



Expedited Case Management Process for

Permanent Placement in Families after COVID-19 Lockdown

Background:

Miracle Foundation is a non-profit organization that brings life-changing care to orphaned and vulnerable children. We support vulnerable children and children in need of care and protection to have a better quality of life while bringing about sustainable change that reduces the need for child care institutions (CCIs) altogether. In order to achieve this, our core initiatives include providing highly specialized training and resources for social workers, caregivers and government officials that make decisions impacting millions of vulnerable children. In addition, we ensure every child thrives and is entitled to an education, nutrition, health, and protective services by leveraging our proprietary Thrive Scale™ Methodology. Our programs are delivered across 20 states in India.

For those children who have been placed with their families due to COVID-19, we are leveraging our case management process and tools to ensure children are safe, to identify areas of need and put together an intervention plan to ensure permanency or a safe return to other alternative family placements or CCI. CCIs will be guided to implement this process systematically, keeping the children's best interest in mind and in coordination with the government.

Purpose:

To determine feasibility of permanent placement and expedite family-based care in families in which children were placed quickly and without proper preparation during COVID-19 lockdown.

The goal is for children to remain in their placement after the lockdown ends, if possible, or move to other family placement such as kinship or foster care as appropriate. That means completing the paperwork/procedures for placement, and avoiding readmission to child care institution (CCI) after lockdown ends.

Key Points in Remote Assessment:

While in-person assessment and follow up is preferred, remote contact has become a necessity during the COVID-19 lockdown. These distant connections can be effective in

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assessing family needs and planning for intervention strategies if you keep the following points in mind:

- Schedule a time for the call with the family so they are prepared and all appropriate family members are available. You want to get feedback from all significant individuals.
- It is recommended that two social workers/community workers participate in the phone conversation/visit to allow for ease of gathering information and additional perspective. If this is not possible, plan for spot checks from another person occasionally.
- In general, people find it more difficult to focus for long periods of time on the phone – keep your calls to a maximum of one hour at a time. Recognize that it may take you several calls to complete the entire tool.
- Be sure to speak with the child as well as relevant family members, and ensure that the child has a private place to talk, especially if there are concerns about potential abuse.
- Approach the family with a tone of voice that is warm, friendly, and caring. Use positive language, and convey the message that you are helpful and approachable.
- Visual cues will be limited, even when utilizing video. Since you lack non-verbal cues, be sure to listen carefully, and listen beyond the words that are spoken. Clarify any mixed messages you receive where the words stated don't match the way they were expressed.
- Listen for tone of voice, attitude, hesitation in response, uncomfortable laughter.
- Gather information through conversation - don't ask a series of direct questions. For example, don't ask if the family has nutritious food, ask what dishes they prepared for breakfast and lunch that day. Don't ask if the parents get along with their children, ask how they have been spending their free time together, and take it forward from there.
- Reach out to the neighbours and community volunteers as well to gather more accurate and neutral information about the status of the families and children.
- If you are having difficulty reaching families, engage the government officials charged with serving these families (In India, details are outlined in the Supreme Court Judgement regarding COVID-19 and Children in Child Care Institutions (CCIs) including Child Welfare Committee (CWC) and District Child Protection Unit (DCPU)). You may also involve community volunteers, Auxiliary Nurse Midwives (ANMs), Accredited Social Health Workers (ASHA workers), Aanganwadi

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Workers, neighbours, and extended family to support the family in a form of group monitoring. CCI Staff are likely to be aware of these community resources.

- Be mindful that follow up visits/calls and monitoring may draw unwanted attention to the family. In order to minimize concerns and raise confidence in the process of following up on children in care or at risk, effort should be put into helping the family and community understand and accept the need for monitoring. Inform families what will happen to any information gathered, and possible actions. There may be less resistance if monitoring is carried out by a community-based organization, and by the same person each time.

Case Management Process:

Continue to follow your standard Case Management Process consisting of Assessment, Planning, Implementation, and Follow-Up – the steps will just be expedited at this time. Interventions activated during this time will be carried forward long term, and will uphold child rights long after the pandemic ends.

Step One: Prioritizing Children for Permanent Placement

If you feel overwhelmed by the number of children you need to assess, start by prioritizing children based upon those who have the greatest opportunity for permanent placement (high, medium, low) based upon prior assessments and interactions. If desired, you may gather children's data on the "[Monitoring Format for COVID Relief Support and Children in Families](#)" or any Google or Excel sheet used by your organization to assist with prioritization.

Then begin reaching out to children and families in the high potential category. Once you've made progress with this group, you can add a few more children to the list to assess.

Key items to consider include:

- Desire of child and family to live together and a positive family and social relationship
- Safety of child and lack of neglect/abuse
- Sufficient resources in terms of food, safe water, stable housing
- Access to health and mental health care
- Availability of educational services once children return to school

Step Two: Risk Assessment

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Complete the Risk Assessment Tool **to identify areas of risk for abuse/neglect. This tool identifies factors that are associated with high risk of abuse**, even if it is not occurring at this time. Collect the data through your [phone, tablet or web browser](#) (English) or use the [Microsoft Word Version \(English, Hindi, Marathi\)](#).

If the family scores in the **Critical Risk** level, the child will likely be placed in an alternative family setting or return to the CCI after lockdown until/if the risk factors can be addressed. No need to complete Step Three (Placement Plan) with the family at this time; report abuse to the proper authorities, connect family to support services, and track continued follow up on the “[Monitoring Format for COVID Relief Support and Children in Families](#)” or via any Google or Excel sheet used by your organization. Of course, all cases of abuse should be reported to the proper authorities regardless of the Risk Assessment Score. Policy Overrides may be used on the Risk Assessment Tool if the score seems too low/high based upon social worker observations.

If the family scores in the low, moderate, or high-risk levels, continue with Step Three, planning for interventions to allow for permanent placement with their family. You may want to prioritize the children with low to moderate risk, though you don’t want to exclude the possibility of placement for the child with high risk, if interventions could address the concerns and reduce the risk level. Keep in mind that these ratings are not absolute -- there is no guarantee that children in the low risk category will have a successful placement due to other factors, and we should not dismiss those in high risk, as this could change with appropriate intervention.

Frequency of Risk Assessment - minimum 10-15 days for any child, or every 7-10 days for high risk cases. If you find that families need less frequent follow up (e.g., child and family are at low risk, family does not feel comfortable with follow ups and reducing the frequency will help keep them engaged, etc.), feel free to make that decision based on your judgement as a social worker/case worker keeping the best interest of the child in mind.

Step Three: Placement Plan

Once potential for placement has been identified, complete the Placement Plan with the child and family **to identify areas of strength and concerns that need intervention, highlighting actions required across wellbeing domains (e.g., health & mental health, education, living conditions, household economy, family & social relationships) to lead to permanent placement**. Refer to the child’s completed Individual Care Plan (ICP) and Social Investigation Report (SIR), if available, to identify needs and challenges to address on the Placement Plan.

Consult the guidelines for remote interactions above, and be sure to solicit the wishes of the child and family. Collect data from the Placement Plan through your [phone, tablet or web browser](#) (English) or use the [Microsoft Word Version](#) (English, Hindi, Marathi).

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Note: During lockdown for COVID-19, it may appear that some items do not apply, such as transportation to education, since children are not in school at this time. Please rate these items thinking ahead to permanent placement. In other words, will there be a need for transportation to school when the lockdown is lifted and children return to school?

While many interventions cannot occur during lockdown, planning should begin for areas needing attention once the lockdown is lifted. During the limitations due to COVID-19, efforts can focus on researching and locating resources that will allow for permanent family placement as identified by the family's Placement Plan. Of course, if any action is able to be taken during lockdown itself, do not hesitate to implement it.

Gather the data from each child/family's Placement Plan on the "[Monitoring Format for COVID Relief Support and Children in Families](#)" any Google or Excel sheet used by your organization so that information for all children is in one place. Add updates from continued follow up assessments.

Frequency of Placement Plan - minimum 10-15 days for any child, or every 7-10 days for high risk cases. If you find that families need less frequent follow up (e.g., child and family are at low risk, family does not feel comfortable with follow ups and reducing the frequency will help keep them engaged, etc.), feel free to make that decision based on your judgement as a social worker/case worker keeping the best interest of the child in mind.

Step Four: Minimum Standards for Permanent Placement

In order to determine if permanent placement should be recommended, refer to the following minimum standards resulting from execution of the Risk Assessment Tool and Placement Plan:

- **Risk Assessment Tool** – score must fall in low, moderate, or high range with plans to address noteworthy concerns. Though permanent placement will not likely occur if the risk is in the high range, plans for intervention to address the risk factors should move forward during this time with the goal of permanency.
- **Placement Plan** - All elements with a rating of "1" (In-Crisis, or Needs Immediate Attention) *must* be addressed in order to prepare for permanent placement. Lack of attention, or ineffective interventions with these matters will result in the child's basic rights being compromised, and permanency jeopardized.
- **Monitoring Format for COVID Relief Support and Children in Families** - Refer to data gathered in this sheet or any Google or Excel sheet for community resources available to the family, and plans for effective interventions.

Of course, the final decision of the placement will be taken in joint consultation with appropriate government officials and leaders (e.g., DCPU, CWC, and CCI CFO). When

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making placement recommendations to the Child Welfare Committee in India, in addition to the Placement Plan and Risk Assessment tools, ensure CCI makes the updated Social Investigation Report (SIR) and Individual Care Plan (ICP) available as well.

All content is proprietary.

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