



Hope & Homes for Children

# **Preventing the separation of children from their families in Bosnia and Herzegovina**

April 2012

Review of Hope and Homes for Children ACTIVE Family  
Support programme in Bosnia and Herzegovina 2003 – 2010

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## Editors

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# Executive summary

## Introduction

The right of every child to grow up in a family is guaranteed by the UN Convention on the Rights of the Child (CRC). When parents are prevented from providing for their children, governments are responsible for providing support services and assistance to parents to ensure that children are not exposed to threats to their normal development. Lack of action can lead to children's lives coming under serious threat and children often end up being separated from their families and placed in institutions.

Parents and carers facing complex challenges often do not have the knowledge or the confidence to seek support, advice or consultation. Many fear they will be judged and that it could increase their risk of being separated from their children. Many face poverty, social exclusion, disabilities, lack of support services in their communities and the inability to maintain employment while being single parents. As a result, it is the child who suffers.

Systematic recourse to institutional care is a reality in large parts of Central and Eastern Europe. Bosnia and Herzegovina (BiH) is no exception. Institutions, set up to allow the state to provide support, became a "one size fits all" solution to all the issues parents and children face. Institutionalisation is a reflection of the gradual erosion of the social role of the family, the judgemental attitude of professionals towards families facing complex challenges and the belief that the state can do a better job.

Institutions are terrible places for children to grow up in. Today there is consensus that institutional care is simply not compatible with a human rights-based approach, it does not serve the best interest of the child and does not recognise the unique needs of individuals. Moreover, it does not include parents and communities; on the contrary it builds barriers and leads to isolation and stigma.

Without a loving family environment, adult role models and strong, healthy attachments, children's intellectual and emotional development is delayed, as is their physical and neurological development. Those that spend most of their lives in institutions and leave as young adults have limited life or social skills. Many suffer from a lack of cultural and personal identity.

For babies and children under the age of three, even a short amount of time in an institution causes lasting psychological damage. Studies show that every three months a child under three spends in an institution stunts their growth by a month. If a baby living in an institution is placed in a loving family environment before they are six months old, they are more likely to recover from the damage caused by institutional life and to catch up on their physical and intellectual development. After six months, most babies and toddlers are at risk of never recovering completely.

## ACTIVE Family Support

Hope and Homes for Children specialises in deinstitutionalisation, the process of reforming childcare systems and moving from institutional to community-based care. The two essential components are dismantling large scale institutions by developing family-based care and developing community-based services to support children and parents at risk in a timely and sustainable fashion.

This report details the development and outcomes of ACTIVE Family Support, a model of intervention aimed at identifying and supporting children at risk of being separated from their parents and preventing their institutionalisation. The approach is an integral part of our deinstitutionalisation model.

Hope and Homes for Children has been implementing ACTIVE Family Support in Sarajevo Canton in BiH since 2003. The programme consists of two elements: the prevention of separation of children from their parents as the primary focus, and the reintegration of separated children from institutions back into their biological families.

This unique and holistic programme is tailored to the individual needs of each child and family and it is built on the following core values: partnership, respect, inclusion, sustainability and the best interest of the child.

Families who are referred to Hope and Homes for Children are helped 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 length of the support depends on the individual situation but is designed to achieve sustainable change whilst avoiding the family becoming dependent on Hope and Homes for Children's support. It focuses on the family's strengths as well as its challenges. The average duration of support is seven months, during which time a family is usually visited 18 times by a social worker and six to 18 times by an educationalist (a pedagogue or psychologist). Families also receive support in the form of essential supplies such as children's clothes, nappies and household equipment such as water heaters or kitchen utensils.

## Major findings

During the period 2003 to 2010, the programme supported 878 people (499 children and 379 adults) from 255 families. The key learning and significant outcomes are:

- The main risk factors of children's separation from their parents in BiH are poverty, unemployment, having three or more children in the family, insecure housing and single-parent families
- We were successful in preventing the separation of children from their families in 98% of cases
- Children's lives improved in all six wellbeing domains
- 88% of families maintained their progress in the year following the end of our support, highlighting the effectiveness of the time-bound approach
- 82% of children left institutions and were successfully reintegrated into their biological families; 14% left large institutions to live with foster families

## Return on investment

The programme also demonstrated a significant return on investment. The cost of the ACTIVE Family Support Programme from 2003-2010 was €441,560, an average total of €921 per child. This includes the costs of staff salaries and overheads, as well as direct support to children and their families.

We estimated that 32% of the children would have been placed in an institution had they not accessed ACTIVE Family Support. The total cost of institutional placements for these children would have been approximately €4,123,250. The amount that would have been incurred by the government in the absence of ACTIVE Family Support would therefore have been 9.33 times greater than the total cost of implementing the ACTIVE Family Support programme. Thus every Euro invested provided a return of €9.33.

## Key recommendations

The ACTIVE Family Support model has proven to be effective in improving children's wellbeing, preventing their separation from their parents, and enabling them to return to their biological families. It also delivers a significant return on investment. The ACTIVE Family Support model is scalable; it can be used effectively on a small scale by different organisations, as in the BiH case so far, or it can be embedded in policy and made available on a much larger scale.

The ACTIVE Family Support model of intervention challenges common professional attitudes on dealing with families at risk. It is cross-departmental and cross-agency in providing support and proves that changed attitudes and mentalities can achieve more, even with limited resources. These core values were reflected in all actions:

- Partnership - Professionals working in different agencies dealing with children can achieve greater results working together and pooling their skills and resources. Partnerships with children and their families develop stronger relationships and yield results in a shorter time
- Respect - Parents overcoming challenges have a great deal of strengths and resources, which can be capitalised on with minimum support
- Inclusion - segregation in institutional care infringes upon the rights of children with intellectual or developmental disabilities to participate and the duty of society to accept the child
- Sustainability - Institutional care is not sustainable and leads to loss of potential and long-term dependency on the welfare system. Investment in early intervention and prevention of separation is cost-effective and efficient

- Best interest of the child – the best interest of children must be the primary concern in making decisions that may affect them

We recommend that the ACTIVE Family Support model be integrated into BiH's child welfare system and that it be implemented throughout the country. This would enable many more children to remain with or return to their biological families and would be an essential element in deinstitutionalising the country's child care system.

To embed the model into policy in BiH, a commitment to deinstitutionalisation and prevention of children's separation needs to be translated into:

- Developing a functional collaborative gatekeeping system, where Social Work Centres coordinate multi-agency interventions to prevent children's separation and provide assistance to families at risk
- Developing capacity within the Social Work Centres and other institutions dealing with children and families, most importantly health care providers and schools
- Developing strong partnerships with civil society, communities and NGOs and a commitment to working together to assist families and children
- Providing funds to resource timely interventions to support families at risk and incentives to reduce the reliance on institutional care
- Developing appropriate community-based services and strengthening existing services.
- Developing a strong monitoring and evaluation system to track outcomes and results and inform the future development of community-based services

## 1.0 Overview of Hope and Homes for Children

Hope and Homes for Children is a UK registered charity working in Central and Eastern Europe and Africa.

Hope and Homes for Children is an international charity working to ensure that all children have the chance to grow up in the love of a family. We are leading experts in closing children's institutions and reforming childcare systems.

We work with children, their families, communities and governments to ensure that children grow up in an environment where they have the opportunity to fulfil their potential. It moves children out of institutions into family-based care, helps to hold together families at risk of breakdown due to the pressures of poverty, disease or conflict, and works to prevent child abandonment.

Hope and Homes for Children has been working in BiH since 1994. Through its programmes, and in close cooperation with state authorities at all levels, it endeavours to promote best practice in child protection and to influence policy reform with a focus

on deinstitutionalisation - the process of replacing residential care in large institutions with a whole range of alternative services designed to match children's needs and enable them to realise their rights. Deinstitutionalisation emphasises the importance of all children being brought up in a family and includes prevention of separation as a key component.

Hope and Homes for Children in BiH aims to lead the process of reforming the national child care system by focusing on the following four areas:

1. Developing and implementing national strategies to deinstitutionalise the child care system
2. Preventing family separation and developing alternative services for children without parental care
3. Advocacy and capacity building
4. Supporting the reform of child care systems in neighbouring countries

## 2.0 An introduction to ACTIVE Family Support as a model of intervention

ACTIVE Family Support has been developed by Hope and Homes for Children based on almost 20 years of practical experience working with children, families and local service providers. It is an adaptable good practice framework that is used to design appropriate interventions and services for vulnerable children and families. Its primary objective is to keep families together and children out of institutions.

The ACTIVE Family Support model incorporates simple research methods, guidance for project and programme design, policy development and advocacy activities and techniques for monitoring implementation and impact. It provides a clear path to a successful outcome for implementing agencies and international donors working in challenging environments.

### ACTIVE means:

- **Appropriate:** All projects take into account local cultural context and the socio-political climate
- **Community:** All projects work with formal (e.g. social workers) and non-formal actors
- **Targeted:** All projects are tailored to each family's specific needs
- **Independence:** All projects are developed so that families are working towards becoming self-sufficient
- **Value:** These programmes are proven to offer better value for money than interventions such as the institutionalisation of children
- **Effective:** Evidence shows that this approach has kept children who would otherwise have been institutionalised with their families, while improving their wellbeing

ACTIVE Family Support helps parents to care for their children and give them the best possible start in life. It targets extremely vulnerable populations, often left out or under serviced by agencies and/or government services: orphaned children living with their siblings without an adult carer, marginalised and at a very high risk of abuse and neglect and children living with their adult carers, in declining living conditions, extreme poverty and isolation. Without appropriate support these children are at risk of being separated from their carers and communities and their chance to fulfil their potential is greatly reduced.

Hope and Homes for Children does not view children in isolation but in connection with their main carers, immediate and extended family and the wider community. Interventions are designed to deliver improvements for the whole family unit in a series of different wellbeing domains, including living conditions, family and social relationships, physical and mental health, education and income.

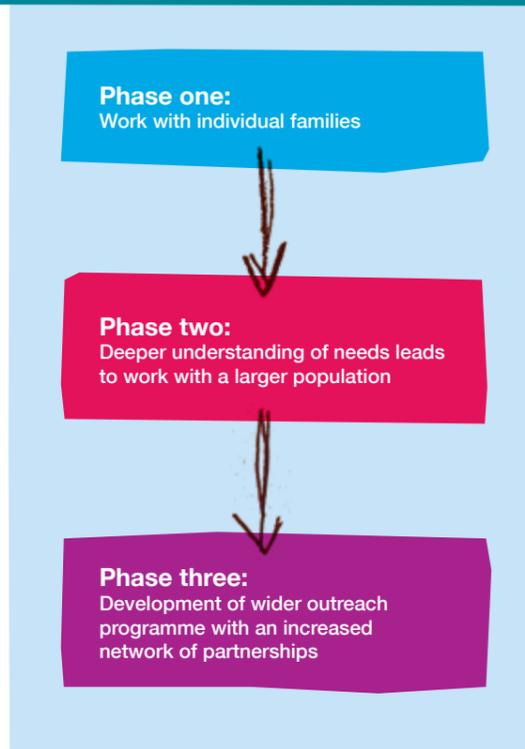
Hope and Homes for Children believes that by supporting children and their families holistically across all wellbeing domains and working with the wider community it achieves a long lasting difference in children's lives and influences attitudes towards disfavoured groups and orphaned children. ACTIVE Family Support is an essential component of Hope and Homes for Children's deinstitutionalisation programme (a range of activities that work towards closing institutions) because demand for institutions is reduced when families are supported to stay together.

## 3.0 Programme Development

The ACTIVE Family Support programme in BiH developed in a number of phases. It began with a small scale project to reintegrate a number of institutionalised children into their biological families, in partnership with local authorities and staff at a Sarajevo state institution.

An analysis of the most common reasons for institutionalising children provided us with a deeper understanding of the needs of families at risk. The full ACTIVE Family Support programme was launched in 2003, in cooperation with the Cantonal Centre for Work in Sarajevo, focused on preventing the separation of children from their parents whilst maintaining a small reintegration component.

As the programme developed, we identified the need to bring in additional community resources to address the complex needs families were facing. The programme developed a wider outreach as new partnerships were developed with a number of local schools, health services, employment agencies and NGO's. These organisations refer individual children and families to the programme and also offer support within the programme in their respective areas of expertise.



## 4.0 Programme Structure

The ACTIVE Family Support programme in BiH consists of two components:

1. The prevention of separation of children from their biological families
2. The reintegration of separated children into their biological families

### Referrals

Families are referred to the programme<sup>1</sup> by municipal Centres for Social Work (CSW), schools, health centres and other governmental and non-governmental organisations. The decision to accept a family into the programme is based on the judgement of a multi-disciplinary team of professionals which assesses every referral against the following criteria:

- Families experiencing poverty
- Families experiencing unemployment
- Families with three or more children
- Families with insecure housing situation
- Families where parents and/or children have health problems or special needs
- Single-parent families
- Families in which a children are abused and neglected
- Families with children already placed in an institution

These criteria are based on the risk factors we identified in analysing the causes of institutionalisation of children in BiH.

### Family assessment

The first step in offering support involves a comprehensive assessment of the family itself, its current situation, strengths, potential and needs<sup>2</sup>. This assessment is holistic and covers the following six wellbeing domains:

- Living conditions
- Family and social relationships
- Behaviour
- Physical and mental health
- Education
- Employment and household economy

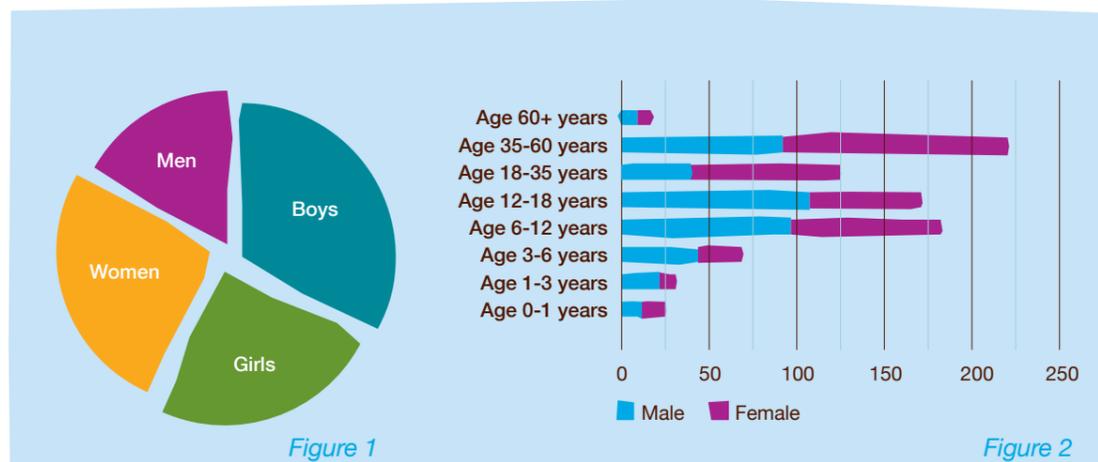
### Support plan

Having obtained as full a picture as possible of the family's situation, strengths and needs, a plan is developed on how best to build on these. This is done in collaboration with the family and representatives of all the agencies working with the family. The plan is recorded (using a form, Annex 11.3) which includes specific aims with agreed timeframes and the roles of all involved.

The plan is reviewed after three months<sup>3</sup> to assess the progress made and to plan the next period. Work with a family is concluded when the family is able to function independently of our support<sup>4</sup>.

<sup>1</sup> Referral form in Annex 11.1  
<sup>2</sup> Assessment form in Annex 11.2

<sup>3</sup> Review form in Annex 11.4  
<sup>4</sup> Results summarised using the form in Annex 11.5



## 5.0 Beneficiaries

### 5.1 Beneficiary group

The BiH ACTIVE Family Support programme supports families at risk of being separated from their children, using the criteria listed in the previous section, and families that could realistically reintegrate institutionalised children into their biological families.

### 5.2 Number of beneficiaries

From launching the programme in 2003 to September 2010, the programme has supported 878 individuals, including 499 children from 255 families.

### 5.3 Gender of beneficiaries

Amongst the children, more boys (290) than girls (209) were supported, whereas amongst the adults, more women (234) than men (145) were supported.

Figure 1: Gender structure

### 5.4 Age of beneficiaries

Figure 1 and 2 provides an overview of the beneficiaries by age and gender. Most of the beneficiaries were children (499), however a considerable number were adults (379), who played significant roles in the lives of the children e.g. parents, older siblings and other relatives living in the household.

Figure 2: Beneficiaries by age and gender

Most of the children (183) were of primary school age (6-12 years old), and a significant number were adolescents (172). The number of pre-school children (aged 3-6 years) (69) was considerably smaller as was the number of those in early childhood (32) and

infancy (25). Most of the adults were aged 35-60 years (221), with a smaller number of younger adults (126), and very few older than 60 (17).

The statistics for gender and age show that the 'typical' family in the programme consists of a single mother with primary school age sons.

### 5.5 Education level of adult beneficiaries

A considerable number of the adult beneficiaries had not completed primary school (57), but most had completed either primary school (121) or secondary school (141). A small number (10) had completed higher education.

Figure 3: Education level of adult beneficiaries

### 5.6 Place of residence

Most families supported lived in urban areas while a small number (67) lived in villages near the urban centres.

### 5.7 Risk factors for separation of children from their parents

In 2006, we assessed 154 children in two institutions for children without parental care in the city of Zenica. This was the first assessment of its kind in BiH, with a detailed evaluation of all the available information on children and their families. As well as analysing existing written documentation relating to each child, we interviewed children, their biological families and professionals from the institutions and

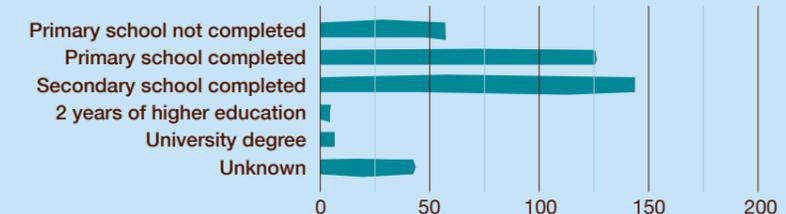


Figure 3

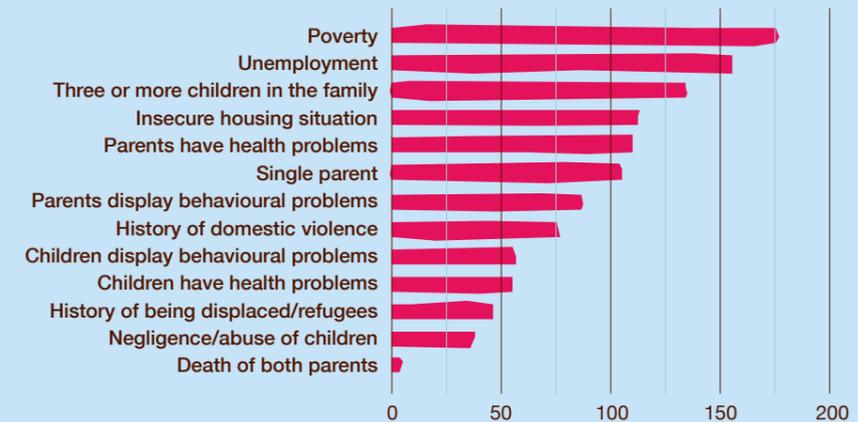


Figure 4

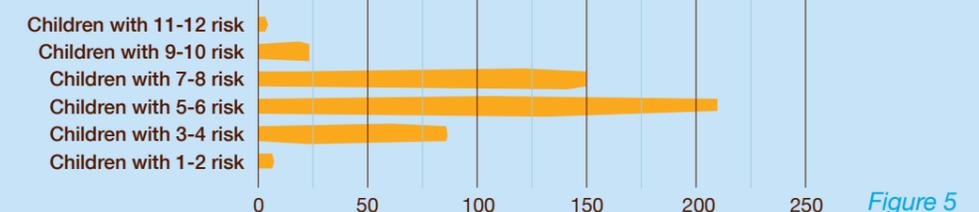


Figure 5

Centres for Social Work. Based on this data, we were able to identify the most common factors that were present in families in the lead up to their children being placed in institutions. These same factors were also found to be prevalent in the families involved in the ACTIVE Family Support programme, as shown in the above graph (Figure 4). These can cautiously be identified as the key risk factors for the separation of children from their families in BiH.

Figure 4: Frequency of risk factors in families

The most common risk factors in families involved in ACTIVE Family Support are poverty, unemployment, large number of children in a family, insecure housing, parents' illness and single-parent families. Clusters of risk factors were also identified.

The most significant cluster of risk factors, present in more than 50% of the families involved in ACTIVE Family Support,

comprised single-parent families with three or more children, experiencing poverty, unemployment, and insecure housing.

Not surprisingly, the presence of certain risk factors directly correlates with the nature of the referring agency. Thus families referred by a social work centre often faced poverty, unemployment and insecure housing. Families referred by a health centre usually presented with health issues. Families referred by primary schools usually presented with children's behavioural problems. Families referred by a women's refuge usually faced domestic violence and other forms of parental behavioural problems.

Figure 5: Number of risk factors per child

The distribution of risk factors follows an approximate normal distribution, with the largest number of children experiencing five to six risk factors.

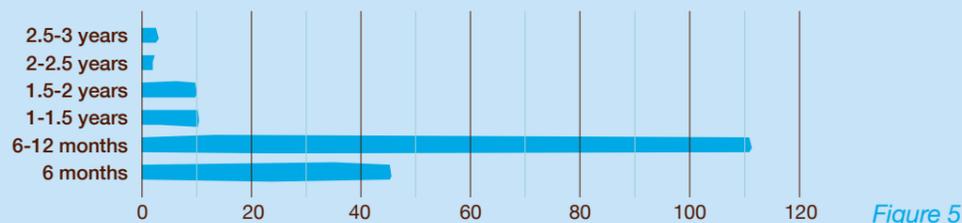


Figure 5

## 6.0 Working with Families

### 6.1 The team

The programme team initially consisted of social workers, but it quickly became evident that a multi-disciplinary approach was required to effectively address families' needs. From 2006, educators (pedagogues, psychologists and teachers) joined the team.

The team members, supervised and supported by a coordinator, participate in ongoing internal and external education and training according to their individual interests and the requirements of the programme.

### 6.2 Duration of work with families

The duration of our work with families is relative to their specific situation and needs. The average duration evolved as the programme developed, from several months or even years at the start, to seven months. We have found that a shorter, targeted and time-bound period of support is more effective in achieving sustainable change and avoiding the family becoming dependent on our support.

Figure 6: Duration of work with families

### 6.3 Frequency of visits to families

The number of family visits depends on the family's specific needs. On average, they are visited at least weekly in the first three months and at least every two weeks in the following four months. During the course of a seven-month period, families received an average of 18 visits from an educator and six to 18 visits from a social worker. A typical visit lasts from 60 to 90 minutes. Social workers and educators visited families either separately or together. Visits, as far as possible, included professionals from the agency that referred them.

### 6.4 Interventions

The interventions offered to families depend on their situation and needs, and are defined in a support plan reviewed at least every three months. Interventions aim to meet the current needs of the family and to build on the family's strengths and potential. All interventions are planned with the family and the professionals from all the involved agencies. We believe in working with families rather than for families, so family members are encouraged to be actively involved and to take responsibility for interventions wherever possible, with support where necessary. Table 1, *Interventions within the six wellbeing domains*, lists some of the specific interventions within the six wellbeing domains.

## Interventions within the six wellbeing domains

### LIVING CONDITIONS

- Assistance in finding adequate and secure housing
- House repairs
- Assistance in accessing electricity and running water
- Purchase of furniture, household appliances and equipment
- Transportation of furniture/household appliances
- Payment of rent for a short period
- Payment of household bills for a short period
- Purchase of firewood
- Purchase of food and other household supplies for a short period

### FAMILY AND SOCIAL RELATIONSHIPS

- Help to establish or improve contact with relatives
- Help to develop support network within local community
- Referral to community programmes

### BEHAVIOUR

- Support to develop social skills and to understand socially acceptable behaviour
- Support to change behaviour regarding abuse/misuse of substances
- Support to deal with domestic violence
- Referral to other organisations

### PHYSICAL AND MENTAL HEALTH

- Support to access primary health care services
- Support to access specialised medical services
- Access to family planning and counselling
- Support to access medical insurance
- Assistance in purchase of medicines

### EDUCATION

- Purchase of school supplies
- Purchase of educational toys
- Direct educational support to children or referral to organisations providing educational support
- Involvement of children in extra-curricular activities
- Access funding for children's transport to school
- Access funding for nursery/pre-school placement
- Access funding for adult education

### EMPLOYMENT AND HOUSHOLD ECONOMY

- Support to access state benefits
- Assistance to understand budgeting and saving
- Support to increase household income
- Assistance in obtaining employment
- Assistance in obtaining necessary documents

Table 1

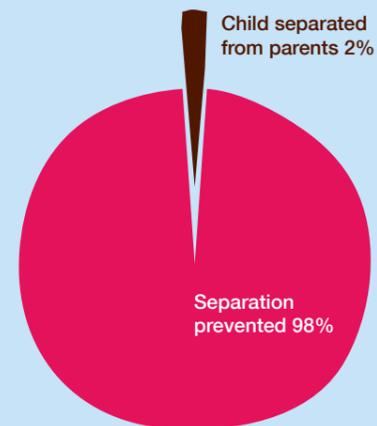
## 7.0 Results

### 7.1 Preventing children being separated from their parents

The key aim of our prevention work is to enable children to remain with their biological families, in a safe and nurturing environment. Separation was successfully prevented in 98% of cases.

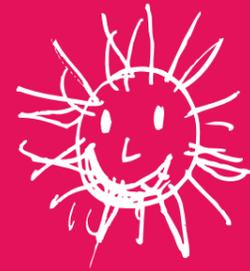
*Figure 7: Preventing children being separated from their parents*

Preventing the separation of children from their parents requires removing or reducing the main risk factors and strengthening the protective ones. To achieve this, we developed a tool to assess the presence of both risk and protective factors in a child's living conditions<sup>5</sup> which we piloted in 2008. The tool covers the six wellbeing domains, provides a baseline when starting to work with a family and is repeated periodically to measure change and the sustainability of the progress made. Of the 26 children assessed in the pilot phase, the effect of the key risk factors were reduced after intervention in 19 cases (73%) and the protective factors were strengthened in 14 cases (54%). The tool was further developed and is now used with every family in the programme.



*Figure 7*

<sup>5</sup> See Annex 10.6



## Case study one

Dino (8) and Denis (7) live with their parents in a hut consisting of a hallway, bathroom and another room. When we started working with the family, their home was unclean and posed a serious health risk to the children. The father was not living at home as he was temporarily working abroad. The family's income, consisting of money occasionally earned by the father plus child benefit from the government, was often insufficient to cover even the bare essentials.

There was a history of violence in the family, as well as alcohol abuse and frequent conflict with neighbours. The mother suffered from psychological problems, which often affected her behaviour. These problems created a very significant risk that the children would be separated from their parents and placed in an institution. However, after assessing the family we found that there was a strong bond between the children and their parents and this, together with the mother's warmth and care for her children, provided a strong basis to work at keeping the family together.

We provided the family with intensive support for nine months. Our initial support, which included purchasing food, paying electricity debts, providing a washing machine and buying materials to paint the home were aimed at supporting the family to get through the immediate crisis. Long-term support involved having the father access a disability allowance, referring the family to an organisation that could provide food and clothing during difficult periods, securing long-term funding to cover the boys' school supplies and providing the parents with advice and counselling to improve their relationship. The parents learned to focus on their strengths, to solve their problems as they arose, to focus on their children's needs and to keep their home clean. The family was soon able to function well and the boys could stay with their parents who were now providing them with a safe and nurturing environment.

Despite all efforts, there are cases where it is not possible to avoid children being separated from their families.



## Case study two

Azra and Haris were the parents of four primary-school aged children - Amel, twins Sabina and Sanel, and their youngest son Amin.

Haris suffers from a severe mental illness and is unable to work or care for his children or himself. Azra was appointed as Haris' legal guardian and carried a heavy responsibility for caring and providing for her husband and their four children with very little support from either her own or Haris' family.

In 2006, Azra was diagnosed with cervical cancer which, despite treatment, eventually spread throughout her body. By early 2008, no medical options remained and Azra and her family were referred to our ACTIVE Family Support programme.

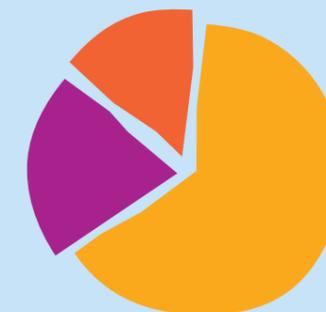
Our support focused on helping the family to make the most of Azra's remaining time and to prepare for her eventual death. Her greatest concern was the future of her children when she died, as Haris was not capable of caring for them. All the family members – parents and children – were adamant that the children should stay together and that they should not be placed in an institution. Despite his illness, Haris had a strong bond with his children and they all expressed a wish to remain together.

Our team, together with the family and the Centre for Social Work, explored various options to provide care for Haris and the children.

At the family's request, we arranged for Azra to spend her final days in a hospice where she passed away in September 2008. Meanwhile Azra's sister, Munevera, agreed to move into the family home and care for Haris and the children on a trial basis. We provided intensive support to the family during the weeks following Azra's death but unfortunately after two months, Munevera felt unable to continue to care for the family. Haris' sister agreed to care for him but did not feel able to take on the care of the children as well.

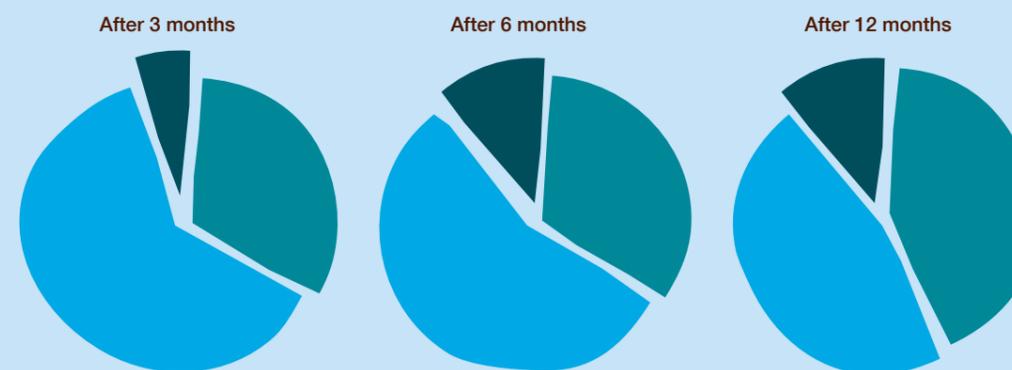
As there were no other extended family members willing or able to offer support, we and the Centre for Social Work looked for a suitable foster family for the children. None were able to offer a home to all four children, so the children decided that they would rather be placed in an institution together than in separate foster families.

The children were placed together in a children's village and visit their father during their school holidays.



Progress not maintained  
Progress partially maintained  
Progress fully maintained

Figure 8



Situation further improved  
Progress maintained  
Situation deteriorated

Figure 9

## 7.2 Sustainability of progress made by families

Progress made by families is first assessed formally at the support plan review meeting after three months of work. After a further three months, a second review assesses whether the progress achieved in the first three months is being maintained. Figure 8 shows that progress was fully maintained in 65% of cases and at least partially maintained in a further 20% of cases.

Figure 8: Sustainability of progress made in the first three months of work

Since 2006, the sustainability of progress made by families has also been assessed longer-term through carrying out monitoring visits to families three, six and twelve months after work with the family has been completed.

Three months after case closure, 94% of families had maintained or even further improved their situation across the six wellbeing domains. Twelve months after case closure, 88% of families had maintained or further improved their situation.

Figure 9: Family situation 3, 6 and 12 months following case closure

These figures suggest that our targeted time-bound approach to supporting families is effective in enabling families to make sustainable improvements in their living situations.

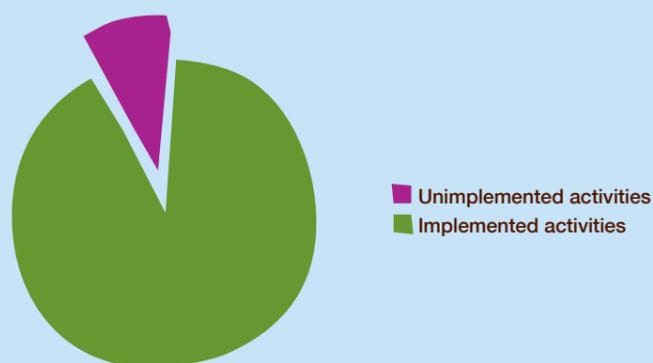


Figure 10

### 7.3 Active participation of families and all partners

Two key aims of ACTIVE Family Support are to facilitate families to take an active role in meeting their own needs and to encourage cooperation between different organisations. The success of the programme in achieving these aims is represented by the percentage of planned activities that are actually implemented. Activities are agreed when the support plan is developed and are monitored and amended at each review meeting. Family members, Hope and

Homes for Children BiH and other partners take responsibility for different activities and the percentage of activities that are actually then implemented indicates the level of participation of each actor. The ratio between implemented and unimplemented activities presented in the graph (Figure 10) shows that 91% of planned activities were successfully implemented.

Figure 10: Implemented and unimplemented activities

### 7.4 Reintegration and fostering

The ACTIVE Family Support programme also includes institutionalised children in cases where the children could return to live with their biological families (reintegration).

Eighteen children were successfully reintegrated into their biological families whilst a further three were moved from institutions to foster families.



## Case study three

Mubera has five children, Samira (12), Amar (11), Elma (9), Amir (6) and Medina (5). Mubera's partner, Rifat, is Amir and Medina's biological father. The biological father of the three older children was killed during the war in BiH. The family faced many challenges – they used to live in Mubera's family home but the home ownership was disputed and they had to move out. They had no regular income and the situation deteriorated when Rifat left to serve a prison sentence. The whole situation had an adverse effect on Mubera's mental health and she felt unable to cope with all her parental responsibilities. As a result she asked the local centre for social work to place the children in an institution. From the very beginning, Mubera was adamant that the placement would be temporary until she was strong enough to take care of the children again and until she was able to provide for them.

The children went on to spend three years in the institution. Mubera visited her children regularly and Rifat joined her when he completed his prison sentence. Seeing how regularly Mubera and Rifat visited the children, and how strong the

bond between them was, we were asked by the family's social worker to support the children's return to their parents. This involved practical support such as helping the family find suitable housing, buying basic household appliances and helping Rifet find employment. Most importantly, it involved helping the family members strengthen their relationships with one another and prepare for the children's return.

After a period of preparation, the children returned to live with their parents. We continued to provide them with support and to monitor their situation for several months after the move. The children quickly adapted to family life, settled into their new school, and made new friends at school and in the neighbourhood.

Today, six years after their return home, the family is stable and financially independent. The children are very attached to their mother, and Rifet does not differentiate between his biological children and Mubera's children from her first marriage. The children all attend school regularly, are achieving very good results and the school describes their behaviour as exemplary.

For some children, reintegration into their biological family was not possible, at least in the short-term. In these cases, we promoted and supported their placement in foster families.

## 8.0 Outcomes for Children

The programme delivered significant outcomes for children in the following areas:

### Living conditions

- 24% of children benefited from the family obtaining secure housing
- 55% of children benefited from a significant improvement in the quality of their living conditions
- 37% of children were able to enjoy having their own personal space (their own room or part of a room) within the home for the first time

### Family and social relationships

- 27% of children improved their relationships with their parents
- 22% of children improved their relationships with their siblings

### Behaviour

- 29% of children improved their social skills and as a result were able to interact more positively with their peers
- 25% of children benefited from their parents improving their parenting skills

### Physical and mental health

- 3% of children obtained health insurance and thus access to health services<sup>6</sup>

### Education

- 21% of pre-school aged children were able to attend a pre-school programme for the first time<sup>7</sup>
- 28% of children felt more positive and confident about school and school work

### Employment and household economy

- 38% of children benefited from an improvement in their families' financial situation
- 14% of children accessed benefits such as child benefit and invalidity allowance

## 9.0 Return on Investment

The ACTIVE Family Support approach not only provides far better outcomes for children than institutional placement but also delivers a significant social return on investment.

From 2003-2010 the total cost of the ACTIVE Family Support Programme was €441,560 which represents an average total of €921 per child. This includes the costs of staff salaries and overheads as well as direct support to children and their families.

Hope and Homes for Children BiH estimated that 32% of the children would have been placed in an institution during the same year if they had not accessed ACTIVE Family Support. This estimate is based on the expert opinion of the multi-disciplinary team of professionals that worked directly with each child and family and was judged on a case-by-case basis.

The total cost of institutional placements for these children would have been approximately €4,123,250. This calculation

is based on the average duration of institutional placements for children without parental care in the Federation of BiH<sup>8</sup> and the monthly total cost of placement per child in Sarajevo's state children's institution<sup>9</sup>.

It can be seen, therefore, that by focusing on just one aspect of the total impact of ACTIVE Family Support – that of directly preventing children from being separated from their families and placed in institutions – a significant return on investment has been achieved. The total cost of institutional placements that would have been incurred by the government in the absence of ACTIVE Family Support would have been 9.3 times greater than the total cost of implementing the ACTIVE Family Support programme. In other words, for every Euro invested, there was a return of €9.33.

Clearly, if financial values were attached to all the results of the programmes, the social return on investment would be even greater.

<sup>6</sup> Note: the remaining 97% of children already had health insurance. Therefore HHC BiH ensured that 100% of children had health insurance.

<sup>7</sup> According to UNICEF BiH statistics, published on their website, only 6% of pre-school aged children in BiH access any form of pre-school programme.

<sup>8</sup> Average duration of institutional placements in the Federation of BiH is 39 months, based on data contained in the 2010 Situation Analysis of the Protection of Children Deprived of Parental Care in FBiH and implementation of the Policy for Protection of Children Deprived of Parental Care and Families at Risk of Separation in FBiH 2006-2016 (Ministry of Labour and Social Politics FBiH).

<sup>9</sup> Data from official budget of institution published on the website of Sarajevo Canton Government.

## 10.0 Conclusions and Recommendations

The ACTIVE Family Support model has proved to be effective in preventing the separation of children from their parents and reintegrating children back into their biological families in the BiH context. It also delivers a significant return on investment.

Features of the ACTIVE Family Support model include:

- A holistic approach covering six wellbeing domains
- A comprehensive assessment of the family situation at the beginning which enables identification of the strengths and needs of all of its members and provides the basis for planning interventions
- Targeted time bound support aimed at enabling families to build on their strengths and address their challenges in order to be able to provide their children with a safe and nurturing environment in the long term
- Interventions, which are planned and agreed with the family, are realistic and clearly defined with specified timelines. These interventions are recorded in a support plan which is regularly reviewed
- Family members are treated as active participants in the whole process rather than as passive recipients
- Professionals work with children and their families in their own homes
- A multi-disciplinary approach and the active involvement of all relevant people and agencies enables full range of needs to be addressed effectively

The ACTIVE Family Support model is an approach that can be used effectively on a small scale by different organisations, as in the BiH case so far, or it can be embedded in policy and made available on a much larger scale.

HHC BiH recommends that the ACTIVE Family Support model be integrated into BiH's child welfare system and implemented throughout the country. This would enable many children to stay with/return to their biological families and is an essential part of de-institutionalising the child protection system. In order for the model to be embedded into policy in BiH commitment to deinstitutionalisation and prevention of children's separation needs to be translated into:

- The development of a functional collaborative gatekeeping system, where Social Work Centres coordinate multi-agency interventions to prevent children's separation and provide assistance to families at risk
- The development of capacity within the Social Work Centres and other institutions dealing with children and families, most importantly health care providers and schools
- The development of strong partnerships with civil society, communities and NGOs and commitment to working together to assist families and children
- Funding made available to resource timely interventions to support families at risk and incentives to reduce the reliance on institutional care
- The development of appropriate community based services and the strengthening of existing services
- The development of a strong monitoring and evaluation system to track outcomes and results and inform future development of community based services

## Annexes

11.1 Referral form

11.2 Family Assessment form

11.3 Family Support Plan form

11.4 Family Support Plan Review form

11.5 Case Closure form

11.6 Form for Assessment of the Child's Living Conditions

## 11.1 Referral form

APPLICANT				DATE	
FORM FILLED IN BY		POSITION		Tel	
FAMILY		ADDRESS		Tel	
Family MEMBERS	RELATIONSHIP to the child	DATE OF BIRTH	ATTENDS SCHOOL YES   NO	GRADE	Comment
<b>1 LIVING CONDITIONS</b>				WHAT DOES REFERRING AGENCY EXPECT FROM HHC	
<b>2 FAMILY AND SOCIAL RELATIONSHIPS</b>				WHAT DOES REFERRING AGENCY EXPECT FROM HHC	
<b>3 BEHAVIOUR</b>				WHAT DOES REFERRING AGENCY EXPECT FROM HHC	
<b>4 PHYSICAL AND MENTAL HEALTH</b>				WHAT DOES REFERRING AGENCY EXPECT FROM HHC	
<b>5 EDUCATION</b>				WHAT DOES REFERRING AGENCY EXPECT FROM HHC	
<b>6 EMPLOYMENT AND HOUSEHOLD ECONOMY</b>				WHAT DOES REFERRING AGENCY EXPECT FROM HHC	
<b>OTHER RELEVANT INFORMATION</b>					

## 11.2 Family assessment form

FORM FILLED IN BY				
DATE				
SURNAME		ADDRESS		TEL
FAMILY MEMBERS	KINSHIP	DATE OF BIRTH	COMMENT	
<b>1 LIVING CONDITIONS</b>			NEEDS	
<i>Outcome – the family has adequate and safe living conditions consistent with the local standards, and access to amenities</i>				
			INTERVENTION PROPOSED	
<b>2 FAMILY AND SOCIAL RELATIONSHIPS</b>			NEEDS	
<i>Outcome – child lives in a stable family environment, has strong relationships with his/her siblings, adult guardian and relatives, and is integrated into his/her community</i>				
			INTERVENTION PROPOSED	
<b>3 BEHAVIOUR</b>			NEEDS	
<i>Outcome – child's behaviour is socially acceptable; the child lives in a family in which there is no abuse</i>				
			INTERVENTION PROPOSED	
<b>4 PHYSICAL AND MENTAL HEALTH</b>			NEEDS	
<i>Outcome – the child and the family have access to health services; all members of the family have health cover</i>				
			INTERVENTION PROPOSED	
<b>5 EDUCATION</b>			NEEDS	
<i>Outcome – the child has access to education appropriate to his/her age, wishes and abilities</i>				
			INTERVENTION PROPOSED	
<b>6 EMPLOYMENT AND HOUSEHOLD ECONOMY</b>			NEEDS	
<i>Outcome – the family is capable of meeting its basic needs</i>				
			INTERVENTION PROPOSED	

## 11.3 Family support plan form

DATE			
FAMILY	ADDRESS	Tel	
1 NAME AND SURNAME OF CHILDREN	PERSONAL IDENT. NO. OR DATE/PLACE OF BIRTH		
NAME AND SURNAME OF OTHER MEMBERS OF THE HOUSEHOLD	RELATIONSHIP TO THE CHILD	PERSONAL IDENT. NO. OR DATE/PLACE OF BIRTH	
2 PERSONS PRESENT DURING DEVELOPMENT OF THE SUPPORT PLAN CHILD	NAME AND SURNAME		
PARENTS			
FOSTER CARER			
CSW REPRESENTATIVES			
HHC REPRESENTATIVES			
OTHER			
3 OTHER IMPORTANT INFORMATION			
4 WERE THE CHILD AND FAMILY KNOWN TO THE CSW PREVIOUSLY?	YES	NO	
<i>If YES, state reason and indicate the form of previous support (placement in an institution, foster placement, guardianship, professional and material support)</i>			
5 OBJECTIVES – FOCUSED ON THE NEEDS AND BEST INTEREST OF THE CHILD			
6 ACTIVITIES PERSON RESPONSIBLE AND DEADLINES FOR THE PLAN IMPLEMENTATION			
ACTIVITIES	DEADLINE FOR IMPLEMENTATION	PERSON RESPONSIBLE	
7 REASONS FOR NOT CONSULTING ANY OF THE RELEVANT PERSONS OR FOR THE PERSON'S DISAGREEMENT WITH THE SUPPORT PLAN			
8 START DATE AND ANTICIPATED DURATION OF SUPPORT			
9 DATE OF REVIEW			

## 11.4 Family support plan review form

DATE	REVIEW No.		
FAMILY	ADDRESS	Tel	
1 NAME AND SURNAME OF CHILDREN	PERSONAL IDENT. NO. OR DATE/PLACE OF BIRTH		
NAME AND SURNAME OF OTHER MEMBERS OF THE HOUSEHOLD	RELATIONSHIP TO THE CHILD	PERSONAL IDENT. NO. OR DATE/PLACE OF BIRTH	
2 PERSONS PRESENT DURING DEVELOPMENT OF SUPPORT PLAN REVIEW CHILD	NAME AND SURNAME		
PARENTS			
FOSTER CARER			
RELATIVES			
CSW REPRESENTATIVES			
HHC REPRESENTATIVES			
OTHER			
3 DATE OF SUPPORT PLAN			Comment
4 CHANGES RELATING TO THE SUPPORT PLAN <i>(Address, telephone, number of family members and other important changes – placement of child in a foster family, other institution, etc.)</i>			
5 NUMBER OF VISITS AND CONTACTS TO THE FAMILY BY HHC BIH PROFESSIONALS SINCE SUPPORT PLAN DEVELOPED/LAST REVIEWED			
6 PROGRESS ACHIEVED SINCE THE SUPPORT PLAN WAS DEVELOPED/LAST REVIEWED			
7 COMMENTS AND CONCLUSION			
8 PLAN FOR FURTHER ACTIVITIES AND KEY TASKS			
ACTIVITIES	DEADLINE FOR IMPLEMENTATION	PERSON RESPONSIBLE	
9 REASONS FOR NOT CONSULTING ANY OF THE RELEVANT PERSONS OR FOR THE PERSON'S DISAGREEMENT WITH THE PLAN			
10 ANTICIPATED DURATION OF FURTHER SUPPORT			
12 DATE OF THE NEXT REVIEW/CASE CLOSURE			

## 11.5 Case closure form

FAMILY	
DATE WHEN FAMILY ENTERED ACTIVE FAMILY SUPPORT PROGRAMME	
DATE OF THE FINAL VISIT <i>completion of the work with the family</i>	
1 REASON WHY FAMILY WAS ACCEPTED INTO ACTIVE FAMILY SUPPORT PROGRAMME	
2 INTERVENTIONS AND RESULTS	
VISITS AND CONTACTS WITH THE FAMILY BY HHC BiH PROFESSIONALS	
3 Name and job title of HHC BiH professional: Date of contact Telephone Visit	
3a TOTAL NUMBER OF VISITS	
4 REASON FOR CLOSING CASE	
5 OTHER ORGANISATIONS INVOLVED IN WORKING WITH THE FAMILY OR ANY OF ITS MEMBERS	CONTACTS AND ADDRESSES
5a WHAT KIND SUPPORT DID THESE ORGANISATIONS PROVIDE TO THE FAMILY?	
6 CONCLUSION AND RECOMMENDATIONS	
7 OTHER RELEVANT INFORMATION	
FORM COMPLETED BY	
DATE	

## 11.6 Risk and protective factors - measuring change

Register number:

Child's name

Date of birth

1. Assessment

Completed by	Date
<input type="text"/>	<input type="text"/>

2. Assessment

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. Assessment

<input type="text"/>	<input type="text"/>
----------------------	----------------------

### Instructions

This form measures the presence of risk and protective factors in the child's situation. The assessment covers the following six wellbeing domains: **living conditions, family and social relationships, behaviour, physical and mental health, education and household economy.**

The assessment is carried out **at the beginning of work with the family, at the time of finishing the work with the family and six months after completing the work with the family.**

The first section for each wellbeing domain contains a range of statements relating to risk and protective factors. **Statements that apply to the child's situation are checked with 'X'.** The total number of checks is entered in the last row ('total risk factors/total protective factors').

At the time of the initial assessment (at the beginning of the work with the family), the following question should be answered: 'Are all of the child's needs in this domain being satisfied?' A negative answer indicates that work should be done with the family in order to satisfy the child's needs in that specific area.

The section entitled 'Measuring change' implies the evaluation of the extent to which the child's needs are satisfied in each wellbeing domain at different times. The marks range from 1 to 5, whereby needs are met:

- 1 - not at all
- 2 - slightly
- 3 - moderately
- 4 - almost
- 5 - completely

### 1 LIVING CONDITIONS

RISK FACTORS	DATE			PROTECTIVE FACTORS	DATE		
	INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER		INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER
1 Child does not live with both parents.				Child lives with both parents.			
2 Housing is temporary (short term renting, illegal status, etc).				Housing is permanent (e.g. owned by family or long term rental).			
3 Some basic rooms are lacking (e.g. no bedroom or kitchen or toilet).				All basic rooms are present (living space, kitchen, bathroom)			
4 No access to basic utilities and/or lacks basic furniture				Home has access to basic utilities and is adequately furnished and equipped.			
5 Child does not have own room/ personal space for his/her personal belongings.				Child has own room or at least personal space.			
6 Family has 3 or more children				Family has fewer than three children.			
7 Area where child lives is considered 'dangerous' (high rate of drug abuse/dealing, high crime rate).				Area where child lives has positive influence.			
8 Child has experience of being refugee or displaced person.				Child has never been separated from parent(s).			
9 Child had spent time in an institution or living with another family.				Child has never been a refugee or displaced.			
<b>RISK FACTORS TOTAL</b>				<b>PROTECTIVE FACTORS TOTAL</b>			

LIVING CONDITIONS – child's needs are fully met: YES  NO

### 2 FAMILY AND SOCIAL RELATIONSHIPS

RISK FACTORS	DATE			PROTECTIVE FACTORS	DATE		
	INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER		INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER
1 Poor relationship between mother and child.				Strong relationship between mother and child.			
2 Poor relationship between father and child.				Strong relationship between father and child.			
3 Parents' relationship lacks communication, understanding, cooperation				Parents' relationship is strong with good communication between them.			
4 Child's relationship with other children in the family is poor.				Strong relationship between child and siblings/other children in family.			
5 Child's relationship with other children is poor				Child's relationships with peers are good.			
6 Child lacks parental guidance and support.				Child has parental support and able to talk about his/her problems.			
7 Child lacks guidance and support from other adults in the family.				Strong relationships between child and other adults in the family.			
<b>RISK FACTORS TOTAL</b>				<b>PROTECTIVE FACTORS TOTAL</b>			

FAMILY AND SOCIAL RELATIONSHIPS– child's needs are fully met: YES  NO

### MEASURING CHANGE

DURATION OF INTERVENTION:  MONTHS

- Extent to which need is met
- 1 Not at all
  - 2 Slightly
  - 3 Moderately
  - 4 Almost
  - 5 Completely

	Initial assessment	At the end	6 months after
Secure housing situation			
Access to basic utilities (electricity, water, sewage, heating)			
Basic furniture, appliances and household items			
Home safety (e.g. balcony railing, open fires etc)			
Child's personal space			
Other:			
<b>TOTAL</b>			
<b>AVERAGE (Mean)</b>			

### MEASURING CHANGE

DURATION OF INTERVENTION  MONTHS

Extent to which need is met

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Almost
- 5 Completely

	Initial assessment	At the end	6 months after
Attachment between child and parents			
Child's relationship with other adults in family			
Child's relationship with siblings and other children in family			
Child's relationship with peers			
Parental capacity to ensure guidance and boundaries			
Parental capacity to ensure emotional warmth and stability			
Child's relationship with extended family and the wider community			
Other:			
<b>TOTAL</b>			
<b>AVERAGE (Mean)</b>			

### 3 BEHAVIOUR

RISK FACTORS	DATE		PROTECTIVE FACTORS	DATE	
	INITIAL ASSESSMENT AT THE END	6 MONTHS AFTER		INITIAL ASSESSMENT AT THE END	6 MONTHS AFTER
1 Family members demonstrate verbally and/or physically aggressive behaviour.			Nobody in the family demonstrates aggressive behaviour.		
2 Someone in the family has been in conflict with the law.			No history of police involvement with any family matter.		
3 Someone in the family has been convicted of a criminal offence.			No one in the family has been convicted of a criminal offence.		
4 Someone in the family demonstrates inappropriate sexual behaviour.			No one in the family demonstrates inappropriate sexual behaviour.		
5 Someone in the family has alcohol abuse problem.			No alcohol abuse problem in the family.		
6 Someone in the family has a problem with illegal substance use.			No one in the family uses illegal drugs.		
7 History of sexual abuse in the family.			No history of sexual abuse in the family.		
8 Child has difficulty controlling anger			Child has control over the expression of strong emotions.		
9 Child is withdrawn.			Child easily makes contacts with others.		
10 Child is bullied.			Child is popular among peers.		
11 Child has at some time run away from home.			Child has never run away from home.		
12 Child has history of self harm and/or suicidal thoughts.			Child has no history of self harm or suicidal thoughts.		
<b>RISK FACTORS TOTAL</b>			<b>PROTECTIVE FACTORS TOTAL</b>		

BEHAVIOUR- child's needs are fully met: YES  NO

### MEASURING CHANGE

DURATION OF INTERVENTION  MONTHS

- Extent to which need is met
- 1 Not at all
  - 2 Slightly
  - 3 Moderately
  - 4 Almost
  - 5 Completely

	Initial assessment	At the end	6 months after
No aggressive behaviour in the family			
No violence in the family			
No alcohol abuse in the family			
No illegal drug use in the family			
Child willing to cooperate with authority figures (parents, teachers)			
Other:			
TOTAL			
AVERAGE (MEAN)			

4 PHYSICAL AND MENTAL HEALTH	DATE			PROTECTIVE FACTORS	DATE		
	INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER		INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER
RISK FACTORS							
1 Child has no medical insurance.				Child has medical insurance.			
2 Child has been diagnosed with physical health problem.				Child is physically healthy.			
3 Child has been diagnosed with mental health disorder.				Child has no mental health problems.			
4 Child has developmental disorder (developmental delay).				Parents/caretakers have understanding of basic health care.			
5 Parents/caretakers do not know how and where to access medical services.				Parents/caretakers know how and where to access medical services.			
6 Adult family member(s) has physical health problem.				No adult family member has been diagnosed with any chronic physical disorders.			
7 Adult family member(s) has been diagnosed with mental illness.				No mental health problems in the family.			
8 Family is under a lot of stress and is not able to deal with problems.				Family has understanding of its problems and family members are capable of managing their problems.			
<b>RISK FACTORS TOTAL</b>				<b>PROTECTIVE FACTORS TOTAL</b>			

PHYSICAL AND MENTAL HEALTH – child's needs are fully met: YES  NO

### 5 EDUCATION

5 EDUCATION	DATE			PROTECTIVE FACTORS	DATE		
	INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER		INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER
RISK FACTORS							
1 Child does not (or did not) attend preschool programme.				Child attends or attended preschool programme.			
2 Child is in school, but behind.				Child is in correct school grade for his/her age.			
3 Child does not attend class regularly.				Child attends school regularly.			
4 Neither father nor mother (caretaker) has completed primary school.				At least one of parents/caretaker has completed primary school.			
5 Neither father nor mother (caretaker) has obtained high school diploma.				At least one of the parents/caretaker has obtained high school diploma.			
6 Child needs extra support for his school work, but it is not provided.				Child does not need extra support for school work, or if needed it is provided.			
7 Child is struggling with academic skills.				Child has age appropriate academic skills.			
<b>RISK FACTORS TOTAL</b>				<b>PROTECTIVE FACTORS TOTAL</b>			

EDUCATION– child's needs are fully met: YES  NO

### MEASURING CHANGE

DURATION OF INTERVENTION  MONTHS

Extent to which need is met

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Almost
- 5 Completely

	Initial Assessment	At the end	6 months after
Medical insurance			
Access to medication			
Family has a basic knowledge of how to keep child/children healthy			
Family has an understanding of existing medical problems			
Other:			
<b>TOTAL</b>			
<b>AVERAGE (MEAN)</b>			

### MEASURING CHANGE

DURATION OF INTERVENTION  MONTHS

Extent to which need is met

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Almost
- 5 Completely

	Initial Assessment	At the end	6 months after
Preschool programme enrolment			
Primary school enrolment			
Regularly attends school			
Any extra support is provided			
School achievement			
Cooperation between parents/caretakers and school staff			
Other:			
<b>TOTAL</b>			
<b>AVERAGE (MEAN)</b>			

**6 EMPLOYMENT AND HOUSEHOLD ECONOMY**

RISK FACTORS	DATE			PROTECTIVE FACTORS	DATE		
	INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER		INITIAL ASSESSMENT	AT THE END	6 MONTHS AFTER
1 No one in the household is employed.				At least one member of the household is employed.			
2 Family lacks ability or opportunity to generate income (e.g. through agriculture, farming, other skills).				Family is able to generate income (agriculture, farming, and other skills).			
3 Family has no secure/stable monthly income.				Family has secure/stable monthly income.			
4 Family has not accessed state benefits for which they are eligible.				Family has access to state benefits/allowances where eligible.			
5 Family receives no financial support from the extended family.				Family has financial support from the extended family.			
<b>RISK FACTORS TOTAL</b>				<b>PROTECTIVE FACTORS TOTAL</b>			

EMPLOYMENT AND HOUSEHOLD ECONOMY – child’s needs are fully met: YES  NO

**MEASURING CHANGE**

DURATION OF INTERVENTION  MONTHS

Extent to which need is met

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Almost
- 5 Completely

	Initial Assessment	At the end	6 months after
Employment			
Stable monthly income			
Social benefits (allowances) entitlements			
Registry at employment agency if appropriate			
Ability to generate income (agriculture, farming, skills)			
Material support from extended family			
Other:			
<b>TOTAL</b>			
<b>AVERAGE (MEAN)</b>			



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