A safe and loving family for every child!

Different ways to make family-based care possible

Experiences & lessons learned from 9 care practitioners around the world

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Why is there a worldwide need for family-based care?

Some worldwide numbers*:

- Over **6 million children live in institutions** such as orphanages. They miss the power of growing up in a safe family.
- Half of the children have **no access to education, healthcare, nutrition, housing and/or water**.
- Half of the children experience **neglect, or physical/sexual/emotional violence**.

>> This is a violation of children's rights;

Each child is entitled to parental care, protection, education and other basic needs.

*Sources: Desmond et al, 2020; Unicef, 2022; Hilis et al, 2016

Is family-based care possible?

We are Family Power

A collaboration between care practitioners working in 4 continents and 7 countries around the world.

Our organizations work with family-based care for vulnerable children in challenging conditions. We empower families to create a good living environment for their children.

What our stories show is that it is not always easy, but in many ways it is possible to provide family-based care!

Goal of this research

At the moment there is only limited information on real life experiences in practice.

Our goal is to develop a better understanding of the experiences in family-based care programs.

> This can be utilized by policy makers as **input in the current (policy) debates** on child care improvement.

> It is also meant to **inspire** other organizations and care practitioners to strive for family-based care.

Research design

> A **comparative case study within 9 NGOs** (care practitioners) around the world.

> The research objective has been explored on the basis of three research questions:

1. *What are drivers for local care practitioners to opt for a family-based care approach?*
2. *What are preconditions for local care practitioners to make family-based care a reality?*
3. *What are challenges faced by local care practitioners in running family-based care programs?*

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Radboud Universiteit

Research context: 9 NGOs

Table 1. Basic qualitative descriptions per participating organization

Local care practitioner	Location	Current care services	Background
Acodeta	Tanzania	Prevention (family strengthening) Kinship care	Acodeta has a family-based care approach from start. However, founder has experience in residential care.
CFEII	Ukraine	Prevention (family strengthening)	Family-based care from start
COLT	Cambodia	Prevention (family strengthening) Reintegration Temporary residential care	Started with residential care activities, transition to family-based care
DCF	Ecuador	Prevention (family strengthening) Kinship care Independent living	Started with residential care activities, transition to family-based care
DLFF	Sri Lanka	Prevention (family strengthening)	DLFF has a family-based care approach from start. However, founders have experience in residential care.
KidsCare	Kenya	Prevention (family strengthening) Kinship care	Family-based care from start
Macheo	Kenya	Prevention (family strengthening) Kinship care Foster care Reintegration Temporary residential care	Started with residential care activities, transition to family-based care
PWM	Indonesia	Prevention (family strengthening)	Family-based care from start
Westerlaken	Indonesia	Prevention (family strengthening) Reintegration	Family-based care from start

Table 2. Basic quantitative information about the participants

	Local care practitioner		Dutch partner	
Year of establishment	2008	(2000;2017)	2008	(1991;2018)
Number of employees	27	(0;135)	0	(0;1)
Number of volunteers	38	(2;150)	12	(3;25)
Average expenditure 2019-2021	€193.591	(19.505;713.667)	€165.841	(19.505;630.607)
Average revenue 2019-2021	€212.490	(18.556;699.667)	€172.169	(18.556;625.598)
Average number of families (/year)	1.169	(41;4852)		
Average number of children (/year)	1.375	(100;4852)		

The organizations offer an **integrated approach aimed at empowerment** of families, children and communities (including elements in the field of education, (psycho)social, economic and healthcare)

(To some level) the organizations offer a **tailor-made** approach to their beneficiaries

All organizations focus on both **relief and development** activities

Most of the organizations offer **indirect support** services that strengthen the child care system (e.g. training, lobby and advocacy, research)

Family-based care experiences & lessons learned

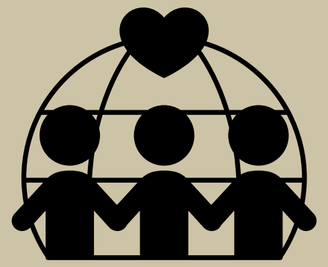
What are drivers for family-based care?

While local conditions and practices vary between the local care practitioners, we found four common – partly interrelated – drivers to opt for a family-based care approach:

1. **Demand of the community** to offer a particular family-based care service. This demand became known by the care practitioners because the community came with a request to the organization on their own initiative, or the organization inquired them about their needs.
2. Better **practical outcomes** (outcomes in everyday life) for children, families and communities as demonstrated by field experience. The care practitioners gained this experience by means of their personal experience with a residential care approach and through peer-to-peer learning.
3. **Policies and aspirations of governments and other policy makers** prescribe organizations to work family-based. The care practitioners are influenced by government policy and advocacy campaigns for the compliance of this policy.
4. Better **theoretical outcomes** (outcomes on paper / research results) for children, families and communities, as demonstrated in research and as embedded in training materials. The care practitioners acquired knowledge about care by means of research and training.

Preconditions for family-based care

1. Strong embeddedness in the local community



2. Availability of human and financial resources

1. Strong embeddedness in local community

The local NGOs created strong relationships with the families (beneficiaries), the government, community members and local organizations. Each relationship contributes in its own way to the family-based care approach.

<u>The care practitioners define the following ways to improve these relationships:</u>

- Put the **family** central to the approach by listening to their thoughts, needs and capabilities. Manage expectations of the family by being open about the support service process.
- Invest in continuous dialogue and (personal) relationships with the **government**. Focus on complementation of the work of the government. It might help to involve strategic partners.
- Be physically present in the **community.** Make the mutual benefit clear. Built trust by showing the community the results of the family-based care services. Make use of role models in the community.
- Look for mutual benefit in partnerships with **local organizations**. It might be interesting to join network groups to connect to other organizations.

2. Availability of human and financial resources

Family-based care requires specific skills, and makes having knowledgeable, sufficient, motivated and equipped staff a precondition as well as a challenge. Recommendations here are:

- Ensure relationship building skills and the ability to address the root cause among social workers.
- The organization structure should be able to adapt to the varying needs of families.
- Human resources can be strengthened by working with community volunteers.
- Organize take-care of the caregiver sessions for the social workers.

Financial resources are largely acquired through external funding, and requires the donor to support the family-based care approach. Recommendations here are:

- Raise funds via different sources. The care practitioners work with local and international funds, companies and private donors. Some of the NGOs complement this with income generating activities like the rental of facilities or asking fees from the families (whenever possible) for their services.
- Ensure donor engagement through dialogue and involve them in decision-making. Donor communication can be substantiated by communicating clearly about the impact of the current activities (which can be measured via monitoring & evaluation).

What are challenges in providing family-based care?

Providing family-based care is quite complex in reality. A large part of the complexity lies in meeting the preconditions mentioned before. Other challenges mentioned by the care practitioners are:

- Lack of (implementation of) public policy for family-based care sometimes makes it impossible to provide a certain service (foster care in Indonesia), or creates a major risk for the organization (foster care in Kenya).
- In some communities, the 'old standard' of residential care is perpetuating demand for residential care.
- Structural change in families generally goes hand in hand with a long time span and thus requires patience and faith from organizations and families.
- Vulnerable families often have a vulnerable position in the community. It requires special attention to build a strong network around the family again.
- The economic, political and climatic situation in the local context of the care practitioners is causing increasing problems.

Recommendations here are:

- Develop awareness and advocacy programs (e.g. about inclusion of people with disabilities and early childhood intervention) to inform and inspire the local community.
- Keep on walking and talking! Even though it is not always easy and requires a lot of time and effort, the nine care practitioners show that in many cases it is possible to realize family-based care.

Take home messages & recommendations

1. Family-based care **training programs, peer-to-peer learning programs, awareness programs and advocacy programs** form drivers to opt for a family-based care approach. **Invest in this!**

2. As a care practitioner, **invest in relationships and cooperation with the local community** (families, government, community members and local organizations). Invest in personal relationships, be physically present in the area of work, make the mutual benefit clear and keep the dialogue going (in which listening is key).

3. Invest in the **qualities of social workers** (e.g. relationship building skills and ability to address the rood cause) and **organization structure** (i.e. be able to adapt to the family needs). Ensure **donor engagement** through dialogue and involve them in decision making.

4. Family-based care is not always easy, but the cases show that in many situations **it is possible**!

Future research opportunities

- This study uses the local care practitioners as data sources. It would be interesting to add the voices of the children and families, community members, governments and other partners.

- This study reviews family-based care in general (as the collection of different services). It would be interesting to see what we can learn about the services separately.

- This study contains nine cases from low- and middle income countries. More best practices from low- and middle income countries are needed to fuel the current (policy) debate on care improvement and inspire the child care practitioner community.

Would you like to get in touch?

Feel free to reach out!

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Many thanks to everyone who contributed to the research