

COMPENDIUM OF INSPIRING PRACTICES

# Early intervention and prevention in family and parenting support

eurochild 

October 2012



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## Early intervention and prevention <sup>in</sup> family and parenting support



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*Civic society across Europe is facing difficult and hard times, with increasing pressure of children and families, so their need for effective and evidence informed interventions is now vital. Through this report Eurochild provides meaning for Family Support and gives 'mechanisms' for prevention and early intervention. The report has strong usage for all interested players, including policymakers, academics, service managers, workers and most importantly families themselves. Importantly, the report attests to Eurochild's vision for family support through implementation of robust policy principles for service provision to parents and families.*

*It is most impressive how the report marries practical case examples from twelve country vignettes with a strengths based perspective for working with families. The authors include a real world understanding of fit for purpose real world evaluation. Finally, does this report has enormous value to all of us in the community of 'Family Support and Prevention and Early Intervention' from a European social policy perspective. It compliments the UNCRC, and has strong resonance for global organisations including UNESCO and UNICEF. I congratulate all concerned in the production of this report and encourage you the reader, not just to benefit from the content of this report, but to use it to work for a more just society for all children in all Europe. Children and their families will thank us all for doing so.*



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## EUROCHILD

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Eurochild is a network of organisations and individuals working in and across Europe to improve the quality of life of children and young people.

We envisage a Europe where every child grows up happy, healthy and confident, and respected as an individual in his/her own right. We work:

- to promote wide recognition of children as individual rights holders;
- to convince policy and decision makers to put the best interest of the child in every decision affecting them;
- to encourage all those working with and for children and their families to take a child-centred approach;
- to give children and young people in Europe a voice by promoting participatory methods in child and family services, raising children's awareness of their rights and supporting child and youth led organisations.

Eurochild currently has 116 full member organisations across 35 European countries.

**For more information see:** [www.eurochild.org](http://www.eurochild.org)

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*The views expressed by Eurochild do not necessarily reflect the position or opinion of the European Commission.*

*For more information see: [http://ec.europa.eu/employment\\_social/progress/index\\_en.html](http://ec.europa.eu/employment_social/progress/index_en.html)*

*Eurochild also acknowledges the co-funding provided by the OAK Foundation which contributed to our work on early intervention and family strengthening and the collection of inspiring practices.*

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# Introduction by Eurochild

Eurochild's thematic working group on family and parenting support provides a forum for members to exchange experience and know-how, thereby contributing to improved policy and practice across Europe. This compendium of inspiring practice of early intervention and prevention in family and parenting support builds on five years of mutual learning and exchange.

At the time of publication family and children's services across Europe are under threat of public spending cuts by national and local governments. We firmly believe that family and parenting support is not a luxury for times of plenty. Investment in all families, complemented by targeted support for the most vulnerable families at risk of exclusion, is a fundamental building block of cohesive societies.

Interventions such as parent support, education, training, strengthening family networks, peer support, etc. can help build parents' self-esteem and skills, improve parents' long-term employability, and enhance children's well-being and development. The idea of prevention and early intervention is to support parents and families before problems arise. Only in this way can we avoid huge long-term costs associated with family breakdown, poor mental health and social exclusion.

However, at a time when resources are limited, Eurochild acknowledges that services and interventions need to demonstrate their effectiveness in addressing social challenges. There is a need to constantly adapt to new social demands, as well as to develop innovative solutions to long-standing problems.

The 12 case studies in this Compendium offer a small sample of services that have had a demonstrable positive impact on the children and families they aim to serve. They were selected firstly, because they reflect a response to an identified need, social challenge, economic and/ or political imperative that was innovative in the context of prevailing national/ regional/ local circumstances. Secondly, because of their potential to use the learning or to replicate the practice more widely within their country or across Europe.

## **FIVE UNDERLYING PRINCIPLES TO FAMILY AND PARENTING SUPPORT**

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Eurochild members have agreed that the following principles should underpin all family and parenting support policies and services:

- frame family policies within a children's rights approach as defined by the United Nations Convention on the Rights of the Child (UNCRC) and recognise children and young people as citizens in their own right;
- recognise and respect diversity in relation to family patterns, family composition and size, cultural differences and gender differences, in keeping with the best interest of the child;
- respect children's right to be heard and ensure that the views and experiences of children and parents are taken into account in the development of services and policies that affect them;
- take a strength-based approach that is non-judgmental and that values parents' empowerment rather than focusing on charity;
- provide universally accessible support for families, which is non-stigmatising in its approach, and ensure targeted services for those most in need; the so called "progressive universalism" – support for all, with more support for those who need it most – seem to be the most suitable way of intervening.

## **CASE STUDIES VARY BUT HAVE COMMON THEMES**

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The Compendium brings together diverse examples of inspiring practice that demonstrate an innovative response to unmet need and/ or a political drive towards a different way of doing things. Its intention was not to collect comparable case studies. However, some common features can be identified. All case studies:

- aim to work with parents, families and communities to promote a positive environment in which children and young people can grow and thrive;
- demonstrate the need to intervene with appropriate, timely measures when children, their parents or families are in a vulnerable situation;

- are underpinned by key principles such as a non-judgemental and non-stigmatising orientation, participatory and strengths-based approach, accessible services for all and early intervention services for the most vulnerable;
- demonstrate inter-service collaboration, as a way of engaging with families, building their resilience and empowering them.

Within this overall context, the case studies had different emphases:

Spain/ Northern Ireland/ France are predominantly aimed at strengthening families and communities and promoting social cohesion;

Belgium/ The Netherlands/ Germany/ Sweden/ Italy/ Poland are, first and foremost, concerned with supporting parents in their parenting task;

Romania/ Bulgaria/ Wales are focused on preventing children at risk from being separated from their families.

Obviously these are not discrete categories and there are overlapping features, e.g. France and Northern Ireland provide individual support to parents in the parenting task and reduce the risk of family fragmentation. Spain (indirectly) and Germany are promote families' work-life balance. Bulgaria's objective of keeping families together is dependent on strengthening communities. Sweden's structural approach to parenting support is also about community organisation and development, etc.

A further observation concerns the use of parenting programmes (evidence-based programmes). Sweden and Wales for example, in very different contexts, use a range of programmes and identify these as one of the essential elements of their initiatives. Interestingly, Sweden also proofs theirs from a 'child rights' perspective. The Netherlands, in contrast, uses only one programme (Triple P) and identifies adherence to this programme as an essential factor for success.


## POLICY RECOMMENDATIONS

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1. Family and parenting support is crucial to fighting child poverty and promoting child well-being. However, to maximise effectiveness it needs to be complemented by effective intervention to tackle the root causes of poverty and social exclusion, and address structural barriers and inequalities. **Parenting interventions should sit alongside wider family support and be part of a comprehensive package that enhances children's rights and well-being.**
2. Family and parenting support includes a wide range of actions and services that help parents develop the skills they need to carry out their parenting role and that support children within families. It can range from low threshold advice and support to all parents to very targeted, specialised services for the most vulnerable. However, **all services aimed at family and parenting support must be non-stigmatising and empowering in their approach, have a participatory and strengths-based orientation, be accessible to all but built around a model of progressive universalism. Their conception must be underpinned by a child-rights approach.**
3. Family policies and parent support services and programmes should be evidence-based and reflect best practice. Against a backdrop of public spending cuts, it is essential to show what works to improve children's outcomes. It is important that policies and practice build on what works and constantly look to improve through evidence base and learning. However, evidence of effectiveness in early intervention and prevention in family support can come from a range of sources. **We caution against a blind faith in randomised control trials. Eurochild strongly advocates a balanced perspective in evidence based approaches which are capable of reflecting critically on quantitative and qualitative data and analysis in assessing practice.**



Jana Hainsworth  
Secretary General



Agata D'Addato  
Policy Officer

# The Parenting Shop, Flanders and Brussels, Belgium

'Parenting shops' were introduced in Flanders and Brussels by the Flemish Parliament Act of 13th July 2007. For the Flemish Government, the right of every parent to get support on everything that involves parenting is an important principle. Parenting shops created the opportunity for organisations to come together to deliver services as a coordinated and integrated package accessible for every parent. The aim is to strengthen the competences and capacities of everyone involved in parenting, to reduce tensions and difficulties, and to reinforce the social network around parents and their children. There are currently 24 parenting shops spread across Flanders and Brussels.

**Organisation making the submission:** EXPOO, the Centre for Expertise on Parenting Support, Brussels<sup>2</sup>.

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## I. THE APPROACH

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### Theoretical/ conceptual framework

Learning from existing good practice in Flanders and abroad, the Flemish Government embraced the idea of 'parenting shops'.

Parenting shops, as a concept, emerge as a partnership between different organisations. These organisations work together to create a 'shop' that offers different services (from the different partners) presented as a unified and easily accessible service for every parent.

The innovative and distinctive characteristic of the model was the creation of partnerships between organisations in delivering services as a coordinated and integrated package accessible for every parent. The activities and programmes delivered by these different organisations (in one parenting shop) are based on a variety of scientific and theoretical frameworks such as social learning theory, system theory, attachment theory. The different organisations can use different programmes and theoretical backgrounds.

### History

The parenting shops were introduced in 2007 according to the 'Flemish Parliament Act of 13th July 2007' on the organisation of parenting support<sup>3</sup>. Before the Act, there was already parenting support in Flanders and Brussels, ie:

- Organisations (for example within the socio-cultural sector) offering lectures, information sessions or parenting classes
- Home visits and consultations at the infant welfare centres of *Child and Family*<sup>4</sup> (a governmental organisation) for parents with young children aged 0–3 years
- Local initiatives to support parents (for example 'mother cafés')

By creating parenting shops, the Flemish Government created a 'flagship' for these existing initiatives, giving them more visibility and providing one point of entry for many services. The intention was to strengthen existing small and fragmented services and also make it easier to understand what kind of services were missing (and needed to be created). The creation of a 'new' service, without creating new services, was thus an innovative aspect of the model.

Early intervention and prevention is a key element in the Flemish policy in parenting support. The decree on the organisation of parenting support provides a framework that makes it possible to support parents who do not have 'major' problems. As the parenting support strategy is aimed at every family, parenting support is also seen as 'enrichment' for families who are not experiencing any problems. Easily accessible information, consultation and social support for all is organised to deal with (potential) problems

<sup>2</sup> <http://www.expoo.be/parenting-support-in-flanders>

<sup>3</sup> Flemish Parliament Act of 13 July 2007 on the organization of parenting support: [http://www.expoo.be/sites/default/files/Decree\\_english\\_translation.pdf](http://www.expoo.be/sites/default/files/Decree_english_translation.pdf)

<sup>4</sup> Child and Family (Kind en Gezin) <http://www.kindengezin.be/img/KGservices.pdf>

before they emerge.

Parenting support is, in that perspective, seen as the accessible, stratified support of persons responsible for the upbringing of children. For the Flemish government, the right of every parent to get support on everything that involves parenting is an important principle. It is seen as a social and governmental responsibility to provide this. At this time, there are 24 parenting shops spread all over Flanders and Brussels.

Everyone involved in the upbringing of children between 0 and 18 years old, as well as families expecting a child, are welcome in the parenting shops.

In reality, offered as a continuum of services, we distinguish between 3 kinds of service in order to reach all families:

- Universal services for all parents, for example websites, brochures, information points, lectures, parent training
- Universal services tailored to fit the needs of groups of parents with special needs, for example parent training in collaboration with self-run organisations of families who live in poverty or organisations working with 'cultural ambassadors' to reach migrant families
- Specific services for targeted groups, for example the 'Inloopteams' ('Walk in teams') which offer the opportunity to vulnerable parents to work and discuss in groups topics related to the care and education of their young children and their parenthood. 'Inloopteams' are organised by Child and Family, one of the many partners who deliver services in parenting shops.



*The parenting shops in Mechelen, Flanders*

### Accessibility

The location of a parenting shop should be central and easily reachable and the opening hours have to be family-friendly. Most of the parenting shops do outreach work and have 'branches' in locations where a lot of parents come, such as nurseries, community centres, local city buildings etc.

All the parenting shops have their own communication strategies and actions. Most of them have their own website, folders, posters<sup>5</sup>. Each parenting shop can work with a wide network of social organisations, schools etc in order to promote the parenting shop.

### Objectives

Parenting shops aim to:

- Strengthen the competences, skills and capacities of everyone involved in parenting
- Reduce the tensions, difficulties, struggles etc of everyone involved in parenting
- Reinforce the social network around parents/educators and their children

### Activities

Parenting shops:

- Provide basic information on the upbringing of children at the various stages of children's lives
- Answer general questions on children's upbringing
- Offer counselling
- Promote meetings between persons responsible for the upbringing of children, laying an emphasis on creating social networks and encouraging debate on the upbringing of children amongst large groups of persons responsible for children's upbringing
- Make information, training and educational activities with regard to children's upbringing
- accessible for persons with this responsibility
- Provide support in solving parenting problems, both in the family and in group situations
- Ensure early detection of uncertainty or problems which are related to upbringing and, if necessary, make a targeted referral

<sup>5</sup> A list of parenting shops and their websites can be found at <http://www.groeim.ee.be/opvoedingswinkels>

## The way activities are carried out

People involved in the upbringing of children are welcome in the (different locations of the) parenting shops. There they have face-to-face contact with the parenting shop employee. Other activities can be group based and/or organised in other locations such as schools, community centres etc.

Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

By going to the parenting shop or by participating in activities organised by the parenting shop, parents and children can give suggestions or formulate needs on parenting support. This way, the shops can look for a way to meet these needs.

Some parenting shops also investigate (for example by questionnaires) the needs of parents. However, it is not easy for small organisations to realise such investigations. EXPOO therefore collected the major findings of academic research in Flanders and The Netherlands about the needs of parents. They concluded that, although parents are generally satisfied about the way they bring up their children, this does not mean they don't have questions or that, sometimes, they feel anxious and insecure. Then they look for information and support, for example on the internet. The questions parents have are about:

- The normal development of their children
- School topics
- Their role as educator
- Annoying behaviour of the children

Besides these most frequently asked questions, parents in specific situations have specific questions, for example raising a child in a new family or bringing up children when you are a migrant. Parents talk about their worries, in the first instance, with their partners, family or friends but they also want to talk with a professional, for example from the childcare centre, or with schoolteachers.

## Promotion of the approach

Each parenting shop has its own local communication strategy that consists of a website, flyers, posters, articles in a local magazine etc. There are also Flemish initiatives that promote parenting shops, such as a website for parents and other educators run by EXPOO. All the shops have recently adopted the same logo and organise big promotional actions during the 'parenting week' held every year in May<sup>6</sup>.

## Quality assurance

Twenty four parenting shops have received a 'quality label' from the Flemish governmental agency *Child & Family* and the Flemish governmental agency 'Youth welfare'. In order to receive this label, the parenting shops have to implement seven quality criteria. These are the following:

- A focus on local needs for family support
- The use of scientifically supported methodologies
- Respect for the principle of subsidiarity
- The parenting shop starts from the needs of families
- The work is multidisciplinary
- They have knowledge and material on the different stages of children's development and can adapt themselves to specific population-groups (such as families at risk)
- They have to be easily accessible for everyone, no matter what culture and background they're from

Every parenting shop has to write a policy document every five years, in which they clearly explain how they realise the tasks and goals of the parenting shop, how they implement the quality criteria and which indicators they use to evaluate their work.

<sup>6</sup> Examples can be found in the different websites of the parenting shops <http://www.groeimee.be/opvoedingswinkels> and the official website of the parenting week [www.weekvandeopvoeding.be](http://www.weekvandeopvoeding.be)

<sup>7</sup> [http://wvg.vlaanderen.be/welzijngezondheid/voorstelling/brochure/en/lres\\_broch\\_beleidsdom\\_wvg\\_en.pdf](http://wvg.vlaanderen.be/welzijngezondheid/voorstelling/brochure/en/lres_broch_beleidsdom_wvg_en.pdf)



## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

- On a Flemish level: the governmental agencies *Child & Family* and *Youth Welfare* are in charge of the funding and registering of the fourteen parenting shops in the big cities. Besides that, they also grant a quality label to parenting shops in other parts of Flanders. Both agencies control and evaluate the shops
- On a local level: most of the parenting shops also receive funding from the local government

### Extent to which the practice is rooted in local authorities'/ NGOs experience of service delivery to families and parents

Being rooted in local authorities' service delivery is a key feature of parenting shops. They start from a local policy on parenting support and work intensively together with the local government and other organisations<sup>8</sup>

### The involved staff, their education and training, guidance and support

The professional staff should have backgrounds in social studies (social work, social welfare studies, psychology etc). Some parenting shops also work with volunteers who have the necessary competences to work in a parenting shop.

EXPOO provides practical assistance to the field of parenting support and to this end collects, enhances and disseminates the relevant knowledge and know-how on parenting support.

Under the provisions of the Flemish government decree, the tasks of EXPOO are:

- To develop basic information on parenting for different ages and to also contribute such basic information to parenting support consultation at local level and to parenting shops
- To devise and disseminate textual and audio-visual materials
- To develop and maintain a digital platform on parenting for different ages, in co-operation with parenting shops
- To offer a telephone service in co-operation with one or several relevant partners
- To build up a documentation and information centre
- To ensure the continual monitoring of Flemish and international scientific research
- To develop and disseminate parenting support methods
- To organise education and continued training for local coordinators
- To draw up a manual to be made available to local consultation on parenting support
- To organise training sessions for professionals
- To process the available data collection and report to the Flemish Government

### Integrated working

The parenting shop is organised by a partnership of local organisations. This improves the interdisciplinary and integrated way of working.

## III. POLITICAL CONTEXT AND SUPPORT

### Political context

Aiming for a smoothly running democratic society, both government and private partners have an important role to play. It is important to the daily work of the parenting shop that a good connection is maintained with local social politics. The parenting shop has close contact with local policymakers. Difficulties in the day-



*The parenting shops in Sint-Niklaas, Flanders*

<sup>8</sup> See EXPOO's website (note 1) for more information on strategic and policy framework

to-day work are relayed to the policymakers in order to enable changes in the field. As explained before, the parenting shop is organised by a partnership of social organisations. The members are all part of organisations concerned with education and parental support. Projects and actions are reviewed during regular meetings and are therefore supported by a large majority, which is in turn an important sign for the policymakers. This results in an active and effective policy which is based on every day experience.

### Funding

Fourteen parenting shops (located in the big cities) get permanent funding from the Flemish government, on the condition that they are positively evaluated by the Flemish agencies *Child & Family* and *Youth Welfare*. Most of them also receive funding from the local government or other local organisations. The other parenting shops only receive a quality label from the Flemish government and collect their own funding.

### Other forms of facilitation

EXPOO tries to spread the knowledge on parenting support through its website (dedicated to professionals), through conferences and seminars, training opportunities, a web based course and educational material.

## IV. LESSONS LEARNED

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### Set up of the evaluation

Parenting shops are evaluated by the Flemish governmental agencies *Child & Family* and *Youth Welfare* and the local authorities that supply funding. The parenting shops fill in a self-evaluation form with objectives and the way they have reached them. Besides this qualitative evaluation, the parenting shops also collect data about their clients.

### Main achievements/ results/ impact/ output and outcomes

All of the parenting shops have outcomes on the different activities that they have to provide (basic information, advice, etc). They are a visual player in the local field of parenting support.

In 2011, more than 10,000 persons contacted one of the 24 parenting shops for information or counselling. The parenting shops organised 700 sessions for groups of parents to learn more about parenting or to meet other parents.

There is no information currently available of the effectiveness of parenting shops in terms of outcomes for children.

### Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies

For the moment, we do not have data on the impact of parenting shops on the welfare of children and families. The department of welfare, health and family has started a longitudinal research 'JOnG!<sup>9</sup>

However, the opinion that there are direct outcomes of parenting support policies in combating child poverty is contested in Flanders. Parenting support is seen as a universal service with specific attention to the needs of specific families. The isolated use of parenting support is not strong enough to change poverty rates. Changing poverty rates also needs more structural measures in the field of housing, job creation, education, health care, etc.

### Cost-effectiveness

No comparative data are available

### Possible changes in the practice as a consequence of evaluation

All the parenting shops are evaluated based on their individual policy. Some are asked to improve their work on a particular aspect such as a stronger focus on activities for families at risk, the involvement of more organisations in the local partnership etc

<sup>9</sup> For information in English: <http://www.steunpuntwvg.be/jong/eng/news/news.html>

## Obstacles/ Challenges/ Issues

It can be a challenge to meet the needs/ interests/ opinions of the different organisations involved in the parenting shop.

Besides this, the + of the shops is very basic for the moment, which means that there is sometimes no possibility of creating the intended new services.

The advantage of the parenting shops is that they are locally embedded and so can meet the local needs of parents. However, local embedding means that the parenting shops are subject to varying political interests. This can be a disadvantage, especially in times of economic crisis.

## Successful elements

All parenting shops are organised by a local partnership that consists of local organisations concerned with children, families, education and parental support. They unite themselves to organise parenting support on a local level. This way the support can be tailor-made and set up on the basis of the needs that the organisations see in their daily work.

## Must Do's & Don'ts

- The support for parents must be free of charge to avoid exclusion of those in financial hardship
- The support on offer for parents must be based on progressive universalism to avoid stigmatisation
- There has to be a variation of parenting support to meet the needs of different parents
- The system of parenting support must be based on integrated working and cooperation between different services: coordination must be supported
- Involvement of the local authorities is important
- Detailed evaluation is necessary to demonstrate specific results and outcomes

## V. IMPLEMENTATION ELSEWHERE

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### The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings

The model 'parenting shop' is replicated in 24 cities (regions) in Flanders and Brussels. It is highly transferable.

#### Elements that are non-negotiable

- Free of charge offer
- Progressive universalism
- Interdisciplinary cooperation
- A clear mission that brings the different partners and organisations together
- Realistic expectations about the outcomes: supporting parents can be a strategy to take a shared responsibility in the upbringing of children and to increase the wellbeing of children. It can never be an (isolated) strategy to combat child poverty

#### Elements that can be adapted to suit other contexts/settings

The different programmes and activities can be adapted to meet the needs of the local population.

#### Necessary conditions for application or adaptation elsewhere

Information in depth for all partners involved.



# The Centre for Youth and Families (CJG) and SPIL Centres in Eindhoven, The Netherlands

*Eindhoven is one of 415 municipalities in the south of The Netherlands. Parenting support in Eindhoven is offered in a central location from the Youth and Family Centre (CJG) and from several decentralised locations (SPIL Centres). The name SPIL Centre is derived from Spelen (play), Integreeren (integration) and Leren (learning). In 2007, the national government required each municipality to set up a CJG by 2011. The development of SPIL Centres pre-dates this. Both the CJG and SPIL Centres in Eindhoven offer universal and more targeted services but the SPIL Centres all have different profiles to reflect the needs of parents and children in the neighbourhood.*

**Organisation making the submission:** The Netherlands Youth Institute - The Netherlands

**Contact details:** Tijne Berg-le Clercq, Senior Youth and Family Policy Officer, The Netherlands Youth Institute - Email: t.berg@nji.nl

## I. THE APPROACH

### Theoretical/ conceptual framework

No information was found on the theoretical framework of SPIL Centres. The name SPIL Centre is derived from Spelen (play), Integreeren (integration) and Leren (learning). Initially the realisation of these centres was based on four pillars: <sup>10</sup>

- *A pedagogical pillar:* Every SPIL draws up its own pedagogical plan in which its partners outline the policy of the centre, how it wants to deal with children and how to offer them good education and care. In addition, several protocols have been drawn up for all SPIL Centres, such as protocols about dealing with bullying, dealing with (suspicions of) child abuse and parental involvement
- *A physical pillar:* This pillar deals with housing. The initial plan was to put services offering education, child care and play groups inside one building
- *A management pillar:* This deals with the practical management of the centre. It, for example, includes matters such as deciding about who owns the building, who cleans it and matters of security
- *A financial pillar:* SPIL Centres lead to specific costs, for instance regarding housing, parenting support, coordination and management. The municipal government of Eindhoven pays for the SPIL Centres with financial contributions of its partners

### History



*The Centre for Youth and Families (CJG) in Eindhoven*

On 4 February 2002, the Eindhoven city council approved the plan to create SPIL Centres in the city within ten to fifteen years<sup>11</sup>. By 2012, there were 45 SPIL Centres, of which 20 are fully integrated under the same roof. The aim is to have 57 SPIL Centres by 2015.<sup>12</sup> Based on the principle of early identification of children at risk, the municipality of Eindhoven opted for a family support policy in which multifunctional services are directly linked to primary schools inside the SPIL Centres. The idea was that schools, day care centres and kindergartens are the best organisations for identifying children at risk and their parents as they see children every day and for several years in a row. In addition, as these organisations meet their parents on a formal and informal basis, they can easily communicate with them about the child's development or about the onset of problems. Research

<sup>10</sup> Gemeente Eindhoven (2004). 4 pijlers van Spil. Door de gemeenteraad vastgesteld op 20 december 2004 & Gemeente Eindhoven (2009). De realisatie van SPIL centra.

<sup>11</sup> EUKN. (2006). Play-and-learn method for children - Eindhoven, The Netherlands. <http://tinyurl.com/65yk6zn>

<sup>12</sup> Kernan, M. (forthcoming 2012) Parental Involvement in Early Learning: A review of research, policy and good practice. Report researched and prepared by Margaret Kernan (ICDI) on behalf of Bernard van Leer Foundation, The Hague

conducted in Eindhoven showed that neither the youth care teams at school nor the neighbourhood youth care networks were capable of such early identification of problems. SPIL Centres are also based on the notion of continuous and integrated learning and development track of children within one building. These centres also create an infrastructure that meets the needs of parents and children regarding preschool day-care, education, play, after school care, sports, educational and cultural activities.

In Eindhoven, parenting support is not only offered inside these SPIL Centres, but also at home, in well-baby clinics, secondary schools, neighbourhood centres and in the Youth and Family Centre (CJG) in downtown Eindhoven. This CJG is meant for parents in Eindhoven who cannot or do not want to receive support in their own neighbourhood<sup>13</sup>. In Eindhoven, the CJG is a 'network' organisation at city level that was opened in 2007<sup>14</sup>. There also is a virtual CJG online.

In The Netherlands, the development of CJG took place through several processes<sup>15</sup>. On the one hand, CJG developed via central control from the national government and legislation, ie. the Dutch government set up these centres to create more cohesion in its youth policy and a low-threshold local facility where parents, young adults and professionals can get answers to

questions on parenting and growing-up<sup>16</sup>. On the other hand, CJG was the result of developments in, and actions of, municipalities, such as the presentation of a report by seven of them - including Eindhoven - to the national government in 2006. This report identified several problems relating to services for families and parents at the local level:

- The lack of centrality of the needs of youth and parents
- Families at risk were insufficiently reached
- Lack of a problem 'owner' in complex cases
- Too loose cooperation of organisations
- Lack of shared vision, plan and method

In short, the available support and help to families and parents was insufficient as it was not tailored to need, nor was it offered in a timely way, or close to home. In their report, the 7 municipalities developed a vision of how to offer parenting support at the local level. Then, in 2007, the national government required each municipality to set up a CJG by 2011. By law, the Youth and Family Centres were to offer the following basic services<sup>17</sup>:

- Youth Health Care (well-baby clinics and local health services)
- Five areas of support for parenting and growing up: information and advice, identifying potential problems, guidance and counselling, 'minor' pedagogical support, care coordination at local level
- A link with more specialised youth care services
- A link with education (through so-called school care and advice teams that identify pupils with problems and address these problems at an early stage)

A CJG thus combines local services in the areas of health, growing up and education. Besides these services, there are many services that could be offered by these centres, tailored to local needs. Such services, for example, include child care, general social work, youth work, primary health care (general practitioner maternity care, obstetrics) and debt counselling.

As of June 2012, all but four of the 415 municipalities in the Netherlands had a CJG working according to the earlier mentioned statutory criteria<sup>18</sup>.

13 Gemeente Eindhoven (2012). Raadsinformatiebrief Betreft Centrum Jeugd en Gezin Eindhoven. Raadsnummer 12R4786.

14 Gemeente Eindhoven (2010). Centrum Jeugd en Gezin Voortgangsrapportage 2007 – 2010. Eindhoven: gemeente Eindhoven

15 Schnieders, A. (2008). Het CJG in zicht. Onderzoek naar de ontwikkeling van het Centrum voor Jeugd en Gezin in Nederland. Groningen: Hanzehogeschool Groningen

16 Prinsen, B. & Prakken, J. (2007) Youth and Family Centres – Opportunities and Dilemmas. Translated from the Dutch article 'Centra voor Jeugd en Gezin: kansen en dilemma's', *Jeugd en Co Kennis*, 1(2)

17 Netherlands Youth Institute (2010). Youth and Family Centres. Utrecht: The Netherlands Youth Institute

18 RIVM (2012). Centrum voor Jeugd en Gezin. Nationale Atlas Volksgezondheid, versie 4.8, 14 juni 2012. <http://www.zorgatlas.nl/thema-s/jeugd/centrum-jeugd-en-gezin/>

## Target group

The target group of the SPIL Centres are all children 0 - 12 years of age, their parents and other carers. There are specific target groups based on age:

- Children 0 - 2¼ years of age
- Children 2¼ - 6 years of age
- Children 6 - 12 years of age

Each centre has a different profile according to the neighbourhood and particular group of children and parents for whom it is intended. Special education and preschool education and/or early childhood education programmes are offered to children in need.

Not only the SPIL Centres in Eindhoven, but also its CJG, offer universal and more targeted services. Department 1 of the CJG is directed at everybody involved in raising children (parents, caretakers and professionals) and Department 2 is directed at youth and families at risk<sup>19</sup>.

## Accessibility

SPIL Centres are located in each neighbourhood, which makes them easy to reach. These centres all have the same basic structure, consisting of primary education, playschool and child care. However, consideration will be given to whether special facilities are needed in each specific neighbourhood. The key factor is the needs of the users, i.e. children and parents<sup>20</sup>. Thus each centre has its own specific identity, reflecting the needs of parents and children. The CJG offers parenting support in various ways, via e-mail, over the phone and in face-to-face appointments. In addition, on the website of the municipality of Eindhoven, there are maps of the different neighbourhoods of the city displaying the location of the different places to which parents can turn for parenting support, mainly the SPIL Centres and the well-baby clinics<sup>21</sup>.

## Objectives

The overall aim of SPIL is to strengthen the pedagogical infrastructure across the city of Eindhoven and its neighbourhoods by providing:

- A continuous and integrated learning and development track for children 0 to 12 years
- Child-rearing support to parents which is adapted to their particular needs<sup>22</sup>

The objective of the CJG and the SPIL Centres in Eindhoven is to make sure that all children get the chance to develop positively by supporting parents and youth in their needs, as soon as possible, close to their home, using their strengths and offering them useful assistance.

The CJG in Eindhoven is called a centre of expertise that is primarily directed at:

- The coordination of the parenting support programmes that are offered in the city's neighbourhoods
- Providing a regional front office for parents from Eindhoven, and nearby towns, with parenting concerns
- Professionalisation of professionals
- Case management for multi-problem families<sup>23</sup>

<sup>19</sup> Koevering, B. van de (2011). Centrum voor jeugd en gezin. Presentation held during Eurochild FPS TWG Round Table 'the role of local authorities in providing parenting support', May 20, 2011 & Reumers, L. (2011). Centrum voor jeugd en gezin. Presentation held during Eurochild FPS TWG Round Table 'the role of local authorities in providing parenting support', May 19, 2011

<sup>20</sup> Eindhoven Brainport. SPIL Centres. [http://www.eindhoven.eu/en/Want\\_to/Want\\_to\\_work/Preparation\\_Phase/Education/Kinderopvang/SPIL%20centers](http://www.eindhoven.eu/en/Want_to/Want_to_work/Preparation_Phase/Education/Kinderopvang/SPIL%20centers)

<sup>21</sup> Centrum Jeugd en Gezin Eindhoven. Advies en hulp. [http://www.cjgeindhoven.nl/showsite.asp?map\\_id=51527&title=Advies+en+hulp](http://www.cjgeindhoven.nl/showsite.asp?map_id=51527&title=Advies+en+hulp)

<sup>22</sup> Kernan, M. (forthcoming 2012) Parental Involvement in Early Learning: A review of research, policy and good practice. Report researched and prepared by Margaret Kernan (ICDI) on behalf of Bernard van Leer Foundation, The Hague

<sup>23</sup> Gemeente Eindhoven (2012). Raadsinformatiebrief Betreft Centrum Jeugd en Gezin Eindhoven. Raadsnummer 12R4786.

Department 1<sup>24</sup> of the CJG has the following objectives:

- Giving children and young people better chances
- Realising a basic provision by providing the necessary support to everybody involved in raising children (for instance parents, grandparents and (semi)professionals)

Department 2 of the CJG has the following objectives:

- Identify problems in families as soon as possible
- Fast action by responsible professionals according to the idea of 'one family, one child, one plan'<sup>25</sup>
- Decrease stress in the family by ensuring a safe environment for the children

## Activities

Each SPIL Centre offers at least early childhood education; playing and education; primary school; day care; parenting support; child public health care and access to youth care. These centres all have the same basic structure, consisting of primary education, playschool and child care. For children 0-2¼ years of age, much attention is paid to upbringing, caring and education. At this stage, the child is primarily supported by the well-baby clinic and by the day care centre. For children 2¼ - 6 years of age, the focus is on playing and education. For children 6-12 years of age, it is on education and learning. Special education and preschool education and/or early childhood education programmes are offered to children in need.

The SPIL Centres offer all parents parenting support via information meetings on parenting, lectures, parent training or parent courses, and more specific interventions for conduct disorders, developmental or emotional problems. Part of some SPIL Centres is the well-baby clinic, which can be visited free of charge and which also offers parenting courses and parenting advice. In some neighbourhoods, the SPIL Centre offers more services, such as special education for adults, safety programmes, after school care and youth care. The youth care team in the centre has a coordinating role for cases of multiple problems in families and/or children. It coordinates the professional help of participating professionals and works according to the earlier mentioned principle 'one family, one child, one plan'. The team is also responsible for the communication with the family as well as with the other professionals.

As mentioned earlier, the CJG consists of two departments. Within Department 1, parenting support is offered. This consists of:

- A physical centre that offers support to everybody involved in raising children (professionals, parents and caretakers). In addition, the CJG offers parents the possibility of e-mail or phone contact with a so-called pedagogical assistant (PA). During opening hours, parents can walk in without an appointment to pick up information or talk to a PA about parenting. Parents can also make an appointment for specific services
- Cooperation of professionals. Parenting support is improved by working together, sharing knowledge and by the coordination of activities. In short, the CJG offers the following services to professionals: information about raising children; possible problems and disorders; training; support for activities in the neighbourhoods; improvement and innovation of working methods; sharing knowledge and experience; information about the (semi) professional social network, as well as a short connection to the partners of so-called Department 2

Within Department 2, services and support are offered to children, young people and families at risk with the aid of a computer system called 'care for youth'. This programme does not outline the problems of these families, but includes only the



*Jeugd en Gezin Centre in Eindhoven*

<sup>24</sup> Koevering, B. van de (2011). Centrum voor jeugd en gezin. Presentation held during Eurochild FPS TWG Round Table 'the role of local authorities in providing parenting support', May 20, 2011  
& Reumers, L. (2011). Centrum voor jeugd en gezin. Presentation held during Eurochild FPS TWG Round Table 'the role of local authorities in providing parenting support', May 19, 2011

<sup>25</sup> Professionals create a program of help and support for all the children and the family as an integrated system. All different professionals cooperate in the program, working together on an integrated concept of care and help. One of the leading professionals is a case manager; he/she coordinates the program for the family and for the professionals. (Prinsen, B. (2008). Dutch design: integration of family support services. Utrecht: Netherlands Youth Institute)



families and the names of the professionals working with them. In addition, local case meetings can be organised at the CJG for children and young people at risk, or for parents of children with behavioural problems and/or family dysfunction, such as parental depression or stress, addiction, poverty, retardation, no proper housing, unemployment, conflict between parents. Furthermore, the CJG offers several services, including so-called 'family coaches' in case the family needs intensive (practical) help, day care, weekend foster-care and intensive training in positive parenting skills.

### **The way activities are carried out**

As mentioned earlier, the CJG offers parenting support in various ways, via e-mail, over the phone and in face-to-face appointments. Within Department 1, Triple P (Positive Parenting Programme) is used as a public health approach to strengthening parenting. This programme consists of media-based parent information, lectures, individual parent training and group parent training.

### **Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice**

As mentioned earlier, SPIL Centres have different profiles in each neighbourhood, depending on the particular group of children and parents for whom they are intended. Each centre thus has its own specific identity, reflecting the needs of parents and children. For each SPIL Centre, a precise survey is conducted to determine what package is needed for the area or target group in question<sup>26</sup>. Key to this is demand from service users. Furthermore, within the SPIL Centres, parenting support is offered in a friendly way and according to the needs of the parents.

### **Promotion of the approach**

The website of the municipality of Eindhoven contains information about the CJG and SPIL Centres. Furthermore, the CJG has its own website that also contains information about the SPIL Centres.

### **Quality assurance**

All SPIL Centres are required to abide by agreed policies and protocols. They also have to draw up a four year plan and an annual plan together with all their partners on the basis of a city wide format. The four year plan outlines the partners, their target group and services. It also outlines the direct work with children, work with parents in terms of child-rearing support, collaborative working between professionals with respect to parental involvement, safety and health. In contrast, the annual plan is a translation of the four year plan in concrete activities that have to be carried out<sup>27</sup>. In addition, several protocols were also drawn up for SPIL Centres, such as protocols dealing with bullying, (suspicions of) child abuse and parental involvement.

## **II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING**

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### **The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice**

SPILCentres all have the same basic structure, consisting of primary education, playschool and child care. They organise these services and select the preferred partners within their neighbourhood. When necessary, these centres cooperate with the well-baby clinic, the social welfare agency, youth care or any other organisation that can be helpful in realising specific support goals.

Within Department 1 of the CJG the following organisations work together: *GGD* (youth health care for 4-19 year olds); *Humanitas* (specific welfare organisation); *Korein* (child care centres); *Lumens Groep* (local welfare organisation); SPIL Centres and *Zuidzorg* (youth health care for 0-4 olds) and the *gemeente Eindhoven* as the director.

The partners in Department 2 of the CJG are: *Bureau Jeugdzorg* (assessment and referral office for specialised youth care services); *GGD* (youth health care for 4-19 year olds); *GGZe* (mental health care); *Zuidzorg* (youth health care for 0-4 year olds); *Raad voor de Kinderbescherming* (Child protection office); *Welzijn Eindhoven* (local welfare organisation); police; schools; *Novadic-Kentron* (Addiction prevention and care office); *MEE* (support organisation for people with limitations) and compulsory education.

<sup>26</sup> EUKN. (2006). Play-and-learn method for children - Eindhoven, The Netherlands. <http://tinyurl.com/65yk6zn>

<sup>27</sup> Kernan, M. (forthcoming 2012) Parental Involvement in Early Learning: A review of research, policy and good practice. Report researched and prepared by Margaret Kernan (ICDI) on behalf of Bernard van Leer Foundation, The Hague & SPIL Eindhoven (2012). Concept Pedagogisch Educatief Raamplan

## Extent to which the practice is rooted in local authorities'/ NGOs experience of service delivery to families and parents

The municipality of Eindhoven is the director of all the partners in Department 1 of the CJG. In addition, if the partners of Department 2 who participate in a case meeting do not keep their commitment to the plan made, a meeting with the director of that organisation can be arranged. Eventually the responsible alderman can enforce the cooperation of this organisation. This is called the 'power to persevere'.

### The involved staff, their education and training, guidance and support

In the period 2009-2010, 120 partners involved with the CJG and the SPIL Centres were trained in the positive parenting programme.

### Integrated working

All parties collaborating in a SPIL Centre are brought under the control of a single direction team and will work together on the basis of the earlier mentioned plans. Every SPIL Centre has its own manager, who is responsible for the implementation of the centre and its policy.

The partners in the two departments of the CJG signed a so-called covenant that outlines their intention to cooperate. As mentioned earlier, the alderman has the power to persevere in case one of the partners does not fulfil its 'obligations'.

## III. POLITICAL CONTEXT AND SUPPORT

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### Political context

Eindhoven is one of 415 municipalities in The Netherlands. As mentioned earlier, in 2007 the national government required each municipality to set up a CJG by 2011 and to offer certain services.

Although originally a proposal of a Social Democratic alderman, SPIL Centres continued to receive support from the responsible alderman from the Christian Democrats (CDA) and most recently from a left wing political party<sup>28</sup>. Political support, as well different cultural and social circumstances, should also be taken into account. This however is something that applies to all possible inspiring practices and not only to Eindhoven.

### Funding

Up to 2011, the CJG in Eindhoven received (temporary and permanent and earmarked) funding from the national government. The centre also receives funding from the provincial government and local government. The SPIL Centres are funded by the local governments, the school boards and its other partners.

### Other forms of facilitation

Within the CJG, there are rooms for case meetings with families. Furthermore, in the period 2009-2010, 120 partners involved with the CJG and the SPIL Centres were trained in the positive parenting programme.

## IV. LESSONS LEARNED

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### Set up of the evaluation

The Integrated Supervision of Youth Affairs (*Integraal Toezicht Jeugdzaken, ITJ*) has evaluated the SPIL Centres. In the ITJ, five government inspectorates work together:

- The Health Care Inspectorate
- The Inspectorate of Education
- The Inspectorate for Youth Care
- The Inspectorate for Public Order and Safety
- The Inspection Service for Work and Income

ITJ works on the basis of the Convention on the Rights of the Child. It concentrates on the problems young

<sup>28</sup> Kernan, M. (forthcoming 2012) Parental Involvement in Early Learning: A review of research, policy and good practice. Report researched and prepared by Margaret Kernan (ICDI) on behalf of Bernard van Leer Foundation, The Hague

people have, face and create. Examples of these problems include child abuse, obesity, youth criminality, addiction and poverty. ITJ examines how the various youth services involved cooperate to solve and prevent these problems.

ITJ works by first determining the problem it will be investigating. It then performs the investigation in municipalities that are severely affected by this problem and in which the risk of young people experiencing this problem is high. Every ITJ investigation starts by setting down the 'hard facts', such as 'How many young people are involved? What have the municipalities and services already done to tackle the problem? What policy are they implementing? Which services are involved in resolving the problem? What do we, as supervisors, already know about these services?'. In the municipalities in which the investigation is carried out, ITJ assesses how the cooperation between the services is progressing and what results it has produced for young people.

In its investigations, the ITJ uses different methods and techniques, including

questionnaires, interviews, observing meetings, dossier studies and talks with young people and/or their parents. ITJ lays down its findings in a report that also contains conclusions, recommendations and a so-called administrative message. This report is intended for the involved municipality as it is responsible for the local youth policy. Based on the report, together with the relevant services, each municipality draws up an action plan. This plan lists the measures they will take to tackle the problem in the short and long term. A summary of the findings, the action plan and a response from ITJ are combined in the final report.

An ITJ inspector monitors the implementation of the action plan. An agreement is made with the municipality about how long this monitoring will last. After this, the municipality performs a self-evaluation to show the effects of the action plan and whether or not the cooperation leads to improved results.

Some local issues may require a national solution. For instance, some statutory regulations and government provisions can hamper cooperation between local services which, in turn, can have adverse consequences for supporting young people. ITJ therefore reports on any such problems to the responsible national Minister.

### **Main achievements/ results/ impact/ output and outcomes**

A study of the Integrated Supervision of Youth Affairs (ITJ)<sup>29</sup> in Eindhoven from 2006 showed the following results:

- The youth care teams at school are not working on a high level or at high speed
- The neighbourhood networks of primary care are not strongly organised; logistics are weak
- The Youth Care Agency (that refers children to more specialised services) is not very accessible

This study revealed that cooperation was experienced as positive and successful. However, several obstacles were also identified:

- Seamless provision of services had not been realised
- Not all the services addressed the same goals
- A lack of coordination and continuity in care and support
- Reaching the targeted groups - children in need - by all services was difficult
- Weakness of inter-sectoral information; professionals did not share access to all information about one child, one family or one case, causing the lack of coordination
- Evaluation was not part of the professional working procedures of the services of the SPIL Centre and consequently management information was lacking

ITJ concluded that potentially the SPIL Centre is a meaningful concept. However, it was considered absolutely necessary to do some goal attainment research, study the effectiveness of the centres and monitor the results and its process.

In 2007 and 2010, further research was conducted in Eindhoven on parenting support.

In the 2010 study it was concluded that the earlier identified gaps in the provision of parenting support had been 'fixed'. In 2010, most parenting support services were well known and, in comparison to 2007, more (but not all) parents knew where to turn with their concerns. In addition, the employed strategy of lowering the threshold for parents in specific targeted neighbourhoods to make use of parenting support seemed

<sup>29</sup> Integrated Supervision of Youth Affairs. Integrated Supervision of Youth Affairs Utrecht: Integrated Supervision of Youth Affairs

to be successful. However, parents with more complex parenting problems who experience difficulties in receiving the right diagnosis and support for their child seemed more dissatisfied.<sup>30</sup> Finally, there is also data available on the number of parents that were reached by the different kinds of parenting support activities. On this basis, it was concluded that these activities reach many parents<sup>31</sup>.

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

To measure and monitor the effects of the CJG, the municipality of Eindhoven intends to start using the so-called '*basisset indicatoren effectiviteit CJG*' (basic set of indicators concerning the effectiveness of CJG) that were developed at the national level. These are not yet in use.

In addition, key to ensuring that SPIL Centres continue in Eindhoven is being able to demonstrate that they have a positive effect. Two main indicators or outputs have been identified to measure the impact of the centres, ie. children's learning outcomes and children's well-being (including all aspects of psychological and physical health). The plan is to measure input and effects (outputs) by using existing data such as 'frequency of physical exercise per week' (input), 'individual child measures on the BME index' (output), or measures and scores on the assessments used for early childhood education. It is acknowledged that it is difficult to separate out the impact of the SPIL Centre as an independent influencing factor. Results of the impact study are not yet publically available<sup>32</sup>.

#### **Cost-effectiveness**

- No data is available on the cost-effectiveness of the CJG or SPIL Centres.

#### **Possible changes in the practice as a consequence of evaluation**

The earlier mentioned study from The Integrated Supervision of Youth Affairs (ITJ) brought forth a plan of action for the SPIL Centres. The main goals of this plan included:

- Better monitoring of the causes and number of problems
- Implementation of an early detection system of children at risk and increased case management

Innovation of cooperation and integrated working by implementing a well-defined youth care team in the SPIL Centres, professional courses on early detection, more prevention programmes and better cooperation with the social welfare agency and the Youth and Family Centre. Also the cooperation with the Youth Care Agency needs a 'quality push' by better logistics of information from and to partners

- Offering more and better parenting support by starting a Youth and Family Centre at the city level and offering universal parenting support and a social welfare agency in every SPIL Centre. Implementation of a youth care team at every primary school

#### **Obstacles/ Challenges/ Issues**

As mentioned earlier, the study from the Integrated Supervision of Youth Affairs (ITJ) resulted in a plan of action for the SPIL Centres. This plan included several goals, including offering universal parenting support. This was realised by offering the Positive Parenting Programme. Furthermore, the CJG was opened in 2007 to address the obstacles (as identified by ITJ). For instance, from the CJG, the coordination of seamless provision was shaped by the introduction of city- wide case reviews in which all partners work together on the basis of the earlier mentioned approach of 'one family, one plan'. In addition, structural consultations at the policy and management level (of the different partners involved in Departments 1 and 2) take place within the CJG.

#### **Successful elements**

What makes parenting support in Eindhoven successful is that within the SPIL Centres there is a seamless provision of early childhood services and services for children 0-12 years of age and their parents. These services are very well fitted to the age and developmental stage of children.

30 Hogervorst, C. (2011). Bekendheid, bruikbaarheid en bereik van opvoedondersteuning. Evaluatie opvoedondersteuning van het Centrum Jeugd en Gezin 2e meting. Bio-rapport nr. 1166

31 Gemeente Eindhoven (2012). Raadsinformatiebrief Betreft Centrum Jeugd en Gezin Eindhoven. Raadsnummer 12R4786.

32 Kernan, M. (forthcoming 2012) Parental Involvement in Early Learning: A review of research, policy and good practice. Report researched and prepared by Margaret Kernan (ICDI) on behalf of Bernard van Leer Foundation, The Hague



## Must Do's & Don'ts

### Do's:

- Secure a continuum of care with the emphasis on providing specialised support within the universal services
- Use one parenting programme that will enable professionals to speak the 'same' language with parents

### Don'ts:

- Stop funding the SPIL centres in times of economic austerity
- Take away the option of SPIL Centres having their own specific identity, reflecting the needs of parents and children

## V. IMPLEMENTATION ELSEWHERE

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### **The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings**

Eindhoven's concept of offering parenting support both at the city level (in the CJG) and in the neighbourhood (in the SPIL centres) can be applied in other countries as parents in all countries will want to have the possibility of receiving support near home. Of course cross-party political support is important as well.

### **Elements that are non-negotiable**

The basic model is non-negotiable, ie. offering support at both central and decentralised locations as well as having a continuum of care.

### **Elements that can be adapted to suit other contexts/settings**

The fact that each SPIL Centre has its own specific identity (and thus offers different services), reflecting the needs of parents and children, means that it can be adapted to other contexts. What can also be adapted to suit other context/ settings are the partners who work together at the central and decentralised locations.

### **Necessary conditions for application or adaptation elsewhere**

As in Eindhoven, offering parenting support in a central and several decentralised locations requires the training of professionals in one parenting programme. Political support as well as different cultural and social circumstances is also important. This however is something that applies to all possible inspiring practices and not only to the SPIL Centres and CJG in Eindhoven.



# 'Familienzentren' (family centres) in the federal state of North Rhine-Westphalia (NRW), Germany

The state government of North Rhine-Westphalia, in 2006, embarked on a staged process to develop its 9,000 child care centres into 'certified' family centres - 3,000 of which would be developed by 2012. Familienzentren (family centres) act as the 'hub' of a network of local family and child welfare services designed to strengthen parenting skills and improve the reconciliation of work and family life. As an 'output-controlled' system, the certification process regulates family centres' activities and a family centre can only call itself a 'Familienzentrum NRW' if it has obtained a 'quality seal' through external evaluation. This also confers an entitlement to financial support.

**Organisation making the submission:** University of Duisburg-Essen, Germany.

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## I. THE APPROACH

### Theoretical/ conceptual framework

'Familienzentren' (family centres) are designed to 'bundle' (bring together) services for families in the local community. Family centres can receive financial support from the state of North Rhine-Westphalia in the form of a yearly endowment of €12,000 if they attain a certification by means of an external evaluation. As an output-controlled system, the certificate regulates family centres' provisions in the areas of family consultation and education, child minder placements and the reconciliation of work and family life.

### History

From 2006 to date, approximately 3,000 of the total 9,000 child care centres in the German federal state of North Rhine-Westphalia (NRW) are being developed into certified family centres. The concept of the state programme 'Familienzentrum NRW' acknowledges the significance of early support and intervention for children and families and was introduced in the context of the PISA-Shock<sup>33</sup> in Germany, as well as the growing number of families being challenged in their role as parents and the public debate around high-profile cases of child neglect. In spite of limited resources, the introduction of family centres has, after a relatively short time, already led to a high acceptance rate, a considerable increase in service provision and to positive effects for children and families. Within the framework of the state programme, family centres have become an important trademark and make a substantial contribution towards achieving the political goal of turning North Rhine-Westphalia into Germany's most child-and family-friendly state.<sup>34</sup>

### Target group

Family centres are driven by a universal approach and therefore address all parents and their children. In addition, a special focus is set on immigrant and educationally deprived families as horizontal aspects in the quality standards of the certificate 'Familienzentrum'. The quality criteria serve as a basic structural framework for the setting up of services while allowing each family centre enough flexibility to develop its own profile of services tailored to the demands of the local community.

### Accessibility

In Germany, almost all children between 3 and 6 years of age attend a 'regular' child care centre. This is the

<sup>33</sup> "For many years, the German public and policy makers assumed that Germany had one of the world's most effective, fair and efficient school systems. It was not until 2000 that they discovered this not to be the case at all, and that in fact Germany's schools ranked below the average when compared to the PISA-participating countries" (source: OECD (2010) <http://www.oecd.org/dataoecd/52/32/46581323.pdf>. PISA (Programme for International Student Assessment) is a worldwide study of 15-year-old school pupils' scholastic performance in mathematics, science, and reading. It was introduced by the OECD in 2000 with view to improving educational policies and outcomes.

<sup>34</sup> For general information on the programme, visit the official website of the Family Department of North Rhine-Westphalia: [www.familienzentrum.nrw.de](http://www.familienzentrum.nrw.de)

reason why these institutions are particularly suitable to implement comprehensive support services, since they are easy to reach for children and families and enjoy a high level of trust in their work. Family centres can therefore create low-threshold services for children and families by linking up the existing family support services of the local infrastructure. In addition to offering learning activities for parents, cooperation with the local family counselling agencies is a central element in the context of this integrated approach. To achieve easy accessibility for families, representatives from counselling agencies and other professionals (e.g. from health care) offer regular consultation hours and information sessions in the rooms of the family centre. Furthermore, parents and families are actively involved in the planning and realisation of their own activities and projects. Families who are 'hard to reach' are visited at home by the centre staff to identify their individual needs and to get a better picture of their individual living environment. Moreover, the quality criteria ensure that off-site services offered by partner agencies are easy to reach and at a short distance from the families' homes (at a maximum walking distance of 1.5 km from the centre). There are special arrangements in rural areas.



*Familienzentrum "Das Menschenkinderkulturkunsthhaus" in Nettetal (authorised by Mr. Andreas Zorn, the centre leader)*

## Objectives

The overall objective of the state government of North Rhine-Westphalia is to develop 3,000 of its 9,000 child care centres into certified family centres by 2012. The project was launched in 2006 with a state-wide competition for child care centres to be chosen as the first 250 family centres in a 'pilot' phase. The selection procedure was based on a balanced regional distribution and on the proposals of the applying child care centres, which had to correspond to the four conceptual pillars (language & literacy support; local partnerships with other services; cooperation with child minders; developing services according to local needs). After a gradual expansion, 2,000 family centres had already been established by summer 2010. For 2011, it was planned that there would be approx. 250 newly certified family centres and also the first 250 re-certifications of the family centres from the pilot phase. Thus, the goal to have 3,000 family centres by 2012 seemed absolutely realistic.

## Activities

Family centres are designed to strengthen parenting skills as well as to improve the reconciliation of working life and family life. Acting as the 'hub' of a network of family and child welfare services, family centres are in a position to offer parents and their children advice, information and assistance in all phases of life at an early stage. A family centre should develop child care centres into places for learning and gathering experience for children and their parents as well as enhancing parenting skills. Parents should get immediate and straight-forward assistance in resolving everyday challenges. A family centre should provide greater flexibility in terms of child care service hours as well as the mix of age groups by extending a variety of provision in partnership with families and child minders. At the same time, the centres should function as places for meetings and organising activities in the neighbourhood.

## The way activities are carried out

The ways of carrying out family and parenting support services are flexible and depend on the individual strategy of the centre, which is usually tailored to the needs of parents and families in the local community. Services can be set up as group seminars, information sessions, face-to-face counselling between parents and the centre leader, specialised staff members or partnering professionals.

Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

The participation of families in planning and organising activities is directly addressed by the certificate and covered through the quality criteria. Apart from regular enquiries on the wishes and needs of families at the beginning of each kindergarten year, there are several opportunities for participation (such as parents' council, self-organised projects and excursions, etc.).

## Promotion of the approach

Families are made aware of the existence of family centres through information (brochures, flyers in different languages) which is available at central contact points for families in the neighbourhood (e.g. paediatricians, supermarkets, partner agencies, local authorities' counselling services etc.) and through 'word-of-mouth' advertising by professionals and by other families who already benefit from the services of family centres.

## Quality assurance

From the outset, one of the key objectives of the programme has been to establish comparable quality standards for the running of the family centres, thereby ensuring the output quality of services.<sup>35</sup>

The 'quality seal' offers the basic framework for the organisational processes and the activities carried out in a family centre. First and foremost, it encompasses features that are crucial to the provision of readily accessible services and opportunities designed to foster and support the development of children and families. The quality standards are structured as follows<sup>36</sup>:

Service Areas:

- Counselling and support for children and families
- Family learning and educational partnership
- Child minders
- Work-life balance

Structural Areas:

- Networking in the local community
- Cooperation and organisation
- Communication
- Development of services and self-evaluation

These features are defined in a total of 94 quality criteria, which are subdivided into basic and additional features. Given this background, centres do not have to match all criteria to pass the certification procedure but are rather flexible to develop an individual service profile based on a set of common basic features. The quality seal is awarded by an independent external certification body. It is valid for four years and is awarded after passing through a comprehensive certification process, including an internal and an external evaluation. After the first period of validity, the family centre has to pass through a re-certification process to keep the award.

The relevant activities with regard to family and parenting support are covered by the first and second service areas. Moreover, the quality seal is 'concept-bound', i.e. a bundle of criteria is evaluated that constitutes a family centre as a whole. This ensures that the standards cannot be regarded as evidence of the pedagogical quality as such, as they are not meant to define the 'core business' of early childhood education and care. Therefore, the award can be understood as a certificate which acknowledges that the certified institution meets a specific number of quality standards.

The quality seal acts as a 'trademark', thus every existing family centre is certified on the basis of the quality standards, otherwise it would not be allowed to call itself a '*Familienzentrum NRW*'. The centres see the award as a benefit in two ways:

- Externally, it clearly signals accredited service quality with transparent standards to families and other institutions from the neighbourhood. Therefore, it helps to raise public awareness and to gain appreciation for the work that is done by family centres
- Internally, the centre staff - together with the partner agencies - is committed to providing comprehensive child care and family support services on the basis of a common framework with binding cooperation agreements. The additional public funding of €12,000 p.a. that family centres receive is another significant incentive

Family centres use the standards of the quality seal as a basic framework for planning and setting up their services. The relevant activities with regard to family and parenting support are covered by the first

35 Stöbe-Blossey, S. (2008): Qualitätsentwicklung und Qualitätssteuerung in Familienzentren. In: Rietmann, S. / Hensen, G. (Hrsg.): Tagesbetreuung im Wandel. Das Familienzentrum als Zukunftsmodell. Wiesbaden: 101-120

36 MGFFI (Ministerium für Generationen, Familie, Frauen und Gesundheit des Landes Nordrhein-Westfalen) (2010): Das Gütesiegel Familienzentrum NRW. Düsseldorf.

service area (counselling and support for children and families) and second service area (family learning and educational partnership) of the quality seal.

The first service area encompasses the provision of information on health, counselling and special needs services in the neighbourhood. Other aspects are the cooperation with the local family counselling agency, setting up a playgroup for parents and children or the use of a screening system for documenting child development. This service area is broadly covered by most of the centres and has therefore attracted the wide interest of the centre staff right from the start. In many cases, centres could connect this area to services which already existed before the start of the programme.

The second relevant service area (family learning and educational partnership) includes parental training courses, informal meetings for parents (breakfast, café), information sessions on educational topics, language classes for parents, and diverse activities for families with cultural, creative, sports or health related themes. The focus of these services can vary depending on the socio-economic context of the local community. Some of the activities are run by the centre staff but most of them are realised through partnerships with other education providers.

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

The services of a family centre are provided through a network of partners from the local community, with the child care site being the central hub. From there, integrated services are coordinated, e.g. with the primary school in the neighbourhood, the local family counselling agency, with child minders and other child and family related services provided by churches, family education centres, independent associations, etc. In addition, selective cooperation with

other institutions e.g. the local library, retirement homes for the elderly and sports clubs, serves to realise varied activities for children and families throughout the year. Integrated working is therefore the key element of service provision in family centres. This requires an intense collaboration and co-ordination between the different stakeholders and organisations at the local level. A growing number of child care centres also makes use of the possibility to bundle their services together with up to five other centres in the neighbourhood, thus being certified together as one 'bonded family centre'.

Apart from the local practice of each of the (approx.) 2,000 family centres, the overall coordination of the state-wide programme and the scientific programme evaluation is achieved through the cooperation of the state government, local authorities (youth welfare offices) and non-governmental organisations, including the following parties:

- Family Ministry of North Rhine-Westphalia (*Ministerium für Familie, Kinder, Jugend, Kultur und Sport des Landes Nordrhein-Westfalen*) (programme holder)
- Youth welfare offices on state level (*Landesjugendamt Westfalen-Lippe, Landesjugendamt Rheinland*) (licensing authorities)
- *PädQUIS - Pädagogische Qualitäts-Informationssysteme GmbH and Konkret Consult Ruhr GmbH* (agencies responsible for the certification process)
- *Institut für soziale Arbeit (ISA)* (consulting and support for child care centres on their way to become family centres)
- Institute for Work, Skills and Training (IAQ), University of Duisburg-Essen (responsible for the selection and consulting of pilot centres)

### Extent to which the practice is rooted in local authorities'/ NGOs experience of service delivery to families and parents

The local youth welfare offices are responsible for choosing a certain number of child care centres in their district as 'candidates' to be developed into family centres. The number of candidates is predefined by fixed quotas set by the state government. This process corresponds to the logic of the local youth services planning which is responsible for the local infrastructure. The planning for the provision in single communities and the co-ordination amongst service providers is rooted locally. After being chosen, candidates receive additional state funding of €12,000 for one year which should support the process of setting up services and entering the certification procedure. Meanwhile, many of the youth welfare offices see the development of family centres as an important strategic vehicle for local policy making and they actively support this



process. In this context, the local authorities are increasingly offering support measures, such as specific working groups, coordination offices, etc. In particular, the partnership with local child minders and the exchange of experience with other family centres in the same district is supported. Youth welfare offices moreover provide relevant socio-economic data and assist family centres to get in touch with potential partners from the community.

### **The involved staff, their education and training, guidance and support**

The staff involved consists of trained child care centre staff (educators), who work together with qualified child minders and professionals from cooperating institutions. Often parents and families volunteer to carry out projects and additional activities. The quality certificate includes the training for family centre staff as a team (training, coaching, concept development) and also requires individual specialisations from single team members to broaden the scope of activities (e.g. working with migrants, literacy, health & nutrition, sports). Pilot centres received substantial training to develop their concept.

### **Integrated working**

Since integrated working is the centrepiece for setting up comprehensive family and parenting support services, family centres are establishing steering committees with representatives from the partners involved that meet on a regular basis. Thus, a permanent communication flow is guaranteed.

## **III. POLITICAL CONTEXT AND SUPPORT**

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### **Political context**

The programme corresponds to the political context of nationwide initiatives for the quantitative and qualitative expansion of child care centres. Family centres are intended to raise awareness of the importance of early education and care, to develop it further, and to make it more transparent and comparable across regions. Other significant political goals are to support parents in their educational and parenting tasks and to ensure the reconciliation of family life and employment.

### **Funding**

A family centre that has been awarded the quality seal is entitled to receive additional public funds of € 12,000 per year under the Child Education Act of the federal state North Rhine-Westphalia. Since the award is valid for four years and the pilot centres were certified in summer of 2007, the first family centres are now being re-certified.

### **Other forms of facilitation**

This aspect is also covered by the quality criteria of the seal. Meeting space should be made available for the child minders who cooperate with the centre. Parents and families should also have the possibility to use the space for self-organised activities and projects.

## **IV. LESSONS LEARNED**

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### **Set up of the evaluation**

In the course of the scientific programme evaluation, a number of surveys were carried out in 2006 and 2008 with parents, family centre staff and with staff from regular child care centres as a reference group.<sup>37</sup> A qualitative analysis was conducted with a sample of 26 participants from the pilot phase.<sup>38</sup> In addition, online surveys were carried out in early 2008 with representatives from local youth welfare offices, family counselling agencies, and family education centres.

<sup>37</sup> All relevant publications on the scientific evaluation of the programme are available as downloads on (only in German): [www.paedquis.de](http://www.paedquis.de)

Meyer-Ullrich, G. / Schilling, G. / Stöbe-Blossey, G. (2008): Der Weg zum Familienzentrum. Eine Zwischenbilanz der wissenschaftlichen Begleitung. Berlin: PädQUIS.

Schilling, G. / Schreiber, N. (2008): Familienzentren NRW: Die Einrichtungen der ersten Ausbaustufe im Vergleich (= Arbeitsbericht 2 der wissenschaftlichen Begleitung „Familienzentren NRW“). Berlin: PädQUIS.

<sup>38</sup> Meyer-Ullrich, G. (2008): Qualitative Ergänzungsstudien zur Weiterentwicklung von Einrichtungen nach der Pilotphase (= Arbeitsbericht 6 der wissenschaftlichen Begleitung „Familienzentren NRW“). Berlin: PädQUIS.

## Main achievements/ results/ impact/ output and outcomes

The main results from the surveys can be summarised under the following aspects, which include possible changes, challenges and first solutions:

### *Centre leadership and staff team:*

The development of child care centres into family centres brings new challenges for the leadership and the working practices of the centre staff. Centre leaders increasingly see themselves in the position of a manager. This implies an increasing demand on management training, especially to cover aspects of human resources development.<sup>39</sup>

The integrated approach of collaborating with partners from the community requires time for coordination and strategic planning. Though tasks are becoming more complex and time pressures are rising, centre leaders have noticed a growing appreciation of their work. The degree of involvement of the team depends largely on the individual work organisation and the leadership culture of the centre.

### *Counselling and support for children and families:*

Partnerships with family counselling agencies are crucial for the support of children and families as a key part of the concept of family centres.<sup>40</sup> Through the integration of professionals from these agencies, services can be centralised and become easily accessible for families. The centres highlight the positive aspects of the partnerships. On the other hand, the capacities of the public counselling agencies are limited – with regard to a growing number of family centres, a major challenge lies in the coverage of the increasing demand for on-site consultation hours in all family centres of a local community. Some of the youth welfare offices have reacted by developing funding models to employ additional professionals in the counselling agencies. It would therefore make sense to assess the experiences with different concepts for family counselling that have so far been developed in cooperation between family centres and the local counselling agencies. Based on such a re-assessment, adequate quality criteria could then be defined and integrated into the standards of the quality seal. It would be wrong to reduce the quality requirements, since the linking up of services and counselling is a significant element in the work of family centres. In fact, additional resources have to be provided through local solutions and through the support of the state government.

### *Family learning and educational partnership:*

Partnerships with other professionals and providers of family education provide significant support to family centres, since they can delegate such work to specialised institutions in the local community.<sup>41</sup> This requires, however, an agreement on common goals before the services are set in place so as to be able to offer effective services tailored to specific target groups. During the course of the programme, an increasing number of family centres complained about the fact that parents do not call upon the broad range of activities that are offered. Therefore many family centres concluded with regard to their service planning that often 'less is more'. The coordination and management of activities and services is therefore of increasing importance to optimise and regulate the service provision in local communities and to avoid unnecessary competition.



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### *Child minders:*

The links to the child minders and child care centres (service area 3 of the quality seal) have remained one of the major challenges for family centres. This aspect is not only about placement but primarily includes

39 Schreiber, N. / Tietze, W. (2008): Familienzentren NRW: Der Entwicklungsprozess aus der Perspektive von Einrichtungen und Eltern (= Arbeitsbericht 1 der wissenschaftlichen Begleitung „Familienzentren NRW“). Berlin: PädQUIS.

40 Schilling, G. / Stöbe-Blossey, S. (2008): Familienzentren NRW: Die Perspektive der Erziehungsberatungsstellen (= Arbeitsbericht 5 der wissenschaftlichen Begleitung „Familienzentren NRW“). Berlin: PädQUIS.

41 Schilling, G. (2008): Familienzentren NRW: Die Perspektive der Familienbildungsstätten (= Arbeitsbericht 4 der wissenschaftlichen Begleitung „Familienzentren NRW“). Berlin: PädQUIS.



the processing of information, the development of solid partnerships with child minders, and supporting their training and interconnection. A combination of centralised structures (e.g. qualified agencies in the local community) and decentralised models of cooperation (information and guidance on-site in the family centres) has proved successful.

#### *Work-life balance:*

The improvement in parents' work-life balance facilitated by the family centres is mostly realised through detailed surveys on the parents' demands for care hours and placement with additional care providers in the neighbourhood who offer extended care hours that the centre is not able to cover. The extension of standard care hours by the centre itself (mostly after 5 pm) and the building of partnerships with employment authorities and local enterprises have only rarely been realised. However, service provision for under 3-year-olds has increased massively in the whole country.

The evidence from the surveys shows that the extension of their working hours gains only little acceptance from staff compared to other topics addressed by the quality criteria. This is mainly due to uncertainties and the fears of the centre staff regarding the development of individual working hours and the pedagogical concept for extended care hours. Some of the youth welfare offices have started initiatives and projects for extended care hours until 8 pm, but these initiatives have remained isolated in a few local communities and were not spread to other regions. Clear funding structures and innovative working time models are still needed.

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

The programme '*Familienzentren*' (family centres) fully corresponds to the public debate on early support services for children and families, especially from deprived areas, to break the intergenerational transmission of poverty.<sup>42</sup> The special combination of the services provided by the family centres allows educational work to be intensified and language deficits, especially among immigrant children, to be identified sooner and to be reduced systematically on the basis of individual tutoring. Children's strengths and weaknesses are identified at an early stage and parents receive tailor-made counselling on education, training, healthcare etc. as soon as possible.

#### **Cost-effectiveness**

Unfortunately, there is no clear evidence from the programme evaluation on its cost-effectiveness as this has not been measured in quantitative data. However, it can be said that the role model of the state initiative in North Rhine-Westphalia has gained widespread recognition all over the country, since it has introduced a region-wide shift in the concept and service provision of child care centres.

#### **Possible changes in the practice as a consequence of evaluation**

Discussed above under 'Main achievements/ results'

#### **Obstacles/ Challenges/ Issues**

Discussed above under 'Main achievements/ results'

#### **Successful elements**

A general positive feedback on the concept '*Familienzentren*' is found in all the qualitative and quantitative surveys, be they amongst the family centres themselves, the parents, the family education centres or the family counselling agencies. The government objective of a state-wide expansion of family centres is positively recognised by three-fourths of all youth welfare offices who participated in the online survey.

Most of the 2,000 parents surveyed were satisfied or fully satisfied with the services of family centres. As a result of this family centres were preferred to regular child care centres. This should not be understood as a criticism of the work of regular child care facilities but as support for the additional family and parenting support services provided by family centres. From the perspective of centre leaders, the development process of becoming a family centre has raised awareness of the already existing services in the local communities by building partnerships and networking with other institutions. Centre leaders feel that their work has become more varied and interesting through these co-operations and that their professional reputation has improved

<sup>42</sup> MGFFI (Ministerium für Generationen, Familie, Frauen und Gesundheit des Landes Nordrhein-Westfalen) (2009): Familienzentren in Nordrhein-Westfalen – Neue Zukunftsperspektiven für Kinder und Eltern. Ergebnisse der wissenschaftlichen Begleitung im Überblick. Düsseldorf.

as their work is more transparent for the local community and thus more appreciated by other parties.

### **Must Do's & Don'ts**

- Organise clear funding structures and innovative working time models for centre staff
- Provide resources and coordination of services for local counselling agencies
- Provide resources for coordination and strategic planning of centre leaders
- Optimise and regulate the service provision in local communities to avoid unnecessary competition

## **V. IMPLEMENTATION ELSEWHERE**

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### **The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings**

#### **Elements that are non-negotiable**

The concept '*Familienzentren*' has the potential to be transferred to other contexts or settings. First of all, this requires a clear political will to implement the development of child care centres into family centres. The political initiative has therefore to be set up region wide, depending on the underlying cultural conditions and political context of the region. In Germany, this initiative has been conceptualised as a state programme, but the adaptation to other regional scales is also possible. With the launch of the programme, the permanent and clear communication of the intention and the objective of the family centres (namely acting as service hubs in the local community to establish a comprehensive network of support services for children and families) is essential to counter interpretations that regard the concept as an intensification of competition amongst child care centres or as an additional burden for centre staff.

This aspect might seem to be taken for granted but the evidence shows that the overall objective is not always clearly transferred between the parties on the different levels involved in the process. This addresses especially the communication flow between the administrative structures on the regional and local level (e.g. amongst the public authorities and the different provider organisations in Germany). The programme evaluation has shown that these coordination processes between the different levels of administration are very important for successful programme governance.

Another significant point is the legal establishment of the concept, thus creating a common binding framework with clear regulations. In doing so, the government of North Rhine-Westphalia introduced and legitimated the additional competences of regular child care centres in the service areas of the quality seal and is able to regulate the funding for family centres.

#### **Elements that can be adapted to suit other contexts/settings**

The quality seal is the centrepiece for the governance of the programme, acting as a concept-bound system for quality assurance. The transfer and the adaptation of this system should be unproblematic, since similar models of output control are well-established in other countries and there are many international examples proving successful implementation. With regard to the contents of the quality criteria, an application to different settings should not cause any difficulties, since the criteria do not interfere with different pedagogical concepts or the individual practice in child care centres. The focus is on the range of services and the organisational structures to provide comprehensive support for children and families. The broad set of quality criteria allows family centres to implement their activities and services flexibly, according to the local needs and the working culture of the centre.

#### **Necessary conditions for application or adaptation elsewhere**

For the practical implementation, a pilot phase can foster the process of adjusting and developing the concept with practitioners right from the start. In this context, the scientific evaluation is an important instrument to monitor the process of programme implementation and to develop strategies to continuously optimise the concept.

Consulting and training practitioners (leaders and centre staff, professionals from partner institutions) is also a central prerequisite for the process of an on-going organisational development and supports centre leaders in coping with the new management and coordination tasks. It is therefore essential for provider organisations and government actors to provide practitioners with adequate resources.

# Family support programme in Stenungsund, Sweden

*Stenungsund is a Swedish municipality in the Region Västra Götaland on the west coast. In Stenungsund, parent support takes a public health approach and is part of a child mental health promotion strategy. It is also about community organisation and development. It focuses on strength, competence and capacity building. The approach is structural, based on progressive universalism, and targeted at all parents-to-be and parents of children 0-17 years. Following an initial two year 'pilot' period (2010-2011), the structure for delivering services through intersectional working has been established and the programme has been endorsed politically. The next step will be to measure the health outcomes for children.*

**Organisation making the submission:** Local Public Health Board in Stenungsund, Sweden

**Contact details:** Kerstin Ahlén, Public Health Coordinator - Email: kerstin.ahlen@stenungsund.se and Vibeke Bing, Manager of Development and Quality - Email: vibeke.bing@backalakarhusgruppen.se

## I. THE APPROACH

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### Theoretical/ conceptual framework

Parent support is part of a child mental health promotion strategy. The programme design has taken a public health approach. It can be traced back to the WHO Ottawa Charter from 1986:

*'Health is created and lived by people within the setting of their everyday life, where they learn, work and play. Health however should be seen as a resource and an essential prerequisite of human life and a social development rather than the ultimate aim of life. It is not a fixed end-point but rather something ever in progress, always in the process of becoming'<sup>43</sup>.*

Linked to the health promotion theories is the approach of health promotion 'settings', which includes schools, working places and health care institutions. The programme design is also about community organising and development. The parent support programme is a social action and has a structural approach. The root is empowerment. The approach focuses on strength, competence and capacity building. The local Public Health Board wants to increase community control and ownership and improve social structures. The role of human service agencies, and formal 'helpers', is one of many systems to respond to the needs of the community's members.

In the first years, it has been important to create a well-established structure of the parent support platform. It has been based on the idea of intersectional work and the views of parents.

Health promotion is mainly based on theories of organisational behaviour, sociology, social psychology, anthropology, education, economic and political science. The diversity of disciplines reflects health promotion as, not only concerned with the behaviour of individuals, but also with the ways in which society is organised.

Even the 'salutogenetic' concept of Antonovsky<sup>44</sup> contributes to health promotion practice. The way people are able to perceive structures, create coherence, and keep everything together has a central impact on health.

On an individual level, the parent support programme also includes theories about attachment, social networking, self-help and social learning. As it covers all ages of children, different determinants are stressed according to age of the children and the needs of parents. Before using an 'evidence-based' programme, it has to be examined from a children's perspective and the UN Convention on the Rights of

<sup>43</sup> Haglund B, Pettersson B, Finer D, Tillgren P. The Sundsvall Handbook- 'We can do do it' from the 3rd WHO Conference on Health Promotion. Solna: Karolinska Institutet avd. För Socialmedicin, Landstinget Västernorrland, 1993.

<sup>44</sup> Aaron Antonovsky (1979;1987) introduced the 'salutogenetic' concept Sense of Coherence (SOC). He was intrigued by the question of why some people, regardless of major stressful situations and severe hardships, stay healthy while others do not. The philosophies behind the salutogenetic theory harmonise with the essence of the Ottawa Charter. The way people are able to perceive structures, create coherence and keep everything together has a central impact on health.

the Child<sup>45</sup>.

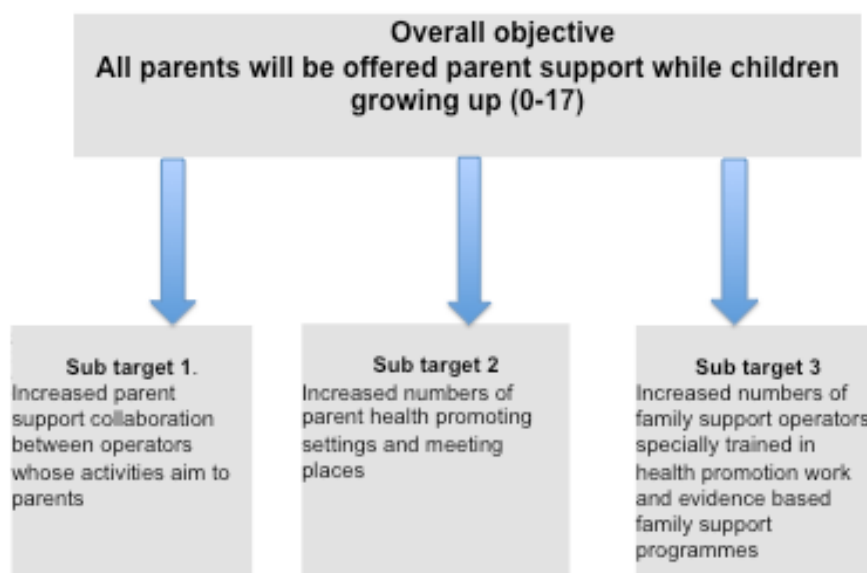
## History

Stenungsund is a Swedish municipality in the Region Västra Götaland. Democratically elected politicians govern the region. Region Västra Götaland is tasked with offering good healthcare and providing the prerequisites for good public health, a rich cultural life, a good environment, jobs, research, education and good communication. All together, these provide a foundation for sustainable promotion because the region wants to be a good place in which future and present generations can grow up. Here, Region Västra Götaland works together with local authorities, non-profit associations, governmental authorities and agencies.

In Stenungsund, with its 24,600 inhabitants, there is a long tradition of cooperation and collaboration between local authorities, NGO's and different professional groups. This is because Stenungsund, for many years, used to participate in a national project conducted by the Swedish National Board of Health and Welfare. The purpose was to 'take down walls and open borders' between local authorities in order to make the services more adjusted to the needs of citizens running the risk of 'falling between two stools'.

Then in 2008, the Swedish government decided to develop a national parent support strategy as a way of promoting health and preventing mental ill health and psychosocial disorders amongst young people and children.

### The Swedish National Strategy of Family Support



The strategy was meant to be a universal strategy. The National Institute of Public Health has the responsibility to disseminate knowledge and inspire the use of effective interventions that promote health and prevent illness amongst children and young people. One of the priority areas is universal parenting support, which aims to promote parents in their parental identity and self-confidence. Parent support is defined as an activity bringing knowledge about the emotional, cognitive and social health of children and/or strengthening the social network of parents. All parents are supposed to be offered parent support while children are growing up (age 0–17 years). In order to achieve this, it was considered necessary to develop local cooperation between those dealing with parents. The purpose was to implement and develop the national strategy on a local level.

In Stenungsund, from the very beginning, local politicians and civil servants in leading positions came to an agreement to make an application for funding from The National Institute of Public Health. Fortunately, Stenungsund was selected to take part in one of the national 'pilot' projects, in concert with four neighbouring municipalities. Since then, the local Public Health Board has made a firm commitment to a family support platform, even after the pilot project period has passed. The ambition - to regard the family support platform as an investment in the future and part of a social sustainable development - reflects the health promotion approach.

45 For example, is the value base of a programme compromised in implementation if programme fidelity is not maintained; are programme manuals that advocate 'time out' in some way legitimating a violation of children's rights; do 'punishment and reward' strategies risk obscuring fundamental ideas about communicating and building relationships with children; what are the risks of using manuals meant for children with conduct disorders in a general way etc

## Target group

The approach is universal, targeting all parents-to-be and all parents of children 0-17 years of age living in Stenungsund. Parents are addressed in different ways according to the social context in which children and parents engage in their daily activities. The approach is based on progressive universalism.

## Accessibility

### Early years

As every family visits the antenatal health care clinic, as well as the well-baby clinic, before and after birth of a new child, these services are responsible for the universal parent support offered. About 90 % of all children aged 1-5 years even go to day care after the fathers' and mothers' parental leave ends, which makes the day care universal as well. Together, all the professionals - the midwives, nurses and preschool teachers - cooperate in parent support during the early years. Social workers or family counsellors complete the staff team working in the early year universal parent support activities.

The midwife invites parents to a parent-training group during pregnancy. Then there is a 'bridge' to the well-baby clinic and the open nursery school, where the group continues to meet after delivery. The midwife offers this kind of universal parenting support during pregnancy. However she even creates special target groups.

One special target group is young parents under the age of 20 years because of their increased exposure. In this group it is more common to find unemployment, limited social network, short-term relationships, single mothers, unplanned pregnancies, mental illness and abuse of alcohol and drugs.

### School children

All parents of school children are offered universal group activities conducted by professionals from the school health services or by interested teachers. Of course the invitations are more general than during the early years. At school, there are usually fewer 'routines' involving parent-teacher communication. As parents are the target group at antenatal and well-baby clinics, there is a face-to-face relationship between them and the professionals. At school however, teachers, in the first instance, meet children.

At school, parents of children aged 6-17 years are offered evidence-based parent training programmes, as well as an experience-based programme called "Familjeverkstan (Family Workshop)<sup>46</sup>". The 'inspiring parent-teacher meetings'<sup>47</sup> have also begun to function well. The programme, 'Effekt'<sup>48</sup> is more 'at risk' oriented and aims to prevent alcohol and drug abuse amongst youngsters 12-14 years of age. 'Komet'<sup>49</sup> is another evidence-and manual-based programme offered to parents with children 3-12 years of age.

All parents, professionals, politicians, volunteers and citizens in the municipality are invited to the culture and library building to listen to lectures about parenting. Interesting lecture topics targeted at parents of teenagers have been about drugs. The lectures are running continuously and are free of charge. Other topics could be about young people and the Internet or about modern family life. The subjects are planned together with professionals, parents and politicians.

### Information



Much attention is given to public relations activities in order to find different ways to reach various groups of families and make the parent support activities more accessible. It is about marketing, a web site<sup>50</sup>, folders and advertisements in the local newspaper. There are some key points where professionals tell parents in more detail about the local parent support web site and support activities offered. Midwives do so as parents are expecting a baby; the preschool teachers have information routines as children start day care or visit the open nursery school; teachers inform parents about the parent support platform as children start school and so on. Parents are also introduced to a family support 'face book group' and get a folder about how to find different supportive activities.

46 "Family Workshop" is produced by The National Institute of Public health. There are 8 short videos to be discussed in parent groups.

47 The parent-teacher meetings are inspired by Jesper Juul and his Family-Lab. Family-Lab serves as a laboratory where professionals and parents are working together to find new ways to transform the loving thoughts to loving actions.

48 Effekt is a new evidence-based alcohol and drug prevention programme. It is aimed primarily at parents with children in grades 7-9. The programme is offered as structured presentations once a term in the school's regular parent meetings.

49 'Komet' is a Swedish manual-based parent training programme. The focus is to promote positive behaviour amongst children 3-12 years.

50 [www.stenungsund.se/foralder](http://www.stenungsund.se/foralder)



## Objectives

The objective is long term. It is to offer all parents in the municipality of Stenungsund universal parent support during their children's upbringing. The aim is to find ways to cooperate in developing and structuring sustainable, innovative parent support that runs through from pregnancy until the child finishes school.

Promoting cooperation will hopefully offer favourable conditions for children and parents. The aim in the first period has been to get a sustainable cooperation structure in place and to get parents to find and take part in the activities. The next step is to measure the health outcomes of children. Some indicators and determinants are already collected in the health care services, for example, breastfeeding, weight, dental health and participation in universal parent training groups. That is a nation-wide obligation. Outcome-related data particular to the new parent support structure and initiatives will be collected in the long term, for example, relating to drug and alcoholic use.

The political anchoring and the cross-sectional work have been important to start with and the outcome of that is obvious. Now there is more focus on activities in practice. The pilot project period (2010-2011) and the external financing from The National Institute of Public Health is over. Instead, the authorised representatives in different sectors now resolve and finance activities. Plans for sustainable development are being implemented. Different sectors of the municipality, as well as private and public health services and NGO's, are involved.

A research group is closely related to the parent support work to follow it up. One year after a first survey, the researchers repeat it, looking for changes according to activities, stakeholders and parents. A PhD student from The University of Gothenburg, the Department of Psychology is attached to the project. Results will be published later this year.

## Activities

Some of the activities are areas in development and others were in use before the pilot project started but needed to be re-structured. The range of activities is as follows:

- Parent telephone survey
- Parent support mapping
- A management team responsible for organising collaboration and coordination between different sectors in the municipality<sup>51</sup>
- Developing family guidance reception and telephone service
- Organising parent support programmes in cooperation with educational associations
- Open lectures at the request of parents
- Starting to organise family centres through study visits and discussions
- Education and training of professionals – preschool teachers, nurses, midwives, social workers – inspired by the Jesper Juul lab<sup>52</sup> in how to find innovative ways in practice
- Web site and public information about parent support
- Developing a strategic plan and an action plan for the coming year
- Marketing and information folder



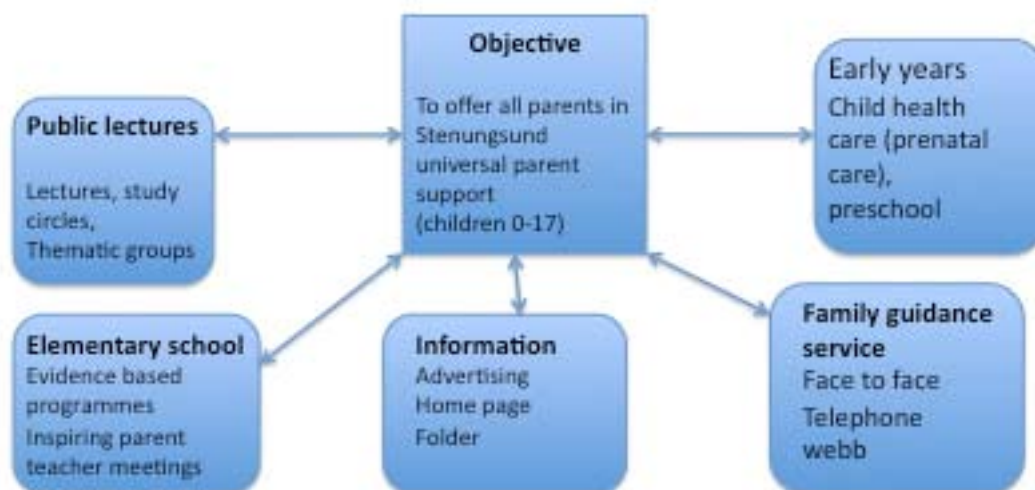
*A photo that reflects what is going on in our parenting work, now and in the future, to support fathers in their parenting role (authorised by Kerstin Ahlén, Public health Coordinator, Stenungsund)*

## The way activities are carried out

The strategy is implemented through working groups.

<sup>51</sup> A group of civil servants in leading positions in different welfare administrations: The chief education officer, the chief of the guidance centre for young people, the chief of the preschools, the chief of the welfare office, all chiefs of the private and public health care clinics, the public health coordinator and the drug prevention coordinator.

<sup>52</sup> Jesper Juul is a Danish Family Therapist and author of several books for a general audience. The book has been translated into many languages and has in some countries like Sweden, Denmark and Norway popularised ideas of non-authoritarian parenting.



### Early years 0-5

The universal health services and parent training groups in the antenatal and the well-baby clinics are nationally based and formalised. However, in Stenungsund, the services are adjusted and connected to each other. The time from pregnancy to starting school is a coherent period in life. This is an important perspective and why we form the community-wide parent support platform. This means there are bridges between different activities and operations. In the early years, there is face-to-face support in combination with semi-structured group activities. In day care, parents are offered interesting teacher-parent groups conducted by the preschool teacher and the nurse from the well-baby clinic. The different professional groups have been trained together (Jesper Juul <sup>53</sup>).

### Family guidance 0-18 years

The target group is all parents of children aged 0-18 years. All parents have access to a family face-to-face counselling reception service. It is a guidance service that includes telephone counselling just to give information and support in everyday situations. Different professionals such as midwives from the guidance centre for young people, social workers from the social welfare office, a social educationalist from the preschool and nurses from the well-baby clinic work together. They also collect data to find out how the guidance services should grow in the best way and enable different professionals and support services to be more pro-active and accessible. The pro-active approach covers the promotional way of working as well as the art of prevention.

### Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

At an early stage, it was obvious that it was important to listen to parents themselves. A telephone field survey was made in 2010 concerning 137 parents. What was most striking was that parents did not have any idea what parent support activities were already going on. Therefore marketing and information became an important issue.

Another important issue was parents' demand for individual counselling, quick questions, answers, advice and support. They asked for 'rescue' in troubled moments.

Lastly, parents' need for meeting-places was evident, just to make friends and widen the social network. Lectures and group activities were also on the 'wanted' list, as well as a 'nice big playground'.

### Promotion of the approach

#### Information – Public relations

As mentioned earlier, the media is used more and more, in the first place, to reach different groups. It is also to comply with parents' wishes about information. There is a folder, which provides information about all kinds of family support services and how to get in touch. As activities change over time, the web site is used to give information about current lectures, family activities and so on. In a face book parent

<sup>53</sup> [http://www.jesperjuul.com/forside\\_uk.asp](http://www.jesperjuul.com/forside_uk.asp)

support group, different actors have the opportunity to communicate. The local newspaper advertises each week what is going on related to family support and family activities. A small 'visiting card', just to put in a pocket, makes it easy to remember how to find the web site. The card is accessible everywhere.

### Quality assurance

The standards are picked up from the recommendations of The National Institute of Public Health. They are related to the local environment and parent's wishes in Stenungsund. Through training, the professionals gain a lot of 'know how'. In the project, instead of education, we have stressed the value base, because every project and every plan stems first from human values<sup>54</sup>. By acknowledging this, there will be coherent, mature parent support cooperation. The agreed values underpin the approach and are the basis of cooperation.

The evidence-based programmes referred to earlier have been chosen after examining the value base. Jesper Juul is a prominent figure. Over the past two decades, he has formulated a new paradigm in the way children are regarded and the ways in which we try to support their development and socialisation. His main objectives are to inspire, help and support parents and professionals in order to ensure that new generations of children grow up with optimal social and mental well-being, by offering alternatives to the many violent and abusive ways in which children and youth have been treated historically, as well as at present.

In addition, the research group from the University of Göteborg follows up the parent support work. It is easy to track how many people visit the parent support website and how the availability of information has improved.

Finally, the action plan is accepted in the Municipality Board and the politicians in the local Public Health Board are given the responsibility to follow it up.

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

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### **The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice**

At the start, the head principals of different administrative bodies such as the social welfare authority (the municipality) and the school sector (the municipality), as well as the heads of the private and public health sectors (the county), were brought together to organise it all. The authorisation was given to a group of civil servants in leading positions in different welfare administrations to form a management group. This 'process group' included the principle education officer, all heads of the different health care centres, the coordinator of the group, the manager of the guidance centre for young people and the principle officer of the social welfare services. Even the head of the preschools, the public health coordinator and the drug prevention coordinator belonged to the group.

First of all, it was necessary to take stock of existing activities and make an inventory of stakeholders concerned with parent support. The question was what the stakeholders were doing at present and what needs they detected. The results of this first investigation were delivered to the researchers at the university.

### **Extent to which the practice is rooted in local authorities' / NGOs experience of service delivery to families and parents**

The NGO's made their influence felt. Education associations, churches, Save the Children and the voluntary sector have taken part in the investigation and discussions. After listening to the parents themselves, five integrated working groups were established (see above under 'The way activities are carried out').

### **The involved staff, their education and training, guidance and support**

All the professionals, such as the midwives, the social workers, the family counsellors, the psychologists, the qualified nurses, the pre-school teachers and the teachers, are college educated. Those working with evidence-based programmes have been trained in that specific programme. Different professionals have been educated together in the Jesper Juul theories.

In their everyday work, midwives and nurses are supervised by psychologists.

<sup>54</sup> Seedhouse David; Health Promotion. Philosophy, Prejudice and Practice. Wiley & Sons Ltd 2004



## Integrated working

After two years of running the project, the structure is established. The individual advice and support and the parent training programmes are organised. The objective, who is responsible and which are the partners is clear. Objectives, responsibilities, partners and time schedules are drawn up for all the different areas of parent support such as information, guidance and lectures. Family centres and school and preschool are regarded as supportive environments. To some extent, even churches and educational associations are included as partners. The Church operates an open nursery school and the educational associations organise some of the parent training programmes offered at school.

The activities have been structured and managed in a systematic way as follows:

Objective	Responsible	Cooperation partner	Time
All parents are offered 'Familjeverkstan'	Leisure sector Drug prevention coordinator	Educational sector Preschool and school	At least twice a year
Parents are offered parent support programme 'Komet'	Open nursery school and Family preschool	Well-baby clinic Social welfare office Preschool	Once a year
Parents are offered 'Effect'	Leisure sector Drug prevention coordinator	Elementary school School health sector	Six times at parent teacher meeting grade 6
During pregnancy all parents offered Parent support group	Antenatal clinic	Well-baby clinic Family guidance centre	According to defined schedule
After delivery during the first year all parents offered Parent support group	Well-baby clinic	Dental health care Library Preschool etc	According to defined schedule

## III. POLITICAL CONTEXT AND SUPPORT

### Political context

The overall national objective of the Swedish public health policy is to create social conditions that enable the entire population to enjoy good health on equal terms. The Swedish Institute of Public Health provides knowledge and lends support to the central government, state agencies, regional authorities, municipalities and other organisations in the field of health promotion and disease prevention. One objective is to create good conditions during childhood and adolescence.

In order to support the country's parents, the Swedish government has formulated a national strategy for developed parental support: 'A Benefit for All'<sup>55</sup>. The aim of the strategy is to promote local collaboration surrounding the provision of support and assistance to parents in their parenting.

As the social and economic gap is widening in Sweden, especially amongst children, the Region of Västra Götaland is making efforts to reduce the disparities. The social gap contributes to health disparities. Strategically considered, population based interventions might improve both physical and mental health. The 'high-risk' group approach is however regarded as highly problematic<sup>56</sup>

### Funding

On behalf of the government, the Swedish National Institute of Public Health has distributed 140 million SEK in stimulation to 21 municipalities, which, together with researchers from different universities in Sweden, have developed and evaluated parental support. One of these municipalities is Stenungsund. Most of the projects are now completed and there is no more funding. The National institute of Public Health is

55 (A national strategy for parental support) Föräldrastöd - en vinst för alla. Nationell strategi för samhällets stöd och hjälp till föräldrar i deras föräldraskap. SOU 2008:131 <http://www.sweden.gov.se/sb/d/10057/a/118980>  
56 Norvenius G., Köhler L., Johansson J., Wennergren G. Protection, prevention, promotion Development of Child Health Services Nordiska Hälsövårdshögskolan 2001

now summarising the existing knowledge on parental support and issues for further research.

In Stenungsund, the politicians have signed one strategic plan and one action plan for future parental support. The political support goes through the Municipal Board and the Public Health Board.

### **Other forms of facilitation**

Several parent support events take place in the culture-and-library house. All these public lectures are free of charge.

The coordinator of the parent support activities is responsible for the website and for the coordination of all the activities.

## **IV. LESSONS LEARNED**

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### **Set up of the evaluation**

It is important to start with the parent's perspectives and needs. In our case, the essential point has been to repeat the base line study just to find out if the parents have experienced changes.

### **Main achievements/ results/ impact/ output and outcomes**

The programme structure is the main 'theme' for sustainability. It has been successful. The other factor is the intersectional and inter-professional work, crossing the operating boundaries. Moreover, the politicians have made their decision to support the parent support action plan.

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

The process of a long journey starts with a 'step' in the right direction. Long-term effects on children and families are not possible to evaluate yet.

### **Cost-effectiveness**

Coordination and collaboration are cost-effective. Early prevention<sup>57</sup> saves later costs. A clear structure makes it easy to start at the right level at the right time.

### **Possible changes in the practice as a consequence of evaluation**

- The web site proposed by parents
- The principal officers and the politicians have become more purposeful. The investigations on the needs of parents have served as a dialogue and increased the resolve of politicians in relation to parent support

### **Obstacles/ Challenges/ Issues**

- The financing of the future coordinator is crucial
- It is necessary to maintain the interest in cooperation
- It is important to keep up with new ideas and knowledge

### **Successful elements**

- The main factor is the value base
- The establishment of the structure
- The competence and the skills of the professionals

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<sup>57</sup> Effectiveness and costs of preventive services for children and families; Linnosmaa I., Väisänen A., Siljander E. and Mäkelä J. Family Centres in the Nordic countries – a meeting point for children and families. Nordic Council of Ministers 2011

## **Must Do's & Don'ts**

Make the services available to the citizens in many different ways.

Don't lose the cooperation structure.

## **V. IMPLEMENTATION ELSEWHERE**

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### **The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings**

There is the potential to replicate the strategy in most municipalities where cooperation is necessary to improve the conditions of children's well being.

#### **Elements that are non-negotiable**

- The values
- The structure
- The voices of parents

#### **Elements that can be adapted to suit other contexts/settings**

Social media provides new opportunities everywhere.

#### **Necessary conditions for application or adaptation elsewhere**

The political base of decisions and support.



# Good Parent-Good Start (Dobry Rodzic – Dobry Start), Warsaw, Poland

*The programme is the first Polish programme of interdisciplinary agency cooperation aimed at preventing the abuse of young children under 6 years old and promoting positive parenting. Described as the 'Local System for Prevention of Young Child Abuse' (LSP), it operates on 4 levels that range from provision of information on parenting to intervention in cases of child abuse. It adopts an approach of 'progressive universalism' to screen families for 'risk' factors and offer them support. 'Piloted' in 2007 in selected areas of Warsaw, it is now being extended across the capital and into rural areas.*

**Organisation making the submission:** Nobody's Children Foundation (Fundacja Dzieci Niczyje), Poland

**Contact details:** Renata Szredzińska, Good Parent – Good Start Programme Coordinator, Nobody's Children Foundation - E-mail: renata.szredzinska@fdn.pl

## I. THE APPROACH

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### Theoretical/ conceptual framework

The programme is based on several theories: psychodynamic theories; learning theories; ecological and environment theories; attachment theories. Attention is also paid to changing the cultural context, by influencing public opinion and authorities.

### History

The Nobody's Children Foundation (NCF) was established in 1991 to help children who were victims of abuse. Within years, upon inspiration of the chairperson of the Foundation, dr Irena Kornatowska, a child psychiatrist, work was commenced on elaborating a prevention programme aimed at supporting vulnerable families with young children (aged 0-3 years) before violence occurs. Partners from other local institutions such as health centres and welfare centres were invited to form a working group together with the NCF's specialists to work out an interdisciplinary preventive programme.

The working group elaborated a scheme for cooperation between various services, a common training module and tools for risk assessment. The basis of the Local System for Prevention of Young Child Abuse (LSP) was established. The LSP was thought of as an interdisciplinary system of cooperation between local authorities, local welfare centres, health centres, police, probation officers, local psychological consultation points, day nurseries and NGOs. The overall aim of the LSP is to identify families at risk of young child abuse and offer them support. The system works at 4 different levels:

**Level 1:** Broad information about the programme to all parents of young children (through partners)

- All parents receive information about the free of charge support offer in their area from nurses, midwives, doctors, social workers, day nursery carers
- All parents receive a 'Good Parent welcome kit' (a set of brochures and leaflets)
- Posters/ leaflets about the available offer are displayed in all partner institutions

**Level 2:** Identification of vulnerable families (through partners)

- Screening every family with young children in contact with partner institutions against risk factors (Tool: 'Parent and Child Questionnaire'<sup>58</sup>)
- Cooperation between partner institutions in order to motivate the family identified as at risk to seek support and assistance

**Level 3:** Provision of direct support to vulnerable families (partners and NCF)

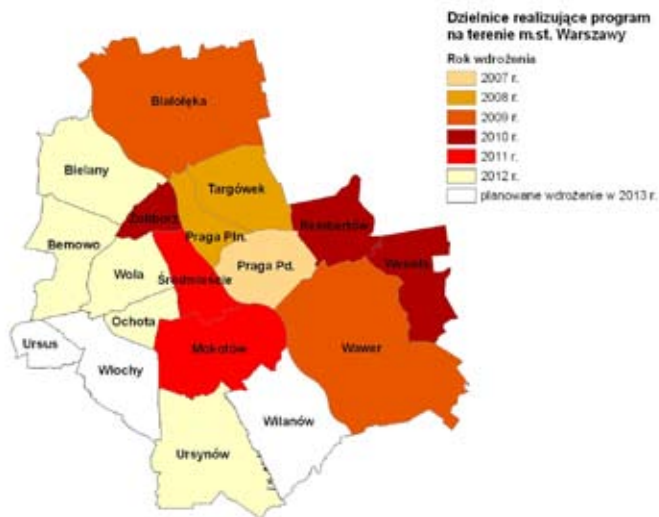
- Universal and targeted support (see details in subsequent section)

<sup>58</sup> The questionnaire is a list of risk factors. Generally, if 3 or more are observed during a routine examination, it may indicate that the family might be in a vulnerable situation

#### Level 4: Intervention in cases of abuse (partners and NCF)

- Taking legal steps to refer the case
- Providing legal help for the non-abusive carer
- Providing psychological help to the whole the family

In 2007, a 'pilot' version was tested in one district in Warsaw. As the outcomes were positive, a decision was made to gradually introduce the programme to the whole area of Warsaw. Local authorities were involved in providing technical and financial support. The programme should cover all 18 Warsaw districts by the end of 2013. The present stage is illustrated on map 1.



Map1. Programme coverage in Warsaw

The introduction of a new district into the programme follows several steps:

- Contacting all major stakeholders in the district, which include district authorities
- Mapping the existing support offer for families with young children to fill in the gaps and avoid overlapping
- Organising common interdisciplinary training for representatives of all stakeholders
- Delivering tools (questionnaires, welcome kits, posters) to all stakeholders
- Organising monthly interdisciplinary monitoring meetings
- Offering support to professionals, in terms of legal and psychological consultations and supervision
- Offering access to the internet-based knowledge centre and providing the professionals with educational materials

#### **Target group**

The programme was initially addressed to families expecting a child or with children aged 0-3 years. In 2011, it was broadened by introducing activities directed to parents of children aged 4-6 years and children themselves.

In order not to stigmatise families using the services of the programme, the Good Parent-Good Start programme combines a universal and targeted approach with emphasis on the latter. The programme tries to reach, in particular, teenage parents, single parents, families dealing with substance/alcohol misuse, families with past experience of violence, families in financial hardship, parents with problems of aggression, parents who feel helpless in child upbringing matters, families at risk of isolation and social exclusion. Referral to the programme is both self-referral and referral by partner institutions from LSP.

#### **Accessibility**

Local health centres are essential partners in reaching all families with young children, as by law parents have to register their new-born child in a health centre. All parents in contact with health centres participating in the LSP receive a welcome kit, including information about the programme. All parents are screened against risk factors, and families struggling with various problems are particularly encouraged to participate in the



programme. Attention is paid to providing professionals working in the LSP with current information on the programme offer and to training professionals in risk assessment, communication and motivation skills so that they can better engage families in cooperation. In 2009, an awareness campaign was organised, using TV and radio spots and posters in public transportation. Information about the programme is displayed on the programme's website and on 30 other parenting websites. Posters are displayed in all institutions working within LSP.

To enable all parents to use the services of the programme, all physical barriers have been removed so that parents with prams or people with disabilities can access the NCF's centre. The premises have been equipped with changing tables and disposable nappy units. Care for children is provided during meetings for parents. Finally, in order to enable all parents to access the programme, all the activities are free of charge.

## Objectives

The overall objective is to prevent abuse of young children and enhance the parental skills of all parents living in Warsaw. The ways to achieving it include: spreading the functioning of LSP to all 18 districts of Warsaw by the end 2013; reaching all families with young children with information about the programme; screening all families with children against risk factors; offering vulnerable families support and assistance. Systems to measure the impact of LSP on outcomes for children are not currently in place. This is work that needs to be undertaken.

## Activities

As far as support for parents and children is concerned, the following activities are conducted within the programme:

Universal services	Targeted services
Counselling on upbringing methods	Psychological, psychiatric, dietetic and legal consultations
Short (2 h) one-off thematic meetings on subjects suggested by parents themselves	Therapy for parents and children
Play groups for parents and children	Parenting skills training workshops
Publications for parents on stress management, children's safety, methods alternative to corporal punishment etc.	Socio-therapeutic groups for children
Website: <a href="http://www.dobryrodzic.fdn.pl">www.dobryrodzic.fdn.pl</a>	Holiday therapeutic camp
On-line consultations	Volunteer in the family (home visiting)
Media awareness campaign	

## The way activities are carried out

Activities are conducted on an individual basis and in groups. In some activities, parents participate with their children (play groups, video training workshop). Most of the activities are based in the NCF's Centre. However, home-based support is also offered by trained volunteers who are parents themselves. On-line support and telephone consultations are also available.

## Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

Parents' views are always taken into consideration. The topics addressed during meetings are suggested by families themselves. All activities are also evaluated and parents' opinions are carefully examined and considered in introducing improvements (see section on evaluation below). Parents may also become volunteers supporting other parents.

## Promotion of the approach

Promotion is conducted through various channels: partners from the LSP; Good Parent welcome kit distributed in health centres and maternity wards; programme website and partner website; local media (TV, radio, press); 'whispered' marketing.

## Quality assurance

In order to ensure a high quality of service provided by all the stakeholders involved, together with professionals from various services, 7 quality standards have been elaborated and implemented:

Standard 1 Support offer for parents		<ul style="list-style-type: none"> <li>✓ Local institutions provide support and assistance for parents of young children</li> <li>✓ Parents expecting a child or having a young child are informed about the local offer of support</li> <li>✓ Publications and educational materials on positive parenting are available to all parents of young children</li> <li>✓ The support is free of charge</li> </ul>
Standard 2 System cooperation between professionals	Cooperation of professionals from different institutions	<ul style="list-style-type: none"> <li>✓ Clear definition and distribution of tasks and responsibilities and information flow</li> <li>✓ Appointing a coordinator in each institution and the community coordinator</li> <li>✓ Signing an agreement amongst all the parties involved</li> <li>✓ Preparation and distribution of tools and materials indispensable for prevention activities</li> <li>✓ Common training and regular meetings</li> <li>✓ Mutual promotion</li> </ul>
	Cooperation of professionals within one institution	<ul style="list-style-type: none"> <li>✓ Involvement of all key players</li> <li>✓ Appointing a coordinator</li> <li>✓ Training on prevention; procedures to all employees working with families</li> <li>✓ Delivering tools and materials to all employees working with families</li> <li>✓ Sharing knowledge</li> </ul>
Standard 3 Various levels of prevention measures	Activities addressed to all and identification of parents at risk	<ul style="list-style-type: none"> <li>✓ Broad information about the support offer; delivery of publications</li> <li>✓ Appointing institutions responsible for identification of parents at risk</li> <li>✓ Screening all parents against risk factors (see example below)</li> </ul>
	Activities addressed to parents at risk	<ul style="list-style-type: none"> <li>✓ Support and encouragement to parents</li> <li>✓ Ensuring access to professional psychological, legal, welfare and medical help for parents</li> <li>✓ Elaboration and implementation of procedures for monitoring parents at risk and sharing information between institutions</li> </ul>
	Proceedings when children's life or health is at risk	<ul style="list-style-type: none"> <li>✓ Elaboration of intervention procedures; making sure that all employees know them</li> <li>✓ Immediate reaction</li> </ul>

<p>Standard 4 Organisation of work of professionals supporting families</p>	<ul style="list-style-type: none"> <li>✓ Ensuring rest time</li> <li>✓ Appropriate number of clients</li> <li>✓ Access to tools and equipment</li> <li>✓ Constant development of skills and competences</li> </ul>				
<p>Standard 5 Professional-family relationship based on respect</p>	<table border="1"> <tr> <td data-bbox="264 421 499 882"> <p>Creating and maintaining positive relations with the family</p> </td> <td data-bbox="499 421 1465 882"> <ul style="list-style-type: none"> <li>✓ Setting boundaries of the family-professional relationship and responsibilities of both parties</li> <li>✓ Listening to parents; responding to their needs</li> <li>✓ Recognising and accepting parents' emotions and feelings</li> <li>✓ Recognising and considering parents' communication barriers</li> <li>✓ Observing and appreciating signs of cooperation and involvement of parents</li> <li>✓ Observing and using parents' resources and strengths in the relationship with the child</li> <li>✓ Giving honest feedback to parents</li> </ul> </td> </tr> <tr> <td data-bbox="264 882 499 1198"> <p>Accepting diversity of attitudes in working with the family</p> </td> <td data-bbox="499 882 1465 1198"> <ul style="list-style-type: none"> <li>✓ Accepting diversity of parental needs and attitudes</li> <li>✓ Knowledge about cultural, social, religious differences</li> <li>✓ Tolerance about cultural, social, religious differences</li> <li>✓ Ensuring safety</li> <li>✓ Ensuring confidentiality of information received</li> <li>✓ Strict procedures regarding access to documentation</li> </ul> </td> </tr> </table>	<p>Creating and maintaining positive relations with the family</p>	<ul style="list-style-type: none"> <li>✓ Setting boundaries of the family-professional relationship and responsibilities of both parties</li> <li>✓ Listening to parents; responding to their needs</li> <li>✓ Recognising and accepting parents' emotions and feelings</li> <li>✓ Recognising and considering parents' communication barriers</li> <li>✓ Observing and appreciating signs of cooperation and involvement of parents</li> <li>✓ Observing and using parents' resources and strengths in the relationship with the child</li> <li>✓ Giving honest feedback to parents</li> </ul>	<p>Accepting diversity of attitudes in working with the family</p>	<ul style="list-style-type: none"> <li>✓ Accepting diversity of parental needs and attitudes</li> <li>✓ Knowledge about cultural, social, religious differences</li> <li>✓ Tolerance about cultural, social, religious differences</li> <li>✓ Ensuring safety</li> <li>✓ Ensuring confidentiality of information received</li> <li>✓ Strict procedures regarding access to documentation</li> </ul>
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<p>Standard 6 Skills and competences of professionals</p>	<ul style="list-style-type: none"> <li>✓ Continuous training and development of knowledge and skills</li> <li>✓ Familiarisation with risk factors and screening methods</li> <li>✓ Knowledge about the specificity of the psychological and social situation of families with small children</li> <li>✓ Combining specialisation with broad general knowledge</li> <li>✓ Undergoing regular supervision</li> <li>✓ Personal development</li> </ul>				
<p>Standard 7 Information and promotion</p>	<ul style="list-style-type: none"> <li>✓ Preparing information and promotion materials</li> <li>✓ Preparing information meetings for parents</li> <li>✓ Cooperating with partners to reach parents</li> <li>✓ Cooperation with local media</li> </ul>				

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

From the very beginning, partners from local welfare centres and local health centres were involved in planning the programme and are still engaged in its execution. With time, other stakeholders were invited, such as day nurseries, probation officers, police, psychological-pedagogical centres and other NGOs. An important ally is the City Hall of Warsaw and district authorities. Monthly meetings with all partners from

LSP are organised to discuss difficulties and possible improvements. On a quarterly basis, the NCF reports back to City Hall.

### Extent to which the practice is rooted in local authorities’/ NGOs experience of service delivery to families and parents

The programme is supported by the Warsaw City Hall and district authorities both in technical and financial terms. The representatives of the programme were invited to take part in the working group elaborating the municipal strategy for family support in 2010-2020. The Good Parent-Good Start programme is mentioned in the strategy as an example of good practice.

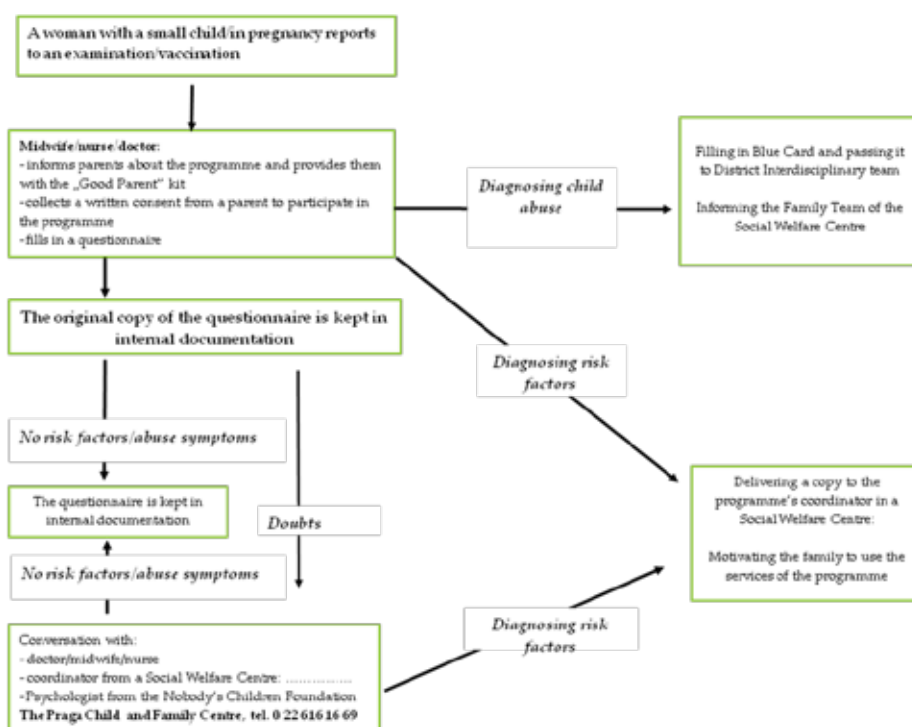
### The involved staff, their education and training, guidance and support

The staff of the programme employed in the NCF’s Centre is composed of: 1 coordinator, 8 therapists, 1 lawyer, 1 psychiatrist, 1 social worker, 1 public health manager, 1 sociologist, 2 project officers. The whole team undergoes regular supervision and training to develop competences.

The team is supported by 13 interns recruited from graduates from - or students of - the last years of psychology, pedagogical studies, sociology or similar. They receive introductory and on-going training. Also a group of 8 trained volunteers recruited from parents takes part in home-based support for vulnerable families.

### Integrated working

The programme is strongly based on integrated working. The coordination is undertaken by the NCF. The scheme for cooperation has been elaborated for all partners. Below an example is provided for the health centre:



## III. POLITICAL CONTEXT AND SUPPORT

### Political context

There is no clear national framework for early, universal family support aimed at prevention of young child abuse. The provisions are dispersed in various acts, eg. on social work, health care, counteracting family violence, family support and alternative care, standards for perinatal care.

There is, however, a municipal framework, 'Programme 'Family'', adopted by the Warsaw City Hall in May 2010<sup>59</sup>. The representative of the Good Parent-Good Start programme is a member of the working group

<sup>59</sup> Deliberation no. LXXXII/2398/2010 of the Warsaw Council of 13 May 2010 on adoption of the Programme "Family" for 2010-2020 available in Polish at: [http://politykaspoleczna.um.warszawa.pl/sites/politykaspoleczna.um.warszawa.pl/files/artykuly/zalaczniki/Program\\_Rodzina.pdf](http://politykaspoleczna.um.warszawa.pl/sites/politykaspoleczna.um.warszawa.pl/files/artykuly/zalaczniki/Program_Rodzina.pdf)

whose task is to monitor the implementation of the 'Family' programme.

## Funding

The funding for the LSP programme is provided by the World Childhood Foundation (till 2013), Warsaw City Hall (on a 3-year basis), district authorities (on an annual basis) and the Velux Foundation. Project-based funding is also obtained from EU sources. Private donors constitute a small part of the resources.

## Other forms of facilitation

The NCF tries to spread the knowledge on early family support through training sessions, seminars, conferences, educational materials and a website dedicated to professionals. Tools for working with families (eg. workshop scenarios) are prepared and promoted to be used also by other professionals.



*Parent and child activities during a therapeutic and education holiday at Załęczce Małe. The holiday was for 10 families in the NCF programme.*

## IV. LESSONS LEARNED

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### Set up of the evaluation

All single activities for parents are evaluated by their participants, with the level of satisfaction ranging between 90%-98% depending on the activity. The workshops are evaluated by pre-and post-test, with a declared improvement level ranging from 77% to 96% depending on the area of the problem.

The work of clinical staff is under the constant supervision of 2 external evaluators and the Clinical Director of the NCF. The assumptions and ideas for new activities are discussed with all the partners from LSP and the Expert Council, whose members are recruited from the academic environment and local and central authorities.

In 2011, a pilot evaluation research was conducted in 3 districts to examine the effectiveness of LSP (survey amongst professionals from the institutions involved, interviews with coordinators). Its results showed that although 80% of health workers and 91% of social workers considered the tools and the programme as very effective or rather effective, only 57% and 60% of them respectively proposed it to all families with whom they had contact.

The recruitment process for the programme was also analysed, discovering that there is still a need to improve the outreach to certain groups of vulnerable families (eg. with low education level, with more than 3 children). The involvement of fathers also needs to be enhanced, as although from year to year the presence of fathers in the programme has been steadily growing, they amounted to only 30% of all participants in 2011.

A stronger involvement of a statutory agency in programme coordination and a need to involve parents of older children was also put forward.

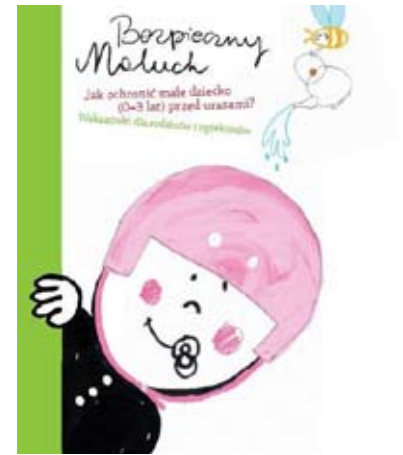
On the basis of the pilot stage, a regular evaluation set up is being designed, to be implemented from autumn 2012, covering all the above areas. A framework for evaluation of clinical work with parents is also being prepared at NCF level.

### Main achievements/ results/ impact/ output and outcomes

Main achievements include:

- Improvement in interdisciplinary cooperation in the prevention field
- Higher awareness amongst professionals, authorities and parents of the importance of early prevention and progressive universalism in family support
- Higher awareness among professionals, authorities and parents of the importance of early child development
- Creation of a broader free of charge offer of support and sharing tools for creation of a similar offer with professionals from other institutions/organisations
- High recognition of the programme amongst parents and professionals

- Non-stigmatisation of parents using the services of the programme
- Involvement of parents as volunteers



*A leaflet that every parent in Warsaw receives when registering new born babies at the local health centre (the first level of the Local System for Prevention of Young Child Abuse). Translation: "Safe baby- how to protect your child from accidental injuries - tips for parents and carers of young children".*

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

Integrated work in the field of prevention has certainly been strengthened and enhanced, especially in some districts facilitating contact between welfare centres and health centres. An in-depth evaluation is needed to see to what extent the programme managed to make a difference in counteracting problems faced by families with young children, of which transmission of poverty is one.

By participating in working groups on a local and central level, the members of the team can influence the regulations in the field of child protection. One of the major changes in recent years, to which NCF most probably contributed, was the introduction of the ban on corporal punishment of children voted by Parliament in 2010.

### **Cost-effectiveness**

No comparative data is available on cost-effectiveness.

### **Possible changes in the practice as a consequence of evaluation**

- Broadening the offer to families with children aged 3-6 years (already introduced)
- Improvements in recruitment of families to the programme
- Revision of tools used in LSP
- Revision of the organisation of LSP in terms of its coordination and roles of different partners

### **Obstacles/ Challenges/ Issues**

- Involving partners in actions aimed at prevention, and not only intervention in cases of suspected or confirmed abuse: this issue is addressed through training, information campaign, conferences, educational publications
- Introducing integrated working: in reality there was not much tradition of working together – common training sessions, common monthly meetings and discussion are gradually helping to overcome this challenge
- Insufficient involvement of the health sector: stronger involvement of the Department of Health Policy of the City Hall is sought to help in contacts with the management of the health sector; training and publications are offered to raise awareness and enhance knowledge
- Greater demand than possible supply of family support on offer by the NCF: this issue is being gradually resolved by training other professionals, sharing tools and distributing small grants to other organisations within the "Safe childhood project" financed by the Velux Foundation and administered by the NCF
- Fundraising based on too few sources: diversification of sources is being planned

### **Successful elements**

- A programme design worked out in cooperation with various agencies and services
- Individual and group support for parents based on respect
- Attractive Good Parent welcome kit directed to all parents
- Common training sessions for professionals from various agencies, enabling them to know each other better
- Tools for professionals on how to work with parents widely promoted and made accessible
- Website rich in materials for both parents and professionals
- Monthly meetings with all partners from LSP to discuss difficulties, successes, improvements



- National conferences allowing exchange of experiences and good practice with professionals from all over Poland and from abroad

### **Must Do's & Don'ts**

- The support on offer for parents must be free of charge to avoid exclusion of those in financial hardship
- The support on offer for parents must be based on progressive universalism to avoid stigmatisation
- The prevention system must be based on integrated work and cooperation between different services, of which the involvement of health services is absolutely crucial
- Coordination must be supported by a statutory agency
- Involvement of local authorities is vital
- Core funding should be stable and not project-based
- Detailed evaluation is necessary to demonstrate specific results and outcomes

## **V. IMPLEMENTATION ELSEWHERE**

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### **The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings**

The LSP can be transferred directly to other cities in Poland, or used as a model to be adapted. In fact, first attempts have been made to test its adaptation in the city of Poznań and in 6 rural areas.

#### **Elements that are non-negotiable**

- Free of charge offer
- Progressive universalism
- Interdisciplinary cooperation in the planning and delivery of the programme
- Involvement of health centres

#### **Elements that can be adapted to suit other contexts/settings**

The direct offer to parents can be adapted to better suit the needs of the local population. A different tool for risk assessment may be used. However, a tool is needed so that the assessment is more measurable. A different set of institutions may be invited to cooperate. Different ways of promotion may be chosen. The process of introducing the programme can take different steps, however it is advisable to involve local stakeholders from the very beginning.

#### **Necessary conditions for application or adaptation elsewhere**

Common training for all partners involved seems necessary to make sure that everybody understands the programme in the same way and knows what their role is. Quality standards are important, although small changes may be introduced depending on the organisational scheme adopted.



# The Parents' House, Brest, France

The 'Parents House' is a new type of educative support for families in and around the city of Brest in North-West France. Launched in 2009, it is open to all parents in need of help, support or someone to listen to them, including those living in the most precarious situations. Professionals do not deliver a theory for bringing up children but propose a framework for parenthood aimed at enabling parents to provide satisfactory living conditions and stimulation for their children. The project is an early intervention and prevention facility that builds on parents' competences and encourages social solidarity. Several local authorities and organisations are involved as partners and stakeholders.

**Organisation making the submission:** The National Federation of Associations for Child Protection (CNAPE)<sup>60</sup> of which the Association for the Protection of Children, Young People and Adults of Finistère (*sauvegarde de l'enfance, de l'adolescence et des adultes du Finistère*)<sup>61</sup> is a member.

**Contact details:** Justine Honoré, Technical Officer, CNAPE - Email : [j.honore@cnape.fr](mailto:j.honore@cnape.fr) & Stéphanie Guillemet, Project Coordinator - Email : [s.guillemet@adsea29.org](mailto:s.guillemet@adsea29.org)

In collaboration with Mariette Legendre, ATDQM<sup>62</sup>

## I. THE APPROACH

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### Theoretical/ conceptual framework

The Association for the Protection of Children, Young People and Adults of Finistère set up *The Parent's House* project with the support of institutions involved in parenting and family support<sup>63</sup> to promote a new type of educative support for families around Brest. *The Parent's House* opened on 20th October 2009, initially for an experimental period of 14 months. It has been developed according to different professional and personal experiences but the main value base influencing the project is that parents, as first educators, are responsible for their child's upbringing and should be supported in a way that builds on their competences and encourages social solidarity. The ethos of *The Parent's House* is based on an African proverb: "It takes a village to raise a child".

### History

In 2004, several professionals working in different social and health care institutions (*institutions sociales, médico-sociales, éducatives*) founded a working group and personally committed themselves to working together to create a place for parents and children that would respond to a problem they all experienced in practice, ie. how they could support parents and develop actions to promote social solidarity focused on parents' abilities. The working group set out the different issues experienced by families and considered possible solutions.

Economic and social issues were creating more and more loneliness, suffering and poverty, which also affects children. Families were more and more isolated in big cities; there was more distance between generations; more couples were separated etc. A lot of families were dealing with isolation and were looking for someone with whom to identify. Families were becoming more and more vulnerable. It is also known that poverty, not only affects parents' and children's health, but also parents' involvement in local life, children's achievement at school, relationships between parents and children and parenthood in general.

Young children living in poverty tend to have less access to early childhood education. Moreover, parents often did not have the opportunity in their childhood to acquire reference points for education. They might feel ashamed of that and set themselves apart from society. Nevertheless, they have many things to share and abilities to develop. And parents can feel less lonely when they are respected, listened to and accepted in a group with others.

<sup>60</sup>[http://www.cnape.fr/fr/unasea\\_missions.html](http://www.cnape.fr/fr/unasea_missions.html)

<sup>61</sup>[http://www.adsea29.org/index.php?option=com\\_content&view=article&id=46&Itemid=54](http://www.adsea29.org/index.php?option=com_content&view=article&id=46&Itemid=54)

<sup>62</sup><http://www.atd-fourthworld.org/-Who-are-we-.html> - <http://www.atd-fourthworld.org/-France,304-.html>

<sup>63</sup>See next section on History for details

In February 2007, the working group members met the Association for the Protection of Children, Young People and Adults of Finistère and the Vice-president of the district administration to begin work on the organisation of the project.

The local district administration (*Conseil Général du Finistère*), the family social security agency "Nord Finistère" (*caisse d'allocations familiales*) and the city of Brest are now involved as stakeholders of the project and a partnership convention was signed in May 2010. The convention was renewed in January 2011 to update partners' objectives according to the jointly undertaken project evaluation.



A drawing (panneau) made by a mother at the Parents' House

## Target group

Since the beginning, *The Parents' House* welcomes parents or future parents with children from 0 to 5 years old. In 2011, the target group was extended to parents with children from 0 to 12 years old. The project is for all parents in need of help, support or someone to listen to them. It is a universal approach to meet all kinds of support needs (school, everyday life, pregnancy, adoption, children/parent relationships etc.)

## Accessibility

*The Parents' House* is organised so that every parent in need is able to benefit from its services, for example opening times are organised to accommodate working parents. Communication and promotion of the project is done through other organisations, such as a social centres, psychological centres, an NGO providing food (*les restos du Coeur*), hospitals, and schools. The communication is as wide as possible to ensure a social and cultural mix.

## Objectives

*The Parents' House* concentrates, in one place, services based on family support and children's upbringing to enable parents to develop their reflections and abilities and adapt them to everyday life.

*The Parents' House* main activity is to focus on parenting support in coordination with all family support organisations of the area. It is part of a parenting support network led by the family social security agency with ten other organisations (NGOs, social centres, psychological support services). It has 3 main objectives:

- To break parents' isolation
- To promote parents' abilities
- To organise family socialisation

*The Parents' House* is a primary prevention facility for parents and families. It is a place for exchanging information, listening and being together. The goal is to support parents with the help of professionals and other parents. The professionals' mission is to promote the well-being of the children and to give a sense of responsibility to parents according to their needs and their specificity. Activities carried out in *The Parents' House* are based on "doing together" using everyone's skills (parents, children and professionals).

Secondary objectives:

- To act as a primary prevention tool
- To create a place for sharing, conviviality and listening
- To support parenting with the help of professionals and other parents
- To create a social and cultural mix
- To socialise children and their parents
- To support parents through the stages and separations of childhood
- To go at the pace of the child

- To give parents a sense of responsibility
- To adapt activities to each family situation
- work with parents according to their needs and at their pace

*The Parents' House* professionals do not deliver a theory for bringing up children but propose a framework for parenthood. Their role is to welcome parents, listen to them, support them and promote communication. It is important to understand parents' needs and work according to the parent-child relationship. The main objective is to promote families' well-being and especially the parent-child relationship. *The Parents' House* is dedicated to the parents, not only to the children.

## Activities

- There are different activities carried out in *The Parents' House*:
  - *Free time between parents and children*. Three times a week, the project is open to families with children under 6 years old. Every Tuesday night and one Saturday a month, free times are organised for all children so the entire family can come. Parents and children can play together, meet other families or the professionals. This time is an opportunity for informal education
  - *Workshops for parents* with or without their children no matter the age. Parents join a small group to share an activity. Workshops can be led by a parent, a volunteer or a professional. Art or culture workshops are an opportunity to validate abilities, promote trust and offer a place for expression. Workshops were organised from the beginning and, as they are really successful, have continued to be developed. As a first step, some parents come for a workshop with their children, then the second time they meet other parents and professionals. Daily routines, such as 'nap' times for children and meals, continue around this and take place on a shared basis
  - *Individual supports for parents* to help them with every day matters (cooking, children's sleep etc). This is a formal time for social and psychological support
  - *Listening times* organised every Wednesday night, when parents can meet professionals to get information about other services and to discuss their needs. These sessions are organised, as far as possible, to suit the families
  - *Outside activities* are organised with other organisations or during special local events

## The way activities are carried out

*The Parents' House* activities combine formal and non-formal education, group-based activities, individual support, face-to-face meetings etc. Most of the activities take place in the project but there are, from time to time, activities with other partners outside of the project (see information below in section 2)

*The Parents' House* is located in a two-storey flat that includes a bedroom, a kitchen and a bathroom. This makes the location feel as much like home as possible.

## Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

People facing social exclusion are often distanced from the organisation of projects. The Association wanted to integrate parents and to work and evaluate itself with the parents as partners. Thus parents meet together, or with the help of a volunteer from ATD 4<sup>th</sup> World, to discuss practice, the activities proposed and the 'House' organisation (opening times, activities outside etc.) in preparation for meetings with professionals. These take place every three months. A group of parents also actively participated in a local event on parenthood<sup>64</sup>.

*The Parents' House* supports parents' participation by:

- Facilitating various types of participation: parents can visit as they want and work on their projects at different times
- Taking parents' views into account in the projects they undertake at *The Parents' House*
- Showing a willingness to validate parents' capabilities through everyday activities and through the practical aid of workshops
- Involving parents in meetings between themselves and with professionals

<sup>64</sup> Festival organisé par la ville de Brest dédié à l'enfance en novembre 2010.

## Promotion of the approach

Parents are informed of the project through other organisations or professionals. Schools are also a partner of *The Parents' House*. (see above section on Accessibility).

Every week, *The Parents' House* disseminates the activity schedule to families and partners (school, social services, social centres, associations, etc.).

## Quality assurance

There are different meetings and opportunities that ensure the quality of work undertaken at *The Parents' House*. Every week, staff members meet to analyse their practice and prepare the weekly schedule. A psychologist helps professionals to analyse their practice and to share their thoughts about families' situations.

There is also a 'social life council' composed of parents. They meet together once a month to discuss the activities, the professionals, and the organisation of the house. Every three months, parents and professionals meet together to discuss positive and negative experiences.

Once every three months, the Association Executive Director convenes a management board to evaluate project practice to support families and parents. Stakeholders and all partners participate in the management board.

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

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### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

*The Parents House* is organised and developed by the Association for the Protection of Children, Young People and Adults of Finistère. Several local authorities and organisations are involved as partners and stakeholders in this project, including the local district administration (*Conseil Général du Finistère*), the family social security agency "Nord Finistère" (*caisse d'allocations familiales*) and the city of Brest (see above section on History). The project is also supported by ATD 4th World (see sections below on 'Involved staff' and 'Integrated working'). As already stated, the Association convenes management board meetings every three months to review and develop project practice.

*The Parents' House* has developed strong partnerships, not only with other parenting support organisations in the area, but also with other associations to promote common leisure activities<sup>65</sup>. *The Parents' House* is actively involved in local life to make it more accessible to everyone. Cultural and social diversity are an asset because every parent can feel welcome without any stigmatisation.

### Extent to which the practice is rooted in local authorities'/ NGOs experience of service delivery to families and parents

*The Parents' House* is a new type of educative support for families around Brest that came out of a working group of professionals from different social and health care institutions set up in 2004 (see above section on History). It has a commonly agreed value base but has developed according to different professional and personal experiences.

### The involved staff, their education and training, guidance and support

The project is staffed by professionals and volunteers. There are five social workers and a psychologist who supports the staff. Two of the social workers are specialists in family support, two are specialists in special education and the other in young children's education. The project was initially run by volunteers who are still very active in the project.

The international movement ATD 4th World has been involved as a partner in the project from the beginning<sup>66</sup>. A volunteer from ATD 4th World was part of the initial working group and helped to shape the project to ensure it was accessible to all families, including those living in the most precarious and disadvantaged situations. ATD 4th World works to combat poverty and social exclusion, focusing on promoting families'

<sup>65</sup> Since 2011, a partnership with the "Association des bébés tritons brestois" and conventions with "Maison Pour Tous du Valy Hir" and "Association Vers le Jardin"

<sup>66</sup> <http://www.atd-quartmonde.fr/La-Maison-des-parents-a-Brest.html>



strengths to enable them to take more control of their future and to prevent the intergenerational transmission of poverty and social exclusion. These values have influenced the development of the project and professionals received training from ATD 4th World before the 'House' opened. The objective was to examine their practice and develop new skills, particularly in working with very disadvantaged families, in order to support parents and increase their confidence.

ATD 4th World insisted that *The Parents' House* should be a place of early and primary prevention, enabling parents to provide satisfactory living conditions and stimulation for their children to avoid placement in care. It was also important to reach out to socially excluded people, to consider specifically the reception of parents living in very precarious circumstances and to ensure there was an appropriate social and cultural mix. It was necessary to build a flexible project that parents could sign up to and (if they wanted) to change.

Whilst the project was in development, ATD 4th World brought its knowledge of families, and social and cultural experience of family support work, to the project. This was based on three principles:

- The effective access of families to their fundamental rights, in particular the right to family life
- The development of social and cultural ties through involving everyone
- The development of projects jointly with families



*Picture of the Parents' House – parents and children spending time together*

To put these into effect, it was necessary to develop an in-depth knowledge of the children and adults, their histories and backgrounds, and to build up a relationship of trust with them.

The ATD 4th World volunteer working on this project has a good understanding of the inequalities experienced by the children, the suffering of families when their children are placed in care, their fear of professionals and the different ways of thinking of parents and professionals. Moreover, the volunteer has the conviction that the parents' well-being affects that of the children, that by changing professional practice and improving the way parents in very difficult situations are supported, one can bring out parents' skills and knowledge-based experience.

## Integrated working

Professionals respond to the demands of parents and not to a court decision. First of all they listen to the parents' needs and demands for support, then they build an agenda together.

The volunteer from ATD 4<sup>th</sup> World is involved regularly in the project. She works with the professionals to help in integrating families with major difficulties. She also regularly meets with families who wish to get involved in the 'House' organisation.

Joint training, run by ATD 4th World, was organised in 2009, prior to the opening of the project. Its aim was to create a better knowledge and understanding between the people in precarious situations and the professionals, in order to improve relations and partnership working. The training, which involved an exchange of knowledge and practice, took place over three days. It included 14 social work professionals and 5 ATD 4th World activists with experience of poverty. At the end, participants drew up terms and conditions that would enable them to work together better.

The partnership between ATD 4th World and *The Parents' House* continued with the opening of the project and the presence of one of ATD 4th World's volunteers in the 'House' for 6 to 8 hours a week.

This was formalised in an agreement between the associations, with the following aims:

- To enable parents in great difficulty to come to The Parents' House and make full use of it
- To ensure the necessary conditions for parents to have a place, a role and to participate
- To enable the different people involved (parents and professionals) to get to know each other, to think and to act in the best interests of the child and its family in carrying out their parental responsibilities
- To strengthen the participation of parents in project meetings

The volunteer comes on a regular basis in her free time in order to get to know the families and build up trust with them. At these times, she is available to children and parents but does not fulfil the role of a professional who welcomes parents, even if she is providing a 'welcoming ear'. She does not have the responsibility to draw up personal projects with parents. The volunteer informs parents about the monthly parents' meetings in which they can participate. During these meetings, and meetings between parents and professionals, she facilitates the discussion, gives everyone the chance to speak, is attentive to what everyone says, takes notes of what parents say, but remains impartial. She is there in a facilitative role, to empower parents to speak out and to act.

### III. POLITICAL CONTEXT AND SUPPORT

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#### Political context

The Association for the protection of children, young people and adults of Finistère has promoted 'tertiary prevention'<sup>67</sup> with community care services for more than 70 years. *The Parents' House* project builds on this to focus on early intervention as the 2005 child protection act<sup>68</sup> promotes it.

French law has now recognised the predominant role of parents in the upbringing of their children for more than 20 years and promotes early intervention in family situations. In 1984 and in 1986 the law recognised the rights of families and that protecting children is not any longer about separating them from their parents. At a national level, a new kind of community service was developed in 1999, when the *réseaux d'écourte, d'appui et d'accompagnement des parents* (REAAP) was set up to develop parenting support initiatives, especially for parents experiencing poverty and social exclusion.

At a local level, it is the district administration (*conseil general - département du Finistère*,) that has promoted projects for families and children, creating working groups to work on objectives and projects for child protection policy. This has revealed the need for family support actions such as family mediation (parents' meetings, listening places, preparation for parenthood, help desks in schools etc) and parenting guidance (counselling, helping and supporting). The district administration has, since 2005, become the main actor in child protection policy and one of its priorities is to reinforce the solidarity of families and children. Early intervention, in particular, has been identified as a development field to assist families and to promote early years' services for families and parents in difficult situations.

In this context, *The Parents' House* is a place for families where parents can reconcile family life and professional obligations. It is about helping single-parent families or parents dealing with social exclusion to meet their responsibilities towards their children. It reinforces the importance of protecting children from poverty-related problems.

#### Funding

*The Parents' House* is financed by several stakeholders: the local district (*conseil general*), the city of Brest and the family social security agency (*caisse d'allocation familiales*). It was initially financed for an experimentation of fourteen months which has now been extended to three years (until December 2012).

- Other forms of facilitation
- There are no other forms of facilitation.

### IV. LESSONS LEARNED

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#### Set up of the evaluation

A convention was signed between the involved parties, partners and stakeholders, to set up the evaluation of the project. A sociologist is in charge of this. Technical meetings were organised to determine criteria based on quantitative and qualitative data. The evaluation has been set up with the managers, the professionals and the parents. It is about to be launched.

- Agreed criteria:
  - How *The Parents' House* functions as a parenting support resource

<sup>67</sup> Tertiary prevention is to act with parents and children at risk to ameliorate the risk situation

<sup>68</sup> Loi du 5 mars 2007 réformant la protection de l'enfance

- How the concept of *The Parents' House* is promoted: partners' meetings
- Use of new tools for parenting and family support: practice inside and outside the project
- Quantitative data:
  - Date of the family visit
  - Name and status of the person accompanying the child or children (eg. mother, father, grandparent)
  - Name and age of each child
  - Area of the city where the family lives (the city is divided into 7 areas)
  - Activity undertaken in the 'House': free time, workshops, individual support, listening time
  - Number of parents participating in the 'social life council' and partnership meetings
  - How the family heard about the structure
  - Number of phone calls received
  - Number of phone calls made
- Qualitative data:
  - What are the needs and the expectations of the family
  - Is the family accompanied to *The Parents' House*
  - What other services are used by the family
  - How often does each family come
  - To what extent are families involved in the activities and meetings of the project
  - Are parents able to express their needs and expectations
  - Are the concerns of parents noted
  - In what conditions are parents most comfortable with their children and in the parenting role
  - What benefits and/or gaps in service are noted by parents and professionals
  - The progress of families attending with concrete examples
  - The promotion of the work of the project outside

### **Main achievements/ results/ impact/ output and outcomes**

*The Parents' House* is different from the other projects because it organises several services and activities face-to-face or in a group and parents and professionals work together to define their specific needs.

Due to opening times and space available, *The Parents' House* was initially dedicated to parents and children under 6 years old. It now dedicates some schedules during weekends or after school for all children.

*The Parents' House* has attracted more and more people and every opening time is an opportunity for families to meet other parents or professionals.

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

*The Parents' House* welcomes every parent, whatever their social and cultural background. After two years of experience, it has also demonstrated a strong partnership with other organisations providing services for families and parents (see above section on Objectives)

An evaluation has been set up with managers, professional and parents and is about to be launched (see above section on Evaluation).

## Cost-effectiveness

The evaluation process is about to be launched and should deliver results in December 2013. It will try to measure cost effectiveness.

## Possible changes in the practice as a consequence of evaluation

Parents and professionals need a larger place for their activities that includes outside space. It might also be necessary to welcome more families with children no matter how old the children are.

## Obstacles/ Challenges/ Issues

Ensuring the co-existence of people from different social situations is a continuous task for the project workers. Tensions are discussed in meetings with parents, and in meetings between parents and professionals, facilitated by the ATD 4<sup>th</sup> World volunteer. For example, parents may not observe basic rules of courtesy towards one another, or may lack sensitivity to others' less fortunate circumstances, and rivalries may develop. Tensions can also arise if professionals overreact to parents' comments about their working practices. Professionals want parents to get involved but sometimes this leads to misunderstandings and a lack of acceptance. On occasions, a parent may have monopolised one of the project workers, having a destabilising effect on her ability to receive and listen to other parents. Professionals can sometimes be unsure about their role boundaries, for example whether they might seem unprofessional if they eat their lunch with parents and whether this will result in a loss of authority. Social interaction outside a professional setting also raises concerns about becoming over-familiar with some parents and not relating to all parents equally.

It is only possible for parents and professionals to progressively put into practice their joint training, to be able to think and act together in their daily work situation. It must be seen as work in progress. This is no easy task, as project workers are primarily paid by their funding organisations on the basis of the actual time they spend in *The Parents' House*.

The road to getting people with social and economic problems to come to *The Parents' House* is often a long one. These parents are afraid of confronting a group, a new place and the professionals' judgement.

## Successful elements

*The Parents' House* provides a distinctive and necessary support service to parents, which makes it possible to organise individual support within a collective approach through a combination of free times and scheduled workshops.

Parents come on the recommendation of a friend or on professional advice, alone or with a support person. Parents come to meet each other but also to seek professional support in a non-formal way. They can participate in activities with their children, with other parents, or, as individuals with a professional or a volunteer.

If parents come first to meet other parents or to participate in an activity with their children, they often, the second time, express a need for individual support. Two examples can be given:

- an adoptive mother who had difficulties in getting back to work as the baby still feared abandonment
- a family looking for help for their 11 year old child facing "school phobia"

## Must Do's & Don'ts

It is important to maximise the opportunities presented at shared times surrounding children's 'nap' times and meal times. This distinguishes the project from other parenting support services. The practice is a new way of providing parenting support in an early intervention context because it is based on complementary actions of supporting, listening and participating.

The aim is to build mutual trust between professionals and families and to adapt supportive work according to parents' need and wishes.

Professionals have to be flexible to adapt their practice to parents' needs. It could, for example, be necessary to open the 'House' for just one family, or to carry out work with families outside the 'House'.

## V. IMPLEMENTATION ELSEWHERE

### The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings

There are other 'Parents' Houses' in France, in various forms, depending on whether they are in an urban or rural environment. Other professionals are working on new practice methodologies but can sometimes be limited because they act within an organisational mandate. *The Parents' House* works to parents' agenda.

The practice at *The Parents' House* can be implemented in any other city if it is adapted to the local context (political, economic and social).

#### Elements that are non-negotiable

It is crucial for this kind of project:

- To promote relationships between parents and children and their peers
- Not to take the place of parents or other organisations
- To stay focused on welcoming all families (within the limits of the project's capacity)
- To promote parents' and professionals' co-responsibility
- To promote parents' involvement in the life of the project, especially parents who are dealing with profound social exclusion
- To always make it possible for new families to join

Certain basic principles must be respected. *The Parents House* must be:

- A place of prevention for all parents and children
- A place of participation and exchange of competences between parents with the support of professionals from different backgrounds
- A warm, welcoming place which offers daily activities in the same sort of house the parents might live in
- A free and confidential place
- A place which does not pass on information about the families to institutions without the parents' agreement

#### Elements that can be adapted to suit other contexts/settings

The practice can be adapted to a local context and in accordance with local partnerships. However, the social mix, where the practice is based on every parent's abilities, is crucial to building solidarity and putting parents at the centre of their children's upbringing.

#### Necessary conditions for application or adaptation elsewhere

An assessment of existing practice and other organisations operating in the area should first be made, to adapt the initiative to existing local actions. *The Parents' House* needs to be integrated in a social network and build strong partnerships.

The partnership with ATD 4<sup>th</sup> World was important to make professionals think about their practice during training. This preparatory training was crucial to this project and is regarded now as a pre-requisite where professionals work with parents, some of whom are experiencing extreme poverty.

The participation of a skilled volunteer who works with parents to prepare for their meetings with professionals is crucial. It is a time when parents express their wishes and present them in writing. It guarantees parents' active involvement in the life of the project.

In summary, conditions which appear to have contributed to the ethos of *The Parents House* are: A knowledge of the needs and wishes of the families of Brest by the professionals of the group

- Group awareness of available outside resources in Brest and of other innovative solutions in France
- A reasonably long lead-in phase to the setting up of the project
- The partnership between ATD 4th World and the Association, which pre-dates this project

- A recognition of ATD 4th World's work by the Association
- The support of local institutions
- Joint education/training
- The presence of someone from ATD 4th World, with their experience of families in great difficulty, to facilitate parents having their say and playing a part in the running of the 'House'.



# *Il Melograno, "Accogliere la Nascita"* (Upholding Birth), Rome, Italy

*The project is targeted at 'mother-child' family units, resident in Rome, at high risk of social or psychological distress during the first year of the child's life. It aims to identify families 'at risk' as early as possible, at the moment of the child's birth. It offers programmed intervention in the home to promote secure attachment in the mother-child relationship and to include the family unit in a network of services and resources available in the area. Initiated in 1999, it was 'tried' in six of the nineteen sub-municipalities of Rome and now extends to the whole city. After an interruption in 2009, it was reactivated in 2011.*

**Organisation making the submission:** Associazione Il Melograno- Centro Informazione Maternità e Nascita - Roma, Italy

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## I. THE APPROACH

### Theoretical/ conceptual framework

The choice of the project's objectives and methodologies is based on, and refers to, a number of theories:

- *Attachment theories*, according to which the quality of the first relationships established between the child and his caregiver has significant effects on all successive development, especially in the social and emotional spheres
- *Transactional theories*, according to which the course of development is generated dynamically by continuous transactions between the individual and the environment
- *Bronfenbrenner's ecological theory*<sup>69</sup>, which stresses how the parent-child relationship can affect the child's development, according to the nature of other relationships in which the parents are involved

The necessity for an intervention of support in the home during the first year of the child's life is also based on the results of the most recent studies in neuroscience<sup>70</sup>, which have drawn attention to the importance of taking action early in life for effective prevention, as maladaptive caregiving produces serious negative effects on the child's development. These effects tend to persist unless substantial changes occur in the environment in which the child lives. At the same time, adaptability in the first year of life is such that even a small change can have significant long-term effects.

### History

The project was initiated in October 1999. It was interrupted in August 2009, and was reactivated in March 2011. It originated with the intersection of three different situations that came together to form a feasible proposal:

- A number of experts in the fields of paediatrics and neuropsychiatry felt the need to try out new forms of intervention for the prevention of psychological and relational distress during the developmental years, based on the theoretical foundations that had inspired experiences of home visiting during the first year of life conducted in many



*Favour the process of attachment*

<sup>69</sup> Bronfenbrenner U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge, MA: Harvard University press

Bronfenbrenner U. (1992). *The process-person-context model in developmental research principles, applications, and implications*. Unpublished manuscript. Ithaca, NY: Cornell University

<sup>70</sup> For example: Mundo, E. (2009) *Neuroscienze per la psicologia clinica. Le basi del dialogo mente-cervello*. Milano, Raffaello Cortina Editore; Hart, S. (2011) *Cervello, attaccamento e personalità Lo sviluppo neuro affettivo* Astrolabio; A.N.Schore (2003) *The human unconscious: the development of the right brain and its role in early emotional life*, in: *Emotional Development in Psychoanalysis, Attachment Theory and Neuroscience*, Viviane Green ed., Brunner - Routledge, Hove and New York, 2003

countries<sup>71</sup>

- In the city of Rome there had recently been instituted a specific new department for childhood policy, particularly sensitive to the problems of early infancy and thus very receptive with regard to the need to launch innovative processes of prevention in this field
- *Il Melograno, Centro Informazione Maternità e Nascita di Roma*, an association of the so-called *privato sociale* ('private' social services), wanted to make its experience available beyond the narrow confines of the Association itself and to try new modalities of integration with the 'public' services

Law No. 285 of 1997<sup>72</sup> made it possible to bring these three situations together through financing of the project in the context of a First Territorial Plan for the City.

After an initial trial phase limited to six of the nineteen sub-municipalities of the city of Rome - which lasted approximately two and a half years and which showed positive results at first evaluation - the project was proposed again in the Second Territorial Plan for the City and extended to the whole city.

## Target group

The project is aimed at mother-child family units, resident in Rome, at high risk of social or psychological distress during the first year of the child's life. Risk is defined as the presence of one or more of the following conditions:

- Critical socio-economic situation and/or low educational level
- Minor age of one or both of the parents
- Single parent household
- Psychological or psychiatric pathology of one or both of the parents
- Drug addiction of one or both of the parents
- Immigrant status
- Prematurity or immaturity of the child
- Severe invalid status of the mother

## Accessibility

In order to share a common plan and define the most effective ways of identifying family units in difficulty for enrolment in the project, there has been continuous involvement, not only of operators in the obstetric and neonatology wards of the city's hospitals, but also of the educational, social, and health care services of the sub-municipalities and of the local health agencies (ASLs) ie. municipal social services, family planning clinics, mental health care services for children and adults, drug addiction services (SerT) and paediatricians in the public health care system.

A number of awareness seminars were held to illustrate the aims of the project, followed by a series of periodic meetings to coordinate planning among the various services.

## Objectives

The project aims to identify families at risk as early as possible, at the moment of the child's birth, and to offer support for the establishment of a relationship with the child by means of targeted intervention during the first year of life. The aims of this intervention are:

- To favour the process of secure attachment in the mother-child relationship
- To include the family unit in a network of services and resources available in the territory

These general objectives are articulated, in turn, in the *following specific objectives* relative to the family units enrolled in the project:

- To support and develop maternal empowerment

<sup>71</sup> For example: In the UK, a universal ante and post-natal home visiting programme exists; In the USA, different approaches with different underlying models; Olds D. (1999). Appendix C. The Nurse Home Visitation Programme. *The Future of the Children*, 9, 190-191; Olds D., Kitzman H. (1993). Review of research on home visiting for pregnant women and parents of young children, *The Future of Children*, 3, 53-92; Lyons-Ruth K., Connell D. B., Grunebaum H. U., Botein S. (1990). Infants at social risk: maternal depression and family support services as mediators of infant development and security of attachment. *Child Development*, 61, 85-98; Erickson M. F., Korfmacher J., Egeland B. (1992). Attachment past and present. Implications for therapeutic intervention with mother-infant dyads. *Development and Psychopathology*, 194 4, 495-507

<sup>72</sup> Law No. 285 of 1997 'Disposizioni per la promozione di diritti e di opportunità per l'infanzia e l'adolescenza- Dispositions for the promotion of rights and opportunities for childhood and adolescence

- To reinforce sensitivity and awareness and the ability to observe, understand, adapt and adjust to the needs of the child
- To instil a feeling of being supported in the parental function
- To facilitate the establishment of a social support network for each family unit
- To increase familiarity with local services and resources, facilitate access to them and promote their utilisation

## Activities

An intervention of support in the home is offered to family units with the characteristics described above, who are enrolled in the programme for the first year of the child's life. The support programme provides for regularly scheduled two-hour meetings, in the home, with twice weekly frequency for the first six months and weekly frequency thereafter, until the child's first birthday.

Family units are identified on the basis of indications by operators in hospital obstetric and neonatology wards, by paediatricians in the public health care system, by the city's social and health services, and by the ASLs (local health agencies). If the services should identify a potential case during pregnancy, the intervention can begin during the final months before the child is born. As mentioned, the intervention takes place at the home of the family unit but, if the baby must remain in the hospital for a longer than normal time, either because it is premature or for other reasons, the intervention is initially carried out in the hospital, for the duration of the child's stay there, and continues later in the home. Intervention in the hospital aims to provide support for the mother during the delicate initial phase of establishing a relationship with her child, facilitating acquaintance and contact with her baby, an ability to observe, and recognition of her own competencies.

Intervention in the home consists of a series of activities whose purpose is to support the mother-child relationship and favour the process of attachment. The operator, adapting her intervention to the specific characteristics and needs of each family unit, begins to establish a relationship of trust and reciprocal acceptance with the mother. She learns about the mother's life experiences, promotes her resources, and facilitates her relationship with her child and her understanding of the child's communicative signals. She makes the mother aware of the evolution of her maternal competencies, and stimulates the establishment of an increasingly warm and inviting environment as the relationship gradually develops.

Without ever taking the place of the mother, the operator provides her with the support necessary to face her difficulties, allay her natural anxieties, encourage her and instil a sense of confidence in her own abilities. Particular attention is given to breastfeeding - respecting the individual choices of each woman - in order to guarantee success in the phase of reciprocal adaptation (times, rhythms, positions, diet, contact etc). Moreover, the operator encourages and promotes the activation of all possible social and family resources around the family unit, as well as the best use of the services offered in the territory, providing information on the various opportunities available and facilitating access (which includes accompanying the mother, if necessary), thus promoting the most effective support network possible.

With the presence and support of the operator, the mother can see the paediatrician or go to the local social services or health services that would be most beneficial for her. The operator in this case can carry out a function of mediation and facilitation of relationships, support for a better awareness of available opportunities, and coordination with the operators of local services. In a similar way, the operator can inform the mother about the various resources for learning, play, and parent support available in the territory (family spaces, places for parents to meet, play spaces for children, etc.) and encourage her to take advantage of them. Finally, there is an activation of any existing family ties or community connections that can offer valid support.

## The way activities are carried out

Activities are home-based.

The intervention of support for the mother-child relationship is characterised by a series of fundamental elements:

Participation in daily life, at home, is the first of these, and it is this that enables the establishment of a relationship between the operator and the mother and allows the operator to more effectively provide support for the mother.

The second element is the creation of a relationship of reciprocal trust, often never before experienced by

the mothers in the programme. This can have a compensatory effect for the relational difficulties they have experienced previously in their lives, facilitating in turn their ability to care and provide support for their child.

The third element is the choice to stand alongside the mother without, however, taking her place, but rather developing awareness and empowerment.

Finally, the fourth element relates to the creation and activation of a support network around the family unit in difficulty. This is made up of both relatives and friends and also social, health, educational, and parent support services. The operator mediates, facilitates and coordinates the actions of these services.

### **Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice**

The mothers enrolled in the programme are involved from the very beginning in sharing the objectives of the intervention (they sign an informed consent form) and scheduling the home visits. At the end of the intervention, they are contacted and asked to express an evaluation of the service received.

### **Promotion of the approach**

Various informative materials (flyers, pamphlets, brochures) are distributed in hospitals, in the offices of the various services and in other strategic locations, in order to reach the service users. The materials aim to increase the knowledge of the service in the entire population as well as to promote women self-signalling to the project.

### **Quality assurance**

Quality standards are ensured through the training, qualifications and experience of staff, coupled with supervision, mentoring, guidance and support offered by the organisation.

## **II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING**

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### **The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice**

The principal service providers involved both in planning and in enrolling family units in the programme are: the five ASLs (local health agencies) operating in Rome, the obstetric and neonatology wards of the city's principal hospitals, the social services of the various sub-municipalities.

Depending on the different situations requiring support, a collaboration is provided for other organisations (nursery school, foreign associations, charitable institutions, CAF,<sup>73</sup> Juvenile Court, etc), to offer a wide support net to the family unit in trouble during the first year of the baby's life.

### **Extent to which the practice is rooted in local authorities' / NGOs experience of service delivery to families and parents**

The project was launched in experimental form in 1999 and is now well established and integrated amongst the various services in the mother-child arena, although financing is precarious since funds are allocated from year to year.

In the initial phase of the project, agreements were signed with a number of ASLs (local health agencies). These agreements were not formally renewed over time. However, the synergy with the various services in the territory - which has made it possible to create an effective, integrated network for the project - has *de facto* remained operative.

### **The involved staff, their education and training, guidance and support**

Home visitors are specialist operators who have diplomas or university degrees in the fields of psychology and social sciences and have specific training for supporting family units that are at risk during the first year of the child's life.



*Support the mother-child relationship*

<sup>73</sup> CAF = Financial Assistance Centre

## Integrated working

In addition to the work of integrated planning described above, specific coordination work is undertaken for each family unit in the programme. Every home operator meets periodically with operators from the social, health, and educational services located in the family unit's territory of residence. Together, they assess the progress of the intervention and decide on the most appropriate proposals of support to offer the family, including after the conclusion of the home intervention period.

Families themselves are involved from the beginning in the definition of the project's objectives and anytime when there are changes to make.

## III. POLITICAL CONTEXT AND SUPPORT

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### Political context

Law 285/1997<sup>74</sup> represented an important moment in the policy of promotion of children and youth law in Italy. This law has been a good starting point in the process of innovative relations amongst institutions and different non-profit projects. In addition, it allowed the birth and the elaboration of initiatives oriented to prevention and health promotion in childhood and adolescence.

### Funding

The project is financed with funds made available by Law 285/1997<sup>75</sup>, which are allocated from year to year.

### Other forms of facilitation

There are no other forms of facilitation. Everything is included in funds allocated for realisation of the project.

## IV. LESSONS LEARNED

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### Set up of the evaluation

In the first evaluation, which was carried out in an experimental research study with a control group, the women who were assisted by the home intervention were seen to be more able to recognise their child's signals and synchronise themselves with its communicative rhythms, as well as to provide it with stimuli for play and explorative activities. Moreover, the babies of these women were found to be more interactive and receptive to maternal stimuli than were those of the control group. Even more evident benefits were seen for women who were depressed at the moment they were enrolled in the project: they were seen to be less intrusive towards the child - respecting the child's needs as an individual - but also less passive and thus able to structure the relationship with their child more appropriately.

These results are important because many studies report that the mother's ability to perceive the baby's signals and respond appropriately favours a harmonious interaction between them and lays the foundations for the child's secure attachment. The increase of maternal sensitivity is an important protective factor that can counteract or at least attenuate the negative effects of the risk factors present in the family units enrolled in the project.

Successive evaluations have also shown positive results on two fronts: the mothers' satisfaction with the home visiting and its effectiveness and the establishment of a stronger and more articulated network of services around family units in difficulty.

The mothers' level of satisfaction is very high, with regard especially to the emotional support they receive and the assistance they are given in their relationship with their child. They feel that the operator's intervention has increased their self-confidence, helped them not to feel "lost" in the face of so many difficulties, and, above all, developed their ability to observe and understand their child better. This is confirmed by the operators in the local services. In the control interviews that were carried out, they reported evidence of many positive changes in the mothers enrolled in the project.

Regarding this last point, the visible effects of the project include, not only an improved relationship

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<sup>74</sup> See note 4

<sup>75</sup> See note 4



between family units in difficulty and the local services, but also an increased awareness and utilisation of those services by the mothers enrolled in the project.

Analysis of further results shows that:

- The number of cases undertaken was greater than predicted
- There were few interruptions to the interventions before the child's first birthday and any Interruptions were almost always due to the family unit's transfer out of the city of Rome
- There was good integration with the local maternal and child care services

### **Main achievements/ results/ impact/ output and outcomes**

*For the operators of local services, the results obtained have reinforced the conviction that home intervention in the first year of the child's life is one of the most effective means of support for at-risk situations. Consolidation of the assistance network, and reciprocal trust between the local service operators and the operators of the Association, has provided an effective foundation for the experience and contributed to its greater dissemination, as well as to greater adherence to the project by the women themselves.*

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

The literature has often stressed the fact that a history of deprivation in the parents is transmitted to the children, in a trans-generational cycle that cannot be broken in the absence of positive intervention. People who did not experience warmth and affection in their own infancy, who did not experience relationships of secure attachment, or who were victims of abuse as children, have not reached sufficient affective maturity and are still submerged in their own need for a figure who will listen to their requests. It is difficult for people like this, who may be addicted to drugs or suffer psychological or psychiatric pathologies, to take care of a child with the necessary sensitivity and ability to understand its needs. They may, more frequently than others, become neglectful or abusive parents themselves. The same is true for parents who are minors and still dependent on their family, not only from the economic, but especially from the psychological point of view.

Providing these parents – these mothers – with an intervention of maternalism based on a relationship of reciprocal trust, which they may never have experienced before, makes it possible to care for the mother as a person. This is important in order to compensate for relational difficulties experienced in the past and facilitates, in turn, the mother's ability to care and provide support for her child.

Many local administrations and non-profit associations (for example in cities like Milano, Napoli, Prato, Firenze, Treviso, Bari, Verona) have made detailed studies of the project to enable them to start similar services in their regions.

### **Cost-effectiveness**

The project did not measure cost effectiveness as such, but we can refer to a UNICEF report<sup>76</sup> that demonstrates that investment in quality services for early infancy provides considerable savings for society in the long term: "The savings to be made for society as a whole – in remedial education, in coping with social exclusion, in responding to antisocial and criminal behaviour, and in the treatment of long-term mental ill health – are likely to be many times greater than the amounts needed to increase investment in high quality early childhood service. In the cost-benefit studies conducted so far, benefits have commonly been found to outweigh costs by as much as eight to one".

### **Possible changes in the practice as a consequence of evaluation**

Following the first evaluation some changes and innovations have been made:

- Small adjustments concerning home intervention such as increasing the length of visit (from 1 hour and a half to 2 hours) and a better definition of first contact modality with the family
- Explicit inclusion of immigration amongst risk factors
- The possibility to anticipate support needed, in some situations during pregnancy, as indicated by Public Health Services

<sup>76</sup> (8:1) UNICEF, The child care transition, Innocenti Report Card 8, 2008. UNICEF Innocenti Research Centre, Florence. © The United Nations Children's Fund, 2008, pg. 32



- The opening of "*Sportello Nascita e Prima Infanzia*"<sup>77</sup> providing information on all current resources in the city of Rome regarding maternity and birth (laws, procedures, opportunities, welfare work, documentations etc)
- During the last year, the name of the project has been changed from "*Raggiungere gli irraggiungibili* (Reaching the Unreachables) to "*Accogliere la Nascita*" (Upholding Birth) for a better image and dissemination of the project

### Obstacles/ Challenges/ Issues

The project suffers from three main weak points, which derive from the critical situation of recent years:

- *Difficulties of collaboration with hospitals*, which are a key element of the project, since the hospital is the place of first contact with service users who seldom apply to local services. Due to lack of time, and to organisational difficulties, hospital operators - who appreciate the value of the project and are very willing to participate in it - often find it difficult to identify women who would benefit from it
- *Non-stability of the project* does not allow for long-term planning. The project is renewed from one year to the next and there is always much uncertainty about its future – it was even interrupted for a certain period due to a change on the political scene. In addition to difficulties in planning, this creates a sense of disorientation and a lack of security amongst the Association's operators
- *Limited economic resources* make it impossible to take on a sufficient number of mother-child family units relative to the needs of the territory. Many operators have reported very difficult family situations that could not be enrolled in the programme due to lack of funds

### Successful elements

The project has several noteworthy innovative aspects:

- *The "direction" of the service* (the service user does not have to go to the service - the service comes to the service user)
- *The methodologies employed* (empowerment, support and development of personal abilities and resources)
- *The ability to effectively establish an integrated network* amongst services (both public and private social services)

The strong points that have made it possible to reach the project's objectives can be summarised as follows:

- *The high degree of motivation and qualification* of the operators who have worked on the project
- *The characteristics of planned home-visiting*, which are seen to be effective (achievement of predicted results) and adequate for the needs of the service users (user satisfaction)
- *The decision to operate in the first year of the child's life*, a significant period for an effective preventive intervention

### Must Do's & Don'ts

- The operators' training on the above mentioned methodology is considered a key strategic point, the absence of which can undermine the ethos and efficacy of the intervention
- The work relating to integrated service planning is, similarly, regarded as essential
- What should not be done, is to attribute to the project other diagnostic, educational, charitable or psychotherapeutic objectives relating to the role of other agencies

## V. IMPLEMENTATION ELSEWHERE

### The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings

The project can be replicated in other countries.

<sup>77</sup> Sportello Nascita e Prima Infanzia = Counselling Point for maternity and infant care, health and social services

### **Elements that are non-negotiable**

- Specific training for the staff
- Integrated planning amongst services

### **Elements that can be adapted to suit other contexts/settings**

Home intervention can be integrated with other specific planned support measures in the maternal and childhood area.

### **Necessary conditions for application or adaptation elsewhere**

Common training for all partners involved seems necessary to ensure everybody understands the programme in the same way and knows what their role is. Quality standards are important, although small changes may be introduced depending on the organisational scheme adopted.

# Bultzatzen – Promoting Success, Spain

*Bultzatzen is a socio-educational programme for culturally diverse young people aged 12-16 years that takes place in the neighbourhood of Astrabudúa in the suburbs of Erandio in the Basque Country. Bultzatzen (in Basque 'pushing') came into being in 2004-05 and proposes an innovative response to the situation regarding the risk of academic failure and social exclusion in which the young people of the neighbourhood find themselves. There is multi-level intervention that involves family, the community, schools, the Town Council, the University and other institutions. The programme has been effective in raising aspirations and educational standards, as well as promoting increased community cohesion.*

**Organisation making the submission:** University of Deusto, Department of Social Pedagogy & Diversity, Spain <sup>78</sup>

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## I. THE APPROACH

### Theoretical/ conceptual framework

The theories that explain learning and school success have undergone a major transformation. Until very recently it was thought that learning was an individual process, with a beginning and an end, and that it was best to establish defined spaces and times for this type of activity<sup>79</sup>. On the other hand, it was thought that if some type of interaction existed, it was limited to student-teacher. Nevertheless, today we know that learning takes place in the real world, within a certain geographical/spatial and specific social context<sup>80</sup>. This is a context that refers to the culture to which the individual belongs, to the persons with whom it interacts and links, and to the institutions in which it participates. On the other hand, learning does not only take place during school time but is open to life, since everyday life constitutes a permanent opportunity for learning in which problems may be confronted. Therefore, it seems logical that education, its institutions and its strategies should adapt to these new conditions. In fact, all three UNESCO<sup>81</sup> reports are not far from this standpoint, claiming other spaces and times for education. It has been ascertained that learning is based on the links and relations established among persons, and the greater wealth of relationships, the more productive the learning will be<sup>82</sup>.

From this point of view, the school can provide social relations, information channels and participation that constitute social capital for individuals<sup>83</sup>. For this reason, teachers, students, families and volunteers as members of the community are invited to participate. From this standpoint, participation is seen as the main educational strategy to be promoted and to increase success in learning. In *Bultzatzen*, the educators explore how persons can take part, and prioritise the kind of learning that is constructed collaboratively -

<sup>78</sup>Four institutions are involved in the project: the Erandio town council, the Astrabudúa Institute of Secondary Education (IES), the Ignacio Aldekoa Primary School (CEP) and the University of Deusto Department of Social Pedagogy and Diversity, which coordinates the programme. The submission is made by the University of Deusto, Department of Social Pedagogy & Diversity.

<sup>79</sup> Wenger, E. (1998). *Communities of Practice. Learning as a social system.* Systems Thinker. <http://www.co-i-l.com/coil/knowledge-garden/cop/lss.shtml>

<sup>80</sup> Wenger, E. (2001). *Comunidades de práctica. Aprendizaje, significado e identidad.* Barcelona: Paidós.

<sup>81</sup> Combs, P.H. (1967). *La crisis mundial de la educación. Un análisis de sistemas.* Conferencia Internacional sobre la Crisis Mundial de la Educación. Williamsburg, Virginia 5-9 de octubre.

Combs, P.H. (1985). *La crisis mundial en la educación. Perspectivas actuales.* Madrid: Santillana. Aula XXI.

Faure, E., Herrera, F., Kaddoura, A.R., Lopes, H., Petrovski, A.V., Rahnema, M. y Ward, F.Ch. (1973). *Aprender a ser. La educación del futuro.* Madrid: Alianza / UNESCO.

Delors, J. (1996). *La educación encierra un tesoro.* Madrid: Santillana. Ediciones UNESCO.

<sup>82</sup> Jaussi, M.J. (2002). *Comunidades de aprendizaje en Euskadi.* Vitoria-Gasteiz: Departamento de Educación, Universidades e Investigación. Gobierno Vasco.

<sup>83</sup> Dubet, F. (2003). *Mutaciones cruzadas: la ciudadanía y la escuela.* En M<sup>a</sup>.L. Morán y J. Benedicto (Eds). *Aprendiendo a ser ciudadanos. Experiencias sociales y construcción de la ciudadanía entre los jóvenes.* (pp.219-234). Madrid: INJUVE.

Terren, E. (2003). *Educación democrática y ciudadanía multicultural. Reaprendizaje de la convivencia.* En M<sup>a</sup>.L. Morán y J. Benedicto (eds). *Aprendiendo a ser ciudadanos. Experiencias sociales y construcción de la ciudadanía entre los jóvenes.* (pp.259-279). Madrid: INJUVE.



*Reproducing times and activities that customarily apply in the home*

those activities that focus their interest on children and in which adult volunteers or relatives can join in.

Besides this, it is generally accepted that the aim at school is not only to improve educational prospects but also to promote social cohesion. On the one hand, to ensure a cohesive society, most attention must be paid to meeting the needs of immigrant children and their families. As noted by Shield and Beckman<sup>84</sup> 'all society suffers when young people fail to reach their potential'. On the other hand, education is one of the key components for building trust and working together on overcoming divisive factors. Furthermore, theoretical and empirical evidence indicates that communities have important roles to play to support learning and teaching<sup>85</sup>. The project management team shares a starting premise, ie. interest in reflective and critical education whose axis of interest is the relation between education and social justice<sup>86</sup>.

To attain these goals we have based ourselves on the following strategies of change:

*The power of daily life* – the structure of *Bultzatzen*: Following the principle of normalisation, according to which people must be able to enjoy a lifestyle as similar as possible to that of any other citizen of the same age, *Bultzatzen* tries to reproduce times and activities that customarily apply in the home. Times are marked by more informal and relaxed relations, in which there is space for rest, snacks, study and leisure-time activities

*Promoting Real Access to School*<sup>87</sup>: Most students attending *Bultzatzen* are immigrants or come from middle/low socio-economic backgrounds and are at risk of school failure and school drop-out. Commonly, most students do not have a relevant reference point at home after school hours. In order to guarantee real access to school and to move the school onto higher levels of equity, *Bultzatzen* reconciles the school timetable with the family/work schedule, offers more services than 'formal educational', focuses on transitions and stimulates outcomes

*With the community*: 'To educate a child, a whole village is required': If this expression is true, we should commit more social agents than teachers to education. In *Bultzatzen*, we try to work as a network, involving different institutions, different professionals and different agents that are complementary to the teachers' work<sup>88</sup>:

*In the community*: 'To build a community, children should actively participate and create a sense of belonging': Successful relations with friends, neighbours or people from other cultures depend, to a great extent, on our ability to handle differences positively. Allport<sup>89</sup> introduced the contact hypothesis and Pettigrew & Tropp<sup>90</sup> propose a reformulation of the contact hypothesis by considering that the reduction of prejudice is due to the fact that contact generates familiarity and sympathy in a wide range of situations. Nevertheless, experiences that meet a series of 'requirements' tend to be more favourable to change<sup>91</sup>, ie. contact that is not accidental or superficial but of a more intimate or deep nature; equality in terms of status or balance of power between those who interact; pleasurable and reinforcing contact; cooperation and development of tasks seeking common objectives. *Bultzatzen* works on preparing reception amongst equals, stimulating relationships with the peer group and developing a sense of identity.

84 Shiled & Beckman (2004) Children of immigrant families: analysis and recommendations. *The Future of Children*, 14 (2) pp.4-15.

85 Banks, J. (ed) (2007). *Learning in and out of school in diverse environments. Life-long, life-wide, life-deep*. Seattle: The Life Centre, University of Washington, Stanford University & SRI International.

86 Kincheloe, J. & Steinberg, S. (1999). *Repensar el multiculturalismo*. Madrid: Octoedro.

87 Maiztegui, C. & Santibáñez, R. (2008). Access to education and equity in plural societies. *Intercultural Education*, 19, 5, 373-381.

88 Castro, M.M. et al. (2007). *La escuela en la comunidad. La comunidad en la escuela*. Barcelona: Grao.

Eljob, C. et al. (2002). *Comunidades de aprendizaje. Transformar la educación*. Barcelona: Grao.

Wenger, E. (2001). *Comunidades de práctica. Aprendizaje, significado e identidad*. Barcelona: Paidós.

89 Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison Wesley.

90 Pettigrew, T.F. & Tropp, L.R. (2006). A meta-analytic test and reformulation of intergroup contact theory. *Journal of Personality & Social Psychology*, 90, 5, 751-783.

91 Amir, Y. (1969). Contact hypothesis in ethnic relations, *Psychological Bulletin*, 71 (5). 319-342.

Santibáñez, R. (Dir.), Gómez, I., Maiztegui, C., Solabarrieta, J., Bahillo, L., Norman, I. & ALBOAN (2007). *El voluntariado internacional: Una experiencia de implicación y diálogo cultural. Una experiencia para aprender*. Bilbao: ALBOAN.

## History

*Bultzatzen*, in Basque 'pushing', came into being in 2004-05 as a socio-educational intervention or community-based action project. It proposes a response to the situation regarding the risk of academic failure in which the young people of the neighbourhood of Astrabudúa find themselves. Although the project is not aimed specifically at the immigrant population but at students who need some assistance, rapid demographic changes and the arrival of major groups of immigrants in the neighbourhood affect it. Over time, the project has become consolidated from its own experiences and, mainly, from the joint reflection made by the team.

When the project was set up, 30% of students in high school were unable to reach the minimum qualification (Compulsory Secondary Certification) and almost 20% had a foreign or ethnic minority background. As Astrabudúa is an outlying neighbourhood 1.5 km away from the centre of Erandio, the distance to the school (and other facilities such as social services, sport centres, cultural facilities) constitutes a physical barrier to access.

## Target group

The direct recipients of the project are students from the last two years of primary school, in addition to those from the first two years of secondary school, all of whom face the risk of academic failure or school drop-out, and who have the chance and the desire to gain the secondary school qualification. In addition to this variable, many of them lack any adult reference point when they leave school. We can also include as indirect recipients, families who are able to gain access to a project that enables the family/working schedule to be reconciled with the school timetable and which offers services that go beyond formal education via that of everyday life. The neighbourhood may also be considered as an indirect recipient by establishing bonds and offering areas of school as meeting points and places for participation.

The student group typically comprises 25 young people of between 10 and 16 years of age. As regards participants' origin, the number of immigrants has fallen over the past year to 58%. However, it is important to recall that, in the first year in which the project was established, the percentage was 20% and that, over the different years, this percentage has varied according to the most immediate social reality. During the previous school year, the percentage was 73%. The incorporation of these students into the customary dynamics of the centre, and to the project, gives *Bultzatzen* the chance to establish an area of reference that is able to facilitate the design of the migratory project for these young people. As regards the family situation, some suffer problems such as the absence of one of the parents, separation and/or divorce. On many occasions, work responsibilities of family members and their working timetables make daily monitoring and support in carrying out school tasks after class difficult. These circumstances, given the ages of those belonging to the *Bultzatzen* group, mean a major challenge in terms of the development of responsibility.

All these circumstances enable the academic situation facing participants to be better understood, ie. average-low performance, difficulties with most tools used in reading, comprehension and written expression combined with limited study habits, all of which are common features of the students we are dealing with. Furthermore, we are able to ascertain that most of the students involved in the project do not carry out any out-of-school activity via something that encourages their interest in it.

## Accessibility

The main criteria for selecting participant students are as follows:

- Their academic and behavioural performance may improve with participation in the project
- They come from a family in which the adults do not spend much time at home and, therefore, have no-one to act as a reference point after class
- Approval from tutors and teaching staff
- Approval from the Socio-Educational Team (EISE)
- Approval and commitment in writing from the family
- Approval from the Coordination Committee of the project

## Objectives

- To exert a real influence on the education process, promoting social and school integration through extracurricular activities<sup>92</sup>, in particular, contributing to academic attainment, development of positive attitudes and aspirations for the future. Thus, we can have more involvement in success in adulthood and immigrant integration
- To become a reference point in the municipality beyond the academic reference point. Theoretical and empirical evidence indicates that communities have important roles to play in order to support learning and teaching<sup>93</sup>. Giving the opportunity to the community to play a main role in the educational processes of young people and opening up the school to the community as a place in which people from different backgrounds and ages may also organise other kinds of (educational, cultural and sports) activities

More concretely, the project pursues the following specific objectives, which maintain the initial philosophy while at the same adapting to new realities within the group:

a) Students participating in the Bultzatzen Project:	b) Relationship between institutions involved:
<ul style="list-style-type: none"> <li>- To consolidate knowledge in instrumental areas</li> <li>- To develop study habits</li> <li>- To encourage the incorporation of young immigrants who have recently arrived at school into the school system</li> <li>- To improve social competences and create a positive atmosphere for a meeting place</li> <li>- To develop habits regarding participation and social responsibility that may contribute towards integration into the social milieu</li> <li>- To increase participation in developing their own projects and those in cooperation with other classmates</li> <li>- To make the transition from primary to compulsory secondary education</li> </ul>	<ul style="list-style-type: none"> <li>- To consolidate the reflection forum set up by the different educational agents involved (Town Council, schools and university)</li> <li>- To interrelate the school community with its environment by carrying out joint activities</li> <li>- To generate a debating process with other educational agents</li> <li>- To disseminate the project</li> <li>- To improve the community development process for the neighbourhood</li> </ul>

## Activities

Following the principle of normalisation, according to which people must be able to enjoy a lifestyle as similar as possible to that of any other citizen of the same age, *Bultzatzen* tries to reproduce times and activities that customarily apply in the home. Times are marked by more informal and relaxed relations, in which there is space for rest, snacks and study and leisure-time activities. The project is structured in three times / spaces (from 16:30 to 20:00): Welcome and Snack; Homework Seminar; Social and Personal seminars (with more attention paid to personal hobbies, leisure time and learning of life skills).

<i>Bultzatzen</i> – Promoting Success				
Schedule	Monday	Tuesday	Wednesday	Thursday
16.45 - 17:15	Welcome and Snack			
17.30 - 18:30	Homework Seminar			
18.30 - 19:30	Social and Personal Seminars			
	Sports Football Workshop	Assembly or handicrafts	Dance Workshop	Cookery Workshop

<sup>92</sup> Ager, A. & Strang, A. (2004). Indicators of Integration: final report. Home Office Development and Practice Reports - Research, Development and Statistics Directorate. [www.homeoffice.gov.uk/rds](http://www.homeoffice.gov.uk/rds)

<sup>93</sup> Banks, J. (ed) (2007). Learning in and out of school in diverse environments. Life-long, life-wide, life-deep. Seattle: The Life Centre, University of Washington, Stanford University & SRI International.

Castro, M.M. et al. (2007). La escuela en la comunidad. La comunidad en la escuela. Barcelona: Grao.

Eljob, C. et al. (2002). Comunidades de aprendizaje. Transformar la educación. Barcelona: Grao.

Wenger, E. (2001). Comunidades de práctica. Aprendizaje, significado e identidad. Barcelona: Paidós.



Two types of workshop are organised each year: Firstly, the structured workshops, organised according to days of the week and with specific objectives in each of them. Secondly, the *special or extraordinary fiestas* which have enabled the feeling of the fiesta, the optimism, coexistence and sense of sharing with families and those closest to them, to be experienced.

## The way activities are carried out

### How Bultzatzen Promotes Real Access to School:

- *Conciliates / combines the school timetable with the family/work schedule:* The school timetable is flexible, being open from 8:00 in the morning till 20:00 in the evening. Bultzatzen covers the out-of-school schedule (from 16.30 till 20:00)
- *Offers more services than 'formal educational' services:* Besides the curricular education, schools provide the opportunity to have three healthy and free-of-charge meals
- *Focuses on transitions:* Target groups are students from the two last years of primary school, as well as those students from the two first years of secondary school, who are facing the risk of dropping out or failing at school. Since preparing students for this transition is one of the factors that most affect their subsequent progress<sup>94</sup>, as a preventive strategy, the activities take place within IES-Secondary School premises
- *Stimulates outcomes and achievement:* The homework seminar is based on cooperative learning. Small groups and adults help create a more informal atmosphere where anybody may teach and learn

### How Bultzatzen works with the community:

- *Networking:* The organisation reflects the interest in the coordination and the incorporation of the project in the school and in the neighbourhood. Thus, it is possible to say that the typical feature is that decision-making and responsibilities within the educational process are shared within the Coordination Committee, made up of representatives of the educational agents involved ie. Astrabudúa IES, Ignacio Aldekoa CEIP, Department of Social Pedagogy and Diversity of Deusto University and the Town Council, represented by staff from social services and the Socio-Educational team. The Educational team, responsible for developing ordinary socio-educational intervention tasks and the voluntary educators are invited to follow-up meetings. We would also like to highlight coordination with other social agents such as parents, social services and football teams
- *Involving other community agents in Bultzatzen:* According to Wenger<sup>95</sup> it is understood that context, not only means a physical environment, but also implies a social environment, some people and some possibilities of interaction and links among them. For this reason, in order to open the school to the community, the *Bultzatzen* team has opted for an educational project that is non-formal, flexible and organised in collaboration with other social agents who come as volunteers, the Parents' Association and students from the University of Deusto through mentoring programmes. The team also invites social / community agents to participate in socio/personal seminars. The *Bultzatzen* monitors could also be included as another type of volunteer. The Educational team continues to give a special role to monitors of ex-participant students owing to their track record, personal initiative and involvement in the project
- *With other community activities:* *Bultzatzen* activities take place within IES premises. Since 2007, *Bultzatzen* premises have been in a specific area outside the main building. There, they share the space with other community initiatives such as women's groups, adult school or a municipal kindergarten. However, the 'txoko' (social area), library and computer rooms are still located in the main building

## Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

### How Bultzatzen integrates into the community: giving an active role to participants:

- *Preparing reception amongst equals:* Children are keenly aware of their reception. If negative stereotypes prevail, self-handicapping increases<sup>96</sup>. In other words, in a climate of obstacles and hostilities, most children do not continue to invest in schools but in their sense of self. For these reasons, we try to take care with their reception. Continuing arrivals and departures reflect the situation of instability that the immigrant group experiences and the different socialisation processes of these minors compared to other native peers. Within this context, *Bultzatzen* plays a role as

94 Marchesi, A. & Martín, E. (1998). *Calidad de la enseñanza en tiempos de cambios*. Madrid: Alianza.

95 Wenger, E. (1998). *Communities of Practice. Learning as a social system*. Systems Thinker. <http://www.co-i-l.com/coil/knowledge-garden/cop/lss.shtml>

96 Suárez-Orozco, C. & Suárez-Orozco, M. (2001). *Children of Immigration*. Massachusetts: Harvard Collegue.

contact group

- *Stimulating relationships with the peer group:* The school is constituted as a favoured space for contact between groups with diverse cultural baggage, but it can turn out to be an imposed relationship and, on occasions, does not extend to the establishment of relationships outside this space, at least between teenagers. Data makes us feel that the nature of non-formal education favours meeting and participation amongst peers. In our opinion, the project is a space that creates a favourable climate of trust and enables improvements to be made in terms of a sense of belonging
- *Developing a sense of identity:* The project tries to place within their reach a scale of identities that enables them to go in and out of diverse cultural situations<sup>97</sup>. One of the components of social capital is trust. When trust exists, cooperative relations increase and, with them, social capital grows. Nevertheless, when it does not exist, certain groups are reduced to a situation of social vulnerability<sup>98</sup>. Informal education multiplies the opportunities to obtain it. The students themselves show their interest in beginning new relationships and creating bonds of trust in a leisure-time environment.

### Promotion of the approach

Broadly speaking, the procedure follows the steps taken by all academic courses. Sometime prior to the intervention, students and the family members are informed about it, and handed a contract of participation which needs to be signed by both of them. In this contract are set out the minimum elements – the commitment to taking part in the project and to adhering to the norms attached to it (attendance, use of the diary, registration for school insurance, respect for individuals and materials, and a willingness to develop family coordination).



Translation of the drawing: *Bultzatzen is everyone's home*

### Quality assurance

All staff are suitably trained and qualified. They hold Social Educators' Degrees and they are in charge of the daily life of the project and of the coordination and implementation of the activities run by volunteers. All volunteers receive a specific training session before engaging with the project. The ongoing participation of all agents and the model based on empowerment evaluation in the Annual Final Report ensure the quality and effectiveness of the project.

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

The project is funded by the Erandio Town Council, put into practice at the Astrabudúa Institute of Secondary Education (IES) and the Ignacio Aldekoa Primary School (CEP) and coordinated by the Department of Social Pedagogy and Diversity of the University of Deusto.

Previous sections (Activities/The way activities are carried out) detail how this operates.

### Extent to which the practice is rooted in local authorities' / NGOs experience of service delivery to families and parents

The third law governing Social Services in the Basque country (Act 12/2008)<sup>99</sup> distributes different duties within different administrations (Basque Government, Territorial/Regional Government, Municipalities). As Astrabudúa is an outlying neighbourhood 1.5 km away from the centre of Erandio, the distance constitutes a physical barrier to access to some services (see above History section). For that reason, besides the Socio-educational Intervention Team-EISE located in City Hall, the Municipality finances the project and supports/ participates in the Coordination Committee. The Principal is interested in participating in all innovative initiatives. As regards the strategies developed, one of the key factors is that the support of

97 Kincheloe, J. & Steinberg, S. (1999). *Repensar el multiculturalismo*. Madrid: Octoedro.

98 Dubet, F. (2003). *Mutaciones cruzadas: la ciudadanía y la escuela*. En M<sup>a</sup>.L. Morán y J. Benedicto (Eds). *Aprendiendo a ser ciudadanos. Experiencias sociales y construcción de la ciudadanía entre los jóvenes*. (pp.219-234). Madrid: INJUVE.

99 ACT 12/2008, de 5 de diciembre, de Servicios Sociales. BOPV - miércoles 24 de diciembre de 2008.

local authorities has enabled the maintenance of a team of educators over the years and the development of long-term strategies.

### **The involved staff, their education and training, guidance and support**

*Coordination Committee:* Comprising representatives of the educational agents involved: IES (secondary school), CEIP (primary school), Department of Social Pedagogy and Diversity of the University and Town Council (representatives of the Socio-educational Intervention Team-EISE). Their functions are as follows:

- To agree the design and preparation of the project
- To monitor it via a monthly meeting
- To reflect on the process and results
- To present the project in other fora

The Educational Team has taken part in all monitoring meetings on the project.

*Educational Team in charge of the project:* Two social educators contracted for the project have worked under the supervision of the two coordinators from the University, together with a scholarship holder working in collaboration, being responsible for the following tasks:

- Welcome and snack
- Guided study workshop and cooperative learning
- Socio-cultural development workshop and leisure time
- Contact with teaching staff and families
- Coordination of volunteers
- Direct management of material resources
- Coordination and involvement of other community agents

Their main function is that of socio-educational intervention agents. Furthermore, they need to carry out coordination tasks with teachers/tutors, volunteers, families and other agents involved, in addition to evaluating the different sessions. There is also support from an EISE social educator from the Town Council who has taken part in the cookery workshop and on the Coordination Committee since the start of the project.

### **Integrated working**

As has been already explained, the organisation reflects the interest in the coordination and the incorporation of the project into the school and into the neighbourhood. Thus, it is possible to say that the typical feature is that decision-making and responsibilities in the educational process are shared. It also involves other community agents such as the Parents' Association, undergraduate students and *ex-Bultzatzen* participants – and, last but not least, *Bultzatzen* takes place alongside other community activities, sharing facilities in the secondary school building with other community initiatives such as women's groups, adult school and a kindergarten.

## **III. POLITICAL CONTEXT AND SUPPORT**

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### **Political context**

The municipality of Erandio belongs to the Bilbao Metropolitan Area and it is located on the right side of the Nervión riverbank. Although immigration to Bilbao is a recent phenomenon, there is a tradition of receiving internal migration from Spanish rural provinces. In fact, this area used to be a rural and industrial/ naval one that featured lodgings and services for workers. After the 90's economic crisis, Bilbao became a third sector city with a significant decrease in this internal migration and an increase in external migration. Out of 23,960 inhabitants in Erandio, 5.4% are foreigners. The population of foreigners is growing very rapidly. According to Padrón data from 2007, most of the foreigners living in Erandio come mainly from Latin America (80%). Astrabudúa is an outlying neighbourhood. Nowadays, the underground joins both areas. However, it could be said that the municipality comprises two different territories.

Besides these geographical aspects, and as there are two official languages, the education system in the

Basque Country is a complex one. Schools offer three different language models: model A (the curriculum is taught in Spanish), model D (the curriculum is taught in Basque), and model B (the curriculum is taught in both languages). Immigrant youth are usually concentrated in model A schools as they do not know the Basque language. This general overview gives us some key points to conclude that there are real barriers to reaching the goal of universal access to any social service, defended in Act 12/2008<sup>100</sup>.

## Funding

The project is funded by the Erandio Town Council according to an annual agreement between the Town Council and the University of Deusto.

Other forms of facilitation

The University of Deusto coordinates the project and engages students to develop their internship. *Bultzatzen* activities take place within IES premises. Since 2007, *Bultzatzen* premises have been in a specific area outside the main building, where they share the space with other community initiatives. Specific facilities made available are:

- Three classrooms in the *Euskaltegi* (Basque language school) as a study room
- *Txoko* (social area) / kitchen and games room used as a recreational area
- Computer room and library
- Courtyards where sports activities and games take place

## IV. LESSONS LEARNED

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### Set up of the evaluation

Over the seven years that the project has been set in motion, from the first year in 2004 until the most recent one analysed in 2011, evaluation has been a joint process based on what is referred to as *empowerment evaluation*<sup>101</sup> or a qualitative process that gives a voice to all those agents involved in the project. Their main aim is to ensure that the team involved in the process is itself a leading player in the evaluation and to propose improvements as a result of that experience. Diverse methodologies have been used as follows:

- Questionnaire for participants containing incomplete sentences
- Questionnaire for tutors about the evolution of participant students
- Evaluation meeting of Committee members
- Content analysis of the project diary and blog
- Students' records
- Informal and telephone interviews conducted with families
- Reports on participation of volunteers from the University
- Evaluation questionnaire and assessment of volunteers as a personal project

The task has not been easy because, as can be observed, very different methodologies have been used in order to include different sources of information and the opinion of all those individuals involved in the process (10 tutors, 5 volunteers, 21 users, 8 Committee members and families). Nonetheless, the habit of working as part of a team and familiarity with some instruments has facilitated the process.

### Main achievements/ results/ impact/ output and outcomes

*Bultzatzen* has shown, in its seven years of life, its capacity to promote the integration of immigrants in normalised school life and, through out-of-school activities, improve, not only academic achievement, but also social integration. *Bultzatzen* received recognition by the community with the award of the Social Integration Project, granted by DEIA<sup>102</sup>, and the visit by the International Group within the European Socrates Study Visits - Arion Action<sup>103</sup> - to learn about the innovative and social experiences being gained

100 ACT 12/2008, de 5 de diciembre, de Servicios Sociales. BOPV - miércoles 24 de diciembre de 2008.

101 Fetterman, D. (2001). Foundation of empowerment evaluation. Thousand Oaks, CA: Sage

102 DEIA is the local press

103 Socrates Study Visit organised by the Innovation Department – Basque Government. More information available in [http://ec.europa.eu/dgs/education\\_culture/evalreports/education/2002/arion/arionsum\\_en.pdf](http://ec.europa.eu/dgs/education_culture/evalreports/education/2002/arion/arionsum_en.pdf)

within the school system in the Basque Country. The project has improved dialogue and interaction between school and families and has led to the formation of sustained cross-cultural relationships.

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

Evaluations point out that *Bultzatzen* has been effective in raising aspirations and involving the community in generating cohesive environments by creating an opportunity for communication on a range of locally relevant issues. There is multi-level intervention that involves family, neighbourhoods, schools, the Town Council, University and other institutions working together. Besides this, there has been a reduction in damage and anti-social behaviour at the secondary school. In tandem, educational standards are increasing and, in particular, school attendance has increased.

### **Cost-effectiveness**

No comparative data is available on cost-effectiveness.

### **Possible changes in the practice as a consequence of evaluation**

Some future lines of work are suggested via this reflection and the proposals put forward in previous reports, as follows:

- To integrate research and action in order to improve its dissemination in greater depth
- To search for specific funding for research
- To study coordination between the Learning Community and its different agents (tutors and teaching staff) in greater depth
- To explore new forms of collaboration within the Committee
- To develop lines of work based on the 2.0 Classroom project<sup>104</sup>
- To reinforce the line of work for school success

### **Obstacles/ Challenges/ Issues**

- To diversify fundraising sources, where possible, and base funding agreements on a longer period of time (more than an academic year). Launching the project every year should wait until agreements are formalised
- To widen the project to the subsequent courses and ages of the school, creating a space for young people where the level of autonomy and self-management is higher
- To involve more actors in a more complex and deeper proposal, particularly parents as main educational actors
- To maintain project goals and consistent application of rules. As so many people engaged, this can be challenging
- To develop evaluation instruments, based on objective indicators to measure inclusion and social participation, in collaboration with agents involved
- To extend the project, spreading it to other centres of similar characteristics

### **Successful elements**

It is considered important to maintain some strategies that have been implemented since the first year which would seem to produce good results and have become identifying elements of the project:

- Specific premises that encourage identification with the project
- A large variety of participants and agents from the educational community
- Good relations with non-teaching staff
- A climate of trust amongst participants, volunteers and the educational team
- Good communication and support for families
- A gradual integration into the life of the centre: meetings with the guidance service, participation in

<sup>104</sup> Eskola 2.0 is a specific programme aimed to introduce digital devices into the primary school. [http://www.hezkuntza.ejgv.euskadi.net/r43-573/es/contenidos/informacion/eskola\\_bi\\_puntu\\_zero/es\\_eskola20/eskola20\\_c.html](http://www.hezkuntza.ejgv.euskadi.net/r43-573/es/contenidos/informacion/eskola_bi_puntu_zero/es_eskola20/eskola20_c.html)

interactive groups and PROA<sup>105</sup>

- Increased monitoring meetings and support between project coordinators and the educational team
- The growing initiative and autonomy of participants

### **Must Do's & Don'ts**

Coordination within the Committee and working with the community are the key factors to take into account and to respect elsewhere.

## **V. IMPLEMENTATION ELSEWHERE**

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### **The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings**

This project seems to have high transferability as it is developed within the school system.

#### **Elements that are non-negotiable**

Although strategies might be adapted to different contexts, elements that are non-negotiable are those strategies pointed out in the theoretical/conceptual framework which determine the goals ie. the reproduction of daily life, the promotion of real access widening the offer of participation beyond the 'formal educational' offer and taking into account the community.

#### **Elements that can be adapted to suit other contexts/settings**

See initial comment in this section

#### **Necessary conditions for application or adaptation elsewhere**

Key factors to take into account are referenced in 'Must Do's and Don'ts' and strategies that have produced good results are documented under 'Successful elements'. A prerequisite of transferability is that the ethos and underpinning principles of the project are understood and faithfully applied.

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<sup>105</sup> PROA: a Spanish acronym of Programme of Reinforcement, Orientation and Support (Programa de Refuerzo, Orientación y Apoyo) an educational project promoted by the Spanish Ministry of Education <http://www.educacion.gob.es/educacion/comunidades-autonomas/programas-cooperacion/plan-proa.html>



# The Development of Early Intervention focused Family Support Hubs in Northern Ireland, Uk

Family Support 'Hubs' are multi-agency networks of statutory, voluntary and community organisations that aim to improve access to early intervention Family Support services by matching the needs of referred families to service providers. Hubs were initiated in 2011 within the framework of the Children's Services Planning process. They are an innovative response to Northern Ireland's strategic intent of ensuring better coordination of services to vulnerable families and less wasteful duplication of service provision. They are 'virtual' organisations, concerned with linking together existing services rather than creating new services. The model is being adopted across Northern Ireland.

**Organisation making the submission:** Children in Northern Ireland in partnership with Northern Ireland Health and Social Care Board (HSCB) and Barnardo's Northern Ireland, Northern Ireland, UK

**Contact details:** Maurice J. Leeson, Assistant Director Children's Services, Barnardo's Northern Ireland (currently on secondment to the HSCB) - Email: Maurice.Leeson@hscni.net

## I. THE APPROACH

### Theoretical/ conceptual framework

A Family Support 'Hub' is a multi-agency network of statutory, voluntary and community organisations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention Family Support and uses its knowledge of local service providers to signpost families with specific needs to appropriate services. There are currently 15 Hubs in various stages of development across Northern Ireland.

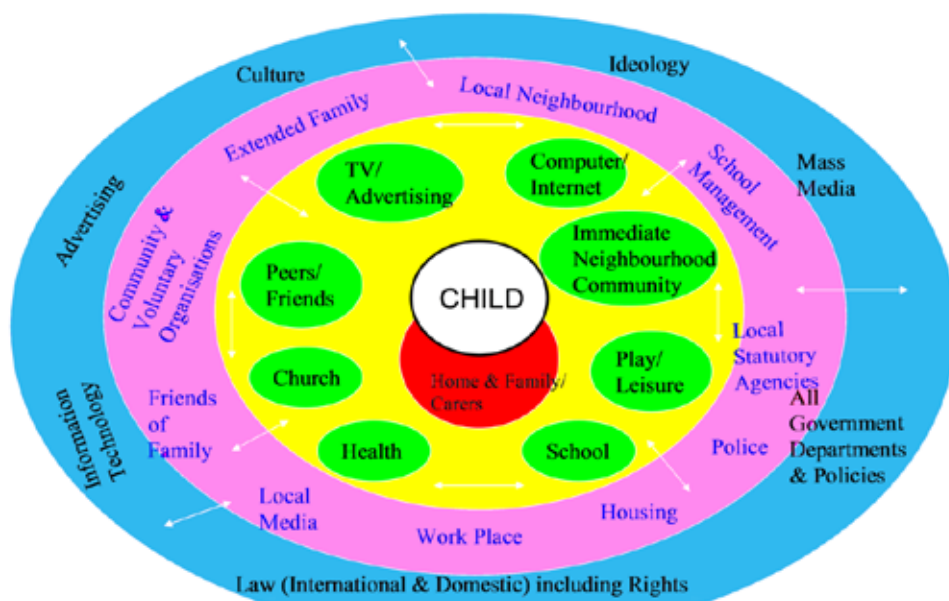
The intention in developing Hubs is to ensure that families who do not meet the threshold for statutory child protection services, but who nonetheless have a need for Family Support services, are directed towards the appropriate help. The approach is based on harnessing the expertise of voluntary and community sector organisations in supporting families. This approach is intended to ensure better coordination of services to vulnerable families and less wasteful duplication of service provision.

### History

In Northern Ireland Children's Services Planning is a statutory-led, inter-agency process designed to produce greater coordination and planning in delivering services to children and families. The process of designing a strategic framework for developing Family Support has been a key goal of Children's Services Planning.

This has been underpinned by the development of two conceptual models:

- The Northern Ireland Family Support Model
- The Whole Child Model. This model provides a common way of understanding children's lives and understanding how society impacts upon children, and how, in turn, children impact upon society.



The whole child model

The planning process for children and young people in Northern Ireland is overseen by the Children and Young People's Strategic Partnership.

The **Children and Young People's Strategic Partnership** (CYPSP) is a cross-sectoral, strategic partnership, consisting of the leadership of all key agencies who have responsibility for improving outcomes for all children and young people in Northern Ireland.

The CYPSP has developed the **Northern Ireland Children and Young People's Plan (2011-2014)**<sup>106</sup> The plan has identified four strategic themes:

- Early Intervention
- Advising Government
- Integration of Planning
- Optimisation of Resources

The specific practice described in this paper is concerned with the strategic priority '**Early Intervention**' and specifically the development of a network of local **Family Support Hubs**, which are designed to promote early intervention Family Support.

The CYPSP has adopted the following definition of early intervention: 'Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any point in a child's life'<sup>107</sup>

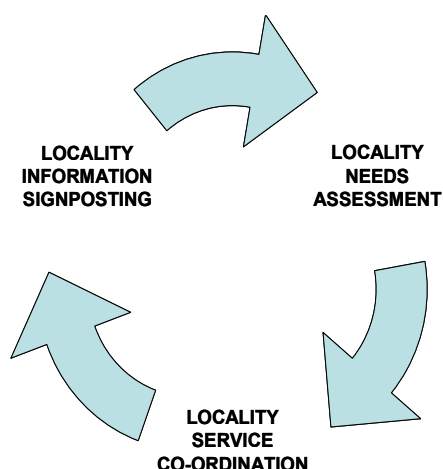
The objectives of Family Support Hubs are:

- To improve access to early intervention Family Support services by matching the needs of referred families to Family Support providers
- To improve coordination of early intervention Family Support services by creating a collaborative network of providers
- To improve awareness of Family Support services
- To assess the level of unmet need for early intervention Family Support services and inform the Trust Outcomes Group

The concept of a Family Support Hub is of an easily recognisable, non-stigmatised brand or flagship for Family Support at local level.

Hubs are coalitions of statutory, community and voluntary agencies which provide early intervention services locally, ie:

- Points of contact locally for information about Family Support
- Points of local and non-stigmatised access to Family Support
- Points of co-ordination for locality assessment of need and for local action planning



The diagram left should be read as a continuum, and reflects some of the points at which Hub development has begun in Northern Ireland. The starting point is recognition that there is no single Hub model which can be superimposed on any area. Each locality has unique characteristics in respect of geography, demographics, socio-economic structure, community organisation, local political configuration, informal networks and service history. All of these characteristics will influence the development of a Hub.

In a time of significant financial constraints, this approach offers the potential of ensuring more coordination of services to vulnerable families and less wasteful duplication of service provision. This approach can support 'hard to reach' families who may be distrustful of statutory services.

<sup>106</sup> 'Northern Ireland Children and Young People's Plan 2011-2014', Children and Young Peoples Strategic Partnership, 2011

<sup>107</sup> 'Grasping the Nettle' C4EO 2009

## Target group

The approach is targeted at families with early on-set of problems. These would be families at 'Level 2' of the Northern Ireland Family Support model. Level 2 represents **support for children who are vulnerable, through an assessment of need**. Services are targeted to individual children, with parental support, and are provided in both statutory and voluntary settings. The target group will include families with children across the age range 0-18 years.

## Accessibility

The creation of a network of Hubs across Northern Ireland is designed to improve access to support services in two specific ways. Firstly, it will improve coordination between services to support families more effectively and secondly it will use the **Northern Ireland Family Support Database** (an electronic database of all Family Support providers across Northern Ireland) to ensure that information about Family Support is more readily available to support the signposting of families to the appropriate services.

Members of the target group accessing one 'Level 2 service' will more easily be able to access another service as members of the Hub will cross-refer as they seek support from colleagues. Member organisations of the Hub will promote the Hub concept within their own networks. Member organisations involved in Hubs already provide services locally and will have a profile in the local area. They will use their networks to promote the Hubs. Statutory agencies also promote the work of the Hubs within their organisations.

An analysis has been carried out within each locality, which looks at the type of referrals which are most commonly sent to Social Services and rejected as they do not meet the criteria for a statutory intervention. Referral agents are then sent information about the Hub to encourage them to use this route to secure family support. **All of the Hubs are moving to a position of 'open access' referrals.**

## Activities

Some Hubs have attracted funding to directly employ staff (both for supporting their administration and for direct Family Support service provision). The majority do not directly support families but refer on to other existing support organisations. Some Hubs have access to funding from Social Services to purchase 'one-off' material support services for vulnerable families.

Referral to the Hub for support can include self-referral or referral from a statutory service or community/voluntary sector organisation. The Hubs consider requests for support and then use the expertise of their members, as well as the Family Support Database, to identify the most appropriate service for the families' identified needs. Statutory services are a key member of a Hub. An essential task of the statutory social work service is to identify any child protection concerns with families using the Hub network.

The range of support that can be provided is dependent on which organisations are members of the Hub network and the range of services available locally.

## The way activities are carried out

Hubs will include organisations that provide a range of services. The exact range of services and the methods of delivery will depend on the type and range of support services in the Hub area. Hubs will include organisations that provide group work as well as individual interventions. They will also include organisations that provide services from specific centres as well as organisations that provide outreach and home-based services.

## Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

One of the key defining principals of this work is 'working in partnership with children, families, professionals and communities'. To drive this forward a participation strategy for children and young people, as well as a participation strategy for parents, has been developed.

The participation strategy for children and young people has the following aim:

"To ensure that the Children and Young People's Strategic Partnership engages with the children and young people who will be effected by our decisions; that children and young people will be active participants in the planning of services and that their experiences, views and ideas help inform the planning process"<sup>108</sup>.

<sup>108</sup> 'Children and Young Peoples Strategic Partnership Strategy for Ensuring the Participation of Children and Young People', The Participation Network 2011

The strategy is underpinned by the 'Ask First' standards developed by the Participation Network and endorsed by the Office of the First Minister and Deputy First Minister in Northern Ireland. The model for the participation of parents is set out in a model developed by the Northern Ireland Parenting Forum.<sup>109</sup>

The assessment of the effectiveness of Hubs will include an evaluation of the extent to which the participation of children, young people and their families both informed the development of the Hubs and their on-going operation. The participation strategies address parents' and children's involvement at all levels of the planning structure.

### Promotion of the approach

Promotion of this approach is primarily through existing support organisations. A leaflet is widely available to explain to parents what the Hub is about. A small number of Hubs are currently operating on a full open access basis and widely promote their work in local areas. In most areas the promotion is through existing providers.

### Quality assurance

Literature from international best practice has enabled the development of a framework for measuring the impact of, and for quality assuring, local delivery structures for early intervention. This approach is based on the work of Pinkerton, Dolan and Canavan (2006)<sup>110</sup>, who argue that agencies which practice Family Support need to evolve in the direction of **ten core characteristics**:

- Working in partnership (with children, families, professionals and communities)
- Needs-led interventions (strive for minimum intervention required)
- Clear focus on the wishes, feelings, safety and well-being of children
- Reflects a strengths-based perspective which is mindful of resilience
- Promotes the view that effective interventions are those that strengthen informal support networks
- Accessible and flexible in respect of location, timing, setting and changing needs, and can incorporate both child protection and out-of-home care
- Families are encouraged to self-refer and multi-access referral paths will be facilitated
- Involvement of service users and providers in the planning, delivery and evaluation of Family Support services is promoted on an on-going basis
- Services aim to promote social inclusion, addressing issues around ethnicity, disability, and rural/urban communities

**Measures of success are routinely built into provision, so as to facilitate intervention based on attention to the outcomes for service users, to facilitate quality assurance and best practice**

These ten defining characteristics provide an **audit framework for assessing agencies** (or coalitions of agencies) which set up to provide Family Support services. In effect, they define the ethos, operational principles and key standards for Family Support provision in Hubs.

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

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### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

Integrated working is a core part of the Hubs methodology. The representation of the community and voluntary sectors will be that which makes sense locally. Particular attention will be paid to ensuring that all planning work contributes towards a shared future and the equality legislative requirements. All of the statutory organisations are represented on the Hubs.

The lead commissioning body, the Health and Social Care Board (HSCB), provides leadership, support and planning expertise.

<sup>109</sup> 'CYPSP Model for Ensuring Parental participation in the Planning of Supports and Services for Children and Young People' Parenting Forum NI 2011

<sup>110</sup> Dolan, P., Pinkerton, J. and Canavan, J. (eds); 'Family Support-From Description to Reflective Practice' in 'Family Support as Reflective Practice, 2006.

The development of Hubs is overseen by a network of multi-agency planning groups known as Outcomes Groups. There are five of these in Northern Ireland.

### Extent to which the practice is rooted in local authorities'/ NGOs experience of service delivery to families and parents

This model of work has been enthusiastically welcomed by both statutory organisations and community and voluntary sector organisations. An operating manual for Hubs is in development and both statutory, community and voluntary organisations have endorsed the initial drafts.

There is a long tradition in Northern Ireland of community and voluntary organisations both providing early intervention services, and widely promoting to Government the importance and effectiveness of early intervention. The widespread commitment to this concept is such that the CYPSP has decided to seek from the Northern Ireland Executive, through its constituent Ministries, **status for Northern Ireland as an early intervention region**. This would, if agreed, communicate across agencies and departments that early intervention needs to be taken forward as a joint Government priority. If such status were agreed, it could support departments and agencies working in an integrated way, at different levels, to make best use of available resources for early intervention.

### The involved staff, their education and training, guidance and support

Hub meetings are attended by local service managers who have knowledge of both practice and service delivery. Some Hubs employ family support workers directly, most do not. All Hubs are chaired by a representative of a lead agency. In the vast majority of cases, this is a community or voluntary representative.

All staff are supported and trained through their own organisations. The development of Hubs is also supported by the HSCB support team.



Parents' week, 2011. Five local services worked in partnership to organise this event at Arke Sure Start in Armagh.

### Integrated working

Hubs exist to promote more integrated working amongst members. They are multi-agency and multi-disciplinary in nature. Hubs have developed information-sharing protocols/referral processes and other processes to support effective interagency working.

## III. POLITICAL CONTEXT AND SUPPORT

### Political context

The Northern Ireland Assembly ten year strategy for children and young people in Northern Ireland 2006-2016 sets out the following vision: 'Our vision is that all children and young people living in Northern Ireland will thrive and look forward with confidence to the future'<sup>111</sup> The strategy established an Outcomes framework with six high level outcomes<sup>112</sup>, setting out that children and young people should be:

- Healthy
- Enjoying, learning and achieving
- Living in safety and with stability
- Experiencing economic and environmental wellbeing
- Contributing positively to community and society
- Living in a society which respects their rights

The strategy identifies, as a core supporting theme, the policy intention of 'making a gradual shift to preventative and early intervention approaches without compromising those children and young people

111 'Our Children and Young People-Our Pledge', OFMDFM, 2006, p.5

112 Ibid, p.7



who currently need our services most<sup>113</sup>. This is to be delivered by 'working in partnership with those who provide and commission children's services'<sup>114</sup>. The aim of preventative and early intervention practice was described as 'to improve the quality of life, life chances and living for all our children and young people and reduce the likelihood of more serious problems arising in the future'<sup>115</sup>.

The key policy driver for Family Support in Northern Ireland is 'Families Matter'<sup>116</sup>. This strategy picks up the theme of early intervention and sets it in the context of Family Support. The strategy, published by the Department of Health, Social Services and Public Safety (DHSS&PS), defines Family Support as 'the provision of a range of supports and services to ensure that all children and young people are given the opportunity to develop to their full potential'. It aims to promote their development primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring that 'the appropriate assistance is available to families at the earliest opportunity, at all levels of need'<sup>117</sup>. A recent DHSS&PS 'Strategic Vision for Health and Social Care'<sup>118</sup> confirms the strategic intent to move to early intervention specifically in one of the paper's key themes - ensuring more accessible and responsive services. A supporting priority is 'to improve the health, social well-being and safety of children and young people through preventative, early intervention family support and, where relevant, child protection services'.

The shift in emphasis to early intervention is part of a growing trend. In the UK, a report from the Centre for Excellence and Outcomes (C4EO) and Association of Directors of Children's Services (ADCS) showed that the best family intervention strategies were:

- Built on research into supporting families
- Created a culture of cooperation amongst professionals and managers
- Developed a strong 'outreach' programme to contact families reluctant to access support services
- Constructed services around schools and universal services as 'hubs' for more specialised support

The efficacy of a shift to early intervention has seen significant support at Government level. A report to the UK Government recommended that all political parties 'acknowledge that the culture of late intervention is both expensive and ineffective, and ensure that early intervention plays a more central role in UK policy and practice'<sup>119</sup>. A paper by the Northern Ireland Assembly examined the case for early intervention strategies, which are designed to reduce the demand for more expensive intervention or treatment at a later date. 'The need for preventative spending is the result of market failure and there is a great deal of evidence which suggests that our current allocation of resources is dynamically inefficient. A change in mind-set is required if preventative spending is to be enacted. Additionally, cross-departmental partnership and joined-up government are the required foundations for preventative spending interventions'. The paper went on to note that 'increasing the effectiveness of public services will help to ensure that, within the established framework, intervention occurs at the earliest point at which people make contact with public services'.

## Funding

There is no specific funding source for the development of Hubs. Funding for services that make up the Hubs is from a range of statutory and non-statutory sources. A government funding stream, 'Family Support Funding' was specifically targeted at developing early intervention services. This funding stream was delivered through the Children's Services Planning process. There is also some time-limited funding for supporting Hub development, designed to give additional support at the early stage of the process development.

Despite the current economic crisis, there remains significant political and professional support for developing early intervention services. This is because there is a growing realisation that, without a proper network of early intervention support, the demand for more expensive and highly professionalised services at a higher level will be unmanageable.

113 Ibid, p.13

114 Ibid, p.13

115 Ibid, p.18

116 'Families Matter: Supporting Families in Northern Ireland, Regional Family and Parenting Strategy', DHSS&PS, 2009

117 Ibid, p.18

118 'Strategic Vision for Health and Social Care', DHSS&PS, 2011

119 'Early Intervention: The Next Steps', Graham Allen MP, 2011



## Other forms of facilitation

The Hub is a **virtual organisation** with no space of its own. Hubs draw on members to provide support including premises and training. Members of Family Support Hubs have their own funding, premises and expertise. Working together will promote a greater understanding of each other's work.

## IV. LESSONS LEARNED

### Set up of the evaluation

The CYPSP will measure the effectiveness of early intervention at a number of levels:

- Track aggregated population level trends. This work has begun and a framework is already in place. What is required in order to fully develop outcomes measurement for early intervention is a refinement of population-based Level 2 indicators
- Gather and evaluate existing research on how to influence each of the outcomes
- Carry out a baseline audit of the quality of Early Intervention Programmes in place in Northern Ireland
- Review the progress of the RCT<sup>120</sup> based programmes in Northern Ireland
- Develop and 'pilot' a standardised resilience-based framework for evaluation of Early Intervention Programmes across Northern Ireland

The CYPSP will also develop an Evaluation Framework to measure the added value of local integration of services (Family Support Hubs). The Hub will retain anonymous information in order to ensure that the Hub itself is operating effectively. It will record data to ensure that it meets its objectives, ie:

- Data to demonstrate that access to early intervention Family Support services is improved by matching the needs of referred families to Family Support providers
- Information to demonstrate that coordination of early intervention Family Support services is improved by creating and maintaining a collaborative network of providers
- Data to demonstrate that awareness of Family Support services has increased
- Information to demonstrate the level of unmet need for early intervention Family Support services for the Trust Outcomes Group

The framework for measuring the impact of, and for quality assuring, local delivery structures for early intervention, based on the work of Pinkerton, Dolan and Canavan (2006)<sup>121</sup>, is set out in the earlier section on 'Quality Assurance'.

### Main achievements/ results/ impact/ output and outcomes

This is an early stage in the development of the Hub process. The evaluation process has not yet begun. The Hubs are starting to use the standards outlined above under 'Quality Assurance' to establish baselines and set targets for development. The CYPSP has set up a subgroup with a brief to evaluate this process.

Where Hubs are in operation, they have been very successful in improving collaborative working and in matching families in need to services.

### Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies

The practice supports integrated working and is working to bring separate funding streams together to draw out added value.

The impact on intergenerational transmission of poverty is based on establishing early access to support to prevent the onset of serious problems.

The process helps children achieve their potential by ensuring they and their families have the support they need at the point in time at which they need it.

'There is growing recognition of the need to help and support parents who experience poverty in order to

<sup>120</sup> Randomised controlled trials

<sup>121</sup> See note 5

have a positive impact on the lives of children and also recognition that child poverty will not be eradicated simply by tax or economic initiatives. The Child Poverty Review commissioned by the Chancellor, has shown that the quality of parenting is critical if we are to eliminate child poverty in a generation. The quality of parenting in the home is vital. We must therefore shift the balance of family support to those services that assist with early intervention and the prevention of crisis<sup>122</sup>.

Supported by national policies, success will ensure these policies endure in the face of significant pressure on budgets.

### Cost-effectiveness

This process drives cost effectiveness in two ways:

- Early intervention is designed to divert families from the need for more costly interventions should their problems remain unaddressed and allowed to deteriorate
- The Hubs are intended to ensure more effective use of existing investments and avoid duplication through increased collaboration

### Possible changes in the practice as a consequence of evaluation

There is growing statutory support for this process, which will support the continued development of early intervention services despite the impact of budget constraints. Statutory social workers in the future could be used differently. They could become more involved in working with local voluntary and community organisations. With fewer inappropriate referrals to statutory social services, there will be less time spent by social workers assessing families that ultimately will not receive a statutory service. Time will be freed for more focus on those families that do need a statutory response.

The wider **adoption of the Hub model across Northern Ireland is virtually complete**. Whilst, at the moment, there is some difference in how Hubs are developing, the evaluation should help to identify the core processes and model that all Hubs need to adopt. Pooling resources, and eventually joint commissioning, is one of the key outcomes being sought, ultimately looking at resources being freed up from Level 3 and reinvested in early intervention at Level 2.

### Obstacles/ Challenges/ Issues

The key points about the model are that:

- It is locality sensitive
- It facilitates evaluation because local development planning stems from an initial baseline analysis which can then be reviewed
- The ten standards are quality assured
- It addresses a number of agency and sectoral agendas
- It has a strong user orientation
- Safeguarding is implicit in the overall approach

A number of issues about the leadership, mandate and inclusion of agencies have emerged in the work to date. It is evident that the approach requires it to be mandated by the NGO sector, in particular the Voluntary Child Care sector, which provides so many of the Family Support services regionally. The Community Health and Safeguarding responsibilities of the five Health and Social Care Trusts also require that they both mandate and support the local processes. There is potential for significant added value to, and from, the active involvement of the other statutory partners, for example, extended schools, prevention of offending initiatives etc. The challenge of supporting children and families in order to strengthen social networks and promote better social cohesion speaks directly to the concept of promoting social capital and it is interesting that a number of the core standards address areas that have traditionally been regarded as the domain of the social economy/community development sector, ie. building informal networks, promoting social inclusion and community partnerships.

Statutory services signing up to this process were hampered initially by the pressure to focus on core business, ie. child protection. However, there is now recognition that this process could help with the pressures.

Having information about the available services was a challenge. This has been resolved by the development

<sup>122</sup> 'Families Matter' (see note 11) page 9

of the regional Family Support Database, which lists all Family Support providers across Northern Ireland. At the core of this process is the voluntary and community sector.

Protecting the funding of the organisations involved was also a challenge. This was helped by a dedicated funding stream.

### Successful elements

At a system level, there have been significant changes that will assist this process:

- The development of the Children and Young Peoples Strategic Partnership (CYPSP) to provide leadership in developing collaboration and aligning funding streams. This has helped to build a consensus that early intervention and Family Support is critically important
- The involvement of the voluntary and community sector and the involvement of children young people and their families, in all aspects of this process
- The development of a process for measuring outcomes at regional level. The development of core outcomes and indicators that developed a shared language that all organisations could identify with and work towards
- The creation of a specific Family Support funding stream
- The development of the Evaluation tool

*Successful elements from the Hubs:*

- The development of a network of Hubs across Northern Ireland
- Better coordination of early intervention Family Support. Better awareness of the range of early intervention supports. Hubs have been able to assist planners with information about unmet need
- 'Leverage' of funding from a range of sources to support the Hubs. The early success of the Hubs has lead to increased funding for some of the participating organisations
- Developing dialogue between the Hubs and other agencies about working together, for example between some of the Hubs and regeneration bodies. Developing dialogue between the Hubs and community developing organisations around children and young people's issues and how to work together more effectively

### Must Do's & Don'ts

- Must be led by voluntary/ community sector (expertise in early intervention and prevention recognised, less stigma). There is a risk if they are statutory-led that they are perceived as an extension of statutory social services
- The working of Hubs should not be overly bureaucratic and this needs to be constantly monitored. Where organisations have existing referral pathways that work well these should continue. Referral to hubs should be for families where the referrer is not sure if any resources actually exist to meet the families' needs
- Must be a partnership of statutory and voluntary organisations (no one organisation has the answers to the challenges that families experience)
- Hubs must include a statutory social work person with expertise in child protection (to identify and respond to child protection concerns). Child protection must not be ignored
- Must be informed by views of children, young people and parents. Processes must support families and not undermine existing family and community supports
- Funding must support the process, particularly to address gaps in family support services

## V. IMPLEMENTATION ELSEWHERE

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### The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings

- Elements of this process can be used in other areas where there is a strong tradition of voluntary activity in family support as these organisations will be key players in the Hubs
- It needs to be underpinned by a process of integrated planning across statutory organisations and a commitment to working across agency boundaries. Otherwise there will be a problem of lack of

coordination as different government agencies fund their own priorities without regard to how they could make a bigger impact by jointly funding

- It is helpful if it is accompanied by Family Support funding or for a strong Family Support funding base to already exist

### **Elements that are non-negotiable**

- Voluntary-statutory partnership in the make-up of the Family Support Hubs
- Integrated planning process where statutory, community and voluntary organisations are committed to planning services together
- Infrastructure support. Hubs have support needs to function effectively (eg. administration) and consideration needs to be given to this
- Effective management of thresholds between statutory social work intervention and early intervention Family Support

### **Elements that can be adapted to suit other contexts/settings**

- The range of organisations that make up the Hub and the types of services provided
- Hubs are about coordinating services better. There is no prescription about which services should be involved as this will depend on local need
- The Hub focus can be universal or more targeted
- The thresholds for access to Hubs and access to statutory services. This can be adapted depending on the context

### **Necessary conditions for application or adaptation elsewhere**

- Training for organisations making up the Hubs to cover issues such as information sharing, child protection, chairing meetings etc.
- Shared understanding of the working of a Hub, preferably underpinned by a manual. Encourages replication in a way that maximises the potential for success rather than ending up with a diversity of different approaches
- Shared understanding of the core concepts of 'Family Support' and 'Early Intervention'. A shared language enables organisations to work more effectively together

# Programme to prevent children from being separated from their families, Romania

*The programme aims to keep the most vulnerable children within their families to avoid institutionalisation and increase family care. Launched in 2001, it is closely related to the Government's de-institutionalisation programme and is meant to lay the proper foundation for it by preventing children from being admitted to institutions. The programme offers structured, time-limited interventions to targeted families, delivered in partnership with local authorities to ensure sustainability. The overarching aim is to develop a 'Public Policy for the Prevention of Child Separation from Families' that all state authorities dealing with childcare and social services would be required to observe.*

**Organisation making the submission:** Hope and Homes for Children Romania, Romania

**Contact details:** Radu Tohatan, Operations Department Manager; Adrian Oros, Database Administrator, Ștefan Dărăbuș, Ph.D., Country Director, HHC Romania - Email: stefan@hhc.ro

## I. THE APPROACH

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### Theoretical/ conceptual framework

The three main characteristics of the approach that HHC Romania adopts are: **holistic, flexible and systemic.**

We use a **holistic approach** in our prevention programme, providing **individualised solutions** to the needs of the children at risk of being separated from their families, to the parents at risk of being separated from their children, to the professionals working with these families and children.

The **flexible character** of our prevention programme is that the interventions are, not only individualised, but can also change at any moment during the programme if the needs of the children and families change. The intervention has the **children and the families in the centre** but it is not a rigid plan which cannot be altered after the assessment takes place or throughout the intervention period.

The **systemic approach** of the programme is that it involves all responsible authorities and decision-makers, including the families and children themselves. In the prevention programme, we combine the wide range of interventions we use with counselling provided by our staff or our partners, to ensure the **sustainability** of our interventions and the long-term success. The joint teams of professionals (HHC Romania staff and staff from our partner agencies) provide **targeted interventions** to address the **causes** that created the risk situations and the danger of institutionalisation.

The implemented interventions are constantly **monitored and re-assessed**, in this way providing a continuum of services where all the elements are individualised and the results are evaluated in order to be turned into **new learning** and **improvement opportunities.**

### History

Hope and Homes for Children Romania (HHCR) is an organisation working in Romania since 1998 as a branch of Hope and Homes for Children UK. HHCR focuses on de-institutionalisation and reform in the childcare system, providing family-type alternatives for children in old-type institutions.

The implementation of the prevention programme is closely related to the de-institutionalisation programme and is meant to lay the proper foundation for it by preventing children from being admitted into institutions. HHCR started implementing the prevention programme in 2001 and has developed it ever since, refining its methods and interventions, as well as its approach regarding families and children at risk of separation.

Up to the start of the de-institutionalisation programme, the problem of children in institutions was never approached in a holistic way and no attention was paid to the roots of institutionalisation and to the necessity to involve the local authorities in the process of preventing child separation from families. No separate budgets were allocated for prevention at the level of the local or county social services and the decision-makers considered prevention a low-priority domain, focusing rather on the effects of the separation of children from families. The admission of children to institutions was the most 'comfortable'

solution, although it did not observe the children's best interest and did not respect their dignity and right to family life.

The need and the importance of the programme became increasingly obvious over the years, as the following facts were discovered:

- An increasing number of children at risk of being separated from their families and institutionalised (from 38 children in 2001 to 1,655 in 2011)
- The lack of specialist services for preventing the separation of children from their families, both at local and county level
- The low sustainability of family-type services if these are not supported by complementary prevention services
- The low priority of the prevention issue on the agenda of the decision-makers
- Lack or, or insufficient, professional staff working on prevention programmes

### Scaling up

The prevention programme HHCR started to implement in Maramures County<sup>123</sup> in 2001 developed over the years and, five years later, we had Bihor, Alba and Satu Mare counties included in the programme. Bacau and Hunedoara Counties followed within the next two years and, by 2008, we had 5 counties where prevention programmes were implemented.

Starting with 2008, our prevention programme developed in two directions:

- At county level: we included more counties in the programme, expanding our area of intervention
- At local level: local authorities<sup>124</sup> were included as partners in our prevention programme in the counties where we implemented it, in order to maximise the effect of our interventions and provide sustainability

In the first direction of development, we signed partnership agreements with local and county authorities in 7 more counties, establishing prevention programmes and support networks for children at risk of being separated from their families and being institutionalised.

In the second direction of development, we included the local authorities in our prevention programmes as partners, at the same time increasing their capacity to better manage prevention programmes. We stressed the need for the **primary interventions** implemented by the local authorities, as these interventions proved to be the most useful and the most effective. At the same time, they can be implemented with fewer financial resources (if targeted correctly on the specific needs of families) and lead to the avoidance of child institutionalisation. Another relevant component was to support the local authorities in developing a network of complex services addressed to the communities. These services (Day Care Centres, Mother and Baby Units and Counselling Centres) provide a wide range of services and address the roots of the issues leading to the risk of children being separated from their families. The two-folded interventions (targeted on parents and on children) are meant to help parents during the post-intervention period.

### Facts and figures

- We developed **10 prevention services** in Romania (7 Day Centres, 2 Mother and Baby Units and 1 Counselling Centre)
- We prevented **7,520 children in over 2,000 families** from being separated from their families and consequently institutionalised or placed in state care
- We worked with over **200 local and county authorities** in implementing our prevention programme across 12 counties in Romania
- We published the first *Methodological Guide for the Prevention of Child Separation from Families*

<sup>123</sup> Maramures County is situated in the North-Western part of Romania, being the first one where HHCR started to implement its programme. This is the reason why we have a well-established profile here as an organisation that provides high-quality services in the field of prevention. At the same time, the activity of HHCR in the field of prevention was recognised in several conferences and presentations where our professionals were invited to present the programme and by several grants (from Vodafone Foundation and from Cosmote) given for this programme.

<sup>124</sup> The local authorities have the legal obligation to take actions in identifying children at risk of separation from their families and in implementing prevention programmes. At the same time, we always look for ways to raise the awareness of the local communities in implementing the prevention programmes. In this respect, we provide training and good practice examples to the staff working within the local authorities.



## Target group

The target group of the prevention programme consists of children at inevitable risk of being separated from their families.

These children are a very vulnerable category because interventions are often implemented at the very last moment, when the situation is referred to the county child protection authorities. In this case, the interventions can be either late, or not very efficient, and the result can be the admission of children to the childcare system, with dramatic consequences on their development.

Another category of beneficiaries consists of the professionals (social workers and psychologists) at the level of the local and county social services. We constantly focus on increasing their capacity in managing prevention cases and in implementing, in a professional and sustainable way, the intervention required by each family and child in particular.

## Accessibility

The children and families included in the prevention programme come from different areas of the counties in which we work. Each county has its particular economic and social conditions (and development), therefore each of them has its own dynamics of prevention cases.

Usually, the families are referred to HHCR through the local social services or the county child protection authorities. In each of these counties, we set up a network to enable us to intervene in the severest of cases, which are out of the reach of local authorities. In this way, we are able to provide support only to the children and families in the most vulnerable situations - whose needs cannot be met by the local authorities and where the danger of institutionalisation is very high.

## Objectives

The aim is to keep the most vulnerable children within their families (birth or extended) to avoid institutionalisation and increase family care.

The objective is to identify and apply a set of interventions - for the children at risk of abandonment or separation from their families, for their families, for their communities - to discover and eliminate the causes which lead to this situation and to prevent the separation of children from their families.

### Activities

The activities implemented within our prevention programme are focused on several areas:

- Support activities
- Counselling activities
- Involvement of local authorities or other relevant decision-makers

*The support activities* include material/financial support or facilitating families' access to different services in the community or to certain services provided by state authorities or partner organisations. The material/financial support includes: provision of extra food resources, clothing, footwear, school supplies or hygiene items, covering running costs or taxes for a short and limited period of time in order to avoid eviction, provision of home appliances (stove, washing machine) in order to increase the safety of the home, and to improve the health and security conditions for the children, and provision of drugs or medical items that are urgently needed.



*Siblings from a family living on the outskirts of Baia Mare. HHC Romania supports many families from this area, as this is a poor neighbourhood with a significant number of families at risk of abandoning their children.*

*The counselling activities* include sessions focused on the specific needs identified during the assessment visits and are meant to build or increase the parenting skills of the families. The parents are counselled and offered better ways to identify and meet the needs of their children. The safety of the children, the security of the home, the developmental needs of the children and other issues such as challenging behaviours are discussed with parents by the social workers and psychologists involved in the prevention programme. Special attention is paid to the counselling provided in order to identify and avoid abuse or neglect situations, as well as exploitation of children. Information is given in relation to identifying jobs for parents to avoid creating dependency on the system.

*The involvement of local authorities or other relevant decision-makers* is paramount in all the implementation stages. Building the capacity of the local authorities to identify the children at risk of being separated from their families, and to implement early and targeted interventions, are prerequisites for a successful intervention. At the same time, the involvement of the local authorities ensures the sustainability of the prevention measures and monitoring of the children and families.

### **The way activities are carried out**

We follow a thorough methodology in our prevention programme. Developed in time, and keeping in mind our previous experiences, the methodology ensures that the families included in the prevention programme benefit from the best interventions.

- *Referral of the children and families at risk.* Only high risk cases are considered, where the separation would be imminent without our intervention
- *Analysis of the risk situation of the children and at the same time of the risk situation of the whole family.* A separate quantification of the risk situation for the family and for the children leads to erroneous conclusions and an invalid assessment that would not show the real needs of the children and families
- *The social investigation/inquiry in the field*
- *The decision to include the children and family in the prevention programme.* The social workers check whether the situation of the children and of the family makes them eligible to be included in the prevention programme. This is done according to several criteria: risk situation vs. principles<sup>125</sup> of intervention, risk situation vs. criteria<sup>126</sup> of intervention and risk situation vs. indicators<sup>127</sup> of the programme
- *The intervention plan,* including expected results and the timeframe for the implementation
- *The implementation of the intervention programme* (including donations, financial resources, counselling and/or involvement of local authorities and community)
- *Assessment of the intervention:* success and positive aspects, failure and negative aspects

These activities are detailed below:

*Taking over the case:* in this first stage of intervention, the contact between the social worker and the family is established. During this stage, a work file of the family is created, by registering the written request of the family.

*Assessing the family and their needs:* during this stage, the social worker visits the family in order to compile a detailed assessment of the family's needs. The discussion takes place at the family's place of residence - a familiar environment for them- hence they are more comfortable to discuss their problems. The assessment offers details about all the family members, including the extended family members, a social history of the family, living conditions, the financial resources of the family, including the potential for accessing more income sources, relationships within the family and the community, as well as education and health information.

*Setting up an intervention plan:* at this stage, the social worker analyses the information provided by the service user. Good practice has demonstrated that working together with the family in reaching a final intervention plan is more efficient in time and costs. The intervention plan contains the objectives set, the actions to be undertaken by HHCR, the Local Authority and the family, the period of time for these actions to take place and the estimated costs involved.

*Intervention and monitoring:* the intervention refers to the entire process through which the social worker assigned to the case supports the family in the situation of risk, following the previously established intervention plan.

Monitoring is a part of the intervention and refers to the process through which the evolution of the family is supervised, as a result of the actions undertaken. This is done by means of periodic meetings with the family or phone conversations following each action. These actions are mentioned in monthly reports, so that there could be a follow up on the initially set terms and so that the results could be assessed.

<sup>125</sup> Principles of the prevention programme can be found at <http://hcr.ro/wp-content/uploads/Principles-of-prevention-programme.pdf>

<sup>126</sup> Criteria of intervention in the prevention programme can be found at <http://hcr.ro/wp-content/uploads/Annex-2.-Criteria-of-intervention-in-the-Prevention-Programme.pdf>

<sup>127</sup> Indicators of the prevention programme can be found at <http://hcr.ro/wp-content/uploads/Annex-3.-Indicators-for-including-children-and-families-in-the-Prevention-Programme.pdf>



*Family included in the HHC Romania prevention programme. HHC Romania helped the family build a new house (they had lived in a one-room sod house), therefore supporting 3 children to remain with their birth family.*

*Final assessment:* the final assessment verifies whether the actions detailed in the intervention plan were carried out and the objectives were reached. Following this assessment, either an extension is suggested to the period of time when support is provided, or a decision is made to end the support.

Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

As described above, the systemic approach of the programme is that it involves all responsible authorities and decision-makers, including the families and children themselves. At the same time, the extended family and other relevant members of the community are involved in the programme, as deemed appropriate by the team of social workers.

## Promotion of the approach

Families are referred to HHCR through the local social services or the county child protection authorities. In Maramures County, families sometimes access HHCR themselves in order to ask for help.

## Quality assurance

The methodology described above ensures that families included in the prevention programme receive a service that is quality assured. By monitoring the families frequently, our team continuously checks the progress and quality of their intervention and makes all the necessary adjustments to cater for the changing needs and contexts. The adjustments are discussed and decided in case management meetings over the duration of the intervention.

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

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### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

HHCR has worked in partnership with over 200 local and county authorities in implementing the prevention programme across 12 counties in Romania.

### Extent to which the practice is rooted in local authorities'/ NGOs experience of service delivery to families and parents

The overarching aim for HHC in Romania is to develop a **Public Policy for the Prevention of Child Separation from Families**, which is being done through a formal Working Group on Prevention and Deinstitutionalisation, including UNICEF, the Ministry of Labour, the Ministry of Education, and other stakeholders. When this Public Policy is valid, then the principles, criteria and indicators of action in prevention are to be observed at national level, by all state authorities dealing with childcare and social services.

### The involved staff, their education and training, guidance and support

We have a team of 6 social workers and 5 psychologists working with the children and families included in the prevention programme. They are in permanent contact with the families included in the prevention programme (during the intervention and the post-implementation stage) and re-assess the needs of the children and of the families in order to permanently adapt the interventions to their needs.

The social workers and psychologists assigned by the county child protection services and local social services as contact persons and partners in implementing the interventions are in contact with the HHC team and with the direct beneficiaries, acting as a very important and empowered factor in this programme. They carry out the initial assessments and refer to us only the children and families where they were not able to effectively implement prevention actions. In this way, they are permanently stimulated to learn and develop and they benefit from our experience, bringing, in addition, their knowledge of the situation in the field and their first-hand experience in solving particular cases.

Staff in partner agencies and authorities receive constant support and guidance from our team, not only during formal meetings or informal discussions, but also during the actual interventions in the field.

## Integrated working

As stated above, the involvement of local authorities or other relevant decision-makers is paramount in all the implementation stages of the programme. It ensures the sustainability of the prevention measures and monitoring of the children and families involved.

At the same time, the procedures and practices used by HHCR and the tools used in all the stages of programme implementation are used by the local authorities and their social workers in other contexts. In this way, HHCR helps local authorities to build/increase their capacity in providing high quality services.

### III. POLITICAL CONTEXT AND SUPPORT

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#### Political context

The current legal frame in Romania regarding children and child protection provides, neither clear indications regarding the way social workers should act to prevent the separation of children from their families, nor methodological clarifications in this respect. This leads to the paradoxical situation where, although the responsibilities of agencies regarding prevention are clearly stipulated, the actual interventions are seldom implemented, or are implemented in an improper manner.

As previously noted, the need for prevention work appeared very clear in the work of HHCR from the very beginning, to ensure the success of the deinstitutionalisation programmes, and to allow children to live in their families.

#### Funding

The prevention programme is funded from the financial resources of HHC Romania and its partners. Starting in 2008, the programme received a boost by the involvement of ARK (*Absolute Return for Kids*), who provided extra resources in order to maximise the impact of the interventions and the scale on which HHCR operates.

Besides HHCR financial resources, we also received funds from international companies that are active in Romania or from Romanian companies. A partner charity also provided funds for intervention carried out within the prevention programme.

Other forms of facilitation

The programme was supported by donations of medicines (received from a pharmaceutical company), which were recorded as 'in-kind' donations, as well as with donations from a Romanian company specialising in bath and kitchen equipment.

### IV. LESSONS LEARNED

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#### Set up of the evaluation

It became clear, during the implementation of our prevention programme, that we needed a **Monitoring, Evaluation and Reporting system**. This was due to two main reasons: it was paramount to assess the effectiveness of the programme; the monitoring of the programme could be turned into a learning opportunity.

The evaluation of the programme is made in the usual way. The initial assessment (made when the case is included in the programme) sets a baseline for the children and families and is used at the same time as a basis for intervention. At the end of the intervention, there is a final assessment carried out, which helps us establish the progress made by the family after the intervention.

There are **6 wellbeing domains** which are monitored and where progress is expected to appear:

- Living conditions
- Financial status of the family
- Social and family relations
- Social behaviour
- Education
- Physical and mental health

The framework for the evaluation allows us to discover the weak points of the programme (if they exist) and provides ways to continuously adjust the programme to the current social contexts in different counties. It also provides indications regarding the strong points of the programme and ways in which those strong points can be developed and further used to build a stronger prevention programme.

### Main achievements/ results/ impact/ output and outcomes

- 12 counties where the prevention programme was implemented
- 12 county child protection services and 200 local social services involved
- 7,520 children at risk of separation from their families supported and helped

### Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies

As previously stated, the overarching aim for HHC in Romania is to develop a **Public Policy for the Prevention of Child Separation from Families**, which would enshrine the principles, criteria and indicators of action in prevention to be observed at national level by all state authorities dealing with childcare and social services.

### Cost-effectiveness

Traditionally, the material and financial resources for prevention are assimilated with expenditure, not with investments. This happens because the calculations are made in a simple way and rigid accounting keys to determine costs are used. The investments in prevention are not put into the wider context of the expenditure made for children in the institution/placement situation/service where they would end up, therefore these investments are accounted for as 'losses'.

For example, in 2008, 163 children and families joined the prevention programme in a county. The cost of their institutional placement (EUR 5,614/year) would have been EUR 915,082 for the entire year.

In the same county, in 2009, 487 children and their families joined the prevention programme. The cost of their institutional placement (EUR 5,614/year) would have been EUR 2,734,018 for the entire year.

The prevention programme implemented by HHCR in that county during the 2 years used as an example involved an average expenditure of EUR 805/child, meaning that the total investment was EUR 523,250. Compared to the total of EUR 3,649,100 which the state would have spent for placing these children in the system (in existing institutions, or in other residential services), it gives us a clear image of the efficiency and effectiveness of the investments made in this programme.

If we add to this calculation the average eight years a child spends in the childcare system once admitted, the cost of residential care for the example above is EUR 29,192,800. In contrast, in a prevention intervention, the allocation of funds is for one year on average. Thus, the cost of prevention stays at EUR 523,250. In the medium and long term, the saving is enormous: **it is 56 times cheaper to prevent child placement in the residential system**, than to accommodate children in state, residential care.

### Possible changes in the practice as a consequence of evaluation

During the assessment of the programme and the monitoring of the families included in the prevention programme, we made the appropriate fine-tunings every time we considered necessary in order to improve both the efficiency and the effectiveness of the programme. The programme is flexible and is constantly improved by incorporating past experiences and considering future local and national trends in economy, labour market etc.

We involve the parents as full-time partners in our interventions in terms of raising their awareness regarding their need to secure steady incomes in order to provide proper living conditions for the families. We also provide increased technical assistance to our local partners in order for them to be able to identify and manage prevention cases. The technical assistance is completed with training sessions designed for the local social workers with a view to improving their knowledge and capacity to manage complex prevention cases.



## Obstacles/ Challenges/ Issues

- *Lack of professional staff at the level of local authorities* leads to an improper way of managing the prevention cases and of implementing the prevention interventions. This is managed by HHCR by continuously providing training to the staff in the partner agencies and by good practice models during direct work
- *Lack of a national standard on prevention*, as well as the lack of a national vision to keep children and families together, as opposed to admitting children to state care
- *Lack of a legislative framework* to empower prevention intervention. Lack of a Public Policy to legally impose prevention as a legal procedure in social services
- *Lack of budget allocation for prevention or inflexibility of institutional budgets* leads to insufficient funds (or sometimes non-existent funds) for the implementation of interventions. Meeting an immediate need of a family could solve problems in the long term and avoid separation of children from families. The lack of funds is managed by HHCR by providing financial or material help to families from its own budget, after a thorough assessment.

## Successful elements

See information in previous sections under 'Facts and Figures' and 'Main Achievements'.

## Must Do's & Don'ts

- Involve the family in the prevention programme. Families are not a mere spectators; they must have an active role and they must accept this role from the very beginning
- Involve the local authorities at all the stages of the intervention. They must continue the intervention if needed and take on a monitoring role
- Establish relations with the family based on mutual respect and trust
- Establish specific timing for the actions that must be taken and stick to the plan
- Provide feedback and appreciate the efforts of all the parties involved
- Do not encourage dependency in the families
- Do not promise anything unless you are absolutely sure you can keep the promises
- Do not use a judgmental attitude and mind set
- Do not lose objectivity
- Do not ignore the cultural background of the beneficiaries
- Do not avoid conflicts. It is always better to discuss the problematic issues and solve them

## V. IMPLEMENTATION ELSEWHERE

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### The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings

Implemented during the past 10 years, our prevention programme has proved its versatility and the fact that it can be replicated in other contexts.

### Elements that are non-negotiable

- Children and families at risk are always at the centre of attention
- The programme must provide individualised solutions for children and families at risk, respecting their dignity and avoiding dependency
- The involvement of the family in all actions is essential
- The involvement of the local authorities in the process of assessment, implementation and monitoring of the children and families at risk is essential
- Families should fit within the parameters set for the prevention intervention before inclusion in the prevention programme
- Families should fit within the criteria and indicators to be applied in the social/psychological investigations before they are included in the prevention programme



### **Elements that can be adapted to suit other contexts/settings**

- Assessment tools (which can be adapted to the specific elements of each county and community)
- Implementation of the actual interventions (degree of involvement of the local authorities vs. the HHCR staff)
- Criteria used to admit children and families into the prevention programme
- Support provided by HHCR within the prevention programme

### **Necessary conditions for application or adaptation elsewhere**

- The existence of good will and openness from state authorities
- The creation of a legal framework to empower prevention of child separation from families as best practice



# Home-improvement loans for low-income families and families at risk, Bulgaria

*The programme is an innovative response to the Bulgarian Government's deinstitutionalisation priority. Launched in 2008, it aims to facilitate positive social change by assisting in the provision of quality, community-based services for disadvantaged children and by improving the living and sanitary conditions of low-income families and families 'at risk' through no-interest loans for small home renovations. The loans are capitalised by Habitat Bulgaria and administered by 'partner' community-based organisations. Re-payments are 'recycled' to ensure programme sustainability and continuity. The longer term objective is to develop a scalable, country-wide micro financing facility.*

**Organisation making the submission:** National Network for Children, Bulgaria/ Habitat for Humanity Bulgaria

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## I. THE APPROACH

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### Theoretical/ conceptual framework

Habitat for Humanity International<sup>128</sup> is a non-profit, Christian organisation, working towards eliminating poverty, housing and homelessness. In its work, Habitat for Humanity Bulgaria follows the model of Holistic and Multidisciplinary Approach to Sustainable Social Development, the principles of Habitat International for creating simple, decent and affordable homes, and seeks to build permanent systems of housing finance solutions for the poor.

### History

The at-risk of poverty or social exclusion rate for children in Bulgaria is 44.6% - one of the highest rates in Europe (the rate for EU27 is 26.9% for the same indicator according to Eurostat data for 2010<sup>129</sup>). The risk of poverty is extremely high for families having many children and in households where members are unemployed. When it comes to Roma families, poverty amongst families with 2 or more children reaches 69% and households without children have poverty rates as high as 44%<sup>130</sup>. Often families belonging to the most vulnerable groups have no access to healthcare and their children remain uncovered by the educational system. In such a context, the availability of socio-educational services is a question of survival.

The development of community based social services for children and families in Bulgaria is still very limited. The majority of the specialists responsible for social policy at local level still do not have a clear vision for their cooperation with civil organisations and for the professionalising of particular NGOs in the sphere of the social economy. At the same time, a number of NGOs need support to develop the necessary resources to start running a social service.

Bulgaria is one of the European countries with the biggest number of institutionalised children. In 2010, there were about 6899 children (aged 0-18 years) in 130 social institutions and about 7200 more, who were officially not reported as institutionalised, but in fact separated from their families and raised in institution-like organisations (e.g. special schools for children needing special educational attention or medical care; social-pedagogical boarding schools; educational boarding schools)<sup>131</sup>. For the first half of 2011, officially there were 5328 children in 127 social institutions. There is considerable evidence to demonstrate that institutional care causes developmental damage to children – emotional, social and physical<sup>132</sup>. The fact that

128 <http://www.habitat.org/eurasia>

129 Eurostat, Eurostat news release: <http://europa.eu/rapid/pressReleasesAction.do?reference=STAT/12/21&format=HTML&aged=0&language=EN&guiLanguage=en>

130 Open Society Institute-Sofia, World Bank, 2010, Early Warning System, sociological research on the effects of the world economic crisis on households

131 State agency for child protection, ASA, Ministry of education statistics for 2010

132 Bucharest Early Intervention Project (BEIP), research project led by Dr. Nathan Fox, Dr. Dana Johnson, Dr. Charles Nelson, Dr. Charles Zeanah - <http://www.crin.org/resources>

institutionalised children are also socially marginalised is a problem of the present day. The majority of the children inhabiting specialised institutions today come from 'families with poor living conditions and usually more than 3 children, many people living in one room, lack of appropriate sanitary facilities, electricity etc.' Various research shows that substandard living conditions are one of the main reasons children are taken from their families and placed in social institutions. In many cases, young families share lodgings with an extended family that may be unwilling or unable to accommodate another child. Even more common, poor housing conditions, especially in winter, may jeopardise the children's' health or life<sup>133</sup>.

In 2008, Habitat for Humanity Bulgaria (Habitat Bulgaria/ Habitat) successfully 'piloted' a project in one village in the Stara Zagora region. The pilot phase demonstrated that small home-improvement interventions in the Roma communities, and with other socially disadvantaged groups, resulted in large-scale community energy and support. Based on these encouraging results, work to prevent child abandonment was scaled up, in 2009-2011 reaching out to 215 families. In 2011, the target group was expanded to other low-income families in rural areas. The enlargement of the home improvement programme will be part of a broader range of social services to ensure a holistic approach to the target group's problems. At the present time, Habitat Bulgaria is working in partnership with 9 community-based organisations<sup>134</sup>. So far the programme has provided over 400 home improvement loans. The main goal for the next two years is to improve the quality of life of 600 low-income families and mitigate the health and development risks for their children by improving their housing conditions, in addition to the other social services that Habitat Bulgaria's partner organisations provide.

*The Programme 'Home Improvements for Families at Risk and Low Income Families'* aims to facilitate positive social change by assisting in the provision of quality, community-based services for disadvantaged children and young people and improving **the living and sanitary conditions of low-income families and families 'at risk' by providing no-interest loans for small home renovations. Habitat Bulgaria capitalises a Fund for Home Improvements to local community-based organisations - most of them also National Network for Children (NNC) members - which, respectively, offer small loans to the target families.**

## Target group

**The programme serves two types of families in need: families at risk and low-income families.**

*Families at risk:* families with children under 16 years old who are living in substandard conditions or in circumstances that create potential social or health risks for the children. At present many of those families live in makeshift houses with terrible sanitary issues – no running water, toilets or bathroom, poor heating and poor wall insulation. These conditions endanger the health of the inhabitants and especially of the children. In most cases, there are several generations living in one or two rooms. For the moment, there are no state regulations in Bulgaria to support families to improve houses or build new ones.

*Low-income families:* recently Habitat Bulgaria expanded its focus towards low-income families living in small villages in the rural areas of Bulgaria. The proportion of people living in poverty is significantly higher in rural areas. This is related to lower wages, higher unemployment and underemployment rates, the high percentage of the population living on pensions and social security benefits, and the high costs of social services. A World Bank study on poverty in Bulgaria revealed that poverty rates were four times higher in villages and the households who lived in villages comprised 66% of the poor population<sup>135</sup>.

## Accessibility

Habitat Bulgaria utilises, in its work in local communities, the experience and knowledge of the local municipality, social-care offices and workers, and local NGOs that help identify families at risk and low-income families. The local partners provide crucial inputs on:

- Families that are in a housing situation that might cause health, social or developmental risk for their children (based on their findings/ interventions to take place)
- Monitoring of the families after the intervention
- Collection of the loan instalments

133 Summary of information from interviews, discussions and observations conducted by ARK Bulgaria

134 See details in the following section 'Service providers, their staff, integrated working'

135 World bank, Report for the evaluation of poverty in Bulgaria, 2002

## Objectives

The aim of the programme, serving families at risk, is to develop a model of social work practice aimed at identifying the problems of children and families at risk at an early stage and responding to them in a timely fashion by providing support for medical expenses, government subsidies and family counselling. The programme provides assistance for improving the living conditions of the families in order to prevent child abandonment and institutionalisation. As stated in the previous section, the main goal for the next two years is to improve the quality of life of 600 low-income families and mitigate the health and developmental risk for their children.

Habitat Bulgaria aims to develop a model for a scalable, country-wide micro financing facility. The micro financing schemes will reach rural areas in selected regions of the country. The microfinance facility will address immediate housing issues, such as general home improvements and sanitation needs. We see this model as a step for the prevention of migration from the rural areas in Bulgaria by providing access to finances to the non-bankable, low-income rural population.

## Activities

Habitat Bulgaria, in co-operation with its local partners, provides small interest-free home-improvement loans to low income families and families at risk living in substandard conditions. The process goes through the following steps:

### **Step 1: Identifying families at risk and low-income families living in substandard conditions**

Habitat Bulgaria identifies local community based organisations and agrees the terms of partnership and the set of criteria for the selection of the beneficiary families. Habitat and the local NGOs work in close cooperation with the local municipality, social-care offices and workers, other local NGOs, community leaders, other governmental institutions to identify families at risk and low-income families.

### **Step 2: Family selection**

The process of family selection is locally based through established Selection Committees (consisting of representatives of Habitat, local partner NGO, municipality and social-care offices). The Selection Committees analyse and discuss the collected information and decide which families to approve.

Habitat programmes start with a set of basic conditions. As part of these, all the families must:

- Be identified as a family at risk (by local social workers) or as low-income families, complying with the set of criteria regarding their living conditions and income level
- Have a regular income (however small) to be able to repay the loan and an income below the Habitat maximum
- Be willing to be involved in the repair works and help other community members. This builds skills, a sense of achievement and a better understanding of maintenance requirements in the future

### **Step 3: Providing and monitoring loans**

The partner families sign contracts and all necessary documents. Following the steps of the loan disbursement procedure, the families are allocated funds for home renovations. The funds are provided as an interest-free loan, with a small charge for inflation adjustment and administration. Loan amounts range between \$200-\$700 with a monthly repayment rate depending on the beneficiaries' financial abilities but usually over 12-24 months. If the beneficiary proves to be reliable, after repaying the first amount, he/she has the possibility to apply for another incremental housing loan in order to gradually improve the household living conditions.

The target families are often dependent on welfare benefits or have irregular/seasonal income. For this reason, Habitat Bulgaria offers flexible repayment schedules with smaller monthly instalments for the winter period.

### **Step 4: Monitoring and construction support**

Once the family has been selected, Habitat and the local partners work closely with the family. When necessary, the beneficiaries receive advice on the best and most cost effective suppliers for the required materials and support for the purchase. The project manager, the local coordinators and the construction advisors monitor the home improvement process. The families and the renovations are photographed before and after the intervention. Partners' project monitoring is implemented by the local community workers who coordinate project operations and provide feedback to Habitat. The community workers facilitate the

social contact with the local community; provide assistance for the home improvement process (e.g. assist in purchasing construction materials, arrange discounts etc.); are responsible for ensuring the effective selection of families; maintain communication with target families throughout the project; handle loan repayments and general liaison between the local partner NGO and Habitat.

### Step 5: Construction interventions

Construction interventions take place as part of the overall social work process and are done in small steps, according to the priority need. The interventions enable small repairs such as the purchase of roof tiles and repair of the roof; plastering of walls; strengthening the foundations of the house; draining of flooded areas in the yard; fixing of window frames or replacement of old ones; floor repairs – plastering, linoleum etc; bringing running water into the house; sanitising the living environment.

### Step 6: Providing training and other support services

In order to ensure a holistic approach to the problems of vulnerable communities and families at risk, Habitat works with partner organisations which provide **specialised additional services and training**. The additional support is based on the needs of the different communities and varies from region to region, but generally may include:

- Financial education training - provided by Habitat Bulgaria, this provides basic knowledge on family budgeting, planning and saving skills, building the capacity of low-income households to gain control of their financial resources and better manage their scarce capital. Consultations and support are provided by social workers - the beneficiaries receive information on available social benefits and additional support provided by local government or other NGOs etc.
- Reproductive health services - birth control activities, education and support for family planning and contraception; sexual education; mobile medical consulting teams providing free gynaecological checks
- Health education – information, actions and education on HIV/AIDS, TB, STD
- School mediators – community workers supporting families in order to prevent children dropping out of school
- Support to the local cultural community centres
- Basic life skills and professional training - e.g. 'How to find job'; 'How to write a CV'; 'How to fill in forms and other documents' etc.

### The way activities are carried out

We use different methods in the process of work with beneficiaries and partners – both individual and groups. For dissemination of the information about the programme we organise presentations at various community meetings or provide face to face consultations. During the process of identifying clients, and later on for the monitoring of the impact and the completed intervention, the local community workers have many conversations with the applicants and their families including home visits. The local agencies provide individual consultations on an on-going daily basis, not only for the Home-renovation programme, but also in relation to their multifaceted social work.

### Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

All the families supported by Habitat Bulgaria are involved in the process of assessment of the housing conditions they are living in and the process of prioritising the most necessary home repairs. All Habitat families usually co-finance the renovations or provide construction materials from other sources (e.g. second-hand bricks or tiles). In addition, all Habitat families contribute with so called 'sweat equity', ie. at least one family member participates in the home renovation process with volunteer labour. Often the 'Habitat



*Naiden shows proudly the wallpaper his mother has bought with the help of Habitat for Humanity Bulgaria. The background gives an idea about the housing situation in the Roma district in Sofia.*



families' receive support from neighbours or relatives, either as professional construction work, or as unskilled volunteer work. Usually neighbours and relatives naturally get involved in the renovation – either by giving a hand, or materials, or transport.

### Promotion of the approach

Habitat Bulgaria works closely with local community-based organisations who work actively with the target groups. Together with the local agencies, Habitat identifies the most suitable ways to spread information about the home-improvement opportunity – presentations at community meetings, announcements at public places, presentations at church meetings or at informal gatherings etc. The positive example of other families participating in the programme is the most effective recruitment method – when the families see what their neighbours or friends have done, they get inspired and motivated for home-renovation initiatives.

### Quality assurance

Habitat Bulgaria works with acknowledged local agencies, which have built long-term relationships of trust and mutual partnership with the target families. Habitat applies the internationally recognised Habitat Housing Quality standards regarding design, durability, secure tenure, water and sanitation of new-built or refurbished homes.

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

Habitat Bulgaria works with local partner organisations that have experience and expertise in working with vulnerable families. The local partners focus on identifying low-income families and children at risk and improving access to health and social services, as well as developing local policy for prevention of child abandonment and institutionalisation. To help ensure a sustainable impact of home improvements, it is essential to work together with partners to resolve social exclusion, unemployment, low educational attainment, poor sanitary and health conditions, family planning etc.

The organisations working in collaboration for the implementation of this initiative are:

Region	Partner	Services provided by the local partner	Families Served by Dec. 2011
Stara Zagora	Samaritans Association	Social services- health care education, social assistance, family planning, social work with families at risk; prevention of child abandonment	53
Dupnitsa	Amala–Priатели Association	Prevention of dropping out of school; school mediators; prevention of early marriages in the Roma community; social assistance	76
Rakitovo	Badeshte Rakitovo Foundation	Health care mediators; school mediators; social assistance	21
Targovishte	'Club of NGOs' Association	Health care education; prevention of child abandonment; counselling	98
Pleven	The Pleven Community Fund "Chitalishte"	Development of rural communities; social work with vulnerable communities; support to local community centres (so called 'chitalishta')	120
Lom	"Roma-Lom" Foundation	Mediation for providing alternative employment opportunities; initiatives for improving the education status of the local community; food donations and health services to families living below the poverty line; stimulating the intercultural dialogue and tolerance between the different ethnic groups	10

Sofia	"Health and Social Development" Foundation	Roma community development work for prevention of institutionalisation; Roma integration; teaching the Roma community parental skills; HIV and TBC prevention work; maintaining a community based Health and Social Centre	20
Kyustendil	Community Centre "Vasil Levski 1965"	Social and cultural integration of the Roma community; maintaining a library in the Roma neighbourhood; Evening School for illiterate Roma adults; providing professional training; cultural initiatives	21
Dryanovo	Community Centre "Razvitie 1869"	Social work and activities to support families and individuals from the local community; organising cultural and educational activities for the young people in Dryanovo; organising amateur art activities	Starting in March 2012

### Extent to which the practice is rooted in local authorities' / NGOs experience of service delivery to families and parents

Habitat Bulgaria works in close cooperation with the local mayors of the villages where it operates. Besides providing administrative support, the mayors often are members of the Selection Committees or take the responsibility to personally guarantee some of the clients. The local informal leaders are also often involved - they provide feedback for applicants as they know the local community very well, or also become guarantors for some clients.

### The involved staff, their education and training, guidance and support

Thanks to our partnerships all over the country, we have created a network of more than 20 highly qualified specialists and volunteers, who play various roles during the whole process of home-improvement intervention and complex support:

- *Identifying families at risk and low-income families living in substandard conditions (Step1)* - local project managers, local community workers, health and education mediators, community leaders, family development specialist at local child welfare institutions
- *Family selection (Step 2)* - volunteer members of the Selection Committees, providing different expertise (social workers from local child welfare institutions, local mayors, community leaders, financial specialists, Community Development Centre representatives), along with staff members of Habitat Bulgaria or the local agency (Habitat's programme manager, local project managers, social workers and community mediators)
- *Providing and monitoring loans (Step 3)* - the local staff and the Habitat programme manager administer the contracting process and monitor the implementation of the renovations and the repayment process
- *Monitoring and construction support (Step 4)* - local construction specialists, providing housing support services and construction consultations to families who need support
- *Construction interventions (Step 5)* - performed by a contracted construction specialist - the unskilled work is usually done by the families or other community members
- *Providing training and other support services (Step 6)* - qualified trainers and adult learning specialists

### Integrated working

See previous points in this section.

## III. POLITICAL CONTEXT AND SUPPORT

### Political context

The initiative of Habitat and partners is responding to one of the major priorities of the Bulgarian Government - deinstitutionalisation.

Bulgaria's Government adopted the 'Vision for De-institutionalisation of Children in the Republic of Bulgaria' National Strategy on 24 February 2010. It is based on the 'best interest of the children' policy that aims to support families and create the best conditions for children's development and realisation of their full

potential. As a result of the strategy implementation, it is expected the number of children placed in institutions will be reduced and, eventually, that the conventional institutions will be closed altogether. In the meantime, an end will be put to the practice of placing children aged 0-3years in institutions after the reform is completed.

The planned measures are aimed mainly at promoting the family and developing services to stave off child abandonment such as prevention of family risks, early intervention and child support, family planning and family mediation services. Efforts are being made to introduce foster care nationally as a major alternative to placing children in specialised institutions, as well as to encourage adoption. The top priority in the implementation of this strategy will be the de-institutionalisation of the disabled children placed in social care homes.

## **Funding**

Over the period 2008-2011, Habitat has invested over €140 000 directly in renovations. The Home Improvement Funds, which we establish with our local partners, are re-cycled, ie. the collected monthly instalments are immediately put into the next home improvement loan. Thanks to this model we achieve sustainability and continuity of our work. The programme is financed by Habitat for Humanity International. Depending on the impact and the success of the model, the programme will continue over the next years. In addition, Habitat Bulgaria is looking for external sources of funding – national and EU.

## **Other forms of facilitation**

See previous sections, Step 6 – ‘Providing training and other support services’.

## **IV. LESSONS LEARNED**

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### **Set up of the evaluation**

The local project managers and the programme manager at Habitat Bulgaria supervise and monitor the project implementation on a regular basis via monthly monitoring meetings of work progress. The partners and the local community workers coordinate project operations and provide feedback to Habitat. All clients of the programme are asked to complete a short evaluation form 18 months after the intervention in order to identify how much it has affected their living conditions and lifestyle. To evaluate the success of the project activities, the impact on the local community and also to discuss how to improve and make the joint work more efficient and successful, an annual evaluation forum will be organised with the participation of representatives of all local partner organisations and local stakeholders. A small publication about outcomes, lessons learned and recommendations will be issued and distributed amongst other NGOs, institutions and local authorities after each annual meeting.

### **Main achievements/ results/ impact/ output and outcomes**

Thanks to the common work of Habitat and the local agencies, the living standards of our beneficiaries improve significantly. Depending on the individual home environment, after the interventions, our beneficiaries get a bigger living space, young families move out of their parents’ house, the children get a separate room and more space for playing and studying, and the premises become more hygienic and protected from outdoors factors. Many families who have repaid their first loan take another one. This process builds responsibility and accountability and stimulates families to save money and manage the family budget in a better way.

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

The work model of Habitat Bulgaria provides a ‘hand-up’, instead of a ‘hand-out’ to the families in need. The families receiving home improvement loans have the opportunity to initiate change in their lives and to take responsibility for that change.

The home improvement fund provides an added value to the complex social work and other support accomplished by the local NGOs. It gives an opportunity for the local agencies to find a solution to an issue – the substandard housing - that has always been a problem for the low-income families but there were no options available to resolve it. This new opportunity strengthens the positions of our local partners as organisations, providing multifaceted solutions and a holistic approach to the complex problems of the

targeted communities.

### Cost-effectiveness

See 'Funding' section.

### Possible changes in the practice as a consequence of evaluation

Based on evaluations and the results achieved, the home-improvement programme is constantly changing and improving. We conform to the specifics in each region, where we establish partnerships and adapt procedure, criteria, loan size etc. As an example, we have set specific income criteria, based on regional statistics and the data collected from loan applications, in order to reflect the differences between the GDP and income rate in official national statistics and the actual income rate in the rural areas.



*Snezhana's one-room home is now much more comfortable, thanks to the interior renovation that she has made with the help of Habitat for Humanity Bulgaria. Thanks to the common efforts of the local partner organisation and the community, little Jesus grows with his mother, but two other of her 5 children are still in a social institution.*

### Obstacles/ Challenges/ Issues:

Some of the challenges we meet:

*Risk vs. need* – the most needy families are usually families with unstable or no incomes, often relying on social benefits, which increases the risk of defaults and non-payment

*Community engagement vs. scale* – our model is efficient and replicable. We are motivated to increase the scope of our work to more regions and communities in the countryside. On the other hand, the process of developing the local partnerships, and building trust and a positive image amongst the local community, is time-consuming and depends on many other local factors e.g. capacity, support from the community leaders, employment and education status of the target community etc.

### Successful elements

Our model is very innovative for Bulgaria and overturns the bad practice of families at risk receiving all services and support 'for free' and 'without any effort', creating dependency and irresponsibility. Instead, the Habitat Bulgaria programme gives families the opportunity to take up initiatives and be responsible for their present and future lives. A particularly successful aspect is the financial education training for current or potential clients. For the past 3 years, Habitat Bulgaria has provided 22 training sessions and trained more than 330 persons.

The home improvement fund provides added value to the complex social work and other support accomplished by the local NGOs. It presents the opportunity for local agencies to find a solution to the issue of low-income families' substandard housing where previously no solutions were available.

The initiative allows identification of the risk of child abandonment at a very early stage, which makes prevention work more effective and efficient. A clean and healthy home environment is a precondition of their better development.

By December 2011, Habitat Bulgaria had served over 400 families in 9 regions of the country. The repayment rate is over 90%.

In 2010, The 'Child Abandonment Partnership Initiative' was awarded the 'Habitat Area Vice President Award for Partnership Development' for working to improve the lives of more than 70 low-income Bulgarian Roma families in *Rakitovo, Dupnitsa, Stara Zagora, Targovishte* and *Pleven*.

In March 2011, the initiative 'Home improvement loans for low-income families – partnerships in action' run by Habitat Bulgaria in cooperation with local organisations, was awarded the 'Project of the Year 2010' award for civil organisations.

The awarded projects were evaluated on the basis of achieved results, sustainability of project activities, financial efficiency, participation of target groups and local communities, innovative services and the possibilities for implementing the project in other areas of the country.

## Must Do's & Don'ts

The success, and the effectiveness, of our work is dependent on few important 'rules':

- Provide a 'hand-up' instead of a 'hand-out'. Habitat is not a giveaway programme! In addition to the monthly mortgage instalments, the partner families invest hours of their own labour in improving their homes. This approach develops self-confidence, responsibility and conscientiousness
- In addition to a down payment and the monthly mortgage payments, homeowners invest hundreds of hours of their own labour—sweat equity—into building their 'Habitat' home and the homes of others
- Work with local community based/recognised organisations. This will ensure access to, and smooth communication with, the target group and successful loan repayment
- Communicate clearly and in a transparent manner about all issues such as application procedure, criteria and requirements, loan terms, selection process, monitoring etc
- Keep communication with the beneficiaries 'live' during the process of renovation, during the repayment process and after
- Involve the target community in the process of decision making, overseeing the construction process and mutual (volunteer) construction and other support
- Involve the beneficiaries at all stages of the home renovation process and require their volunteer contribution

## V. IMPLEMENTATION ELSEWHERE

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### **The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings**

The programme is designed to suit the local context in each location where Habitat works. Some aspects of the flexible nature of the model are demonstrated in the 'Must Do's & Don'ts' section'.

#### **Elements that are non-negotiable**

- The purpose of the micro financing
- The non-charitable nature of the housing support
- The primary target group i.e. low-income families, living in substandard conditions

#### **Elements that can be adapted to suit other contexts/settings**

- The loan size and the loan terms
- The income criteria
- The contracting procedure
- The 'specific' target groups

#### **Necessary conditions for application or adaptation elsewhere**

- The presence of a reliable local organisation, working actively with the target group
- Evident housing need and demand
- Existing opportunities for future growth and intensification of the programme





# Neath Port Talbot Family Action Support Team (FAST), UK - Wales

*FAST is a unique service that provides a full range of preventive family support services for children, young people and families on behalf of the local authority. It was launched in October 2011, following a review of the local authority's family support strategy, when service users identified the need for a more rapid and focused service response. It is an 'outcome-based' service delivered in a 'Results Based Accountability™' framework. It aims to prevent family breakdown and promote the reunification of families by supporting referred parents to achieve acceptable standards of care for their children.*

**Organisation making the submission:** Action for Children

**Contact details:** Andy Senior, Group Manager, Children's Services  
Email: andy.senior@actionforchildren.org.uk

## I. THE APPROACH

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### Theoretical/ conceptual framework

We take an eclectic approach so that we can adapt to suit individual need, including: Social network interventions and Social learning theory; Behaviour theories; Solution Focused Brief Therapy (SFBT).

**Social network interventions** - a characteristic of 'neglectful' families is their social isolation. Social network interventions aim to extend and strengthen social support available to families.

**Social learning theory (SLT)** - invites parents to learn to use and benefit from SLT techniques in managing the unwanted behaviours of children in their care. e.g. Webster Stratton 'Home Coaching'<sup>136</sup>, 'Managing Children's Behaviour' parenting programme (see note<sup>7</sup>), 'Keep Safe programme'<sup>137</sup>.

**Systemic approach** - working with those who support the child - sometimes looking beyond the child to work on the fringes of his or her situation to implement change within the family. Working with the family as a system and identifying problem areas which impact on the system as a whole.

**Behaviour theories** - modelling, positive reinforcement, behaviour management charts, reward systems, etc.

**Solution focused brief therapy (SFBT)** - a number of the staff team have been trained in SFBT. It is used in two main ways: when working with families who are 'stuck' - the 'miracle question' approach, asking what a family's life would look like if there were no more problems, and then focusing on how change could be achieved; also as a management and supervision tool, supporting staff to consider how to approach challenging situations, perhaps by thinking laterally to develop innovative approaches to their work with a family<sup>138</sup>

### History

Action for Children is a UK-wide charity that speaks out for the most vulnerable and neglected children and young people, and supports them to break through injustice, deprivation and inequality, so they can achieve their full potential. Action for Children helps nearly 200,000 children, young people and their families through nearly 479 projects across the UK. We also promote social justice by lobbying and campaigning for change.

The FAST service in Wales was established as one element of Action for Children's response to Neath Port

<sup>136</sup> Webster Stratton Home Coaching - [http://www.incrediblyears.com/products/supplemental\\_home-coach\\_self-admin-manual\\_PB.asp](http://www.incrediblyears.com/products/supplemental_home-coach_self-admin-manual_PB.asp)

<sup>137</sup> Keep safe work- we use a very eclectic approach using a variety of resources and materials and the training that staff have had in relation to direct work with children etc. Quite a lot of materials that we use come from RGT training and consultancy services (Shropshire, UK) which explore effective and practical ways to communicate and undertake direct work with children and young people in the context of their experiences of trauma, abuse, loss, separation and change. The work we do incorporates all or parts of: protective behaviours/ keeping safe, My world- family relationships, All about me, My worries and wishes, My feelings, My life history, Coping with difficult feelings, What is abuse, My sexual behaviours. These can be extensive programmes of work which we adapt to suit individual need.

<sup>138</sup> <http://www.brief-therapy-uk.com>

Talbot Children's Service review of its Family Support Strategy conducted in 2010/11. Key responses from service users identified in the review included:

- The need for a rapid response, and a corresponding reduction in waiting times
- Less assessment and more intervention
- A recognition that the historic 'scatter gun' referrals process needed to be addressed (where families are referred to a number of services simultaneously in the hope that at least one of them has the capacity to deliver an intervention rapidly – even if it is not the intervention to address the most pressing issue for the family)

An initial meeting was held in August 2011 and Action for Children agreed to develop a model for provision which re-configured the two existing Family Support Services and expanded, where required, using the additional funding of £40,000 available until the end of the 2011/12 financial year. The timescale agreed was that the new way of working would be delivered from October 2011.

## Target group

The FAST service works with three client groups:

- Families requiring family support: this may be intensive family support (usually existing clients of Social Services) or lower level 'step down' support for families for whom universal provision is assessed to be insufficient to address their support needs
- Parents with learning difficulties
- Children identified for re-unification with their families



*Supporting healthy eating*

These categories are not mutually exclusive.

For the Quarter April-June 2011, of the 325 children benefiting (identified children plus siblings), 210 were categorised as 'Child in Need'<sup>139</sup>, and 74 were on the Child Protection Register at referral.

## Accessibility

Referrals from professionals (Social Services, Health, Education, Voluntary sector), or self-referrals, are reviewed by the Action for Children Service Managers and a Local Authority Children's Social Services Principal Officer and allocated to projects. Presentations at team meetings, local authority intranet, and the development of a single referral form have been used to promote the project and process. The referral form also requires the referrer to identify the specific reason for referral and the intended result of the requested intervention.

## Objectives

The broad objectives of FAST are:

- To prevent family breakdown and promote reunification of families, where appropriate, by supporting referred parents to achieve acceptable standards of care for their children through the Family Outreach Service (element of FAST providing intensive parenting support)
- To provide practical support to referred families in their own homes, through the Flexible Home Support Service (element of FAST providing less intensive, practical support around home conditions, cleanliness, food shopping, etc.)
- To prevent family breakdown, reduce stress in families and promote the development of young children by supporting placements with local day care providers
- To provide management support and co-ordination to the five linked Action for Children Projects (FAST, Sandfields Family Centre, Llansawell Family Centre, and two counselling projects) which make up the Action for Children Neath Port Talbot Family Support Service
- To contribute to the Welsh Government's 'Cymorth/ Families First'<sup>140</sup> strategic programmes for children,

<sup>139</sup> Definition of 'Child in Need' is as children who are aged under 18 and:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled

<sup>140</sup> Cymorth Guidance - <http://wales.gov.uk/topics/childrenyoungpeople/publications/cymorthguidance0910/?lang=en>  
Families First Guidance - <http://wales.gov.uk/docs/dhss/publications/111219ffguideen.pdf>

young people and families and local Family Support Strategy targets

- To monitor, evaluate and develop the work of the project

The measurable 'customer results' (to use the terminology of Results Based Accountability™ which is used across Action for Children services<sup>141</sup>) were established to match as far as possible those of the Social Services Systems Team, which was also established following the review of Family Support Services. These are set out below:

- % families making significant progress on issue for which they were referred
- % of families re-referred for same issue within 3 months and 6 months of end of intervention
- % of children safely re-united with their family at the end of the intervention
- % of children safely re-united with their family 3 months after the end of intervention
- % of families with maximised income (where financial support was identified at referral)
- % of children requiring emergency placement during intervention
- % of referrers reporting intervention has positively impacted on issues for which they made the referral

## Activities

The project predominantly provides face-to-face support, delivered in the family's home. This applies to the intensive family support, the work of the specialist worker with families with learning difficulties, and the less intensive Flexible Home Support.

Using the referral form, pre-existing assessments and information (case conference reports etc.), the senior project worker will visit the family to develop a service plan (which is agreed by the family prior to commencement and reviewed during and after delivery). For all cases the maximum initial intervention will be 12 weeks, with mid-term and end reviews, and case closure – although in exceptional cases further interventions can be delivered to extend this period. Clear outcomes are planned jointly between the workers and the family (child or young person and parents/carers) and measurement and monitoring processes agreed. The intervention may focus on an individual child or young person, all the offspring in a family, predominantly the parent(s), or the whole family unit, depending on the issue referred.

## The way activities are carried out

The actual form of intervention is shaped around the presenting issues and agreed outcomes. Examples of issues include: attachment issues and bonding; communication; routines and boundaries; play, stimulation and child development; communication and accessing community support services.

Participation of parents and children in planning, organising, developing, executing supporting and/or evaluating the practice

Parents participate fully in developing an agreed service plan, which identifies desired outcomes, along with suitable measures to assess if these have been achieved, and timescales for interventions, review and exit. Staff have access to a wide range of evidence based parenting support programmes (e.g. 'Incredible Years' – 'Positive Parenting' – 'Managing Teenager's Behaviour'<sup>142</sup> etc.) and will use elements of these programmes to support changes in parental attitudes and behaviours.

## Promotion of the approach

As this is a referred service, parent's awareness is raised by the referring agencies. The allocated worker will then fully explain the range of available interventions when first meeting the family.

## Quality assurance

All staff are suitably trained and qualified. The ongoing participation of families in developing and agreeing the service plan, reviews and closure reports provides feedback to ensure the quality and effectiveness of the service.

<sup>141</sup> see explanatory section below under 'Lessons Learned'

<sup>142</sup> Incredible Years - <http://www.incredibleyears.com/> and <http://www.incredibleyearswales.co.uk/about.htm>

Positive Parenting - <http://www.parenting.org.uk/>

Managing Children's Behaviour - 'Handling children's behaviour'. This training was provided by Future Child Care Training Ltd [www.futurechildcaretraining.com](http://www.futurechildcaretraining.com). It is not intended to be a rigid programme followed word for word but as a framework in which to address the particular needs of the group or individual. The sessions should be informal, relaxed and fun, with parents encouraged to fully engage in all discussions

## II. SERVICE PROVIDERS, THEIR STAFF, INTEGRATED WORKING

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### The agencies, organisations, stakeholders and practitioners involved in planning, organising, developing, executing and/or supporting the practice

The service is delivered by 12 Action for Children staff - 1 Senior Outreach Worker, 1 Specialist Outreach Worker (Learning Difficulties), 4 Outreach Workers, 3 Support Workers, 3 Flexi Support Workers, as well as a Service Manager and Business Support Officer. Additionally, there are 3 staff seconded from the Local Authority Social Services Dept., whose skills set focuses on work with young people. Previously, the project focused mainly on work with families with younger children.

Referrals are received from a range of agencies (although predominantly Social Services). Source of referral data for the quarter April-June 2011 is shown below:

Social Services	Team 1	15%
Social Services	Team 2	14%
Social Services	Team 3	15%
Social Services	Disability	32%
Social Services	Systems	12%
	Health	9%
	Route 16	2%
	Education	1%

For April – June 2011 referrals n = 74

### Extent to which the practice is rooted in local authorities'/ NGOs experience of service delivery to families and parents

As noted above, the service was designed by Action for Children to meet the client's needs identified in the Family Support Services Review. A Group Manager, working closely with Service Managers and the staff team, developed the initial service outline, with the detailed operational practices evolving during delivery. Input from families and partners have helped to refine practice – for example, the development of a suitable referral form to identify requested outcomes – and this is seen as an ongoing process.

### The involved staff, their education and training, guidance and support

Staff receive regular supervision (monthly as default, with fortnightly supervision where staff are working with children on the Child Protection register) in line with Action for Children policy.

### Integrated working

Family support of this nature is a key strand of Action for Children's work and this project has been designed to fit seamlessly with Neat Port Talbot's Children's Service approach. The project has also developed good partnership working relationships with a wide range of community organisations providing low level support for families, to allow a further 'step down' once the project interventions are deemed to have been completed.

## III. POLITICAL CONTEXT AND SUPPORT

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### Political context

As previously noted, the project was developed as part of the local Family Support Strategy, and, although guidance is yet to be released, there is a strong correlation with the ethos of the Welsh Government's forthcoming Families First programme. Furthermore, one aspect of the project monitors and evaluates the impact of 'income maximisation' activities (where this has been identified at referral as an issue to be addressed).

## Funding

Currently, the Cymorth funding for the Specialist Outreach Worker – Learning Disabilities is only confirmed until December 2011 as the Children and Young People's Partnership<sup>143</sup> is currently reviewing the fit of Cymorth projects with the upcoming Families First funding stream. The remaining funding from Social Services is currently agreed up until March 2012. This includes the historical core funding for the project, along with the additional amount made available as a pilot, which was initially to cover October 2010 to March 2011, but was extended to March 2012 based on progress reports submitted in January 2011.

## Other forms of facilitation

The project is based in Neath Port Talbot Social Services premises. At present this space is offered in kind, with no rental charges being made.

## IV. LESSONS LEARNED

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### Set up of the evaluation

The Group Manager responsible for the redesign of the project has considerable experience of Results Based Accountability<sup>TM</sup>

Results Based Accountability<sup>TM</sup> (RBATM) is a framework for approaching the planning of services and the assessment of their delivery, which focuses on the outcomes or results achieved, rather than on process and outputs. Developed by American economist Mark Friedman<sup>144</sup>, RBATM explains the different, but interconnected, roles and responsibilities of both partnerships (such as the Children and Young People's Partnerships) and the partner agencies they commission to deliver services. It establishes a framework by which improvements to the conditions of well being for whole populations can be measured (the responsibility of partnerships) and the contribution of services to these improvements, via the 'results' achieved by their clients, can be understood.



*Breakfast at the centre*

Within Action for Children, this approach supports a desire to clearly identify how our interventions impact on service users – to use RBA<sup>TM</sup> terminology, to demonstrate the 'better off-ness'. The approach also provides a brief, succinct and powerful approach to communicating these results, via the RBA<sup>TM</sup> Report Card. The report cards identify for a given period (per quarter or annually) the number and type of clients served, number and type of interventions delivered, and most importantly, the number and % of clients achieving improved outcomes (measured using tools such as the Strengths and Difficulties Questionnaire). Data analysis will allow the project to identify areas of greatest strength and those requiring improvement, as well as tracking performance over time. This allows objective measurement of factors such as the severity and entrenchment of needs at referral, and correlations between client characteristics and effective interventions.

The Group Manager was thus able to establish a monitoring and evaluation framework and report card system which focused on the outcomes for service users. Furthermore, as the Social Services Systems Team was also using RBA<sup>TM</sup>, the outcomes of this project were aligned with those of the Systems Team, where applicable, to allow meaningful comparisons. Other key aspects of the monitoring systems are mechanisms to show the longevity of the effects by monitoring the rate of repeat referrals for the same issue (as opposed to the revolving door effect, where clients return for additional support but for differing issues) and the ongoing development of a system to map and analyse whether the degree of positive

<sup>143</sup> Children and Young People's Partnerships (CYPPs) a multi-agency body, responsible for planning services for all children and young people aged 0-25 years in a local authority area. Established under guidance issued by the Welsh Government, CYPPs were responsible for producing Children and Young People's Plans and using funding from the Welsh Government for commissioning services - planning, purchasing and monitoring services to meet identified needs – in their local area

<sup>144</sup> Mark Friedman is the Director of the Fiscal Policy Studies Institute in Santa Fe, New Mexico, best known for his international work on Results-Based Accountability (RBA), also known in the UK and Australia as Outcomes-Based Accountability <sup>TM</sup> (OBA), a framework for turning data into action. He is also the author of the book *Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*. The RBA approach has been applied to improve services in over 40 US states and countries including Australia, Canada, Ireland, New Zealand, The Netherlands, Norway and the UK. *Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities* Publisher: BookSurge Publishing (20 May 2009) ISBN-10: 1439237867/ ISBN-13: 978-1439237861



outcomes achieved correlates to the customer characteristics at referral. This is a relatively labour/data intensive process, but Action for Children feels it will allow the production of objective evidence regarding the efficacy of interventions with families facing a range of challenges – domestic abuse, substance misuse, mental health issues, etc. – and is especially interested in the impact of multiple issues on the outcomes of evidence-based interventions.

### **Main achievements/ results/ impact/ output and outcomes**

Although still a relatively new project, customer results appear very positive. Focusing on the April-June 2011 quarter, reported results are as follows:

- 107 families, 325 total children benefitting from service (identified child and siblings)
- 74 new referrals (74 children identified as clients)
- 20 cases closed during the period - 96 cases open at the end of the period
- 72 on Child Protection Register at referral; 26 with Child and Adolescent Mental Health Services involvement; 42 of children with learning difficulties; 32 parents with mental health issues; 22 parents with substance misuse; 27 parents with domestic violence
- Of the 20 cases closed in the quarter, 100% of families showed 'significant progress' – as captured on Action for Children's eASPIRE<sup>145</sup> case management tool. 100% of service users reported they were 'satisfied' or 'very satisfied' with the service
- 100% of Goodman's Strengths and Difficulties Questionnaires<sup>146</sup> completed by service users showed improved coping strategies
- Of 7 families identified for reunification, 6 were safely re-united (1 reunification broke down)
- 100% of referrers who responded reported that the intervention had had a positive impact on the issue for which they made the referral

For the following quarter (July– September 2011) the following results were reported:

- 121 families – 389 children
- 97 new referrals
- 60 cases closed during the period - 90 open at the end of the period
- 97 children on the Child Protection Register, 48 parents had identified mental health issues, 20 identified substance misuse, and in 44 there were domestic abuse concerns
- 100% of families 'satisfied' with the service
- 100% of families made significant progress on referred issues (60 closed cases only)
- 7 families (5.7%) re-referred for same issue within 3 months of end of intervention – all learning disability
- 100% (6) families safely reunified at end of intervention
- 100% referrers reporting service positively impacted on referred issue
- 17 of 389 children (4.3%) required emergency placement

In addition, feedback from a range of professional stakeholders has been very positive, in terms of the rapidity, appropriateness and effectiveness of the responses from the team.

### **Effects/ impact of the practice on the development of integrated working - on breaking the intergenerational transmission of poverty – on helping children achieve their full potential - on national policies**

The project has a key role to play in addressing identified issues around 'good enough parenting'; delivering specialist work with families with learning difficulties, thereby allowing children who previously may have been accommodated to stay safely at home; in offering 'step down' Flexi support to address the 'gap' between intensive and universal services; and offering seamless working with Social Services work.

<sup>145</sup> eASPIRE is Action for Children's electronic case management system which records all relevant information on each family. This includes details of the individual support plan, interventions made, and outcomes achieved. Data is mapped against Outcomes Framework, and at case closure aggregated to evidence if progress has been made and agreed improvements achieved.

<sup>146</sup> Strengths and Difficulties Questionnaires - <http://www.sdqinfo.com/>



## Cost-effectiveness

Although to date no cost/ benefit analysis has been undertaken, there are opportunities to quantify savings in terms of the rate of maintenance of re-unification vs. previous rate and where preventative work can be evidenced to have removed the need to accommodate.

Additionally, as highlighted in our workshop, ongoing work with a family with 9 children, all of whom were deemed to be in danger of being accommodated, could be estimated to have 'saved' £225,000 per annum (based on £25,000 p.a. per child in care) which represents around 75% of the total cost of the project. As the service had worked with, and closed, 80 cases by September 2011, with outcomes as shown above, it would be reasonable to infer that the cost of the project was less than the costs of providing statutory interventions if this preventative service had not been in existence.

On this point, although 8 children have been removed from their families whilst in contact with the project, it is recognised that the increased contact and visibility of concerns has allowed the provision of detailed information to support informed decision making at an earlier point than would otherwise have been possible.

## Possible changes in the practice as a consequence of evaluation

There is the possibility of an even more targeted approach around substance misuse/domestic violence/mental health – a continuum with the forthcoming Intensive Family Support Teams.

## Obstacles/ Challenges/ Issues

There was initially some resistance from some social work staff around sharing detailed case conference notes – however, a number of presentations at team meetings, and the invaluable support of the Social Services Principal Officer, addressed this issue in the early stages of the project.

The level of data collection was seen as something of a burden by some project staff, until the Group and Service Managers demonstrated how the data was used to analyse the key strengths and areas for development of the project. Once staff could see how the data was used to demonstrate the impact of their interventions in delivering the improved results for families, they engaged fully and made suggestions around additional data that may prove useful.

Project management has made considerable efforts to minimise the impact of the 'culture change' for seconded staff, recognising that as well as practical differences (IT systems, some policy and procedural matters), the change in sector and need for evidenced accountability presented a number of challenges. This work is ongoing, though real progress has been made.

The lack of a long-term secure funding agreement was identified as a possible issue, but to date the impact of this seems minimal.

## Successful elements

The RBA™ approach as an analytic tool: the Service Manager in particular has understood the benefits of this approach in terms of both clear reporting and, internally, as an improvement tool.

Staff have engaged very positively and are demonstrating a child-centered, outcome-focused and highly professional approach.

## Must Do's & Don'ts

Engage staff – the success of the project is dependent on their willingness to change and adapt working practices to meet identified needs – both at a strategic level and on an individual child and family basis. This begins by clearly explaining the reasons for change and defining the expectations of the team and individual members of staff.

Remain flexible – it is unlikely that any initial model will be entirely correct (or be fully detailed) – allow developing practice to shape and amend services.

## V. IMPLEMENTATION ELSEWHERE

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### **The potential for implementation/ application/ adaptation/ transfer of the practice to other contexts/settings**

This model, working with families known to Social Services, has high transferability, providing that the service provider has experience of working with vulnerable children in high risk situations.

#### **Elements that are non-negotiable**

The key issue is that of a clear understanding by the commissioners (ie. the funders of the service) and by Social Services, that:

- There is a likely correlation between the level, complexity and existing duration of challenging issues faced by the family and the results of the interventions
- That input from specialist agencies to address the needs of the parents/carers are likely to improve the effects of the family intervention
- That only a proportion of the families worked with will demonstrate sufficient improvement in behaviours to allow their children to remain safely with them
- That a clear referral mechanism with identified results - i.e. a clear understanding of 'what this intervention is meant to address and how that will be measured' - with multi-agency 'gate-keeping', is essential to allow the project to retain a clear focus on the scale and scope of eligible work

#### **Elements that can be adapted to suit other contexts/settings**

The key 'fixed' elements of the service are less around the actual interventions (which means it can be adapted to use locally relevant parent and family support programmes) but actually around the ethos:

- Engaging families to co-produce agreed support plans, with clear, measurable milestones
- Building on families' existing strengths
- Ensuring that commissioners and partners fully understand the role and responsibilities of the project
- Sound and supportive management and supervision, which maintains a focus on the safeguarding of children
- Keeping the child at the centre of the process

The ability to collect data, and report robustly on the outcomes for the child and family and difference the interventions made (rather than on the outputs of the service) is also vital.

#### **Necessary conditions for application or adaptation elsewhere**

- Locally acceptable, evidence-based, effective family and parenting support programmes
- Staff team trained to deliver the above, including in 'one-to-one' home settings (using the content as appropriate)
- Clear boundaries for all staff – but within an empowering environment that allows staff to use initiative and do 'whatever it takes' within those boundaries. Boundary issues include safeguarding, budgets, confidentiality, organisational policy and practice, etc.
- Performance management/measurement systems that allow mapping and correlation of family need at referral (intensity, entrenchment of need, etc.) with outcomes achieved. As it is likely that 'successful' services will, over time, be referred families with greater and greater need – with a likely negative impact on positive outcomes – it is vital to be able to objectively evidence this. However, such a system also allows the project to identify at an early stage the types of clients for whom interventions are most successful and highlight these successes, as well as those for whom the interventions are least successful, and focus performance improvements in those areas.







# COMPENDIUM OF INSPIRING PRACTICES

## Early intervention and prevention in family and parenting support

This compendium of inspiring practice of early intervention and prevention in family and parenting support builds on five years of mutual learning and exchange carried out within Eurochild's thematic working group on family and parenting support.

The 12 case studies in this Compendium offer a small sample of services that have had a demonstrable positive impact on the children and families they aim to serve. They were selected because they demonstrate an innovative response to unmet need and/ or a political drive towards a different way of doing things and because of their potential to use the learning or to replicate the practice more widely within their country or across Europe.

The Compendium brings together diverse examples of inspiring practice but some common themes can be identified.

All case studies:

- aim to work with parents, families and communities to promote a positive environment in which children and young people can grow and thrive;
- demonstrate the need to intervene with appropriate, timely measures when children, their parents or families are in a vulnerable situation;
- are underpinned by key principles such as a non-judgemental and non-stigmatising orientation, participatory and strengths-based approach, accessible services for all and early intervention services for the most vulnerable;
- demonstrate inter-service collaboration, as a way of engaging with families, building their resilience and empowering them.



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