

Journey from Institutional Care to Family-Based Care Model

“We were successful in reintegrating 50% of children to permanent families during the course of the last 18 months amidst the pandemic”.

Preeti Seth (Senior Manager- Programs)

When Preeti first joined the Miracle Foundation back in 2013, she worked with our institutional care partners on enhancing and maintaining the quality of care that was provided to the children. The focus was on building a family-like environment for children to thrive, providing access to quality education, nutrition, healthcare, and strengthening the institution to better serve the children. Responsible for program implementation across projects in North and South, Preeti was instrumental in her vision and contribution when Miracle Foundation re-strategised and shifted its focus to family-based care in 2018. Preeti says, “We believe every child deserves a loving family and we will always keep the best interest of the child in mind”. Over the course of the pandemic, we have successfully reintegrated 50% of the children we work with. At the same, we are strengthening the institutions and social workforce to implement this transition effectively using the right tools.

We met with Preeti to learn about the first successful pilot on Family-Based Care with our institutional care partner in Madhya Pradesh. Read on to know more.



MFI Team- Give us some background on this project.

PS- We partnered with this childcare institution (CCI) project in 2014 with the objective of upholding the standards of care for children living there. This partnership was a part of our flagship program that impacted children directly. During their baseline assessment, the project stood at 38% on our Thrivescale. This score helped us to identify the areas that needed immediate attention like - Child Protection, Family Environment, Health and Nutrition, Education, and Guidance. This remained our focus as we expanded our work in this partnership. The CCI under our mentorship continued to show progress and maintain consistency every quarter.

In 2018, when we undertook inspirational dialogues with CCI leaders across projects to understand their alignment on the transition from institutional care to family-based alternative care - the CCI's Chief Functionary, Mr. Anup Sahay was very positive about the vision and thus began our pilot on family-based and alternative care (FBAC).

MFI Team - Tell us more about the pilot on FBAC.

PS- In 2019, we initiated the pilot with a clear goal to **‘Create a replicable model for other CCIs to effectively implement Family-Based & Alternative Care through systemic change by engaging multiple stakeholders.** Components of stakeholder engagement, sustainability, holistic approach, and children's best interest are at the core of the project. We have had great accomplishments through this pilot that gave us tremendous growth in the entire program to initiate the same models with other partners.



MIRACLE HEARTBEAT

November 2021

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We developed tools that were tested, modified, and finally disseminated across other projects. We could well demonstrate the structure for providing children and their families with support on psycho-social support in this transition. Constant engagement with Women and Child Departments, State and District authorities, collaborative meetings with organizations working in the same space remained a focus and a very crucial component during this pilot. We had been able to form a multidisciplinary team and FBC committee that had played an active role in decision-making on the placement process on a case-to-case basis. Learnings were captured at every stage through the midline and end-line assessments, and feedback from all stakeholders helped us to see the project progress as per targets while reinforcing best practices.

MFI Team- Would you like to share a story or two that you remember from the mentoring visits.

PS- While working on the transition plan for children, I met a mother who desperately wanted to take her son back to the family– but was very concerned for his future. The mother was worried about the societal traditions and customs that would force her son to leave education and get married at an early age. She felt that he was safer at the CCI. With continued counseling sessions provided by our trained social worker and MHRP (mental health resource person), she was able to understand and gain the confidence to stand up for her child's rights. She willingly took responsibility for her son and ensures that he is consistent with his studies and focuses on the future. The need-based support continues for the child and his family from Miracle's end.



MFI Team - Can you tell us how we support children once they re-integrate into families?

PS- The Thrive Scale™ we have developed is a tool to assess the support identified in a specific wellbeing domain for any child and activate a child's rights after they return to their family. This tool guides us to keep a check on how a family is thriving in its core domain areas of Family and Social relationships, Household Economy, Living conditions, Education, Physical & Mental Health. It also helps us identify the interventions and duration of support that would be needed by children and their families.

Every family has different needs - a proper tracking support system helps us to continue working with families to sustain themselves post-reintegration. A minimum of half-yearly or a year follow-up is mandatory, however, the support is extended if required.

We envision “Empowering Children to reach their full potential”, education, therefore, remains a very important core and focal area of support in our programs. We ensure transitioning children into families does not compromise with their education. We ensure continued access to education for every child is both financial and non-financial in nature. This includes customised support ranging from the provision of school or higher education fees, activity kits, education materials, transport costs, coaching, computer education, career counseling, and others. The higher education support continues for children even beyond 18 years until when they get gainfully employed and are ready for independent sustenance.

There is no benchmark period for any support, however, this need varies from case to case, and accordingly duration of support and intervention is planned in education. Our key education core team takes care of this domain and goes in-depth on the education plan for each child post-reintegration.

Thank you so much for the insight, Preeti. We wish you all the best for the projects to come.

For more information on how you can support these vulnerable children, write to us at Giving@MiracleFoundation.Org