed family, led by Keshwari (name changed), was identified. She lived with the challenges of widowhood for a decade after the passing away of her husband, Manojbhai, and was solely responsible for raising their six children—five daughters and one son.

Step two: Assessment

The predominant needs, concerns and areas of strength were identified through Thrive Scale™ first assessment. After the passing of her husband, Manojbhai, Keshwari found herself in a difficult position, shouldering the responsibility of raising their six children—five daughters and one son—alone. The loss of her husband left the family without a steady income, plunging them into financial hardship. Keshwari faced immense pressure, not only to provide daily necessities but also to arrange for her daughters' marriages, a significant cultural expectation in her community. The weight of these obligations, along with the desire to ensure her son received a proper education, became overwhelming for her.

With no breadwinner in the family, both her son and daughters struggled to continue their studies. The financial strain meant that resources for education were scarce, and the children faced frequent disruptions in their schooling. In addition to the economic challenges, Keshwari dealt with the emotional burden of raising her family single-handedly, navigating societal expectations, and trying to keep her family together amid their growing vulnerabilities.

The situation called for immediate support and intervention to prevent further decline in their well-being and to provide opportunities for the children to continue their education without hindrance.

An assessment across five well-being domains was conducted using the Thrive Scale™, as outlined below in Table 1:

Table 1: Needs Assessment Thrive Scale™ Score

	Health & mental health	Education	Family & social relationships	Living condition	Household economy
Needs assessment	61%	56%	63%	63%	50%

Step three: Planning and Implementation

Based on the assessment, support interventions were planned accordingly. The Miracle India team, along with the local partner organisation, engaged with stakeholders at the district, block, panchayat, and village levels, including the District Child Protection Unit, Block Development Officers, and village leaders (Mukhiya). Village Child Protection Committees (VCPC), Bal Panchayats (children's clubs) were activated to strengthen child protection systems at the village level.

Amidst these efforts, the VCPC and Bal Panchayat were formed, with dedicated volunteers trained in life skills and mental health awareness. Through initiatives like psychosocial support and regular home visits, the committee aimed to identify and address the needs of vulnerable families, including Keshwari's family.

During one such visit, VCPC volunteers recognised Keshwari's struggles and engaged with her family to better understand their situation. Through compassionate dialogue, they encouraged her children to prioritise education and offered ongoing mentorship and support.

Additionally, the VCPC facilitated access to government schemes designed to help families in need. These included the Ganga Swarupa Yojana for widow pensions, E-Labour Card, PMJAY (Ayushman) Card for healthcare, educational support for her children, Aadhaar Card updates, and ration card revisions.

Step four: Follow-up

Quarterly follow-ups were done with respective families by the team of the local partner organisation were done as described below in Table 2:

Table 2: Quarterly Follow-ups

Q1:	The documents were reviewed for accessing government schemes, including the Child Sponsorship Scheme. Overall Thrive Scale™ Score: 60%.
Q2:	VCPC/ volunteers helped the family connect with the Sponsorship Scheme, but the son, Punit (name changed), was hesitant to visit the Child Welfare Committee (CWC) (required as per the process for approval of sponsorship support). Overall Thrive Scale Score: 68%.
Q3:	VCPC/ volunteers educated the family on health, hygiene, stress management, and values. Volunteers processed the Shram Yogi card. Overall Thrive Scale™ Score: 96%.
Q4:	The family received the Shram Yogi card, but Punit still refused to go to the Child Welfare Committee (CWC) as he was afraid. Overall Thrive Scale™ Score: 58%.
Q5:	Both children are continuing their studies, and the mother remains engaged in labour work. She has also started seasonal farming on her own land. Both children have expressed that they do not wish to go to a Child Care Institution (CCI) to avail of the sponsorship scheme, and the mother is determined to educate them. Additionally, the mother is receiving a widow's pension. Overall Thrive Scale™ Score: 94%.
Q6:	Family absent due to a function. Overall Thrive Scale™ Score: 93%.
Q7:	Children were attending school and college regularly. Mother supports their education. Overall Thrive Scale™ Score: 95%.

Q8:	The male child received an education kit and benefited from a health camp. Overall Thrive Scale™ Score: 97%.
Q9:	The female child is now in college, and with increased family income, her case was closed. The male child continues his studies. Overall Thrive Scale™ Score: 98%.

Step five: Case closure

With the help of various government schemes, Keshwari now receives a regular widow's pension, providing her with a steady source of financial stability. Educational support has significantly lightened the burden of her children's schooling expenses, ensuring they can continue their education without interruption. Additionally, the Pradhan Mantri Jan Arogya Yojana (PM-JAY) card (Ayushman Bharat scheme) guarantees free medical treatment for the family in case of serious illness, offering them a critical healthcare safety net.

The ongoing support from the Village Child Protection Committee (VCPC), Bal Panchayat, and community volunteers played an instrumental role in the family's recovery. Volunteers made regular home visits, offering psychosocial support and ensuring that the family accessed all available resources. This community-driven assistance created a safety net around Keshwari's family, making sure that their needs were addressed promptly.

Through the Thrive Scale™ final assessment, it was observed that the family's overall well-being score reached 80%, indicating significant progress. Importantly, there were no remaining red flags in the family's status. Keshwari acknowledged that she now feels empowered to manage her family's needs and future independently, expressing her gratitude for the interventions that helped them overcome their vulnerabilities.

Regular support from the VCPC, Bal Panchayat, and community volunteers ensured that Keshwari and her family remained on a stable path. As a result, they now have the confidence and ability to take charge of their future without external assistance. Keshwari, in particular, expressed her sense of relief, knowing that her children's education and health are secure and that the family can continue to thrive on its own.

As a result of all these interventions, Keshwari's family has seen significant improvements in their circumstances. One of her daughters is now pursuing higher education in college, while her son has found employment in a shop in Vadodara after completing his 12th grade. Their combined incomes, supplemented by agricultural earnings, have markedly improved the family's financial situation, allowing them to manage their household expenses more comfortably.

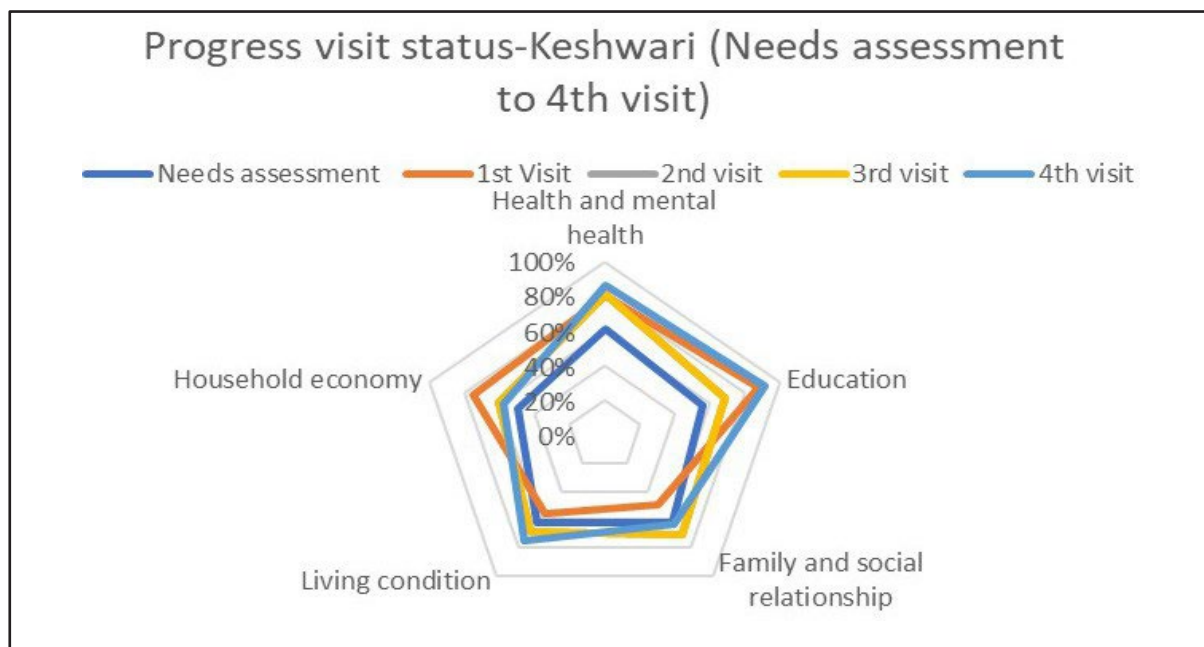
Current Income Summary

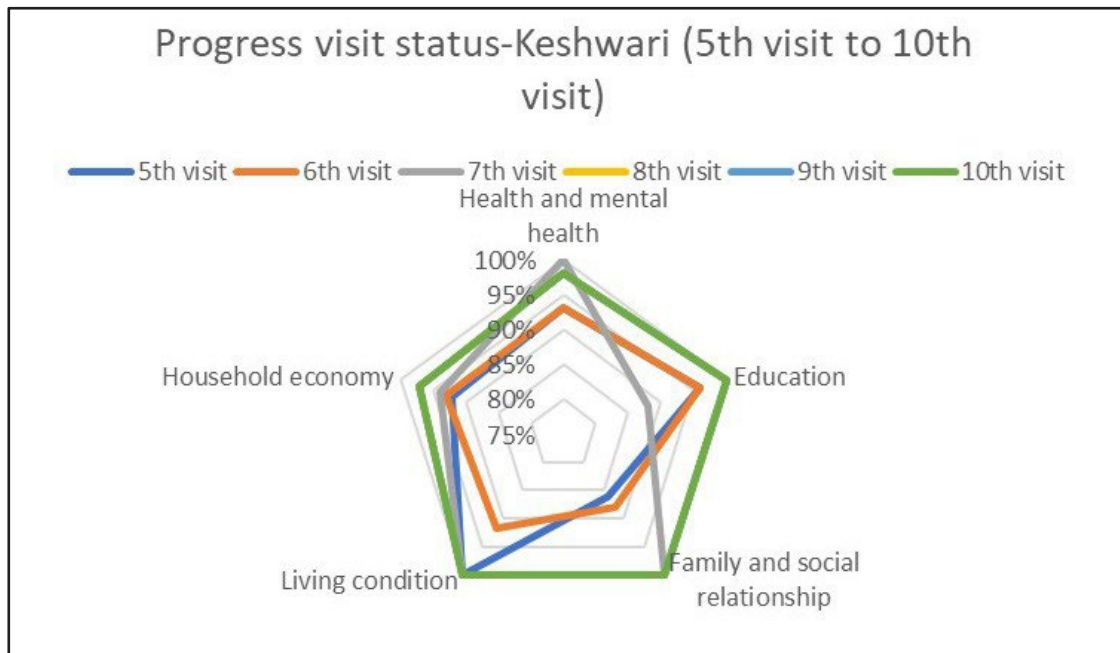
1. Widow Pension: ₹1,200 per month
2. Son's Employment Income: ₹8,000 per month
3. Agricultural Income: ₹15,000 yearly

Now, Keshwari is on the path to overcoming her challenging circumstances, paving the way for a brighter future for herself and her children.

The following graph), through Thrive Scale™, shows the overall progress in the family (Figure 6).

Figure 6: Overall Thrive Scale™ Score





Maharashtra

In the Ramnagar community of Maharashtra, most household dwellings were poorly built, with 80 to 85% being temporary structures. Families typically consisted of 6 to 7 members.

Local committees like the Mahila Arogya Samiti (MAS) were absent, leading to poor health awareness and high rates of alcoholism and domestic violence (60-70%). Many women suffered from health issues due to neglect and inadequate hygiene.

Education was limited, with most children only completing up to 7th grade. In areas like Khan Vasti and Annabhau Sathe Chowk, girls' education rates were lower than boys.

Additionally, the Child Protection Committee (WCPC) was not established, resulting in a lack of knowledge about child rights and protections. Ignorance about children's health, education, and government schemes prevailed, with no local NGOs working on these issues.

A needs assessment was conducted to evaluate the vulnerability status of these families across the five well-being domains, for identifying red flags and planning interventions to support them. Quarterly assessments were carried out to track the progress of each family. The spider graph below illustrates both domain-wise and overall progress of the families

(Figure 7 to 10).

Figure 7: Needs Assessment (based on five well-being domains)

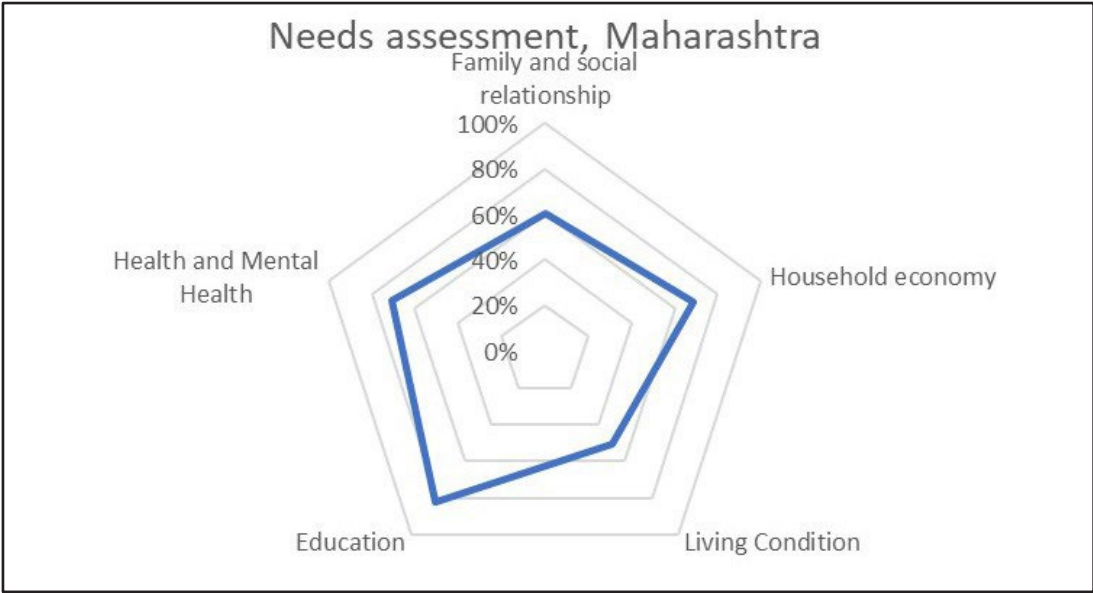


Figure 8: Sixth visit (based on five well-being domains)

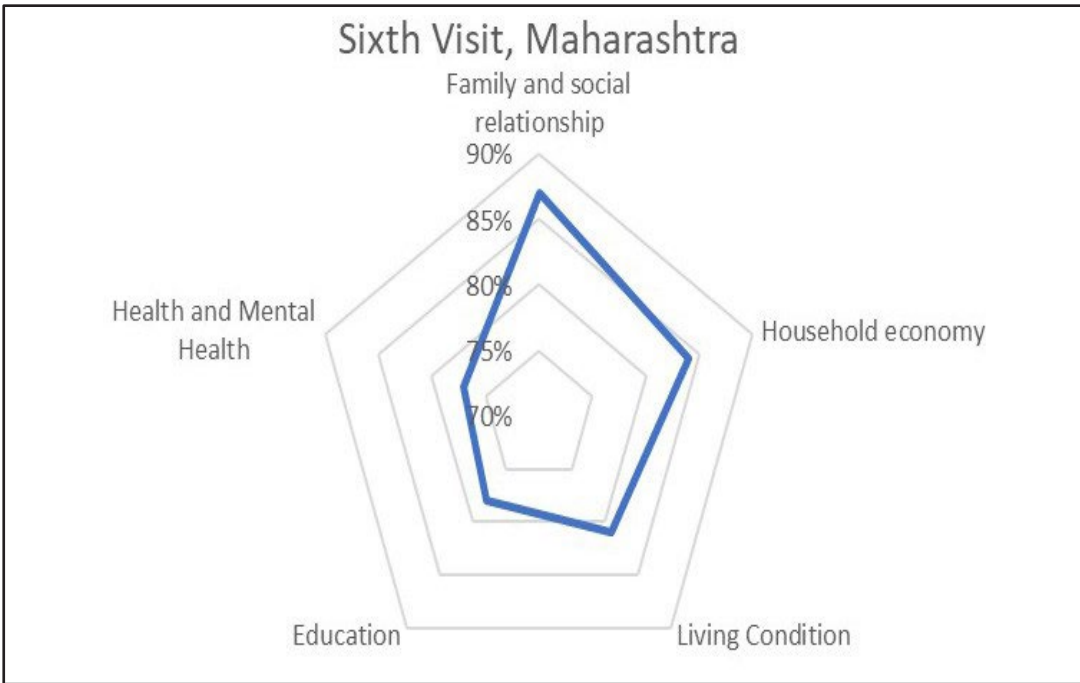


Figure 9: Overall Visit-wise Progress

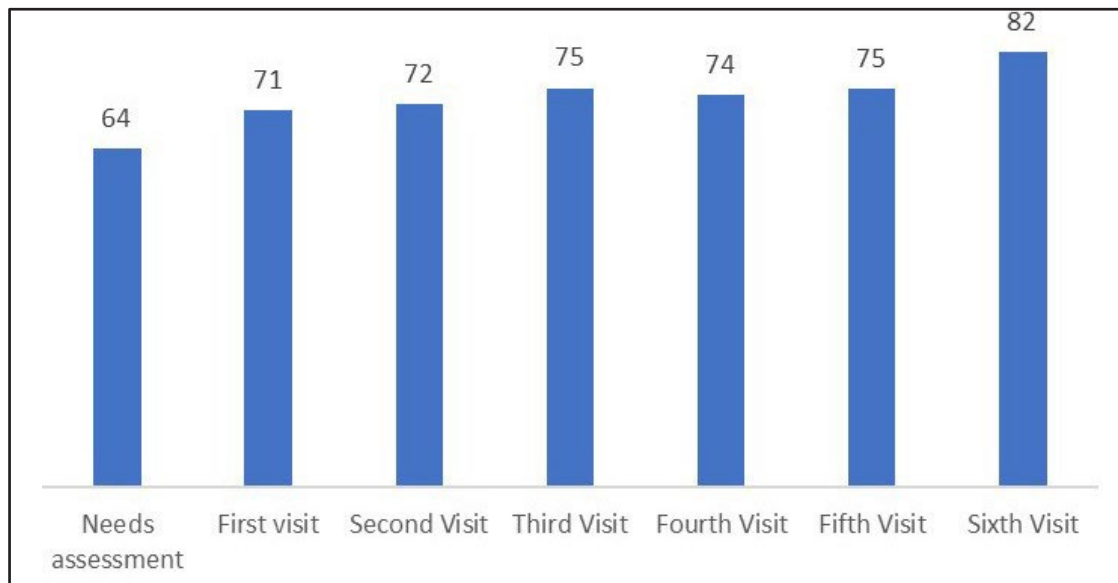


Figure 10: Overall Thrive Scale Score (based on five well-being domains)

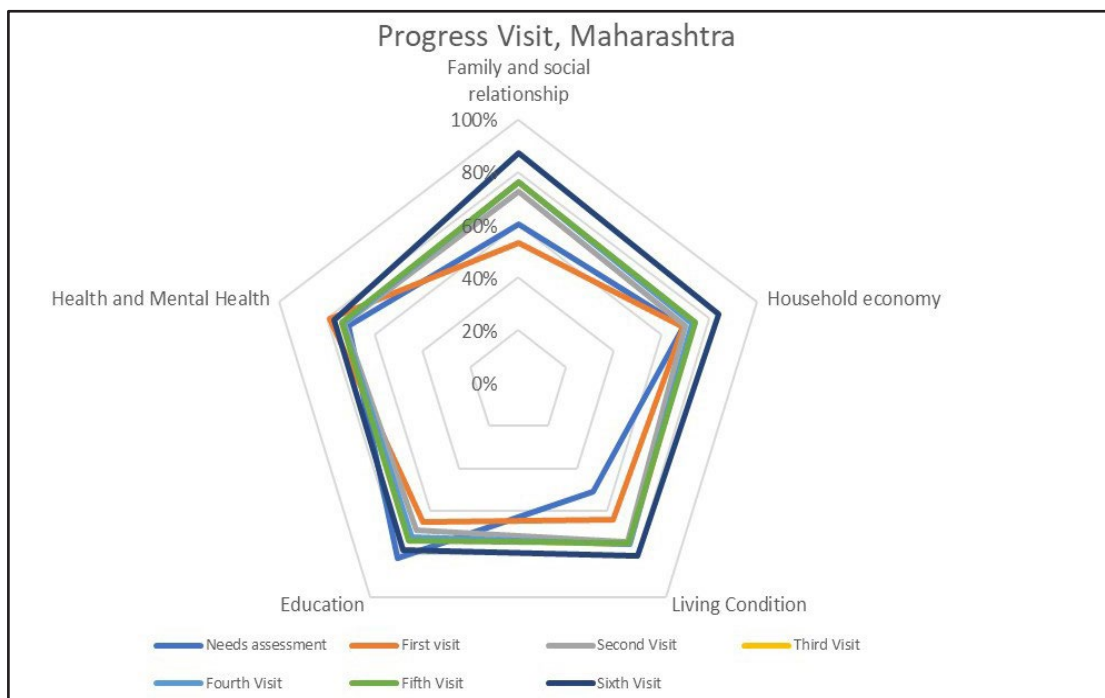


Figure 11A: Red Flag Score (1)

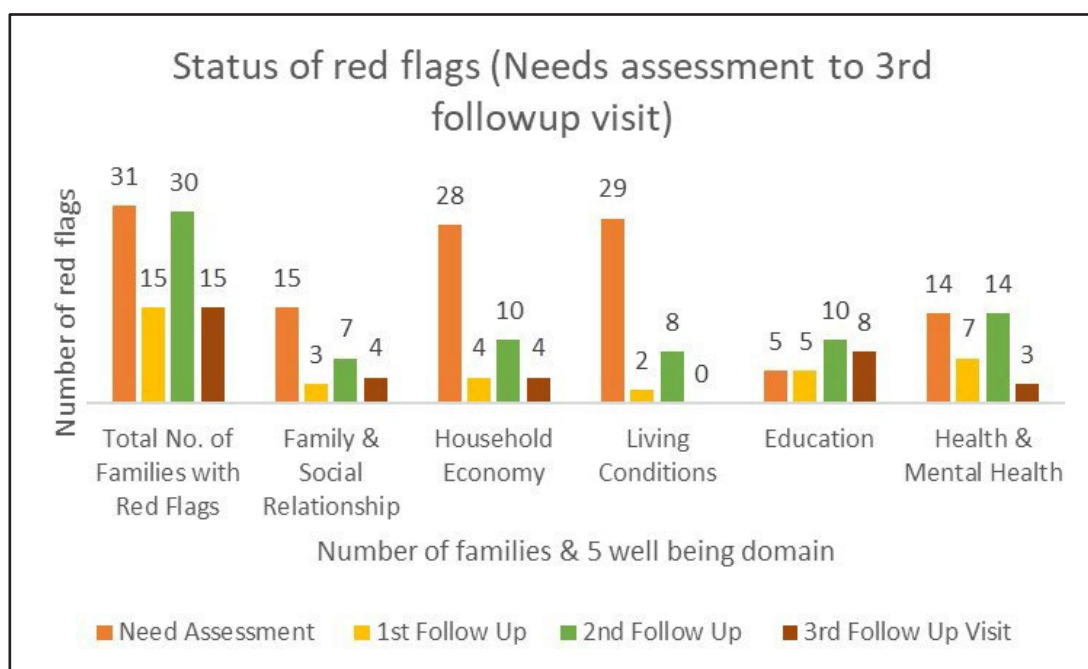
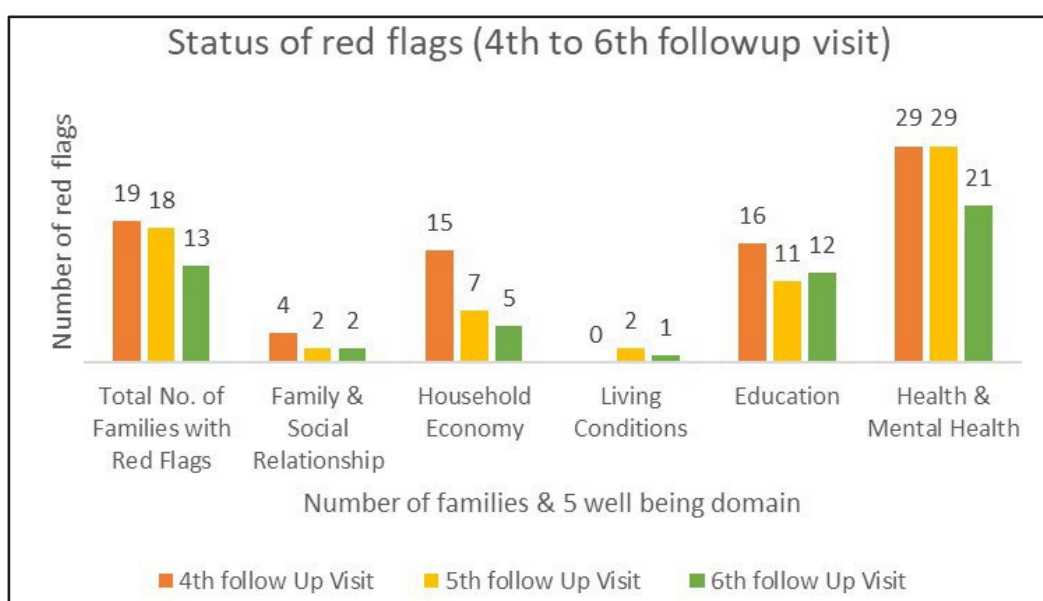


Figure 11B: Red Flag Score (2)



Figures 11A and 11B show that there was a recurrence of the red flags, mainly due to the following reasons:

- Household economy: Poor earnings, non-sustainable livelihood, migration
- Family and social relationships: Risk of child marriage & child labour

- Living conditions: Poor kachha house, no toilets, poor sanitation, health and hygiene
- Health and mental health: Alcohol addiction was the main reason

Overall, in Maharashtra, among the 64 identified families, 51 were in follow-up, 11 families migrated, and 2 family cases have been closed, with 31 out of 64 families thriving.

Case Study

The following section shows the family strengthening work through case management by using the Thrive Scale™ methodology.

Step 1: Intake

During the situation analysis and identification of vulnerable families using the vulnerability checklist, Sunita Sharma (name changed), a 32-year-old single mother, was identified as facing overwhelming challenges following a severe accident that left her husband incapacitated. With her husband no longer able to provide financial or emotional support, Sunita was forced to assume full responsibility for their two young children, Karthik (11) and Pawan (5) (names changed). Her situation was further deteriorated by the lack of stable income, limited access to social support, and the pressing need to ensure her children's well-being amidst these growing adversities.

Step 2: Assessment

The initial Thrive Scale™ assessment identified key needs, concerns, and areas of strength for Sunita. Relying heavily on her own resilience and the support of her mother, who provided shelter during challenging times, Sunita navigated her circumstances in Malwadi. With a modest monthly income of ₹7,000 from working as a housekeeper for six households, she struggled to meet their basic needs, and the financial burden was significant. The emotional toll of single-handedly raising two children under such conditions turned each day into a relentless challenge.

Despite these hardships, Sunita's determination began to emerge. While her husband and his family remained in their village, offering neither financial nor emotional support, Sunita was resolute in her commitment to create a better future for her children. She aspired for Karthik

and Pawan not only to have access to education but also to thrive amidst the difficulties they faced. The table below shows the assessment score of the family.

Table 3: Thrive ScaleTM score of assessment (1st visit)

	Health & Mental Health	Education	Family & social relationships	Living condition	Household economy
Needs assessment	61%	81%	45%	37%	75%
1st visit	63%	70%	71%	66%	62%

Step 3: Planning and Implementation

Sunita received support from the Ward Child Protection Committee (WCPC) and community volunteers who worked to identify and address the needs of vulnerable families like hers. These local champions, trained in life skills, child rights, parenting skills, and mental health awareness, made regular home visits and provided psychosocial support, helping Sunita find stability during a difficult time.

Through their assistance, Sunita was linked to several government schemes, including the Balsanogan Yojana (financial assistance for children), ABHA Card (health support scheme), and other initiatives such as the E-Labour Card and Sukanya Samruddhi schemes. These programs offered essential financial relief and healthcare access for her children, ensuring that their basic needs were met.

Additionally, the local NGO, IDEA Foundation, provided support in the form of educational coaching and financial aid for her children's schooling. Pawan, now in the 4th grade at Smita Patil School, actively participates in extracurricular activities, while her younger son, Karthik, is just starting his educational journey in Jr. KG. With their school fees partially covered and extra educational resources, the burden on Sunita began to ease.

The changes were not just financial; Sunita also grew as a parent. Through training sessions on positive discipline, hygiene, child rights, and child development, she gained valuable

parenting skills that improved her relationship with her children. Sunita learned to manage their emotional needs better, communicate effectively, and instil discipline in a healthy way.

Step 4: Follow-up

During the follow-up phase, the Ward Child Protection Committee (WCPC) and community volunteers continued their regular visits to ensure Sunita received ongoing support and to monitor her progress. These follow-ups were crucial for assessing the effectiveness of previous interventions and for providing additional assistance as needed (Table 4).

Pawan and Karthik are still receiving educational support, with Pawan actively participating in extracurricular activities and Karthik beginning his educational journey. As a result, Sunita's confidence as a parent continues to grow, and she is increasingly able to envision a better future for her children.

To further enhance their well-being, efforts are underway to connect Sunita with the Ladaki Bahin scheme. An Asha worker, in collaboration with community volunteers, is planning home visits to provide essential health services. Additionally, regular parenting skills sessions are being offered, along with meetings with Pawan's and Karthik's teachers to ensure continued engagement with their education.

Table 4: Follow-ups

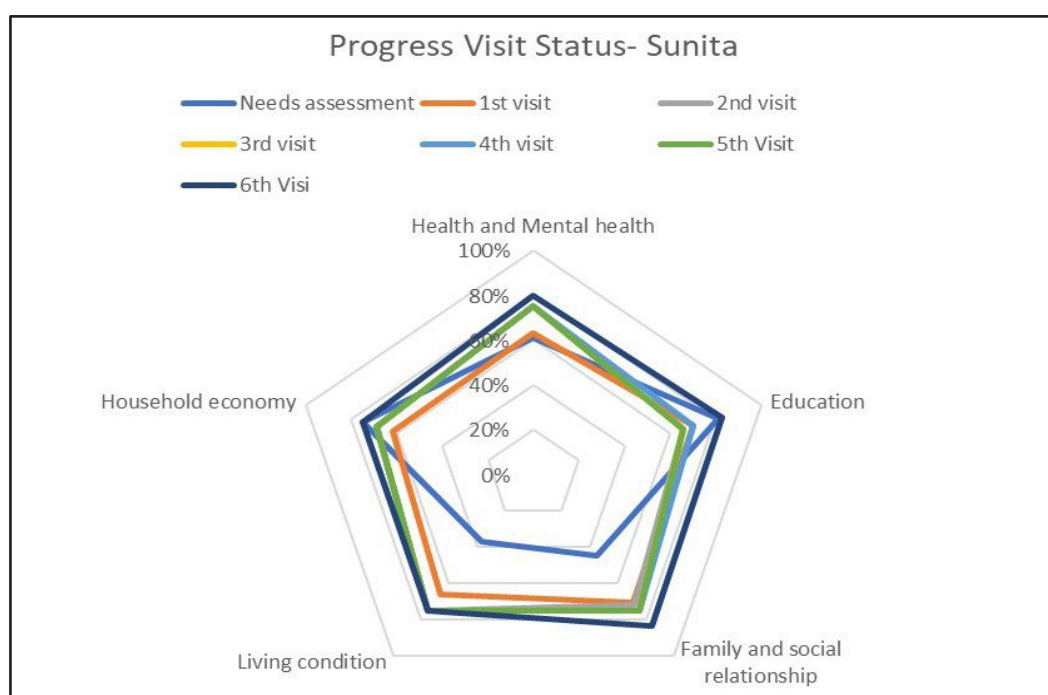
First Visit:	The community volunteers and WCPC identified Sunita as a vulnerable family in need of support. Regular home visits commenced, during which the team provided psychosocial support and counselling sessions to help Sunita navigate the emotional and financial challenges she faced. Overall Thrive Scale Score: 55.68%.
Second Visit:	Efforts to link with government schemes faced challenges due to the lack of basic documents. However, community volunteers and WCPC members continued to follow up diligently. In addition, educational support from the IDEA Foundation allowed Sunita's children, Pawan and Karthik, to receive coaching and partial financial aid for their schooling. Overall Thrive Scale Score: 71.72 %.

Third Visit:	<p>Sunita participated in training sessions focusing on positive parenting, child rights, child development stages, hygiene, and emotional management. These sessions empowered her to enhance her relationship with her children and effectively manage their emotional needs.</p> <p>Overall Thrive Scale Score: 72.67%.</p>
Fourth Visit:	<p>The WCPC and community volunteers conducted regular follow-up visits to monitor Sunita's situation. They organised a one-window awareness camp to provide information on available schemes and services, further aiding families like Sunita's. Through continued home visits and psychosocial support, the team maintained a connection with Sunita, ensuring she felt supported and empowered.</p> <p>Overall Thrive Scale Score: 73.26%.</p>
Fifth Visit:	<p>In this phase, the WCPC and volunteers successfully connected Sunita with various government schemes, including the Balsanogan Yojana (financial aid for children), ABHA Card (health support), E-Labour Card, and Sukanya Samruddhi Yojana. These connections provided essential financial and healthcare relief for her family, contributing to their overall well-being.</p> <p>Overall Thrive Scale Score: 72.67%.</p>
Sixth Visit:	<p>In this phase, the mother is actively managing all family needs, with improved parenting skills and stronger social relationships through regular engagement with community volunteers and WCPC. Both children attend school regularly, with partial educational support provided. The family is connected to government hospital services, and the mother has successfully overcome stress, ensuring a stable and supportive environment for her children.</p> <p>Overall Thrive Scale Score: 80.20%.</p>

The case remains open, as the family and community recognise that some support is still needed. We will close the case when both the family and the community feel that all necessary assistance has been provided.

Figure 12 below shows the Thrive Scale™ scores progress for the family

Figure 12: Overall progress in Thrive Scale™



Comparative Analysis of Rural and Urban Community Prevention Programs

In analysing Miracle Foundation India's community prevention program using the Thrive Scale, a comparison between the rural area of Chhotaudepur, Gujarat, and the urban area of Ramnagar, Maharashtra, can highlight key insights into how the nature of assessment data, intervention planning varies given the different regional urban and rural contexts.

Rural Area: Chhotaudepur, Gujarat

- **Challenges:** Families face economic instability, limited access to educational and healthcare facilities, and poor infrastructure. A high percentage of families live in raw, makeshift homes
- **Program Implementation:** The Thrive Scale™ was used to assess 87 vulnerable families, identifying a total of 132 children at risk. The assessment focused on well-being domains such as economic stability, child safety, health, and education.
- **Interventions:** Quarterly assessments and targeted interventions, supported by Village Child Protection Committees (VCPC), helped improve family conditions. Access to government schemes (widow pensions, labour cards, and healthcare) provided financial and social

support.

- **Impact:** Over time, measurable improvements were recorded in family well-being, with most families progressing significantly, as indicated by the Thrive Scale™.

Urban Area: Ramnagar, Maharashtra

- **Community Characteristics:** Ramnagar is an urban slum area where most families are engaged in low-wage jobs such as housekeeping, garbage collection, and day labour. Many families live in overcrowded conditions with limited access to sanitation and healthcare services.
- **Program Implementation:** The Thrive Scale™ was utilised to assess 64 vulnerable families in Ramnagar, identifying 148 children at risk. The assessment focused on key well-being domains such as economic stability, housing conditions, health, child safety, and education access.
- **Interventions:** Regular assessments were carried out in collaboration with the Ward Child Protection Committee (WCPC) and community volunteers. Families were connected to key government schemes such as the Balsanogan Yojana, ABHA Health Card, and labour welfare schemes, which provided crucial financial and healthcare assistance. Efforts were made to improve housing conditions, focusing on hygiene and sanitation, as many families lived in temporary structures. Additionally, educational support was provided through local NGOs, ensuring children received school coaching and partial financial aid. Psychosocial support and parenting skills training further empowered parents, helping them better manage their emotional and financial challenges while strengthening family dynamics.
- **Challenges:** Urban poverty, high rates of alcoholism, domestic violence, and crime are prevalent. The absence of community-based organisations like Child Welfare Committees (CWCs) or local protection mechanisms creates further risks for children.
- **Impact:** The Thrive Scale™ data showed marked improvement in living conditions and family stability, with Geeta's family achieving financial stability and her children continuing their education.

Comparison and Key Insights

- **Economic Stability:** Both regions face economic challenges, but the interventions differ based on available local resources and livelihood opportunities. Rural families rely more on agriculture, while urban families depend on wage labour.

- **Social Structure and Support:** In rural areas, community-driven programs like VCPCs and government support schemes are vital for improving family stability. In urban settings, the absence of strong local support structures requires more intensive intervention by the NGO.
- **Children's Education and Health:** In both areas, the Thrive Scale™ helps track children's educational progress and health. Urban areas often suffer from a lack of awareness about child rights and protection, while rural regions face logistical challenges in accessing services.

The Thrive Scale™ proves to be a flexible tool, adaptable to both rural and urban environments, offering data-driven insights that enable targeted interventions suited to each community's unique challenges.

Limitations

1. **Initial Pen-and-Paper Implementation:** The Thrive Scale™ tool was initially implemented in a pen-and-paper format, creating potential challenges in data accuracy and efficiency. Manual data entry was prone to human error and delays in timely analysis,
2. **Technological Transition and Accessibility:** While transitioning to a digital version of the Thrive Scale™ was a significant improvement, full integration across all communities remained a challenge. Limited access to technology and digital literacy in rural areas hindered the tool's effective usage and compromised the quality of data collected.
3. **Case Worker Turnover:** Frequent turnover of case workers posed a significant limitation, as the effectiveness of Thrive Scale™ assessments often depends on the rapport built between the case worker and the family. Disruptions in continuity impact trust, data reliability, and the intervention process itself.
4. **Case Worker Mindset:** The Thrive Scale™ is not merely a data collection tool but a child- and family-centred intervention planning and follow-up tool. A key limitation lies in case workers viewing it solely as a means of collecting data rather than as a tool to drive meaningful interventions. For effective implementation, case workers must adopt a mindset focused on building relationships, understanding family dynamics, and ensuring that their assessments lead to actionable, child-focused outcomes.
5. **Cultural Relevance and Adaptability:** The Thrive Scale™ tool may need further

adaptation to address the specific cultural contexts of rural and urban families. Without appropriate localisation, it risks missing key nuances in family dynamics, challenges, and strengths unique to different regions.

6. **Training and Capacity Building:** The tool's successful implementation relies heavily on the training and familiarity of community workers and volunteers. Variability in the quality of training or engagement levels may impact the consistency, reliability, and accuracy of data collection.

Recommendations

1. **Enhance Training Programs:** Strengthening training initiatives for community workers and volunteers on the Thrive Scale™ tool is essential. Comprehensive training should include the tool's usage and its adaptability to local cultural contexts to ensure accurate assessments of family needs.
2. **Increase Community Engagement:** Actively involve families and community members in the assessment process. Feedback mechanisms should be established to gather insights from those directly affected, allowing for continuous improvement of the tool and interventions.
3. **Tailor Interventions to Local Contexts:** Recognise the distinct challenges faced by families in rural and urban settings. Design and implement tailored strategies that address the specific socio-economic and cultural factors influencing family dynamics in each context. For example, addressing the high percentage of low-paying jobs in Ramnagar can lead to targeted economic support initiatives.
4. **Expand Access to Technology:** Invest in technology infrastructure in rural areas to ensure community workers have access to digital tools. This can include providing devices, internet access, and training on digital literacy to facilitate the effective use of the Thrive Scale™ tool.
5. **Implement Monitoring and Evaluation Systems:** Establish robust monitoring and evaluation frameworks to assess the ongoing effectiveness of the Thrive Scale™ tool. Regular evaluations should inform adjustments and enhancements to the tool and related interventions, particularly in light of findings regarding the educational engagement of children.
6. **Strengthen Partnerships with Local Government and NGOs:** Collaborate with local government and NGOs to leverage their expertise in family strengthening programs.

Building strong partnerships can enhance the overall effectiveness of interventions and provide additional resources for vulnerable families.

7. **Strengthen Community Support Networks:** The absence of community organisations, such as the Child Protection Committee, highlights the need for grassroots support systems. Establishing and empowering local committees can help monitor family well-being and provide timely interventions when needed.
8. **Integrate Health and Social Services:** With health crises being a significant risk factor for family separation, integrating health services with social support systems is essential. This includes access to mental health services, regular health check-ups, and nutrition programs to address the holistic needs of families.
9. **Develop Tailored Interventions for High-Risk Families:** Specific interventions should be designed for families with multiple red flags. Comprehensive case management strategies that include a combination of economic, health, and educational support can help stabilise these families and prevent crises.
10. **Strengthening Case Worker Engagement and Retention:** To address caseworker turnover and foster the right mindset, their efforts should be recognised and incentivised through district government policies, such as performance-based bonuses and professional development opportunities. Regular training should emphasise the Thrive Scale™ as a child- and family-centric intervention tool, not just a data collection method, while offering emotional support to prevent burnout. These measures will enhance motivation, reduce turnover, and strengthen their engagement with children and families.

Conclusion

This paper has examined the effectiveness of the Miracle Foundation India Thrive Scale™ tool in strengthening families across rural and urban contexts. The comparative analysis of Chhotaudepur (rural) and Ramnagar (urban) revealed that the Thrive Scale effectively identified vulnerabilities and provided targeted interventions, leading to a reduction in unnecessary child-family separations. The hypothesis that the Thrive Scale™ generates measurable evidence to support family strengthening programs has been substantiated, with early identification of risks and timely interventions improving overall family resilience.

While the tool has proven its value, challenges remain in scaling its impact, particularly with sustaining interventions and expanding outreach. Additionally, the transition from the initial pen-and-paper format to a technology-driven approach highlights the need for ongoing

refinement. Recommendations include enhanced training, improved data collection, and customised interventions tailored to the unique needs of rural and urban settings.

In conclusion, the Thrive Scale™ has the potential to significantly improve child well-being and family stability. By adopting the proposed recommendations, stakeholders can further strengthen its role in fostering healthier, more resilient communities and ensure that future interventions are both impactful and contextually appropriate.

Disclaimer: In preparing this manuscript, we have used the Chat GPT (open-access version) to edit the language. We take full responsibility for the content.

Endnotes

1. The Thrive well is now digitally available as mobile first Thrive Well app and web platform
2. Case management tracker (CMT) supports the case manager with a system to analyse, track the progress across the steps of case management process, leveraging the data generated through the ICP/SIR/TS tools

References

- Bajpai, A. (2017). A child's right to a family: Deinstitutionalization – In the best interest of the child. *Journal of the National Human Rights Commission*, 16, 199–216.
https://bettercarenetwork.org/sites/default/files/nhrc_journal_2017.pdf
- Government of India. (2015). *The Juvenile Justice* (Care and Protection of Children) Act. <https://legislative.gov.in/>
- India Alternative Care Network (IACN). (2025, January). *Strengthening families in India: A guiding framework developed by the Working Group on Family Strengthening at IACN*.
<https://iacn.in/wp-content/uploads/2025/01/strengthening-families-in-india.pdf>
- Indian Express. (2022, February 17). *Lancet report on children orphaned during COVID has no correlation with ground realities: Govt*. <https://indianexpress.com/article/india/lancet-report-on-children-orphaned-during-covid-has-no-correlation-with-ground-realities-govt-7798256/>
- Sharma, N. (2022). Community-based interventions and family strengthening programs in

India. *Journal of Social Work*, 29(2), 145–160

UNICEF. (2023). Humanitarian action for children: India (Appeal 2023). <https://www.unicef.org/media/131516/file/2023-HAC-India.pdf>

UNICEF. (n.d.). *How many children under 18 are there in India?* <https://data.unicef.org/how-many/how-many-children-under-18-are-there-in-india/>