

Formative Evaluation of the Holistic Family Preservation Pilot

Background

Family Care First (FCF) is a USAID supported project with the goal of making lasting improvements in the well-being of Cambodia's children. FCF is an ever-growing partnership, comprised of global and community partners from all sectors committed to increasing the percentage of children living in safe, nurturing and family based care.

FCF supported the pilot of Cambodian Children's Trust's (CCT) Holistic Family Preservation (HFP) Model, which seeks to prevent the separation of vulnerable children from families through family strengthening services. Ensuring children are not placed in residential care or into other situations that may put the child's well-being at risk.

Project Summary

The HFP model was piloted in three communes and eleven villages in Battambang Province. In this model village based social workers (VBSW) were engaged to work directly with children, families and communities to reduce the risk of family separation.

 **205** at risk children from approx **150** households referred to CCT for assessment and case management.

 **170** cases active  **35** cases close

 **86** community activities with **2,917** attendees across **5** topics (Community Consultations, Community Behaviour, Change Campaign, Home Safety Workshops, Alcohol Support Groups, Village Consultations)

 **32** referrals to Medical Outreach  **9** children with disability

 **140** children referred to **13** different specialised services.

Purpose of Evaluation

The formative evaluation provides an opportunity to reflect on what has been learned during the pilot, so that this information can be used to:

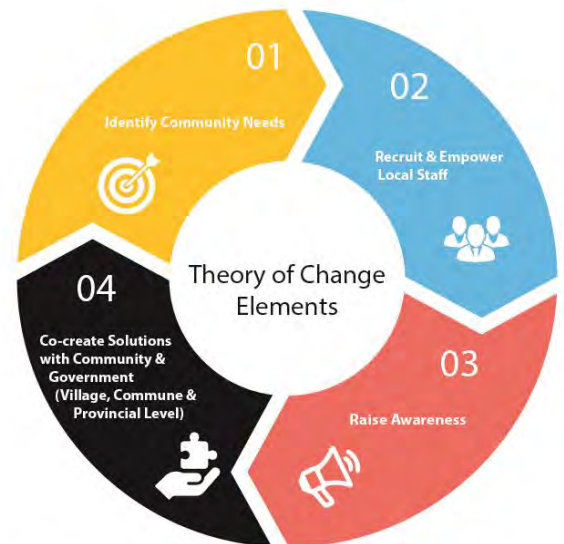
- Provide feedback on how the program is being implemented which enables internal modifications/changes to the pilot.
- Share findings with the broader FCF network.
- Provide a mechanism for reporting and accountability.

Methodology

The evaluation used a mixed methodology using a range of quantitative and qualitative data including, demographic and census data; staff surveys; key stakeholder surveys; activity reports; data from RF MERL; and beneficiary data.

A theory of change (Figure 1.) was developed for the project identifying the elements

that have been key to achieving outcomes and change. Four key elements were identified, and include identifying community needs, recruit and empower local staff, raise awareness and co-create solutions with communities and government. This is a continuous cycle of reflection and adjustment.



When Child Protection solutions are co-created in partnership between local communities and local staff, with empowerment, education and strengthening at the core, children stay in families and communities can thrive.

Figure 1. HFP Theory of Change

Key Learnings

Identify Community Needs

1. **Identification of selection criteria should be linked to a range of socio-economic factors** - poverty, attitudes, social inclusion and connectedness to services create more barriers to accessing services than geographical distance.
2. **Vulnerability and risk factors for child family separation are complex and interrelated** – vulnerable children tend to experience more than one risk factor at the same time. Critical risk factors include poverty, attitudes, social inclusion and connectedness to services provided in the communities.
3. **Villages are under resourced to respond to needs** - villages have strong support networks and are responsive, but are under-resourced to take action. Resources needed include human capital, social capital and financial capital.
4. **Community led initiatives need to shape social work interventions based on risks identified.**
5. **Involvement of village chiefs is key to the engagement and mobilisation of the community to prevent child family separation.**

Recruit & Empower Local Staff- Strengthening Knowledge and Skills



6. **VBSW relationships and connection to community and families is essential** - local staff with a deep understanding of cultural issues and respect for local protocols, are key to the success of the project. Being visible and engaged in village activity builds trust and respect between village members and VBSW.
7. **Through appropriate training, mentoring and supervision VBSW can help strengthen families and communities to respond to issues leading to family separation.**
8. **Capturing meaningful data around relationships and VBSW impact is a challenge** – relationships are hard to measure and it has been difficult to determine the impact of activities occurring in parallel with the work of the VBSW e.g. Village Chiefs registering families at community consultations etc.

Raise Awareness

9. **Villages chiefs are the most trusted source of information, however they need training and support to deliver effective community behaviour change campaigns (CBCC)** - utilising and informing key influencers is the most effective way to have the greatest reach and impact. Using key influencers ensures consistency of messaging and effective distribution and can also act as a gatekeeping mechanism.
10. **Household challenges and risk factors for sending children to residential care institutions need to be identified for CBCC** – campaigns should provide families and communities with options to access services as alternatives for residential care.
11. **CBCC needs to be embedded into the Holistic Family Preservation Model and reiterated frequently** - positive messages on keeping families together were clearly understood and well received. Future campaigns should incorporate information on how families can address challenges and alternative care options.

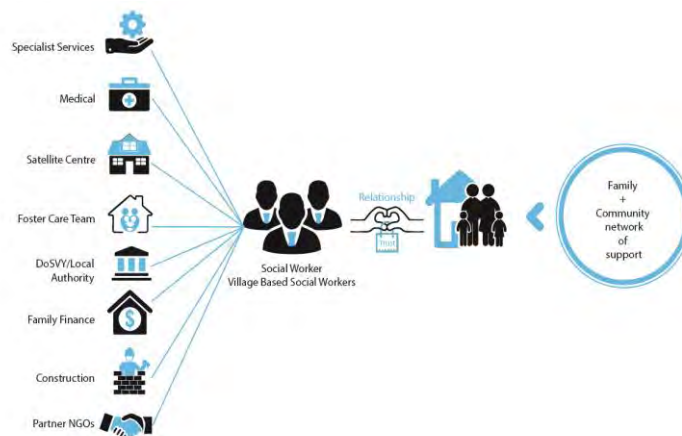
Co-create Solutions with Community

12. **Referral systems need to support existing systems in villages** – rather than building parallel referral mechanisms. Raising awareness of services is an effective way of ensuring vulnerable families are supported.
13. **Assessment tools need to incorporate both deficit based, focusing on risk, and strengths based, focusing on protective factors to be effective** – the inclusion of families in the assessment of their own risk and identifying their own solutions is fundamental. Long term, family owned sustainable goals fell outside the scope of the Child Security Index and were often missed in the initial plans.
14. **Due to the complexity of cases and multiple risks families face, a long term commitment of support from social workers is required for sustainable**

change to occur - families and communities with significant disadvantage require long term continuity of support.

15. **VBSW are key conduits between families and the supports/services required to meet the families needs** - VBSW build strong relationships to enable family support and counseling and refer to supports/services needed (Figure 2).

Figure 2. HFP Model of Social Work



16. **Essential services are required to prevent family separation** - a well-resourced service system which responds to complexity and diversity leads to better outcomes for families.
17. **The role of VBSW needs to be reflected in case management processes.**
18. **Mapping identifies the social networks and resources that exist around families and communities** - the tool (Figure 3) builds on the strengths of networks and empowers and connects the family focusing on positive relationships in their community. Services that form partnerships and collaborations with local

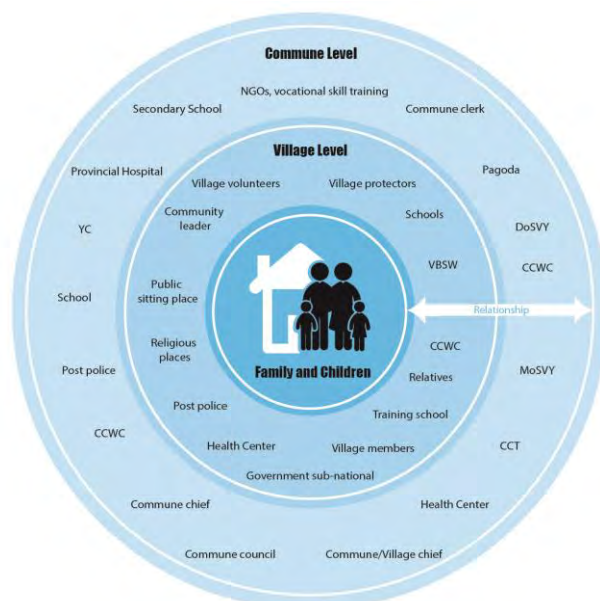
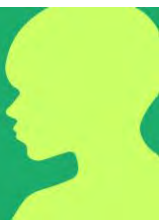


Figure 3. Example of Mapping Tool



community and government leaders, groups and organisations are better placed to meet the needs of children and families.

19. **Community workshops and support groups are effective ways for families to gain knowledge and access services.**
20. **Community groups are an effective way to identify vulnerable families, engage communities and strengthen support and safety networks.** workshops and groups have been beneficial to transfer knowledge and awareness to the communities and also an important tool to link vulnerable families to support and strengthen village networks.

Recommendations

Based on the finding from this evaluations, the following recommendations have been made:

- Expand the project into villages that have the highest populations of children and families at risk of separation and test socio-economic selection criteria, ensuring scale is based upon communities needs rather than organisations' geographical reach and services provided.
- Strengthen engagement with local authorities, Commune Committee for Women and Children (CCWC) and Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY) and include them in the village selection process, to ensure the long term sustainability and that the model is supporting the most vulnerable families.
- Ensure VBSW are immersed in their villages and working alongside existing networks and resources to mobilise communities to explore options to access basic needs, referral services and child protection factors within their communities to prevent child family separation.
- Conduct community consultations to co-create solutions based on identified needs.
- VBSW should hold and case manage low risk cases, with the supervision and support of senior social worker (SSW). This will increase the capacity of SSW to respond to more complex cases, work more closely with authorities and be more involved in system strengthening at the Commune level.
- Case plans should be targeted to meet the specific needs of the child and family to help them achieve their goals and ensure the family is connected to a safety and support network.
- More frequent exposure to CBCC messaging and ensuring that advocacy is embedded as part of the HFP model would ensure greater reach and knowledge around supports that are available for families.
- Future CBCC should focus on:
 - Strengthening referrals for families to available alternative care options.

- Executing a network based strategy for engaging community influencers.
- Increasing the amount of informal engagement between social workers and community workers.
- Utilise and strengthen existing referral systems, networks and government referral forms.
- Provide education and training to VBSW and SSW to recognise child protection concerns including early childhood development, trauma and mental health.
- Build the capacity of VBSW in family goal setting and counselling, focusing on transfer of knowledge between team members, to strengthen their role linking families to support and services.
- Modify case management processes to reflect the role of the VBSW.
- Amend assessment tools to allow families to measure their own risk in the domains, their belief and motivation around changing these risks.
- Build on village network mapping at a local level so that mapping can continue to support the village longer term, providing the Village Chief and CCWC with the information needed to support vulnerable families to access services.
- Empower the community to understand, access and identify gaps in the service system through the use of mapping.
- Continue to facilitate, in partnership with local authorities, village chiefs and CCWC, workshops and support groups, with a range of topics identified in the mid project community consultations and based on the needs of families.

Proposed Next Steps

The mid-project consultations and formative evaluation provided an opportunity to ensure that the pilot has been useful from the perspective of the community. The next phase of the project will focus on further strengthening the community. Some of the activities proposed for the continuation of the pilot include:

- Continued support to 170 children
- Establishment of positive parenting groups
- Providing support for managing family finances including income generating activities.
- Increased support for problem drug use and gambling.
- Strengthening responses to family violence.
- Strengthening construction team to repair shelters.
- Building sustainable networks of support in families and across villages.
- Further advocacy and awareness raising.
- Prenatal support, with a focus on early intervention.
- Training and capacity building for CCWC.
- Replicate the CBCC community meetings with the village chiefs in the non treatment group villages.