



project proposal

**DEVELOPMENT OF FAMILY BASED SERVICES FOR
CHILDREN WITHOUT PARENTAL CARE IN ZENICA**

November 2006



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This project proposal is based on the results of a 3-month study undertaken by Hope and Homes for Children (HHC) in collaboration with children's homes *Porodica* and *Most* and relevant local authorities. This project proposal is the result of joint work and negotiations between HHC and the Ministry for work, social protection and refugees and Zenica Municipality, concerning HHC's initial proposal for the transformation of children's homes in Zenica.

The local authorities in Zenica plan to keep Dom PORODICA as the only institution for children without parental care in Zenica and to transform DC MOST.

Hope and Homes for Children recommends that DC MOST is transformed and replaced with a system in which

- A family based solution is identified for every child currently living in the institution
- A range of services is developed to replace the current institution
 - Prevention and reintegration
 - Fostering
 - Small Family Home (maximum capacity of 12 children)
 - Young Adult Support (young people from both institutions – DC MOST and Dom PORODICA)

The project follows the model presented in the National Strategy *Policy on Protection of Children without Parental Care and Families at Risk in Bosnia and Herzegovina 2006-2016*.

Hope and Homes for Children is offering technical support and expertise together with capital investment.

The timeframe for the project is 18 months.

Subproject 1

Transformation of Children's Home MOST – Zenica

Subproject 2

Young Adult Support – Zenica

At the beginning of the project both parties will accept certain principles that will underpin their joint work and activities. These principles are as follows:

Guiding Principles:

1. The UN Convention on the Rights of the Child underpins the project and all activities in the project will be in line with these guiding principles.
 - a. All children should live in families
 - b. The views and opinions of children and young people will be listened to and taken into consideration
 - c. Siblings will not be separated
 - d. Parents and carers will be respected and will be supported
 - e. Children and young persons with special needs will receive additional support
 - f. Children and young persons will participate in and contribute to the project
2. All decisions made will be in the best interests of children and young persons
3. The quality of the project and services will be evaluated in accordance with a set of agreed standards
4. No child from the target group (children from DC MOST) will be moved to another institution in Zenica or elsewhere (placement in the SFH will be the only acceptable form of residential care)
5. Both parties will agree on stopping any new placements in DC Most from the beginning of the project and for the entire duration of the project, as a key factor for a successful outcome.
6. Both parties agree that by the end of the present project DC Most will no longer exist but will be replaced by the services outlined in this project proposal.
7. All existing and new services will be managed and funded through local authorities according to the existing legislation
8. Transitional costs or extra costs (should any arise), technical support, capacity building and capital investment, will be provided by HHC BiH
9. Recruitment of staff will be in accordance with equal opportunities international standards.
10. Both parties agree on implementing management best practices, transparency, communication, planning, coordination, etc.
11. The above guidelines will be binding on all parties.

Subproject 1

Transformation of Children's Home MOST – Zenica

Aims

To close down DC MOST and place all its current beneficiaries into family based solutions or facilitate their independent living. These measures will be implemented through the following:

- ▶ Reunification with biological families
- ▶ Adoption
- ▶ Fostering
- ▶ Small Family Home
- ▶ Young Adult Support

Prevention will aim to stop separation of children from their families, so that they are not placed in institutions.

Objectives

- a. Develop strong partnerships with everyone involved in the project in Zenica
- b. Capacity building (training, educational activities) for local professionals and authorities
- c. Enable local authorities to improve the quality of child care
- d. Gradually come to a closure of DC MOST and set up services based on family model
- e. Enable children to return to their biological families, strengthen and support families
- f. 50% of children in the target group (children from DC MOST) will be in permanent placements
- g. Work on prevention through mobile team
- h. Develop a network of 16 foster families
- i. Provide a high standard of care for children in Small Family Home **(SFH)**
- j. Develop a support project to enable young people a successful transition on their way to becoming independent – through joint project with young people from DC MOST and Dom PORODICA

Transformation of DC MOST and new services

Table 1 – Small Family Home

SMALL FAMILY HOME (SFH)			
No.	POSITION	No of staff	Job description/responsibilities
1	Coordinator	1	Responsible for running SFH and staff supervision
2	Social worker	1	Working with CSW and families whose children are placed in SFH / in order to find a permanent placement for the child e.g. through reunification with biological family or fostering
3	Psychologist	1	Working with and supporting all new services / psychological and therapeutic work with children and families
4	Educators/nurses	9	Direct care for children placed in SFH
5	Cook	2	Each working 75% of full working time
6	Driver/logistics	1	Driving and maintaining vehicles, maintenance within SFH, small repairs etc / support to other services
TOTAL		15	
<p>The Small Family Home is a new service but in the administrative sense it belongs to Dom PORODICA. The Small Family Home will be physically separate from Dom PORODICA, and will be an ordinary house integrated in the local community.</p> <p>The maximum capacity of the SFH should be 12 children, with a maximum length of stay of 6 months. During which period a long term solution is found for the child (reunification with biological family, fostering, adoption).</p> <p>The SFH coordinator will be responsible for running the SFH, but legal and administrative structures will be provided by Dom PORODICA. Book keeping, finances, supplies (including food) and other administrative functions will be located on Dom PORODICA. It is important to emphasise that Dom PORODICA will provide only raw ingredients for meals but the meals will be prepared within the SFH.</p> <p>The psychologist in SFH will also provide psychological support to the other services, in fostering, prevention and reunification and young adult support.</p> <p>HHC will be actively involved in the process of recruiting and selecting staff for the SFH. It is foreseen that the majority of positions in the SFH will be filled by current staff members of DC MOST.</p> <p>HHC will provide training for the staff of the SFH. The training will prepare the staff for working in the new setting, and will also cover procedures, rules etc.</p>			

Table 2 – Prevention and reintegration

PREVENTION AND REINTEGRATION	
TEAM FOR PREVENTION AND REINTEGRATION	Job description / responsibilities
1 social worker 1 pedagogue	Prevention and reintegration team will visit and work with local CSW, hospitals, schools and other relevant agencies in Ze-Do Canton with the aim of collecting information, linking existing resources, raising awareness and training on the importance of prevention of separation of children from their parents .
Support will be provided by the psychologist from SFH	
HHC proposes to finance the prevention team as a pilot project for a period of 12 months. The aim is to demonstrate the need for and efficiency of such a service.	
<p>HHC's experience indicates that the current level of cooperation and information exchange between CSW and children's homes is insufficient and inadequate in terms of making care plans for children, working towards reintegration etc. Individual CSW are very often unaware themselves of all existing and available resources for supporting children and their families.</p> <p>In the majority of cases, the only existing documents containing information and decisions about the children placed in children's homes are old social histories with imprecise and inadequate data about plans for the child and family. There is a lack of care plans for children, no indication of the planned duration of the placement etc.</p> <p>Furthermore, the greater the distance between the children's home and the CSW that placed the child, the less likely it is that regular contact will be maintained between the child and family. It is also less likely that there will be regular contact between the CSW and the children's home.</p> <p>The written information collected by HHC from CSW indicates that:</p> <ul style="list-style-type: none"> - Only 11% of placements have any record of activities with children and families after the initial placement. - Only 2.5% of all the children assessed have ever had their placements reviewed by CSW. <p>These are some of the reasons why HHC considers that introducing an active, mobile team would help CSW in updating their care plans for children in institutions and in finding long term and better solutions than placing a child in an institution. This would also encourage CSWs to work on prevention.</p>	

Table 3 – Direct beneficiaries / services

	Direct beneficiaries / First year of each service		Total services / Interventions
	CHILDREN	ADULTS	
	3	6	Adoption
	20	16	Fostering
	15	20	Prevention and reintegration
	24	0	SFH
TOTAL	62	42	5 types of support

Table 4 – Activities / Time frames

No:	Process/activities and time frames	Month															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	(Re)evaluation of children and families	■	■	■													
2	Appoint Team for Reintegration/Prevention																
3	Train Team for Reintegration/Prevention			■													
4	Preparation for Reintegration/children & families		■	■	■	■											
5	Placements in biological families				■	■	■	■	■	■							
6	Post-reintegration support						■	■	■	■	■						
7	Work with CSW on fostering			■	■	■	■	■	■	■							
8	Recruitment of foster carers						■	■	■	■	■						
9	Training for potential foster carers									■	■	■	■				
10	Selection of foster carers											■	■				
11	Placements in foster families												■	■	■	■	■
12	Post-fostering care and support													■	■	■	■
13	Appoint SFH staff								■	■	■	■	■				
14	Training for SFH staff/theoretical part									■	■	■	■	■			
15	Training for SFH staff/practical part										■	■	■	■	■	■	■
16	Preparing children for SFH																
17	Building SFH								■	■	■	■	■	■	■	■	■
18	Equipping SFH																
19	Placements in SFH															■	■
20	SFH post-support														■	■	■
21	Evaluation of the project																■
22	Future Planning	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Expected outcomes

1. Children will be looked after in their own families
2. Fewer children without parental care
3. More and better trained staff and professionals
4. Increased financial efficiency of the new services
5. Reduced number of children in residential care will lead into channelling finances to other services
6. Increased capacity for all partners
7. National and international recognition of good practice in the area of child care
8. Reduced social problems in the Municipality and the Canton

Subproject 2

Young Adult Support – Zenica

Aims:

- ▶ Enable group of 34 young adults currently placed in DC MOST and Dom PORODICA to become independent
- ▶ Set up model of good practice in working with young people

Objectives:

1. Identify and assess all young people between 16 and 18 in order to prepare them for independent living.
2. Involve these young people in all decisions (choice of occupation and career).
3. Identify and assess young people aged 18 and above in order to prepare them to become independent.
4. Involve young people in development of their career and acquiring skills needed for independent living.
5. Enable young people to reconnect with their biological and extended families.
6. Identify existing resources and employment possibilities.
7. Supervision and training in order to support young people from this target group in undertaking their work-related responsibilities and independent living.
8. Supporting young people to live independently: renting a flat, family house.
9. Supporting young people to continue their education in line with their preferences and skills.

Expected results

1. **34** young people currently placed in DC MOST and Dom PORODICA will be involved in planning their own career.
2. **34** young people currently placed in DC MOST and Dom PORODICA will be supported in their independent living.
3. **34** young people will be under supervision during the first year of their employment.
4. **5** young people will be identified to become supervisors for their younger colleagues and will be involved in the process of their preparation.
5. All young people between 16 and 18 will be involved in preparation in order to develop skills needed for independent living and career.
6. 3 professionals (2 appointed by HHC and 1 appointed by local authorities), will undergo a training in order to become supervisors and mentors to young people in keeping their jobs.

Table 5 – Phased stages of Young Adult Support

YOUNG ADULT SUPPORT	
1 Phase – 2 years	
3 professionals (<i>educators, soc workers, pedagogues etc</i>)	2 financed by HHC 1 financed by local authorities (one person from current Staff of DC MOST)
2 Phase – after 2 years and ongoing	
1 professional	Permanently employed – by local authorities

Table 6 – Group of young people in MOST and PORODICA

age	GROUP OF YOUNG PEOPLE	
	MOST	PORODICA
16-18	6	6
Over 18	8	26
TOTAL	14	32

Table 7 – Activities

No	ACTIVITIES
1	Recruit and train 3 social workers and 1 psychologist to work with young people
2	Identify project leader and train him/her to take over responsibilities of project management
3	Devise career plan with all young people
4	Identify training needs and training for young people; refer them to appropriate agencies
5	Identify jobs (apprenticeship, paid jobs) and provide support and mentoring
6	Identify placement and support during transition and needs required for independent living
7	Identify and start developing skills needed for independent living for young people between 16 and 18
8	Evaluation, documentation, planning and reporting

Expectations

Project will require the following resources:

1. 3 professionals – each able to undertake a case load of 10 – 12 cases
2. 1 psychologist/pedagogue – support social workers (support for all new services)
3. Accommodation costs for young people
4. Living costs (where needed)
5. Additional training for young people (depending on the need)
6. Support (room) facilities: computer, printer, photocopier, small library, furniture and equipment

Expected outcomes

- **Short-term results:** all young people in both institutions will be able to leave the care system and become independent individuals, contributing to the community. This project will not increase costs by creating extra placements but will use all opportunities that are otherwise available to all citizens; this will be done under supervision.

Our experience has shown that this is the best way for young people to see what is required by independent living that is ahead of them.

- **Medium-term results:** all older children will have an easier transition towards independent living. Their older friends may become their mentors. When these young people (previous beneficiaries) become mentors, the need for extra professional staff will be reduced, staffing costs will come down to one project manager. The case load will drop and thereby the total costs will decrease.
- **Long-term results:** expertise and experience obtained from this project will be used for beneficiaries of similar services in order to establish better and more efficient support.

Tabela 8 – Direct beneficiaries in both subprojects

All services / Interventions	Direct beneficiaries / First year of each service					TOTAL
	Transformation of DC MOST		Young Adult Support			
	CHILDREN	ADULTS	Age	MOST	PORODIC A	
Adoption	3	6	16 – 18	6	6	12
			Over 18	8	26	34
Fostering	20	16				
Prevention and reintegration	15	20				
SFH	24	0				
5 forms of help TOTAL	62	42	TOTAL	14	32	46
TOTAL No OF BENEFICIARIES	144¹					

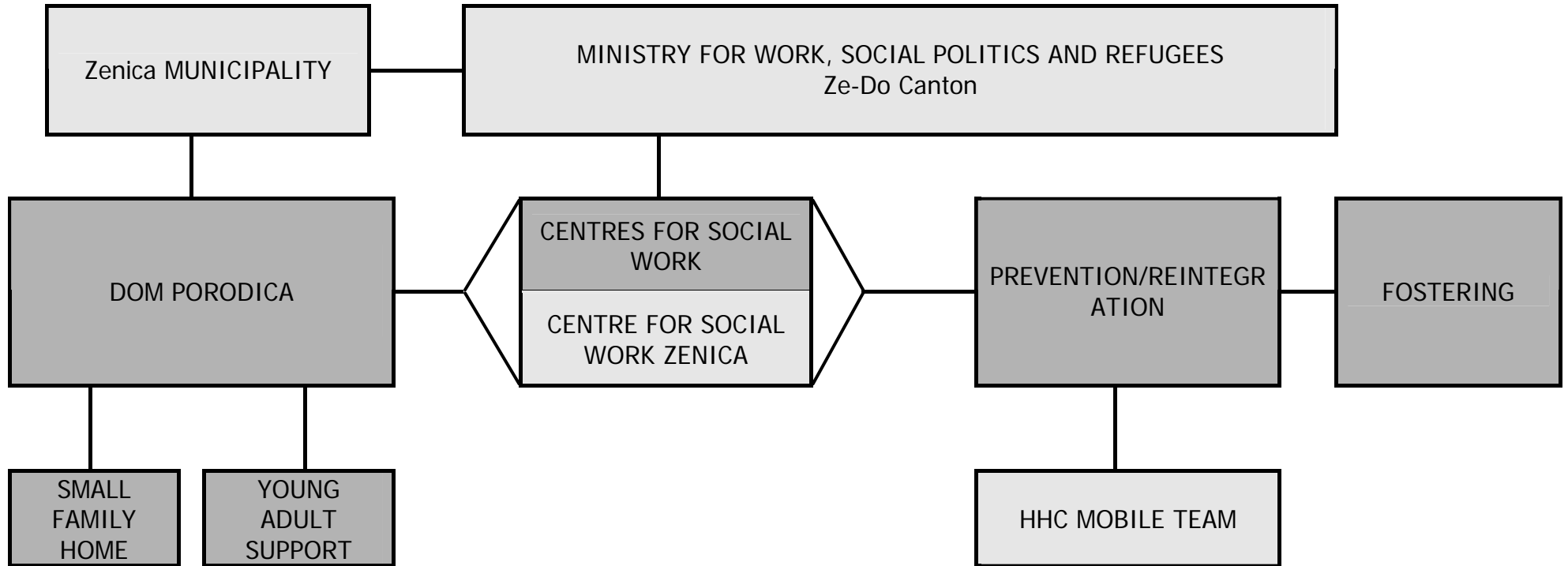
¹ This final total does not represent the sum of all the sums in the table, since the children between 16 and 18 (6 children) are already included in the total number of beneficiaries in the column CHILDREN under transformation of DC MOST

Staff structure in the proposed system – result of transformation of DC MOST and Young adult support development

Table 9 – current and proposed staff structure

Current Staff		Remarks	
DC MOST			
1.	1 director		
2.	1 deputy director		
3.	1 soc worker		
4.	7 educators		
5.	4 nurses		
6.	2 cooks	75% of full working time	
7.	1 driver/logistics		
8.	1 night guard	50% of full working time	
9.	2 cleaners		
Proposed staff			
SFH			
1.	1 coordinator		
2.	1 soc worker		
3.	9 educators		
4.	2 cooks	75% of full working time	
5.	1 drivers/logistics		
Young adult support			
6.	1 educator	Permanently employed	
7.	2 educators	For the duration of the transitional period – financed by HHC	
Prevention and reintegration			
1.	1 soc worker	Mobile team	12-month pilot project financed by HHC
2.	1 pedagogue		

ORGANOGRAM – Development of new services in Zenica / Transformation of DC MOST and Young Adult Support



HHC INVESTMENT

Table 10 – *HHC INVESTMENT*

Item		Unit costs	No of months	Total /€	Explanation
1	Capacity building and training (centres for social work, staff of new services and doter carers)	625	16	10.000	
2	Reintegration with support (direct support for families)	260	16	4.160	
3	Fostering	-	-	9.800	Media campaign + initial costs for families
4	1 house	<u>55.000</u>	-	55.000	Refurbishment + equipping (one off costs)
5	Office equipment	1.600	-	1.600	2 computers, 2 printers (one off costs)
6	1 mobile team	1542	12	18.500	Entirely financed by HHC
7	1 vehicle for mobile team	8.000	-	8.000	Team for prevention and reintegration + adoption and fostering
8	Young adult support	3.600	12	43.200	Direct support for young people
9	2 <u>educators</u>	1234	24	29.600	Transitional costs
TOTAL				179.860	

Direct involvement of HHC during the project

- 1.** Membership and co-chairing of steering group
- 2.** Constant presence in DC MOST during the project
 - Assessment of children
 - Preparation of children for reintegration in their biological families, fostering, SFH, independent living
- 3.** (Re) assess families for reintegration
- 4.** Direct work with families
- 5.** HHC will be involved in evaluation and recruitment of staff for new services
- 6.** Train staff for new services (before they start and ongoing – for certain period)
 - SFH
 - Reintegration
 - Prevention
 - Fostering
 - Young adult support
- 7.** Provide training for CSW when needed
- 8.** involvement in recruiting foster carers
- 9.** Direct management and supervision in Young adult support
- 10.** Support for children and staff of SFH for a period of time
- 11.** Direct management and supervision of mobile team and prevention project
- 12.** Support in setting standards and procedures for new services
- 13.** Help in evaluation of new services
- 14.** Monitoring and evaluation of the project



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