IMMERSIVE SIMULATION LAB:

WORKBOOK

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CERI
Children's Emergency Relief International

Why Family-Based Solutions

Sakal Social Foundation
a medium for social change

The Simulation Lab

Engaging with new models of care brings many unknowns. Will children be cared for well? How will donors and partners respond? Will we succeed? It can be a very uncertain time for a program.

To remove some of the mystery, we are using an experiential workshop format centered around the fictional case study of an orphanage (child care Institution - CCI) preparing to move the children in their care to family care. The original authors of the workshop (all credited and thanked below) have given us permission to adapt the workshop to an Indian setting and to pilot.

This workshop was created to provide a safe and encouraging space for those involved in a 'reform' of a child care and protection system to think through the process of a transition toward providing family-based care. Workshop participants were guided through activities and discussions to plan and implement a transition for the fictional organisation, Precious Children of Hope Children's Home (PCHCH).

Engaging with a fictional case study allows participants to explore the components of the transition process, while eliminating the need to immediately consider the emotional complexities that can come with imagining a reshaping of their program. They are able to learn, wrestle with and adapt new information, as well as reflect on what is possible and helpful for children in their care. With the guidance of experienced group leaders and through valuable group discussions, they are given the opportunity to create a plan for the next steps in their program.

The options for care and protection of children in India consist of, as per the Description: Juvenile Justice (Care and Protection of Children) Act, 2015, institutionalisation, foster care (individual/ group), sponsorship and adoption. Kinship care loosely falls under sponsorship but is not formalised. Aftercare overlays all of the options but is mostly established for children ageing out of institutional settings. This simulation lab is designed for true engagement and learning surrounding the on-the-ground realities of transitioning to family based care.

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During this intensive simulation your time and expertise will be respected with over 5 hours of practical action.

We promise you won't be bored!

We want to thank CAFO, in partnership with Hope and Homes for Children and the Faith to Action Initiative for putting this workshop out into the universe and encouraging us all to adapt it to country and local settings and pilot.

We won't let you down and will share the results! The results and findings of the day will be reported back to delegates and submitted to a scholarly journal for consideration.

Precious Children of Hope Children's Home (PCHCH)

History

Precious Children of Hope Children's Home (PCHCH) has been serving in India for 26 years. A couple began caring for children whose parents had died during a natural disaster. It eventually became known as the place to bring children without parental care. This evolved into a home, and eventually a nonprofit organization registered as a trust.

Home

The children's home compound contains a small school, a main building, two girls homes, and two boys homes. There is a small facility on campus to house visitors, interns and to facilitate tours on the property. There is also a large garden.

Children

PCHCH currently has 74 children in their care, aged between two and nineteen. Most of the children were born locally. Some were placed in their care by the CWC (informally at first and then by order later on), and others were voluntarily placed by family or caregivers. Five of the children are being treated for HIV, and several have special needs related to mobility and learning ability. However, the majority of children are in good health.

The children are loved and well-cared for at PCHCH. It is safe, they are well-fed, and they have plenty of opportunities for learning and play. Nonetheless, when asked, the children say they long for a family to call their own. Once they reach adulthood and leave PCHCH, many of them struggle to transition successfully into community life, and often return to PCHCH to seek assistance. Here are a few of the children under the care of PCHCH:

Archana (aged three) is a lively girl. She is meeting developmental milestones and is very sociable. She is attached to her older sister, Anjali, and likes to spend time with her. She rarely has accidents during the night and knows how to use the toilet. She doesn't attend kindergarten, but is educated by caregivers in the institution. Archana likes cartoons and playing with dolls. Her mother separated from her father soon after her youngest sister Anu was born. The father was drinking heavily and was very violent. The parents lived in town (semi-urban), in a flat owned by the father.

When the parents separated, the mother had no accommodation and no access to childcare. She brought the children to PCHCH and told staff she would return when her situation improved and when she secured accommodation. Since she placed her girls in the institution, she visited them twice in the following three months, one of those times she was under the influence of alcohol. The staff asked if she was drinking, but she refused to explain and became aggressive. After that incident, her visits stopped and her current whereabouts is unknown.

Usma (aged seventeen), was placed at PCHCH when she was six years old. Her mother brought her in saying that she could not afford to give Emma a future. Emma is attending the PCHCH school and wants to become a social worker. Usma is doing well academically and wants to apply to university after graduation. The staff in the institution like her because she is responsible and hard working. Usma's family live in a remote village in the same district where the institution is located. Usma spent time with her family over the summer school holidays when she was younger, but since attending secondary school she decided to remain in the institution over the summer to study.

Pankaj (aged seven), has a sibling in the institution, Arjun (aged five). He attends the PCHCH school and is in 1st standard. Pankaj likes school, where his performance is average. Pankaj has friends at school and enjoys playing football. He is protective of his younger sister. Pankaj knows his mother and grandmother and frequently asks about them. He is anxious and sometimes has accidents during the night.

His mom is a single mother living with her mother and her older sister in a small village just outside the city where the PCHCH is located. His mother, aunt, and grandmother visit occasionally. His mother has been unemployed for several years. She used to work in a clothes factory, but when the business slowed down she was laid off. The family survive through subsistence farming, unemployment allowances, and seasonal work in the village. The mother's older sister is employed. She also left her children in the institution when her husband left her. Pankaj was four years old at the time.

John (aged four) is a quiet boy. He was placed at PCHCH at the age of three when his mother was hospitalized and soon after died of AIDS. He is meeting developmental milestones and attends the PCHCH kindergarten; though if he could, he would spend all his time playing outdoors. John doesn't have any known relatives. His father's location is unknown.

Families

Approximately one third of the children living in the home have a surviving parent and around 80% of them have relatives living nearby. The primary reasons for placement include lack of funds for education, nutrition, or medical care, lack of childcare in single-parent families, poor health of parents, or placement by the government due to abuse or neglect. Most children stay with parents or relatives for holidays and school breaks.

Staff

PCHCH boasts a workforce of eighteen skilled and committed local staff. A couple serve as Co-Directors, and there are sometimes interns from abroad. Two of the caregivers have been with the organization for more than twenty years.

Each of the boy's and girl's homes has three female caregivers, who rotate eight hour shifts. Each caregiver lives in the local village with her family. In addition to 8 total caregivers, PCHCH has a cook, one maintenance staff, three teachers, two teaching assistants, two social workers and a nurse.

Local staff members have varying motivations and attachments to the current model of care. Several of the staff members were once children in the home. On the one hand, they recognize that children naturally thrive in healthy families and want these kids to have families, if at all possible. On the other hand, they worry about their livelihoods and their own families if the care center were to close. For some, like the two women who have worked with PCHCH for more than twenty years, the center is their family and they have anxiety about change.

Funding

The majority of funding comes from abroad but due to FCRA issues PCHCH is struggling; they have not been able to pay salaries on time. Long time foreign donors are deeply invested in PCHCH's work, with personal and emotional connections to the staff and children. Most have made multiple visits to the home and advocate for their work. About 25% of their annual budget comes from three major donors. They have started local fundraising but have not had much luck.

Community

PCHCH sits on the edge of the local town (semi-urban) with a population of 108,000 people. Although the land is fertile, unemployment sits around 60%. Food is easily accessible, but clean water is harder to come by. The HIV/AIDS crisis has hit this community hard, with a 22% infection rate, leaving many children without living parents. Additionally, other diseases have been an intermittent problem over the years. Cricket and other sports are a popular pastime. The rate of chemical dependency is unknown, but seems more common than not. Education happens until grade 8 and most community members are not educated beyond that.

Government

Historically, the government has relied on care for children in large children's homes. In the past three years, the government has declared a mandate for residential care centers to move toward family care and laws have gone into effect that make foster care a legal alternative. However, although alternative family care is legal, it is not common and there is limited government infrastructure and resources to support it. There are not enough trained and motivated government-employed child welfare workers to keep up with cases, and most social workers are not sufficiently trained in the process of moving toward family care. Government leaders have partnered with NGOs to provide case management and screening for foster families, as well as working to reintegrate children from a large institution that has historically had poor care practices.

Transition

With increasing pressure from the government, the couple running PCHCH began exploring the concept of transitioning. The husband first spent time talking with another organisation that made a similar transition. Hopeful, he is now leading PCHCH to explore the process of placing children in families. Most board members are open to learning more information but two of them (out of eight) are against the transition as they believe that children are not safe with their "bad" families. They believe it may naturally solve some of the recurrent issues when their youth transition to adulthood, but have raised questions about the impact on funding and engaging foreigners. The couple have not yet discussed transitioning with others outside of PCHCH's Board, sensing a need to be very sensitive and intentional in moving forward.

GROUP 1 - ENGAGEMENT

GOAL: Draft a plan to raise awareness and engagement of key stakeholders for PCHCH

Introduction

Collaboration is critical to the success of any program, and transitioning or expanding to a new model of care makes that truer than ever. Each stakeholder - from leadership, staff, and board members to donors, program partners, and the children and families themselves - need to be willing to work together in order to achieve the desired outcome. Developing thoughtful, actionable, achievable vision and strategy - and bringing others along to invest in it - is critical to the success of any transition.

Any changes will undoubtedly affect children and families most significantly, and it is critical they have a voice in the process. They know their assets, needs, and desires best.

Each stakeholder's response toward the move to family care will depend on a number of factors, including their role, focus, and motivations. It is important to listen and seek to understand their perspective, meeting them where they are at, and walking with them to bring them along on the journey.

For many, the idea of shifting directions may elicit a strong emotional response. Feelings of regret, doubt, shame, guilt, anger, or grief may rise to the surface at different times, and it is vital to listen, affirm, and validate. Only then will stakeholders be able to truly consider the possibilities of moving toward family care.

The couple at PCHCH recently began exploring the process of placing children in families. As they have shared this idea with key stakeholders, they have gotten mixed results.

Children and families are the most important partners, as they are the people most impacted by the process, and are often best suited to identifying their own strengths, needs, and desires. Most children are interested but apprehensive. They also did not introduce this to children in the most sensitive way and some are scared that they'll have to leave right away. This would be new and different. For those from an unhealthy family situation, they are worried that they would be meeting and living with a brand new family. They wonder about how they would see the children from PCHCH and if they can stay with their siblings. There are a lot of unknowns. But ultimately, they want the belonging and security of parents uniquely committed to them.

Most of the local staff members have mixed feelings. On the one hand, they recognize that children naturally thrive in healthy families, and want these children to have families if at all possible. On the other hand, they worry about their livelihoods and their own families if the care center were to close. For some- like the two women who have worked with PCHCH for more than twenty years- this is all they know.

Donors seem to represent both extremes. It was a group of foreign donors that approached the directors (the couple) with the idea to transition, as well as some supporting resources for the transition. They are excited at the possibility of children being moved to families. However, some of the other donors want to know what will become of the buildings they have sponsored and how the children's safety will be guaranteed.

Most board members are open to learning more information. They have reviewed some resources and see it as a distinct possibility for PCHCH. They recognise that it may naturally solve some of the recurrent issues around helping youth transition to adulthood. The big question for them is how will this affect funding especially with FCRA issues and the beginning of local fundraising.

Most of the families would love to have their children in their care, if only they had the material and social supports to care well for them. However, some worry about whether they can succeed in giving their children a good life. They may also feel intimidated about undergoing an assessment to see if their children can return home. The process feels invasive and they are afraid of failure.

As with many governments, national policies are typically tied to international standards and expectations but are not funded at the level necessary to have qualified staff and necessary support. Although the government is pushing a change in models of care, it will not be able to offer much assistance. However, the government is open to partnership with organisations that can prove their trustworthiness and are willing to give credit to the government.

GROUP ACTIVITY

The group leader reads the introduction above to the members of the group.

1. **The group works together to fill in the ENGAGEMENT table with their responses**
2. **Discuss as a group: What type of support, guidance, or resources are available for this step in the transition process?**
3. **Go around the group and have each participant share the thing that really stood out to them during this group time. Choose one participant to share one or two to of these "Ah-ha" moments with everyone**

GROUP 2 - CASE MANAGEMENT

GOAL: Outline next steps for implementing child-centered case management to support the best care setting for a child

Introduction

The goal of case management is to match a child to the individualized placement and services that will allow him or her to thrive. Placement decisions are not made on the basis of a standard care plan, but instead are tailored to the individual, taking into consideration a child's needs, strengths, family, community, health, desires, and future.

All domains of child development, including emotional, cognitive, emotional, physical, social, and spiritual, need to be attended to. Further, family and caregiver capacity need to be assessed and supported to ensure the health and longevity of the placement. Both short-term and long-term outcomes need to be considered from the beginning, since a successful temporary solution does not necessarily lead to long-term success.

Placing a child is a process - not an event - and may take months or years of carefully planned, attentive, intentional interaction.. Adequate assessment and follow-up is critical to ensuring desired outcomes are achieved, and to allowing opportunities to course-correct and make adjustments to the original plan. Case workers provide relational support and guidance to both children and families, and are critical to the health and success of any placement.

As a residential care facility pursues transitioning to family care, gatekeeping is an important step to consider and implement. Gatekeeping is the decision-making framework that decides whether a child should be removed from biological family care, and what type of care is best for him or her. The goal of gatekeeping is to prevent unnecessary separation and inappropriate placements in alternative care settings.

A "Continuum of Care" refers to the types of placements and services available to care for vulnerable children and families in any given context. In order to make placements based on the best interest of the child, rather than being constrained by limited care options, it is critical to have access to a full continuum of care. A continuum of care can include:

Family Strengthening and prevention of unnecessary separation
Family Reintegration
Kinship care
Foster care (individual)
Adoption
Small group homes (group foster care)
Independent living

Although many organizations provide more than one type of care, no organization can provide all services in all settings. In addition to expanding an organization's continuum of care by adding more services, partnership is critical to a complete continuum of care in each context. Multiple programs each focused on providing one or two types of placements or supports well, may partner with others providing complimentary services, leading to a collaborative, robust, efficient model that provides for the needs of all families and children in a given location.

GROUP ACTIVITY

The group leader reads the introduction above to the members of the group.

1. **Based on the examples of the children given in the case study, fill in the CASE MANAGEMENT table provided.**
2. **Develop a plan for PCHCH's gatekeeping procedures during the transition taking into consideration the policies and capacity of the government. What steps need to be taken?**
3. **Discuss as a group:**

- How will you build capacity of PCHCH to perform the case work needed to support children and families through the transition process (i.e. staffing, partnering, training)?
- What care options would need to be in place to support decisions for children?
- How will PCHCH make decisions on what care options found within the continuum of care they can provide and where they need help from a partner?
- What are some ideas and boundaries PCHCH should consider for child participation during the decision-making process?

4. **Have each participant share one thing that stood out to them during this group activity. Choose one participant to share one or two to of these "Ah-ha" moments with all the workshop participants.**

GROUP 3 - FAMILIES

GOAL: Decide how PCHCH can prepare and strengthen families to care well for children

Introduction

Indian culture and science are both clear: children do best when raised in healthy families. Although most parents desire the best for their children, many are under-resourced, unprepared, or lacking in health, funds, support, or opportunities. As one of the most significant indicators of child well-being is caregiver health, these gaps can lead to poorer outcomes for children, and in some situations, to separation from parental care.

Although there are no comprehensive global numbers, we do know a significant number of children living in residential care have surviving parents, and even more have living relatives. Reasons for placement can vary widely, from poverty to illness to unsafe home life, and some parents may not be able to raise their children. However, for many parents and relatives, a modest investment of support can build their capacity and make them able to raise their children in a secure, loving, healthy family environment.

Although the ideal placement may look differently for different children, we know this: Children want and need to be in a loving, safe family.

Although the transition to family care often begins with family tracing, it is not enough to simply find parents or relatives willing to commit to raising a child. The process also needs to include thorough assessment of a family's strengths, needs, health, and fit for the child, the creation of a transition plan, capacity building, and thorough follow-up and evaluation. This process always requires the supervision of trained social work professionals.

Supporting families begins with preventing separation wherever possible, often accomplished through Family Strengthening. Family Strengthening includes the provision of any services that expand family capacity, including economic, psycho-social, physical, vocational supports, parenting skills training, daycare, or any other service or support that can help families be healthy and care well for their children.

The goal is not to close orphanages, but rather strengthen families to the point that large-scale residential care is no longer necessary, and can be reshaped into other family and community supports.

There are numerous options for family care, but all include a family environment and one consistent parent or caregiver. Although reintegration with the biological family is ideal when in the best interest of the child, other options can be utilized with great success. These include:

Family Strengthening and prevention of unnecessary separation
Family Reintegration
Kinship care
Foster care (individual)
Adoption
Small group homes (group foster care)
Independent living

One thing to keep in mind when assessing the best family fit for a child is the intangible benefits of being reintegrated with biological parents. At times, a substantially larger investment may be needed to prepare a biological family for reintegration than would be necessary to prepare a foster or adoptive family. However, there are immeasurable gains and healing that can come with a child being cared for by their family of origin. Of course, there are situations in which reintegration is simply not possible, and we should never place a child in an unsafe or unhealthy living environment. However, wherever possible, exploring all options with the biological family before considering others would be favourable.

GROUP ACTIVITY

1. **The group leader reads the introduction above to the members of the group.**
2. **Based on the child descriptions in the case study above:**

- What are some Family Strengthening supports that might be necessary for families in the community?
- How do we find out what community or government agencies are providing these services? How can PCHCH decide who to partner with? How can PCHCH decide which services it will provide?
- What resources, supports, or assets can biological family members provide their children without the support of PCHCH? What should PCHCH do or not do to avoid establishing dependence on their support?

3. **Discuss the following questions:**

- How should PCHCH assess family readiness for reintegration?
- What expectations of families should PCHCH hold on to, and what expectations might they need to release?
- What kind of supports should PCHCH provide to reintegrated families?
- How can PCHCH recruit families for alternative family placements?
- How can PCHCH assess, prepare, and support kinship, foster, and adoptive families for placement?
- Do any of the youth living at PCHCH require assisted independent living? If yes, what is the best way to provide assistance?
- Do any of PCHCH children or youth require therapeutic small group care?
- How does PCHCH provide that and determine for how long it will be necessary?

4. **Have each participant share one thing that stood out to them during this group activity. Choose one participant to share one or two to of these "Ah-ha" moments with all the workshop participants.**

GROUP 4 - ASSET TRANSITION

GOAL: To prepare and implement the transition of caregivers, staff and the physical property

Introduction

Every organization has strengths and areas for growth, and those are sometimes highlighted during the transition process. The current assets of an organization, including relationships, staff, partners, property, and other physical capital can typically be re-purposed to support the reshaping of a program. Most assets that have allowed programs to serve children through group care can support children in families.

One of the greatest hesitations when transitioning programs is what will become of caregivers and on-field support staff. These leaders often have the motivation, cultural context, and useful practical skills to make them ideal supports to the newly-designed model. Some staff, such as teachers, social workers, or administrative professionals may be able to transition quickly into a new role. Others may need additional education or training to prepare them for their new position, as with a caregiver who becomes a social work paraprofessional or foster parent. Each staff person will have a different mix of experiences, motivations, and emotions they bring to the transition, and it is critical to listen, validate, and work with them to mutually-beneficial solutions.

Partnerships and other community relationships are critical assets that need to be cared for in any transition. Discussing transition plans with local partners will allow for education, planning, and synergy, and may lead to the creation of a stronger continuum of care. No program can provide all services independently, and collaboration is key to caring well for vulnerable children and families.

Physical assets may include buildings, home furnishings, equipment, supplies, or other property. Often, great thought, care, and expense has been invested in these items, and there may even be significant emotional attachment for children, staff, donors, volunteers, or others. Occasionally a program will choose to close its facilities and sell physical property. However, these assets can commonly be skilfully re-purposed to support the new model(s) of care. Not only can building be transitioned to emergency care, transition programs, or family shelters, but they can also be used for daycare or after school care, schools or vocational training, centers whose mission it is to create business, clinics, trauma-informed training, physical or psychological therapy, church programs, community centers, local event facilities. Options are limitless, and assessing the needs and assets of a community can provide direction for future movement.

Additional Case Study Information

Anita (age 62) is a caregiver. She has been with the home since it first started. She sees her role there as a calling more than a source of employment. Anita works in one of the boys' homes and is known for being very strict but very loving. She does not give up on kids. She is a mentor to many of the other caregivers and has strong leadership abilities. Although Anita only has an 8th standard education, she has a learner's attitude and has attended countless training sessions on how to care well for children. She is supportive of transitioning the program to family care, as she knows what research says about kids doing better in families.

Vikas (age 45) is a cook. He has a heart for children and is married with four children himself. He works long days at the home and also serves as imam of his small slum community mosque, guiding about forty worshippers. He has a heart to see the local community follow a spiritual command to care for the orphans by raising up and embracing orphans and vulnerable children as their own. To this point, he has strongly urged his community to be involved in PCHCH, but he would like to see children moving into loving families. He sees that the home is not the ideal solution, but doesn't know what to do instead. He is well-connected and well-respected in the community.

Aftab (age 28) serves as maintenance staff. Aftab moved to PCHCH at the age of eleven, when both of his parents and aunt and uncle were killed in a house fire. The staff at PCHCH is the only family he and his siblings have. His sister, Seema, is the nurse, and his sister, Kaynat, is a caregiver. They are all very committed to PCHCH. Aftab is physically strong and works best with his hands. He has some learning disabilities and school was hard for him, but he has found a great fit working with PCHCH. He is quiet, loyal, and hardworking, and happy to do what needs to be done. PCHCH is truly his home, and he treats it is such. Recently, the leaders have been encouraging Aftab to take on more of a mentorship role with some of the adolescent boys in the home, as they lack for male role models. Aftab sees the need but feels ill-equipped. He is interested in investing more, but he doesn't know how. He is married to Alveera, who works as a teacher in a local school not affiliated with PCHCH. They have a happy relationship but are biologically unable to have children. Both Aftab and Alveera volunteer with the children at PCHCH in their free time.

Dharmendra (age 35) is a teacher. He has taught at PCHCH for five years. He is energetic and charismatic, and his students love him. He was originally a business professional until he had the clear idea to leave that world and start doing socially minded things. He now serves as the 7th-12th standard teacher at PCHCH, making about 20% of the money he used to make in business. But what he lacks in income is made up for in the satisfaction he receives from pursuing his calling. In addition to teaching, Damendra works with kids from PCHCH and the local community to coach them in cricket. He sees the promise in transitioning to family care, but also worries children will suffer educationally if their parents don't adequately prioritize learning.

GROUP ACTIVITY

1. **The group leader reads the introduction above to the members of the group.**
2. **List the assets that PCHCH currently has. What are some ways these assets can be re-purposed to support families (both biological and/or alternative families) to care for children?**
3. **Complete the ASSET TRANSITION table based on the descriptions above.**
4. **Discuss:**

- If PCHCH transitions - including tracing and screening families, placing children in safe families (both original and alternative) and supporting families - what assets are currently missing?
- Who might PCHCH see to partner with to fill these gaps?
- How might PCHCH consider offering some of its assets to other entities in the community to strengthen family services?

5. **Go around the group and have each participant share the thing that really stood out to them during this group time. Choose one participant to share one or two to of these "Ah-ha" moments with everyone**

GROUP 5 - MEASUREMENT

GOAL: Create an indicator table for the project, to be used for ensuring quality & sustainability

Introduction

Monitoring and evaluation exists to give programs an accurate picture of strengths, improve outcomes by uncovering gaps or weaknesses in services, and communicate with accuracy and integrity when reporting to partners and supporters. By encouraging thoughtful strategy prior to enacting new initiatives, it allows organizations to think through necessary steps, needs, and opportunities in advance. Monitoring and evaluating helps ensure programs are meeting the objectives and ensures proper care throughout the transition process.

Case monitoring plays an important role in identifying and responding to issues and challenges that arise during and after a child's transition to family care. It is also an opportunity to work with children and families to set realistic goals, recognize and build on strengths, and celebrate progress. Adjusting and settling into new routines takes time and case workers can help children and families through the critical steps of the process. Most families, when given appropriate support, will provide safe and loving care, giving children a sense of belonging and lasting connection that is important to healthy development.

GROUP ACTIVITY

1. **The group leader reads the introduction above to the members of the group.**
2. **Select two children within the case study from different circumstances. How would we define success for the child? Consider their health, education, family, social relationships and living conditions. What indicators can PCHCH use to measure success? How should they collect data and how often. Complete the MONITORING AND EVALUATION table with your responses.**
3. **Assume one of the children in the case study is reintegrated into his or her family. List the goals the family, child, and social worker might set for themselves. What would be considered a successful reintegration process? How would the social worker know when to close the case?**
4. **Discuss:**

- How can PCHCH measure the success of the transition? What are the indicators of the success?
- How can the data collected throughout the monitoring and evaluation process be used for the betterment of children and families in the future?

5. **Go around the group and have each participant share the thing that really stood out to them during this group time. Choose one participant to share one or two to of these "Ah-ha" moments with everyone.**

GROUP 6 - FUNDRAISING

GOAL: Develop a fundraising plan for the transition to family care, as well as for supporting new services

Introduction

Financial partnership is about facilitating a mutually beneficial relationship in which programs provide an avenue for donors to fulfill their personal calling or vision to support work being done to serve others, and in which a donor provides financial support so that program can be successful and sustainable.

Adequate funding is critical to any program, ensuring care decisions can be based on the best interest of the child, rather than on limited financial capacity. Most programs are funded by donations from individuals, families and churches, as well as from grants, corporate partnerships, government assistance, or a combination of these sources. These funders may bring with them diverse questions, backgrounds, motivations, or emotional responses. It is vital to listen well, work to understand their perspective, and seek to meet them where they are at with validation, information, stories, resources, contacts and strategy.

One of the primary questions around the transition to family care is "How do we fund this?" There is good news and bad: The good news is that family care is typically far more financially efficient and sustainable long term. However, the bad news is that there may be initial "spike costs" as an organization maintains current programming while building capacity to move toward the new care model.

Financial partners may have key insights to making the transition process successful, and they may be willing to share business knowledge, strategic advisement, or other skills beyond their financial involvement. Keeping financial partners informed and included goes a long toward helping them be invested in the mission of the organization, and to see themselves as part of the transition. Further, sharing plans and success stories during the transition may attract new donors, whose partnership may absorb the initial spike costs associated with transition.

Background Information

- PCHCH has an annual operating budget of INR 90,00,000
- The organisation currently has assets of INR 1,00,00,000
- Approximately 90% of funding comes from private foreign donors & could stop at any point due to the current re-application they have submitted for FCRA

GROUP ACTIVITY

1. **The group leader reads the introduction above to the members of the group.**
2. **Complete the FUNDRAISING table with the information above. Discuss as a group:**

- What do PCHCH do if a donor threatens to withdraw support?
- What parts of the current funding model would need to change to support family care? How might short-term missions look different?
- What changes would you suggest to make the funding model more sustainable?

3. **Go around the group and have each participant share the thing that really stood out to them during this group time. Choose one participant to share one or two to of these "Ah-ha" moments with everyone.**


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