

# FAMILY REUNIFICATION

## FROM THEORY TO PRACTICE

PROGRAMME DEPARTMENT  
IOR CEE/CIS  
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TPA - Romania



A loving home for every child

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## 1 Introduction

The world's best practices refer to the family and child reunification (ReU) as to the most appropriate solution in achieving of permanency for children in care, in case if it guarantees meeting of their needs and rights. In the child welfare field family and child reunification is often referred to as best practice and the most appropriate solution for children in alternative care – if it ensures their individual needs and rights are met. Family Reunification as a term is used in the social work field. The purpose of reunification is to return a separated child to his/her family of origin and ensure sustainability of this move. Some sources use the term Reintegration in the same meaning, thus there are references to the term Reintegration in the text as well.

The advantages of ReU have been widely explored from the economic, social and child development perspectives. Common key points on importance of ReU mentioned by researchers

- Children do best when raised in a stable family surrounding.
- Government can save resources by reducing the number of children and youth in care.
- Children's trauma from separation can be reduced.
- Children can avoid long-term institutionalization and its consequences on their development.

As there is a consensus among researchers that the biological family is the most natural and healthy environment for a child to grow up, the main issues up for discussion are the criteria and ways to ensure a child's safety and meeting his/her needs and rights. In this respect, ReU should not be considered as a call to action but rather a thoughtful process with conditions behind, which is also highlighted by international guiding documents, like the UN Guidelines for the Alternative Care of Children (2010). Here are some quotes:

- *'A return to the family, whenever this is possible and deemed consistent with the best interests of the child, clearly involves much more than simply ensuring a physical reunion!'*
- *'To be sustainable, family reintegration first requires a comprehensive assessment of whether a return home is appropriate.'*
- *'The Guidelines call for a written agreement between the family and the current care provider that specifies the responsibilities of each in working towards reintegration.'*
- *'There is the need for professional guidance and supervision at both the preparatory stage for reintegration and post-reintegration.'*
- *'The Guidelines do not simply confirm family reintegration as the most desirable aim of alternative care, they also recognize the considerable challenges of successfully achieving this.'*

The current report includes 1) review of successful reunification practices and their key components based on international theory in developed countries (US, UK) and in low and lower-middle income countries; 2) SOS Children's Villages Ukraine's experience in piloting reunification project in the frame of the national De-I process; and 3) practice

recommendations for service providers and professionals on planning the reunification process at macro (system) and micro (family) levels.

## 2 Review of successful reunification practices and their key components based on international theory and practice

For countries with a strongly institutional child care system (e.g. Ukraine), merely relying on international experience as a basis for reintegrating children from institutions may be a bit misleading – considering that contexts vary and modes of implementation need to be adapted to local and children’s needs. For instance, experience of Western Europe and the US is based on the strong initial understanding of child and family reunification as the best possible scenario for the end of care. Even with this initial understanding researchers merely report a success rate of up to 50% demonstrating that ReU is not working in each and every case.

The analysis of best practice and successful reunification cases in developed countries should rather be used as a source for social workers on using different techniques and methods. In addition, it can help in the development of quality standards for ReU in countries that are in de-Institutionalization processes.

### 2.1.1 Review of services and methods used by social workers in Western Europe and the US to manage sustainable ReU

There are a variety of methods, techniques and strategies used in international social work practice to ensure sustainable ReU. Below are some examples, which are widely used and have proven to be successful in cases of ReU ( Child Welfare Information Gateway, 2012).

<b>Method</b>	<b>Programs</b>	<b>Description</b>	<b>Participants</b>	<b>Comments</b>
<i>Family engagement in decision making</i>	<i>Family and group decision making (FGDM)</i> <a href="http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Pages/FGDM.aspx">http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Pages/FGDM.aspx</a>	<i>In FGDM an independent and trained coordinator organizes the meeting of family and service providers and leads a decision making process. Authorities provide support for the implementation of the family plan.</i>	<i>Caregivers, State authorities, Extended family members, Independent Coordinator and/or Facilitator(s)</i>	<i>One of the criteria for successful work with children and families is the engagement of the family members in the process of decision-making regarding their family situation. There is a quantity of techniques used in practice to ensure family involvement with different processes, different roles and different levels of training requirements for leaders and</i>
	<i>Network meetings</i>	<i>The independent coordinator organizes network meetings based on the Map of Social Contacts developed by the child. The map reflects important people in a child’s life and their relationship. Meetings are facilitated by a team of four specially trained therapists. The network meeting is led</i>		

		<p><i>with a consideration of the group dynamics. Facilitators are not supposed to be involved in the decision.</i></p>		<p><i>organizers of the family meeting. Nevertheless, key objectives of those techniques are the same: to put together family members, responsible authorities, service providers and with the facilitation of specially trained people to come up with the best solution for the child and family.</i></p> <p><i>The reason for the broad use of family involvement in the decision making process of the placement and ReU process is its highly effective and sustainable outcomes. Parents take responsibility for the decision and are recognized by social services as partners. Instead of blaming the third party they begin to manage their family life by themselves, using available support and services.</i></p>
	<p><i>Family and group conferences</i>  <a href="http://www.frg.org.uk/involving-families/family-group-conferences">http://www.frg.org.uk/involving-families/family-group-conferences</a></p>	<p><i>The method was developed in New Zealand and is widely used in more than 20 Countries. All family members, including the extended family, are invited to and participate in the meeting organized by an independent coordinator. The meeting usually consists of two parts. During the first part, the invited specialists provide professional support and input to the family; the second part of the meeting is attended by family members only. They develop a plan for the child. Authorities provide support to its realisation until safety is completely assured.</i></p>		
<p><i>Co-parenting</i></p>	<p><i>Partnership between biological parents and foster parents/substitute caregivers (otherwise called co-parenting)</i></p>	<p><i>Family of origin, Care-providers,</i></p>	<p><i>Evidence shows that co-parenting is crucial for the</i></p>	

	<p><a href="http://www.kidspace.org/blog.aspx?id=4262&amp;blogid=104">http://www.kidspace.org/blog.aspx?id=4262&amp;blogid=104</a></p> <p><a href="http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1011&amp;context=jfs">http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1011&amp;context=jfs</a></p> <p>Co-parenting is supposed to be facilitated and moderated by a social worker, whose role is to ensure the cooperative approach of both families in the best interests of the child.</p> <p>To build effective collaboration between parents it is recommended to follow the principles:</p> <ul style="list-style-type: none"> <li>- Equality: Even though parents of origin feel their position is weaker it is important to consider them as partners;</li> <li>- Empowerment: focus on the strength, respect and trust of all parties;</li> <li>- Participation: active position of all parties is important to achieve better results;</li> <li>- Empathy: standing in “client’s shoes” is key to building trustful relationship;</li> <li>- Responsiveness: it is critical to respond to child’s and family’s needs.</li> </ul>	<p>Authorities</p>	<p>success of ReU. In this case training of substitute caregivers/foster parents is extremely important. They are trained to understand the trauma of separation that affects a child placed in out of home care and to learn more about the trauma of biological parents.</p>	
<p>Peer support</p>	<p>These programmes are designed as an innovative approach towards parents’ engagement. Parents, who successfully overcame separation and further ReU become volunteer-partners to those who are in the process. The peer to peer approach helps parents to learn from positive experiences and be empowered by the support of somebody competent to understand their life situation. Parents who successfully went out of social support are considered as valuable resource for those who still need help.</p> <p><a href="http://www.uiowa.edu/nrcihs/parent-peer-support-programs">http://www.uiowa.edu/nrcihs/parent-peer-support-programs</a></p>	<p>Families of origin, Families recovered after the family crisis, social workers</p>	<p>Peer support requires biological parents to demonstrate: willingness to cooperate, positive attitude to the programme itself and to the potential volunteer-partner, high level of critical thinking, etc.</p>	
<p>Parent education</p>	<p><u>Strong parents - Strong Children</u>  <a href="http://www.starkeeltern-starkekinder.de/">http://www.starkeeltern-starkekinder.de/</a></p>	<p>A range of courses for all mothers and fathers who want to achieve more joy and even more safety in parenting. It helps to: strengthen the self-confidence of mothers,</p>	<p>Care-givers, Trainers</p>	<p>Parent education programmes (Cutler Institute, 2009) can be a valuable supplement to the basic service package in the</p>

		<i>fathers and children; make everyday family life easier and to improve the interaction; suggests ways to resolve conflicts; provide space for reflection and exchange with other parents.</i>		<i>ReU process. Targeted to strengthen parenting capacity generally or to treat specific family risk factors; a specific programme can be chosen for every case.</i>
	<u><i>Incredible Years Parent Training Programme</i></u> <a href="http://incredibleyears.com/">http://incredibleyears.com/</a>	<i>The programme focuses on cognitive restructuring, emotional regulation strategies, and behavioral practice to aid parents in developing skills to effectively manage their child(ren)'s behavior.</i>		
	<u><i>Triple P (Positive Parenting Practices)</i></u> <a href="http://www.triplep.net/glo-en/home/">http://www.triplep.net/glo-en/home/</a>	<i>A multilevel, tiered system of parenting education and family support that allows for an individualized approach according to the family's needs.</i>		
	<u><i>Homebuilders</i></u> <a href="http://www.institutefamily.org/programs/ifps.asp">http://www.institutefamily.org/programs/ifps.asp</a>	<i>The programme is specifically designed for parents with high risk of separation from their children, or those who've already been separated. It is an intensive family preservation and reunification model that provides comprehensive services to individual families.</i>		

	<p><u><a href="http://workfirst.wa.gov/reexam/reexamdocs/SafeCare%20fact%20Sheet%288%29.pdf">SafeCare</a></u>  <u><a href="http://workfirst.wa.gov/reexam/reexamdocs/SafeCare%20fact%20Sheet%288%29.pdf">http://workfirst.wa.gov/reexam/reexamdocs/SafeCare%20fact%20Sheet%288%29.pdf</a></u></p>	<p><i>A secondary preventive and treatment model for families at risk of, or who have been subject to, child maltreatment. The program provides home visitors that work 1:1 with families to improve their parenting skills, home safety, and the ability to assess and address their child's health.</i></p>		
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### 2.1.2 Parent-child visiting

The success of ReU strongly depends on parent-child visits, their frequency and quality. To be effective, visits have to be planned and facilitated properly. The aim of these meetings is to support or rebuild attachment, to work out family conflicts and to demonstrate the value of a child's relationship with his/her parents. The child needs to know that he/she was not abandoned and that the parents are doing their best to bring their family back together. It is important to ensure an atmosphere that is free, sufficiently private, but also and safe. Parents responsible for separation can feel embarrassed before a meeting with their children and try to postpone it, which is why it is important to encourage them and provide all the needed support. At the same time separation can cause severe harm to children. They can deeply suffer from the trauma of being given away, which explains the need of careful planning and preparation of the visit.

### 2.1.3 Strengthening the household's economy

The importance of economic factors for families' wellbeing should not be underestimated. In countries with a developing economy financial destabilization can be the main reason for family crisis. In some cases ReU cannot be successful without sufficient financial support. Many international practices present a number of different economic support services provided to families in the ReU process ( Save the Children, 2013). Some of them are:

- *Direct financial, humanitarian, food support* – effective for a limited period of time in an emergency situation, when urgent and basic vital needs must be satisfied.
- *Income-generative services* – vocational trainings, support with employment, loans, training on how to establish a small business etc.
- *Housing improvement* – support with rent, purchase of a house/apartment, renovation, providing furniture

To sum up the findings of international theory and practice regarding ReU, it is important to point out the **requirements for successful ReU** are:



- Ensure that placement of the child is done according to the needs and is supportive for the ReU purpose.
- Engage the family of origin in the process.
- Strengthen the families' network of support.
- Use all available recourses, including successfully recovered families to promote ReU.
- Invest in parental capacity development. Use available parenting training programmes.
- Manage Child and Family Visiting. Make sure visiting is organized properly, does not harm the child and support rebuilding of the relationship.
- Support the household economy.

### 3 Reunification as a part of the national De-I process based on the experience of SOS Ukraine

Nearly 16 000 orphans and children who have lost parental care are placed in orphanages in Ukraine (figures from 2013). Additionally, nearly 40 000 children (according to the Ukrainian Child Ombudsman) are placed in orphanages upon the parents' request mostly for reasons of poverty. This situation is a violation of the UN Convention on the Rights of the Child and UN Guidelines for the Alternative Care of Children, where it is stated that: *Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family (art 14).*

In 2012 SOS Ukraine started a project on the reintegration of children from Luhansk state institutions. Luhansk was chosen, since it is one of the poorest regions in Ukraine. The feasibility study conducted in 2011 showed a variety of problems in child welfare. These problems included very large institutions for children deprived of parental care, a high rate of family separation, and a significant number of families at risk.

Experts of the child welfare field named the following reasons of child separation in Luhansk region:

- Poverty of families with children
- Alcohol and drug addiction of parents
- Children born by under-aged mothers;
- Parents in conflict with the law;
- Unemployment;
- Parents, who also grew up in the care system;
- Families with many children (3 or more);
- Children of single parents with severe diseases.

The main rights violations of children placed in orphanages in Luhansk region named by the stakeholders and duty bearers are the following:

- Absence of possibility to be brought up in a family environment
- Violation of children's housing and property rights
- Psychological, physical and sexual abuse

The process of establishing the ReU project in Ukraine faced challenges due to the following circumstances:

Planning Re-U in the situation where children had been separated for a long time (more than 1 year).

Children had been strongly influenced by experience of institutionalization.

Lack of cooperation from the side of responsible authorities and limited access to the child development information.

Poverty as one of the main reasons of placement: absence of resources to satisfy basic needs.

Lack of proper housing solutions for a family to satisfy child's basic needs.

Significant distance to the family of origin from the child's placement.

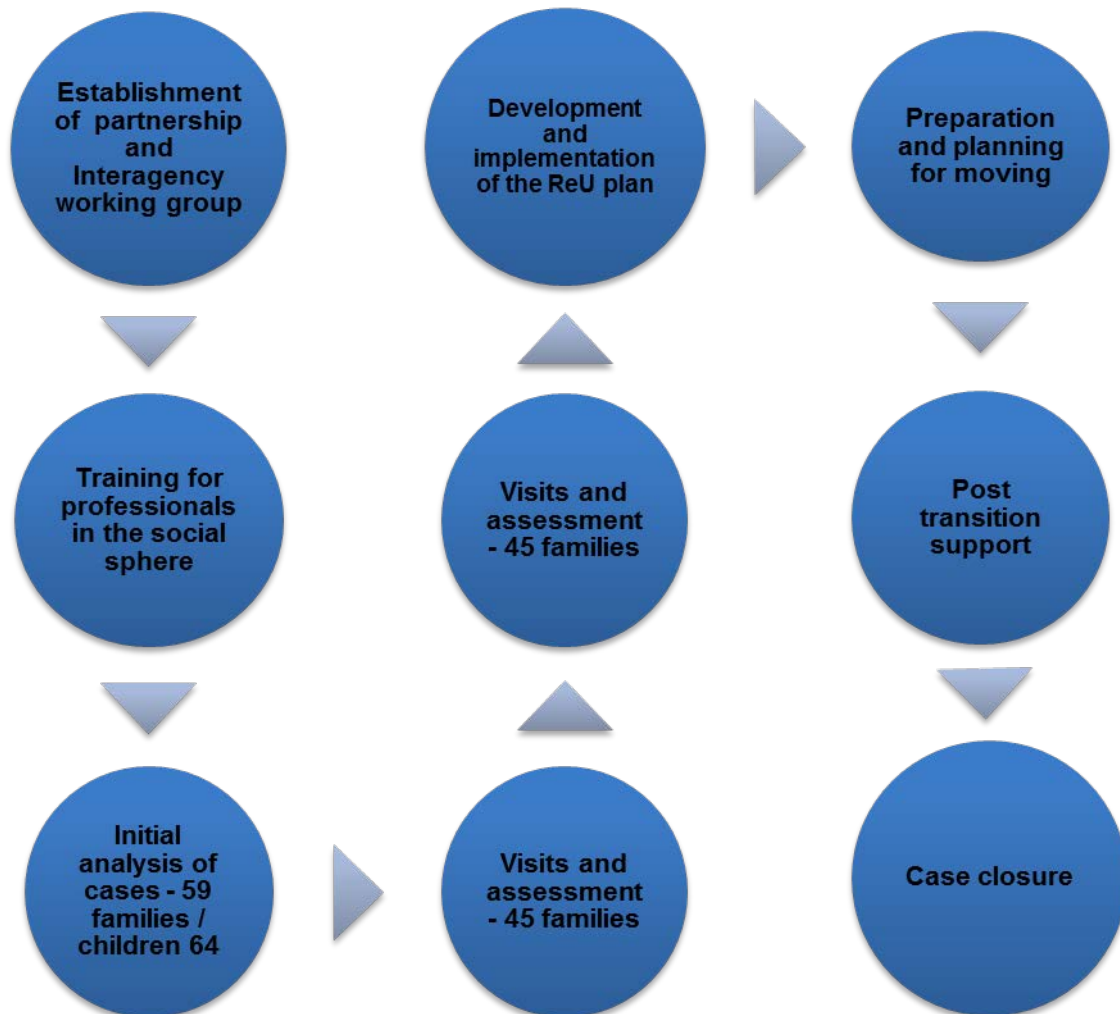
Care providers of institutions report to different legal structures than service providers.

Lack of community recourses (good schools, educational programs, especially for kids with special needs).

High unemployment rate.

Lack of services in the community.

All these factors challenged the project's feasibility and required a number of specific strategies to respond to the given circumstances. Thus the project was designed to fulfill the following stages:



### 3.1.1 Establishment of partnership. The work of Interagency working group.

The initial stage of the project was dedicated to conceptualizing the strategy for its implementation. As there are many agencies and different level duty bearers responsible for families and children in the region, it was critical to find out the common mechanism of actions towards the situation, which would be agreed and supported by all the players. A basic stakeholder analysis defined several key areas for cooperation in the frame of the ReU project (described in the table below)

<b>Key stakeholders</b>	<b>Key functions &amp; responsibilities</b>	<b>Attitude towards ReU</b>	<b>Expected role in the project</b>	<b>Comments</b>
SOS -Ukraine	Leading the project	Interested in sustainable ReU	Strategic leadership, coordination, methodological and technical support,  Direct involvement of SOS social workers (SWs) in case management	Not enough power to get access to the institutions or children's files without partners' support
Centres of Social Services	Providing support to families and children in difficult life circumstances. Conducting needs assessment, delivering social services	Had a request from state to enforce ReU process.	Work in close cooperation with SOS SWs; conduct assessments, provide services to families.	Interested in a quick and quantitative result.  Forces the process, compromises the quality.
Service of Children's Affairs	Making decisions in the child protection sphere. Responsible for meeting children rights	Generally supportive but not motivated enough	Support in access to children's files, information needed for assessment.  As a powerful body in Child's Welfare may support in getting access to the boarding schools.	Currently in reformation process. Not represented on the city level (only regional & districts) as Centres of Social Services, which makes cooperation difficult.
Regional Department of Education	Coordinating Institutions (Boarding schools)	Generally supportive.	Support in access to the Boarding schools and engagement of Boarding schools into cooperation	Doesn't want to be involved too much. Believes that it is enough just to sign an order to complete the process.

				<i>Considers ReU as acceptable just from case to case; don't want it to cause significant reduction of children in the institutions.</i>
<i>Institutions (Boarding schools)</i>	<i>Being care providers for children-beneficiaries have information about children's medical and educational needs.</i>	<i>Resistive</i>	<i>Cooperate in providing information for assessment and in preparation of children for ReU.</i>	<i>There is severe conflict of interests. Reduction of children in the institutions can cause their further restructuring and closure. Staff can lose their jobs. They resist any intervention of SWs.</i>
<i>Care-givers-beneficiaries</i>	<i>Benefeciaries and main people responsible for the wellbeing of their children and families</i>	<i>Have minor trust in social workers due to negative experience</i>	<i>Cooperate with SWs; have active position towards their family</i>	
<i>Children-benefeciaries</i>	<i>Benefeciaries</i>	<i>In majority of cases want to be back home</i>	<i>To be partners and help SWs to find out their needs and interests</i>	

The largest challenge of this stage was the establishment of cooperation with the boarding schools' administration and staff. Despite the Educational Department's (the boarding schools coordination body) official support there was severe conflict of interests. The prompt development of a De-I strategy was supposed to cause further closure of institutions and dismissal of their staff. At the same time it was still possible to cooperate with them case by case, through convincing on the importance to find the best solution for the specific case.

The working group was established with participation of key stakeholders.

A number of meetings, round tables and negotiations with partners on different levels resulted on the agreed mechanism of the ReU project implementation, which included the steps presented in the table below:

### Agreed mechanism of work

<b>1. Gather the information about the child from schools, social agencies, medical facilities, etc.</b>
<b>2. Establish contact with the family</b>
<b>3. Identify major causes and risk factors that influenced the placement of the child in an institution; changes in situation or risk factors and the possibility of reducing their impact</b>
<b>4. Establish contact with the child</b>
<b>5. Assess the needs of the child</b>
<b>6. Discuss with family reintegration opportunities</b>
<b>7. Sign the agreement on reintegration</b>
<b>8. Assess parental capacity, family and environmental factors and the additional information about the child's needs</b>
<b>9. Develop a plan of child and family reunification</b>
<b>10. Implement the plan, provide services</b>
<b>11. Assess the situation development</b>
<b>12. Close the case</b>
<b>13. Provide post ReU support and monitoring</b>

### 3.1.2 Training for professionals in the social sphere

The ReU project was an innovative initiative for the region. Child welfare professionals in the region had barely understood its logic, complicity, major requirements and principles. That is why the training was needed for the successful implementation of the project. It was designed to help in reaching a common understanding on the importance of ReU and the logic of its implementation among different stakeholders' representatives. A training curriculum was developed and included:

<b>Unit on Motivation</b>
Discussions on value of attachment and influence of institutional care on a child's development, reasons why ReU is so important for children and their families.
International theory and best practices in managing sustainable ReU.
National social policy developments and governmental strategy on child protection.
Analysis of situation of child institutionalisation in the region.
<b>Unit on Implementation</b>
Criteria and process of ReU initiation. When, where and in which cases to start?
Interagency cooperation. Stakeholder analysis. Ways to engage stakeholders.
Assessment of family ReU potential, child's needs assessment.
Planning ReU.
Visiting support.
Services available in the community.
Planning and organization of child's relocation.
Post-ReU family support.
<b>Next steps planning</b>

### 3.1.3 Initial analysis of cases - 59 families / 64 children

Partners provided a list of 59 families and 64 children recommended for ReU. At the initial stage a review of available information was carried out. For this purpose a simple tool was developed for the first screening. The main idea was to reconfirm the information available from different sources before the first visit to the family by ReU social workers. The goal of the screening was to select the most promising cases for successful ReU. After the screening, 45 families were selected to participate in the project. Screening was organized with the tool presented below.

#### First screening questionnaire

<b>General information</b>	
<b>Full name of the child</b>	
<b>Date of birth</b>	
<b>Date of placement in the institution</b>	
<b>Age of child at the time of placement in the institution</b>	
<b>Reasons of placement</b>	
<b>Changes of situation</b>	None/better/worse
<b>Was the child placed in other boarding schools/care institution?</b>	Yes/no
<b>Age of child when he/she was first placed in an institution</b>	

Child's relations to the family and motivation for ReU	
Whether the child wants to go home	Yes/no/ not decided
Whether the child goes home to visit his family, etc.	Yes/no
Frequency of family visits	
With whom does the child see his/her future residence?	

Health	
Current health level of the child	Good/acceptable/ serious illness
Child's health level at the time of placement in the institution	Good/acceptable/ serious illness
Disability	Yes/no

Education	
Number of completed school grades	
Number of school grades that should be completed according to the age	
Is overall development age-appropriate?	Yes/no

Child's mother	
Full name	
DOB	
Job, place of work	
Mental or physical illnesses that may endanger child	No/Yes – specify
Contact information	

Child's father	
Full name	
DOB	
Job, place of work	
Mental or physical illnesses that may endanger child	No/Yes – specify
Contact information	

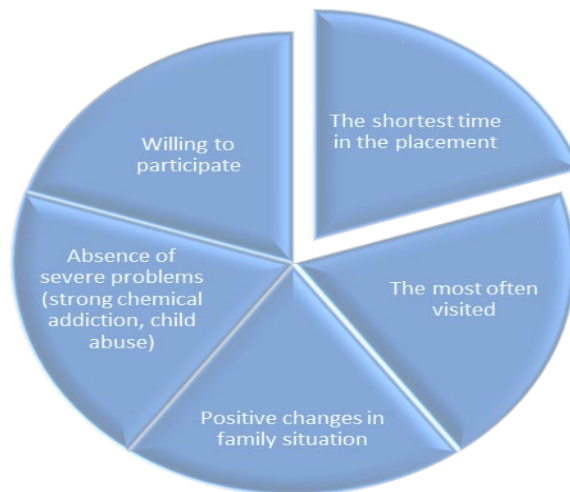
Housing	
Availability	Yes/no
Condition of housing and living conditions	Good/ satisfying /unsatisfying or dangerous
Distance to the child's placement	Determine:
Availability of a private place for the child	Yes/no
Siblings	
Full names, gender, age of all siblings	
Does the child communicate with siblings	Yes/No/No information



**Other relatives**

**List significant people in child's life and their contact information if available.**

Key criteria for the selection of children families who will benefit from ReU were:



At the end of the screening social workers came up with the reasons for the placement of children in institutions listed by their parents:

- Medical problems of children: TB, intellectual retardation, mental retardation, delay in speech development;
- Financial insecurity of families, lack of housing;
- Child antisocial behavior (vagrancy, social disadaptation);
- Health status of parents (disability, mental disorders);
- Lack of time for education and child care;
- Family accommodation close to residential care

***Those families who rejected to cooperate named following reasons for rejection of reintegration:***

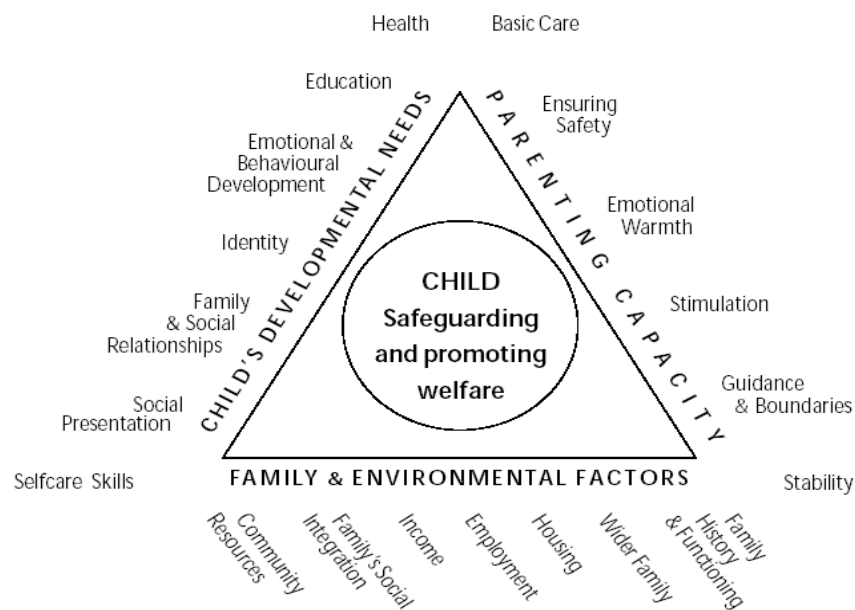
- The health status of children - tuberculosis infection;
- Mental retardation, disturbances in the psychological state and behavior, child's disability;
- Lack of housing;
- Very poor financial situation;
- No conditions for children (bed, room for learning, clothing, etc.);
- Working in night shifts, weekends;
- The parents themselves grew up in orphanages and believe that this is a better place for their children to be than at home.

### **3.1.4 Visits and initial assessment - 45 families**

After finishing the initial screening and defining the list of beneficiaries who were ready to cooperate and go through the next stages of project, the next in depth-assessment was carried out. These Child and Family Assessments were crucial for the success of ReU. They

were supposed to be the basis for the decision-making process and for development of an action plan. All next steps depended on the quality, reliability of the data collected and the adequacy of the conclusion made.

To succeed at this stage a reliable assessment tool was needed. The British Ministry of Health's 'Triangle model' for Child and Family Needs Assessment, which was adopted for SOS Children's Village Family Strengthening Projects, was taken as a basis. Social workers were already familiar with this tool, which was proven as an effective component of case-management for strengthening families in crisis.

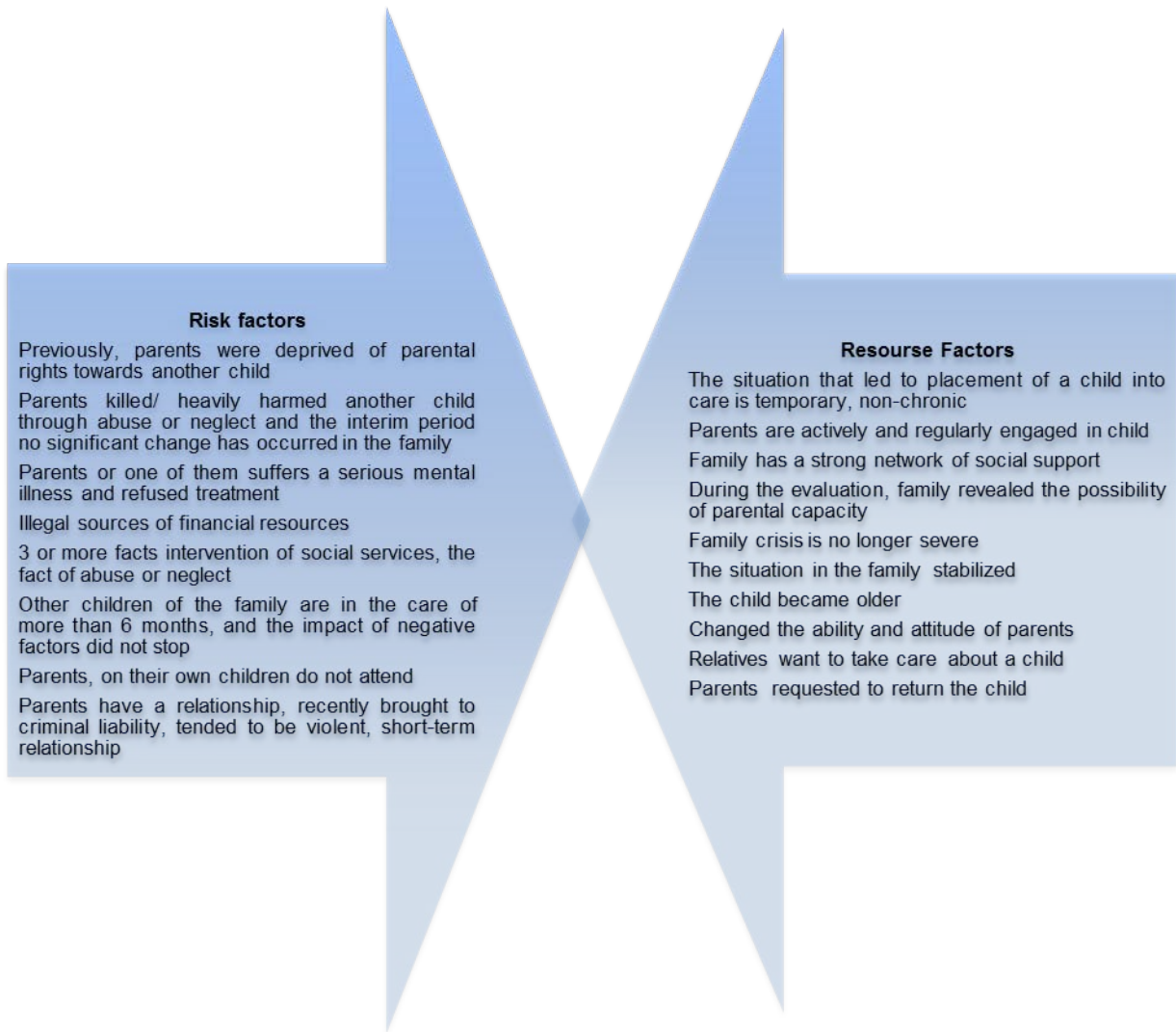


At the same time the tool required revision and specification. In the case of ReU the assessment should focus on:

- Safety of family environment for the child.
- Changes that happened to the family after separation.
- Relations between family members and separated child and ways of their support during the separation.
- Influence of separation on the child and family members.
- Risk and resource factors.

*The scheme below reflects the key risk and resource factors to pay attention to during the assessment from a ReU perspective.*

*Risk and resource factors to consider during the Planning of Family ReU (J.S. Rycus, 2008)*



The complexity of the assessment was mainly due to the impossibility to see the entire family in the interaction. In the best-case scenario it would be logical to do the family assessment at the initial stage of the family crisis, to see its background and to have the whole picture of the family's functioning. Unfortunately it was not possible in the frame of the project. The ReU project was targeted on children who were already separated without any proper assessment process and had already spent a significant period of time in institutions.

To assess a child's developmental needs, social workers had to interview parents and family members, staff of boarding school and look through other available sources (social service records ect.). The success factor was to get the possibility to interview the child directly. As a result, it happened that child development information was new for parents who were separated from the child a long time ago.

Valuable information was gathered during parent's visits or children's visits in their family of origin's home. This helped to see the child-parent interaction. Nevertheless, the information about parental capacity towards the separated child was still more of a forecast than a factual description.

**Thus the assessment of possible ReU cases requires lots of analysis and collection of data from different sources.**

### 3.1.5 Development and implementation of the reintegration plan

The ReU case planning process was organized similarly to the Family Development Planning as part of the case management procedures in FSPs. However it was based on the ReU assessment and primarily referred to the measures needed to ensure a child's safety, to reduce the risk factors, to consider family conditions and dynamics, resources of family members' strengths and protective capacities, child vulnerability and includes interventions needed to support and sustain a child's placement at home.

Key principles in implementation of the case planning are:

- Participation of all family members including child
- Involvement of the decision makers and service providers
- Plan must be do-able, based on available resources, with realistic timing
- Have to reflect measurable intermediate objectives and goals
- Strengths-based and empowering

According to the individual ReU plan the SOS FS team provided services to the families and children. Among them:

**Individual psychotherapeutic work** with children who experienced trauma, have communicational difficulties or emotional problems. Purpose of the activity is stimulation of child's development, self-expression and feeling of safety by building a warm emotional relationship.

**Art and Sand therapy** to help children to express their feelings - those that are difficult to put in words.

**Educational support** to children with learning difficulties focused on: cognitive development (memory, thinking, attention, imagination, logic); social skills development (social skills of developing relations with peers); emotional development (motivation, emotional self-regulation).

**Psychotherapeutic trainings** for adults (psychological self-protection, emotional self-control, etc.).

**Parental capacity development training.**

**Economical sustainability support:** vocational training and support in job search; help with subsistence farming).

Help with **improvement of housing conditions** (support with renovation or construction materials, purchasing of basic furniture, or accepting it in donation).

### 3.1.6 Preparation and planning for moving to the family

**Transition from the institution to the family of origin is an important milestone of the ReU process and it should be properly planned.** Although in the majority of cases institutional experience is considered as negative and harmful for the child, nevertheless it is a significant part of their life, which has a critical meaning for the child. Children could build valuable relationships with peers and become attached to their care providers. Thus, transition plans developed with the project beneficiaries included:

- Preparation of children for moving, giving them time and space for saying goodbye. Packing of personal belongings, including valuable things that can matter for them.
- Considering the person(s) who will pick up a child. There should not be too many people.
- Preparation of the new home. Personal space should be organized for the child. It will show that he/she was expected home and belongs there.
- Explanation to the child how his/her life will change and how different the life of the entire family will be.

- It is good to have a brief vision of the next few days after the child's move, including visits, meetings, family entertainment or things to do together with the child.

### 3.1.7 Post transition support

Aftercare support of the family was done to ensure sustainability and permanency of a child's placement back home. Post-ReU strategies include:

- Individual needs based interventions and strength based approach. In some cases there was a need of child-parent relationship rebuilding, in other cases the focus was on the child's adaptation to the new circumstances or family income generation activities.
- Ensuring the development of the family network. Support of the extended family, friends, neighbors, community members, and professional contacts is usually a great resource to solve family problems and reduce stress, which makes it a good strategy to prevent a child's reentry to care.
- Monitoring of changes and family achievements.
- Aftercare support should be long-term enough to ensure sustainability of the achievements. Evidence shows that usually it takes around 6 months to 1 year.

## 4 Recommendations and lessons learned

In the ideal case ReU (if possible at all) should be **planned as a desired casework result** even before the actual separation and placement happens. Placement itself should be part of the plan and be implemented in the way most suitable to fulfil the final goal – sustainable reunification.

In case of dealing with an institutionalized child protection system **the best way to implement ReU is as a part of a complex strategy of Deinstitutionalization in a country.**

To have an impact on the system it is critical to plan ReU activities simultaneously with the development of a **gatekeeping strategy.**

It is crucial to work with the **resistance of the staff members** of institutions. To act in the best interest of children social workers should be partners of ReU and provide all the needed support. Resistance may seriously affect the entire process.

ReU services are intense social services requiring appropriate standards of caseload, number of hours, home visits, availability of help etc. Services should be planned according to the available budget; nevertheless to make them more effective it is important to plan a **minimum caseload for social workers and maximum hours of support for a client.**

ReU social workers should be **appropriately trained.** Among available social workers those who have higher qualification should be assigned to the ReU cases.

In developing countries, the economic wellbeing of the family is highly significant. Poverty (even if it was not the only reason of separation) often became the prime cause of family crisis. Efforts directed at **strengthening the household's economy** should be part of the ReU strategy. It may be good practice to involve socially responsible business partners to help in ReU cases. Financial investments in such cases are visible, measurable and have a positive outcome – the child is back home from an institution.

In some cases ReU is not possible and **other better options** have to be considered in the best interest of the child. Reunification never has to be the goal itself.

Families are responsible for their own wellbeing. In case of the ReU case-management process it is specifically important to **empower parents** to make their own decision.

**Child participation** must be ensured during all stages of the ReU process. Children have a legal right to take part in decisions made about their own future. The children's position has to be heard and considered during planning of reformation of the entire system.

**Specific tools have to be developed**/adopted for the ReU activity, such as Risk and Safety Assessment for ReU, Core Family Assessment for ReU, ReU Plan, ReU Transition Plan, Aftercare Plan.

## 5 References

- Child Welfare Information Gateway. (2012). *Supporting Reunification and Preventing Reentry Into Out-of-Home Care*. Washington DC: Child Welfare Information Gateway.
- Save the Children. (2013). *Reaching for Home: Global learning on family reintegration in low and lower-middle income countries*. Save the Children.
- Browne, K. (2009). *The Risk of Harm to Young Children in Institutional Care*. Save the Children.
- Child Welfare Information Gateway. (2011). *Family Reunification: What the Evidence Shows*. Washington DC: Child Welfare Information Gateway.
- Cutler Institute, M. S. (2009). *Review of Parent Education Models for Family Reunification Programs*. : Cutler Institute, Muskie School of Public Service .
- J.S. Rycus, P. R. (2008). *Child Welfare Training Program*. Ohio: IHS.

### Useful Links

Child Welfare Information Gateway: <https://www.childwelfare.gov/>

Intensive family service – Homebuilders: (<http://www.institutefamily.org>)

Intensive Family Reunification Services: (<http://www.nfpn.org/reunification.html>)

Returning home from care. NSPCC report:  
[http://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/returning-home-report\\_wda88987.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/returning-home-report_wda88987.html)

Promising Practices in Reunification:  
<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/promising-practices-in-reunification.pdf>