Evaluation of the Project: Developing a Model for Cooperation Between LA and NSA in Introducing Foster Care and Family Support Services

Submitted by

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Final Report

Table of Contents

Executive Summary

This report is the final report delivered to Hilfswerk Austria related to the evaluation of the *Developing a Model for Cooperation between LA and NSA in Introducing Foster Care and Family Support Services in Azerbaijan* project. The de-institutionalize of children is a challenging task requiring the garnering of support and coordination from various institutions, policy makers, NGO's, and the public. Countries such as Azerbaijan have the benefit of learning from the experience of other countries in the region already in the process of de-institutionalization. They have had the opportunity to utilize the expertise of child development, foster care, and child welfare experts in the region and across the globe. However, they continue to experience challenges due to the lack of political will related to both the development of child welfare systems, a continuum of care for children in need to alternative care, as well as support for families that addresses underlying causes of institutionalization. In addition, a typical problem for countries such as Azerbaijan is the challenge of coordination of services and planning across various government ministries, local authorities (LA), and non-governmental organizations (NGO's).

The process of de-institutionalization began in 2006 in Azerbaijan when the President of the Azerbaijan Republic endorsed the *State Program on De-Institutionalization and Alternative Care for 2006-2015* (State Program). The goals of this project were to re-unite children with their biological families and to develop alternative care such as foster care and alternative care services for those who could not be placed with their biological families. The major goals of this State Program were to reduce the number of children in institutional care and the development of sustainable

systems of family and community based care. The child welfare system in Azerbaijan was lacking policies and procedures regarding systems of alternative are and staff were in need of capacity building in terms of assessment of children and families, placement, and case management of children in alternative care. The Ministry of Education is charged with the coordination of the various Ministries and NGO's involved in the Child Welfare System. In an effort to facilitate the implementation, the De-Institutionalization and Child Protection Department was formed within the Ministry of Education. In 2010, Hilfswerk Austria International signed the Grant Agreement with the Government of Azerbaijan to assist in implementation of this project.

The project, *Developing a Model for Cooperation Between LA and NSA in Introducing Foster Care and Family Support Services* (hereafter referred to as "The Project") in Azerbaijan has been an ambitious undertaking; with a goal of establishing three kinds of foster care services such as short-term, long term, and respite care; recruiting 50 foster families; establishing one small group home for 10 children; and setting forth legislative bases such as developing minimum quality standards, a charter and bylaws by the end of this project. The project also includes the development of a training and counseling center for foster and community families and the development of an association of foster carers, who would coach other foster care families in the future.

This report assesses the relevance, efficiency, effectiveness, impact, and sustainability of the project. The evaluation also addresses the health, development, and quality of life of the children in the small group home. The quality of life and development of children in foster homes cannot be assessed at this time due to the inability of the project to implement foster care services during the project. The

evaluation suggests major challenges in the implementation of the project, particularly related to external challenges such as the length of time needed to approve legislation related to standards and payment of foster carers. These challenges created delays in the implementation of the project, particularly the recruitment of foster families and ultimately the ability to implement foster care services. Despite these challenges, the project experienced some significant successes such as the establishment of a small group home, a family training and counseling center, the framework for the delivery of foster care services, and the capacity of staff to carry out these services. The project had significant impact on the lives of families who utilized the services and had impact on communities as more families received child development training and shared this knowledge with others. The lives of the children in the small group home were also positively impacted as they had an opportunity to attend a community school and develop age appropriate social skills and adaptive behavior skills. While the project was small (one training center and one small group home), the impact was significant on individuals, but also in the development of the structures and legal base for these services, which will have an impact beyond the scope of this project. It is this evaluators hope that the lessons learned from this project will be put to use by the Ministry of Education as current services are maintained and additional services are developed. Indeed, the process of de-institutionalization is not a linear process, often those involved experience both setbacks and successes in the path forward.

Project Evaluators

Leticia Villarreal Sosa, principal investigator. Dr. Villarreal Sosa holds a PhD from the School of Social Service Administration at the University of Chicago. She as experience with Program Evaluation, evaluating the One Stop Women's Center; a multi-service community agency offering counseling, English as a Second Language classes, child development programs, and job training, in Arlington Heights, IL and with a community agency providing accompaniment services to immigrant populations in Chicago, IL. She also has extensive experience in both quantitative and qualitative research methods. She employed the Extended Case Method (a blend of case study and ethnographic approaches) for her dissertation research and has had training in advanced quantitative analysis at The University of Chicago and at The University of Michigan, participating in the Inter-University Consortium for Political and Social Research's Summer Program in Quantitative Methods. Dr. Villarreal Sosa also has over 13 years of experience as a social worker, working primarily with children and families in school settings. She also serves as a key expert for the International Foster Care Organization providing consultation services regarding the de-institutionalization and social inclusion of vulnerable or marginalized children. Dr. Villarreal Sosa is on the faculty at Dominican University's Graduate School of Social Work.

Silvia Diaz, research assistant. Ms. Diaz is currently a Master of Social Work student at Dominican University's Graduate School of Social Work. Ms. Diaz also had research experience participating in the program evaluation of Taller de Jose, a community agency offering accompaniment services to Latino immigrants in Chicago.

Ms. Diaz provided invaluable support with the desk research for this project, the analysis, and draft of the final report.

Methodology

This study employed a mixed method approach to data collection and analysis, with a focus on qualitative methods. Because a major focus of this evaluation was process evaluation, i.e. identifying strengths and weaknesses in program processes and recommending needed improvements, qualitative methods are best suited (Rubin & Babbie, 2011). Process evaluations are most appropriate as the first evaluation for projects that are "still in their infancy and have not had enough time to identify and resolve start-up bugs and other problematic processes in implementation (Rubin & Babbie, 2011, p. 336).

The evaluator was able to spend over 90 hours in the field directly observing and participating in various aspects of the project including the family training and support center, child development classes, the small group home, various planning meetings with public relations staff and ministry staff, and staff training. While on site, the evaluator utilized an independent translator.

The data collection included field notes, document analysis, individual interviews, and focus groups. Eleven interviews and eight focus groups were conducted with key informants. Focus groups were conducted with teachers of the children at the group home, group home staff, children in the group home, Ministry of Education social workers in the Child Protection unit, staff at the parent training and support center, participants of the child development trainings, clients receiving psychological counseling for themselves or their children. Individual interviews were conducted with Ministry of Education administrators, the director of the small group home, parent

training center staff, and three members of the project steering committee. Table 1 lists

the informants for the individual interviews and focus group participants.

Table 1: Interviews and Focus Groups

Interview and Focus Group Participant Sample	
Individual Interviews	
Head of divsion of the De-institutionaliztion and Child Protection Department	
Head of De-institutionalization and Child Protection Department.	
Psychologist and Supervisor of Social Workers	
Social Worker and Head of the Small Group Home	
Psychologist, Family Training and Counseling Center Child Therapist	
Psychologist, Family Training and Counseling Center Child Family Therapist	
Parent Trainer	
Director of the Family Training and Counseling Center	
Local Executive Committee Director and member of the Steering Committee	
2 Members of Project Steering Committee	
Focus Groups	
	N
Social Workers at Small Group Home	4
Children at the Group Home	9
Parents receiving services at the family training and counseling center	6
Parents who have completed the Child Development training	6
Parents currently participating in a child development training class.	10

Data Analysis

Focus groups and individual interviews were transcribed and uploaded into *Nvivo*, a qualitative software analysis program. Transcripts were then coded for themes based on the goals of the evaluation. In addition, themes as presented by key informants were also coded using a grounded theory approach. Documents were either uploaded into *Nvivo* or analyzed in hard copy form, annotating themes in the margins. Any quantitative data was analyzed either qualitatively or utilized as descriptive statistics such as number of individuals receiving services at the Family Training and Counseling Center.

Limitations of the study include the very nature of evaluation of a new program. Many of the issues that arose were related to implementation and it was not possible to collect outcome data at this stage of the process. For example, foster care had not yet been implemented by the project completion date. Another limitation involved the need of this evaluator to utilize translation services. This may have caused some concepts or issues to be lost in the translation process. However, all efforts were made to check translations. In addition, extended time in the field provided the opportunity to become intimately familiar with each of the programs and the perspectives of various stakeholders. Thus, maintaining field notes provides another source of data with which to compare the themes in the interview and focus group transcripts. Interviewing various stakeholders from service providers to ministry staff also assisted with triangulating data in order to verify various perspectives and information.

Small Group Home Evaluation

When a child cannot be with their family of origin, alternative placements must be developed. The quality of care children receive in group and foster homes impacts their development significantly (Burchinal, Howes, Kontos, 2002). Research collectively demonstrates characteristics considered to be best practices for group homes. Transitions, demographics of the home, caregiver training, etc., all require careful attention when working with children. This section will consider the extent to which the group home developed in this project is consistent with known best practices.

Review of Best Practices

Group homes are an effective transitional service for children in care, in particular with those children who demonstrate severe behavior problems. The use of a group homes can provide the child or the adolescent with a facilitated move to a biological, adoptive, or foster home which results in less behavioral issues (Page, Perrin, Tessing, Vorndran, & Edmonds, 2007). By slowly easing them to a new home, depending on the needs of the individual, positive adjustment will be more likely. This may be particularly useful for the Azerbaijani context where children initially using foster care services will be children transitioning from an institutional environment.

In addition, each child's individual needs should be considered when making decisions about placement. During the process, children should be informed of each step in order to encourage participation (Kirgan, 1983). Researchers argue that after removal, the family of origin must be involved during and after the process for better developmental and treatment results of the child (Ainsworth, 2005; Barth, 2005; Berrick, Shauffer, & Rodriguez, 2011; Bosnjak, 2009). In addition, various services for the child

and the family of origin should be provided during substitute placement (Anglin, 2002a; Bosnjak, 2009) in order to promote a safe return.

In regards to relationships between children and caregivers, Cameron and Maginn (2007) discuss the vital importance of this relationship to children in alternative care through summarization of John Bowlby's theory on attachment. They explain that not only must the caregiver be capable of understanding his or her inner feelings, but he or she must also recognize those of the child. In doing so, the caregiver must project his or her affection and appreciation to that particular child. Researchers have reported that children who live in stable foster homes are more than likely develop secure attachments (cited in Jones & Morris, 2012). Thus, unlike the experience in orphanages (Groark & McCall, 2011), *group homes should provide children with unchanging caregivers to enhance their experience* (Jones & Morris, 2012). Without the establishment of securely attached relationships, Cameron and Maginn (2008) recognize negative developmental effects. As they summarize from other researchers, caregiver rejection evokes a negative response from the brain, and they describe the response similar to that of a physical injury. Harden (2004) discusses research that has demonstrated the effects parent-child relationships bring upon brain development and explains the vital role of a stable family environment in a child's life. To strengthen resilience, children must be raised in a stable, safe, and nurturing environment. She argues, therefore, foster families and group homes should consist of "a family environment in which caregiving practices provide children with the consistent nurturing care they need to thrive" (p. 32).

Burchinal, Howes, and Kontos (2002) discuss the importance of the quality of care and a child's development. In particular, research stresses the importance of

providing a stimulating environment where the child can enhance their learning (Harden, 2004). Unlike orphanages, which tend to provide an institutional feeling (Groark, McCall, & Fish, 2011), group or foster care homes should offer a homelike normality style for children for the enhancement of development (Burchinal, Howes, & Kontos, 2002; Cameron & Maginn, 2008). *Harden (2004) notes that in order to provide such a home, the foster parents or group home must have access to sufficient funds because of the association between high economic resources and quality of care.* Burchinal and her colleagues (2002) also found in their study that more infants in a home resulted in lower quality of child care. Because of the large amount of time caregivers use to focus on infants, they tend to disregard older children. Therefore, the number of children and ages in a group home should be carefully considered.

Although Bosnjak (2009) states a home should consist of no more than 10 children, some researchers have found that a caregiver's education and training better predicts the quality of childcare regardless of the number of children in a home (Buchinal, Howes, & Kontos, 2002). The training caregivers receive is considered vital to the wellbeing of children placed in substitute families. Research has provided evidence of the association between caregiver training and the ability to develop stable, securely attached relationships amongst children and caregivers (Ainsworth, 2005; Berrick, Shauffer, & Rodriguez, 2011; Burchinal, Howes, & Kontos, 2002; Cameron & Maginn, 2008; Ghera, Marshall, Fox, Zeanah, Nelson, Smyke, & Guthrie, 2009). Ghera and her colleagues (2008), who demonstrated positive social changes amongst the children in foster care, trained their foster parents on children's needs as well as proper responses to behavior issues. They were taught to acknowledge children's' needs, give affection, set

rules, and use praise in childrearing. Johnson (1998) and other researchers (Cameron & Maginn, 2008) summarize between 20 to 25 years of research that demonstrates authoritative parenting styles provide the best social, emotional, and psychological developmental results.

Berrick, Shauffer, and Rodriguez (2011) found in their study that the following characteristics are needed in order to provide high-quality alternative care: nurturing, love, acceptance, and becoming an advocate for the child. Also, they state that caregivers must value the role of each person involved in the work with the child as well acknowledge appropriate instances which require help seeking. Cameron and Maginn (2008) also argue foster parents and caregivers must be trained to help children deal with trauma and use the Pillars of Parenting approach for child rearing which focus on the following; primary care & protection, secure attachment, positive self-perception, emotional competence, self-management skills, resilience, and sense of belonging. Finally, assessment of children should be ongoing and multi-disciplinary in approach (Mulheir and colleagues, 2007).

The Small Group Home in Azerbaijan

A small group home was established in Shuvalan of the Khazar rayon. In the small group home, a maximum of 10 children will live together in a family like environment, which includes their own room and individually focused care. The estimated cost of this service is 3000 AZ per hear compared to an average of 5325 AZ per year per child in a residential type of institution. The small group home is housed in a two-story building constructed by the Ministry of Education and all equipment and furniture was provided by Hilfswerk Austria International. Ten children were assessed

and selected from orphanages and boarding schools and placed at the small group home. The staff consists of four social workers, one nanny, and a director of the center.

Children's Assessment. Children initially received a psychosocial assessment, which included psychological, medical, social and other fields by different experts. The assessments are conducted every three months, but the focus group participants suggested that the time frame should be expanded to four to six months in order to appropriately measure changes within the children. In addition, the assessments are utilized as the basis for the development of an individual service plan. It was mentioned that the children are currently undergoing a second assessment in a non-formal manner. The caregivers ask children questions in their daily conversations during activities such cooking or cleaning. Children as asked to elaborate on their personal history, school, problems, concerns, and such in order to gain a better picture of the changes their lives have undergone in their new living conditions. One area in need of improvement regarding the assessments are the use of standardized instruments to assess any potential behavioral, psychological, or emotional difficulties as well as acquire a baseline for adaptive behavior. Turkish trainers concurred that children needed to be assessed using widely accepted standardized instruments that can help to discern the need for additional psychological or psychiatric assessment. Turkish trainers emphasized several instruments utilized in Turkey due to the adaptability of those instruments to a similar culture.

There is one note of caution this evaluator would like to mention. The assessment also includes a psychiatric component. It would be wise to delay any formal diagnosis for children coming from institutions as the literature suggests it is very difficult to tease

out the effect of the institution versus a problem residing in the child (Mulheir and colleages, 2007).

In the process of transition to the group homes, it appears that there was little preparation of the children. In moving to an approach that considers children as "rights-bearers," it is critical to involve children in the decision making process that affects them and to adequately prepare them for the transition. This was not a factor controlled by group home staff, rather a process controlled by Ministry of Education. This transition and planning process should include not only discussions with the children about the move, but also information sharing of the assessment so that team members receiving the child are familiar with the child to the extent possible (Mulheir and colleagues, 2007).

Child Characteristics. Children in these foster homes share different experiences and backgrounds. The children are mostly female, with one young boy, a sibling of one of the girls placed at the SGH. The children range in age from 4 years old to 15 years old. Focus group participants explained that only two children amongst the group had attended school in the community in the past. The other children only had boarding school experience. Some had previously experienced family living styles while others lived the majority of the lifetime in institutional settings. After some research, it was discovered that some children have siblings, mentally ill parents, or suffered from violent crimes in the streets. Few of them have kept in contact with their biological families and others refuse to speak with their parents. However, most had a living parent who was unable or unwilling to care for them. Most of the children had academic delays and experienced minor to moderate emotional or behavioral difficulties.

Table 2: Child Characteristics

Child	Gender	Age	Summary
A.N.	Female	14	A.N. is placed in care due to economic conditions. Her mother is a single parent as a result of divorce.
J. A.	Female	15	J.A. is also placed in care due to economic conditions. Her mother is a single parent as a result of divorce and she has not contact with her father. She has lived in an institution for 7 years. Has a cognitive disability.
K.A.	Female	13	She has been in alternative care since the age of 3 to 4. Her mother was arrested. She has an older brother as well. The SGH has not been successful in contacting the mother or brother.
L. K.	Female	13	L.K.'s family lives in Russia, where she was initially placed in institutional care. However, Azerbaijani children were transferred back to Azerbaijan and her parents were not informed. Her mother is mentally ill and also institutionalized.
M. A.	Female	10	It is believed that M.A.'s mother is no longer living and there is no contact information for her father. She has a brother in institutional care as well.
N. I.	Female	11	Her mother is deceased and her mother immigrated to Russia. A step sister attempted to gain guardianship after her mother's death, but this was denied. She has been in an institution for approximately 3 years.
N. Y.	Female	13	N. Y's mother is ill and cannot care for her. She has a brother, whom she wants to see. N. Y. has a learning disability.
R. A.	Male	4	R.A. does not have either parent. It is believed that his mother is deceased. He has a sister who was also placed at the SGH.
V. S.	Female	9	V.S. was abandoned by her mother. She experienced physical abuse at the hands of her aunt. She ran away from home several times as a result of the physical abuse and was taken to a shelter by police and later placed at the boarding school.

Community Acceptance. Participants acknowledged the importance of

acceptance within the community and current professionals working in institutions in

order to obtain the necessary support, and they noted that thus far, the community has responded positively. Neighbors have expressed their gratitude towards the project and understand the importance of foster care. In particular, when community members receive explanations on the differences between institutions and small group homes, the individuals prefer the group homes. Neighbors and the school coordination board are impressed with the work being done in the home even with institution directors and employees opposing such changes. In fact, one community stakeholder is directly involved with one of the children at the group home. A local beauty shop owner is providing job training to one of the girls so that she may pursue a career in a beauty salon. This experience has not only provided the child with job training skills, but additional socialization skills and adaptive behavior skills. She is learning a trade and learning how to function in the community.

Implementation. The implementation process has included assessments, reports, research on the children's lives, and changes within the process itself and has yielded beneficial experiences and knowledge for the social workers. First, the Ministry of Education assessed the children in five disciplines by different experts including the medical, psychological, and social fields in order to select the children for the group home. Those with zero contact with biological family members were given priority over the rest. After the assessments, case plans were created for each child which included necessary services, psychological treatment, therapy, and current academic knowledge in order to place each child in the appropriate grade level in their new school.

The assessments shall continue to be conducted every three months. However, the participants suggested that the time frame should be expanded to four to six months in

order to appropriately measure changes within the children. It was mentioned that the children are currently undergoing a second assessment in a non-formal manner. The caregivers ask children questions in their daily conversations during activities such cooking or cleaning. Children as asked to elaborate on their personal history, school, problems, concerns, and such in order to gain a better picture of the changes their lives have undergone in their new living conditions.

In addition, throughout this process, the social workers have begun research on the family history of the children although the Ministry of Education considers it a hopeless cause. Voluntarily, they are attempting to find biological parents and their siblings. Also, through their efforts they clarify the reasoning behind the abandonment of the child as well as explore the possibility of returning the children to their homes by providing the necessary resources for the family. The director noted that children liked to know where they came from and their family history. Researching through legal documents and the institution's paperwork to find parents' names also provides assurance as to whether or not an adoption process can be initiated.

With dedication, the professionals working on the project have come across obstacles, which often required them to stay overnight brainstorming solutions, which often times challenged or changed their procedures. More specifically, forms began to be implemented in order to properly report back to Hilfswerk and the Ministry of Education after both organizations asked for an improved report format. Social workers were advised to use certain example forms suggested by the organizations in order to collect the necessary information. Such forms helped to account for psychological treatments and services received amongst a few examples, and it standardized their reporting style.

Training. In regards to the training given caregivers thus far, the participants expressed their appreciation and satisfaction. They recognized the helpfulness of the training geared towards planning, time management, deadlines, etc. However, they acknowledged the need for a training geared towards the work done by the social workers with the foster parents. They noticed the social workers need more preparation on helping future foster parents establish relationships with the children and helping them adapt to a new family environment. In addition, they mentioned a need for continuous training on child development because of the different issues experienced by the children in regards to motivation, for instance, that will encourage children to work towards success. In order to duplicate the project for their personal benefit and other children's wellbeing in institutions, success for these foster home children is crucial.

Moreover, participants expressed the need for training or informational meetings for biological parents, foster parents, and teachers working with foster children or children in the small group homes. Parents considering the option to institutionalize their children need to be given information and facts about the negative effects of making that choice. It is believed that parents assume their child may benefit from institutionalization because they are fed and clothed. However, biological parents are unaware of the psychological damage caused by such an environment. Similarly, giving the foster parents relevant information on the benefits of allowing biological parents to continue to be a part of the children's life will encourage foster parents to fully participate in such activities. Furthermore, teachers who will have foster children or children living in alternative care as their students must be educated on stigmas and the importance of not differentiated them from the rest of the students. More specifically, the participants

described situations in which the teachers gave students money, expressed sympathy, and pointed them out in class as orphans. In such given situations, teachers need to be trained on the importance of treating these children as they do all students and the psychological benefits it can render. In addition, the focus group with the teachers revealed that teachers had concerns about behavioral and relationship issues with the children. They had little understanding of how to build relationships with children who had been institutionalized or how to manage odd behaviors in the classroom. As more children leave institutions and are placed in community schools, more attention and collaboration is needed with the schools and the teachers in order to ensure a successful transition for these children.

Outcomes. Participants have recognized positive outcomes throughout the process of deinstitutionalization in relation to the professionals' capacities in working with the children. The importance of the experience and knowledge gained from the course of the project was noted. More specifically, through the exchange of knowledge with other experienced professionals, those working towards deinstitutionalization in Azerbaijan learned to set goals and plan well in order to standardize the process itself.

Children have enhanced many basic life skills through the implementation of foster care. Participants, including ministry social work supervisors, small group home social workers, and director, recognized the improvement of hygienic and daily living skills amongst the children. Comparing their abilities initially to the those after transitioning to the group home, children learned to fulfill necessary daily tasks such as washing their hands, using the bathroom properly, preparing and cooking food, proper showering, proper teeth washing techniques, and maintaining clean clothes. Social skills

have also enhanced amongst them as the caregivers have noticed their increase in socialization and display of extroverted characteristics. Much of this improvement was recognized through their artwork, daily behavior, and school experience.

Also, because of their enclosed living arrangements at the institution, many children struggled initially with the new environment. Originally, many fought for food, stole from the refrigerator, snuck some food in their pockets, and over-ate in fear of loosing accessibility to food the next day. It took time for the children to adjust to the new living style by understanding that the food's availability would never change. In addition, many were surprised at certain natural phenomenon, which they were not exposed to during their time in the institution. Liquids freezing, birds chirping, and the awareness of the existence of pumpkins, amongst a few examples, surprised the children and provided new knowledge for them.

Before beginning a new life with in the foster home, due to their previous enclosed living conditions, the children feared public transportation, lacked an understanding of the concept of money, and held poor time management skills. Now, professionals have noticed their change in attitude towards many fears through the increase of knowledge. More specifically, children have been encouraged to explore escalators, buses, and the metro. They were also given money to promote a sense of planning their spending in order to gain a better perception of the concept. It is critical that the children in a group home setting continue to have these experiences as the SGH transfers to the Ministry of Education. The children should continue to have pocket money, access to food, participate in cooking, use public transit etc. This is a key

characteristic distinguishing a small group home intended to be a family environment compared to institutional care.

In addition, because the children's schooling took place within the institution, they never learned to choose socially acceptable outfits. More specifically, the children could not distinguish between the type of clothing necessary in public and that of which is accepted within the home. However, participants have noted the children have obtained the skill during their process of adaptation to the foster home. In addition, they have begun to participate in daily maintenance activities within their home such as cleaning the rooms, washing dishes, and helping to cook.

Positive outcomes can also be noted in terms of the caregiver-child relationships. In the beginning, the director mentioned, children refused to engage in conversations with the caregivers and lied to social works or experts in an attempt to appear as if the caregivers abused and neglected them. Children had established individualistic identities, which prevented them from trusting anyone. Furthermore, this caused arguments amongst the children because each wanted to become the leader rather than create friendships. However, after encouraging the caregivers to avoid giving judgments or negative feedback in response to the stories shared by the children, trusting relationships began to establish. Children seem to open up more to their caregivers as they now look back at their initial relationship and laugh. More specifically, the children are not locked in the home and own a set of keys to the house. Thus far, none have attempted to run away which indicates that the children enjoy their new living arrangements. In fact, children have expressed a desire for replication of foster homes and elimination of institutions in order to give their friends the opportunity to experience family life as well.

Obstacles. Along with training needs for foster parents, biological parents, and teachers as well as better integration of standard forms for reporting purposes, other obstacles have been acknowledged throughout the project process. More interested foster families are needed in order secure their participation in the deinstitutionalization process, and to encourage other's to become a part of the project; more financial and emotional support must be offered to these families in order to eliminate fears of inadequate financial availability. In addition, biological families should not be neglected in an effort to prevent the abandonment of their children and to include them in the lives of those that have already been separated from their families. By educating both foster and biological families, both can work together to provide the children with the best living conditions given the circumstances. Thus, research of each child's family history must be incorporate as a standard procedure in the project in order to communicate with biological families as well as give the children a sense of identity and provide them the opportunity of returning to their families under the right circumstances.

More social workers are needed in order to help eliminate some of the obstacles and proper support must be offered to these professionals. Currently, individuals working with children and deciding on whether or not they will remain with biological parents may not have the social work background necessary to understand the importance of continuous visitations with these families. Thus, in order to promote the increase in the number of social workers to participate in deinstitutionalization, transportation and communication needs should be provided for social workers who must visit families on a constant bases. Participants also noted the large caseload the social workers work with and acknowledge the need to decrease the number in order to provide efficient services.

Other changes were suggested for the future expansion of the project in order to ease the deinstitutionalization process and remove current barriers. In terms of the organization of the project and the infrastructure, participants noted specific desirable changes. Because of their lack of experience initially, the project struggled due to poor planning. For the future, agendas and implementation methods should be well thought out in order to ease the process with the help of current experienced professionals and a larger team of social workers. Training for these professionals should also incorporate proper methods for the usage of the ministry in order to fully benefit from their services. Several participants suggested the idea that a physically smaller group home would require less maintenance and allow them to build a closer relationship with each other. In addition, a group home should look very similar to any other home in the neighborhood. Furthermore, more men are needed in the group homes in order to provide the boys in home with a role model. In addition, the group home should be located in an area near necessary resources for the children including school in order to ease their participation within the communities.

To expand current efforts towards deinstitutionalization, duplication of the project with the recommended changes must occur, but other problems must be tackled in order to avoid entry to institutions by new children. More specifically, the issue of poverty was brought up and participants recognized its contribution to the institutionalization of many children. Poverty should be addressed, and in particular, single mothers would benefit from support in terms of affordable day care. This would allow many women to work and provide for their children instead of leaving them in the care of institutions.

Sustainability

Participants discussed key factors required in small group homes that contribute to the sustainability of the project and ensure desirable outcomes. In particular, caregivers' new attitude towards the children in comparison to that of institutional care was discussed. For instance, the social workers noted the importance of using a personal approach in regards to the care of the children. Providing the children with family-like living styles in which schedule flexibility is allowed rather than keeping them on strict timed agendas similar to that of institutions' provides children with an environment in which socializing becomes easier according to the participant. In addition, the sincerity and genuine concern for the children can facilitate the relationship building process between the caregivers and the children, which will also help to build a trusting family structure within the home. In turn, children will comprehend that scolding from the caregivers does not indicate or imply rejection towards them.

In order to maintain and continue with the process of deinstitutionalization society must agree and support the efforts. Thus, training and educating society on the validity and importance of the project will help to render such support. Explaining the benefits and the financial needs through promotional campaigns will help to enhance the current support given to small group homes by the neighbors. Families can be encouraged and the essence of the project can be explained through these campaigns. In turn, duplication of the project can supersede initial implementation efforts. In addition, work must incorporate the strengths of the different organizations working on the process. More specifically, the participants spoke about the services offered by both Hilfswerk and the Ministry of Education. They benefited from the ministry's financial aid and Hilfswerk's

management help, and they recognized that one without the other would not have yielded such successful outcomes thus far.

Related to transition to the small group home, assessments were conducted with the initial children before their placement in the small group home. The Ministry of Education was seeking children they believed did not have any family and were in need of long-term care. Near the end of the project, two new children were placed in the group home with very little assessment information or information given to staff at the small group home. It is vital as the service continue, that more emphasis is placed on the importance of continuing to assess children prior to placement in order to best address their needs as they transition, but also to better prepare children for the transition from institutional care to group home living. Children should be told in advance that they will be placed in the small group home and their concerns and questions should be addressed. This transition process should be reflected in the operating procedures as this service develops.

As mentioned in the previous section, research regarding the use of group homes suggests that group homes will only be successful if they are not just child-focused, but family centered as well.[1] Consistent with best practices regarding the creation of both a family centered and child centered environment, the caseworkers/social workers at the group home have done extensive work with locating the families and addressing the girls' issues and concerns regarding contact with family of origin. For example, the caseworkers were able to locate one girls' family. While she does not want contact her

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[1] Ainsworth, 2005

mother, she has re-established contact with her adult siblings. This type of extensive follow up would not have been likely to occur in an institutional setting.

The continued practices consistent with a child and family centered environment presents a challenge for small group home staff due to misperceptions of the Ministry of Education about the role of the biological family. The staff interviews as well as various stakeholder interviews reflected a lack of support for consistent contact with biological families and the belief that only children with no biological family should be placed in a small group home. This belief is contrary to best practice regarding use of small group homes.

In the case of Azerbaijan, foster care services are not yet established and support services to biological families in cases of child protection are still evolving. Therefore, group homes at this time are not a transitional service either to foster care or before placement with biological families, rather an alternative to the institution. However, as foster care and support services for biological families are developed, it is critical to think about the place of group home care within a continuum of services. Group home services can be an effective transitional service for children moving from institutional care to foster care or who will return to their biological families.

Developmental Gains

The children in the small group home have shown gains in all areas of development: social, academic, and behavioral. In particular, there have been noticeable changes in age appropriate adaptive behavior skills. The children have learned adaptive behavior skills such as self-care and independent living skills. When the girls entered the home, they did not have age appropriate adaptive behavior skills such as taking care of

their hygiene, cleaning their personal space such as their rooms, appropriate social skills with peers or adults, and age appropriate independent living skills such as taking the bus and preparing food. In the group home settings, the children have learned to take care of their hygiene, participate in food preparation at age appropriate levels, and have learned responsibility for cleaning their own rooms.

The group home has been instrumental in the process of social inclusion and development of adaptive behavior skills necessary for functioning in the community. The children have been included in the community school. While their initial transition was difficult and they continue to need additional support in this area, they have made gains in social and academic skills. The children are also involved in after school activities, providing them an additional opportunity for social and cognitive development. On girl is able to participate in a training opportunity offered in the community in a beauty salon. Not only is she gaining vocational skills, but she is also learning additional social skills and independent living skills. She has become comfortable interacting with customers; and is learning to price various services as well as taking the bus from the group home to the center (although this has not been continued due to Ministry policy). Most importantly, this gives her a sense of belonging to the wider community.

Regarding social/emotional development, the girls have improved behaviorally and are beginning to form healthy relationships to the social workers, caregivers, teachers and school. In addition, relationships with each other, formerly based on survival and competition in the institutional setting, are now based on the development of friendship with each other and learning to be a part of a home and community. The girls are engaged in regular therapy with support from the family center staff, which has also

provided support with behavioral and emotional issues resulting from their backgrounds of trauma (both from their family history and institutional care).

Family Training and Counseling Center

The project succeeded in opening and operating a Family Training and Counseling Center (FTCC) in the Mardakan district of the Khazar rayon. According to project statistics, over 300 individuals approached the center and 65 clients received child therapy and 45 received family therapy. The staff at the FTCC includes two psychologists, one director-trainer, an additional parent trainer and a part time accountant. The FTCC has had a significant impact in three areas: addressing the need for child development training for parents in order to build parenting capacity, the provision of support for women and children, and as a community based support center for the children in the group home. The family center provides psychological services and child development training for the local community.

Psychological Services

Six clients who were receiving psychological services were interviewed. Each client offered their own testimonial related to the benefits of the psychological support for themselves or their children. Several parents described the changes in their own children and were committed to continue services because of those evident changes in their children. For the women who used the psychological services, they expressed the importance of this support and the use of the family center as an extension of their social support network. One woman commented, "I tell the psychologist things I don't tell my own mother."

In interviewing the women who were coming for psychological services, they discussed the continued difficulties with access to those services due to the distance or the stigma related to the use of psychological services. Thus, these women shared the

skills and information they were learning with their family members or friends who could

or would not come for services. The clients all stated that this center should be replicated,

described the impact of the services on their own personal lives as well as the secondary

impact they had on others as a result of the skills they were learning and the support they

were receiving. The women also mentioned the importance of free psychological

services and the lack of access if there was a charge for these services.

Staff interviews described clients coming for psychological support for issues

related to drug or alcohol abuse and/or domestic violence. Clients and staff reported

learning about the FTCC through word of mouth from neighbors, friends, or family as

well as publicity events. Therapists reported conducting assessments, treatment planning,

contracting, and providing a psychiatric diagnosis.

One of the challenges the staff faced at the FTCC was the need to create systems

and documentation. This has been a major outcome and success of each aspect of the

project. Because these services are new, there was a need to create entire structures,

systems, and documentation. The staff at the FTCC created intake forms, treatment

planning forms, and forms for reports.

Another service provided by the therapists at the FTCC was the counseling for the

children at the small group home. The staff at the FTCC became much like a second

family for the children. The therapists at the FTCC conducted assessments, treatment

planning and psychological support to the children. The therapists stated that one of the

major challenges for the children was the need to develop social skills. Living in an

institution did not provide children with the opportunity to learn age appropriate

socialization skills. Thus, group living with other children in a home like environment

was a challenge for the children. The second challenge the children faced was difficulty understanding the culture of school in a community school. Children did not have awareness of their interests, strengths, or challenges related to academics and did not have study skills.

The therapists are not yet trained in evidence-based practices and did not have specific ways of measuring outcomes in therapy. When asked about measuring outcomes, the therapists stated that the parents they were servicing keep coming back and report positive changes. The qualitative data supports this statement. Participants in the focus groups did report benefits as a result of the therapy services. However, the program would be greatly strengthened by exploring data collection techniques and incorporating the evidence based process to clinical treatment.

Despite the challenges, the FTCC provides valuable support to families with a potential significant impact on institutionalization of children. One family that received services at the FTCC was a young, single parent. In this case, engaging the young mother's parents was essential in providing information and support to this family needed to make the decision to keep the baby at home. Before receiving services at the center both the young mother and the grandmother wanted to place the child in an institution.

Child Development Training

The women who attended or were attending the child development training discussed the need to learn more about child development and their desire to be better equipped as parents. One woman commented, "I want to learn more, and compare my experiences as a parent to what I will learn in the training." The women in the training groups also discussed their sharing of what they were learning with other women in their

social networks who could attend the family training sessions. The women stated that many of their friends who could not attend due to issues such as scheduling conflicts, were eager to learn and hear about what they were learning during the sessions. Some of the participants were staff members at the school where the information was provided and they felt that not only would they learn skills to enhance their work, but they also wanted to know if they "were doing the right thing" with their own children.

One critical outcome parents discussed was the decrease in use of corporal punishment with their children as a result of the workshops.

I changed my behavior with my kids. I became more kind and the kids are feeling happier. Now, I punish them, but punishment has diminished, especially corporal punishment.

Participants also felt a greater sense of confidence in themselves as mothers, and considering the child's developmental stage in everyday interactions with their children. Parents noted changes in their relationships with their children. One mother stated:

There was a difference before and after the parent training classes. My behavior toward my children was different. The relationship has changed a lot because I learned a lot and I am also caregiver in the daycare institution, so it was very beneficial for me to attend these classes, training,

Another parent stated:

I'm not so nervous. I learned how to listen to my kids. Before, if they came to me with a problem, I would tell them to go and solve their own problem. Now, I listen to them more and I am becoming more patient and wise.

The comment above was a common theme and similar statements were reported by the majority of parents. For those individuals also working as teachers in institutions, they noted a change in their approach to the children: "I experienced big changes in my daily life. I work at the kindergarten and I changed my approach to each child, an individual approach and to my own kids. I changed my behavior to a better way." Parents were very satisfied with the trainings and developed a sense of community and support. One parent stated the following about what she had learned, her confidence, and her desire to continue to meet:

> When I first heard about the parent training, I thought it was an ordinary meeting, but then I heard the purpose of the meeting, I was very glad that I had this opportunity and others felt that way too. Parents who couldn't attend were very sorry. In my life, I wasn't confident in my relationship with my kids. I was not confident I was doing the right thing and others criticized me and I felt less confident. After coming here, I became more confident that I was doing the right things and that my kids will be okay in the future. Now we [referring to the whole group of participants] are feeling sorry because we look forward to the trainings every Friday waiting for every Friday to come. Now it's coming to an end and we want it to continue.

Using Schools for Outreach and Provision of Services

A successful strategy employed by PTCC staff was providing outreach and child development training through the schools. The staff at the PTCC utilized the schools in order to promote the child development courses. Both parent focus groups indicated learning about the PTCC and the Parent Training courses at their child's school.

The parent group that was currently being run was at capacity and was held at a local school. A common theme among the parents was the importance of the use of the school for provision of services. Parents made comments such as "the school is the base for communities," "both problems and solutions start in the schools." The parents felt that second to the family, school were a very important social institution in their communities. Parents recommended that schools look at the number of psychologists or social workers they have in the schools and that those numbers reflect the size of the school in order to provide more services to families and children. They also believed that by offering session in the schools and using the schools for outreach, that this made the services more accessible and were provided in a space that is already familiar to them. When asked about sustainability of the family training and counseling center, participants in the focus group stated that offering counseling in the schools would be another way to enhance the sustainability.

Parents receiving psychological services also stated the importance of psychological services in the schools. One parents stated that the children and families need services, but that psychologists also need to work with teachers.

I think it's very important, there is a necessity for child psychologist in schools, so they need to be more active like make some advanced meetings with parents and especially with teachers because, especially here not, maybe not in the city, these teachers they make difference between these children. Different relations, and children start feeling bad, start, they start experiencing fears, they have fears or different problems such as psychological character, and she says it's better to also,

for these teachers to have some training so that maybe they need to like establish

some friendship relations with kids

Service Provision and Usage

At the time of the focus groups, two parent training groups had been completed

and one was in progress. The family therapist reported conducting an average of 11

sessions per week.

Sustainability

A common theme regarding sustainability among the focus group participants was

the support for replication of these centers in other locations and to provide services in

the schools. A continued barrier to sustainability of the centers is the cultural attitude

toward psychological services. Most of the participants in the focus groups stated that

they felt that use of psychological services is stigmatized.

Society has the wrong understanding, a wrong perception of going to a

psychologist and getting psychological help. They say, 'Oh your kid is ill, is sick,

is crazy because he goes to a psychologist.

A second issue that was raised in the parent focus groups was the difficulty in

reaching men. This theme was repeated in the interviews with staff at the FTCC. The

family therapist reported that only two men had come in to use the services. The family

therapist reported that these two men were from Baku and had more "open" ideas about

the use of psychological services. The women in the focus groups talked about neighbors

or relatives they have who are married to men they view as very oppressive who do not

allow them to go out, sometimes not even allowing them to take the children to school

and pick them up. They stated that these women often then take out their frustrations on

the children. Thus, there is a need to reach the men so that they are educated about child development and allow their wives to participate in these trainings. This is a similar pattern related to psychological services. Only mothers are coming in for "family therapy." It will be a continual challenge to engage men so that "family therapy" includes everyone. In addition, therapists reported women coming in secretly not being able to share with their husbands that they were receiving psychological support.

Finally, the third theme that came up in staff and parent interviews was the need for government support. Staff discussed the need to collaborate with local authorities and to have their support in order to recruit and train families locally. The other type of support is related to Ministry of Education's financial support. They would need continued funding and technical support to continue to develop and provide quality services. At the time of the interviews for this evaluation, the plan was to convert the FTCC into a local NGO. The Ministry of Education stated they planned to contract with the FTCC once it had NGO status for services.

Successes

The FTCC has been "successful" despite limited resources as the introduction of a new concept in a community. As the director of the FTCC stated,

> It was really hard, it took time, efforts, money and the budget was really small
> compared to the efforts and the time we spent to open such a center, to find a
> place to make contract, to make a rent, to organize such rooms for therapy, to
> recruit the staff, all the things, to and, she said that at first time it was really hard
> to establish relationships with the community, with local community but as soon

as they go to, got the reputation, made the presentations, they felt that it's all over,

that they've passed these obstacles.

This sentiment was definitely echoed by the families receiving services. The family

center was viewed as a much needed support for families and parents were willing to

utilize the services despite initial reservations about the FTCC or about psychological

services. The center has a very comfortable, homelike, and welcoming atmosphere. The

therapy rooms are well suited for developmentally appropriate therapy with children. It

is possible, that the use of a home, that blends in to the community may help in

eliminating some of the hesitation of using such a center. The director stated that they

were in fact, able to overcome negative perceptions and develop a sense of teamwork

with the local community.

> The main success was the real good teamwork we've done here as it was really
>
> hard to start working with this community, local community, to change their
>
> attitude, their perception of this psychologist and all the stuff, real need of
>
> therapies for children, talking with problematic kids, and at first time trainings
>
> they were provided to parents, the group was really, really small, but we didn't,
>
> lose hope. We went to other places to make more presentations and like to this,
>
> there is another group, more attention more positive feedback. Parents are
>
> satisfied with families, with trainings, they see that there are positive changes in
>
> their families, they start recommending this center, this training to other relatives,
>
> parents, neighbors, their friends so they managed to overcome this community
>
> gap, and it's really hard to work with people, with these problematic families, but

as they're working as a group team with hope, it helps to overcome all these difficulties.

Foster Care Services

Although the implementation of foster care services was not possible, the project did manage some significant successes. Hilfswerk staff in cooperation with the Ministry of Education established the mechanisms for the provision of foster care services. Legal documents and regulations for foster care were developed by the project. Step by step mechanisms for assessment, selection, placement, and monitoring of foster carers were developed in conjunction with experts from the International Foster Care Organization (IFCO). Key international experts provided the capacity building to Family Center staff who would then be training prospective foster carers. The experts also assisted in the development of policies and procedures for the recruitment, training, placement, and ongoing support of foster families. In addition, a media campaign was developed for the recruitment of foster families. However, the media campaign was not launched due to a lack of progress on approval of policy related to payment of foster carers.

In addition, recruitment of foster families was started. The project staff began with outreach to parents on a waiting list to adopt children. There were 24 parents on this list, and from these parents, 10 expressed an interest in being foster families. Of these 10, two had completed initial paperwork and 8 were in the process of completing initial paperwork. In addition, four families from community meetings expressed interest. Other targets for recruitment include staff working in institutions and a massive public appeal campaign. The public appeal campaign was developed, but not launched due to delays in the structure of payment for foster carers. However, given the limited

recruitment, the number of interested families is significant given the small numbers that are typical in other countries beginning foster care services. However, formal assessment had not begun until legislation was completed. The social workers were concerned that the assessments would not be legally recognized without the full approval of the legislation. The barriers and challenges related to the implementation of foster care services will be discussed in the following section.

Assessment of Children

The assessment process did begin with the children currently in institutions and their families. The social workers met with the families, informed them about the assessment process, assessed the children, then met with families in their own homes for completion of assessments. Hilfswerk with the De-institutionalization and Child Protection Department (DCPD), it was decided to travel to rayons in order to assess families face to face. Hilfswerk hired two drivers and two teams of social workers and psychologists were created. In addition, a social work expert was hired by Hilfswerk in order to develop assessment forms and assist with service plans and assessments. Approximately 29 families were assessed and 13 of those lived outside of the Baku metropolitan area.

The assessment is a thorough psychosocial assessment and the social workers approach the assessments in a manner consistent with best practices (work with children and families, view of assessment as continual process, link families with other services, etc.). An area that could be improved however, are the assessment tools utilized with the children. Turkish trainers mentioned that staff possess basic knowledge and experience, but were implementing assessment measures not recognized in the scientific literature

such as the "non-existent animal" test. There is no evidence base for these type of tests and instead, best practices recommend the use developmentally appropriate assessment tools such as the Denver Scale, Portage Scale, the Adaptive Behavior Scale (Mulheir and colleagues, 2007). Turkish trainers recommended the use of these instruments mentioned above in addition to others such as the Autism Behavior Checklist, The Aberrant Behavior Checklist, and the Child Behavior Checklist among several others. The report provided by the Turkish trainers provide a list of recommended developmental and adaptive behavior scales that could be utilized for the assessment of children in alternative care.

Challenges and Strengths

The progress towards decreasing the number of children in institutional care has been slow in Azerbaijan, particularly in the area of the development of support services for children returning to community care from institutions and to prevent new placements in institutions (Eurochild, 2011; Huseynli & Villarreal Sosa, n.d.; UNICEF, 2012). This section will present first some of the strengths of the cultural and political context and then the challenges that need to be addressed in order to support continued progress in the deinstitutionalization process.

Azerbaijan has many cultural and political strengths that could be leveraged to increase the likelihood of success in the development of community based alternative services. Azerbaijan has been supportive of addressing child's rights since its independence in the 1990's by actions such as the signing and ratifying of the United Nations Convention on the Rights of the Child (UNCRC) and the incorporation of these rights into national law in 1998 (Huseynli & Villarreal Sosa, n.d.).

A second strength is the establishment of the De-institutionalization Project Implementation Unit (DPIU) within the Ministry of Education. Having such a unit can facilitate the process of accurately collecting data on the numbers of children in institutions as well as provide coordination of what otherwise would be a fragmentation of services offered by a variety of state Ministries.

Despite the established of the DPIU, their authority to oversee the institutionalization of children as well as a child protection system overall is limited. The child protection system involves approximately 10 ministries as well as the commissions on minors within the local executive committees, which rely heavily on volunteers.

A major challenge preventing the progress in the development of foster care services was related to the lack of financial commitment to foster carers. Other countries that have managed to increase the number of children in foster care such as Georgia, provided financial incentives such as release from income tax and reunification packages that included health insurance and a small monthly stipend to families (O'Brien and Chanturidze, 2009).

In addition, despite state support of child's rights, public awareness of these rights and of child development is needed. As mentioned earlier in the section on the family center, parents desire this information and have identified the need to learn more about child development in order to improve their parenting.

However, the media campaign was suspended due to the delay in approval for funding of foster care services in order to pay foster caregivers. All focus groups with parents, social workers, and project or ministry staff mentioned the challenges faced in

recruiting foster families and creating awareness due to the delay in the signing of the decree and later the delay in approving the payment for foster parents.

When asking the parent focus groups about foster care, almost all were unaware of foster care and were unsure of what it is. The primary concern for parents regarding foster care was the low pay for parents taking a foster child. They all felt that 125 Manats was too low and they were concerned that this would not be enough for the expenses of a child. There were two other concerns parents in focus groups mentioned. They mentioned the concerns about the relationship with the social work and were concerned that the home visits would feel intrusive into their family as the social worker looked for evidence of abuse or how the foster care allowance was being spent. This underscores the importance emphasizing the collaborative and supportive nature of the social worker/foster parent relationship from the media outreach and awareness, beginning training and orientation of foster parents, as well as the continued team approach to working with foster parents. Parents were also concerned about the amount of bureaucracy and the time it would take to have a child placed in their home.

Given these concerns parents expressed, the issues raised by social workers about potential barriers to sustainability reflect those concerns. The social workers discussed the need for more public relations campaigning so that the local population can better understand foster care and the continuum of care. In addition, the social workers mentioned that the lack of social workers is also an issue that needs to be addressed that could potentially affect the sustainability of the project. The social workers also mentioned the need for attention to the changing context of foster care as the service develops and children are deinstitutionalized. For example, initially it is expected that

the first children placed in foster care will be selected from an institution. Eventually, the

social workers will be increasingly working with children from the community as there

are fewer children in institutions. Thus, social workers believe they will need additional

capacity building related to community-based work instead of an emphasis on institutions.

They will be faced with unanticipated issues and different assessment questions when

making decisions about moving a child from a biological family to a foster family.

Capacity Building

Staff was very positive about the various trainings they received. In particular, many staff members mentioned the Turkish training, project management, and the foster care training. However, both social workers and FTCC staff mentioned the need for more specialized training such as crisis management with high risk families, or family therapy modalities. In addition, the staff at the FTCC may benefit from social work training, which emphasizes systems approaches and an ecological understanding of families versus an emphasis on psychological diagnosis.

In addition, as foster care is implemented, additional training specific to matching children and supporting foster parents will be needed. This training was provided as a part of the pilot project. However, because this training occurred before the implementation of foster care without the ability to provide support as social workers applied their knowledge, there will likely be a need for additional support and training once the skills and knowledge is applied in the field.

<center>**De-institutionalization**</center>

Children in orphanages tend to display many negative characteristics that researchers argue result from the care received at these institutions (Groark & McCall, 2011; Groark, McCall, & Fish, 2011; Mulheir, Browne, Agathonos-Georgopoulou, Darabus, Hamilton-Giachritsis, Herczog, Keller-Hamela, Leth, Ostergren, Pritchard, & Stan, 2007; Walker, 2011). In particular, Walker (2011) cites studies that reported severe negative effects of institutionalization on children such as cognitive complications and socialization issues. Others research notes developmental deficits, such as height deficiency, in children who reside in institutions (Groark & McCall, 2011). Researchers state that children experience negative side effects because of the high staff turnover, lack of activities for children, staff's long work hours, and lack of nurturing stability within the caregivers' relationship with the children (Groark & McCall, 2011; Groark, McCall & Fish, 2011; Mulheir et al., 2007; Walker, 2011). Thus, several countries, such as Romania, Italy, Spain, Argentina among others, began implementing policies that initiated the process of deinstitutionalization and focused on reforming child protection systems overall (UNICEF, 2003;Walker, 2011).

Best Practices

Through multilevel and multi-sector participation, a strategic plan should be created along with the determination and arrangement of time accordingly and cost of changes before initiating the next step to deinstitutionalization (Bosnjak, 2009). Deinstitutionalization, according to Mulheir and colleagues (2007), must include prevention services, development of alternative care which includes foster care or treatment within the community for the child, improvement and creation of community

services for families, and the implementation of long term care plans. Thus, they explain that after policies protecting the rights of children are established and needs for the proper implementation of the plan are determined, such as funding, resources, etc., prevention of family separation should be the next focus. For instance, Mulheir and colleagues (2007) discuss the need for early intervention and tertiary prevention treatments and Bosnjak (2009) promotes the development of family and child support services and case management that will provide families with appropriate resources.

However, prior to this, Mulheir and colleagues (2007) stress the importance of assessment. They explain that assessments must gear towards resources and needs of the children in different institutions in order to prioritize throughout the process. It is clarified that the community's struggle that is associated with institutionalization of children must be properly identified and assessed in order to take proper measures. For instance, they use poverty as an example and suggest interventions which will connect the families to necessities such as medical care, appropriate nutritional levels, etc., that will reduce the risk of child and family separation due to poverty.

Following proper prevention measures, an analysis at the institutional level must take place in order to establish proper care plans for the children (Mulheir et al., 2007). As explained, an evaluation of the children should begin using a multi-disciplinary approach. Mulheir and her colleagues maintain that physical, medical, and social assessments should use an ecological and strengths-based approach. After, the process is said to continue with the determination of proper level of intervention and consideration of new placement. Possible new placements are described by these researchers as reintegration with biological families or substitute family placements of different

durational levels. Therapeutic and support services for both types of placements are strongly encouraged by researchers (Mulheir et al., 2007).

Finally, steps to begin moving staff and children launch (Mulheir et al., 2007) in order to assure proper transition (Page, Perrin, Tessing, Vorndran, & Edmonds, 2007) and a healthy first encounter with possible new caregivers and environment for the children (Jones & Morris, 2012). Proper preparation programs should be established using the previous assessments in order to ensure children begin to establish a relationship with the caregiver, and feel comfortable in their new environments by grouping children together according to kinship and friendships (Mulheir et al., 2007). Staff should also be evaluated in order to properly select efficient personnel and appropriate training should be provided in order to prepare a staff who is accustomed to institutional care to transition into a new care model as explained by Mulheir and her colleagues (2007).

Constant evaluation of the process of deinstitutionalization is suggested by researchers in order to avoid or identify possible pitfalls (Mulheir et al., 2007). As they explain, power struggles between the ministries and organizations involved could negatively impact the process as well as focusing on only one alternative solution rather than incorporating services, substitute families, and reintegration with families of origin based off of the assessment of the children's needs. Mulheir and her colleagues (2007) stress the importance of a holistic approach to deinstitutionalization, as previously described, in order to yield positive results.

The Case of Azerbaijan

One of the main challenges facing the project implementation as well as continued efforts toward de-institutionalization is the conflicts and fragmentation created by the roles of different ministries in services for children and families. Institutions for infants for example, are under the Ministry of Health. Other ministries or committees involved are the Ministry of Finance, the State Committee of Child, Women, and Family Problems, and the Ministry of Labor and Social Protection among others. The experiences in other countries suggest that there are often power struggles between different ministries and departments. The DCPD was a key player in managing some of these ruptures as well as the director of the local project in Azerbaijan. In addition, communication and procedures between the Hilfswerk and the DCPD was a constant challenge and required ongoing effort by the local project director.

When asked about the overall impact of the project on de-institutionalization overall, parents responded that the two main factors that need to be addressed are poverty and inclusion of children with disabilities. Parents were adamant that as parents, they do not want to leave their children in institutions, but because often parents living in poverty or with a child with a disability do not have other options. They stated that the family training and counseling center is a part of the solution to meeting the needs of these parents. However, they also stated that the government needs to provide more economic assistance to families.

Another theme that came up during the focus groups was related to children either being re-united with their biological families or adopted from institutions. They stated that children coming from institutions will have no to very limited life skills and social skills and parents are often unprepared for these challenges and will "go crazy." The

emphasized the need for continued support for children who go from institutions to a family environment.

Social workers also expressed the challenges due to the staff at institutions sometimes undermining their efforts to move children from institutions back to their biological families.

> So we have problems with institutions themselves because like, we are interacting
> with parents, trying to persuade them to take back the kids, we will get them help,
> explain the rewards and then problems with institutions themselves, then the
> directors or caregivers start and tell them, "no don't worry. Your kid is ok here,
> everything is fine, they're doing good in school and blah blah blah." Then we
> have to start the whole process all over again with the family.

The social workers emphasized the importance of outreach and education with institution staff so that they can be invested in the deinstitutionalization process. According to Ministry Directors, there has been education of institution staff and directors. As a part of the project, a total of six focus groups were held with up to 55 pedagogical staff members of institutions which included the concept of de-institutionalization process and its philosophy. However, given the challenges the social workers face, it is likely that continued collaboration and education of institution staff combined with directives to reduce the number of children in institutions is necessary to ensure the continued progress of the de-institutionalization process. Observations of ongoing capacity building trainings by this evaluator revealed ongoing beliefs by some project or ministry staff that residential institutions are appropriate placements for children with disabilities,

for example. These attitudes demonstrate the slow and ongoing process of creating cultural shifts in beliefs about the care of children and children's rights.

The social workers face other challenges related to finding the families of children who are in institutions. Often, phone numbers or addresses are not up to date or correct. Despite these obstacles, the social workers have managed to re-unite children with their biological families. At the time of the focus group in March of 2013, the social workers had re-united approximately 20 children with their families and had closed these cases. In addition, the social workers had open cases of children who had been placed with the families, but the cases had not yet been closed.

Finally the social workers discussed the need for a holistic approach to the de-institutionalization process. The social workers were frustrated stating that for every child that they re-unite with their biological family, another child is placed in the institution. In addition, insufficient funds were provided for the social workers to be able to conduct family assessments. Initial funding for visits were provided by Hilfswerk, but according to Ministry of Education social workers, the Ministry of Education did not provide the funding for transportation or phone service for ongoing or additional family assessments. The social workers stated they were expected to pay for their own transportation, and this was particularly difficult, as family assessments require travel to regions outside of Baku.

Recommendations

1. *Implementation and collection of quantitative outcome data.*

   Monitoring the progress towards deinstitutionalization and the development of alternative care services requires the ability to collect accurate data. There is a need to developing accurate methods of tracking children in residential care, alternative care, and those were able to stay with their families.

   This database should include school grades, academic test scores, and adaptive and behavior scales. Turkish trainers provided a list of appropriate assessments that would allow for an objective measure of developmental and behavioral changes in the children in the group home, foster homes, reunited with biological family, and those remaining in institutions. This process evaluation can serve as a foundation for the development of outcome data for all relevant programs.

2. *Develop close partnerships with schools.* The schools are an important partner and collaborator in outreach to families and provision of services to children and parents. In addition, as children transitioned from institutional care to community based care in the group homes, close partnerships between the small group home and the school was required for successful a successful transition. More work in this area could be done to assist in staff development for teachers in the community schools so that they understand the unique challenges and how to intervene with children who are transitioning to small group homes or foster care.

3. *Children in foster care need inclusive schools*. Focus on the development of inclusive school extending beyond inclusion for children with disabilities to the inclusion of children transitioning out of institutional care. Attention to the development of inclusive schools is critical in the process toward de-institutionalization.

4. *Sustainability can only be ensured when the State assumes financial and administrative responsibility*. De-institutionalization and transforming children's services is a collection of activities: it is not just the removal from institutions. Rather it is a systematic, policy driven change which results in considerably less reliance on residential care and an increase in services aimed at keeping children within their families and communities. (Mulheir and colleagues, 2007). NGO's can often act as the pioneers of new ideas, but State authorities cannot use the existence of NGO's as a way of abdicating financial and administrative responsibility. They should be partners in the process**.**

5. *Counseling services and parents' support groups*. Best practices in the process of de-institutionalization and development of a range of alternatives calls for the need to provide counseling and support for parents suffering severe stress or difficulty making it difficult for them to cope. A counselor can assist the family in obtaining needed resources and provide support in the moment of crisis, likely preventing the need for institutionalization of the child (Mulheir and colleagues, 2007).

6. *Media campaign to promote foster care is critical to the long-term success.* Creating awareness can minimize resistance of staff of the institutions as well as develop a population well informed about foster care, potentially increasing the number of families interested in becoming foster parents. In Bulgaria for example, the negative perceptions or lack of knowledge among the population about foster care is believed to have contributed to a lower number of foster families (Petrova-Dimitrova, 2009). The development of foster care and de-institutionalization requires a shift in perception or cultural mores about the rights of children and shifts in attitudes about institutions. A continued media campaign can contribute toward these shifts in attitudes and create positive perceptions and awareness of foster care.

7. *The small group home should be consistent with family and child centered practices.* The Ministry of Education should continue to support group home social workers to make contact with biological families and determine the type of contact, if any, that children should have with the biological family or kin. This family centered practice should be reflected in the policies and procedures of group home care in Azerbaijan. Thus, children should have opportunities for learning adaptive behavior skills and community living skills, such as managing pocket money, taking the bus, and learning to cook.

8. *Children should be involved in decisions that impact them and have adequate preparation for any transition.* The children placed in the group home had minimal say and preparation for the move. Project staff or group home staff did not control this process, rather it was the Ministry of Education who made

decisions about placements. It is strongly recommended that consistent with

the UNCRC, children be seen as "rights-bearers" and be provided with the

right to participate in decision making which affects them. In addition, it is

critical that best practices regarding transitions and change in placements be

followed in order to minimize trauma caused by changes and disruptions of

already vulnerable children.

There must be a serious commitment to the development of community-based

services, which include child care, respite care, family support services, small group

homes, foster care, and schools capable of providing an inclusive education for students

with disabilities. Because it is well documented that families use institutions due to

poverty related issues and/or parental illness, social welfare policy that provides financial,

nutrition, and housing support for families must be developed in tandem to the de-

institutionalization process. As a part of the development of community-based services,

there is a need for continued workforce development and retraining. Relevant

government ministries should consider the development of social workers who practice

both in the areas of social welfare policy analysis and in direct practice with children and

families in schools and community organizations. Because social workers are trained to

understand systems and ecological contexts, they are uniquely positioned to both assess

and deliver services to children and families who have complex social and environmental

conditions that impact their ability to function.

Appendix A: Evaluation Plan

Evaluation Questions

- Has the number of institutionalized children decreased?
- How has the project developed capacity among the child protection staff and other caregivers, such as foster parents and small group home staff, regarding best practices such as assessment and placement of children, and the development of individual care plans for children receiving these services? Are current practices in line with "best practices" regarding foster care and small group home care?
- What have been both the successes and challenges regarding coordination efforts between the Ministry of Education and other relevant ministries and local authorities?
- What steps has the Ministry of Education taken to ensure long-term sustainability of the alternatives to institutionalization?
- What were the methods used for recruitment of foster families and what were the outcomes of those methods? How many families were recruited through these various methods?
- What were the small group home, family center, and child protection staff perceptions of the training received by key experts? Did the training meet their needs? How did the training change their practice?
- How do children perceive their quality of life in the small group home and in foster care? Have there been positive changes in child outcomes (educational, developmental, behavioral?)
- How do foster parents perceive their experiences with placement, training, and ongoing support?
- Were project goals achieved as stated in the logic framework (target number of children placed and foster families recruited; the provision of staff training; laws, policies, and guidelines developed; documentation of public awareness campaign, etc.).

Evaluation Methods

This project will use both qualitative and quantitative methods for evaluation. Qualitative components will include focus groups and /or individual interviews with children in the group home, interviews with foster parents, social workers, and project staff. Documents will also be analyzed such the media campaign brochures, press releases, policies, assessments of children and families, etc.

Quantitative methods include descriptive and inferential statistics (if available) comparing child outcomes, providing demographics of children and families (foster and biological), statistics regarding individuals serviced by the family center, and the change in number of children in institutional care.

The initial stage of the evaluation requires desk research regarding best practices in foster care and small group home care and change experiences of other countries. This will also include the document analysis of various existing reports such as the report on *Implementation of State Programme on De-Institutionalization and Alternative Care* as well as existing UNICEF reports.

The evaluation plan includes collecting of existing organizational data, service data, as well as collection of data through field interviews, focus groups, and observations. An interim report will be provided after the second visit and a final 45 page report will be provided after the completion of the project in May of 2013. Findings will be disseminated through foster care conferences and on agency website in accordance with Hilfswerk Austria International country director. Additional publications can be written as approved by Hilfswerk Austria International.

The list below provides a detailed evaluation plan indicating sources of data as well as the type of analysis. This list of data was constructed using the Logic Framework for the project and was based on stated outcomes in the grant and logic framework.

Evaluation Data Collection and Analysis Plan

Introduction of Foster Care

- Press Release and Press Documentation (Content Analysis)
- Policy in Azerbaijan (Content Analysis)
- Report on Implementation of State Programme on De-Institutionalization and Alternative Care. (Content Analysis)

- Alternative Report on Child Protection to UNICEF. (Content Analysis)
- Number of Children in Institutions (Quantitative Analysis)
- Number of Children in Institutions after implementation of the program. (Quantitative Analysis)
- Number of foster parents who inquired, were selected, rejected. (Quantitative Analysis)
- Assessment of Children – capacity building of staff, training (Qualitative Analysis/ Focus Groups and Document Analysis of Assessments)
- Assessment of Biological Families – capacity building of staff. (Qualitative Analysis – Analysis of Assessments and Procedures; Focus Groups).

Small Group Home

- Child Data (Pre and Post) (Quantitative Analysis)
- School Records (Document Analysis and Quantitative Analysis)
- Health Records (Document Analysis)
- Strengths and Difficulties or other Developmental or Behavioral Assessments (Quantitative and Qualitative Analysis).
- Child Case Files (Assessment, Care Plan) (Qualitative Analysis – Content Analysis)
- Assessments (Qualitative Analysis – Content Analysis of Assessment).
- Number of Children Placed (Quantitative Analysis).
- Guidelines for Placement of Students (Qualitative/Document Analysis)
- Interviews with Staff (Qualitative Analysis)
- Interviews with Children (Qualitative Analysis)

Foster Families

- Foster Parent Training (Pre and Post Data and Focus group or Interview Data) (Quantitative and Qualitative Analysis)
- Survey Data or Interview Data (Quantitative and Qualitative Analysis)
- Home Visits (Qualitative Analysis)
- Foster Children (Qualitative Analysis)
- Child Data (Pre and Post) (Quantitative Analysis)
- Current Assessments (Qualitative Analysis)
- List of all children available for foster care program (Quantitative Analysis)
- Waiting list of foster families (Quantitative Analysis)
- List of Foster Parents selected and trained (Quantitative Analysis)
- Individual Care Plans (Qualitative Analysis)

Training and Counseling Center

- Satisfaction Survey (Quantitative Analysis)
- Intake Sheets (Quantitative Analysis)
- Contact Log (Quantitative Analysis)

- Case Management and Therapy Files (Qualitative Analysis)
- Interviews with Staff (Qualitative Analysis)
- Client Focus Group or Interviews (Qualitative Analysis)
- Operation of Family Center (Observation)
- Statistics (Number of Families Receiving Services and Type of Services)

Outcomes

- Child Health Pre and Post (Quantitative and Qualitative Analysis)
- Development and Quality of Life of the Children Pre and Post (Quantitative and Qualitative Analysis)
- Comparison Data on children in group homes, foster care, returned home, or not placed.
- Number of Children Entering the System (Quantitative Analysis)
- Reasons Children are Entering the System (Qualitative/Quantitative Analysis)
- Staff Performance (Qualitative Analysis)
- The Match Between Capacity and Design with Local Demand (Qualitative Analysis)
- Successes and Challenges of Change Management (Qualitative and Quantitative Analysis)

Documents Needed

- Cost Analysis
- Bylaws, laws, regulations and guidelines developed
- Preliminary and Post-training assessment of CPD
- Baseline survey including social risk profile
- Handbook on management of foster care services and child care services.
- Training Curriculum for Small Group Home Workers
- Small Group Home Children Care Plans, documentation of services provided
- Documentation of Publicity Events
- Documentation of Steering Committee meeting minutes or letters of communication between members
- Baseline survey
- Needs assessment
- Training Curriculum by experts on child protection.
- Documentation of 1 week internship of CPD staff at Jugendwohlfahrt in Austria
- Leaflets, posters, announcements, etc.
- Documentation of community events
- Participant Lists of Trainings
- Training Handouts and Training Programs
- Guidelines for Placement of Children in Foster Care and Small Group Home
- Training Modules
- Consultation with Ministry

- Report of Child Assessments

Future Visits:

- Meeting with Child Protection Department Staff and Ministry of Education Staff
- Meeting with Training and Counseling Center Staff
  - Discussion regarding Capacity Building
  - Placement guidelines
  - Assessment
- Meeting with Foster Parents
  - Home Visits
  - Foster Parent Association
- Meeting with Children in Foster Care and Group Home
- Observations in Group Home and Family Center
- Meeting with Ministry of Education Officials to Discuss Findings and Recommendations

Desk research

- Best practices in development of foster care
- Experiences of other countries in the de-institutionalization process
- Best practices in providing small group home care.

Number of Working Days Planned

- A total of approximately 45 working days are planned which includes the desk research, analysis, data collection, field work in Azerbaijan, and writing of the report.

Number and Duration of Field Trips

- A total of three working trips of approximately 10 day each.

Timetable

Task	Date	Status
Acceptance	October 2012	Contract Signed
Desk Research	September – December 2012	Completed
Inception Phase	September 2012	Data Collection Started
Data Collection	September 2012 - current	Ongoing
Field Studies	February-March 2013	Not yet scheduled
Preparation of Draft Report	March 2013	Ongoing
Final Report	June/July 2013	To be completed
Dissemination/Presentations	Ongoing	Ongoing

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