



FAMILY STRENGTHENING

Developed by:



Save the Children
100 YEARS



International Child
Development Initiatives

A collection of best practices from Eastern Europe

Family Strengthening: A collection of best practices from Eastern Europe

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Save the Children is the world's leading independent organization for children.

OUR VISION is a world in which every child attains the right to survival, protection, development and participation.

OUR MISSION is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

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Chapter 1: Introduction: background, scope and methodology

1.1. Background to the assessment

Save the Children (SC) believes that all children thrive best in a safe family environment and that no child should be placed in harmful institutions. In order to prevent institutionalization and to support deinstitutionalization reforms, SC supports effective child-care systems and family supporting programmes that keep families together wherever possible. In December 2018, SC commissioned the knowledge organization International Child Development Initiatives (ICDI) to do an assessment on best practices of Family Strengthening interventions in middle-income countries, to provide policy makers, service providing organizations and child protection practitioners and child rights advocates with an easy to use reference document, to augment the implementation of support programmes for children and families in vulnerable circumstances.

For this assessment Family Strengthening was defined as an approach to prevent institutionalization by supporting families to prevent abandonment and relinquishment of children at risk of separation and as an approach to support deinstitutionalization through promoting sustainable reintegration of children into their family from an alternative care setting (family based or non-family based/residential). Family Strengthening is a thematic focus area for SC's Eastern Europe sub-region. A number of interventions have been developed across Eastern Europe and across other regions (Asia, Africa and Latin America) by Save the Children, as well as by other (inter-)national organizations, so the expectation was that there would be a great amount of knowledge and resources available. However, a systematic mapping of this information, that identifies strengths, opportunities and gaps for best use and scaling, was considered not to be available yet.

1.2. Scope

The purpose of the assessment was to present an overview of best practice Family Strengthening interventions, models, and approaches (hereinafter grouped together as 'interventions'). The focus was on interventions aimed at:

- **Preventing Separation:** supporting families to prevent abandonment and relinquishment of children at risk of separation, and/or;
- **Family Reintegration:** promoting sustainable reintegration of children into their family from an alternative care setting (family based or non-family based/residential)

The mapping of Family Strengthening interventions initially had a worldwide focus, but was later narrowed down to Central and Eastern European middle-income countries, since these share similar transition processes in social protection. It included interventions from the SC global movement, as well as interventions developed by other (inter-)national organizations. The aim was not to come up with an exhaustive overview, in which all known interventions, models and approaches were covered (this proved simply impossible). The goal was primarily to provide a practical, easy to use sharing document, which can support the realization of interventions that have proven to be efficient, effective and sustainable.

1.3. Methodology

1.3.1. Theoretical framework

The main “lenses” that were used to review and select interventions for this overview are the UN ‘Guidelines for the Alternative Care for Children’¹, ‘Moving Forward: Implementing the Guidelines for the Alternative Care of Children’² and the ‘International Guidelines on Children’s Reintegration’³, that all give guidance on why and how Family Strengthening activities should take shape. Furthermore, we used relevant SC resources and other international documents on Family Strengthening⁴.

What is very clear, and this is something that will come as no surprise to anyone working in the field of child protection, is that Family Strengthening is a complex and often inconclusive endeavour, that requires many baseline conditions to be able to really work. In the view of the assessors the main baseline conditions are:

- Interventions need to be strongly embedded in (national and local) policy and practice (they need to be in line with existing policies on social protection, need to be complementary and they need to be appropriate to the socio-economic context);
- Interventions require solid management and human resources (they need well trained, qualified staff and -if appropriate- volunteers, with clear functional guidelines and strong organizational support);
- Interventions need ownership by communities and by the beneficiaries themselves (children, parents/caregivers and other community stakeholders need to be strongly involved in design and implementation of services);
- Interventions need financial and organizational support from (local and national) authorities (there needs to be a strong commitment from authorities to not only financially, logistically, but also morally support family strengthening interventions);
- Interventions need to be “tried and tested” (they need to have been evaluated against their goals; with this we don’t necessarily mean that such an evaluation needs to have been done using a certain -so called- scientific approach like a Randomized Control Trial, or some other quantitative method, but could also be done through more qualitative methods);
- Interventions need to be integrated with other social and child protection services (stand-alone activities are less promising, also because the problems addressed are usually holistic in nature);
- Interventions need to be child centred, respecting and conducive to child and human rights, and need to be inclusive (non-discriminatory to any social group).

Without these essential conditions in place, interventions tend to be less effective and less sustainable.

We furthermore looked for interventions in the following thematic areas:

- Psychosocial support – promoting children’s development and relationships, increasing a sense of normality and control (e.g. programs to enhance positive practices and family relations, capacity building of parents/caregivers to deal with behaviour problems, substance abuse, etc.)

¹ https://www.bettercarenetwork.nl/dl-17382-1-897/download/lobby_document_guidelines_august_2009.pdf

² <https://www.alternativecareguidelines.org/Portals/46/Moving-forward/Moving-Forward-implementing-the-guidelines-for-web1.pdf>

³ <https://bettercarenetwork.org/sites/default/files/Guidelines%20on%20Children%27s%20Reintegration%20DIGITAL%20.pdf>

⁴ For example <https://resourcecentre.savethechildren.net/node/7049/pdf/7049.pdf> or <http://www.faithtoaction.org/family-care-toolkit/>

- Family support – preventing separation by assessing needs of child/family (e.g. parental support, day care provision, referral to services, specialized services, etc.)
- Family economic strengthening – increased household income to ensure better care for children. (e.g. boosting family income, building savings, relief assistance, loans for income generating activities, skills training, social assistance, free services for poor families, gender empowerment, etc.)
- Policy and Legal Advocacy - (e.g. successful legal initiatives and policy work concerning family strengthening, etc.)

These thematic areas were chosen because they represent the most relevant types of interventions that are taking place (and interventions will often combine one or more of the above).

1.3.2. Selection criteria

(As much as possible) Evidence-based Family Strengthening interventions were selected using the following criteria:

Criteria	Fill in 1(=yes) or 0 (=no)
1. The intervention is aimed at <i>Preventing Separation</i> (supporting families to prevent abandonment and relinquishment of children) and/or is aimed at <i>Family Reintegration</i> (promoting sustainable reintegration of children into their family from an alternative care setting)	
2. The intervention encompasses one or more of the following four types: <i>psychosocial support, family support, family economic strengthening and policy/legal advocacy</i>	
3. The intervention is, to the most possible extent, evidence-based ⁵	
4. The intervention is cost-effective ⁶	
5. The intervention is efficient (successful) ⁷	
6. The intervention is sustainable in the long term ⁸	
7. The intervention is replicable	
Total score	

Only interventions that met the cut-off score of 5 or higher were considered for the best practices collection. These are not necessarily “hard” criteria (they are open for interpretation), but it was felt that using these would lead to a selection of interventions that have the most applicability for daily practice.

⁵ E.g.: was the project/intervention evaluated? Were outputs, outcomes, impact measured and documented? Is there data collected to support the findings?

⁶ With cost-effective it is meant that the ratio of costs such a staff and other organizational costs are reasonable when compared to the actual results (e.g. number of staff needed vs. number of children and families reached by the intervention). This has to be considered in light of socio-political and economic circumstances in a given country or area.

⁷ With efficient it is meant that the results of the interventions are considered successful in light of the set goals. E.g: if the aim of an intervention is to keep X number of children in their biological families, the results should reflect this.

⁸ Which means not dependent on international and/or short term project funding. Ideally, an intervention has been embedded into a broader social protection system, which ensures continuous financial support.

1.3.3. Data collection process

Collection of data focused on SC Family Strengthening interventions as well as on similar interventions from other (inter-)national organizations, using the following steps:

- 1. Gathering information on SC Family Strengthening interventions**
For the SC interventions, we assessed information and (online) SC resources through the Steering Committee and SC Country Offices (CO's). CO staff and area specialists were asked (by email) to share examples of relevant Family Strengthening interventions that have been implemented in their country in the last five years. The email included a simple list of criteria (based on the final selection criteria described above) to make sure relevant information would be received and to avoid a heavy workload for the CO staff.
- 2. Gathering information on Family Strengthening interventions from other (I)NGOs.** For interventions of other (inter-)national organizations, information was gathered via desk research using online resources. Furthermore, we sent out a questionnaire to partners working in the field of Alternative Care through the *Better Care Network*, to ask for input and examples of Family Strengthening interventions. We also actively approached organizations we knew. Consulting SC CO's relevant partner networks was another way to find examples of interventions.
- 3. Selection of eligible interventions and best practices.** ICDI made a first selection of the interventions found. For the interventions that seemed most relevant for the purpose of this assessment, ICDI gathered more in-depth information through online resources. Furthermore, SC Country Offices and staff/specialists from other organizations were asked to provide project descriptions (e.g. proposals, reports) and, where possible, evaluation reports. ICDI used the provided information to score each intervention against the *selection criteria checklist* and a selection of best practice interventions was made using a unified template (see Appendix 1).

Chapter 2: Overall findings

The main overall conclusion that can be drawn from our assessment is that, although there is a plethora of Family Strengthening interventions “out there”, taking place in many middle-income countries, very few interventions meet all the conditions or the criteria as described in the previous chapter. This, as stated earlier, should come as no surprise to anyone active in the field of child protection. Even in most (if not all) higher income countries, such services for vulnerable children and families, although probably generally speaking better embedded in systems and policies, seldom can boast full coverage or maximum impact. Preventive and curative interventions to support these target groups are –maybe- by nature too complex and too dependent on all kinds of socio-cultural-economic factors, to be able to generate the kinds of positive results one would hope for.

It probably also has to be acknowledged that, due to the same factors, generic, “one-size-fits-all” programmes and activities simply are not suited for the “one-size-fits-one” support that is often required. In the end, and this is becoming abundantly clear from all kinds of international research, what really works usually only works in certain situations, and thus models always need local and individual adjustments. In the end, the most important success factor seems to be the quality of the relationship between the person(s) giving the support and the one(s) receiving it, and that beneficiaries themselves actively participate in well informed decision making about their own support plans, with awareness of their rights. Methods can be helpful, programs can be helpful, systems can be helpful, policies can be helpful, but without this essential, very individual characteristic in place, no intervention will really be meaningful.

Related to the above: another important success factor is the capacity of staff and the time that can be invested in individual cases. In some of the interventions described in this study, capacity building is a strong and important component, as is retention of staff, to build trust with communities, families and children. Interventions are most effective when families have many contact moments with closely cooperating services, so problems can be holistically solved and self-reliance and networks mobilized. Trust between communities and service providers is built through continuity, which also requires longer-term partnerships between donors and implementing organizations.

The picture that emerges from our assessment is one of many well intended, but scattered interventions, implemented in socio-political contexts in which child protection usually lacks priority (from authorities), structural funding and human resources (there is almost always a high turn-over and staff is often not fully qualified). Interventions are commonly based on internationally developed methodologies, introduced to countries by (I)NGOs (such as Save the Children), bilateral organizations (most notably UNICEF) and supported (mostly) by foreign donors. The implementers are often local service provider organizations or state social protection services (and sometimes a combination of these), operating in certain selected areas of a country. Full coverage usually only exists in name or intention, but in general rural areas are underserved in comparison to bigger urban settings (it has to be emphasized that the same applies to many higher income countries too).

Further it emerges, and this again should come as no surprise, that not many interventions can be considered evidence based (either because no rigorous evaluations have taken place or because such information is not documented or available). This is not to imply that they are not effective, it is simply very difficult to tell (from our assessment). The same applies to an aspect like cost effectiveness: since it is often unclear if an intervention is reaching its goals, it's also unclear if the costs needed (if such information is available at all) can be considered appropriate for meeting the set goals. All this also influences the assessment of possible replicability of Family Strengthening interventions to other countries or even to other regions within a certain country. Although there are many similarities to be found in the types of interventions in different countries, which would suggest that similar approaches could be useful in various socio-cultural-economic settings, the lack of clarity on impact, costs and other requirements, make it very difficult to say if something is really replicable or not. The above also led the assessors to abandon the aim of ascertaining "cost efficiency". For several reasons this proved impossible and/or irrelevant. Only in rare cases enough financial information is available to say something meaningful about cost efficiency. But even when this is so, it is so contextualized, that it is of no value for assessing replicability. What is clear, however, is that most Family Strengthening interventions are cost "heavy" on the salary side: most of the budget will go to salary costs, both in terms of management as well as of staff directly involved in service delivery (and sometimes this includes costs for capacity building of staff). This is not strange, social work is people's work: having good qualified and well-paid staff is an important determinant for quality. Sadly, globally social work is lowly valued and lowly paid, one of the reasons why there is usually high staff turnover in the sector. Although staff costs make up most of the budget in most interventions, this does not mean they are expensive. In fact, from all kinds of international research, it is known that preventive interventions are much more cost effective, cheaper and yield more return on investment in both the short and the long run, as compared to institutionalized care⁹. We have taken this as a given for the interventions we present in this document.

Another thing that became clear during our assessment is that there are actually already many overviews of Family Strengthening interventions available. Some of the excellent resources we found, include: 'Strengthening Families: Save the Children programs in support of child care and parenting policies'¹⁰, 'Implementation Handbook: Putting the Investing in Children Recommendations into Practice'¹¹, 'Early intervention and prevention in family and parenting support: Compendium of inspiring practices'¹², and 'Family and Parenting Support Policy and Provision in a Global Context'¹³. Furthermore: we found that many interventions are a combination, or at least include elements, of both preventing separation and promoting re-integration (whereby it should be noted that preventing separation interventions are much more commonplace, or at least easier to find, than those focused on reintegration; something that will be highlighted in chapter 4).

⁹ See for example the UNICEF publication "Ending institutionalization and strengthening family and community based care for children in Europe and beyond", available at

https://childhub.org/en/system/tdf/library/attachments/di_eu_messaging_final_13.06.18.pdf?file=1&type=node&id=31134

¹⁰ <https://resourcecentre.savethechildren.se/sites/default/files/documents/7049.pdf>

¹¹ http://www.europarl.europa.eu/meetdocs/2014_2019/documents/empl/dv/eu_alliance_handbook/eu_alliance_handbook_en.pdf

¹²

https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/03_Family_Parenting_Support/Eurochild/Early_intervention_and_prevention_in_family_and_parenting_support.pdf

¹³ https://www.unicef-irc.org/publications/pdf/01%20family_support_layout_web.pdf

Also many interventions work simultaneously on the different four thematic areas as described in the previous chapter (Psychosocial support, Family support, Family economic strengthening and Policy and legal advocacy). This again makes sense, in light of the holistic nature of the problems which interventions address, as well as the necessary conditions for effectiveness.

Most interventions we found can be considered of a secondary and tertiary preventive nature¹⁴, sometimes combined with more primary preventive elements (such as awareness raising campaigns amongst the general public). This in itself also makes sense, as the first aim of Family Strengthening should be keeping families together (and thus prevent family break-up). It also makes sense from an impact perspective: research has proven the cost effectiveness and investment on return of preventive interventions (such as Family Strengthening) versus more curative approaches (like institutionalization)¹⁵.

Finally, we would like to mention that we found a great open- and willingness across organizations to share their best practices. This highlights a genuine desire to exchange knowledge and to show accountability, things that are not necessarily commonplace. It also shows that there is fertile ground for further improvements and upscaling of Family Strengthening interventions in many countries.



¹⁴ For a good overview of what different forms of prevention can entail in child protection, see <https://www.childwelfare.gov/topics/preventing/overview/framework/>

¹⁵ See, for example: <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

Chapter 3: Presentation of best practice interventions aimed at Preventing Separation - supporting families to prevent abandonment and relinquishment

3.1. Introduction

In light of issues we addressed in the previous chapters, we want to stress that interventions presented in this and the following chapter, are not necessarily the “best” best practices. This in the sense that there are many other examples of family strengthening interventions that could be considered best practices too. Anyway, what is a best practice should be taken with a “pinch of salt”, due to limitations in evidence base and replicability assessments.

3.2. Examples of best practices

3.2.1. Community Based Services for Children with Disabilities: provision of support and services to children with disabilities and their parents (Save the Children, 5 Countries in Eastern Europe)

Implementing organization	Save the Children (through local service providing NGOs and Disabled People Organisations, DPOs)
Countries of implementation	Albania, Armenia, Bosnia and Herzegovina, Georgia, Kosovo
Contact person(s)	Aida Bekic, aida.bekic@savethechildren.org Regional Project Manager, Save the Children, Middle East & Eastern Europe Regional Office

Overall objectives

- Objective 1: To provide high-quality community-based services for children with disabilities (CwD) to promote inclusion in schools and communities.
- Objective 2: To support families in resilience and in advocating for the rights of their CwD, and to ensure parents are supported in developing the needs of their CwD.
- Objective 3: To increase stakeholders’ capacity to identify the needs of CwD and the needs of their families.

Community Based Services for Children with Disabilities

In January 2016, five Save the Children Country offices in Eastern Europe launched a three-year regional project – Community Based Services for Children with Disabilities – to address systemic gaps in provision of appropriate care and education for CwD. The project, through partner organisations, established 10 high-quality model childcare centers that have provided free opportunities for rehabilitation and integration to over 1900 CwD and more than 1300 of their family members through early detection, individual rehabilitation and holistic guidance and support services. These community-based service centers provide a wide range of services for CwD, with a focus on improving their quality of life and equipping them with skills for independent living.

Target group

Primary beneficiaries of community-based services are children with disabilities and their families.

Type of Intervention

- Psychosocial support
- Family economic strengthening

Family support

Policy and Legal Advocacy

Psychosocial support¹⁶

- Direct services for children/adults with disabilities.
- Professional assessments of needs, skills and abilities (through family visits and work in the centre).
- Individual, family and group therapy, art and game therapy.
- Specialized programs (such as Portage, Heart, educational programs, communication enhancement programs, fine and gross motor programs, behaviour modification programs, personal autonomy programs, independent living programs, etc.).
- Medical, psychosocial, educational and legal counselling.
- Primary physical, psychosocial and mental rehabilitation.
- Preventing consequences due to the disability.
- Assistive devices.
- Services for independent living.
- Individual therapeutic, supportive, educational and informative services in the home where the beneficiary lives.

Family support

- Family counselling.
- Advocacy support.
- Support in accessing other services.
- Motivate and encourage parents through individual and group consultative meetings.
- Organize regular group meetings in order to exchange experiences and support.
- Support and monitor the activities that parents must carry out at home: building special seats for children, orthopaedic tools, etc.

Family economic strengthening

- In the project period, 274 unemployed CWD parents were reached with occupational sessions, employability and/or employment enhancement initiatives/opportunities.

Policy and legal advocacy

- Awareness raising activities.
- Organize workshops, seminars and round tables on human rights/children with disabilities.
- Organize campaigns on advancing the rights of children with disabilities.
- Organize events on important dates for people with disabilities.
- Participate in the drafting of local policies and strategies in order to include the interests of people with disabilities.
- Cooperate with relevant structures in relation to improving access and movement of persons with disabilities.

Effectiveness

The programme was evaluated by The Research Base (an international social research consultancy) in 2018. Some of the main findings on impact were:

- The programme appears to have had a positive effect on children's levels of social inclusion, independence and life skills across most countries, especially in helping them speak with other people and make friends.
- Caregivers' understanding of their child's disability appeared to have improved to a high extent. There was also a positive change in the proportion of caregivers involved in advocating for their children's rights. Other positive impact from the programme identified by caregivers include improved family life, greater awareness of CwD and better access to information and resources.

¹⁶ There are variations in the kinds of services offered per center and per country.

- Key informants and partners across all five countries highlighted the positive impact created by the project including: improved communication skills, life skills and independence for CwD; greater access to education and other rehabilitative and community services for CwD; and greater community awareness on the needs and experiences of CwD.

Organization

There are differences in set up between centers and between countries. Some are run by a local NGO, some are under jurisdiction of the state or municipality, and some are part of schools. Staff includes management, specialists and support staff. Running costs also differ per country.

Sustainability

Funding

The programme was financed by Margaret A. Cargill Philanthropies from January 2016 to 31 December 2018. According to the evaluation report by The Research Base, future funding has already been secured in Albania (where the state will take over), Georgia and BiH (where state support had already been secured at project inception), while it is still being sought in the remaining two countries. Key factors affecting sustainability of centres include having the relevant infrastructure (such as funding and staff), as well as ownership and/or involvement of state agencies. Maintaining staff levels, including retaining current skilled staff, is a key concern.

Community involvement

Again, according to the same report by The Research Base: the programme was considered to be highly relevant by almost all key informants and partners interviewed, and meets the needs of children with disabilities and their families. Areas of particular good practice in the programme included its holistic approach to design and delivery, involving teachers, schools and the wider community; and its focus on equipping parents with the information needed to advocate for their children. Interviewees also felt that the provision of services through a community-based, multi-service center was extremely beneficial. The primary challenge cited by interviewees focused on the necessary limitations on resources for the programme, which meant that not all children with disabilities could benefit from the services on offer.

Replicability

Since the program is being implemented successfully in five different countries, and is evaluated positively, there is no reason to assume it would not be replicable to other countries. Save the Children has a strong evidence base on which to advocate for social reforms that would ensure the sustainability and quality of services available for CwD across the countries in which the organization operates. Different strategies for advocacy could be applied, such as: developing a model based on the current CBS centres that highlights their positive impact and sets out clear steps for replication and implementation; working closely with relevant ministries to generate support for legislative reforms and funding allocation for CwD; supporting the development of centres in new target areas.

References for resources

“Supporting Inclusion of Children with Disabilities: Model of Community-Based Services” for Save the Children staff available at <https://savethechildren1.sharepoint.com/sites/SupportingInclusionofChildrenwithDisabilities>. For general public available upon request.

3.2.2. Nest Centres: after-school centers for leisure and learning activities for children from multi-problem families (IN Foundation, BiH)

Implementing organization	IN Foundation, www.infondacija.org
Country of implementation	Bosnia and Herzegovina
Contact person(s)	Branka Ivanovic, cnfceeibih@gmail.com

Overall objective

To provide children from multi-problem families with a safe space, where they can enjoy interaction with peers and adults in leisure and learning activities, to enhance their psychosocial well-being and strengthen their resilience. This to prevent these children from being placed in institutional care.

Nest: an innovative model for after-school centers for children from multi-problem families

The Nest Center is an innovative model for after-school centers for children from multi-problem families. Since 2008 fourteen centres have been established in small cities of Bosnia and Herzegovina (BiH). The Nest Center in essence functions a “home away from home”. It is a safe space where children can go after school and in weekends and holidays, to find some refuge from potentially harmful family conditions. The heart of the Nest Center is the so called ‘Living Room’, with comfortable chairs and sofas, bookshelves and a television. Children can relax there, socialize, read or just hang out. Nest centres focus on building resilience, child participation and encouraging mutual support. Children themselves are given a huge responsibility in running the centers and design of the activities, as well as in giving support to their peers, to increase their self-esteem and sense of control over their lives and destinies. On average children attend the Nest center for 2 to 3 years.

Target group

Children aged between 6 and 16 from multi-problem families, which refers to those families in which a combination of problems causes severe stress to its members, like poverty, mental health or addiction problems of a parent, domestic violence, parent’s divorce, or health problems (of parents or other family members). Each center can cater to 30 to 60 children at a time.

Type of Intervention

- | | |
|--|--|
| <input checked="" type="checkbox"/> Psychosocial support | <input type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input type="checkbox"/> Policy and Legal Advocacy |

Psychosocial support

The model allows for individual monitoring and direct work with children. Children can be referred by teachers, social workers, family doctors, and by parents and children themselves. Children are admitted based on an intake and a checklist (all available via a manual in English and adaptable to local circumstances and needs). For each child in the Nest Center an Individual Action Plan (IAP) is developed. Individual activities are offered, such as support in doing homework, psychological counseling, training in learning skills, basic medical care (nurse). Further, children can enjoy a range of group activities aimed at strengthening their psychosocial well-being and healthy development, such as psychosocial workshops, life-skills workshops, health education workshops, sexual education/physical development workshops, community volunteering, sports activities, computer lessons, language classes, and creative workshops. Staff will offer assistance to children in the psychosocial realm, for example through individual counseling, group work, or teaching life skills. If needed, and if available in the community, external expertise, for example on health matters, may also be sought. Although the Nest Center is not suitable for children with severe psychological problems, the Center can support those children with mild problems that receive psychological or psychiatric treatment elsewhere. The Nest Center may be able to offer the additional stability needed to make such treatment successful.

Family support

The model allows for parental support activities to take place, such as:

- Meetings for groups of parents (one can think of kinds of information evenings, in which a staff member or a volunteer, or some external expert, provides parents with relevant information.
- Parental support groups, where parents can exchange information and learn from each other.

- Home visits by the Nest Centre staff as a way to get better insights in to child's situation and to build the relations between the center, the child, and the parents, and to support the parents with practical advice and support.

Nest centre staff aims to work in close collaboration with relevant authorities and (social protection) services, and where needed referral takes place.

Effectiveness

The Nest centres have been subjected to several evaluation and impact studies. Between 2014 and 2016, a study was done using a Randomized Control Trial set up. Several positive impact indicators are mentioned in the report of this study, such as: children attending Nest showed a significant improvement in all measured aspects of functioning.

They report less emotional problems, problems in behaviour, hyperactivity, relationships with peers, and believe to be more pro-socially oriented. They also report higher levels of self-esteem and educational aspirations. Children report a great sense of belonging to the Nest center, while centre staff and their teachers report positive changes in behaviour, school achievement and work habits. It should be noted though that results were somewhat ambiguous and not necessarily that significant. In how far Nest centres effectively prevent family separation is still unclear.

Organization

Each Nest center has a team of three paid professionals (Nest coordinator, activities manager, volunteer manager). These are usually people with a psychology, pedagogy or social work background and education. On top of this each center –ideally- has 5-20 active volunteers, with a good gender and age balance. All staff and volunteers need to have received the basic Nest-training (see international handbook).

The location of the Nest Center should be close to the homes of the targeted children and easily accessible. The building needs to be safe, disability friendly and preferably right in the heart of the community. In addition to a bigger “living room”, there should be some other rooms where separate activities can take place. Operating costs for a center in BiH are around € 25.000 per year. Investment at the start was € 10.000 per center. Local authorities contribute a minimum of € 5.000 euro, often in kind.

Sustainability

Funding

The centres were initially financed by Stichting Kinderpostzegels and the Netherlands Ministry of Foreign Affairs for 3 years. To ensure long-term financial sustainability, from the start activities are undertaken to involve local authorities. Authorities can contribute in kind for example, by- offering a building free of rent, foregoing utility costs, or by making a nurse or psychologist available once a week. Most Nest centers now run on their own, often locally raised funds.

Community involvement

The Nest Model is best suited for small towns in rural settings, because community support and embeddedness are important conditions for positive impact. Community meetings involving parents, school directors, teachers, social workers, and police are organized. Through (group) meetings and home visits, relationships are built with parents. Sometimes parents volunteer in the centers. Further, cooperation is also established with representatives of schools and other relevant institutions providing support and protection for children at risk.

Replicability

The model was developed on the basis of similar models used in other Eastern European countries, but could be suitable for many more countries (in fact, Nest like centres have been set up in Palestine, Ukraine, Nepal and The Netherlands). A detailed International Handbook on how to set up and run Nest centres is available online. ICDI provides 3 day training programs for staff from international and national organizations that wish to establish a Nest center.

References for resources

ICDI, International handbook on how to set up and run an innovative model for after-school centres for children from multi-problem families: <https://icdi.nl/media/uploads/publications/the-nest-center.pdf>

ICDI, Nest Centre Training: <https://icdi.nl/media/uploads/publications/nest-centre-new-logo.pdf>

IN Foundation website, information about NEST Centres in Bosnia and research reports 2014, 2015, 2016: <http://www.infondacija.org/en/03-2>

3.2.3. Counselling Centres for Parents and Children: reduce risk of separation of children from their biological families (SOS, Macedonia)

Implementing organization	SOS Children's Village Macedonia , www.sos.org.mk
Country of implementation	Macedonia
Contact person(s)	Mario Janchev, National Programme Development Coordinator, Mario.Jancev@sos.org.mk

Overall objective

To contribute children at risk to remain with their biological families in the city of Skopje.

Counselling Centres for Parents and Children

The two Counselling Centres for Parents and Children in the city of Skopje have a holistic approach in supporting children and families at risk, including from the Roma community. They provide a comprehensive package of services to families with children aged 0-18, that includes individual counselling of parents/caregivers, training in parental skills, employability strengthening, day care for children 3-6, educating mothers on early childhood development and securing legal support. Support is directed towards strengthening parents' skills for childcare and early child stimulation.

The practice started in 2007 by establishing mobile teams for outreach social work with children and families. These were successful in reaching and assisting the most vulnerable, either through referral from state institutions, or from citizens themselves. Work in this initial period established that complementary and meaningful support requires a more systematic approach that enables a permanent resolution of problems or at least reduces their impact on the family. As a result, in 2010 the Counselling Centres for Parents and Children were established. Today, children and families at risk are referred to the centres by local partners: health centres, local schools, NGOs, self-referral etc. The centres offer holistic support to families at social risk.

Target group

Children between 3 and 18 years of age from multi-problem families, which refers to those families in which a combination of problems causes severe stress to its members, like poverty, dysfunctional relations and unemployment. Maximum capacity of each centre is 60 children at a time.

Type of Intervention

- | | |
|--|---|
| <input checked="" type="checkbox"/> Psychosocial support | <input checked="" type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

Psychosocial support

- Educational support for children such as: ensuring enrolment of children in the regular education system; provision of tutoring for school children (6-14 years of age), writing homework and literacy; counselling for regular school attendance; providing basic school supplies; inclusion of children in courses and hobbies; enrolment of preschool children in kindergartens and in other pre-school activities
- Psychological and social support for children: individual and group psychosocial counselling on violence and child abuse; communication skills; non-violent conflict resolution; building self-image; increasing empathy and tolerance; building personal strengths and capacities; fostering social responsibility; awareness raising on differences and stereotypes; promoting gender equality.

Family support

- Parental support, such as: strengthening parental competences (parenthood education); communication and non-violent resolution of challenges; appropriate health support of new-borns and young children; how to support the education of children; dealing with stress, loss and trauma management.
- Support in health, nutrition and living conditions: mediating and facilitating the process of securing health insurance for children and parents; counselling parents on health and healthy life styles; providing education on sexual and reproductive health, prevention of sexually transmitted diseases,

HIV/AIDS, and addicted-related diseases (alcohol, drugs, and cigarettes); providing medication for children and parents in a life threatening situation; providing nutrition and hygienic packages for newborn babies; providing household with basic necessities such as furniture and home appliances, proper clothing and bedding.

Family economic strengthening

- Legal support: facilitating the process of obtaining identification documents for parents/caregivers and children (birth certificates, ID cards, health cards, citizenship, etc.); mediating and facilitating the process of securing social allowances.
- Employability empowerment: career counselling and mentoring employment; enhancing soft skills for parents and adult family members to secure access to the labour market (preparation of CV, gaining information about free job positions, contacts with possible employers, conducting job interviews and supporting an internship); mediating the process of enrolment of the parents in vocational training.

Effectiveness

External evaluation indicates that positive changes have been made in the lives of beneficiaries, such as:

- Improved living conditions (housing, material, healthy food, improved health).
- Improvements in parental capacities to care for their children (increased awareness on children's needs, more functional parental and partner relationships, more responsible parenthood).
- Increased access to social services.
- Significant changes in the awareness of children's rights amongst the children themselves, as well as amongst their parents/guardians.
- Reduction of family violence.
- Greater inclusion of the children in educational institutions (nursery, school), more frequent attendance, improvement in children's success.

Evaluation data shows that none of the participating families have abandoned any of their children and some institutionalized children have been reunited with their families again. It has also contributed to increased awareness among community members on child and human rights and how to realize these in practice. Surveys show that beneficiaries are very satisfied with the support that is being delivered by the centres.

Organization

The HR setup of each center is comprised of 6 caseworkers that organize and implement support to children and families and work with community stakeholders.

Sustainability

Funding

International donors fund the programme. There is a lack of possibilities to secure state funding. The state has not yet developed a system for financing social services. In 2019, it is expected that a new social law will open possibilities for future subsidising such services. In practice, there are some funding opportunities with the Ministry of Labour and Social Policy through small grants, but these opportunities not always cover the family strengthening field. Some of the transformation plans of the state institutions include opening of supporting services for families at risk or reunification services for children that are in the alternative care system. The programme has introduced a proven methodology for supporting families at risk. This will enable future accreditation of the services. The case management approach used by the centres secures standardised work with families and quality work. This approach was identified by the state as a good practice and implementation at state level has started.

Community involvement

Within the programme, social service partners have become more sensible to the needs of the target group and saw the possibility to make their services available for them.

Replicability

The model is comprehensive and can be established in different communities. It is also relevant for different cultures. A detailed International Handbook on how to work with families at risk is developed and delivered to all organizations within the SOS network.

References for resources

www.sos.org.mk (the web page is in Macedonian. English version is under construction)

3.2.4. Early Childhood Play Hubs: community based centres for marginalized young children and their families (ICDI, Central and Eastern Europe)

Implementing organization	International Child Development Initiatives (through local NGOs)
Countries of implementation	Belgium, Croatia, Hungary, Ireland, Italy, Latvia, Slovakia, Slovenia, The Netherlands, Turkey ¹⁷
Contact person(s)	Giulia Cortellesi, giulia@icdi.nl

Overall objectives

Objective 1: To create high quality and inclusive community-based Early Childhood Education and Care (ECEC) initiatives that improve access to ECEC for marginalized young children and their transition to formal education.

Objective 2: To build the capacity of parents and professionals to support young children in their development.

Objective 3: To stimulate inter-sectoral cooperation between education, health and community development services and institutions with regards to the well-being of young children and their families.

Community-based ECEC for disadvantaged children

A high number of Roma (Europe's most disadvantaged population) experience social exclusion and unequal treatment in access to health, education, employment, housing and other services. This negatively impacts children, who face discrimination, preventing them from having a safe, healthy and educated childhood. In the Play Hubs both Roma and non-Roma children and their families can play together and take part in creative and social activities in these spaces, located in areas accessible for both Roma and non-Roma families.

These are run by local committees (Local Action Teams) with representatives from education, social work, civil society, health and local authorities, who:

- help children to develop the necessary competences and knowledge for formal education.
- mobilise local communities around young children.
- organise intergenerational activities involving older people with and without a Roma background.

To promote equity in access to high quality ECEC services, TOY for Inclusion is built on four complementary approaches:

1. Community-based ECEC, which promotes the importance of formal, non-formal and informal settings.
2. Integrated services for children and their families, which consider a “whole family” approach.
3. Together Old and Young, which create possibilities for old and young to learn and play together.
4. Diversity, Equity and inclusion in ECEC, whose approach is based on embracing differences.

Target group

Roma and non-Roma Children (0 to 8 years old), their families (parents and grandparents), their communities, ECEC services and local authorities

Type of Intervention

- | | |
|--|---|
| <input checked="" type="checkbox"/> Psychosocial support | <input type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

*Psychosocial support*¹⁸

- Play and learning activities.
- Referral to other specialised services (education and health) available in the community for young children and their families.

Family support

¹⁷ Of these, only Turkey is considered a middle-income country. We non the less decided to include this intervention, because of its original set-up and early childhood focus. And because it is implemented in several Central and Eastern European countries that have gone, and are to some extent still going through transition processes common to many of the intervention countries in this overview.

¹⁸ There are variations in the kinds of services offered per center and per country.

- Motivate and encourage parents through individual and group consultative meetings.
- Information workshops about childrearing, health, early learning and development.
- Organize regular group meetings in order to exchange experiences.
- Facilitation of contact between family members and educational and health services in the community.

Policy and legal advocacy

- Making services easier to reach by promoting inter-sectoral work, flexible solutions and contextualized responses to specific needs.
- Linking policy makers from different sectors.
- Facilitate cooperation and interaction between policy makers, ECEC institutions and families.
- Participate in the drafting of local policies and strategies in order to include inclusive ECEC in the agenda's.

Effectiveness

The Play Hubs have been found effective in bringing Roma and non-Roma communities together, in building parenting skills and improving cooperation between civil society and local agencies. Play Hubs across Europe improved the transition experience of Romani children to schools, improved children's knowledge and competencies for formal education and increased Roma communities' trust in the local services.

During the first period of implementation (2018), over 3000 children participated in activities in the Play Hubs (of which about 25% are Roma), where almost 2000 parents and grandparents also took part with practitioners (11% of whom are Roma). By making social cohesion possible and improving relationships between Roma and non-Roma children and their families, TOY for Inclusion removes the barriers that are holding people back in health and in life. By putting the basis for a non-biased and safe formal, non-formal and informal child-care environment, TOY for Inclusion contributes to creating conditions for all people to prosper and flourish in health and in life.

Organization

Human Resources: Play Hubs are staffed by a Hub Coordinator and volunteers, who can advise parents about materials to support children's learning and development, assess needs and organize activities, such as: mother-to-mother and father-to-father support groups, monthly info sessions for parents and extended families on child development, health, education, responsive parenting, weekly 'stay and play' sessions for parents and children, toy library services, handicrafts workshops, storytelling and reading aloud sessions, and other intergenerational activities. The coordinator and volunteers are also responsible for connecting with other health and education services in the community.

Infrastructure: Play Hub are safe, secure and accessible venue for young children and their families. They are usually located in primary schools, preschools, community centres or city libraries. They are composed of one big room, a smaller room and access to toilet facilities. The main space should be well-lit and welcoming, have plenty of low shelves to display toys and books, offer sufficient floor space for children to play with toys on the ground or at low tables. Ideally, all furniture should be mobile/movable, a round table and chairs should be available for an arts and crafts corner, which could also be used for meetings. Additionally, the space should offer a place for parents to sit and relax. The smaller room is used for the toy library service, to storage toys and other materials and keep all the confidential information about the members of the Hub.

The ideal Hub also has access to a safe and welcoming outdoor space, where outdoor activities such as a sand box, gardening etc. can take place. Opening days must be decided with the community and the beneficiaries of the activities.

Operating costs: these vary per country, but an estimation can be provided by calculating the average costs in a middle-income country: rental of space (3000 euro per year); purchase of toys and equipment (one-off 3000 euro); salary of Play Hub coordinator (2 days a week*12 months = 6000 euro per year); training for coordinator and volunteers (1000 euro per year); maintenance of toys and equipment (500 euro per year).

Sustainability

Funding

The project was initially designed as a pilot initiative, and is now at the stage of scaling up and expanding to new target groups and new countries. The project depends on the active involvement of local authorities, schools and local community organisations, which ensures sustainability of the Play Hubs. The project aims to achieve a systemic impact by embedding the TOY for Inclusion approach in local educational policies of the municipalities involved. Current and future donors are: European Commission, Open Society Foundations, Porticus Foundation, and small local businesses. Key factors for sustainability are: involvement of local authorities, high visibility (communication), continuous fundraising, commitment and ownership of local implementers and beneficiaries.

Community involvement

Each partner organization performed a community mapping and need assessment and formed a Local Action Team (LAT). The LAT comprises representatives from schools and preschool teachers, community development workers, civil society, health professionals, and other local stakeholders and local authorities. They are responsible to design, develop and monitor the Play Hub in their community. Project partners are responsible to provide training, guidance and mentoring to the LATs, while ICDI facilitates international joint learning and exchange.

Replicability

The first phase of the project (2017-2019) has showed very positive results and led to a second phase of upscaling at European level. TOY for Inclusion is now broadening its target beneficiaries to include all 'hard-to-reach' young children, such as those from migrant and ethnic minority backgrounds and is expanding its geographical scope adding Turkey to the existing ones. Moreover, the second phase will target policy makers in order to have a more systemic impact on authorities and educational institutions at national and European level, by advocating for the creation of ECEC Play Hubs and similar local responses for all children from marginalized communities/harder to reach families.

References for resources

- <https://www.reyn.eu/toy4inclusion/>
- <https://www.reyn.eu/resources/what-works-guide-toy-for-inclusion/>
- <https://www.reyn.eu/resources/toy-for-inclusion-project-results/>

3.2.5. Family Strengthening Programme: supportive services at resource community centres for at risk of separation children (SOS, Albania)

Implementing organization	SOS Children's Villages Albania
Country of implementation	Albania
Contact person(s)	Adela Sefa, adela.sefa@soskd.org.al

Overall objective

To enable children who are at risk of losing the care of their family to grow up within a caring family environment.

Family Strengthening Programme

The project functions as a resource community center where children and families in need can access different supportive services based on the individual needs, through implementation of a holistic approach such as case management.

Target group

Children from 0-17 years old from multi-problem families (support is geared towards the children and to the families).

Type of Intervention

- | | |
|--|---|
| <input checked="" type="checkbox"/> Psychosocial support | <input checked="" type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

Psychosocial support

Psychological support is offered for children in the form of personal counselling and group activities. The programme aims to create a secure environment, where children can express their ideas and develop their capacities to have access to information, to claim their rights, and to participate in decision making processes. This includes the development of participation skills and trainings in children's rights. It also includes involving children in different cultural, sporting and entertainment activities (children had the opportunity to participate in concerts and visit museums, libraries, parks, summer camps and short family excursions). Potential cases for child re-integration process are strongly supported with psychosocial services, parental capacity building and relevant material support¹⁹. The programme also includes educational support such as pre-school services, individual assistance and trainings for children with poor/low school performance, and awareness raising on the values of education. This type of assistance consists of informing, accompanying and supporting families to get in contact with formal or informal educational service providers, as well as, financial assistance in buying school equipment for children. With the participation of volunteers and relevant experts organise after-school activities for children

Family support

This type of support is offered in groups through programs for positive parenting and life skills parental programs. Key issues addressed are raising the awareness of parents about healthy relationships with children, and the impact that parents can have on self-esteem, school achievement, cognitive development and child behaviour. The programme also helps parents with health, nutritional support and living conditions: mediating and facilitating the process of securing health insurance for children and parents; counselling parents for health and healthy life styles; providing education on sexual and reproductive health, prevention of sexually transmitted diseases, HIV/AIDS, and addicted-related diseases (alcohol, drugs, and cigarettes); providing medication for children and parents in a life threatening situation; providing nutrition and hygienic packages for new-born babies; providing households with basic necessities: furniture and home appliances, proper clothing and bedding. It also consists of informing, referring or covering the costs for individual legal counselling services. Moreover, families are assisted in collecting the necessary documents for claiming their legal rights in the court and other authorities, as well as civil-registration documents (ID, birth/ death/ marriage/divorce certificate).

Family economic strengthening

As part of the economic support, the programme assists families in start-up businesses which generate income, such as: tailoring, cooking, gardening, agriculture, hairdresser, etc. An average of 20 families are supported each year for the cultivation of agricultural products. A training module "Coaching for employment" is recently implemented (12 months' cycle) for 5 families, in order to increase youth and parental capacities toward employment. Employment of adults participating in the project is ensured through mediation with local enterprises.

Policy and legal advocacy

Meetings and roundtables with relevant stakeholders and service providers about children and families at risk of institutionalization and institutionalized children under the process of re-integration in the biological family are organized regularly. At least once per month, the Inter-Sectorial Technical Group discussed specific cases of children with protection orders placed in institutions and street children. Regular meetings are conducted with the directors and specialist staff of social care institutions for the approach of children with foster families/families of origin in a safe and an appropriate environment. Institutionalized children are supported to improve their relationships with relatives. Meetings and efforts are done to encourage the custody process of these relatives.

Initiatives have been taken to contribute in changing or improving policies and practices affecting children and families, through joining round tables, campaigns, child rights networks. This has contributed in building a strong visibility and identity of the project. Currently, the programme is a strategic partner of the Municipality of Shkoder in the area of child prevention and re-integration of institutionalized children into the biological family. In December 2018, the Municipal Council approved the Social Plan 2018-2021, which aims to ensure a community with protected and empowered families through multi-sectoral social services. Program staff has been part of the consultative tables for drafting and finalising this plan.

Effectiveness

¹⁹ This indicates that this programme not only focusses on preventing institutionalization, but also supports re-integration from children in institutions to their biological families or into foster care.

So far the programme has supported 775 children. 98 % of participating families have exited the programme as self-reliant. The educational support increased children's access to the pre-school system, the formal basic education system and the qualification services after school. Fathers clubs and mothers' clubs increased parents' awareness on the important role of the father in the family, problems that violence cause in children's lives, how to take control over their lives and speak up and socialize. Active presence in the community and extensive experience with different family cases made it possible to identify children at risk of institutionalization and address their immediate needs, contributing thus to prevention of child separation.

Organization

The center is located close to the targeted beneficiaries. It is easily and safely accessible by them. The environment is friendly, divided in rooms according to the purpose of the specific service (counselling room, after-school support, group meeting room). Also there is a small garden before the center which allows the staff and volunteers to organize different social, entertainment and practical activities with children and caregivers. The staff is experienced in child protection work and one of the strong points of the project is staff continuity. Full-time staff is composed of a coordinator and four case workers, and part-time staff consists of two psychologists, an assistant educator, an animator, a paediatrician, a doctor, a lawyer and a speech therapist.

Sustainability

Funding

International donors fund the programme (such as SOS International, Save the Children and UNFPA).

Community involvement

The community has been strongly engaged with project activities. Community members like directors of institutions, social workers, psychologists, teachers, nurses and family doctors come together in different meetings. Home visits are done in cooperation with social workers. Community members are used as a source of information and interlinkage with high risk families.

Replicability

The Family Strengthening Project approach is based on a standardized case management procedure, which clearly describes steps, roles and responsibilities. The model is replicable because of its systematic approach to address child and family needs, efficiency and effectiveness.

References for resources

<http://www.soskd.org.al/index.php?lang=EN>

3.2.6. Early Childhood Intervention Services: empower families of young children with disabilities to prevent institutionalization (SOFT tulip, Ukraine)

Implementing organization	SOFT tulip foundation, www.softtulip.nl
Country of implementation	Ukraine
Contact person(s)	Eric Bloemkolk, info@softtulipo.nl

Overall objective

To build a system of Early Childhood Intervention (ECI) Services to empower families with children (0 – 4) who have disabilities or developmental problems, or who are at risk to develop such characteristics. This to prevent these children from being placed in institutional care, to develop their full potential and stimulate their inclusion in society.

ECI: an innovative model to empower families, prevent institutionalization and develop the potential of the child to become included in society

In Ukraine, families with a child with disabilities or developmental delay, are mostly left without proper support. This leads to serious emotional, psychological and often financial problems for the parents, and situations in which a child is not supported properly in its development and as an ultimate consequence the abandonment of

the child. ECI focuses not only on the child, but also on the family and the community. It helps to strengthen vulnerable families, to normalize and improve the quality of their lives and contributes to the prevention of children's institutionalization. ECI involves broad coordinated multidisciplinary efforts in different sectors. It covers the period between prenatal diagnosis and the moment that the child reaches school age. It includes the entire process from the earliest possible identification and detection up to the moment of transfer to an educational setting.

Target group

ECI is intended for all young (0-4) children (and their families) who are subject to a developmental risk, or a disability.

Type of Intervention

- | | |
|--|---|
| <input checked="" type="checkbox"/> Psychosocial support | <input type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

Psychosocial support

- **Counseling:** one family member or the entire family meets with a qualified early intervention provider who can help family members to talk about their feelings about their child's diagnosis. For many families there can be stresses—families may be worried about a child's future, there may be medical concerns or financial concerns. Individual family members may want to talk to someone about how they are feeling. The entire family may want to talk to a counselor as they make big decisions or during particularly stressful times. Families consider counseling essential for helping them get through the tough times.
- **Social work:** social workers help with counseling. They can also help families with the problems of raising a child with a disability. A social worker can help a family to identify other financial support, other programs that can help the family beyond early intervention or programs to help cover additional medical costs and to help them with referrals to other (medical and social) service providers.

Family support:

- **Family Training:** family members are trained to support their child in the best possible way. The specialists of the multi-disciplinary team functions as coaches for the parents and other family members. For example, if the child will be using an assistive technology device or service, family training is needed so that members understand how the device works, what to do when it isn't working, and how to help the child to get the most out of the device.
- **Support Groups:** in a support group parents meet with other families—either families with children enrolled in early childhood interventions who live in their community or families with children with the same or similar disability as their own. In a support group there is an early intervention provider who attends the meeting and helps answer questions or invites experts to talk about key concerns (like toilet training, feeding, non-verbal communication, etc). Meetings for groups of parents also can take place in the form of parental support groups, where parents can exchange information and learn from each other.
- **Natural environment:** ECI services are provided as much as possible in the natural environment of the child (at home, in the kindergarten, playground, etc.), but due to economic and cultural reasons and because of preferences of parents it can also be offered in ECI centers.

Policy and Legal Advocacy

The program focusses on creating ECI practices in four different regions of Ukraine, as the basis for a nationwide system of ECI services with the following objectives and outcomes:

At the national level:

- A regulated, well-functioning national ECI policy platform with active participation of three ministries, NGO service providers, international experts and parents' representatives.
- National regulations co-created and approved that support to the development of a modern high quality ECI system.
- Training for ECI professionals developed and a national team of ECI trainers certified.
- Awareness about ECI of the general public and the professional community raised.

- New ECI initiatives in the pilot regions and other regions of the country started.
- Reduction of institutionalization of disadvantaged children in ECI pilot regions compared to other regions.
- ECI service providers (state and non-state), individual ECI professionals, parents of disabled children, associations of professionals and training and research institutions will be identified and motivated to start a National Association on ECI.

In the four pilot regions:

- Four NGO service providers will become methodological centers providing trainings and supervision to other ECI centers/teams.
- At least eight new ECI centers and four mobile teams will be created.
- Inter-sectoral ECI coordination groups at regional level and in the major cities are functioning, providing input for national policy making.
- A system of cooperating state and no-state service providers from health, social and education sectors functions.
- Screening instruments and protocols to ensure early identification of possible developmental difficulties introduced in four pilot regions.
- In-service trainings and supervision program developed and at least 12 multidisciplinary teams and four mobile teams are trained.

Effectiveness

ECI services are internationally recognized as very effective for improving the quality of life of families and children involved, as well as for budgetary reasons of governments. In the present program the involved ECI partners are recognized by national and regional governments as the best ECI practices in Ukraine, for which they are labelled as 'methodological centers' who provide training and supervision to new ECI teams.

Organization

The program is executed by a consortium consisting of the SOFT tulip Foundation (Netherlands), ECI centers from four regions: Lviv, Zakarpattya, Odesa and Kharkiv and the National Assembly of People with Disabilities of Ukraine. Each ECI implementing organization has a team of –at least- three specialists (psychologist, speech and language therapist, physical therapist, medical doctor, pedagogue, social worker), who all receive specialized ECI training. The location of an ECI Center should be close to the homes of the targeted families, child friendly and easily accessible, with meeting space for parents and professionals.

Sustainability

Funding

The ECI centres were initially financed by donations from international funds and through local fundraising. Today all four ECI centers are financed for their service delivery through local (municipal) or regional budgets, either from health or social sectors.

Community Involvement

Community support is in the heart of the ECI service model. There is strong cooperation with other service providers in the area, creating a system of referral. There is close cooperation with parents as individuals, and with self-organizations of parents. Through (group) meetings and home visits, relationships with parents are strengthened. Sometimes parents volunteer in the centers. Regular contact and cooperation with educational institutions are crucial for the functioning of the service. Additionally, many publicity efforts have been made to create awareness on the importance of the ECI service. Many community meetings involving parents, teachers, social workers, medical workers, policy makers and authorities are organized.

Replicability

The ECI model in Ukraine is in the process of development. It will incorporate the experiences from the different pilot regions, where a variety of models of functioning and financing are developed. In 2019 five more regions will join the pilot. The experiences will feed into the process of policy making that takes place in the National ECI Platform, which also takes into consideration international experiences from West and Central European countries. National ECI Quality Guidelines are formulated with a big input from the consortium members and are in process of approval by the government of Ukraine.

References for resources

www.softtulip.nl
<http://rvua.com.ua/>
https://www.softtulip.nl/downloads2016/20141106_ReportDevDisUkrain.pdf

3.2.7. Family Support Programme: model of work to support families of children at risk of separation (Save the Children, North-West Balkans)

Implementing organization	Save the Children, North-West Balkans
Countries of implementation	Bosnia and Herzegovina, Serbia and Montenegro
Contact person(s)	Amir Bašić, amir.basic@savethechildren.org

Overall objectives

Prevention and/or reduction of risks of separating a child from his/her family, by promoting communication within the family, improving parental skills and family member's problem solving skills, promoting pro-social behaviour and connecting families with resources in the local community.

The Family Support Programme (FSP)

The FSP offers a model of work with families of children living and/or working on the street. As it deals with an, according to many key criteria, extremely diverse population, the program is flexible and open for adaptations to particularities, needs and possibilities of families it is intended for and their living conditions. The strength-based approach in providing support for the family is characterized by several protective factors: parental resilience, social connections, knowledge of parenting and child development, availability of concrete support and development of social and emotional competence of children.²⁰ The program is being implemented within Drop in Centers (DiCs; see description under 3.9) project and intends to expand to social welfare institutions in the coming years.

Target group

Street involved children and children at risk (children on the move, socially deprived children, children from multi-problem families, children victims of violence, abuse, exploitation and neglect, children affected by emergencies), their parents/caregivers, child protection professionals and other duty bearers.

Type of Intervention

- | | |
|--|--|
| <input checked="" type="checkbox"/> Psychosocial support | <input type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input type="checkbox"/> Policy and Legal Advocacy |

Psychosocial support and Family support

Examples of activities taking place include:

- Team members project a positive and strengths-based approach to the family.
- Team members validate family members as key decision-makers and support their decisions.
- Each family makes and monitors its own case plan (with support from team members).
- Parents are encouraged to explore and address their own past experiences of trauma.
- Team members help parents plan proactively for stressful parenting situations.
- Team members make families aware of societal trends that have had a negative impact.
- Team members help the caregivers to develop stronger relational skills.
- Team members engage the family's broader network.
- Team members help the family to identify supporters in their network who will contribute positively.
- Parents/caregivers are encouraged to expand or deepen their social network as part of the case plan
- Parents/caregivers are encouraged to address barriers they may have in developing healthy social connections, such as anxiety or depression.
- Team members work with the family to understand their past experiences with social services and help the family to navigate complex systems.

²⁰ Strengthening Families – a protective factors framework (2005) Center for the Study of Social Policy, Washington.

- Team members stimulate parents/caregivers to understand and take up their role as advocates for themselves and their children.
- Parents/caregivers are connected to parenting classes or other resources.
- Team members underline the importance of nurturing care and help the parent value their role.
- Team members provide parental skills education²¹.
- Team members provide families with support in dealing with children's attachment issues and/or challenging behaviours.

Effectiveness

FSP offers a model of work with multi-problem families and children living and/or working on the street and other children at risk. It is a structured, multi-phased, behaviour change focused, short-term program which promotes a balanced approach to risk factors with a focus on strengthening resilience and protective factors. An evaluation in 2017 and early 2018, showed that service providers recognize the importance of the application of a structured approach in working with families and they think FSP offers a good framework for planning and implementation of activities focused on strengthening parents.

Organization

The core team consists of four paid professionals (psychologist, social worker, teacher and outreach worker). The FSP program is being implemented within DiCs that are close to the homes of the targeted children and parents, and easily and safely accessible. Operating costs for FSP implementation vary between 20.000 to 30.000 Euro per year, depending on the number of engaged professionals.

Sustainability

Funding

The programme has been supported and established within DiCs, fully financed by Save the Children including the development, piloting and evaluation phases. For future, continued implementation, it is estimated that 40% to 50% will continue to be financed by Save the Children, while the remaining funding is to be acquired through other sources by the organizations which run the DiCs. Through licensing as a national service provider, and through accreditation of programs and services, it is hoped that DiCs will become part of the social protection system, which should ensure long term sustainability in Bosnia and Herzegovina and Montenegro. As an example: the FSP in the Bosnian city of Banja Luka was integrated in the governmental centre for social welfare, thus achieving long term sustainability. FSP has also been officially accredited in Serbia and Montenegro.

Community involvement

Community involvement is ensured through:

- Support in working with different marginalized groups.
- Community self-help, such as volunteer groups and parent support groups.
- Work on increasing participation of members of these marginalized groups in various voluntary and professional bodies (civic associations, working groups).
- Organizing coordination between institutions and various services in the community.
- Realization of social actions, which increase the positive image of marginalized groups in their communities and strengthens bonds between them.
- Establishing social clubs, artists' associations, sports clubs and societies, where members of different social strata can mingle and get to know each other.
- The FSP in all locations is implemented in close cooperation and coordination with governmental centers for social welfare and education institutions.

Replicability

The model has established a comprehensive approach for protection of children at risk, using community based services responding to the needs of children and families, cooperation with other relevant actors, and capacity building of service providers to deliver quality services. It is flexible enough to be adapted to other contexts.

References for resources

FSP Program: <https://nwb.savethechildren.net/sites/nwb.savethechildren.net/files/library/Family-Support-Program.pdf>

²¹ Drop in Centers can organize and conduct workshops for parents and training for positive discipline program.

3.2.8. Early Childhood Intervention: family support service for children with disabilities age 0-3 (For Our Children Foundation, Bulgaria)

Implementing organization	For Our Children Foundation
Countries of implementation	Bulgaria
Contact person(s)	Alexander Malinski, Director, a.malinski@detebg.org

Overall objectives

The Early Childhood Intervention programme (ECI) aims to improve the well-being of young children with special needs and developmental delays through the implementation of an innovative family support service that is tailored to the local context.

Early Childhood Intervention: an innovative family support service

The Early Childhood Intervention programme is a multi-disciplinary approach for children, from birth to age three, with special needs, developmental delays and their families. Within the programme 'For Our Children Foundation' provides mobile social and health services in the community. The programme forms part of the activities of the Foundation's Community Support Centres, which are based in the cities of Sofia and Plovdiv.

Target group

Zero to 3-year-old children, who are born prematurely, have disabilities or at risk of developing disabilities, or who have other developmental difficulties.

Type of Intervention

- | | |
|--|--|
| <input checked="" type="checkbox"/> Psychosocial support | <input type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input type="checkbox"/> Policy and Legal Advocacy |

Psychosocial support + Family support

As early as in the delivery room, ECI specialists carry out consultations with and give support to the parents of premature babies, babies with special needs and babies with health problems. The support provided in these first hours and days is crucial also for the prevention of abandonment and institutionalisation of these children. Parents receive support in coping with the stress and difficulties related to the upbringing of their child.

The ECI service is comprised of the following activities, with the exact mix being dependent on children's varying needs and abilities:

- 1) Supporting the parents: parents are advised on the appropriate health and social services that they can use.
- 2) Mobile services: ECI specialists provide expert support to children and their families in their home environment, to build secure parent-child bonds by enhancing the sensitivity of the parents and their ability to observe, understand, adapt, and adjust to the needs of their child.
- 3) Parenting skills: support is tailored to the individual needs of each family. It includes building parental skills to maintain and adapt to the child's daily activities and routine, as appropriate for his/her actual condition and age. Foster and adoptive parents taking care of children with special needs are also supported.
- 4) Applying instruments: For Our Children Foundation has developed special tools to assess the development and needs of both children and their families, which are used to monitor a family's situation and the progress of the child.
- 5) Care plans: individual care plans for early intervention are prepared following the assessment of family needs. This is done in partnership with the parents and with the involvement of the child, where possible. Services are delivered in children's natural environments, including their homes, daycare groups, kindergartens, community centres, playgroups, etc. ECI addresses each developmental problem by applying an approach, which focuses on the strengths rather than the deficits of each child and their family.

Effectiveness

The programme was externally evaluated in 2014 and findings were positive. From the report: “The effectiveness of the intervention is realized on several levels – effect on the development of the children and families, professionals and communities, capacity of the organization and services on the whole.” For Our Children Foundation has furthermore developed a system for ensuring the quality of the social services it provides.

It adheres to requirements as determined by the obligations of social service providers under national legislation, the requirements of contracting authorities and clients’ expectations. Part of the quality assurance system includes monitoring the development of children every 6 months. From this it is clear that through ECI children develop different skills, including locomotor skills (turning over, crawling, walking, grasping objects), communication skills (gestures, speaking, understanding), and cognitive skills (problem solving, learning). The practice has contributed to the sensitivity of parents, professionals, communities and society as a whole to children with disabilities and developmental delays, and also contributed to a better understanding of the importance of early interventions and Early Childhood Education and Care for the development of children.

Organization

For Our Children Foundation employs three Early Childhood Intervention specialists. Also part of the multidisciplinary team of experts supporting the children and their families are family therapists, psychologists and social workers. ECI specialists work mostly in the natural environment of the child by conducting home visits. Some of the sessions are delivered at the Community Support Centres. By visiting these centres, the children can attend music and art therapy sessions. Additionally, children with special needs have hippo and aquatic therapy sessions delivered by organizations and specialists ‘For our Children Foundation’ is partnering with. In the centers there is a sensory room specifically equipped for working with young children with special needs or developmental delays. The equipment consists of different tools and toys stimulating visual-spatial orientation, coordination and concentration, tactile development, motor skills, flexibility, balance, weight distribution among certain parts of the body, socialization, and interaction with other children. The initial costs for the programme were at about 35 000 Euro per year. With this amount about 80 children with special needs and their families could be supported annually.

Sustainability

Funding

In the beginning the programme was funded by the Open Society Foundations, with additional co-financing from For Our Children Foundation’s own budget. The organization actively advocated for the ECI model to be adopted nationally and supported by the state. After the end of the project ECI has become part of the programme the two Community Support Centers provide as state-funded services. However, the state funding is only 40% of the budget of the organization, the rest is raised by For Our Children Foundation through the support of individual and corporate donors. In the Bulgarian Social Services Act ECI is regulated as a social service, which means children with special needs and their families can use it for free.

Community involvement

The parents are active partners throughout the whole process of providing the support. There is also a Public Council of the Community Support Centers. Members of this council are representatives of the child protection system, the municipality, families, representatives of the healthcare system and other specialists. The main role of this body is to ensure the coordination between all stakeholders responsible for a child’s well-being. The members of the council also discuss problems related to the community-based social services available for the children and their families. Families that have been supported are also members of the Consultative Board of the For Our Children Foundation which is actively involved in ensuring the sustainability of the organization and the social services it provides.

Replicability

The programme was developed on the basis of a similar practice used in the USA. It could be suitable for many other countries. A detailed manual dedicated to the provision of ECI was developed. It is currently available only in Bulgarian.

References for resources

<https://www.detebg.org/en/>

3.2.9. Drop in Centers: model of services to support street children and children at risk (Save the Children, BiH)

Implementing organization	Save the Children, North West Balkans
Countries of implementation	Bosnia and Herzegovina
Contact person(s)	Amir Bašić, amir.basic@savethechildren.org

Overall objectives

To improve the protective environment for children exposed to harmful work (street work in particular), abuse, neglect, children on the move, and other children considered to be at risk, as well as their families.

Drop in Center

The DiC model offers a range of services to meet children's needs. These include the fulfilment of children's basic needs, such as hygiene, meals, to more specialized ones, such as psychosocial support, education activities, creative activities, legal assistance and referral to other services. DiC professionals also use different creative approaches, such as the HEART program, music workshops, crafts, painting, life skills workshops, etc. Additional focus is on implementation of pre-school preparatory classes and prevention of drop-out in elementary school, including networking and raising awareness for parents/caregivers, as well as implementation of specialized programs such as family strengthening, child safeguarding, economic empowerment, etc.

Target group

Street children and children at risk (children on the move, socially deprived children, children from dysfunctional families, children victims of violence, abuse, exploitation and neglect, children affected by emergencies) and their parents/caregivers, child protection professionals and duty bearers.

Type of Intervention

- | | |
|--|---|
| <input checked="" type="checkbox"/> Psychosocial support | <input type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

Support in the DiC is organized through a clear planning process that includes the following stages:

1. Diagnosis of the condition, definition of problems and priorities.
2. Defining goals.
3. Development of tasks and activities in a given period of time.
4. Determining the measures and conditions necessary for the implementation of plans.
5. Consolidation of the performance indicators.
6. Development of specific plans (information plan, plan of needs for professional development, evaluation plan, etc.).

Support for children involved in life and/or work on the streets must be based on a solid understanding of child development and specific needs that occur depending on the age and circumstances in which the child lives. Bearing in mind the heterogeneity of the target group possible examples of support activities are described below.

Psychosocial support

- Ensuring child safety.
- Providing access to basic health care and health education.
- Improvement of problem solving skills.
- Development of emotional and behavioural self-control,
- Support in overcoming specific developmental risk factors (characteristics of temperament, acceptance of responsibility, delaying satisfaction of wishes, etc.).
- Support in development of empathy and prosocial behaviour and acquisition and development of social skills
- Support in establishing adequate peer relationships.
- Support in development and maintenance of work habits.
- Inclusion in the education process (formal and non-formal).
- Support in continuation of the education process (formal and non-formal).

- Activation of creative potential.
- Offering positive recreation activities and development of healthy lifestyle.
- Providing games and entertainment.

Family support

Structured Family support is provided through Family Strengthening Program. (please see 3.7).

Policy and legal advocacy

In several countries in the Balkan, authorities still struggle or are reluctant with passing legislation to outsource social services to the NGO sector (e.g. the Law on Social Services in Bosnia and Herzegovina is still pending), as well as with properly implementing existing regulations in this domain. The focus of DiC advocacy is therefore to target authorities to:

- 1) adopt/implement necessary laws and bylaws that will ensure budgeted outsourcing of social services, and
- 2) commit to maintaining existing services until the conditions are met for outsourcing through a competitive process.

Advocacy efforts are supported by a strong evidence base with regards to the quality and impact of DiCs services and programs. Advocacy includes a wide range of activities such as: face to face meetings with authorities, round tables, public debates, events, public mobilization campaigns, media engagement, press conferences, press releases, social media campaigns, etc.

Effectiveness

The DiC has been subjected to several external evaluations between 2013 and 2018. Also, as a part of a regular MEAL²² system minimum standards for DiC are developed, monitored and assessed each year. The DiC is furthermore regularly assessed using Save the Children quality service indicators. The main finding on impact was that the DiC model brought significant changes in the lives of its beneficiaries, but also created positive change in other relevant institutions and local authorities.

Organization

Each DiC has a team of 5 paid professionals (coordinator, psychologist, social worker, teacher and outreach worker). On top of this each center has 20 - 40 active volunteers, with a good gender and age balance. The location of the DiCs are within or close to the homes of the targeted children, and easily and safely accessible. Operating costs for a DiC are around € 50.000 per year.

Sustainability

Funding

So far the programme has been supported for 50% by Save the Children, the other 50% comes from local/national governments and international donors. Through licencing as a national service provider and trough accreditation of programs and services, it is hoped that DiC will become part of the social protection system, which should ensure long term sustainability in Bosnia and Herzegovina and Montenegro.

Community involvement

Child participation in designing project activities has been introduced in DiC practices at various levels. Some periodically organize “tea parties” where staff and children talk about practices and children can propose changes. A box for complaints, wishes and comments is the another mode for child participation used. The DiC model offers quality social services, tailored to needs of boys and girls and their families. Using strong evidence based advocacy, the DiC model is introduced and piloted accompanied with extensive capacity building and strong networking with strategic partners, advocating for functional referral systems and long-term sustained and efficient service provision.

A new e-service platform for identification, documentation and processing of individual and group cases will improve the existing case management system. In the external evaluation it was concluded that: “further work is needed to strengthen the capacity of the DiCs to establish and develop cross-sectoral cooperation at the local level, as well to strengthen own managerial capacities, capacity in the field of public advocacy and empowering or coordinating community/referral mechanisms.”

²² <http://www.open.edu/openlearncreate/course/view.php?id=1641>

Replicability

The DiC model can work in different contexts, since it allows for flexibility in implementation. The model has established a comprehensive approach for protection of children at risk, using community based services responding the needs of children and families, cooperation with other relevant actors, and capacity building of service providers to deliver quality services. These three strands are the essential core elements of the DiC approach, but around these a lot of flexibility in programming and implementation is possible.

References for resources

To be published on <https://nwb.savethechildren.net/>.



Chapter 4: Presentation of best practice interventions aimed at Family Reintegration-promoting sustainable reintegration of children into their family from an alternative care setting

4.1. Introduction

Some of the interventions presented in this chapter are actually a mix of both 'prevention of separation' and 'promotion of family reintegration' efforts. As we have noted earlier, best practice interventions aimed at reintegration are harder to find (to why this is so we can only guess). Since we have no chapter for such mixed interventions, they are presented here.

Another observation that is important to note: activities solely focusing on family reintegration are not effective. They must be part of legal and policy system change and education of professionals. Promising practices in prevention of separation and reintegration, like placing social workers in maternities or supporting families in the community to take their children back, need to be followed by training of social workers on changing their mindsets towards prevention otherwise institutionalization of children will not stop. In that light a practice from Albania could serve as an example: the course on alternative care developed by Save the Children Albania together with the University of Tirana, to train all social workers in the workforce and social work students in a new way of thinking: family strengthening and family based alternative care instead of institutionalization.

There are other good practices from local NGOs who closed their own children's home and then supported the children that were reintegrated. However, when government systems are not available to provide support, these children and families continue to rely on these NGOs, or children fall between the cracks again and end on the street or back in another institution. Important for promising practices is that they create a network of service providers and that programmes are set up together with local and national governments. This changes attitudes of relevant professionals (in health, social services, schools, etc.) and helps achieve real system change.

What can also be concluded is that reintegration asks for longer and more intense, and thus more expensive, support because of the traumatization of children and their families, in particular when placed in institutional care. Reintegration requires more specialized support for children with -often- complex trauma's, which is still scarce in many middle-income countries. In terms of cost effectiveness, this is an important advocacy message to governments and other stakeholders.

4.2. Examples of best practices

4.2.1. ACTIVE Family Support: strengthening families at risk of separation (Hope and Homes, 4 countries in Eastern Europe)

Implementing organization	Hope and Homes for Children
Country of implementation	Bosnia and Herzegovina, Bulgaria, Romania and Moldova
Contact person(s)	Galina Pourcheva-Bisset, Technical Advisor Deinstitutionalisation & Alternative Care, galina.bisset@hopeandhomes.org

Overall objective

To support the restoring and strengthening of the social network, the family's attachment with the community and overcoming the social exclusion of the family.

ACTIVE: strengthening families at risk of separation

ACTIVE Family Support is a model of intervention aimed at children at risk of separation and institutionalized children who are assessed for reintegration into their extended families. It views children in connection with their main caregivers, immediate and extended family and wider community. Families are helped to assess their needs and strengths/ potential, and based on the outcomes of the assessment families are engaged in developing a support plan in collaboration with representatives of all agencies working with the family. The plan includes specific aims with agreed timeframes and roles involved. Support programmes are implemented in partnership with child protection and social services, local schools, kindergartens, health services, employment agencies, social assistance services and NGOs. The duration of the intervention depends on the individual situation, but lasts on average six months, during which the family is visited as frequently as needed. Progress is constantly monitored. Work with the family is concluded when the family is able to function independently from ACTIVE within a sustainable system of formal and informal support.

Target group

Children and families at risk of separation and children in institutions who can be reintegrated into their (extended) family.

Type of Intervention

- | | |
|--|---|
| <input type="checkbox"/> Psychosocial support | <input checked="" type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

Family support

The ACTIVE Family support model helps families referred to Hope and Homes for Children (further HHC) and the local implementing partner(s) to assess their strengths and needs across six wellbeing domains: living conditions; family and social relationships; behaviour, physical and mental health; education; employment and household economy. Based on the outcomes of the assessment families are engaged in developing a support plan and are assigned a support team consisting of social workers, pedagogues and psychologists, who work intensively with the parents and the children for a set period of time. The support plan is holistic and appropriate for a specific family. Interventions are designed to deliver wide-ranging improvements to family well-being, built on the core values of partnership, respect, inclusion and sustainability. A cross-sectoral referral system is set up with joint decision making and shared responsibilities and resources. Where services are not in place, these are set up, such as mother and baby units, or day care centres for children with disabilities.

Family economic strengthening

Families are linked to employment services and social housing.

Policy and Legal Advocacy

Advocacy activities are undertaken towards government and government institutions to adjust legislation and regulations in the child protection and social welfare system.

Effectiveness

The ACTIVE Family Support Model has proven successful in all countries where it is implemented. The programme is closely monitored and evaluated through a team of national and international experts. Both quantitative as well as qualitative research takes place to evaluate improvements in wellbeing. In the above countries children's lives improved in all six wellbeing domains.

Evidence from BiH (between 2003 and 2010) shows that the programme prevented the separation of children from their families in 98% of the cases. 88% of families maintained their progress in the year following the end of HHC support, what highlights the effectiveness of the time-bound approach. 82% of children placed in institutions were successfully reintegrated into their biological families, while 14% left large institutions to live with foster families. Outcomes from other countries show similar figures. An important success factor measured is that the initiative has helped change the attitudes of specialists in terms of improved understanding of the significance of personal and institutional responsibility towards the problems. They developed meaningful cross-sectoral partnerships enhancing social service support capacity at local level. An important finding from the evaluation of the model in Bulgaria was that more and more cases are being resolved without the involvement of the HHC team due to improved cooperation between relevant agencies.

Organization

In the project area a network of HHC teams and service providers is set up to join in decision making and responsibility, as well as service provision based on the active participation and cooperation with the families and children themselves. In each country, the program is implemented as part of national de-institutionalization plans and adjusted to the needs of the specific country, in cooperation with national partners and government.

Sustainability

Funding

The program demonstrated a significant return on investment. The costs were on average 921 euro per child. This includes the costs of staff salaries and overhead, as well as direct support to children and their families. HHC estimated that in BIH 32% of the children would have been placed in an institution had they not accessed the ACTIVE Family Support. Total costs for institutional placements would have been approximately 4.123.250 euro (9.33 times more than that of the ACTIVE program).

Community involvement

One of the aims is to change mentality of the community through public exposure of success stories and cases. It helps in creating a community receptive to assist families, a community that acts more like a safety net for children and increases referral to social services. Sustainability is further ensured by important factors like the policies in the field, functional social services, support of child protection agencies, cost effectiveness of the intervention and capacities (through training activities) of the specialists²³.

Replicability

The model is already successfully implemented in four Central and Eastern European countries, as well as in programmes of HHC in Africa.

References for resources

<https://childhub.org/en/child-protection-online-library/active-family-support-model-hope-and-homes-children>
<https://bettercarenetwork.org/sites/default/files/attachments/Preventing%20Separation%20Bosnia.pdf>

4.2.2. Socio-economic Integration of Children and Families: supporting reunited families (Aravot NGO, Armenia)

Implementing organization	Aravot (local NGO; with financial and technical support from Save the Children, Armenia)
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²³ Report 2014: Evaluation of the program "Strategic Deinstitutionalization and Child Care Reform in Bulgaria and Moldova implemented by Child, Community, Family (CCF) Moldova and Hope and Homes for Children (HHC).

Country of implementation Armenia
Contact person(s) Margarita Shaverdyan, Chairperson of Aravot, aravott@mail.ru

Overall objective

Strengthening resilience of families through socio-economic support and holistic case management.

Socio-economic integration of children and families reunited as a result of de-institutionalization in Lori province

In the framework of de-institutionalization reforms currently underway in Armenia, the three special boarding schools of Lori province, as well as one Overnight Child Care and Protection Institution were closed down and restructured into alternative educational and care services. As a result, around 200 children were returned to their biological families. Most of these children stayed in these institution overnight, as a result of extreme social poverty, limited parenting and livelihood capacities, low competitiveness in the labor market and minor disabilities. Together with UNICEF, Save the Children provided transitional support to these targeted families (through Aravot, a local NGO), while the government committed to restructure the afore mentioned institutions. As a result of the services provided, it has become possible to meet the basic needs of families and mitigate their difficult living circumstances. The support included provision of food and basic needs packages and holistic case management, including psychosocial support.

Target group

80 families/children reunited as a result of closing down residential institutions in Lori province, Armenia.

Type of Intervention

- | | |
|--|--|
| <input checked="" type="checkbox"/> Psychosocial support | <input type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input type="checkbox"/> Policy and Legal Advocacy |

Psychosocial support

Each child and family has been assessed and periodically re-assessed in line with case management methodological tools and guidelines, where specific short and long-term goals/targets are set in individual development plans. Particular psychosocial needs are addressed either through psychologists, pedagogues, case managers of the organisation, or referred to available services, including state and non-state. Aravot also operates a day-care centre, where individual services are provided to children with development delays and special educational needs, as well as positive parenting training to families.

Family support

As most of the beneficiaries are living in extreme poverty, Aravot provides food and basic needs packages. Within six months 80 beneficiary children/families were provided with food packages, energy/heating compensation, basic household cleaning supplies, clothing, shoes and school supplies for children. Apart from addressing food security and other basic needs, this material support provides an essential ground to establish trust and collaboration between the case manager and the family. This in turn stimulates engagement of family and children in various interventions, including training on positive parenting, work skills and employment (through the state employment agency²⁴), referral to other social services, mediation, etc.

Effectiveness

Although no formal evaluation has taken place yet, a recent monitoring report shows that there was no case reported as re-institutionalised, as well as no case of abuse or exploitation amongst the targeted families. Within one year of intervention, around 40% of families achieved the targets of the individual development plans, and are now considered self-sustaining, meaning they are not part of the programme anymore. The remaining 60% still needs support (though mainly on the economic empowerment side), but this has to do with the overall socio-economic situation of the country (high poverty rates, unemployment, etc.). All of the beneficiaries now have basic skills in positive parenting, family budget planning (cash allowances, other state benefits), and all children are in schools and cared for.

²⁴ Although not mentioned separately, it is clear that this programme also supports families economically.

Organization

Aravot has around 20 full-time staff, including social workers, psychologists, special pedagogues and two drivers. The six months' budget for 80 children (around 65 families) was around 25 000 Euro.

Sustainability

Funding

Aravot is receiving government funding to provide services for prevention of family separation and reintegration of institutionalised children. Though the funding is very small and tailored to a particular number of children, it is planned to be increased. Currently Aravot receives annually around 85 000 Euro to prevent family separation for 50 children and to reunite 50 children from institutions with their families in two provinces. Save the Children is advocating with the government to increase the funding for and geographic spread of this model.

Community involvement

Aravot is working closely with other services and stakeholders, to garner support and recognisability in the community. It is also actively mobilizing resources from other charitable organizations, businesses, state and community services. For example: three families were moved to better housing, provided by neighbouring community authorities, and around 40 parents were trained and employed in local businesses and in agriculture.

Replicability

If the conditions are in place as described in Chapter 2, the model should be easily replicable to other settings. It is based on international recognized individual case management methodologies common in social work.

References for resources

<https://www.facebook.com/profile.php?id=100004304501051>

4.2.3. Reintegration Fund: economic support to reunited families (Save the Children, Georgia)

Implementing organization	Save the Children, Georgia
Country of implementation	Georgia
Contact person(s)	Tamta Golubiani, Team Leader, tamta.golubiani@savethechildren.org

Overall objective

To support reintegration of children from state institutional care to their biological families.

Reintegration Fund

From 2004 onwards, Georgia was going through a major child welfare reform and a lengthy deinstitutionalization process, which included efforts to reintegrate children from institutions back to their biological families and establishment of alternative care options, such as foster care. Save the Children worked with the government, specifically with its Social Service Agency (SSA), during this time and supported its activities in family assessments and provision of care. As part of the reintegration process the Government offered families an allowance which covered basic monthly costs (30-40 dollars a month per child), but this did not consider start-up costs to ensure that children would be living in conditions necessary for healthy development.

The result, in some cases, was that reintegration did not work, some children ended worse off, or needed to be placed in newly established small group homes or foster care. This led Save the Children to create a fund specifically to support: first, the reintegration of children from state institutional care to their biological families and, second, the prevention of children being placed in institutions.

The fund was designed to be flexible, responding to different needs of individual families and children. After a successful implementation period from 2012 to 2014, the fund was taken over by the state completely, and since then operates as a social assistance program which has so far supported 7000 families.

Target group

Children living in childcare institutions who are to be reintegrated with their biological families and already reintegrated children who did not receive any assistance before.

Type of Intervention

- | | |
|---|---|
| <input type="checkbox"/> Psychosocial support | <input checked="" type="checkbox"/> Family economic strengthening |
| <input type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

Family economic strengthening

The focus of this intervention was on the economic strengthening of families with monetary support from the fund for a limited time frame until the family could provide for itself.

Assistance was given in the following forms:

- Ensuring minimum standards of basic living conditions in the space where the child lives.
- Providing primary household appliances (i.e. refrigerator, stove/oven, washing machine).
- Providing basic equipment and technical devices to children with disabilities.
- Providing vocational training for children having primary education (grade 9) or for older children or for primary caregivers.
- Supporting family income generation (toolkits and/or agricultural activities).
- Garment for children (one-time assistance).
- Textbooks for school (one-time assistance).
- Medical diagnosis and treatment when health condition poses a threat on the child's life and insurance does not cover. (in this case funds are directly transferred to relevant service providers).
- Paying for or organizing transportation to receive education (for a limited period of time).
- Paying rent and public utilities payment (gas, electricity and water).

Policy and legal advocacy

The fund was set up in close cooperation with relevant state agencies, and involved these in the implementation. Support was provided in cooperation with government bodies, and was based on an assessment done by social workers and according to certain standards. The support was part of an individual reintegration plan that was closely monitored by State Social Services and needed to lead to economic independence within a given timeframe. After 2014 the fund was taken over by the state completely, and since then operates as a social assistance program.

Effectiveness

The intervention had shown to be effective as part of a major reform of the child welfare system launched by the government of Georgia. Institutions were closed and alternative care arrangements created. The Fund was set up in the context of these developments and went hand in hand with strengthening the capacity of the social workforce and an awareness campaign on the importance of family reintegration. Through training social workers, staff of residential centres and government counterparts, a set of tools was introduced, to ensure proper assessments and supervision structures. The programme was evaluated, also taking into account the voices of children themselves, who shared their experiences during a workshop. The findings confirmed that it is critical to consider reunification as a multi-dimensional process that requires longer-term family support, services and monitoring. The Reintegration Fund contributed to this, but cannot be seen as effective without being part of a wider effort of system strengthening.

In 2014 the government of Georgia adopted SC's proposition and included an additional component into the Social Assistance Fund titled 'Emergency Support to Families with Children in Crisis'. The initial investment by the government was \$650,000, with subsequent allocation of 1 million per year. Until this day the program is running effectively, and has reached 7000 families since then.

Organization

A state social worker would do the initial assessment of a child and family, according to SSA standards, and would then formulate an individual development and reintegration plan. The state social worker would then seek approval from the fund's council, that took the final decision about awarding a grant. Each plan needed to include a description of the activities to be implemented, persons responsible and the implementation timeline. Save the Children and their implementing partners administered the Reintegration Fund and, together with the

fund's council, monitored the expenditures and follow up of the approved reintegration plans. Government officials quickly started to recognize the value of this approach and started to considering integrating it into the child welfare reform process. Government lawyers drafted and passed a decree in 2014, approving the program called 'Urgent Assistance to Families with Children being in Critical Condition', which included many of SC's learning and recommendations. There is now a clear process for delivering the fund: state social workers assess families' needs, they provide appropriate recommendations to be examined, discussed and approved by the committee, and the fund is delivered accordingly. As a result there is clear impact in terms of numbers of families which have received support since the implementation of the decree.

Sustainability

Funding

The programme asks for an investment from the government (possibly in cooperation with other donors). In Georgia the government makes 1 million Euro available for this per year, but one can imagine this could or should be more in the Georgian or other contexts.

Involvement Community

Government officials quickly started to recognize the value of this approach and started to considering integrating it into the child welfare reform process. A decree was passed in 2014, approving a program called 'Urgent Assistance to Families with Children being in Critical Condition', which included many of SC's recommendations (based on the experiences with the Reintegration Fund). There is now a clear process for delivering the fund: state social workers assess families' needs, they provide appropriate recommendations to be examined, discussed and approved by the committee, and the fund is delivered accordingly. As a result there is clear impact in terms of numbers of families which have received support since the implementation of the decree.

Replicability

The idea to set up a Reintegration Fund as part of a larger de-institutionalization transition seems replicable to other countries. A precondition is that such a fund is set up in cooperation with the government and in the end is also taken over by the government. And it should be part of a wider programme including training of social workers to ensure appropriate assessment and monitoring and setting up a working supervision structure. The intervention is also mentioned in the 'Toolkit for Effective Programming for Children Living and Working in the Streets'.

References for resources

<https://resourcecentre.savethechildren.se/sites/default/files/documents/7049.pdf>

4.2.4. Empowerment of Families in Alternative Care: supporting reunification or alternative forms of family care (ARSIS, Albania)

Implementing organization	ARSIS Social Organization for the Support of Youth
Country of implementation	Albania
Contact person(s)	Malbora Shahini, ARSIS Country Representative, mail: malborah@yahoo.com

Overall objective

To empower social services active in the protection of children deprived of parental care/at risk of being so, by supporting them in creating appropriate family environments and forms of alternative care.

Family Strengthening Programme

The focus of the intervention "Empowerment of families in alternative care" is the deinstitutionalization of resident children in the Institutions of Public Residential Care for Children in the city of Shkodra. This

intervention aims to either (re-)integrate these children to their biological families or to foster care families. ARSIS is the organization responsible for providing services through case management, to enable the economic empowerment of biological families or potential foster families.

Target group

- Children in residential care institutions in Shkodra.
- Biological families of children in residential care.
- Child Protection Unit (CPU) and Specialist for Alternative Care of state social services.
- Related institutions and communities in Albania in those areas where the biological/ foster families are living.

Type of Intervention

- | | |
|--|---|
| <input type="checkbox"/> Psychosocial support | <input checked="" type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input type="checkbox"/> Policy and Legal Advocacy |

Family support & Family economic strengthening

The ARSIS team, in cooperation with child protection specialists and the specialist for alternative care within the municipality of Shkodra:

- Conducts in depth situational analyses on each case to decide on deinstitutionalization, what are the challenges to be tackled and the related risk factors.
- Carries out family visits.
- Sets up Family Development Plans.
- Conducts psychosocial assessments of the families
- Conducts administrative and legal assessments of the families.
- Conducts community and local support system assessments.
- Conducts mental health and health assessments.
- Supports economic empowerment of the families through coaching for employment for biological or guardian parents.
- Organizes vocational training support.
- Organizes on the job training for biological or guardian parents.
- Supports with small start-up businesses.

Effectiveness

Although no formal (external) evaluation has taken place yet, it is clear that the programme has managed to successfully place several children from institutions in to foster families (this is the first time in Albania this has succeeded). Other children have been reunited with their biological families. Family visits are carried out in each of the foster families. The aforementioned families are monitored according to their Individual Plans. Cooperation ties are established and strengthened with child protection workers from state agencies. Cooperation and communication ties are strengthened also with other state and non-state service providers. Direct support is provided for all the beneficiary children and their biological/foster families and this clearly helps them in a range of psychosocial areas.

Organization

ARSIS (Social Organisation for the Support of the Youth) is a non-profit organisation that provides a range of services for vulnerable children and youth. For the 'Empowerment of families' programme' the specific HR and organizational set-up was as follows: one project coordinator/social worker (who supervises the implementation of the project, acts as legal representative in relation to third parties, and supervises the adequate management of human and material resources); one psychologist (responsible to establish relations with child protection workers and families. This psychologist also does psychosocial assessments of clients and compiles and oversees implementation of the individual development plans); one social worker (responsible to coordinate case management including identification, assessment, and who compiles and implements individual development plans); and one driver.

Sustainability

Funding

This programme is one of the components of Save the Children Albania’s program on “Development of Alternative Care Services”, which also funds it and will be continuing funding it for the foreseeable future.

Community involvement

The target groups have been encouraged to express their opinions on the quantity, quality and frequency of activities and services that are provided. They are also encouraged to raise their voices towards local and national authorities. Cooperation ties with the Child Protection Units (state services) and related stakeholders have been strengthened in the municipalities/administrative units where the biological families of the targeted children are residing.

Replicability

It is planned to replicate the intervention in another municipality (Saranda), where a residential care institution for children 6 - 16 years old is located. The programme there will also focus on prevention and re-integration, and on building communication and coordination links between social and child protection services of Saranda with those in the places of origin of the children (which creates a nationwide coverage of the intervention).

References for resources

<http://arsis-al.org/web/>

4.2.5. Social Center “Happy Baby” and “School for Parents”: supporting families at risk of separation or alternative types of family care (SOS, Belarus)

Implementing organization	SOS Children’s Village Belarus
Country of implementation	Belarus
Contact person(s)	Alesia Charniauskaja, National Family Strengthening Programme Advisor, alesia.charniauskaja@sos-by.org

Overall objective

To empower mothers to provide adequate support for their babies and young children, age 0-3 year, who are at high risk of abandonment, in order to prevent family separation and institutionalisation. To improve the support system in the field of quality alternative care for children to ensure protection of their rights in line with the de-institutionalisation process in the country – prevention and reintegration in family based alternative care

Family Strengthening Programme

SOS Children’s Villages contributes with two projects to the family strengthening system in Belarus.

1. The programme in Mogilev, has several components: for the families in acute crisis of separation there is a house in the SOS Children’s Village, where they will receive intensive rehabilitation services (up to 12 months) after which they continue to receive services via the School for Parents. The School for Parents provides activities for children who are still in their families (prevention) and children reintegrated from institutions back in the community, in foster and kinship care families. For the children who have lost their parents (no family reunification possible) and are placed in foster and kinship care, the families receive trainings, support and workshops in order to help them cope with the children.
2. The programme in Minsk has two components: the emergency accommodation (shelter) where four mothers with their children can stay overnight at the same time, and the social activity centre for individual and group activities for mothers and children. In the shelter in Minsk there are four family rooms, two bathrooms and a joint kitchen and living room. Women independently manage themselves and cook, clean and care for their children and support each other regarding emotionally and in caring for their children. This intervention is meant to provide stability and help them heal trauma and meet their parental responsibilities. In the Social Centre in Minsk, accommodated on the first floor of a state school, there is space for individual counselling, group counselling and office space. Support to families (from the shelter and from the community) is at first focused on the future of the parents/young pregnant women in order to change their lives for the better. A needs assessment is conducted for each beneficiary after which a Family Development Plan (FDP) is made together with the family and its wider network (relatives and professionals). Services are provided based on the evaluation of the family environment and strengths and weaknesses

of the family, the living conditions of women and children, children's health, income sources and the family budget. The plan is evaluated and updated monthly (case management). When goals in the FDP are reached the family leaves the programme. The family is monitored as long as needed but at least one year after the family left the programme (on average support lasts one to two years). On top of direct service provision the project does advocacy in field of child protection Information campaigns are organized, focusing on the rights of vulnerable families to receive quality care and the importance of gender equality

Target group

Minsk

- Pregnant women and mothers with babies/young children (up to 3 years) who are in acute crisis (poverty/financial crisis, domestic violence, lack of knowledge and skills (family planning, parenting, children's needs etc.).
- Babies and young children up to 3 years who stay in children's homes in Minsk.

Mogilev

- Families at risk of separation (children 0 -18) and step-, adoptive, foster and kinship care families.

Type of Intervention

- | | |
|--|---|
| <input type="checkbox"/> Psychosocial support | <input checked="" type="checkbox"/> Family economic strengthening |
| <input checked="" type="checkbox"/> Family support | <input checked="" type="checkbox"/> Policy and Legal Advocacy |

Family support

- Family consultations. The goal is to positively strengthen the relationships between family members on a long-term basis and to solve conflicts.
- Therapies for children with special needs. Necessary support for children with special needs and children-victims/witnesses of crime violence and their families
- Early childhood development support (children 0-2 years old). This individual development support is provided to young children who show developmental deficits (e.g. regarding motoric skills, communication, social behaviour). Their mothers are closely involved in the treatment in order to show them how to support their children, also at home.
- Development support for children 5-8 years old. Children with developmental deficits receive support regarding their fine and gross motoric skills. The aim is to integrate the children at school. Mothers are strongly involved in order to continue with the special support measures.
- Parent's training. There are different types of trainings for women who have little or no knowledge about how to care for babies and children correctly.
- Youth empowerment support for youth from foster families and Family Type Children's Homes (social and legal consultations, support in employability, psycho-pedagogical support).
- Capacity building of foster parents, adoptive parents, step-parents and caregivers (training programs on effective parenting, group and individual supervision, development of self-support group and clubs).
- Intensive rehabilitation support for foster families and FTCHs in crisis situation with accommodation.
- Social support. This includes special life skills trainings for women; individual and group consultations; social activities for mother and children; home-visits; support and promotion of 'Mother-Clubs' and self-help groups. These activities help mothers to free themselves from social isolation and to promote an exchange with other women who have similar problems.
- Women can receive legal advice and, in case of need, to be represented by the counsel. Often women do not have knowledge about possible public assistance, childcare entitlements, labor or family law related issues or heritages.

Family economic strengthening

- Participants of this measure learn how to write applications, handle job interviews, identify potential employers and analyze the job market.
- Planning and implementation of vocational trainings. Women can attend practice-oriented vocational trainings, which meet their interests and skills, but which also ensure job perspectives. Examples are the acquisition of computer skills, knowledge in office management or sales.
- Financial or household budget management trainings.

Policy and legal advocacy

- Capacity building of state specialists working with the target group is regularly organized (training methodological support, development and distribution of guidelines on efficient methods of interaction with families in crisis situations, exchange of experiences, etc.)

Effectiveness

The Social Center in Minsk has been subjected to an external evaluation at the end of 2016. According to the evaluator's report, the center is advantageous, thanks to the holistic and systematic approach to rehabilitation of the families. The set of services is developed based on family needs and focus on all family members and provides for a long-term period until the goals of the family are achieved and they have acquired the ability to be self-sufficient. The center is highly appreciated in the region. Activities are well presented in mass media. Information is provided in booklets, social networks, websites and information stands of state services. The variety of services offered by the center's specialists and individual approach to beneficiaries have helped to prevent separation and enables women/parents to care for their children and families. Additionally, monitoring of outcomes and impact is carried out systematically with the participation of beneficiaries, representatives of partner organizations and local authorities. The School for Parents in Mogilev was evaluated in 2016. In the evaluation report it says: "the activities related to implementation of the 'School of Parents' contain a comprehensive package of services for children and their families based on in-depth research on their concrete needs. Additionally, there is comprehensive capacity building of the local system of support for the target group. Summarizing, the 'School for Parents' is seen as one of the main drivers of the reforms currently underway in the area of childcare in Belarus."

Organization

Social Center "Happy Baby" in Minsk has a team of four to five paid professionals (one team leader, one to three psychologists, one social pedagogue/social worker), all with an educational background in psychology, pedagogy or social work and with many years of experience. Volunteers are constantly involved in the work of the social center (about 30 volunteers per year). All staff and volunteers receive supervision and –if needed– counseling. Operating costs for the center in Minsk are around € 80.000 per year.

The School for Parents in Mogilev has a team of five paid professionals: project coordinator (part time), two pedagogue-psychologists, and two social pedagogues. These are people with a psychology, pedagogy or social work background and education. Operating costs for The School for Parents are around € 74.000 per year. The main costs are human resource costs.

Sustainability

Funding

The center in Minsk is initially financed by HGFDF funds. To ensure long-term financial sustainability, measures are undertaken to form a close and trustworthy cooperation with local authorities in Minsk City and carry out an advocacy strategy to create interest in and support for the target group. This is done by participating in discussion forums and platforms at all levels of decision making.

The School for Parents was initially funded by the EU. It works in close cooperation with local authorities, forming partnerships with government agencies and NGOs. Involving caregivers and professionals from state institutions and other stakeholders are strong factors to support the project's institutional sustainability. Capacity building of professionals, partners and non-state actors (social workers, pedagogues, psychologists, etc.) will improve access to quality services for the target groups in the future. The project influenced policy-making in the field of promoting family values and positive parenting. Its outcomes are planned to be included in the current action plans of local state structures and institutions.

Community involvement

To increase public awareness and reduce negative perceptions in the society towards targeted children and families, School for Parents along with other partners carried out awareness raising activities such as information campaigns, public discussions, round tables, experience exchange, etc. Activities of the project contribute to prevention of child abandonment, and encourage active participation of citizens in social life and decision making. Through the support provided to parents willing to foster children from institutions, the retention and acceptance of foster and adoptive parents has increased.

Replicability

The model for setting up a social centre is applied by SOS Children's Villages in different countries and the organisation has manuals describing the methodology and how to set up such centres. The School for Parents methodology can be applied to other countries, adapted to the needs in that specific country. A description of the latter methodology is (not yet) available.

References for resources

www.sos-villages.by



Chapter 5: Strengthening ‘Family Strengthening’

In a range of middle income countries in Eastern Europe a range of family strengthening interventions are taking place. Most countries by now have adopted the philosophy of de-institutionalization and aim for keeping children in their biological families, or, if this is really not possible, aim for placing them in family type conditions (such as foster care). The extent to which this philosophy or vision is implemented still differs per country, and even sometimes per region in countries, but the general trend is clear. This is likely the most important explanation for why there are so many family strengthening initiatives being implemented, something which can only be applauded.

At the same time, the general impression (and this also based on years of operating in many of these countries) is still one of child protection systems and services that are scattered, unequally distributed over and within countries, with many vulnerable children and families not receiving the kind of support they need. In our view the only solution to this problem would be a different approach by stakeholders²⁵: relevant authorities, INGOs, local service providers and child rights advocacy groups, as well as representatives from target groups, should come together to:

- Decide on a shared vision on how child protection in their country should look like;
- Decide on the kinds and quality of (family strengthening) interventions that should be available (and whilst doing that make use of what clearly is already there in abundance), and then:
- Pool their resources (human and financial) to ensure that these services indeed become available evenly across their country.

Only in this manner can we foresee a real sustainable, effective and high quality of family strengthening interventions taking shape.

The situation as it is now does limit the usefulness of the current overview (and of similar overviews). To explain: let's say that organization X finds intervention Y from this overview interesting and would like to implement it. Although nothing would hold them back to take out certain elements and make them their own, it's difficult to see how they would realize a certain model to the same extent as described. That would require financial and other means to make it so, and therefore would depend on others (who will have their own priorities and constraints). And even if they would manage to realize full implementation, there is a great likelihood that things then never move beyond a very local application. There are already many good overviews of family strengthening interventions available, and these, like the current overview, can still hopefully serve as a source of inspiration.



²⁵ Which is, in essence, a very simplified version of the UN Guidelines on Alternative Care.

Appendix 1.

Data collection template

Name of the intervention	
Implementing organization	
Country of implementation	
Contact person(s) for intervention	<i>e-mail + telephone number</i>
Area	<input type="checkbox"/> Preventing Separation: interventions aimed at supporting families to <i>prevent abandonment and relinquishment</i> of children at risk of separation <input type="checkbox"/> Family Reintegration: interventions aimed at promoting <i>sustainable reintegration</i> of children into their family from an alternative care setting (family based or non-family based/residential)
Type of Intervention	<input type="checkbox"/> Psychosocial support – promoting children’s development and relationships, increasing sense of normality and control <i>(Examples of these include: parenting courses, family coaching, mentoring, promotion of positive parent-child relationships, conflict resolution skills)</i> <input type="checkbox"/> Family support – preventing separation by assessing needs of child/family <i>(Examples of these include: day care provision, referral to services, specialized services, mediation and conciliation services, substance abuse treatment, and services for parents and children with disabilities)</i> <input type="checkbox"/> Family economic strengthening – increased household income to ensure better care for children. <i>(Examples of these include: boosting family income, building savings, relief assistance, loans for income generating activities, skills training, social assistance, free services for poor families)</i> <input type="checkbox"/> Policy and Legal Advocacy <i>(Examples of these include: legal initiatives and policy work concerning family strengthening, such as promoting special guardianship, standards and guidelines)</i>
Short description of the intervention (max. 2000 words)	
Objective	
Target group	
Location/ context	
Activities (short descriptions of the activities that are part of the intervention; max 2000 words)	
1. EFFECTIVITY	

1.1 Results (max. 2000 words)	
<p>How many children/families benefited? DIRECTLY: INDIRECTLY:</p> <p>Was the intervention evaluated?</p> <p>Short term /Long term impact ON PREVENTING SEPERATION: ON FAMILY INTEGRATION: OTHER? Experience</p>	
1.2 Duration / Timeline (how long did the intervention take, from inception to finalization?)	
2. EFFICIENCY	
2.1 Necessary resources	
<p>AREA Specialists</p> <p>Tools</p> <p>Premises</p> <p>Actions</p>	
2.2 Cost Estimation	
<p>Staff costs</p> <p>Overhead (support staff & other organizational costs, such as travel costs, rent, taxes, etc.)</p> <p>Other material costs (such as financial support to families, costs of tuition fees for children, clothing or other material costs for beneficiaries, etc.)</p> <p>Any other costs</p> <p>Total costs</p>	
2.3 Cost-effectivity factor	
No. of children/families supported <(divided by)> Total costs	

3. SUSTAINABILITY		
3.1 Funding		
3.2 Involvement of community members, local service providers (social and health workers), etc.		
3.3 Replicability (conditions)		
3.4 Assessment		
	Strengths	Areas for concern
Reference for resources		
Reference for technical expertise		
Reviewed By:	Name + position:	Date: