

**GUIDELINES FOR
IMPLEMENTATION OF THE
FAMILY SUPPORT PROGRAM
FOR CHILDREN LIVING
AND/OR WORKING ON THE STREET
AND CHILDREN AT RISK**



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INTRODUCTION

Guidelines for implementation of the family support program for children living and working on the street and for children at risk were created as part of support activities that Save the Children has been providing for years to service providers for children living and/or working on the street and for children at risk in the area of northwestern Balkans. Creation of the Family Support Program, accompanying Guidelines and training programs represents a contribution to improving protection, position and rights of this extremely vulnerable target group. Guidelines for implementation of the Family Support Program are intended for day-to-day community service providers who want to apply a structured and focused approach in working with parents/caregivers of their beneficiaries and who believe that a child-centered approach is necessary to achieve a positive change in a child, focused on family and integrated into the community.

Activities of day centers do not take place in vacuum, but in specific social and psychological conditions. One of key features of successful work programs for children living and/or working on the street and for children at risk is that such programs invest a lot of effort in establishing solid links with parents – family. Service providers inform parents asking them for consent for the child's participation in the program, and then for their evaluation and opinion, expressing a high level of sensitivity to cultural and other characteristics of the family as a whole. It can be said that they seek to establish professional partnerships with parents that will be in the best interests of the child in the program. While day centers primarily seek to establish and maintain productive relationships with parents and families, they also need to determine their place in the local community. Local community is an important source of resources for day center, family and children programs. Therefore, day centers should seek to become an integral part of the community and enable children and families to have free access to the necessary support and assistance resources. Success of a day center depends on how the program is accepted in the local community and how established are the reciprocal relations of cooperation with schools, social, health and other relevant governmental and non-governmental organizations. It is of crucial importance for achieving success in work to establish quality, continuous cooperation of day center and center for social work as basic institutions of social protection system in charge of protecting this extremely vulnerable user group.

The aim of these Guidelines is to assist associates and volunteers from day centers and other service providers to understand the importance, and develop skills related to, establishing and fostering reciprocal relationships between programs/activities, i.e. children in the program, families and local communities. They also enable professional workers to implement Family Support Program, help them understand program's activities developed for work with parents, as well as to plan and implement their activities and interventions in accordance with focused assessments followed by full participation of children and parents/caregivers.



The content of Guidelines is conceived around several key areas of relevance to the effective implementation of Family Support Program for children living and/or working on the street and for children at risk.

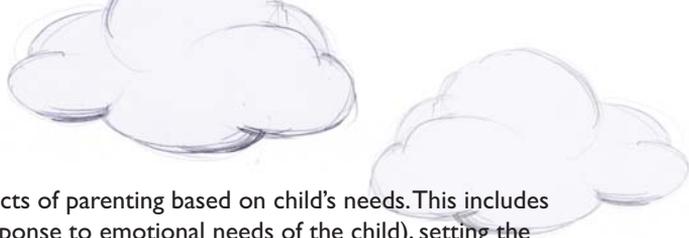
As quality of assessment represents a prerequisite of any program, **first part of these Guidelines details assessment as a continuous process** that takes place during the entire service delivery process. Initially, attention is focused on an initial or admission assessment that includes provision of basic information about the child, identification of priority needs and data related to safety or potential risks for the child. Thereafter, a detailed assessment of child's needs, strengths and risks for psychosocial development is discussed, which includes assessment of family and environment as child support resources. Also, this section considers contemporary models of assessment and highlights the importance of their application when it comes to families of children living and/or working on the street. Final section of this part of Guidelines deals with assessment methodology, i.e. some of the methods and techniques that can be applied in order to collect and process family data, such as genogram, eco-map, etc.

Second part of the Guidelines is dedicated to planning work with family. The process of planning and developing an individual work plan is a multifaceted, cyclic process evolving through several interconnected phases. The plan should clearly set out desired outcomes, course of their achievement, responsibility for their implementation and monitoring, as well as determining whether progress has been made or not. Once it is made, the plan is not a "closed" document. On the contrary, amendments make a natural process of further individualization of the program directing movement toward set goals and desired outcomes. One of the important issues related to planning are stakeholders of the planning process, with a special emphasis on necessity of family participation in this process. Given that there is still no prescribed format for creation of a support plan, one of the annexes accompanying the Guidelines offers a possible plan model, which can be adapted to a specific family, child and organization of work of each service provider.

Third part of the Guidelines discusses different levels of cooperation with the family and priority areas of child support that parents need to be involved in. Many studies show that level and quality of parental participation is generally linked to final outcomes of the service program. Nevertheless, it cannot be expected that service providers will be able to motivate all parents for their full cooperation. The important matter that this section of Guidelines insists on is that it is necessary to respect choices and decisions of the family, to reinforce family strengths and build family's trust.

Fourth part of the Guidelines is focused on supporting parental resilience, i.e. improving support service capacity to help parents feel better, recognize their strengths, understand ways in which they face difficult life situations and learn skills that will enable them to cope with crises in a constructive way. Special attention is paid to improving competences of professional workers for empowering parents, i.e. finding their strengths and cultivating hope and positive values. This section also insists on the importance of communication skills and problem solving skills. Supporting development of self-care skills is also a significant step in improvement of parental resilience.

In the fifth part of Guidelines content focuses on developing parental competence. Since parental competence development can have a broader meaning,



these Guidelines focus on key aspects of parenting based on child's needs. This includes primarily: care and attachment (response to emotional needs of the child), setting the boundaries (response to child's needs for guidance and support) and monitoring/control (knowing where children are, whom with and what they do, responding to child's need for control). As in other areas, a professional working with the family can carry out these activities through direct, individual work with parents or by organizing group educational activities.

Sixth part of the Guidelines deals with stimulation of family's social connections. Social connection stimulation includes all day center activities focusing on inclusion and strengthening of formal and informal community system capacities that can support achievement of program's goals. Particular emphasis is placed on inclusion of informal community system, i.e. personal social network in child and family support. Key strategies for social network interventions are strategy of establishing new social connections and strategy of improving existing social relationships, which can be combined.

In the seventh part of Guidelines attention is drawn to the competencies of professionals implementing the FSP. From a wide range of knowledge and skills necessary for successful work with parents, those prioritizing motivation and improvement of behavior phase are emphasized. These are primarily communication skills that are at the core of motivational/therapeutic and advisory techniques and interventions, useful in working with family and community. In addition, attention has been paid to the skill of adjusting the intervention to the stage of parents' readiness to change. Also, educational workshops creation skill will be discussed as one of the most common forms of work in realization of social and educational programs for parents.

The final, eighth, part of Guidelines is dedicated to monitoring and evaluation of FSP effects. The purpose of evaluation is to understand whether planned activities' effect corresponds to previously set goals and expected outcomes. For the purpose of monitoring and evaluation of results of Family Support Program implementation, relevant questionnaires are provided, attached to these Guidelines.

Aware of the fact that Guidelines cannot provide answers to all questions, we hope, however, that they can serve as useful material for strengthening, primarily professionals trained for practical implementation of Family Support Program, but also of all those providing social services that involve working with the family. We would like, apart from acquiring new knowledge about the program itself and modern approaches to working with families at risk, that these Guidelines contribute to development of additional motivation for work, strengthening sensitivity for needs of families and accepting own responsibility in the process of establishing and implementing this program. We also hope that they will be an inspiration and an incentive for new programs and an open invitation to cooperate in developing an integrated support and protection system for children on the move, with a focus on children living and/or working on the street and children at risk.

Author's team



1. ASSESSMENT IN THE FAMILY SUPPORT PROGRAM

Recommendations of various models for work with families indicate the importance of a structured and focused approach in work with families that implies:

- assessment of needs, strengths and risks
- planning of measures and services based on clearly defined, specific, adequate and measurable goals, as well as short-term and long-term interventions
- commonly agreed activities implemented in cooperation with family members
- systematic approach in providing services
- regular monitoring of achievement with flexibility in implementation of activities.

One of preconditions for success of such approach is the quality of its first step, namely, of the assessment, both in relation to quality of the outcome, i.e. the findings obtained by the assessment, and in relation to the process itself, representing the basis for establishing a cooperative relationship with family.

The assessment is a continuous process that occurs over the entire period of service delivery to the beneficiary. It can be based on various methodologies and instruments, but it is important that it contains some basic elements/phases:

1. **Initial or admission assessment**, which includes provision of basic information about the child, identification of priority needs and safety data, or potential risks for the child;
2. **Detailed assessment** of child's needs, strengths and risks for psychosocial development that includes
 - a) **Family and environment assessment** as a resource to support the child.

An adequate assessment is one of the standards for social protection services in addition to being crucial to the quality of the service provided. All service providers have an obligation to establish an appropriate procedure against this standard. Some of the key questions to which every service provider should have an answer within their immediate practice are the following:

- Who performs the initial needs assessment?
- Are family members included and in what way?
- What techniques for collecting data are available to the service provider?
- What urgent support is available, and what long-term programs and services?
- How does the assessment consider cultural and other specificities of the child (religion, nationality, gender identity, developmental difficulties ...)?

- 
- Who are sources of information and how will they be involved in the assessment process?
 - How is the consent of the child and the parent/guardian obtained?
 - What are assessment deadlines?
 - How are they analyzed and who participates in the analysis process?
 - How do information exchange systems work? ¹

1.1. Initial or admission assessment

This phase of work is based on first contact with the beneficiary and his family in order to collect basic data and obtain first insight into the characteristics of the child and family, as well as the needs and possibilities of support. The practice of service providers is fairly balanced when it comes to this phase of work. They all collect similar data, to a smaller or larger extent, that can be grouped into the following areas of assessment:

- personal identification information and status information (name and surname, personal security number, date and place of birth, address)
- family information, namely, where and with whom the child lives, what parents are doing, etc.
- educational status and type of activity on the street in which the child is involved, records of the relevant Center for Social Work (which CSW is responsible, whether and what type of assistance they receive)
- the specifics of the child (difficulties in speech or movement, poor knowledge of language, etc.)

In addition to collection of these data, assessed are also child's health status, level of hygiene and the compatibility of clothes and the weather, as well as nutrition needs.

The child talks about what he/she thinks he/she could get from the service provider, what he/she thinks might be useful and why.

Child safety and risk assessment is of particular importance when it comes to children living and/or working on the street. This represents a key differentiation between the practices of day-care providers in relation to most other service providers in the community considering the risk their beneficiaries are exposed to by living and/or working on the street. This assessment is made on the basis of a methodology or a list of indicators for evaluation of abuse and/or neglect and may result in the necessity of an urgent intervention or in informing the competent center for social work.

The service provider will collect these information during the first meeting with the child. Parents are a significant source of information, if they are present. If parents are

¹ Adapted from „Vodič za procenu najboljeg interesa deteta“ (2015) Udruženje građana za borbu protiv trgovine ljudima i svih oblika nasilja nad ženama - Atina, Beograd.



not present, such information need to be appended after the first meeting with them. If the child is referred by a CSW or another organization, most of such information will probably be found in the referral documentation.

Objectives and areas of initial assessment

Initial/admission assessment implies collecting basic information about the child in order to:

- get an initial insight into the family and family history
- ensure child's safety
- understand child's priority needs
- create an initial support plan
- create an extended assessment plan

Recalling the goals is important because they determine areas of assessment, they are inextricably linked to each other and only when they are aligned can we talk about the purposefulness of the data collected at this stage of work. In that sense, optimal data volume is needed, not too little, but not too much either, considering the fact that the child has just arrived to the service provider and that it is unproductive to have extensive requirements, or too many questions.

During the admission assessment and any other phase of work, the expert has a dual focus, primarily on the immediate child's needs and their satisfaction, but also on the process context of work with the child, i.e. reviewing collected data in a way that will enable further stages of work.

Table 1. Objectives and areas of initial assessment

Objectives and outcomes of assessment	Areas of assessment
<ul style="list-style-type: none">● ensuring the child's safety● getting an initial insight into characteristics of the child and family● understanding if the child is an adequate service beneficiary● understanding the child's priority needs● create an initial support plan● create an extended assessment plan	<ul style="list-style-type: none">● personal identification information and status information (name and surname, personal security number, date and place of birth, address)● family information, namely, where and with whom the child lives, what parents are doing● educational status and type of activity on the street in which the child is involved or the level of risk for involving in such activities● records of the relevant Center for Social Work (which CSW is responsible, whether and what type of assistance they receive)● hygiene/health/clothes/nutritional status● expectations from service (from the child and parents)



Planning detailed assessment activity of the child and family should answer the following questions:

1. What additional data about the child need to be collected?
2. Which family or household member is available?
3. In what way (where, when, who) will the assessment of the child and family be done? In the field and/or through conversations in the day center.
4. Which systems should be included and how will they participate in the assessment? (center for social work, school, health center, other service provider...)

Table 2. Initial assessment activity check list

Admission assessment – possible activity check list	Yes/No/ Comment
<p>The following data are collected:</p> <ul style="list-style-type: none"> ● personal identification information and status information (name and surname, personal security number, date and place of birth, address) ● family information, namely, where and with whom the child lives, what parents are doing, etc. ● educational status and type of activity on the street in which the child is involved, ● records of the relevant CSW (which CSW is responsible, whether and what type of assistance they receive) ● specifics of the child (difficulties in speech or movement, poor understanding of the language and similar) 	
<p>Gained an insight into the following characteristics of the child:</p> <ul style="list-style-type: none"> ● hygiene ● health condition ● quality of clothing ● eating habits 	
<p>The child and parents, if present, expressed expectations of the service and received basic information on support options within the day center</p>	
<p>An agreement on initial activities with the child and family made and the child and family informed about the steps to follow</p>	
<p>A detailed child and family assessment plan developed</p>	



1.2. Detailed family and child assessment

The quality assessment has to be purposeful and timely. Professionals must have a clear understanding of why they are doing the assessment and what it is that they want to achieve/obtain. The purpose of the assessment is to provide an insight to the professional/team in order to be able to:

- Understand child's needs and determine whether family and/or community services have adequately responded to those needs
- Analyze the nature and level of risk the child is exposed to as well as identify protective factors
- Decide which type of support family needs to face the problems, ensure child's safety and contribute to achieving goals set for the child

Assessment should be based on a **child-centered approach** implying that service provided to the child has to be timely, developmentally appropriate, participatory and based on cooperation of all relevant stakeholders involved in protection and support. Some of key principles of this practice are the following:

1. Special attention should be paid to noticing every opportunity of connecting children and their families with services providing support in strengthening child's physical, cognitive and social functioning
2. Assessment processes, actions, decisions and planning involving children and young people should take account of their developmental level across a spectrum of areas of life including health, education, identity, family and social relationships, social presentation, emotional and behavioral development and self-care.
3. Children and young people, in contact with care and protection system, should be provided with direct and indirect opportunities to express their feelings and wishes; in this they can be greatly assisted by an adult (other than their caregiver) whom they trust, who provides regular emotional and practical support and who is likely to have continuous involvement with them.
4. Policies and procedures should specifically discourage a "one size fits all" model of participation of children and youth. The settings, language, and timing of participation should take into account the age, cognitive and social development, gender, socio-economic background and ethnicity of children and young people.
5. Models of family decision making, such as family group conference, should be used wherever possible to maximize participation of children and young people.
6. Children and young people should be provided with information about child protection processes, including how to make complaints. They should be well prepared for forums in which they are expected to participate through provision of age-appropriate information, including multimedia packages, to supplement verbally conveyed information.
7. Children and young people should be informed as soon as possible, preferably on the same day, of legal and administrative decisions which affect them.
8. Knowledge and expertise should be actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation.



9. All interventions should, as much as possible, seek to create and strengthen the positive informal networks of children and young people, including provision of appropriate information which will enable these networks to increase protection and support.²

Overall or **detailed assessment**, following preliminary (initial) assessment should encompass several key areas:

- Child's needs through analysis of data on characteristics of the child, bio-psycho-social development, health, education, peer group, identity, degree of self-care ability and similar
- Characteristics of family in the sense of the extent to which they represent a resource or aggravating circumstance for child's development
- Community resources, through an analysis of existing relationships and relationships between the child and family with the environment, but also of unused opportunities for connection and support.

Contemporary assessment models can focus on some of the aspects of child development, rights of children, etc. but they all share a comprehensive view of the child through key areas of child development and functioning. These **areas** are: health, education, identity, family and social connections, social representation, emotional and behavioral development and self-care ability. Data on basic characteristics of the child are collected in each of these areas, bearing in mind that it is important to understand disadvantages and difficulties, as well as strengths and potentials of the child.

The approach that could be useful in the area of psychosocial development assessment derives from the concept of **positive youth development**, based on the idea of inherent resilience of every young person, whose empowerment the support system should influence. The basic assumptions and main objectives of the approach are the following:

- All children have the capacity to overcome their developmental obstacles and to continue to develop
- Appropriate support and external assistance are an important aspect of the youth's resilience
- Individual-psychological and social developmental factors are in mutual reciprocal relation
- The positive youth development fosters a broad approach, i.e. the effort to take and activate as many developmental stimulators as possible.

From the perspective of this approach, especially in cases of behavioral problems, functional assessment should include the analysis of child's needs, capabilities and risks with the focus on strengths and examination of existing potential and support opportunities in one of the areas of **developmental stimulators**:

² Principles for Child Centred Practice, Institute of Child Protection Studies. ACT Government Information Portal. Canberra, Australia
https://www.acu.edu.au/-/media/feature/pagecontent/richtext/about-acu/icps/files/child_centred_report_final.pdf?la=en&hash=E3B318A108B79DFC7090DA5A738BABBD
http://www.communityservices.act.gov.au/data/assets/pdf_file/0016/5614/Child_Centred_practice.pdf



- Promote attachment
- Encourage and foster resilience
- Promote competence
- Encourage self-determination
- Foster spirituality
- Self-efficiency development
- Support positive identity
- Encourage and anticipate faith in future
- Recognition of positive behavior and engagement
- Provide opportunities for pro-social engagement
- Establish and accept social norms³

Table 3. Questions for child assessment referring to areas

Areas	Questions	Strengths	Risks
Health	What is the child's health condition? Are there chronic health problems? Physical development compared to age, nutrition. What was the response to child's needs for health care?		
Education	Is the child involved and to what level of educational process? How successful is the child at school? In which areas the child encounters difficulties? What is the motivation for continuing the educational process? What are the wishes and ambitions?		
Family	Who are the persons important to the child and what is the nature of their relationships?		
Social connections	Who are other persons important to the child and what is the nature of these relationships? What is the relationship with the peer group and what are these groups characteristics? Who are the persons the child is close and has the nurturing relationship with?		

³ Stakić, Đ. (2012) Adolescencija i delinkvencija – promocija prava dece i maloletnika u sistemu maloletničkog pravosuđa, Priručnik za stručnjake u sistemu maloletničkog pravosuđa, Ministarstvo pravde Republike Srbije, International Management Group.



Identity and social promotion	How does the child experience him/herself, what does he/she see as his good traits and what as bad? What does he/she do well? How does he/she see their role in family and community? What are similarities and differences in relation to his/her peers? How does he/she imagine him/herself in the future?		
Self – care ability	How does he/she solve problems? How does he/she deal with difficult and complex situations? In what situations did he/she manage to solve problems in a constructive way?		
Emotional development	What are the abilities for self-regulation, understanding, expression and emotion control in relation to age? What are communication abilities?		
Value standards and behavior	What experience does he/she have in relation to social and legal norms? How does he/she delineate good and bad? Who are his/her role models and examples? What is the attitude towards spirituality?		

A systemic approach to functioning problems points to the need to look at the broader context in which the child lives and grows, given that this approach

- Views the child as a part of family and wider social environment, as an individual who constantly influences and receives influence, and in that interaction expresses certain behavior as a way of adaptation
- Defines family as a system that is more than the sum of its parts and in which all the parts are interconnected and interdependent, and as such represents a basic unit in which to intervene in order to permanently solve a problem
- Shifts causality perspective review from linear (A causes B) to circular (A affects B influencing A that affects B), indicating that the child himself is not the problem, but the problem occurs, sustains and can be solved in interaction of various family system stakeholders.

Different therapeutic directions emerge from the systemic approach, creating a framework for observing families depending on the area where support and intervention are needed:

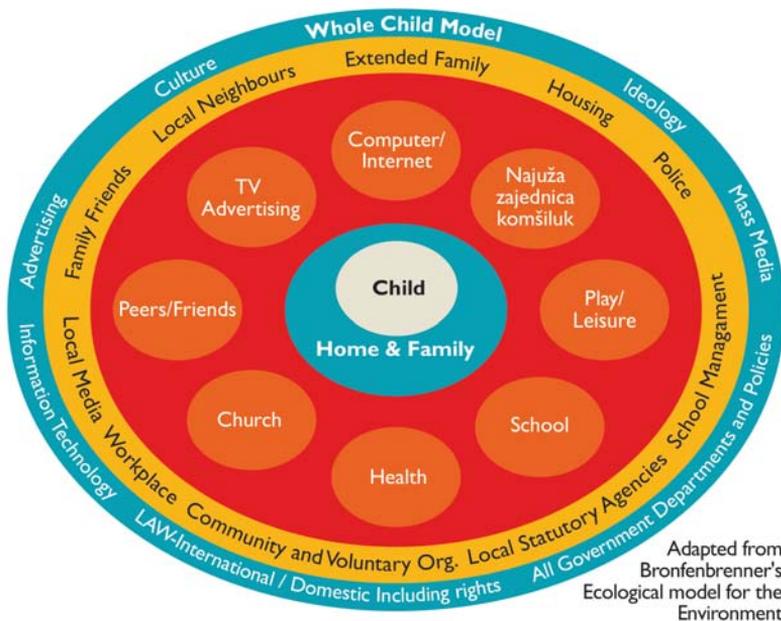
- Structural-strategic direction - implies reviewing family system through hierarchy, coalitions and communication sequences.



- A multidimensional approach⁴ - based on the experiences of a structural-strategic approach with a combination of problem-focused approach, includes reviewing a system wider than of family and relocates interventions to time spent outside of direct contact with professionals through tasks received during the treatment; implies planning of interventions in phases, by setting short-term and long-term goals.
- Functional Family Therapy – places problematic behavior in the context of multiple influences between different relational systems and deals with their function within the family system. Assessment focus and then intervention must be on the different domains in which the child and family live.
- A multisystem approach - created as a response to the need for widespread perception of behavioral problems, as it observes the problem of the child as multiple determined and related to the characteristics of the child and family, peer group and family, school and broader community context, including stakeholders such as church, community services, as well as the value system and media influence.

Contemporary approaches to family observation point to the importance of the broader context in understanding the problems a family is facing. They place before professionals the challenge to involve as many stakeholders as possible from the immediate environment, as well as to consider the wider political and value circumstances of a community. The next illustrative ecological model points out the significance of all systems surrounding the child, from the closest to the ones related to the values, the normative framework, the position in society, and so forth.

Schematic diagram 2. Multisystem model of the child's observation in the environment



⁴ Liddle H., (2009) Adolescent Drug Abuse A Family-Based Multidimensional Approach Clinician's Manual: Minesota, SAD: Hazelden.



All systemic-ecological approaches have a common set of postulates, principles and interventions that can be very important in designing family support programs for children living and/or working on the street and children at risk, formulating a problem, assessment and planning work with family and devising interventions to improve family functioning.

The following principles characterize family and environment systematic assessment:

- The assessment should identify risks and protective factors, recognizing significant personal and contextual characteristics of family
- The assessment should focus on the ways in which relational systems in family are related to the presented problem - both adaptive and maladaptive
- The assessment should encompass more levels and dimensions - individual family and environmental, and be implemented through a variety of methods
- The purpose of the assessment is not to set a diagnosis, but to identify the best types of treatment and the support strategy.⁵
- The primary purpose of the assessment is to understand the fit between identified problems and their broader system context
- Assessment, as well as interventions, in work with family must be focused on strengths and on what is positive in the family system and its mode of functioning⁶

A detailed assessment can be made during several meetings and according to standards it should not last for more than 10 days. For family and child's environment assessment it is therefore necessary to designate one or more meetings and devote to significant segments of family functioning in relation to difficulties the child faces. For this purpose, conversations can take place in the organization's premises, in the field or in the area where the child and family reside. For a quality family assessment, it is necessary to involve as many persons close to the child as possible and to pay special attention to **the importance of male family members**. The role of fathers in the traditional family model was minimal when child care is concerned, while with contemporary changes, the need for their engagement is increasingly recognized, which brings benefit to children, mothers and even fathers. Fathers' participation positively affects children's physical, social and emotional development, success in school, and better understanding of gender equality and similar.⁷

The first contact with family should result in a basic acquaintance with family members or parents and enable the professional a basic insight into the structure and functioning of family, as well as enable parents to get acquainted with the service and receive all the necessary information.

⁵ Functional Family Therapy (2000), Juvenile Justice Bulletin. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁶ Multisystemic Therapy: Principles and Process http://mstservices.com/files/Process_and_Principles.pdf

⁷ Strengthening Families – Save the Children programs in support of child care and parenting policies (2012), Save the Children Sweden.

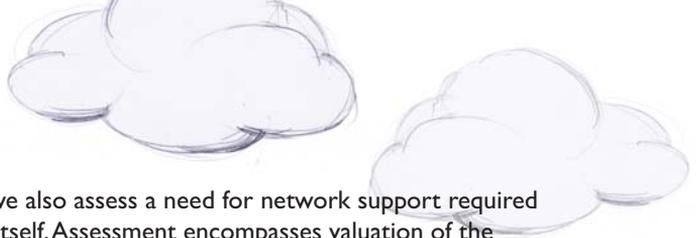


Table 4. Checklist after the first meeting with family⁸

After the first meeting with family answer these questions	Yes/No/ Comment
1. Do you know who makes this family?	
2. Did you clearly introduce them to work method and methodology?	
3. Did you introduce yourself and the organization you work at?	
4. Did you explain the confidentiality of the process?	
5. Did family members have an opportunity to ask questions?	
6. Did you manage to include all family members?	
7. Did you find out about some important people from their environment?	
8. Do you have a clear idea about key difficulties the family is facing?	
9. Have you heard all members' comment on these difficulties?	
10. Do you have an idea of how the family has tried to cope with difficulties so far?	
11. Do you know what family's strengths are?	
12. Do you know what family would like to check or do differently?	

A family assessment undertakes putting child's problem in the context of family and broader systems framework. In order to adequately intervene in the social network, a good assessment of child's social network is necessary. The assessment is indispensable in organizing an adequate system of support and interventions, tailored to needs of each particular child and characteristics of his/her personal social network, where the assessment determines critical issues of support and intervention in the social network.

⁸ Adapted from Systemic Family Therapy Manual. Pote H., Stratton P., Cottrell D., Boston P., Shapiro D., Hanks H., University of Leeds, UK: School of Psychology.



Through the assessment process, we also assess a need for network support required by an individual or social network itself. Assessment encompasses valuation of the entire community in the following segments:

- **Assessment of difficulties and strengths of the community** - creating an image of community resources in relation to a particular personal or social problem
- **Community impact/power assessment** – who /an individual person, institution, group/ can influence solution of the problem that we seek to solve, where do its sources of power lie and what is the intensity of possible support or opposition (risk factors)
- **Problem assessment** - where does the problem lie? In the individual or in the community?
- **Assessment of personal social network of the child and family.**

When evaluating child's personal social network, it is important to evaluate the following aspects:

- Identifying and evaluating persons who are "closest to" the child ("inevitable" and "chosen" environment);
- Level to which these persons provide to the child support necessary for compensation of omitted, overcoming the existing developmental delays and issues, as well as improvement – stimulation of child's further social and other development; or to which they represent a limiting, interfering factor of child's development;
- Quality of interactions between the child and said circle of close persons, or the extent to which interactions are troubled by conflicts, intolerance, ambivalence or tension;
- Needs and opportunities of selecting one (or more) individuals from the existing circle of closest people, that the support program would primarily rely on, a person who would be a support core, or need of introducing new people to the circle of close persons. Assessment of support that the child actually receives and child's subjective assessment of presence and quality of provided support. (A metaphor of child learning to walk could be useful for this assessment. At the moment the child starts walking, parents often give them a handkerchief to hold on to, instead of holding parent's hand. This handkerchief is in fact "subjectively observed support", or a sense of security, that help is there if needed)

Multisystem approach offers a technique for a functional family assessment model. Various aspects of family and broader social functioning, influencing (encouraging or sanctioning) a particular problem in child's behavior, are mapped together with family members. These basic elements are considered:

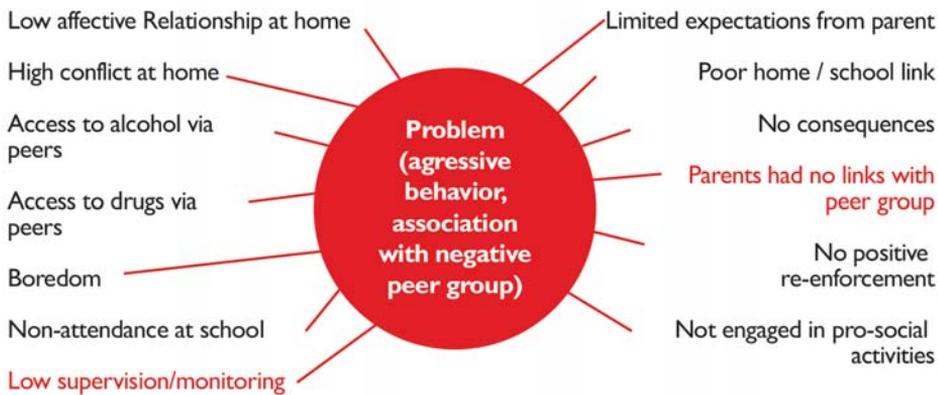
- The way family functions: control and attachment/care, parent's insight into the child's activities, whom the child is socializing with and how he/she spends time
- Leisure activities - prosocial activities
- Peer group - characteristics and activities
- School and educational process - regularity, difficulties.



Moreover, it is important to observe all other systems the child encounters, which are significant as a risk or protective factor (neighbors, church, relatives, etc.) and to determine how the child's problem “fits” into this context (multisystem “fit”).

Schematic diagram 2.1. A graphic representation of behavioral problems during multisystemic assessment:⁹

Example of the multisystemic “Fit”



That way, family's role in maintaining the problems and areas in which parents have to engage to support the child is defined. In addition, there is a possibility for a more profound assessment of parents in order to strengthen their role and create generally more supportive environment for development of their children.

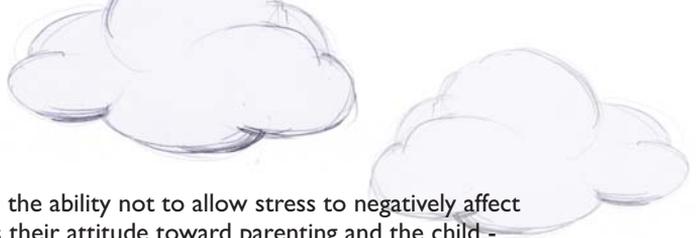
Family strengthening perspective could be useful in family assessment. It defines five areas of dominant forces or protective factors: *parental resilience, social connectivity, parenting or child development knowledge, availability of specific support and development of social and emotional competence in children.*¹⁰ Combination of these factors defines three areas of family support.

I. Parental Resilience - Ability to overcome stress and functioning regardless of challenges, difficulties and traumas. In this area, assessment questions relate to how parents cope in relation to:

- general stress: whether there is hope, optimism, self-confidence, what are their problem-solving and self-care skills; whether they are willing to seek help and how do they manage negative emotions

⁹ Multisystemic Therapy: A positive and strength-focused use of the peer relationship in effective interventions, Ashmore, Z., www.mstuk.org

¹⁰ *Strengthening Families – a protective factors framework* - Scripted Curriculum (2005) Washington: Centre for the Study of Social Policy Washington



- parental stress: do parents have the ability not to allow stress to negatively affect the quality of child care; what is their attitude toward parenting and the child - positive or negative, etc.
- 2. Social Connections** - the ability to build and maintain positive relationships providing emotional, practical, informational and spiritual support as well as the availability of specific support and services that can meet family's needs and mitigate stress caused by various difficulties. In this area the following is evaluated:
- Parents' relationships with people in their environment, what's their network of friends, neighbors, extended family members like
 - What is parents' role in the local community; do parents feel they belong to the community, do they feel reputable and respected
 - To what extent are parents ready to accept assistance and are they, too, a source of assistance to someone in the environment
 - What are parents' skills of establishing and maintaining stable and productive connections and relationships
 - Financial situation, level of satisfaction of basic needs
 - Acquaintance with available services and ways of obtaining them
 - Seeking support when necessary
 - Self-advocacy skills to obtain required assistance
- 3. Parental competence** - understanding child development and parenting strategies necessary to support physical, cognitive, social and emotional progress and development. It also presupposes the quality of interaction between parents and children, enabling the child to develop ability to clearly communicate, recognize and regulate emotions as well as to establish and maintain relationships with others. Desirable parental skills in this segment imply:
- A warm and consistent response nurturing a strong attachment of the child
 - Encouraging and strengthening child's social skills and setting boundaries
 - Nurturing behavior of parents;
 - Age-appropriate expectations;
 - Ability to create a supportive environment for child's development;
 - Ability to effectively influence child's behavior
 - Recognizing and adequately responding to child's specific needs

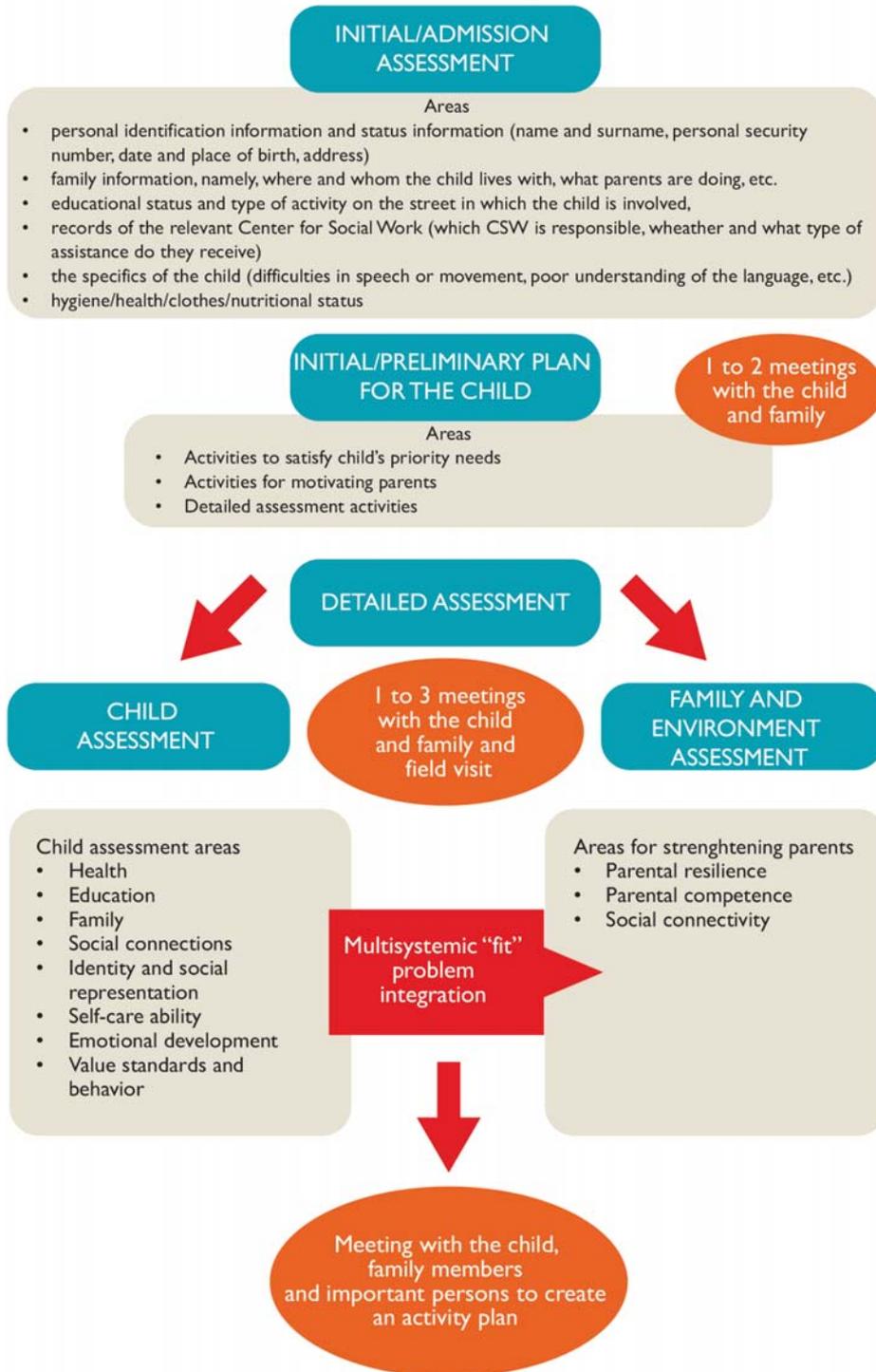
Following a detailed assessment or collection of information about the child, family and environment, the next step is to analyze and define the problem/area of work, strengths and risks that will represent the basis for determining objectives and activities in the individual plan and family plan. It is important to emphasize that focus on strengths does not imply risk negation, but a reasonable/critical view of the balance between positive and negative aspects of family functioning. Equally important is to acknowledge the fact that it is much more efficient to work on strengthening positive aspects than "repair" negative, especially since certain risks cannot be eliminated due to their nature and can only be reduced to a certain extent (developmental difficulties, family members' illness, poverty, etc.).



Table 5. Overview of family assessment area

Assessment area	Questions	Strengths	Risks
Parental resilience	<p>To what extent are parents psychologically strengthened to face stressful situations?</p> <p>How do parents solve problems, do they have adequate strategies?</p> <p>What are their communication skills?</p> <p>What views do they have on their and the situation of the child?</p> <p>Do they have hope and see options for themselves and their family in the future?</p>		
Social connectivity	<p>Do parents have extended family members to rely on?</p> <p>Do they have close friends they can rely on?</p> <p>What is the quality of these relationships and are they able to maintain relationships?</p> <p>How helpful are they to other people?</p> <p>What kind of specific support is needed for family (clothes, food, services availability)?</p> <p>Do parents have skills to provide assistance and support to family?</p> <p>Are they able to find and use available services?</p>		
Parental competency	<p>How do parents care about the child, how do they respond to child's needs?</p> <p>Do they understand child's developmental stage, opportunities and needs?</p> <p>In what conditions does the child live and whether these conditions are adequate to his/her developmental needs?</p> <p>Which educational strategies/techniques do they use?</p> <p>Are they able to effectively and accurately affect the child's behavior?</p> <p>Are they able to recognize child's specific needs and how do they respond to them?</p> <p>What is the quality of interactions between parents and children?</p> <p>Does the parent adequately respond to child's need for warmth and affection?</p> <p>Do parents represent a role model or teach the child life and social skills?</p>		

Schematic diagram 3. Child and family assessment phases



I.3. Assessment Methodology

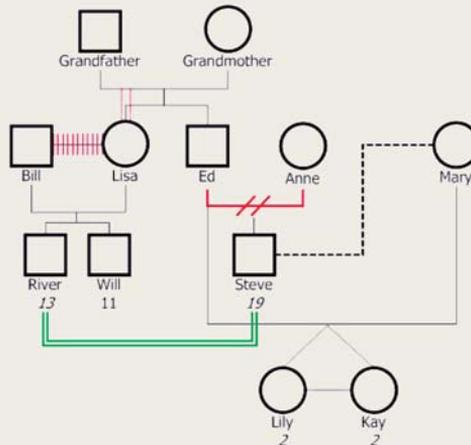
Professionals collect and process data in different ways to work with children and families. Regardless of methodology, it is important to understand that the assessment process is not just about data collecting, but a very important phase at the beginning of providing a service that enables professionals to establish work connection with the child and family members.

Therefore, assessment should be based on the following principles:

- Child's safety
- Participation of the child and family in all phases of assessment and planning
- Focus on child's and family's strengths and resources
- A cooperative approach treating family members as experts for their life situation
- Cultural sensitivity

The basic methods and techniques available to professionals are **conversation** with the child and family members and **observation**. During the conversation, it is important to prepare, in advance, questions important for child/family to respond to, but it is also necessary to save time for a conversation that is not directly related to the professional's plan but may be significant to a family willing to converse. Different questionnaires and assessment scales can be used to collect data about the child and family. With smaller children, creative talking conversation techniques are particularly useful to work with. Observation is a significant segment of the assessment and relates to anticipation of appearance and nonverbal communication during a conversation with the child and family in the organization providing the service. It also considers the circumstances in which they live during the home visits.

Genogram

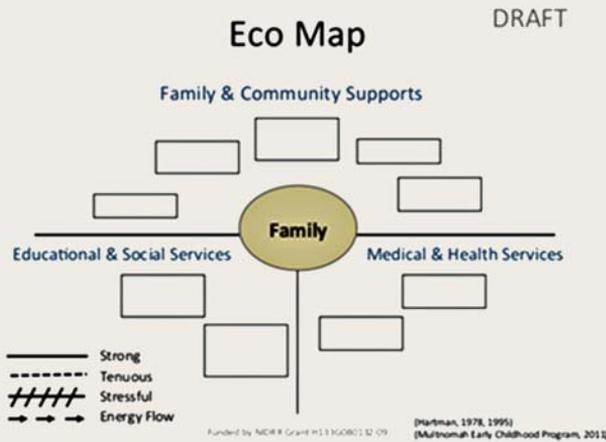




Different methods can be used for assessment and data collection about family. **Genogram** is one of the most prominent due to multiple benefits it provides. Genogram is a graphic representation of a family displaying family structure, important persons, relationships and boundaries. It can be a diagnostic tool created together with family, or in data processing stage as an auxiliary tool to professional for consolidating collected data.

Two assessment techniques are selected for the purpose of this program, whose results provide a good framework for planning interventions in the social network in a day center.

Eco-map – a method focused on assessment of relationship between family and its environment. It is based on the concept of individual and family needs assessment and possibility of meeting them in social environment. Hartman (1975) lists ten groups of needs for the purpose of this method, covered with as many community resource groups required to satisfy them. Central part of the procedure is focused on depicting, visualization and assessment of relationships which some family members, or the entire family, nurtures and develops with their environment. An Eco-map is a graphic representation of this assessment, created upon principles of genogram development as an assessment technique in systematic family therapy.



In this case, an Eco-map could be utilized for assessment of relationships of a child living and/or working on the street, child at risk and his/her family with the environment, as well as for initial assessment of connections between community resources within the family’s environment.

The orientation of the Eco-map to relationships assessment, child’s relationship with important persons in his/her social network, allows us to assess the personal social network of the child, encompassing all important aspects of the personal social network assessment we have listed. The application of the Eco-map further motivates the child and family, makes them active participants and partners in the process and in an illustrative and clear way gives everyone new insight into the causes, influences and relationships important for supporting the child and his/her family.



Power mapping technique - facilitates assessing who holds the decision-making authority at the community level with relation to the change that we want to achieve (individuals, groups, institutions) and which individuals and institutions have the power to influence the decision-maker. In this way, we determine the primary target group of our actions - who is directly responsible for decision-making and the secondary target group - who can influence the primary target group.

This technique is useful for finding support sources at the level of the entire target group of children living and/or working on the street and children at risk, as well as in mobilizing community for the particular beneficiary. Applying this technique allows us to „exit“ the common way of assessing the community and to discover potential sources of support we did not see before. It also enables us to recognize the interest and characteristics of the stakeholder we seek to include in the service program, based on which we can plan strategies and methods of intervention for their inclusion in the support of children living and/or working on the street and children at risk.

The usefulness of this technique rests on defining the source of power in the community, whose recognition creates new possibilities for intervention. Assessed community power sources are:

- Formal powers
- Power of experts, knowledge and information
- Power of connections/references
- Power of sources - control over value resources - money, raw materials, work, services...
- Procedural power - the power to influence the adoption of procedures and processes influencing decision making
- Power of repression
- Power of habit - rests on the assumption that it is easier to maintain the current state than to introduce changes
- Moral power - a result of pressure of universally appreciated values closely connected with the power of conventions determining what is good and what is not good
- Personal power - personal qualities of a person such as self-confidence, articulation of ideas of others, understanding.

Power mapping technique provides excellent information for motivating and involving other stakeholders in day center's child support program or for introducing new services for children and families involved in the program.

Expanded knowledge of the community, acquired through use of mentioned techniques, is significant for the day center since it is also focused on finding opportunities to obtain greater community support. In other words, by mastering and applying these techniques, professionals develop competencies oriented toward improving position of children living and/or working on the street and children at risk and development of community services designed to meet their needs.



Table 6. An overview of assessment methodology in regard to phases and objectives of assessment

Assessment phase	Objectives	Assessment methodology	Possible outcomes
Admission assessment	<p>Achieving child's safety</p> <p>Achieving initial insights into the child's and family characteristics</p> <p>Understanding whether the child is an adequate service beneficiary</p> <p>Understanding the child's priority needs</p> <p>Creating an Initial Support Plan</p> <p>Creating a detailed assessment plan</p>	<p>Conversation with the child and family</p> <p>Observation</p> <p>Check list for admission assessment</p>	<p>Endangered security – notifying CSW</p> <p>Supporting family in achieving security</p> <p>Determined basic data about the child and family</p> <p>The beneficiary begins (or not) to use the service</p> <p>An initial support plan drawn up containing a detailed assessment plan of the child and family</p>
Child's needs assessment	<p>Understanding the level of bio-psycho-social development of the child and the child's needs</p> <p>Understanding child's strengths and the risk for child's development</p> <p>Defining child's functioning areas needing support</p>	<p>Conversation with the child</p> <p>Creative techniques (utilization of drawings, objects etc.)</p> <p>Observation</p> <p>Surveys, scales etc.</p>	<p>Defining development goals for the child</p> <p>Planning activities in accordance with objectives</p>
Child's family and environment assessment	<p>Considering family characteristics in relation to the child's needs</p> <p>Considering the way in which family's functioning (relationships, dynamics) affect the child's problems</p> <p>Considering the areas needing parenting strengthening to better respond to the child's needs</p>	<p>Genogram</p> <p>Timeline</p> <p>Ecomap</p> <p>...</p>	<p>Inclusion of parents in the realization of activities for the child</p> <p>Defining objectives of family support and strengthening parenting</p> <p>Planning family work activities</p>



2. PLANNING WORK WITH FAMILY

Planning support for families of children included in day center is based on the results of situation and problem assessment, i.e. beneficiary's needs. Planning and design of the support plan should be approached in a systematic and creative manner. Needs of a particular child/family have to be respected, but considering the service scope provided by the day center, which should be aligned with the organization's capabilities in relation to families it is working with and the scope of its work. It is important to keep in mind that not all families are eligible "candidates" to enter FSP and that some families will benefit more from a less intensive approach that implies information and occasional inclusion in some of day center activities intended for parents/caregivers¹¹.

Work with children in the center should be based on precise and participatory planning, consistent application and regular audits, changes and amendments to the Individual Work Plan. The Family Support Plan is an integral part of the Individual Plan developed for each Day Center beneficiary. Its role is to direct and unite all individual activities and efforts into a coherent strategy - an operational work plan that clearly leads to solution of existing problems.

The process of planning and developing a Family Support Plan is a multifaceted, cyclical process that takes place through the following interrelated phases and segments:

Problem identification and prioritization - is a crucial step in the planning process, because objectives and tasks of day center treatment will be determined depending on how the central problem is seen and defined. If a mistake is made while identifying problems or needs, a series of chain errors and misplaced interventions will occur. Since in most situations, children and families need work on solving a number of issues or unsatisfied needs, it is important to bear in mind that these problems are interrelated and mutually conditioned and to distinguish the ones that are most urgent to solve, or to prioritize them. So, at this stage of planning, it is necessary to make a selection of key problems that will be treated in the day center.

Selection and prioritizing the problems that will be dealt with is a process in which interaction between the professional team – family – child is very important. The

¹¹ For example: participating in workshops for parents and positive discipline training



problem/s are analyzed in such way that family/the child perspective is considered, along with the perspective of professionals involved in the planning process, with the idea of achieving a high level of agreement about what the key problems and priorities in solving them are.

The emergence of crisis situations requiring urgent intervention should always be considered a possibility, requiring focus shifting from identified problems and areas to “incident” situations.

- **Defining the problem (description of behavior)** - There are several reasons demanding additional efforts to closely define the identified problem. First of all, it contributes to proper and harmonized comprehension of the problem by all process stakeholders (the child, family members, professionals). Moreover, experts may have different opinions about definition of the same problem and, most importantly, the same problem is compounded in different ways in the personal profile and dynamics of each child/family. Defining the problem through a precise behavior description addresses a better selection of interventions and clearer and more measurable formulation of intervention goals.
- **Defining the general treatment objective** - determining the **long-term, general objective** of treatment has a motivating, directing influence and represents a marker for reaching the ultimate outcome, i.e. desired changes. However, as the general objective is defined in the general form and represents the state/outcome that is most often completely different from the present situation, it does not provide protection from turning from the desired course. Nevertheless, is a high degree of consensus among all stakeholders in the process in terms of its importance and need to reach it is of crucial significance.
- **Formulating specific objectives** - as the general objective does not provide sufficiently clear and precise guidelines for work, the next step entails elaboration of the general objective through formulation of specific, **short-term objectives**. They are best defined in the form of time-bound, consistent changes in behavior.
- **Setting tasks** - Tasks are actions and steps that need to be taken in order to achieve set objectives. The task should be concrete, clear, concise, time-bound and measurable. Starting from the tasks, a concrete work plan is presented, i.e. a plan of activities and interventions to be undertaken in direct work with the specific child/family.¹²
- **Selection of activities and interventions** - For each objective and task set out above, strategies and interventions (or methods and techniques), empirically confirmed as successful in achieving such tasks, are defined in further planning process. The planning system does not leave much room for improvisation or wandering, but all efforts focus on what is really important and a priority. The plan

¹² See Annex 10.1 FSP scheme with outcomes and indicators



should enable clear vision of what has to be achieved, how will it be realized, who is responsible for realization and how to check and know whether or not progress is made.

Nature, course, duration and effects of interventions should be explained to the child/family, since otherwise undertaken interventions will not make sense for them, which can make the viability of their participation questionable.

- **Determining criteria for termination of service use and/or completion of the program** - in a desire to focus work toward outcomes and, at the same time, stimulate motivation of the child and family, the plan should also contain defined criteria for program completion, service termination or significant modification and turnaround in work with family and the child. Therefore, even when use of day center services is not time-limited, from a professional-methodological point of view, it is important that target programs (such as family support program) are limited in time, with defined performance criteria in achieving desired changes and with clearly set indicators for monitoring changes in behavior and functioning of the child/family.
- **Plan for monitoring, evaluation and revision of the Family Support Plan** - implies defining deadlines, methods and techniques for monitoring and evaluating the work plan. Once made, a plan is not a "closed" document. On the contrary, changes and additions make a natural process of program's further individualization and direct progress related to set goals and desired outcomes. In order for the plan to have this dimensional component, it is necessary to plan periodic revisions (reviews). Proposal of minimum quality standards for this service defines mandatory deadlines for revisions, which does not exclude review of the plan, whenever needed, according to current situation of day center beneficiaries.
- **Participants of the planning process** - in addition to day center professionals, the child, family/parents/caregivers, designated professional of the competent social work center, representatives of other community services and organizations, and other important persons from the child's environment (key persons) also participate in the planning process. The role of these stakeholders is significant, both in the process of identifying problems and potentials/strengths, as well as in formulating objectives, tasks and treatment strategies. All parties in the process are introduced to the plan, and written consent and approval of all participants in its implementation is required. With special care and sensitivity, its basic provisions are explained to the child and family.
- **Format of the plan** - There is no prescribed format of the plan considered mandatory for day center service providers. As there is a need for more precise guidelines on the content of the plan, attached is a *draft plan*¹³, which should be adapted to a particular child and work organization of the specific day center service provider.

¹³ Annex 4.3. Family support plan draft



We could conclude that the support plan in day center:

- is created through a participatory planning process,
- is a part of the professional procedure and service standard,
- is developed with/for each day center beneficiary,
- the structure of the plan is stable and its content is highly individualized,
- is based on the situation and problem assessment results, i.e. strengths and risks,
- the role of the plan is to: direct, unify and coordinate all individual programs, approaches, efforts and contributions to a coherent strategy – operational work plan.

Schematic diagram 4. The child and family work diagram

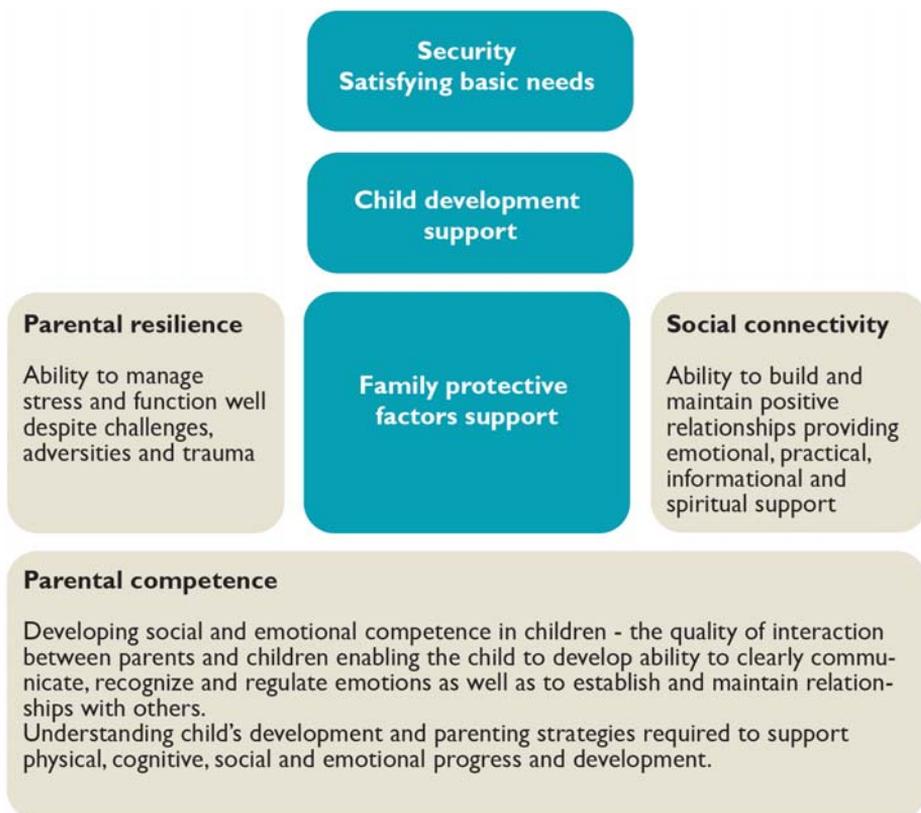




Table 7. Work areas in parenting strengthening and support opportunities

Area	Parent's/Parenting issues	Professional's role
<p>Parental resilience Ability to manage stress and function well despite challenges, adversities and trauma.</p>	<ul style="list-style-type: none"> ● Have their own trauma history ● Have co-occurring issues (DV, substance abuse, etc.) ● Feel negative about themselves ● Are parenting children who have experienced trauma ● Are parenting children with special needs ● Worry about what could happen to their children in hostile environments 	<ul style="list-style-type: none"> ● Project a positive and strengths-based approach to the family ● Support the family as key decision-makers and validating and supporting good decisions ● Make self-care a part of the case plan ● Encouraging the parent to explore and address their own past experiences of trauma ● Normalize that parenting is stressful and help parent plan proactively for stressful parenting situations ● Acknowledge/be aware of societal trends that have had a negative impact
<p>Social connectivity Ability to build and maintain positive relationships providing emotional, practical, information and spiritual support.</p> <p>Availability of specific support and services to meet the needs of the family and</p>	<ul style="list-style-type: none"> ● Are socially isolated ● Have a history of conflicted relationships ● Not have the skills and tools to develop or recognize positive relationships ● Are mistrustful of services and systems ● Face concrete barriers to accessing services 	<ul style="list-style-type: none"> ● model good relational behavior ● Help the caregiver develop stronger relational skills ● Engage the family's broader network ● Help the family identify supporters in their network who will contribute positively ● Encourage parent/caregiver to expand or deepen their social network as part of the case plan ● Encourage parent/caregiver



<p>reduce the stress caused by various difficulties and challenges.</p>		<p>to address barriers to developing healthy social connections such as anxiety or depression</p> <ul style="list-style-type: none"> ● Encourage help seeking behavior ● Working with the family to understand their past experience with service systems ● Help the family to navigate complex systems ● Help parent/caregiver understand their role as an advocate for themselves and their child
<p>Parental competence Developing social and emotional competence in children - the quality of interaction between parents and children enabling the child to develop ability to clearly communicate, recognize and regulate emotions as well as to establish and maintain relationships with others.</p> <p>Understanding child's development and</p>	<ul style="list-style-type: none"> ● Have conflicting demands which make participation in parenting classes hard ● Have developmental and processing challenges ● Are parenting children with atypical behavior ● Have negative parenting models ● Have children struggling with the impact of trauma, loss and separation ● Have children who have experienced disruption to core attachment relationships ● May not have nurturing skills needed to set 	<ul style="list-style-type: none"> ● Connect parents to parenting education classes or resources ● Model appropriate expectations and parenting behavior ● Underline the importance of nurturing care and help the parent value their role ● Provide „just in time“ parenting education¹⁴ ● Help parents/caregivers identify a series of trusted informants that they can turn to when they need parenting information ● Provide information on trauma and its impact on development ● Stay attuned to trauma and how it impacts the child's relationships ● Increase parent's/caregiver's capacity to nurture

¹⁴ Day centers can organize and conduct workshops for parents and training for positive discipline program



parenting strategies required to support physical, cognitive, social and emotional progress and development.

foundation for social emotional development

social-emotional competence

- Connect the family to resources that can help support the child's social-emotional development
- Provide families with support in dealing with children's attachment issues and/or challenging behaviors



3. CHILD SUPPORT PRIORITY AREAS REQUIRING INVOLVEMENT OF PARENTS

Despite the differences among service providers regarding certain aspects of work with children living and/or working on the street and children at risk, everyone agrees that family is one of the most important factors for achieving positive changes and achievement of goals set in work with the child. Also, many studies show that the level and quality of parental participation is largely linked to the final outcomes of the service program.

Reliance on family is based on several basic postulates:

- Family, not a professional, is a constant in the child's life
- It is best to help a child through understanding of his family and community in which family lives
- It is necessary to establish cooperation with family and continually work on its improvement
- It is important to respect family's choices and decisions
- Family's strengths should be respected and empowered
- It is necessary to gain family's trust

Parents can choose to participate in multiple ways, or **at multiple levels** in work of the day center. At the lowest level of partnership, parents can stay at the passive level of receiving information. Such level of cooperation is unilateral because it does not allow feedback from parents, so there is no exchange that makes the partnership. Yet such way of cooperation is more than rejection, and in the course of work it can grow into a more active cooperative relationship. At a higher level of co-operation, parents can also provide useful information about the child, out-of-program behavior or at home. They may suggest objectives they want the child to realize and their vision of problems as they see and experience them. Even at the highest level of this cooperation parents limit their participation to the problem of the child and work with the child. The third step is active participation of parents not only in solving the problem of the child but also in their willingness to learn and improve their parental competence through different workshops, consultations etc. These workshops are related to the information and skills in parenting¹⁵, i.e. ways of helping and supporting the child. At even higher level of partnership between parents and day center associates, parents are supported

¹⁵ Durrant, J., Pozitivna disciplina u svakodnevnom roditeljstvu (2014) (Positive discipline in every day parenting), Save the Children for NW Balkans



to actively apply what they learned by requesting and implementing received instruction at home with their children. They can also support and assist other parents in the program or even other children through various activities. At the highest level, parents actively work as partners of program development. They engage in daily activities as volunteers and/or actively advocate for the program, its promotion and provision of resources and working conditions.

Most families start the program with great ambivalence beginning on lower levels of engagement. If such engagement is accepted and fostered by day centers, their cooperation can be developed to the highest levels of this continuum.

Simultaneous work with the child and with parents to improve their educational competencies is a prerequisite for durability and sustainability of the achieved changes. Starting from this fact, all service providers try to establish and constantly improve cooperation with parents to the highest possible extent. This task is not easy to realize because parents do not always accept cooperation with service providers, or accept it in a passive, dysfunctional way. Most families start cooperation at lower engagement levels and many remain at it. Day centers as service providers should accept and support any form of cooperation, with the aim of making it more meaningful and of better quality over time. This requires a structured approach and time planned for such activities.

Regardless of parents' motivation level, cooperation with family within the day center should always include at least the following activities:

- **Continuous information exchange**

Parents should receive timely information about their child's progress, but also about the difficulties and problems they are facing. Honest and open communication with parents in most cases produces positive effects. It is important to emphasize that sharing information with parents should not be one-sided, since parents are the most important sources of information about the child. From them we can obtain information related to the period preceding child's inclusion in the service program and information about his/her behavior outside the program, at home and in their leisure time. Parents can point to some of the problems the service provider has not identified or to different approach to solving a specific problem in child's functioning. Parents should get an impression that, in the day center, they can always find answers to questions that concern them, about their child or their behavior in relation to the child. Discussion with parents can be held ad hoc or by setting up individual meetings or organizing "open doors" at a scheduled time during the week.

- **Involving parents at all stages of work**

Whenever possible, parents should be involved in all phases of the professional process. Parents are key partners when assessing the child and developing an individual child support plan. They should be not only partners in plan development, but also carriers of certain activities in that plan. Also, we can get valuable feedback from parents about the effects of their activities and the consistency of behavior outside the service program.



In cases of higher cooperation level with parents, it is necessary to plan programs focused on supporting parents, i.e. on activities improving parental competencies¹⁶, empowering parents and strengthening their self-confidence.

- **Support to family in self-organization and networking in the local community**

Day centers should motivate parents to connect with other, similar families. Day center can be a place where parents will occasionally gather, share experiences, and support each other. One of the forms in which parents' gathering can be organized is a parents' night. It provides the opportunity to get acquainted and share experiences in informal and relaxed atmosphere, along with an entertaining program of fun or educational character. Service provider can initiate parent's joint activities or support some of their local community initiatives. Such programs must be flexible and culturally sensitive.

Although there is no field of work with the child in which involvement of parent has no importance, when it comes to children living and/or working on the street and children at risk and their parents, the following areas are of the utmost importance:

- **Education**
- **Health Care**
- **Behavioral Problems**
- **Child sexuality**

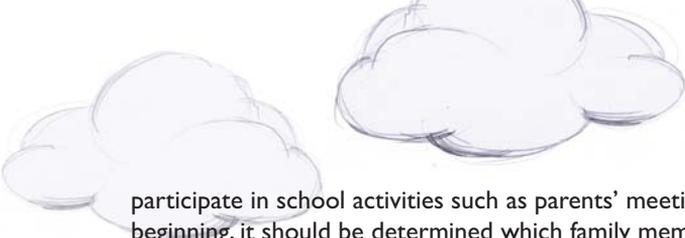
One of the most important areas of child support is certainly **inclusion in school**, support for regular school attendance, prevention of early school dropout, etc. Involvement of parents in support activities greatly enhances the probability of positive outcomes for the child. In this regard, it is necessary to develop parents' awareness of the importance of education for their children's future and a positive attitude toward their education. Parents are encouraged to enroll the child in pre-school or elementary school and become actively involved in their children's education later on. Parents are expected to supervise if the child regularly attends school and fulfills school obligations.

The main goals of working with parents in this area should be addressed to:

- enrollment in school
- regular school attendance
- improving school grades
- preventing absence
- preventing application of disciplinary measures by schools, such as expulsion from school

Interventions of parent support service providers in this area may be directed to assisting parents achieve better cooperation with the school, by encouraging parents to

¹⁶ Workshops with parents adapted by Durrant,J., Positive discipline in every day parenting (2014), Save the Children for NW Balkans

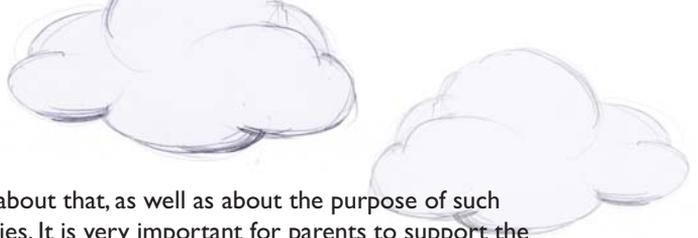


participate in school activities such as parents' meetings or "open doors". In the beginning, it should be determined which family member is in charge of contact with the school (father, mother, elder brother or sister ... or someone else) and if necessary, prepare that person for a conversation with school staff. Parents should be encouraged to monitor the regularity of attending school and motivated to create incentives with respect to child's behavior. It is essential that they understand the importance of consistency in their behavior, explaining that any deviation from established rules reduces the possibility for the child to permanently adopt positive habits. Given that parents in question are usually modestly educated or illiterate, the service provider should take over monitoring of school related obligations and control whether the child regularly does homework, what grades he/she attains and in accordance with child's need, organize learning assistance. Certainly, if there is a family member who can participate in this aspect of support, they should be included as well.

Health problems that children living and/or working on the street face are similar to problems of children belonging to the general population. However, they often become complicated, because children living and/or working on the street have limited access to health care facilities. Reasons for this are multiple and range from emotional factors such as fear of a doctor to unavailability of health care services due to lack of documentation, such as a healthcare card or prescription. Some of these children are not even registered in the birth records book. The reason for avoiding doctors may also be the lack of a health care facility in the area of child's residence, as well as lack of financial means to pay the costs of treatment. The reason for exclusion of these children from the health care system is partly an inadequate attitude of health care professionals toward this category of children, which implies condemnation, negligence, underestimation, etc. The reasons for neglected health also lie in the attitude of the child, who often has low self-esteem, refuses care and self-medicates.

The central role in care for children's health undoubtedly belongs to their parents. Accordingly, it is necessary to continuously work on raising parents' awareness about the importance of health care and encourage them to engage in this area. The activities of the service provider should be directed to informing and educating parents about the importance of compulsory vaccination for children, the need for regular medical check-ups, getting acquainted with symptoms of certain diseases and consequences of neglecting them, the significance of personal hygiene has in child's health, etc. Parents' care for health of their children should be encouraged not only through informational and educational content, but also by arranging medical check-ups, where they will take the child, alone or with the assistance of the service provider. Also, service providers should be additionally educated about HIV prevention and other sexually transmitted diseases and the abuse of psychoactive substances, to be able to expand their knowledge and inform children and parents of possible risks.

In cases when children are experiencing **behavioral problems**, parents should be involved in supporting the child. First of all, it is necessary to introduce parents to the nature of child's problem in a way that is understandable to them, avoiding to use professional terms and diagnosis. Parents should be told that they are expected to monitor child's behavior, record changes and inform the service provider. If the service provider has the capacity to include the child in some form of counseling-therapeutic



work, parents should be informed about that, as well as about the purpose of such work and process of related activities. It is very important for parents to support the work of the service provider and to take the same position and consistency in reacting to child's behavior. Children may experience disturbance of drives, developmental difficulties, emotional disturbances, habit disorders, behavioral disorders and cognitive disturbances, so it is recommendable that providers organize educational workshops for parents to introduce them to emerging forms of problems in each of said areas, but also provide parents with information on possibilities for more intensive professional support in the community. Also, parents need to have an insight into problems their children can solve themselves, through additional engagement and increased support, and for which of them professional assistance is needed. It should not be forgotten that, when it comes to children living and/or working on the street, parents have a key role in **preventing beggary** and other forms of risky behavior.

Development of children's sexuality takes place gradually, and mostly depends on the relationship with parents and the way they talk to them about this topic. Children usually do not receive feedback from their parents on acceptable/unacceptable sexual behavior. It is not uncommon that sexuality is a taboo topic and that children experience their sexuality as something that should be hidden and ashamed of. In order to prevent unacceptable sexual behavior of children, service providers need to help parents recognize the importance of their role in this area and to provide them with additional knowledge related to early age sexuality, sexually transmitted diseases, protection against unwanted pregnancy, sexual intercourse, etc.

The effects of programs focused to supporting parents and families in these areas are reflected through:

- Improving parents' capacity to recognize child's needs and respond to them adequately
- Motivating parents to abandon previous forms of behavior and find alternatives that lead to positive changes.
- Better understanding and acceptance of problems
- Increasing parental competence to establish child's socially acceptable behavior and encourage establishment of important habits and skills
- Increasing family capacity to establish and maintain cohesion and adequate functioning
- Directing family toward social connections and establishment of a support network



4. SUPPORTING PARENTAL RESILIENCE

Crises are a normal part of functioning of all families, especially of those living in difficult socio-economic conditions, endangered in various ways and in need of support from different systems. Crises often cannot be predicted, nor can professionals completely eliminate the possibility of crisis in the lives of families they work with. What they can do is help parents endure these crises, or deal with them in a way that will not adversely affect their parenting skills and development of their children. Resilient parents are capable of recognizing difficulties and dealing with them, while maintaining a positive attitude, having patience for their children, not transferring frustrations nor repeating negative patterns learned in their families of origin. The task of the support service is to help parents feel better, recognize their strengths, understand the ways they deal with difficult situations and learn skills that will enable them to handle crisis in a constructive way. In this regard, the activities of professionals working with parents can be multiple and can take place at different levels: **from direct contact with parents which implies focus on strengths, to structured psycho-educational activities.**

Support for families in this area should imply:

- Demonstrating families that their efforts are valued, that we appreciate and respect them
- Honor each family's race, language, culture, history and approach to parenting
- Providing empathic support encouraging proactive response to managing stress
- Help parents to understand how to protect their child during stressful times

Support activities imply:

- Strengths-based interaction with parents that recognizes and supports them as personalities and as parents
- Empowering parents to recognize current patterns and to plan to face stressors
- Support parents as decision-makers and help build decision-making and leadership skills
- Help parents build skills that will help them during the crisis through providing ways to learn and practice these skills in everyday circumstances



Table 8. Professional's role referring to key areas

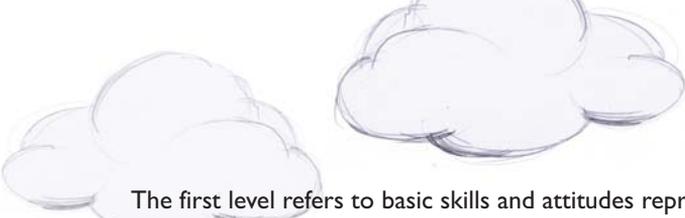
Area	Problems of parents/parenting	Professional's role
Parental resilience Ability to manage stress and function well despite challenges, adversities and trauma.	<ul style="list-style-type: none"> ● Have their own trauma history ● Have co-occurring issues (DV, substance abuse, etc.) ● Feel negative about themselves ● Are parenting children who have experienced trauma ● Are parenting children with special needs ● Worry about what could happen to their children in hostile environments 	<ul style="list-style-type: none"> ● Project a positive and strengths-based approach to the family ● Support the family as key decision-makers and validating and supporting good decisions ● Make self-care a part of the case plan ● Encouraging the parent to explore and address their own past experiences of trauma ● Normalize that parenting is stressful and help parent plan proactively for stressful parenting situations ● Acknowledge/be aware of societal trends that have had a negative impact

There are different resilience components. The following picture shows the levels (blocks) of resilience each person has. The role of a professional is to recognize, first and foremost, the existing parent's strengths in order to build on them, then to see the parents' missing skills and help develop them.

Schematic diagram 5. Resilience levels¹⁷



¹⁷ *Strengthening Families – a protective factors framework* - Scripted Curriculum (2005) Washington: Centre for the Study of Social Policy Washington



The first level refers to basic skills and attitudes representing resilience foundation necessary for further upgrade. The second level is called „internal inventory“, which implies basic cognitive activities undertaken in stressful situations and conditioned by basic skills and attitudes. The third level implies active resolution, dealing with a crisis situation, while at the end is the action itself, i.e. direct response to the problem/ stressor. Up to the last level, all activities take place at the inner level, while the level of action encompasses other people and affects other people.

Interpreted from the perspective of parenting, the way that parents will understand stress, and take their position about it within their value system and existing coping strategies, will also determine their way of recognizing challenges and taking positions in relation to them. Specifically, the feelings emerging due to a particular stressful event determine which problem solving strategies will be activated, which ultimately results in an assessment of modus of solving a particular problem, that from the aspect of parental competence, may be more or less functional or more or less threatening to the child.

For parents in contact with the protection system, resilience is particularly important because they live their life from crisis to crisis. Helping them deal with crisis situations implies direct support to the child, as research show that building parental resilience is one of key factors in prevention of child abuse and neglect. That is why it is a professionals' task to help parents „plan their crises“, i.e. identify processes and strategies to help themselves when under great stress.

What are the factors influencing reduced resilience in parents of children living and/or working on the street?

Bearing in mind the circumstances in which they live and challenges they face on a daily basis, there is no dilemma that resilience capacities of parents of children living and/or working on the street and children at risk are reduced. Many of them grew up in a toxic environment, experiencing numerous difficulties as children, without adequate support from their parents. They may presently show symptoms of depression, anxiety, or other psychological problems that prevent them from adequately (consistently, warmly and supportively) responding to the child's needs. Parents should be assisted to deal with the consequences of their own histories involving poor attachment and trauma exposure. In this way, they become stronger in responding to the needs of their children for attachment and healthy environment for age-appropriate development.

Understanding the problem of parenting in the area of resilience is important for professionals who work with families, as it enables them to develop a work perspective that can be empowering for parents. On the other hand, this does not mean that professionals need to be engaged in therapeutic work with parents, as this implies a very complex process for which they have no mandate and often no sufficient skills. What they can do is define areas where parents need support, assess their capacities in relation to it, and plan activities for their strengthening. In cases where parents demonstrate more serious mental health problems (depression, anxiety, etc.), they should refer to service providers that can adequately deal with them.



As mentioned above, work on resilience development implies several levels of possibilities:

The first level refers to **direct communication with parents**, which is focused on strengths, is filled with respect and appreciation of cultural differences and the specificity of parenting style. This level should be applied to all parents because it implies moderate involvement of parents in the work of the service provider.

The second level refers to **specific parental counseling interventions** that imply that parents have recognized the need for support in recognizing stress situations and are willing to work on their own issues and improve their skills to overcome stress and crisis situations.

The third level encompasses organization of **group educational activities for parents**¹⁸ in the area of specific skills development, such as organization of time, problem solving, communication skills, emotional control, etc.

In the area of strengthening resilience, it is important to keep in mind the principle of "small but significant changes". The role of a professional in the system is the role of a "change agent" who, on the basis of an adequate assessment and identified areas in which intervention is needed, has the ability to react quickly (the timeliness principle), provides information and model attitudes, positions and behaviors that reduce parental resilience.

Difficulties in developing positive relationships with parents may arise for various reasons and are mostly caused by negative attitude of parents towards service providers that are reflected through defensiveness and resistance. Therefore, it is important to make an extra effort to make families feel welcome and accepted, namely:

- the professional listens to them
- respects them
- they can trust him/her
- they will get help and support for problems they face

When talking about **interventions**, what first comes to mind are all concrete support activities we provide to children and families. In the area of strengthening parents, it is especially important to be aware that a professional becomes part of the system, thus all of his interactions with family members, depending on their quality, can become interventions developing parental strengths. That is why establishing partnership with parents is crucial, as well as understanding that they are experts in



¹⁸ Workshops for parents adapted according to: Durrant, J., Positive discipline in everyday parenting (2014) Save the Children za sjeverozapadni Balkan



solving their own problems. What NO approach implies is the normalization of negative and risky behaviors, but in order to have the ability to model such behavior it is necessary to establish a relationship of trust and respect. The task of the professional is to recognize parental strengths and help parents recognize them, so that they can make progress, develop new skills, and integrate them into their behavioral repertoire. Topics such as neglect, violence, mental health problems, substance abuse should be the subject of open discussions with family members, with clear messages about their detrimental effect on the child.

Resilience development is a very complex task when it comes to members of marginalized groups, such as families of children living and/or working on the street, because their life experience is often overwhelmed with examples of failure to communicate with system institutions, access to education, the labor market and support systems. In such circumstances, there is often an internalized stigma and a general feeling of lesser value, resulting in submissive attitude toward any organized support system coming from the majority population. Professionals must, therefore, use a continuous approach to work that will have long-term effects, but also need to have enough patience and understanding for the socio-culturally conditioned position of powerlessness from which resistance may arise.

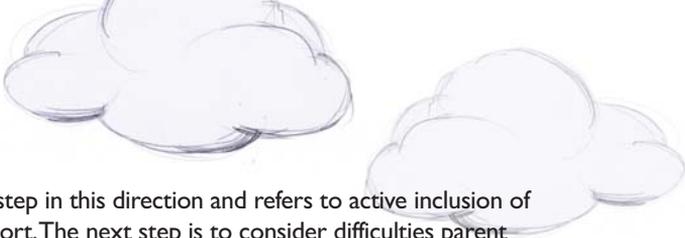
Example: The mother helps the child to do homework when she returns tired from the green market, where she is working from early morning. She can easily lose patience when the child does not do a task properly. She starts to shout, sometimes hits the child, and most often this ends by interrupting the activity, taking a drink and lying down, while the child does not finish homework. After that, she feels guilty and nervous and has no communication with the child for the rest of the day, and sometimes she calls his sister to complain.

Problems:

- The mother cannot respond to child's needs when she is tired
- Tiredness causes mother fail to control her negative feelings
- After the wrangle mother feels even more inadequate

Interventions:

- support a different organization of time – homework to be done after the mother has some rest after work
- include sister as support in a more productive way
- discuss mother's feelings related to her job, developing self-care abilities
- discuss mother's feelings about inadequate parenting
- teach skills of cognitive restructuring and ability of controlling emotions



Joint decision-making is the first step in this direction and refers to active inclusion of parents during planning of child support. The next step is to consider difficulties parent face and the inclusion of support to parents in the child's plan, thus making it a family plan.

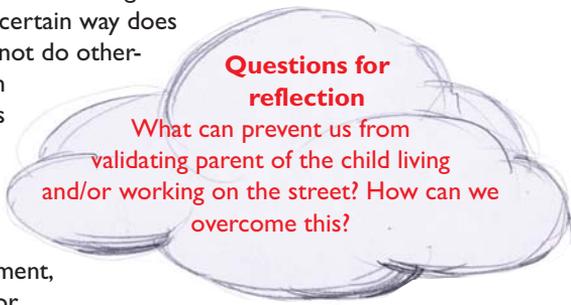
As already mentioned, the mode of work in this area will depend on the family. It is possible to work individually, with parental couples, at the family level or in psycho-educational workshops intended for parenting groups¹⁹. Some of the topics that should be included in working with parents to strengthen their resilience are:

1. Empowering Parents – researching strengths, fostering hope, discussion about values
2. Development of communication and problem solving skills
3. Support self-care skill development

4.1. Empowering Parents – researching strengths, fostering hope, values

Validation and change are the key concepts of behavioral dialectic psychotherapy and imply a professional who looks at the problem from the client's perspective, taking into account the fact that the client solves the problems best he/she can, although these solving methods often have no positive outcomes and can be endangering and socially unacceptable.

Validation primarily means seeing the world as a particular person sees it, and this means investing effort into a substantive understanding of motivation and the fact that a person acting in a certain way does this because he/she does not think or cannot do otherwise. The next step is to show the person that his/her behavior, feelings and thoughts make sense, and find a "grain of truth", that is, a logical connection between behavior and situation. Validation can be verbal and nonverbal, and it is important to emphasize that it is not absolute agreement, affirmation or approval of negative behavior.



Questions for reflection
What can prevent us from validating parent of the child living and/or working on the street? How can we overcome this?

It represents a step toward understanding, in order to be able to intervene. Validation is important in achieving a working partnership with parents, reducing resistance and "fighting for power".

Validation levels:

- Presence in the process
- Reflection

¹⁹ Workshops for parents adapted according to: Durrant, J., Positive discipline in everyday parenting (2014) Save the Children za sjeverozapadni Balkan



- "Mind reading" - when it seems logical to assume that someone feels in a certain way
- Understanding whether it is learning from the past or biological sensitivity
- Normalization - reviewing and reporting valid problem solving attempts
- Equality and Authenticity²⁰

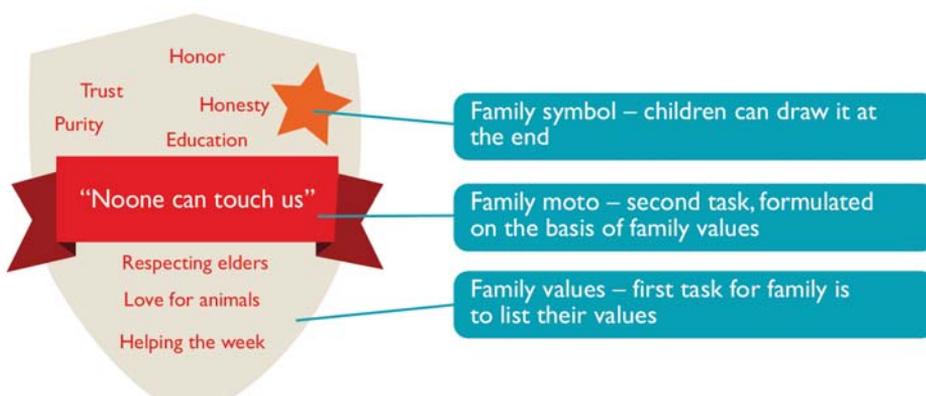
Desires, hopes and goals - Although this topic may seem complicated considering the complex and problematic situation of families of children included in day centers, it is important to remind that these families, as all others, survive precisely because they have objectives, desires and expectations. The professional's task is to help families believe in their dreams, and create a perspective that will enable them to cope with everyday difficulties.

Some of the questions for consideration with parents could be:

- What do I want for myself and my family?
- What gives me hope and strength during the difficult times?
- What could I do to deal better with the difficulties of everyday life?²¹

Values are very important aspect of family functioning. Even unspoken, they are the basis of a thing we often hear from families - "that's how we do it". Values are the basis for defining rules and ways of family functioning. Work on values helps families build up family cohesion by reminding of what is connecting them, what they have in common and what keeps them together.

Exercise for work with family: Creating a family shield²²



²⁰ Linehan M. (2015) *DBT® Skills Training Manual*: Guilford Publications. | poglavlje

²¹ *A Guide to Using the Strengthening Families Protective Factors Framework*, Strengthening Families, West Virginia www.strengtheningfamilieswv.org.

²² Kumpfer, K., Brown, J. (2011) *Shield Your Family by Sharing Your Values* Strengthening families program



Compliments should be an integral part of work with families, noticing their progress and moreover, sharing compliments about their personality, style, behavior, etc. Apart from professionals' awareness of the significance of family's strengths, it is important to clearly point out to family the positive aspects of functioning of their community.

Exercise for work with family "What makes our family strong?" Family members are invited to draw a tree on a large flipchart paper, which will have a clearly defined root, bole and crown, and then write on the root all the talents, knowledge and skills their family has, individual and group, on the bole - what support they need to develop and activate these strengths, and in the crown draw fruits and write all positive outcomes that would arise if their strengths were adequately stimulated, as well as good things that are already being realized.

4.2. Communication and problem solving skills

Parents of children living and/or working on the street and children at risk can have communication difficulties for several reasons. They can be reflected in their everyday life and challenges in contact with the environment, formal and informal support systems as well as in family life and communication with the child.

Assertiveness is one of the key communication skills whose usefulness is recognized both in the area of professional communication and personal emotional relationships.



Questions for reflection

What are communication skills of parents of children you are working with? How can you help them improve these skills?

Assertiveness is among the 'imported' psychological terms. This expression indicates readiness of a person to confirm or protect individual rights and to express feelings in a socially adequate manner. This term is broadly used in its original form, along with expressions like self-validating behavior, self-perception, self-confidence expression (Tovilović, 2005: 37).

In an effort to clearly define the concept of assertiveness, we are faced with the difficulties caused by tendency of different authors to sometimes determine assertiveness as behavior, ability or skill, and sometimes as an attitude or personality trait. Most often, assertiveness is explained in the context of two qualitatively different forms of social behavior – non-assertive (passive, defensive, submissive) and aggressive. Assertiveness is in the middle of two extremes - passivity and aggressiveness. Passivity is a communication style of a person who has difficulties in expressing emotions, needs, attitudes and particularly in rejecting others' requests, even when they consider them inappropriate or unreasonable. On the other end lies aggression, which is a



communication style of a person focused on themselves, personal needs and interests, with no sense for needs and rights of others. Most people in our environment oscillate between these two extreme forms of communication, which could rightly be assumed also for parents of children living and/or working on the street. The importance of adopting assertive skills is not only in superficial learning of a different kind of communication but in the adoption of a cognitive framework in which it is okay to take up for oneself and to seek for a communication style most suitable for that purpose. Parents will be worked with in this area gradually and in a way that is in line with their abilities and educational status, and best - together with their children, as this is a good way for new forms of communication to "stick" in family.

With the family, the following issues and themes will be opened in this area:

- What do we not want to have in communication, and what do we want?
- How do we recognize good and bad communication?
- How do we communicate when we are angry?
- How do we apologize and how are we asking an apology?
- How do we communicate with service professionals?
- How do we communicate with people who are unkind?
- How to talk to a small child, how to a teenager?

In addition to communication skills in this area, the family is supported to **improve problem solving skills**, i.e. to search for better analysis of a complicated situation, to assess outcomes and make adequate decisions. In this area, specific problems are processed through problem solving by family members and a professional who supports the analysis and problem solving, ensuring that the process covers all relevant phases:

1. Problem identification and reconciliation among family members
2. Seeking solutions and alternatives
3. Assessment of alternatives ("weighing ")
4. Making a decision
5. Monitoring the implementation of the decision
6. Success assessment²³

The last two phases are particularly important in skill development because they provide reflection and generalization, which are crucially important in the adult learning process.

²³ Peterson G, Green S., (2009) *Families First: Keys to Successful Family Functioning - Problem-solving*. Virginia State University, USA.



Table 9. Common problem solving²⁴

Problem solving	Date:
1. What is the problem?	
1.1. What are family members' views?	
Father	
Mother	
Child	
...	
1.2. What may be „contributing“ to the problem? (behavior, circumstances, etc.)	
2. What would happen if the problem was solved?	
3. What are possible solutions to the problem?	
4. Evaluate 3 best solutions. What would be the effects? Are there resources existing, is the majority satisfied, etc.?	
5. Decide on the best solution	
6. Make an action plan	
Activities/steps	
People	
Resources	
Date to start:	Date to finish:
7. Evaluate outcome	
What worked?	
What did not work?	
What to change?	
What was good and needs strengthening?	

²⁴ Kumpfer, K., Brown, J. (2011) *Problem Solving Worksheet - Seven easy steps to solve problems effectively*. Strengthening families program



4.3. Supporting development of self-care abilities

The concept of concern is quite broad and implies above all development of parents' awareness that they are important to their children and that it is necessary to sometimes think of themselves, about how they live, how they cope with problems, and what they do to make their life easier. In this area the professional will focus only on parents, the way they eat, sleep, spend leisure time and meet their entertainment needs. The aim is to help parents review their habits and to, in accordance with their possibilities and circumstances, try putting them in order as much as possible, so as to feel better. In addition to daily routine changes, support also includes support for observation and changes in parents' internal frame, because the idea behind this concept is that people do not get disturbed by things themselves, but by the way they are experiencing them. The concept of self-care in this regard encompasses development of parenting skills in three key areas: self-awareness, self-regulation and self-efficiency.

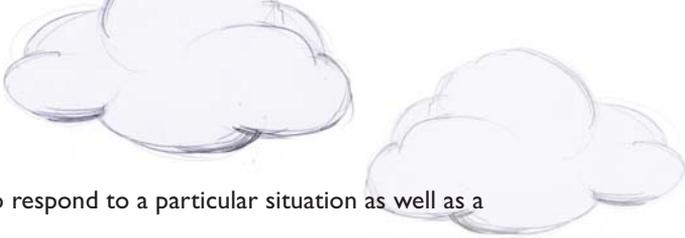
Self-awareness refers to the ability to understand personal processes important to overcome stress such as:

- Identifying signs of stress and understanding own emotions
- Thinking about thinking (harm - threat - challenge, the child's limitations, personal limitations or system constraints)
- Awareness of personal coping strategies (active and passive, emotion- or action-focused, cognitive restructuring)

Self-regulation development is the next step and implies the ability to actively influence personal thinking and emotions through:

- Considering a positive side of the situation (transformation), learned optimism, seeking benefits or reminding of benefits
- Adaptability in the process of achieving goals
- Giving positive meanings to ordinary events
- "Nurturing souls" – achieving complete awareness
- Setting balance to life (job - dealing with children - holiday – fun; easy - tough jobs)

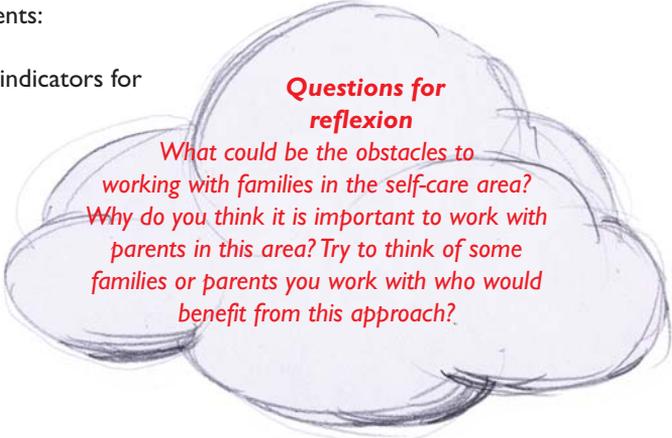
Self-efficiency differs from the concept of self-confidence because it is more specific and does not refer to an entire person but implies an assessment of one's own ability to perform a task and produce a positive outcome (Bandura 2013). Self-efficiency does not depend on the real competencies of a person, and it affects how well a person will be successful in fulfilling life tasks. Namely, the concept is based on the idea that two people with the same level of education, skills and experience will not do the same job in the same quality if they do not have the same/sufficient level of awareness of their own efficiency. A person who, despite acquired skills, doubts his or



her competence will not be able to respond to a particular situation as well as a person who is certain to succeed.

This concept is very important in working with people because it allows us to overcome this difficult task of changing or repairing person's self-image and to focus on a very specific functioning area, which is competence. With parents of children living and/or working on the street this can be very useful, as they often encounter numerous objective obstacles in which they test their efficiency and which make them feel insufficiently valuable, inadequate and bad parents. That is why the following can be done with parents:

- Setting up, developing objective indicators for self-assessment
- Search for and appreciation of positive opinions of others
- Celebration of small steps
- Prioritizing the process, not the outcomes
- Nurturing competence
- Deconstruction of irrational convictions²⁵



**Questions for
reflexion**

*What could be the obstacles to working with families in the self-care area?
Why do you think it is important to work with parents in this area? Try to think of some families or parents you work with who would benefit from this approach?*

²⁵ Cox, K., Steiner, S., (2013) *Self-care in social work A Guide for Practitioners, Supervisors and Administrators*. Washington: NASW Press



5. DEVELOPING PARENTAL COMPETENCE

Work in the area of parental competence implies support for parents to better understand child's development, improve existing and learn new strategies to support physical, cognitive, social and emotional progress and development of their child. The aim is to improve the quality of parents' interaction with children to create conditions for development of communication skills, ability to understand and regulate emotions and constructive interpersonal skills.

Despite the fact that no one disputes the importance of education for success on a professional and social level, this is not the case with family life. The success of family roles, the quality of family relationships, and other aspects of family life seem to not be related to education or, in our case, to parental competence development.

For no other situation so much preparation is needed, so much spiritual effort, and none is so left to improvisation and chance" (Langran, P., 1976.).

„Most of us learn parenting on the job.

We have little information about child development,

so we rely on our instincts or our own childhood experiences.

But many times our instincts are really just emotional reactions that aren't well thought-out.

And sometimes our own childhood experiences were negative,

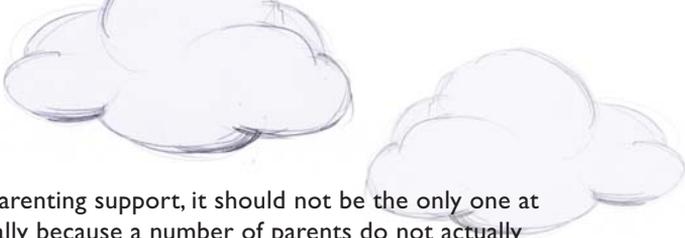
or even violent, ones." (Joan E. Durrant, 2007)

The word competence leads us to observe parents in relation to requirement of their adequate response to children's needs. Namely, parenting should not be seen as inborn ability, tendency or talent, but as a set of learned knowledge, skills and attitudes which can be corrected, modified and supplemented.

The role of day center professionals is to recognize behaviors and interactions between parents and children that may be counterproductive and to enable parents to learn and adopt new constructive strategies and ways of approaching children. On the other hand, focusing on strengths directs the second complementary aspect of work, which is the identification, emphasis and empowerment of positive interactions that certainly exist in all, thus in families in question, as well.

The term competence also suggests a possible methodology for development of parental skills, such as educational workshops or parenting trainings.²⁶ Although this

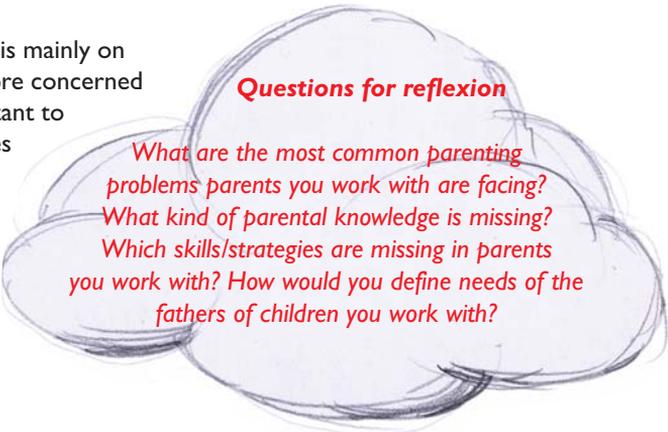
²⁶ Durrant, J., Positive discipline in everyday parenting (2014) Save the Children za sjeverozapadni Balkan



mode of work is a useful tool in parenting support, it should not be the only one at service provider's disposal, especially because a number of parents do not actually complete the entire workshop cycle and because often the content of workshops is not focused on specific difficulties parents are facing. This is particularly important in cases of families with multiple dysfunctions such as families of children living and/or working on the street and children at risk. With these families, educational activities will have far more effect if they implemented at a time when the family faces a certain problem. Educational content must be tailored to their context and needs and focused on providing answers to current dilemmas and problems, and adequately updated.

Parents often lack knowledge related to different areas of child development and understanding of needs and expected behaviors in each of the developmental stages, strategies for positive behavior modeling and skills to respond to specific challenges arising from the characteristics of the child, behavioral problems, developmental difficulties or illness.

In work with families the focus is mainly on mothers, as they are usually more concerned with child care. It is also important to include fathers support activities in parenting support programs, as their role is very important in child development and can be of great benefit in more effective achieving of positive changes, both with the child and within the family system.



Questions for reflexion

*What are the most common parenting problems parents you work with are facing?
What kind of parental knowledge is missing?
Which skills/strategies are missing in parents you work with? How would you define needs of the fathers of children you work with?*

What is important for parents to know?

- It is important that children get a lot of love, support and care.
- Children need to have continuity and structure.
- Children need to be provided with positive feedback and encouraged to develop their skills.
- For the child's development, it is important that parents have an insight into movement and behavior of the child according to their age.
- Children need to learn to recognize and communicate emotions. This is a skill that children learn and need to be motivated to do so. Young children often experience strong emotions that they cannot fully grasp, and the ability to understand and communicate their feelings is an important prerequisite for successful establishment of relationships.
- Children need support to learn to control their response to emotions. It's important to teach children how to behave when they feel strong emotions, for example, it is okay to be angry or furious, but it is not okay to hit the floor or break things in the house).



- Emotional literacy of children is important for both the child and the society as a whole, because without self-awareness there is no awareness of others or empathy which is very important for the prosocial functioning of the child and then of the adult.

Since the area of development of parental competences can be broadly understood, as a framework for professionals elementary aspects of parenting²⁷ may be of use, based on child's needs, such as:

- Care and attachment, response to child's emotional needs
- Setting boundaries, response to the child's needs for directing and support
- Monitoring/supervision, knowing where children are, whom they are with and what they are doing, responds to the child's need for control.

Care and attachment – the response to basic emotional needs

- **Secure attachment:** the need for security, safety and connectivity with others is met in a stable and predictable manner. It creates secure affective connection and is very important for establishing emotional relationships in the future.
- **Autonomy and Competence:** includes an experience that can be separated and function independently from others. Family environment characterized by a moderate connection in which there is no overprotection and preventing the child to function independently is suitable to development of autonomy and competence. Such parents undermine the child's self-confidence and make him/her suppress individual needs to satisfy theirs.
- **Boundaries:** Refers to the need for existence and understanding of limitations, both personal and social. It encompasses an attitude toward long-term goals and a specific relationship with others. If this need is inadequately met, the relationship to goals is reflected by setting the standards too high or through insufficient self-control. Relationships with others is characterized by granting them less competence than attributed to self. People with any of the domain schemes may seem selfish, spoiled, irresponsible or narcissistic. Families they originate from are characterized by an inappropriate degree of demands (either too demanding or too compliant) and inadequate meeting of needs. Such extreme educational styles lead to inadequate self-control (in the sense of being excessive or missing) and disrespect for others' needs and generally-applicable behavioral rules²⁸
- **Freedom to express needs and emotions:** derives from the need to communicate emotions and on that basis, receive feedback that will validate and appreciate the existing situation. Children not having the opportunity to express their feelings freely to their parents are at risk of not developing the ability to recognize and express emotions to others, which represents the basis of emotional intelligence, one of preconditions of mental health and basis for establishing productive connections and relationships.

²⁷ Adapted from : Durrant, J., Pozitivna disciplina u svakodnevnom roditeljstvu (2014) Save the Children za sjeverozapadni Balkan

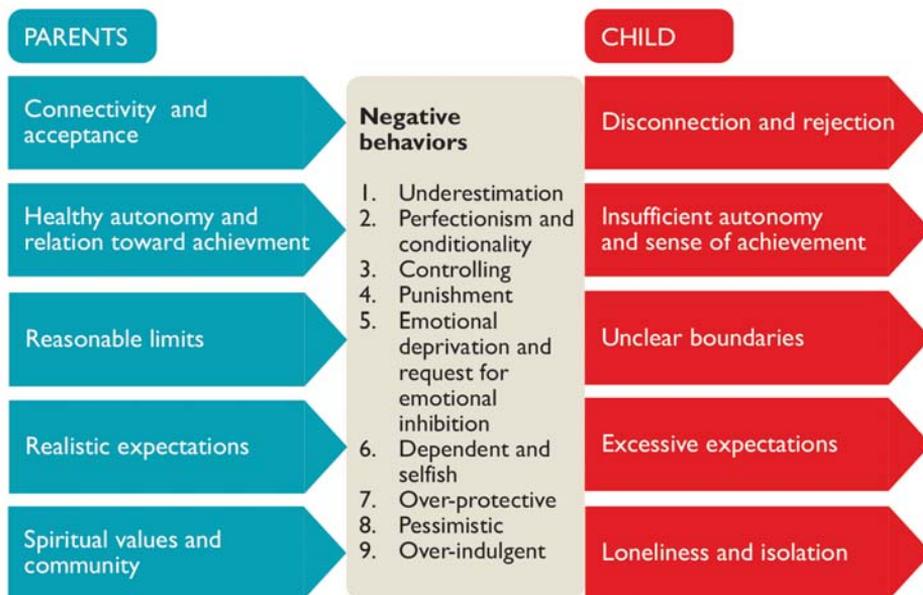
²⁸ Mirović, T. (2010). Rane Maladaptivne sheme – sheme koje prave probleme (Early maladaptive schemes – schemes causing troubles)

- **Spontaneity and play:** Play is child's need because it allows for growth and development. Through play children learn different skills, from motoric skills, through imagination and creativity development to social skills. The spontaneity of the play allows children to communicate their emotions, to think and solve problems in a comfortable environment that they control and where pleasure comes from their freely designed activities and rules.



These needs occur at all ages but have different significance at each developmental stage. For example, the need for safe affective attachment will be most expressed at the earliest age, while the challenge of responding to an adequate satisfaction of needs for autonomy will be most dominant in the adolescent period.

Schematic diagram 6. Negative interactions as barriers in satisfying basic emotional needs (Louis & Mc Donald Louis, 2015)





The existence and setting of boundaries is a very important topic that should be discussed in work with family. Many families, including families with children living and/or working on the street and children at risk, are sometimes unaware that there are fairly defined rules which have the capacity to influence functioning of their members. Therefore, it is very important to raise these questions with families, depending on family's lifestyle, starting from the simplest: when the family gets up and goes to sleep to what are the rules in relation to going out, homework, etc.

Rules also imply strategies for modeling behaviors or correcting negative behavior in children. The approach of positive parenting provides a large number of techniques that can be offered to parents to help their children in a constructive manner. The **positive parenting**²⁹ framework can be understood through the following 7 steps:

1. Teaching children behavior using positive practice - learning prosocial or good behavior
2. Determine negative consequences in advance, through conversation with children (short term, mild consequences work best)
3. Giving clear instructions on how something should or should not be done
4. Preserving serenity
5. Warning
6. Consistency in the implementation of negative consequences each time
7. Ensuring that children understand what is happening and know they are loved.³⁰

Monitoring or supervision is the third key parental function that is of particular importance when it comes to families of children living and/or working on the street. Interventions in this area can bring great benefits, in addition to the fact that intensified parental monitoring ensures child safety and reduces possibility of anti-social behavior, creates conditions for better family cohesion, introduces structure and order in family functioning and sends children a message that they are nurtured and safe.

In the area of developing parental competence the task of professional is to:

- Model inadequate interactions with children
- Provide educational content on parenting and child development
- Encourage parents to participate, observe, ask questions, research and review parenting questions and test new strategies
- Help parents to positively influence children's emotional and social development
- Model nurturing relationships between parents and children

As in other areas a professional work with the family these activities can be implemented during direct, individual work with parents, through provision of written information and literature and organization of group educational activities.³¹

²⁹ See more at Durrant, J., Pozitivna disciplina u svakodnevnom roditeljstvu (2014) (Positive discipline in everyday parenting), Save the Children for NW Balkans

³⁰ Adapted from Kumpfer, K., Brown, J. (2011) Strengthening families program

³¹ „Positive discipline“ Educational Workshops



Steps in development of parental competences can be grouped in the following way, giving each of them adequate attention:

1. Feedback on parental competence assessment

This is the first and most delicate step in providing support to parents, which becomes particularly sensitive when considering the fact that parenting is one of key elements of a person's identity. The manner in which parents will be informed on their behavior toward the child should therefore, first of all, be filled with empathy and understanding. Additionally, it is useful to keep in mind some of the feedback policy such as: commenting on behavior rather than personality (when it comes to negative feedback, positive can be for personality, at least when it concerns adults); balancing positive and negative comments („sandwich“ or ratio 5: 1 (Gottman)) etc.

2. Understanding of the context

Understanding the context is important in all phases of work with parents and here it is particularly emphasized in the sense of understanding parents' reaction to feedback. Namely, it is especially important to accept parents' reaction on feedback, which should complement the understanding of the context and family needs.

3. Informing

Once the area of work is defined with the family, the first step is to provide information that can be organized in a variety of ways. This is important because it enables the family to gain insight into problem solving and planning a possible response.

4. Strategies for change

Concrete strategies and ways to overcome a specific problem (through behavioral tasks) should be offered to family, which they could apply in everyday life in accordance with principles of adult learning. Given that not all parenting strategies apply to all families and contexts, it is important that this process remains flexible and to be treated as a test rather than introducing something totally new that has to be applied in only one way.

5. Monitoring the application of adopted

The last phase is very important because it implies planning meetings in which applied strategies are revised, commented and adapted to specific family circumstances. This way, the sustainability, i.e. consistency of learned behavior and positive changes are ensured.³²

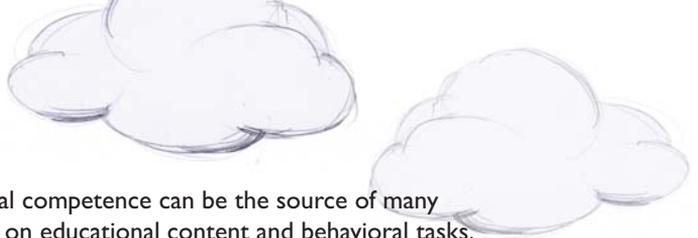
As noted above, direct contact, or discussion with parents about their child and family situation is one of the key ways to develop competencies. Sincere interest, guided by addressing issues, can have a powerful therapeutic effect. However, it is important for parents that questions are asked in a way they will understand and answer them, so that a clear picture of the interaction or family pattern can be created.

³² *Strengthening Families – a protective factors framework* - Scripted Curriculum (2005) Washington: Centre for the Study of Social Policy Washington



Table 10. Asking questions

You are interested in...	Ask...
How does a parent understand child's strengths?	What is your child doing well? What do you like most about your child?
How does a parent understand a parental role?	What do you particularly like about being a parent of the _____ (small, school age/ puberty) child? What are parenting challenges, what do you find to be difficult?
What kind of insight a parent has and how well does a parent understand child's behavior?	What makes your child happy? What make him/her angry or sad? What does your child do when happy? And when dissatisfied, sad, angry? Why do you think your child does that (crying, eating slowly, saying "no", breaking rules)?
How does a parent respond to the child's emotional needs?	What helps the child calm down when sad/angry/dissatisfied?
Does the parent and in what way encourage positive behavior through praise and modeling?	How do you show to your child what you expect from him/her? What happens when the child does not do what you asked?
Does the parent have the ability to perceive alternatives in ways of modeling negative behavior? What are local, cultural and ethnic expectations and practices in parenting?	Did you see how other parents behave in similar situations when the child is naughty? Do you think there are different ways? How would your parents solve this? What disciplinary methods suit you best? How does your child react to them?
Are parents potentially worried that child's behavior and development are outside of the average frame?	How do you assess your child in comparison to children of his/her age? Is there something that worries you about your child? Did someone tell you something related to your child's behavior that would worry you?
What ways do parents use to encourage child's healthy development?	How do you respond to attempts of your child to talk to you, spend time with you, to cuddle? How do you encourage your child to research or try new things? How do you know if something is bothering him/her?



As noted above, the area of parental competence can be the source of many interventions in family work, based on educational content and behavioral tasks.

Behavioral tasks are designed individually in line with family's characteristics and needs and the following list could be an inspiration:

Table 11. Examples of behavioral tasks by areas³³

Response to emotional needs – tasks for family members

- **Tell children you love them every day and give a compliment to each family member every day.**
- **Make a schedule, so that each child every day has 10-15 minutes of "MY time with mom/dad" (for families with more children)**
- **Plan to have a meal together at least three times a week and to spend that time in a pleasant way**
- **Hold family meeting once a week**
- **Organize playing a social game or something else that is fun and involves the whole family**
- **Take time and talk to your child about his/her dreams and goals, ask how you can help**
- **Recall your family habits and/or traditions. If you do not have them, make one up**

Setting boundaries – tasks for family members

- **Discuss rules in your family, what are they like, who decides on them, and what are the consequences if they are not respected**
- **Determine a family policy on use of alcohol, cigarettes and drugs.**
- **Determine the time when homework will be done at home**
- **Make division of work among family members**
- **Determine the time when to come home from outing, exceptions and behavior in case of exceptions**

³³ Adapted from Kumpfer, K., Brown, J. (2011) Strengthening families program



Monitoring – tasks for parents

- **Before your child leaves the house, find out where he/she is going, whom will he/she be with, what he/she will do and when he/she will come back home**
- **Get to know your child's friends**
- **Get to know parents of your child's friends and exchange phone numbers with them**
- **Talk to parents of your child's friends and check if they share your parenting attitudes (e.g. positive to education, negative attitudes about alcohol use, drugs, etc.)**
- **Design a way to prevent your child from using alcohol, drugs, etc.**
- **Talk to your child about the risks of using psychoactive substances**
- **Talk to your child about the risks of being on the street**

When it comes to behavioral tasks we give to parents, it is important to keep in mind some rules:

1. Tasks must be tailored to the capabilities of the family. Family members should have the time and resources to perform the task
2. Tasks must be clearly defined, family members should understand the purpose of the task and have a thorough understanding of what they need to do.
3. The family must agree and accept to do the task, the tasks must not be imposed.
4. Make a mandatory comment on whether the family did the job during the next meeting. In this way, the importance of the task and the goal to which it is addressed is underlined.
5. Be flexible if the family does not do the job. If the family did not do the job, that opens up space to talk about what prevented them, to modify or change the task.

Families of children involved in day centers may have a lot of difficulties in following rules and performing tasks, they can act chaotic and disorganized, and so they can hardly adequately satisfy needs of their children. Therefore, the therapist/counselor has an additional role of being someone who offers a behavioral model of „good enough parent“ who will be able, as underlined many times before, to offer empathy, support, validation, as well as control, monitoring, and directing of the family - all that parents actually need to provide to their children.



6. ENHANCING SOCIAL CONNECTIONS OF THE FAMILY

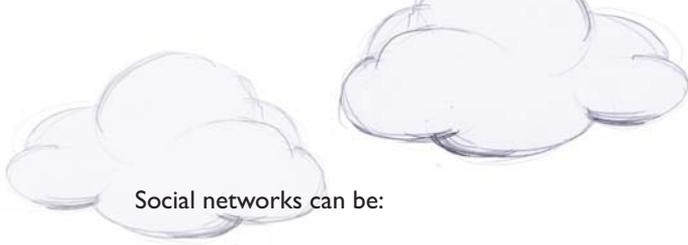
One of the key principles of work with children emphasizes the importance of social cohesion, i.e. the need for all interventions to focus on enhancing positive social networks in the life of the child and his family.

Work on social connectivity includes all day center activities focused on inclusion and capacity building of formal and informal systems in the community, which can support achievement of service program's goals. In this program, we especially deal with inclusion of the informal community system, i.e. of a personal social network to child support in a day center. The significance of influence of individuals from personal social networks on the success of child support has been confirmed in many studies and through practical experience of day centers in the world.

Social connectivity is equally important when it comes to family strengthening. It is of high importance to check whether parents do or do not have a network of friends, neighbors or extended family members who can provide them with appropriate forms of support. It is also necessary to determine whether parents are willing to accept help and provide it to others. Improving the ability of parents to build and maintain positive relationships with other people and the community they belong to is one of the priority tasks of day centers when working with families of children living and/or working on the street.

The environment itself, as a geographical area or an organizational structure of the community, cannot provide encouragement without the people who make it. Joint work and functioning of social systems and groups takes place through people, individuals who represent them. For this reason, we are considering a system of relationships between individuals representing themselves or certain groups and institutions, i.e. a social network. Every person and group an individual represents has a certain complexity, so we can say that our reality is in fact a network of relationships formed among the complex elements of the community. Key points in the network of relationships are the individuals, then groups and institutions they represent. These key points make resources, strength of a community.

A social network is an individual's social environment, made of their family, extended family, neighbors, friends and all other persons who may have a role in supporting or assisting an individual or group. Social network is a wrapper surrounding an individual or a group and exists between that individual, group and the wider community.



Social networks can be:

Primary social network or personal social network - refers to the sum of social relationships in an individual's life, in their personal environment made up of family, friends, acquaintances, work colleagues. Primary social network determines the degree of influence that its members have on each other. The influence of members of the primary social network can be based on the degree of closeness of members, but also on one member's actual power to influence the individual's needs in the desired direction. Primary social network has a decisive influence on development of the individual in their environment. A personal social network is a dynamic, developmental category and changes depending on development characteristics and priorities of individual's needs. Network members and their influence on the individual are contingent on developmental dependence of the child/individual on adults, i.e. parents and family members, as well as other important persons; the capacity of the individual/child to recognize and engage in meeting their own needs; the capacity of network members to meet the needs of the child/individual; the way in which members of a personal social network influence the development of a child/individual; structure and availability of secondary and tertiary networks and the capacity of a child/individual to use secondary and tertiary networks.

Secondary social networks are *global social networks of social institutions* representing wider social systems in an individual's life, such as school, kindergarten, court, company, health center, theater, center for social work, sports association.

Tertiary social networks *intermedial* form a bridge between the world of primary and secondary networks. These are, for example, self-care groups, non-governmental organizations or individuals who have a great influence on the community.

For the concept of work in a day center, the influence of a social network to a child living and/or working on the street, or a child at risk, is significant especially from the aspect of one of day center's goals – keep the child in their natural environment and enable preservation of sense of belonging to a peer group.

Starting from the fact that various behavioral problems can be seen in children included in day centers, it is important to notice the link between these problems and the social network. The social network influences the emergence and development of behavioral problems, as well as resocialization and reduction of behavioral problems. The importance of social network for children/youth with behavioral problems, according to Travis Hirshi's Social Bond theory (Stakić, 2009) lies in its influence on the process of socialization of the child. Children are socialized under the influence of following elements: **feeling of attachment, beliefs** (moral and other values), **involvement** (dedication, investing effort to make a good living, ambition, desire to succeed) and **inclusion** (active participation in conventional community activities). Socialization is a developmental process, that depends on quality and direction of influences coming, primarily, from personal social network, and then from other ones. These effects can have either a protective effect or represent a risk factor. Developmental success, personality development, development of social needs and skills of an individual depends on the balance of said influences. The stronger the



"social bond" with society is and more focused on achieving positive human values, the smaller the probability of problematic behavior gets. Hirshi calls this social connection "Social capital". The use of social capital of the community is provided through a **social support system** that enables children with behavioral problems to satisfy some basic needs during socialization and maturation:

- *Attachment* - intimacy, connection, closeness providing a strong feeling of security and belonging
- *Social integration* - inclusion, acceptance provided especially through membership in groups and activities with common interests and values
- *Possibility of fostering* - providing help to others that helps survive, even progress despite present difficulties and challenges
- *Validation-confirmation of own value* which enhances self-confidence, coming from family members, peers and colleagues
- *Feeling of reliable community and continuity*, especially through family relationships
- *Assistance and guidance*, provided through informal counselors-mentors, especially in facing and resolving current and developmental challenges and difficulties

Social networks are of great importance for development of the individual and the community itself. The importance of personal and other social networks is also reflected in their influence on adaptive capacities of the individual/child and improvement of the environment in which they live. A social network operates in continuous interaction of the individual and their environment, in an evolutionary cycle that, through mutual change and adaptation, leads to social progress and improvement of the quality of life.

Social network roles, according to one of the classifications can be illustrated in the following way:

- prevention in the area of high social risk in vulnerable groups,
- support in working with different marginalized or groups with a particular difficulty in personal functioning of its members,
- community self-help, such as volunteer groups, self-help groups,
- raising the level of knowledge on certain contemporary issues,
- work on increasing participation in various voluntary and professional bodies (civic associations, working groups),
- organization of coordination between institutions and various services in the community,
- realization of social actions,
- creating social action groups with the goal of finding new opportunities or fighting for their rights,
- establishing social groups, such as social clubs, artists' associations, sports clubs and societies.



6.1. Interventions in the social network

Strengthening and inclusion of social network into support provided to child and family in a day center is conducted through interventions in the social network. Activities of interventions in the social network demand a good understanding of social network' capacities and mastering of techniques of interventions in the social network.

The goals of interventions in the social network

Ensuring positive influence of personal and global social networks to support children included in day centers and their families is achieved through interventions in the social network. Interventions in the social network aim to improve social conditions for a particular group, solve problems in the social environment, and improve capacity of individuals for a quality community life in accordance with moral and social value systems. They are based on mobilization of social network resources, i.e. all types of social products and human resources in order to achieve the set goal. To undertake interventions, a preliminary assessment of the social network is required. Interventions in the social network are the most diverse modalities of response in improving development of children living and/or working on the street, they are least systematized and rounded up as a set of interventions. The basis of the approach of using interventions in the social network lies in the hypothesis that altruism and empathy are essential needs or characteristics of a human nature and that they enable mobilization of resources of individuals for help and support to others. Understanding that our moods and emotions are behavior motivators, and that other people can affect our emotions, and therefore our behavior, is yet another factor enabling the influence of interventions in the social network.

The primary goal of social interventions is (self)engaging of the social environment to overcome problems of the individual. The essential change resulting from interventions in the social network is at the level of connections - whether it about establishing of new connections or renewing existing ones, directed toward progress and well-being of the individual and the environment. The key word for the success of social interventions is adaptation – of the individual to environment and of environment to individual. Social interventions show the highest success in Western societies where natural, traditional social ties have been ripped, especially close family and social ties. We can say that **interventions in the social network re-establish the natural connection of an individual with their family, with the community, strengthening the sense of belonging and communion** - essentially, we improve the capacity of individuals and society to satisfy the essential, basic human needs for belonging, security and well-being (under the well-being we mean achieving the entirety of human nature).

The goals of interventions in the social network can be classified, as follows:

- prevention of deterioration of behavior and of general development status of the child and family, in an effort to improve the situation,
- development and promotion of positive behavior - prosocial behavior and parental competencies,
- improving capacity of natural social environment to take care of its members (current and future) of their own forces,



- compensation of missed, stimulation of prosocial and correction of wrong behavior,
- establishment of relationships when there are resources and when needed, if there were no prior connections between family and resources
- correct, promote relationships when needs and resources exist, when connections between family and resources exists, but they are frustrating, conflicting, rival, etc., and
- seek to provide opening of services that do not yet exist for which a strong need is expressed.

Significance and benefits of interventions in the social network are multiple:

- retaining a child/youngster within their natural environment, which ensures the continuity in child's life,
- preserving child's sense of belonging,
- preserving the existing emotional connections of the child,
- using resources of child's existing networks,
- gradual interventions in development of existing and introduction of new protective social networks and key persons,
- diffusion of responsibilities and balanced encumbrance of relevant social networks and social structures,
- unlimited in time (according to some authors, this is the main advantage of interventions in the social network),
- cultural relevance, i.e. the sensitivity of the support provider sharing the same standards, value system, lifestyle as the individual receiving their support and assistance, and
- accessibility, or possibility of support being offered and provided even to those who would hardly seek or accept such support from experts or someone "from outside".

Social interventions are essentially very different, because they are determined by interventions' goals, mechanisms and techniques as well as change agents - a family member, several members of the personal social network, people and organizations outside the personal social network, and others.

6.2. Key strategies of interventions in the social network

There are different classifications of interventions in the social network and strategies thereof. For the purpose of this program, we have decided for a classification organizing strategies into two groups:

Strategy of establishing new social connections

This strategy includes the direction of including new persons into personal social network of the child and family, establishing new relationships. This strategy is based on



the assumption that new persons will encourage a positive change in child's behavior and family functioning. It is indicated in following situations:

- when the existing social network is poor, worn out, conflicting or counter productive,
- when the existing social network, or its parts, encourage unwanted behavior and hinder or redirect the development of (prosocial) identity,
- when the existing social network lacks experience in mastering the problems that the child is experiencing, and/or knowledge and ability to pass on own successful mechanisms for overcoming such situations and problems,
- when problems are of such a nature or intensity that they require intervention "beyond the informal system" - the intervention of experts,
- when the existing social network requires assistance and empowerment in order to achieve long-term goals - long-term support,
- when the existing problem or external intervention is highly stigmatizing,
- when a significant cultural difference exists between the provider and the recipient of services, and
- when the social network does not offer experimental learning.

Strategy of improvement of existing connection is based on the assumption that existing important persons, with adequate support and assistance can, in the best way for the child and family, accomplish positive influence. This strategy is applied in following situations:

- when realization of development and re-education tasks depends to a large extent on engagement, skills and behavior of one or more key persons of the "personal environment" (informal system, network),
- when it is necessary to strengthen (improve) the existing social network to provide long-term support and assist the child and family,
- when nature of the problem is such that it can lead to stigmatization, labeling and other negative consequences of "branding",
- when there is a cultural conflict or misunderstanding between service providers and the child and family.

In work with children living and/or working on the street and children at risk, application of these strategies and related typical interventions depends on assessment of the capacity of child's personal social network, in which the family certainly occupies a central place. Both strategies can be combined in approach to one child.

For a clearer understanding of the way intervention strategies in the social network can support positive change in child and family, we will provide another classification of strategies, that are more operative and can be of concrete help to professionals in day centers when organizing activities.



Intervention strategies in the social network:

- network maintenance – the strategy is focused on maintaining positive relations within the existing social network
- Network expansion – a strategy which, relying on existing networks and developing new social contacts, aspires to expand the existing network with persons/groups who will have a positive influence. That way a new social network is created.
- Network redefinition through improving – a strategy aiming to improve, redefine in a positive way (for example, previous superficial and one-sided relations are redefined into deeper and multi-sided. This strategy achieves qualitative changes in the existing network).
- Network rehabilitation – a strategy radically changing the existing social network, for example the child stops participating in network activities or breaks contact with network members.
- Network environment strengthening – a strategy introducing new community support system into living environment of the child, aiming to strengthen joint potentials. That may be for example building neighborhoods or another community support system with the goal of strengthening joint potentials, connections of formal and informal support systems, etc.

Regardless of classifications, of great importance for the success of interventions in the social network is to properly assess directions of interventions in the social network of the child and to, accordingly, select the interventions that will achieve the set goal.

6.3. Methods and techniques of interventions in the social network

Varieties of interventions in the personal social network are numerous. Eventually, the choice of the appropriate method, technique, intervention, activity will depend not only on the characteristics of personal social network (characteristic of key persons of the personal social network, their interest, knowledge and readiness to actively engage in support and assistance to the child), but also on the characteristics and needs of a particular child, as well as on knowledge and skills, abilities of the professional. Thus, continuous professional development of day center professionals is a requirement and necessity for improving protection of children working and/or living on the street and strengthening their families.

The following intervention techniques have been selected for the purpose of day centers' application of this program:

Advocacy - although the meaning of these terms is not exactly identical, the term "advocacy" is used in our community as a synonym for "advocacy". To represent one's interests, in our case, these are interests of a group of children involved in the day center and their families means "speaking instead of", "strengthening to speak for themselves" about the problems and needs they have. Public advocacy is a



process of drawing public attention to a certain important issue/problem and directing decision-makers toward a desirable solution. The goal of advocacy is always a change in the level of social relations and policies in the local community and represents a systematized activity toward social change and decision making related to the change. The result of this segment of work in a day center can be decision-making at the community level on the introduction of new services for children living and/or working on the street, modification of existing decisions on securing social security of citizens, etc. Advocacy is aimed at removing obstacles, or allowing unhindered access to existing community resources and creating non-existent necessary resources for a particular group of beneficiaries who do not have the capacity to represent their own interests. In our case, advocacy is aimed at creating services for children living and/or working on the street and other vulnerable groups of children, developing different programs and various opportunities to support and help their families and natural environment. In advocacy it is important to be aware of the issues related to the issue of children living and/or working on the street, all the specifics of communities in which it occurs, existing resources, i.e. understanding its characteristics and community resources. The proposals we promote through advocacy can take two directions: meeting specific, specialized needs for which "general solutions" do not provide enough effect or expanding the offer by creating programs and services that respond to completely new needs, problems and issues. In day center professional's work, advocacy can also take two directions - toward development of integrated cooperation within the community, based on execution of protocols on cooperation and toward work with particular children living and/or working on the street which is realized through a joint plan with the center for social work and an individual support plan.

Strategic communication is technique of moving community to action that emphasizes the procedural nature of this process. In order to activate the community, it is necessary to organize activities at the following levels: informing the community, motivating community representatives, persuading them and moving to action. It is very important to understand the importance of motivating potential partners to participate in the services program. The partner can be well informed of the problem, recognize all the advantages of changed behavior, but if not motivated to get involved, cooperation will not be established, and the chances of an effective and successful resolution of the problem will be reduced. Therefore, the motivation segment in this process is extremely important. Likewise, one's motivation does not necessarily mean that they will be moved to action. We must convince them that their engagement, now that they are motivated to achieve a goal or a solution to a problem, is necessary. Finally, we have to move them, direct them to concrete action. For success in motivating and persuading the community, it is important to have good governance in community negotiation techniques and, just like with advocacy techniques, knowledge related to the specificity of the issues related to children living and/or working on the street and children at risk. By integrating this knowledge, every professional in their own particular way, attains diversity of approaches and constant development of skills and techniques. Interruption issues dealt with in this program, for a successful negotiation it is important to include key characteristics of children living and/or working on the street that may be connected with certain needs and interests of the other party.



Protocols on cooperation - are one of the mechanisms for developing and establishing coordinated, harmonized cooperation on solving the problems of children included in day centers. The protocol outlines "rules of conduct" or, more specifically, an agreement on the rules of conduct between different social networks, in particular the formal segments of the environment covered by the social network. The Protocol regulates goals, forms and modalities of cooperation during the process of meeting the citizens' needs, based on responsibilities and clear roles of all systems and networks. Protocol development is a process that involves several phases: gathering, goal setting phase, negotiation and agreement phase, phase of protocol stipulation, execution and implementation of the protocol.



7. COMPETENCIES OF PROFESSIONALS IMPLEMENTING THE FAMILY SUPPORT PROGRAM

Given the wide range of their work (mobilization and engagement of the family, assessment of strengths and risks, improvement of behavior and positive change generalization), different areas of action (strengthening parents, improving their competencies and work on social connections) as well as focuses (child, family, community) during implementation of the family support program, day center professionals should possess a broad spectrum of **knowledge and skills** and master **methods and techniques** necessary for successful work with parents.

An analysis of FSP activities generated a list of competencies a professional in charge of its implementation should possess. Development of these competencies requires continuous process of perfecting basic knowledge acquired through regular academic studies, additional specialization and **regular process of supervision**.

The professional must master knowledge and skills necessary for planning, implementation and monitoring of the family support program. This is, principally, referring to models of assessment of needs, service planning methodology, as well as knowledge related to program monitoring and evaluation. Aside from this, he should possess the skill to apply various methods and techniques of collecting data, as well as instruments for progress evaluation.

For the purpose of devising the FSP concept, we selected knowledge and skills of priority importance for the phase of motivation and improvement of behavior. Those are, primarily, communication skills as core skills of motivational/therapeutic and consultative techniques and interventions useful in work with family and community. Besides that, attention was paid to skill of adapting interventions to parental readiness for change. Also, the skill of creating educational workshops, as one of most common forms of work in realization of socio-educational programs for parents.

When it comes to competencies of FSP implementation professionals, we point out:

- work with/on resistance and work on enhancing motivation,
- basic counselling techniques,
- the skill of adapting the intervention to parents' readiness for change,
- the skill of creating educational workshops



7.1. Motivation enhancement

Motivational interview (MI) is a counselling method based on humanistic psychology principles, with the following characteristics:

- Client-centered
- Directive
- Focused on eliciting client's personal motivation for change, by resolving ambivalence and improving understanding of self-efficacy

Motivational interview has been practiced since the late '80s and its authors William Miller and Stephen Rollnick were guided by the primary goal of increasing clients' readiness to change the problematic behavior or experiencing. This method can be used in three ways:

- As an independent treatment method,
- As a preparation of the client for participation in another (therapy) program,
- As communication style integrated with other (therapy) methods.

Authors' basic assumption is that client's motivation to change behavior is a key factor for change, that client's inner motivation is more vital for the change than external factors like rewards or penalties and that motivation is subject to change and influenced by therapist's or counsellor's treatment of client's ambivalence toward change.

The client is a person aware of the problem who is prepared to embrace help and expresses readiness to change

Rudimentary principles that all individual motivation interview techniques are based on are the following:

- The professional/counsellor expresses empathy
- The counsellor provokes client's perception of discrepancies between client's problematic behavior and important personal goals
- The counsellor expresses acceptance of client's resistance to change and gradually develops grounds for change
- The counsellor supports client's self-efficacy.

Key characteristics of the motivational interview are:

- MI is client-centered, directive approach, relying on active listening to steer interaction toward a positive conversation



- Ambivalence and resistance to change are normal components of the process
- Aggressive confrontations of the counsellor push the client away
- MI facilitates change by reducing resistance, increasing discrepancy and positive attitude toward change
- The best interaction is the one inspiring the client to accept the problem and desire to change
- Identification and analyses of ambivalence can help understand whether the behavior is in discrepancy with other personal values
- Discussion about desires, possibilities, needs and reasons helps intensify positive discourse that may lead to change

MI is not a technique, but a client-centered, empathic yet directive treatment STYLE created to examine and reduce ambivalence and enhance self-motivation for a positive change

- Accepting resistance – resistance is not a reason for giving up and is considered normal

Motivational interview relies on careful treatment of resistance, without pressure, arguments, with support and warm, unconditional acceptance.

The methodological essence and basic skills of motivational interview are: open-ended questions, active listening, reflecting, supporting and affirmation, periodic review, summarizing client statements and reflections.

7.2. Motivational therapy strategies/interventions

Motivational therapy strategies/interventions are aimed at assisting people who show tendency of “sticking” to their problems to leave the vicious circle and shift their attention and energy toward solutions and engagement in solving problems.

These techniques are mostly connected with humanistic orientation, but also with cognitive-behavioral approach, finding their use in *brief therapy*, *family therapy*, *brief/solution therapy*, and lately are intensively used for motivational interviews or in so-called *motivational therapy*. It should be emphasized that these techniques became independent, so they can be used individually or appropriately.



Interventions have proved to be extremely efficient with clients overwhelmed with problems of existential and/or depressive tone, but also with those prone to excesses and with various problems in behavior. These interventions can help such clients start thinking, eventually resolving ambivalence and shifting toward change and search for exits and solutions.

Desired situation

„Desired situation“ is a strategy widely used to steer a client toward solutions and outcomes. The therapist or counsellor directs the client using appropriate questions to think about the current situation/problem, and then describe the situation he would like to find himself in in future and his expectation from the future resulting from the change.

The client is redirected from describing a seemingly hopeless situation by being openly invited to think about what it is that he would like to achieve, and describe the desired situation in detailed and vivid images.

It is important to note that intervention of redirecting through “desired situation” does not include value judgements, it does not impose therapist’s value system or lifestyle, but aims to divert attention, prompt and reassure the client to seek change and solutions.

Questions may have different forms, but typical examples are:

- What does your desired situation look like?
- What is it that you wish for to happen-how do you imagine your life would be in that case?
- What is it that you would like to have instead of problems?
- How would you notice that things are changing for the better?

The therapist usually asks not a single one, but a series of carefully selected questions, patiently trying to separate the client from his fascination and blindness with current problems, trying to divert his attention to positive, healthy, to “bright spots” that bear the potential to change and improve the situation.

Exception-seeking

Guiding idea of this simple strategy is based on common sense belief that clients’ problems are not of same intensity over a longer period of time, not do they exist in all areas of their lives. It is realistic to expect that client’s near and far history had periods without problems, as well as that there are areas, situations, activities and relations that are not troubled, but oscillate more or less, meaning that the situation occasionally worsens and improves.



It is exactly these experiences, situations and periods of absence of problems and improvement that we pay special attention to, in order to enhance client's motivation for change and discover ways to solve current problems.

Here, we use simple questions like:

- Is there a time when you are not troubled by your problems, when they do not exist?
- What are the situations when you do not notice your problems?
- When was that?
- How did that manifest?
- How were you able to achieve that, to make it happen?

Previous success

This is also a typical solution-focused strategy, usually used when things start to look better. This strategy is used to direct the client to search for situations and conditions in which he was, at least partly or temporarily, able to cope with problems and solve them.

Reminding of previous successful situations has double benefit. First of all, this encourages the client to further work on the change, since being previously able to find solution to a problem means that, with current assistance and support, his chances of change and success are even bigger. On the other hand, analyses of these successes can help identify personal skills and mechanisms that may be of use in solving current problems.

The questions are very simple and clients usually accept them easily. Some of those can be:

- Do you remember when things were better?
- Have you ever been in a situation to solve your problem?
- How did you manage solving the problem in the past?
- Have you ever experienced a situation you desire, that you want to achieve?

Summarizing in client's words

Counsellors and therapists usually (in the beginning, during and at the end of each session) summarize client's words using their formulations, i.e. trying to speak in their words. The advantage is that, this way the client develops a strong sense of being carefully listened to and taken seriously. Summarizing also helps reorganize their thoughts and gives them an opportunity to rethink everything and complement their story with new details.



Basic function of summarizing:

- Systematically integrates important ideas, reformulates and returns them to the client for deliberation;
- Provides a brief, precise and timely review of the client's story, helping them reorganize their views;
- Stimulates investigation and elaboration of important aspects of client's view and situation;
- Helps the client get an impression that the therapist respects his views;
- Helps the client reorganize his views and possibly reconsider the entire situation;
- Helps the client feel heard, appreciated, understood;
- Helps the therapist check whether he really understood the essence of client's situation and problems.

Upon summarizing, there is usually no need for the therapist to ask additional questions, given that clients already know themselves what needs to be added, clarified or explained.

Scaling

Scaling is when the therapist/counselor simply requests the client to describe, or define on a 1 to 10 scale where he feels he is in related to a specific issue or problem.

Scaling is not done for just one question or request, it is rather a series of questions, which support and direct the client to define his situation as precisely as possible.

Usefulness question

The purpose of this question, or strategy is to make the work and conversations with the client as useful as possible for him, but also for all others involved in the problem.

This strategy is widely used, primarily in *solution-focused therapy*, in the beginning, during and at the end of the conversation.

Some of the questions include:

- "How can we make this conversation to be of maximum benefit?"
- "What do you expect to be the outcome of our conversation?"
- "How will you eventually be able to determine if this conversation was useful to you?"



The „Coping“ question

This strategy is used and does well in situations when clients are in serious troubles and can't seem to find the motivation or energy to do anything about their problems.

A typical question of this strategy is: “How do you manage at all?”

However, an entire kaleidoscope formulation is used, such as:

- “What is it that keeps you active with all the problems and troubles?”
- “How do you manage to cope with all those daily difficulties?”
- “What is it that helps you function relatively well with such difficult problems and troubles?”
- “It is unbelievable that you manage even with all the circumstances. Really, how do you do that?”

7.3. Basic counseling techniques

Basic counseling skills are taught in many counseling-therapeutic approaches (analytic, transactional, gestalt therapy, client-oriented therapy, cognitive-behavioral approach, etc.). Most of them are part of interventions applied in so-called psycho-educational workshops and many other areas of work with people. Basic counseling techniques can be used in individual and group work. Day center professionals will often be in a position to use some of the basic counseling techniques.

Joining

Joining signifies a range of verbal and non-verbal interventions aimed at making participants of a process feel well. It starts with welcoming sentences, expression of satisfaction with them showing up for the conversation, asking how they got to the place of the meeting, comments about the weather, some empathy regarding their fatigue or the conditions of the meeting, use of participants' expressions (“charming quoting”, certainly suitable to situation and participants' mood), etc. An integral part of this intervention is an authentic pleasant attitude of the counselor/therapist. This approach should lead to opening the conversation, so the sentences should be formulated as “opening”, inviting the family members to speak. It is especially important that the counselor/therapist to be “on the same page” with the family members, to join them in a way, while preserving impartiality. Joining means respect and building trust. A part of joining is affability with regard to seating order, turning on the heating or opening windows, serving and other elements that help family members feel comfortable when meeting with the counselor/therapist.



Active listening

Active listening is, primarily, an attitude as well as a range of verbal and non-verbal reactions that should make the interlocutor feel that his story is well-followed, that he receives due attention and appreciate what he is sharing with us. It implies certain actions that confirm our listening. Groups of such actions are:

- Minimal reactions (mm, oh, yes, well, ok, I'm listening, etc.). Here one should take care that these do not seem as approving of client's behavior;
- Short invitations to (interlocutor) continue speaking;
- Non-verbal encourager (discrete head movements, etc.)
- Verbal encouragers (voice modulations, etc.);
- Silence (silence leaves the space for our counterpart/s to express themselves).

The manner of realization of interventions is important, tone and gestures matter. The message sent is important, significance granted to our clients, and the way they are experiencing the intervention. Most important message is that we are ready to listen, interested, but not (too) worried and, by no means, discussed, overwhelmed, unauthentic.

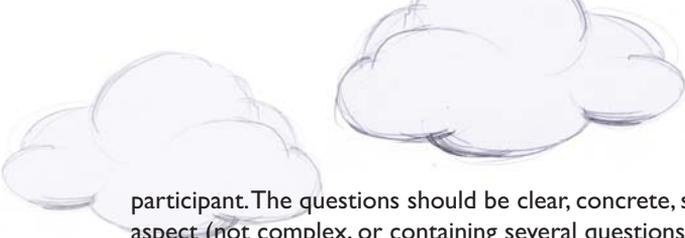
Reflection of content and reflection of feelings

Reflection of content represents a sort of short paraphrasing of what the client brought into the conversation aiming to precisely reflect his words, so that the interlocutor confirms that it is just what he had wanted to say. This intervention shows not only that we're listening, but that we understand the meaning of the statements. Reflection should be timely (like every other intervention), as precise as possible, and it is recommended that elements of client's statements are used. Reflection of content is not mere repetition ("parrot-talk") as it may seem at times. It should be brief, so that it does not interrupt the process.

Reflection of feelings is an even more delicate intervention, but very important for the counseling and therapeutic process. People often avoid to openly express their feelings, and they act from behind. Also, they replace their feelings with different content, with a flow of words, play through behavior, express using hidden messages, etc. The counselor/therapist should enable the client to perceive that feeling and recognize it, while always allowing the possibility that such understanding of emotion does not have to be correct or precise enough. So, the recommendation is to use interrogative form or tone in reflection and expressions like "I think that", "I would say that". Timeliness of the intervention is also of great importance.

Asking questions

The professional/counsellor asks questions in order to obtain more information, relevant for family support process, to clarify an event, view or perception of the



participant. The questions should be clear, concrete, simple, to be related to a single aspect (not complex, or containing several questions in one). They should be timely, well-intended, in line with the context and not asked out of curiosity. There are open-ended and closed-ended questions. Open-ended questions allow for any response, whereas closed-ended ones are focused on a limited circle of answers, usually yes or no. It is recommended to avoid questions starting with “why” because they are not constructive. Instead, it is better to ask “in what way...”, “how do you see”, “how did you experience”. Also, questions starting with “what”, “how”, “when” (asking when something happened allows for searching for causes in a more objective way, whereas the question “why” provokes a personal interpretation) are more efficient. It is important to know to what end we are asking a question. Constructive questions are mostly asked to encourage the participants to open up, be more specific, concrete and to better understand them.

Normalization

Normalization is an intervention in which participant’s perception is presented as a possible human behavior, which can be understood in the context of the situation, in developmental or another context. Behaviors that are not pathological in form are usually the ones we normalize, although pathological behavior can be normalized in the sense of possible human reaction to abnormal conditions and stimulations from the environment. It is important to know exactly what it is that we are normalizing and to what end. It is recommended to avoid expressions such as “it’s normal” so that we do not impose our own opinion and sense of normalcy or provoke the sense of abnormality if they did not act in the way that we have marked as normal. It may be better to say “it’s natural” (for example “if you get scared when someone shouts behind your back” or “it’s understandable” (“that you can’t trust a person that lied to you before”). Sometimes, it is enough to mention a context (situation or developmental) in which that behavior or perception appears. Normalization is often confused for “comforting” and people might see it, if not properly carried out, as underestimation or diminishing of expressed problems.

Confrontation

Confrontation is an intervention used to present to a person their own perception, view or opinion related to a situation or to present objective facts, especially the ones that that person stated, but did not take into consideration when forming the opinion, view or perception. Confrontation should also be carried out when we’re clear about what it is that we want to achieve. It’s usually done when a person overviews major elements of reality or accepts only their view, opinion to be possible. The counselor/ therapist will often be in a position to encourage expression of different opinions and perceptions, as well as behavior, so that the participants can face alternatives. Confrontation should never grow into a conflict of opinions, values, positions, it is necessary to create an atmosphere in which all diverse opinions, positions and perceptions are welcomed.



Summarizing

Summarizing is an intervention in which, after a segment of conversation, the counselor/therapist briefly, summarily and faithfully recounts that part of the conversation. Usually summarizing is announced in advance in the following form "let me try to briefly summarize what we have said so far", etc. Summarizing extracts the essence, does not deal with specific details, emphasizing what matters to the participants. It is important to choose the right moment. A sequence, topic, the entire conversation or part of the process can be summarized. This helps participants understand what is happening or what had happened and to have a common reference framework.

Looking at options

Looking for options is listing different possible opinions, attitudes, behaviors, interventions in relation to the particular situation in question. Participants are invited to define their goal in a specific situation, because the options depend on it. This technique is closest to giving advice, which people usually look for. It is recommended to put specific advice and suggestions in the form of exploring options, in which responsibility and production are handed over to participants. An integral part of looking for options is listing of possible options, most commonly as brainstorming. After that, possible consequences of different options are investigated, and in the end possible effects or benefits are analyzed, in search for the most constructive, most functional options, which achieve the goal with as little damage possible. It is important that participants experience this as their own process and their choice and that each idea gets the opportunity as a possible one.

Reframing

Reframing is a technique used to relativize a particular established or specifically represented meaning of a certain event, behavior or circumstance, by introducing other possible meanings, especially positive ones. In this case, the counsellor/therapist can reformulate a negative perception into one of possible positive perceptions and interpretations of certain behavior, circumstance or experience. This is usually done when a person, group, or a part of the group advocates for just one, usually extremely negative interpretation of particular event, behavior, experience, circumstance, incapacitating themselves to overcome the situation they are troubled with, a conflict that they find themselves in or febleness they are affected with.

Modeling

Modeling uses constructive behavior of others as a model for the participant. Modeled or constructive behavior is a behavior that contributes to development of functional



behavior and desirable skills for participants in the assistance process. This intervention is based on the need for people to take on functional and useful forms of behavior (instrumental learning). However, they can often take over behavior and interventions that are unconstructive or even harmful. Therefore, the counselor/therapist should take care of the type of behavior he displays himself, and it is important that he is aware that modeling exists always, even when it is not planned.

Use of „here and now“ technique

The use of „here and now“ can be observed as a technique, intervention and as an approach. Although many therapy directions use it, some affirm it as one of main ones. Namely, regardless of the fact that we mostly speak of things that have happened in the past, we work by reviving them in the present situation. It partly happens spontaneously, as part of transfer or counter transfer, but even provoking memory or reliving a certain event represents reviving. Starting point, that some therapy directions use, is that previous events can only be worked with efficiently if revived in the present. The use of „here and now“ as intervention can be realized in the form of situation simulation, drama performance, recalling events, reminiscing experiences, etc.

7.4. The skill of adapting intervention to the stage of parents' readiness for change

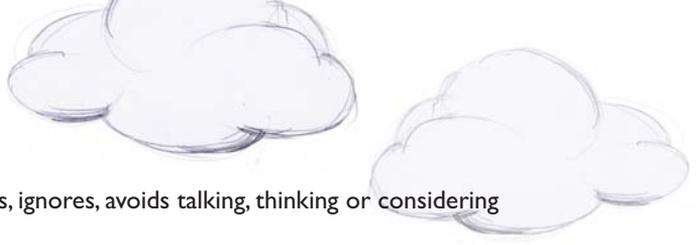
Motivation develops along the continuum of readiness for change. Parents advance through stages in a spiral, not linear way. In an attempt to enhance motivation, counsellor/therapist of the Day center can use strategies in a stage other than the one the parent is in, so the result can be noncompliance. If the counsellor/therapist “pushes” a parent at a faster pace than they ready to take, the therapeutic alliance may break down. Relapse is an event, not a stage.

The counsellor/therapist should master the skill of adapting the intervention to the stage the parent is in, or the skill of assessing the right moment for application of appropriate intervention.

During the work on change, parents go through following stages of readiness for change:

Pre-contemplation

The parent is unaware of the problem, unable or unwilling to change. Has no intention to change.



Indicators: argues, interrupts, denies, ignores, avoids talking, thinking or considering prosocial behavior...

Individual is traditionally characterized as resistant, unmotivated.

Practical tools:

- Establish rapport
- Determine what are other parents' main reasons for change
- Introduce ambivalence about the change – why it might be a good idea, e.g. why do other people decide to change and control their problems
- Give parents the information on risks, possible benefits, pros & cons
- Listen to and acknowledge their thoughts, feelings, fears and concerns about the change
- Keep the interview informal

Contemplation

The parent is ambivalent or uncertain regarding behavior change.

Indicators: Individual is “half way,” willing to look at pro and cons, but still does not take a decision to change

“How to change and stay the same”

Individual is traditionally characterized as unpredictable, time intensive. Uses formulations like: “yes, but...maybe” etc.

Practical tools:

- Discuss and weigh pros and cons
- Emphasize parent's free choice, but also responsibility for decision
- Elicit self-motivational statements
- Discuss their goals in life, as well as how would the change affect parents' quality of life
- Reduce the fear of change and recovery through example and problem solving
- Ask questions that clarify motivation e.g., “what 's most important to you ... why?”



Preparation

The parent shifts from thinking about behavior change to planning first steps.

Indicators: asks questions, considers options, demonstrates openness in considering behavior change.

Individual is traditionally characterized as compliant, “good to work with.”

Practical tools:

- Support efforts to change
- Clarify goals and identify successful strategies
- Structure plan of action with the parents based on their history and willingness, allowing them to decide
- Encourage and support the parent to commit to action
- Give parents clear, consistent and unequivocal message about the process of change and its goals

Action

The parent demonstrates steps toward behavior change (such as periods of abstinence if such problems exist)

Indicators: Individual is receptive to clinical interventions. Treatment compliance is normal. Demonstrated behavior change affects positive outcomes in other areas (i.e., relationships at home, at school, at work).

Individual is traditionally characterized as “successful,” “working the program.”

Practical tools:

- Acknowledge difficulties, support even minimal progress
- Identify risky situations, “triggers” and especially “coping strategies”
- Help client find new reinforcers
- Support perseverance on the path toward change

Maintenance

The parent sustains achieved treatment goals.

Indicators: The parent has achieved changes in behavior, stabilizes and extends them, practices healthy lifestyle



Individual is traditionally characterized as “intensive treatment no longer needed”.

Practical tools:

- Support the parent and affirm achieved changes
- Rehearse new coping strategies and countermeasures to triggers
- Review personal growth, as well as long-term parenting goals
- Encourage the parent to contribute to recovery of others in similar situation

7.5. The skill of creating educational workshops

In the first chapter of these Guidelines that speak of conceptual and theoretical framework and basic settings of the program, we emphasized that, in implementing the Family Support Program, Day centers promote, as dominant, principles of positive parenting and positive discipline in everyday parenting.³⁴

Day center staff should be trained for application of all principles and elements of positive discipline and to consistently apply them in direct work with children, but also trained for educating parents to cultivate the same positive discipline approach based on understanding child development, efficient parenting and child rights principles in everyday parenting.

Attached to these Guidelines is a detailed synopsis of a set of workshops dedicated to work with parents/caregivers on developing skills for application of positive discipline in everyday parenting³⁵

The most common form of work in realization of socio-educational programs for parents is group work in the form of a workshop. Day center professionals can realize most group activities in the form of a workshop. For that reason, we decided to direct attention to knowledge required for planning and realization of such forms of work, in a way that will lead to expected outcomes.

Various authors define workshop differently. However, most agree that there are certain characteristics of a workshop that can define: personal engagement, work in small groups, active participation, diversity of communication forms, supportive atmosphere, right to diversity and respect of needs, emotions and way of functioning of each participant, work on a common theme, relying on personal experience... The name “workshop” reminds of

³⁴ Durrant,J., Positive discipline in everyday parenting (2014) Save the Children North West Balkans

³⁵ Synopsis adapted according to Durrant,J., Positive discipline in everyday parenting (2014) Save the Children North West Balkans



space where work is done, something is created... The work presupposes the process, the very creation itself, and not just the finished product. In this respect, we observe an educational workshop: as a special method of work, where emphasis is placed on the process and the way of work (according to Vladilo, 2006)

Before presenting a model of workshop adjusted to the needs of work with families of children included in day centers, key information about procedures that facilitate the process of planning, programming and running a workshop should be provided.³⁶ (Most of this information relies on an article by Jasna Martinko: Radionica – metoda interaktivnog učenja i poučavanja odraslih).

7.5.1. Planning a workshop

Planning a workshop refers to a process of creation in which it is important to answer questions about why and what to do in order to achieve the expected learning outcomes and develop certain competences of workshop participants. The purpose of workshop planning and preparation is to ensure its proper realization in order to achieve the set goals. The workshop leader prepares workshop topics, which should be adjusted to participants' needs. The basic steps in planning the workshop are:

Determining the needs of participants

The first step in planning any educational activity, including a workshop, is to look into the needs and interests of potential participants. If parents are not motivated in advance to participate in educational workshops, and we do not develop their interest for them, we cannot expect either a good response or the desired results of organizing workshops. Also, one of the reasons for examining the parents' needs is to determine whether they have any knowledge or experience related to a specific topic, in order to take those into account when planning the workshop.

Setting goals

It is very important to clearly define the goals of the workshop, or what it is that we want to accomplish with it. Not only the content of work, but also methods and techniques will depend on set goals (sensitization of parents for certain issues, acquiring new knowledge, acquiring skills).

Defining topics, content and material

Next step in preparing the workshop is to define topics, content and materials in order to achieve the set goals. It is necessary to select suitable content that will enable understanding of the topic, adoption of information and skills, as well as their

³⁶ Martinko J (2012) *Radionica – metoda interaktivnog učenja i poučavanja odraslih*. Andragoški glasnik Vol. 16, br. 2.



applicability in the living environment. Also, selected content must be in the function of achieving the goal of the workshop.

Viewed through the prism of the workshop, working materials can be divided into two groups. The first group of materials includes those intended for the participants and enable unhindered performance of all tasks assigned to them by the workshop leader. The second group of materials includes materials that the workshop leader needs to hold a workshop: a detailed plan and program of work, a record sheet, exercises and tasks for solving, a questionnaire for evaluation, PP presentations or posters, sheets or other aids needed to form groups, etc.

7.5.2. Workshop programing

Workshop programing is used to determine when, how and who will realize the planned workshop goals. This involves workshop structuring, planning time for its realization and selecting appropriate methods and techniques (workshop synopsis).

The workshop has a very **clear and predefined structure**, which includes:

Introduction – introduction of participants and examining their personal experience related to the topic

Educational block – brief, clear and illustrative presentation of the topic

Exercise – content elaboration through various forms of active work in the group

Discussion – content analysis and exchange of views

Conclusions – summarizing results of work and defining key products

For each stage of the workshop, it is necessary to devise a scenario taking into account:

- Previous knowledge and experience of participants
- Selection of appropriate work methods
- Various forms of communication
- Time required to realize the activities.

Workshop synopsis should precisely define **selected methods and techniques of group work**.



Exchange at the group level through discussion is the basic work method used to begin and end almost any workshop. Other methods are selected depending on set goals. If the goal is to transfer information or new knowledge we will choose a PP presentation, poster presentation or a mini-lecture. In case we want the participants to produce new ideas or find ways to overcome a problem, we can plan for brainstorming, case study in pairs or small groups, etc. If our goal is for the participants to acquire a new skill, we will select a demonstration, simulation or role play, etc. There are no good or bad methods, it is simply their adequate or inadequate use. When selecting methods, it is important to bear in mind the set goals and make sure that the selected method will lead to accomplishment of that goal, and corresponds to the content of work.

Last step in development of the scenario is to **determine duration of individual activities**. When organizing the workshop, it is necessary to take care that its total duration does not exceed 90 minutes. It is useful to have a "Plan B" in the scenario, which will enable additional or alternative activities of participants, and enable the leader to have control over the course of the workshop.

When designing the workshop scenario, it is necessary to determine workshop title, target group and number of participants, overall goal of the workshop, competencies, learning outcomes, methodology - applied methods and techniques, duration of each activity, materials needed for the realization of each activity, the person responsible for performance of each activity (if there are several workshop leaders), additional or alternative activities - "Plan B" and evaluation method.

7.5.3. Realization of the workshop

Before the workshop, it is necessary to provide an adequate space and recheck prepared materials.

At the very beginning it is recommended to set the rules, that must be respected by all participants, including the leaders:

- Circle rule – everyone is sitting in a circle, because that provides for an equal opportunity to express, without anyone's domination
- The "further" rule – the exchange goes around the circle, and if someone does not want to take part in a specific activity, they have the right to say "further"
- Listening rule – careful mutual listening is expected
- Discretion rule – what was told in the circle, stays in the circle
- Participation rule – there are no observers in the circle, everyone participates
- Schedule rule - everyone sticks with agreed time
- "Don't sit on your needs" rule – if someone needs to leave the workshop, they don't have to from that
- Special rules – specific rules agreed upon for a particular workshop



The leader is responsible for realization of goals and content in line with participant's needs, their skills and level of experience. The leader actively includes participants in development of planned learning outcomes. As optimal amount of time for individual activities, the following is recommended:

1/4 - introduction, establishing contact, presenting goals, activating participant

2/4 – elaboration, exchange of information using appropriate methods and techniques

1/4 – conclusion, fitting information into a wider thematic area an summarizing

Although knowledge and skills required for successful workshop realization can be a part of a separate training, for the purpose of this program, we will list some of basic recommendations for professionals leading the workshop:

Be prompt – respect the schedule

- Express yourself clearly and precisely, loud enough and do not rush
- Maintain eye contact with all the participants
- Present the content in a way that parents will find comprehensible and interesting
- Do not attempt to fascinate the parent with your knowledge by using unfamiliar words and professional terms
- Illustrate the information providing practical examples
- Use visual aids – PP presentations, illustrations, posters, videos, etc.
- During the presentation, emphasize and repeat the most important information several times
- Monitor parents' reactions and if you notice signs of disagreement, misunderstanding, boredom, etc., react with an adequate question.
- Always leave enough time for participants' questions and additional explanation

Evaluation is an integral part of every workshop, organized at the end of work. It can be focused on evaluation of different aspects of the workshop: organizational conditions, comprehensibility of the content and the possibility of their practical application (usefulness), preparedness and skill of the workshop leader and his attitude towards the participants, adequate duration of the workshop, etc. The purpose of evaluation is obtaining feedback, comparing gains and expectations, measuring and reviewing, as well as observing interventions during the process in order to improve and monitor new ideas. Evaluation can be carried out using a questionnaire, an assessment scale, a plenary discussion, etc. In addition to participants' evaluation conducted at the end of the workshop, leaders can perform a process evaluation using an observation table. In it, they can record all data important for realization of the workshop. Evaluation results serve as the starting point for improving quality of subsequent workshops.



8. MONITORING AND EVALUATION OF RESULTS OF THE FAMILY SUPPORT PROGRAM

Evaluation implies a valuation/assessment of the effectiveness of a particular process, in this case, a program of support for families of children involved in day centers, which aims to understand whether planned activities had an appropriate effect in relation to the previously set goals and the expected outcomes. Evaluation of the program can help the organization to plan, develop and improve its activities in order to improve the quality of service for beneficiaries (Alston & Bowles, 2003).

We usually hear about three levels of evaluation:

- Process Evaluation, which examines the way the program is implemented, for example, how principles are operationalized, how approaches are applied, etc.
- Output evaluation measure program's "products", like, how many families were engaged, how many parents completed training, etc.
- Outcome evaluation measures program effects on beneficiaries (and/or local community, beneficiary's environment) in relation to its long-term and short-term effects.

Outcome and output are sometimes complicated to distinguish, so we may speak of two kinds of outcomes: user-oriented and service-oriented; or about mid-term and final outcomes (output indicators, services or activities as opposed to indicators of effect and influence), etc. Research shows that evaluations of family support programs often focus on either process analysis, or effect of services to beneficiaries, which does not allow for an adequate understanding of the overall process, or connection between activities and outcomes. Therefore, it is important to remember that evaluation of quality of service must have **at least two levels of evaluation**, specifically, the one related to changes in children and parents that we are working in, and the one referring to the way we are doing that.

Evaluation of the **implementation** of the Family Support Program thus can have two key components:

- **Evaluation of program application process** – refers to procedural dimensions of the program, phases/steps of program's implementation, phases/steps in program application, number of meetings with the family in each of program's phases, areas of operation, carried out interventions and their effects. This component is measured by **process indicators**, that service provider plans in the beginning of the service according to content and structure of the program and the approach it is based on.



- **Evaluation of program application outcomes** – refers to the effects of program’s application in work with particular families in relation to achieved **changes in child’s behavior**, as well as in relation to the degree of **satisfaction** with the overall process of program implementation. In this component, monitoring is conducted using outcome indicators, planned together with beneficiaries within the Family Action Plan.

Both components are evaluated from at least two perspectives:

- **User perspective** – parents/family and child
- **Service provider/day center perspective** – conducted by the support program

Aside from the said two levels, the program can be evaluated from the perspective of partners whom the service provider cooperates in the local community, and who also provide services for beneficiaries of day centers, who can observe program’s effect from that perspective (center for social work, school, clinic...) but other stakeholders, as well. Including multiple actors into the evaluation process is based on a new approach that emphasizes the new evaluation function, which is empowerment. This participatory-collaborative approach involves: conducting an evaluation by the very professionals who provide services (internal vs. external evaluation), which increases the awareness of the importance of evaluation within the organization itself; the participation of as many community stakeholders as possible, which increases the visibility of the service and the involvement of stakeholders, which may be significant for the provision of the service, but were not informed about it, nor overly interested (for example, representatives of local social policy committees). (Campbell et al., 2004; Fetterman & Wandersman, 2005; Secret, Jordan & Ford, 1999).

8.1. The process of evaluation

The process of evaluation starts in the phase of service planning and that is why it is important to start thinking about evaluation at the beginning of the program, i.e. engaging children and their families. The guide to planning evaluation in the beginning are the steps in program application, flexibly, but clearly defined in the FSP. Namely, the FSP is a structured, multi-phased, behavior change focused, short-term program, so process evaluation has the goal to determine: whether this model enables positive change in parents and children and follows program implementation methodology, i.e.:

- The way that phases are realized, what are the key activities, strategies and interventions in each one of them, as well as
- How much time is needed for their realization and achieving the expected change in behavior.

Key indicators for monitoring methodology are **process indicators**, and they are important not only at the end but also during the application of the program, as they provide an insight into how the application process of the program is progressing,



whether everything is going as planned or it is necessary to replace some activities, revise the goals or reinforce some interventions.

Table 12. Example of process indicators in relation to motivational phase

Phase	Process indicators
Motivating child and family to recognize and accept the need to change and persist in work toward that change	Number and quality ³⁷ of meetings with friends Number and quality of motivational activities in the initial service plan Applied strategies and techniques and their effects Number of families included in the FSP

The changes in behavior of children and parents are the expected outcomes of the FSP and they represent the basis for the second component of the evaluation, since they show the desired situation we're aspiring to and based on which we evaluate the quality of the service provided. The outcomes are usually defined as desired situations and changes in children and family, that manifest through **outcome indicators**.

Table 13. Example of outcome indicators in relation to motivational phase

Phase	Outcome indicators
Motivating child and family to recognize and accept the need to change and persist in work toward that change	Parents show for scheduled meetings Parents show more interest and motivation Parents accept to join the FSP

The outcomes of work with family include change in behavior and attitude, that are of qualitative nature and not measurable in the way the process indicators are (meetings, duration, etc.), With that in mind, it is important to define a way of assessment/ monitoring, that enables relative impartiality in the evaluation process.

One of possible ways is to apply specific scales and questionnaires used to evaluate a family at the beginning of a program, by carrying out the same type of assessment at the end, and then compare the results. Some authors, however, warn that these instruments should be used cautiously, as there is a risk that a complicated phenomenon, such as family functioning, is reduced to statistical categories and, in this way, the insight into some of the essential benefits the family has received from

³⁷ Openness in communication, problem recognition, willingness to talk, etc.





participating in program is lost. Also, in defining outcomes, it is important to keep in mind that, although change in the child is a very important indicator of change, it cannot be the only indicator of success and it is always necessary to monitor progress in parental functioning (McCroskey and Meezan, 1998).

Dunst, Trivette and Deal (1994) conclude that when implementing family support programs, key elements of effective support are based on interpersonal aspects of the relationship between service provider and family, and that the way a professional helps families use resources is equally important as the very resources provided to families. Considering that creation of a cooperative relationship with the family represents one of the key settings of the approach on which FSP is based, it must find a special place in the process evaluation.

Sources of information in the evaluation process are:

- User Data
- User feedback
- Data on process and progress of work with beneficiaries
- Output data

Bearing this in mind, a well-established **monitoring system** and quality **records and documentation** of beneficiaries and the process of providing a service are required, as they provide the basis for argumentation of evaluation findings and constitute the so-called **verification means**. (Examples of outcomes, indicators and means of verification in relation to FSP phases are given in Annex 10.1).

User data is documented in the manner prescribed by the service provider's program, and should include at least the assessment of the child and the family and the service plan. These documents should include information relating to the state of the child and the family, the defined difficulties and the area to be worked on, as well as the expectations of the service.

In comparing baseline and final outcomes, questionnaires related to the assessment of the capacity of the family that are part of these guidelines may be of help (Annex 4.2), but also any family assessment tools such as parent stress questionnaire, strengths and difficulties questionnaire, parental control questionnaire, etc.³⁸

User feedback represents a planned process in which parents and the child get the opportunity to express their views regarding the provision of services in relation to availability, comprehensibility of content, attitude of professionals, and in relation to their assessment of the effects achieved during their work. For this purpose, pre-prepared questionnaires are used, which can also serve as basis for conducting interviews, and examples of such questionnaires are attached as well (Annex 10.2 and Annex 10.3).

³⁸ Some of these tools can be found in a document called: *Instrumenti procene u socijalnoj zaštiti – upitnici, skale i tehnike*, Beograd: Centar za primenjenu psihologiju, 2010.



Data on process and progress of work with beneficiaries are, as several times mentioned, an integral part of the process evaluation of family support programs. The service delivery process is often intense and focus of the professional is primarily on beneficiaries rather than on their own activities, but to evaluate the effects of support programs it is crucial that these activities be recorded and reviewed from the perspective of their effectiveness in relation to goals and expected outcomes. The way in which a provider of services will record family-related activities should be simple and functional so as not to overburden professionals, but yet comprehensive enough to ensure that all relevant data for the evaluation process are collected. Accompanying these guidelines, a monitoring chart (Annex 6) is attached which includes relevant phases of the Program and key monitoring areas, which can be used in a given form or adapted to the needs of a specific service provider. It is important to note that although the FSP has five phases (mobilization and engagement, motivation, assessment, reduction/elimination of problems or behavior change and generalization), the monitoring chart does not include the first phase, because it is directed at activities of service providers in the community, with the goal of informing and mobilizing families, so they are not included in process evaluation of work with family, but in the overall evaluation program implementation.

Finally, instead of the summary, a few ideas that should be taken into consideration during FSP evaluation:

- Families are complex systems that constantly change. The effects of the program should therefore always be seen in the context of what is actually happening in the family.
- Families often receive many types of help and support, and although it is difficult, it is important to take this fact into account and to distinguish as much as possible the effects of different services.
- No matter how well planned, we cannot foresee everything that may happen in the program or what effect it will have. Therefore, during the application of the support program, we should be cautious and ready for "unexpected" outcomes.
- Some outcomes are difficult to measure, but their quantitativity should not be discouraging, on the contrary. It is important to formulate such outcomes well and then adequately prepare the argumentation in relation to whether they have been achieved or not.
- Information about the process is equally important as the information about the outcome.
- Evaluation must take into account different perspectives and values, and least the perspectives of professionals and service beneficiaries.



List of Annexes

- Annex 1. Family Assessment Questionnaire**
- Annex 2. FSP Scheme with outcomes and indicators**
- Annex 3. Initial Assessment Interview**
- Annex 4. Final Evaluation Interview**
- Annex 5. Monitoring chart for FSP implementation**
- Annex 6. Workshop synopsis: Positive discipline in everyday parenting**
- Annex 7. Template of Family Action Plan**



Annex I. Family Assessment Questionnaire

File no./user code:

Date:

FAMILY ASSESMENT QUESTIONNAIRE

I Child – parent relationship and parenting skills

I.1. Parental capacities

- a. Parents understand the situation their child is in, provide support to their child
- b. Parents can understand their child, but conflicts and misunderstandings appear occasionally, the child does not feel that he/she can entirely trust parents
- c. Parents have difficulties understanding their child, they do not realize the situation their child is in and are not fully acquainted with their child's life, but they are ready to improve relationship with their child
- d. Parents can't accept child's behavior, do not understand their child and refuse to work on improving the relationship with their child

I.2. Quality of relationship with the mother

- a. Very good, harmonic
- b. Good
- c. Distant
- d. Conflicted
- e. Completely disturbed

I.3. Quality of relationship with the father

- a. Very good, harmonic
- b. Good
- c. Distant
- d. Conflicted
- e. Completely disturbed

I.4. Child's relation toward parental authority

- a. Mainly respects
- b. Moderately confronts
- c. Often confronts
- d. Openly defies

I.5. Parents' response to child's needs

- a. Mainly respect and adequately respond to them
- b. Underestimate child's positions and needs
- c. Ignore
- d. Do not notice
- e. Act inconsistently

I.6. Asses the quality of parent-child relation using the following scale

0 –No

1 –Partly

2 - Yes

The child can rely on family support when needed	0	1	2
Parents have a positive relationship with their child	0	1	2
A stable, warm and harmonic relationship of at least one parent with the child exists	0	1	2
Parents trust their child	0	1	2
Dedication and responsibility of the child towards the family exists (care and support for others)	0	1	2
Supportive relationship among children in the family exists	0	1	2

I.7. Child supervision

- a. Parent supervise the child efficiently and age-appropriately
- b. Insufficient supervision over child's behavior and development
- c. Parents are overly-controlling

I.8. Discipline

- a. Parents raise their child efficiently and set boundaries
- b. Parents are overprotective
- c. Parents are violent in raising their child

I.9. Consistency in raising and treatment of the child

- a. Parents raise their child inconsistently
- b. Clear boundaries/rules exist within the family

1.10. Parents' relationship toward maladaptive behavior

- 0 – no
- 1 – partly
- 2 – yes

Parents stimulate pro-social behavior of their child	0	1	2
Parents approve of child's maladaptive behavior	0	1	2
Parents approve and/or encourage antisocial behavior of their child	0	1	2
Openly or covertly reject their child	0	1	2

2. Family functioning

2.1. Parental relationship

- a. Harmonic relationship
- b. Rare conflicts
- c. Frequent verbal conflicts (parents yell, insult, insult each other and yell)
- d. Frequent physical conflicts (violent parents, everyone is physically abusive)
- e. Child yells and intimidates and parents retreat

2.2. Presence of domestic violence

- a. No domestic violence is presented
- b. Physical abuse
- c. Emotional abuse
- d. Sexual abuse
- e. Child is a witness to domestic violence

2.3. Physical and mental health with an emphasis on reduced ability to care

- a. Very good health, no chronic diseases, no functional limitations
- b. Fair health, minor health issues, no functional limitations
- c. Poor health, minor functional limitations
- d. Very bad health, significant functional limitations

Health issues description

2.4. Do either of the parents display antisocial or maladaptive behavior (drug abuse, criminal offense)

- a. Yes
- b. No

Description of antisocial or maladaptive behavior

2.5. Parental roles distribution

- a. Parents have clearly delineated but complementary roles
- b. Parents jointly share all roles
- c. One of the parents partly or entirely neglects family roles and transfers them to the other parent
- d. Both parents partly or entirely neglect family roles

3. Social status and social inclusion of the family

3.1. Financial situation of the family

- a. Good financial situation (family can provide basic life needs and meet other needs – e.g. recreation, culture, etc.)
- b. Moderately poor financial situation (family has difficulty to provide for basic needs)
- c. Poor financial situation (family cannot provide basic conditions)

3.2. Social inclusion of the family

- a. Social connection of the family is great, community services are available, parents have acquaintances among important people from various social spheres and public life, child attends school, etc.

- b. Social connection of the family is great, but the family has no acquaintances with people from important social spheres
- c. Family's social connection is weak
- d. Family has poor social connection, family members are not valued by the community

3.3. Contacts with extended family

- a. Family has a wide circle of cousins with whom good relationships are maintained, they meet frequently, children socialize together
- b. Family has a wide circle of cousins, they meet occasionally, extended family gathers occasionally
- c. Family does not have a wide circle of cousins, they have superficial relationship, they rarely meet
- d. Family has almost no extended family or contact with them or their relationship is significantly disturbed

3.4. Characteristics of the local community - crime rate in the immediate environment

- a. Crime is very rare in the community
- b. Crime is present in the community to a small extent
- c. Crime is moderately present in the community
- d. Crime is largely present in the community

3.5. Significant events in the past year

- a. The family had significant positive changes
- b. There were no significant or positive or negative changes in the family
- c. There were significant negative changes in the family (financial losses, illness, shorter separation, etc.)
- d. The family suffered significant losses (major losses, permanent separation, death of a family member, etc.)

Description of significant events

3.6. Inclusion of the child to school

- a. The child is enrolled in a school, regularly attends classes and achieves solid results
- b. The child is enrolled in a school, but often absent and has poor grades
- c. The child is not enrolled in school

3.7. Parents' contact with the school

- a. Parents (or one of their parents) are in constant contact with the school
- b. Parents are in occasional contact with the school (e.g. parental meetings)
- c. Parents contact the school only at the school's initiative (written call, phone call ...)
- d. Parents do not usually contact the school and do not respond to calls

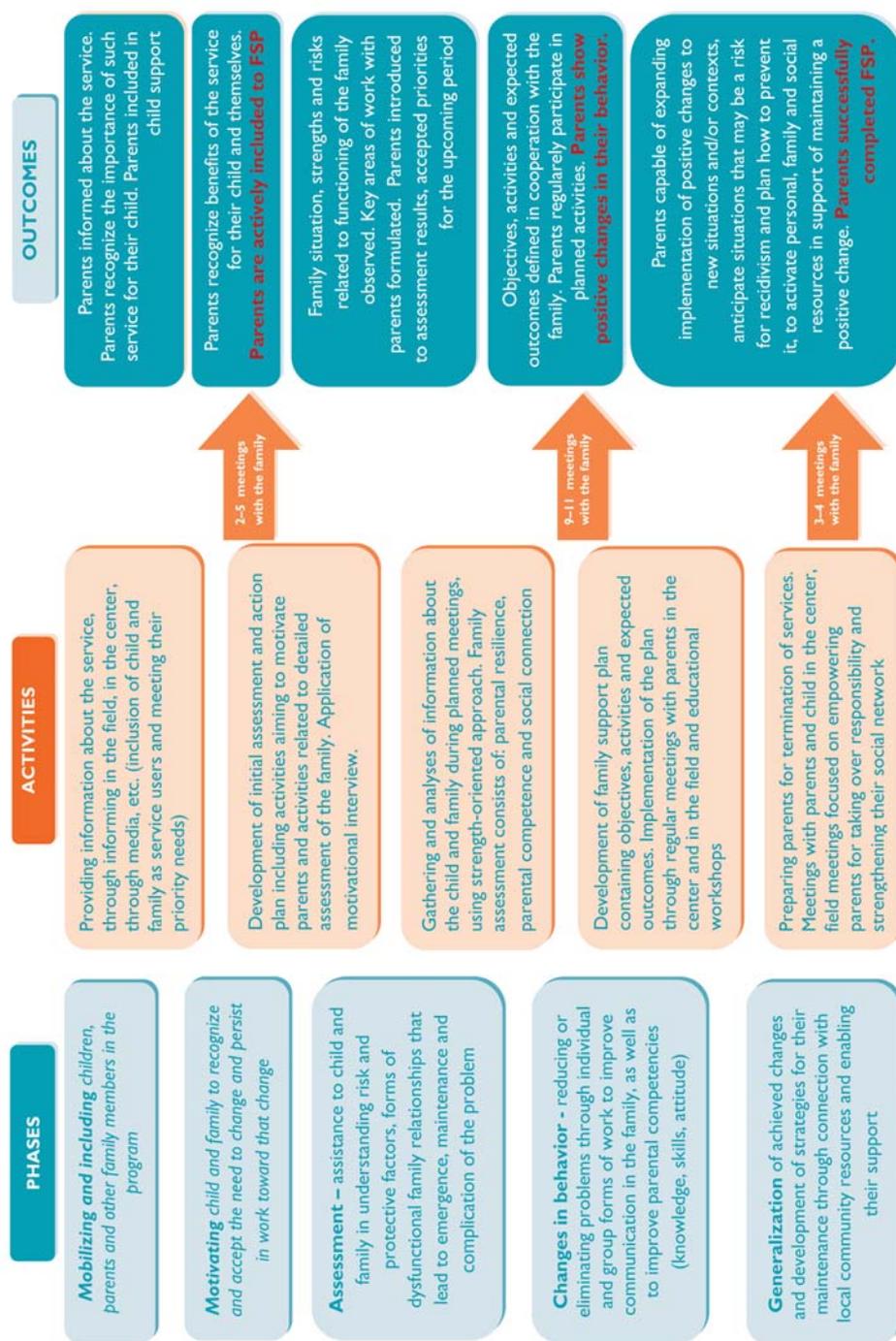
3.8. Health care

- a. All family members have health care insurance and use health care services regularly (children are vaccinated, they see the doctor in case of illness, receive prescription therapy)
- b. All family members have health care insurance, but they self-medicate and only see the doctor in an emergency
- c. The family has no health care insurance and cannot use health care services

3.9. Cooperation with the Day Center

- a. Family uses all services and assistance in the Day Center and on the ground (food, hygiene, laundry, psychological support)
- b. Family only accepts humanitarian aid
- c. Family does not accept any form of support of the Day Center, but does not prevent the child from coming to the Day Center
- d. Individual members of the family, or the family in general oppose child coming to the DC or the shelter

Annex 2. FSP Scheme with outcomes and indicators



I. Levels of PPP Evaluation

PHASE	ACTIVITIES	OUTCOMES	OUTCOME INDICATORS	PROCESS INDICATORS
I Mobilizing and including children, parents and other family members in the program	Providing information about the service, through informing in the field, in the center, through media, etc. (inclusion of child and family as service users and meeting their priority needs)	Parents informed about the service. Parents recognize the importance of such service for their child. Parents included in child support	Number of parents informed about beginning of FSP implementation <ul style="list-style-type: none"> Parents of children included Parents of children not included in the program Number of parents inquiring about the FSP services Number of parents already included in FSP Number of parents and children joining the FSP	Number and quality of prepared material for parents Number and quality of field visits Number and quality of meetings with parents Number and quality of media performances Number of families interested in FSP Number of families included in work with service providers Number of families included in FSP
II Motivating child and family to recognize and accept the need to change and persist in work toward that change	Development of initial assessment and action plan including activities aiming to motivate parents and activities related to detailed assessment of the family Meetings with parents in the center, field meetings Application of motivational interview.	Parents recognize benefits of the service for their child and themselves Parents are actively included to FSP	Parents show for scheduled meetings Parents show more interest and motivation Parents accept joining the FSP	Number and quality of meetings with parents Number and quality of motivational activities in the initial service plan Strategies and techniques applied and their effects Number of families included in FSP

<p>III Assessment – assistance to child and family in understanding risk and protective factors, forms of dysfunctional family relationships that lead to emergence, maintenance and complication of the problem</p>	<p>Gathering and analyses of information about the child and family during planned meetings, using strength-oriented approach Family assessment consists of: parental resilience, parental competence and social connection</p>	<p>Family situation, strengths and risks related to functioning of the family observed Key areas of work with parents formulated Parents introduced to assessment results, accepted priorities for the upcoming period</p>	<p>Parents regularly show for scheduled meetings Parents show interest and motivation Parents participate in assessment activities Parents share their opinions and participate in defining key areas of work</p>	<p>Number and quality of meetings with parents Applied techniques for data gathering and analyses and their effect (genogram, eco-map etc.) Number and quality of created family assessments Number of families who successfully underwent the assessment phase</p>
<p>IV Improved behavior - reducing or eliminating problems through individual and group forms of work to improve communication in the family, as well as to improve parental competencies (knowledge, skills, attitude)</p>	<p>Development of family support plan containing objectives, activities and expected outcomes Implementation of the plan through regular meetings with parents in the center and in the field and educational workshops</p>	<p>Objectives, activities and expected outcomes defined in cooperation with the family. Parents regularly participate in planned activities Parents show positive changes in their behavior (they apply positive discipline techniques, assertive communication, self-care, etc.)</p>	<p>Parents actively participate in development and implementation of the support plan Parents show positive change in their behavior (they apply positive discipline techniques, assertive communication, self-care, etc.) Child shows positive change in behavior Parents are satisfied with service delivery process</p>	<p>Number and quality of meetings dedicated to development of family support plan Number and quality of family support plans (as part of child support plan) Planned activities and their effects (meetings, field visits, group work) Applied interventions (counselling, educational content) and their effects Number of families who received a family support plan</p>

V Generalization of achieved changes and development of strategies for their maintenance through local connection with community resources and enabling their support

Preparing parents for termination of services. Meetings with parents and child in the center, field meetings focused on empowering parents for taking over responsibility and strengthening their social network

Parents capable of expanding implementation of positive changes to new situations and/or contexts, anticipate situations that may be a risk for recidivism and plan how to prevent it; to activate personal, family and social resources in support of maintaining a positive change

Parents developed skills for taking over responsibility and strengthening their social network
Family's social network strengthened
Parents ready to complete the program
Parents satisfied with the effects of delivered services

Number and quality of meetings with parents dedicated to generalization activities
Activities and interventions focused on social network strengthening and their effects
Number of families who have successfully completed the FSP

2. Indicators and means of verification

PHASE	OUTCOME INDICATORS	MEANS OF VERIFICATION	PROCESS INDICATORS	MEANS OF VERIFICATION
I Mobilizing and including children, parents and other family members in the program	<p>Number of parents informed about beginning of FSP implementation</p> <ul style="list-style-type: none"> Parents of children included Parents of children not included in the program <p>Number of parents inquiring about the FSP services</p> <p>Number of parents already included in FSP</p> <p>Number of parents and children joining the FSP</p>	<p>Daily reports of professionals related to their contact with families</p> <p>Minutes from the first meeting with the family at the beginning of FSP</p> <p>Initial assessments for new program users</p>	<p>Number and quality of prepared material for parents</p> <p>Number and quality of field visits</p> <p>Number and quality of meetings with parents</p> <p>Number and quality of media performances</p>	<p>Prepared and printed material for parents containing information of FSP</p> <p>Field visit reports show that visits were conducted in line with...</p> <p>Videos, newspaper clippings</p>
II Motivating child and family to recognize and accept the need to change and persist in work toward that change	<p>Parents show for scheduled meetings</p> <p>Parents show more interest and motivation</p> <p>Parents accept to join the FSP</p>	<p>Professionals' reports on work with parents</p> <p>Minutes from the first meeting with the family at the beginning of FSP</p> <p>Initial assessments for new program users</p>	<p>Number and quality of prepared material for parents</p> <p>Number and quality of field visits</p> <p>Number and quality of meetings with parents</p> <p>Number and quality of media performances</p>	<p>Monitoring chart for family progress tracking</p>

<p>III Assessment – assistance to child and family in understanding risk and protective factors, forms of dysfunctional family relationships that lead to emergence, maintenance and complication of the problem</p>	<p>Parents regularly show for scheduled meetings Parents show interest and motivation Parents participate in assessment activities Parents share their opinions and participate in defining key areas of work</p>	<p>Child and family assessments that show parents' participation, motivation and interest</p>	<p>Number and quality of meetings with parents Applied techniques for data gathering and analyses and their effect (genogram, eco-map etc.) Number and quality of created family assessments Number of families who successfully underwent the assessment phase</p>	<p>Monitoring chart for family progress tracking</p>
<p>IV Improved behavior - reducing or eliminating problems through individual and group forms of work to improve communication in the family, as well as to improve parental competencies (knowledge, skills, attitude)</p>	<p>Parents actively participate in development and implementation of the support plan Parents show positive change in their behavior (they apply positive discipline techniques, assertive communication, self-care, etc.) Child shows positive change in behavior Parents are satisfied with service delivery process</p>	<p>Child and family support plans Revision of child and family support plans</p>	<p>Number and quality of meetings dedicated to development of family support plan Number and quality of family support plans (as part of child support plan) Planned activities and their effects (meetings, field visits, group work) Applied interventions (counselling, educational content) and their effects Number of families who received a family support plan</p>	<p>Monitoring chart for family progress tracking</p>

V Generalization of achieved changes and development of strategies for their maintenance through connection with local community resources and enabling their support

Parents developed concrete skills for taking over responsibility and strengthening their social network
Family's social network strengthened
Parents ready to complete the program
Parents satisfied with the effects of delivered services

Revisions of child and family support plans
Evaluation questionnaires

Number and quality of meetings with parents dedicated to generalization activities
Activities and interventions focused on social network strengthening and their effects
Number of families who have successfully completed the FSP

Annex 3. Initial Assessment Interview

File no./User code:	Interview date:
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INITIAL INTERVIEW WITH PARENTS

- **Interviewer's introduction** - name, occupation, institution
- **Presentation of interview goals**

The purpose of our conversation is to share together your experiences and expectations you have with relation to the activities of the program your child and family are participating in.

As the realization of this program is in its initial phase, it is important for us to understand implementation of its activities, your satisfaction so far, as well as your opinion on what should be done differently.

Also, we hope to better understand the situation you're in, and what is it that you may need to successfully overcome the current difficulties you're facing.

This information is vital to improvement of quality of organization, content and manner of implementation of family support program activities. They will serve as basis for production of recommendations to further develop and adjust the program to yours and your child's needs, as well as in work with other, future program beneficiaries.

We are scheduled to meet again in about 6 months to hear your thoughts on whether your expectations have been met and if some changes took place in your family.

It is very important to emphasize the confidentiality of our conversation, to that matter, anonymity of our interlocutors is secured, since the gathered data only serve as guidelines to further improve Family support program.

If you agree, I would suggest that we record our conversation, so that I do not miss an important information and to not intrude the course of our conversation by taking notes. After we later write down all your answers, the recording will be deleted. All answers are analyzed together, so it **does not matter who, but what was said**.

The information in this interview was received from

1. Both parents/caregivers
2. Mother only
3. Father only
4. Someone else (specify from whom)

If the mother or father are not participating in this interview, please specify the reasons:

I PREVIOUS EXPERIENCE WITH SERVICE PROVIDERS

1. How would you define your experience with service providers? Can you describe your cooperation? What do you talk about? In what ways are you included in the activities related to your child?
2. What were you informed about in your first meeting with the service provider? Was there anything you did not understand?
3. How would you describe service provider's attitude toward you as the parent of a child coming to the Day center?
4. To what extent did the service provider take your opinion into consideration when it comes to what is good for your child?
 - 1) Yes, entirely
 - 2) Mainly yes
 - 3) No – Why do you feel that way?
5. Do you feel free to call the service provider when facing certain difficulties or in case you need any sort of help?
 - 1) Yes – Did you ever have a contact like that? What were they about? Was your opinion taken into consideration?
 - 2) No – How would you describe that?
6. During the course of work with the day center professionals do you feel respected, are you treated as an equal interlocutor? Do they respect you, your opinion, your time, your child?
 - 1) Yes – What is the main reason you feel that way?
 - 2) No – What is the main reason you feel that way?
7. In your opinion, how does your child feel in the day center?
8. Do you know something about the way your child's opinion is being taken into consideration when creating treatment plan by the service provider?
 - 1) Yes – In what way was your child's opinion taken into consideration?
 - 2) No – Did your child say anything about this? Why do you feel that way?
 - 3) I don't know
9. Which family member has most contact with the service provider? Are you equally encouraged to communicate with the service provider? Who was encouraged more, who less and why?
10. To what extent do you trust professionals working with your child and family (their competence, that they work in your best interest, that they are dedicated and motivated)
 - 1) Yes, entirely
 - 2) Mainly yes
 - 3) No – Why do you feel that way?

11. To what extent are activities of the day center adjusted to needs and abilities of your child and family?
 - 1) Yes, entirely
 - 2) Mainly yes
 - 3) No – Why do you feel that way?

12. Do you have difficulties responding to what is expected of you as a parent by the service provider? What is that about?
 - 1) Yes – Why do you feel that way?
 - 2) No

13. Do you find time and place of meetings with your family appropriate?
 - 1) Yes
 - 2) No – Why do you feel that way?

14. Do you ever feel that you or your child are in any way discriminated against, that you have fewer rights than others, that your services are provided in a less quality or less respectful manner?

Explain (basis for this can be due to ethnicity, education....)?

 - 1) Yes – Why do you feel that way?
 - 2) No

15. Do you feel that you need anything else but your need was not met or not adequately?
 - 1) Yes – What is it about?
 - 2) No

II EXPECTATIONS FROM THE FAMILY SUPPORT PROGRAM

2.1. CHILD RELATED EXPECTATIONS

15. How would you briefly describe your child.
16. What is it that you like the most about your child? What do you love about him/her, what are you proud of?
17. In your opinion, what are the most important challenges, or problems your child faces?
18. How, in your opinion, did these problems arise? What are the reasons for this?
19. What do you think would help your child not to repeat these problems/behaviors?
20. How do you see this program's role in it?

Expectations from the program:

Problematic behavior of the child will stop.

Child won't spend time in the streets.

School grades will improve.

Child will attend school more regularly.

- Child will improve relationship with friends.
- Child will improve relationship with teachers.
- Child will acquire new knowledge and skills.
- Child will gain more self-esteem, self-respect (feels better about himself).
- Child will have more respect for other people.
- Child will have more respect for us as parents.
- Something else _____

2.2. FAMILY RELATED EXPECTATIONS

21. How would you briefly describe your family?
22. What is it that you like the most about your family? What do you love about it, what are you especially proud of?
23. What kind of difficulties do you and your family meet in daily functioning?
24. Do you consider any of these difficulties related to your child's problems/difficulties? In what way (direction of influence)?
25. How do you think you can help /NAME/ work toward changing his/her behavior?
26. Do you think that participation in family support program can help with that?

Expectations from the program:

- Family relations will be improved.
- Mutual understanding, trust and respect will be improved.
- We'll be closer, find a better way of showing him/her that we care for him/her.
- Communication will be improved, we'll talk more.
- We'll have fewer conflicts.
- We'll spend more time together.
- We'll have better supervision over our child, where he/she goes, whom with, how he/she spends her time.
- We'll learn how to establish a better authority without provoking rage and anger, have the child respect us more.
- There will be less yelling, insults, conflicts when talking to each other.
- Rules and obligations within the family will be set.
- Something else _____

Annex 4. Final Evaluation Interview

File no./user code:	Date:
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FAMILY SUPPORT PROGRAM EVALUATION

- Evaluation sheet for family members/parents-

This questionnaire is related to your evaluation of quality of the Family Support Program, and your answers will only be used for program improvement purposes

On a 1-5 scale, please rate various aspects of work of service providers (1-very dissatisfied; 2- dissatisfied; 3- neither satisfied, or dissatisfied/indecisive; 4- satisfied; 5- very satisfied)

Aspects of work

	Rate
1. Level of compliance of undertaken activities and your needs	1-2-3-4- 5
2. The level of appreciation and respect shown to you by the service provider	1- 2- 3- 4- 5
3. The degree of your involvement in planning the work with you and your child	1-2-3-4-5
4. Ways of information and level of received information	1-2-3-4- 5
5. Overall staff relationship with you during the program	1-2-3-4-5
6. Were your expectations from the Family support program met? a) entirely b) partly v) no	
7. Was participation in the program useful for your family and child? a) yes b) no	

Please explain:

8. What do you think was the most useful part of the program?

9. What did you not like or did not find useful?

10. What changed due to your participation in the program:

Problematic behavior of the child stopped/decreased.

Child does not spend time in the streets.

School grades improved.

Attends school regularly.

Improved relationship with friends.

Improved relationship with teachers.

New knowledge and skills acquired.

Gains more self-esteem, self-respect (feels better about himself).

Respects other people.

Respects us as parents.

Family relations are improved.

Mutual understanding, trust and respect are improved.

We are closer, found a better way of showing him/her that we care for him/her.

Communication is improved, we talk more.

We have fewer conflicts.

We spend more time together.

We have better supervision over our child, where he/she goes, whom with, how he/she spends her time.

We learned how to establish a better authority without provoking rage and anger, have the child respect us more.

Less yelling, insults, conflicts when talking to each other.

Rules and obligations within the family are set.



Annex 5. Monitoring chart for FSP implementation

MONITORING CHART¹ for FSP program application

Child (name and surname)	Family members and other important persons included in the program
Dominant difficulties of the child and family participating in the FSP	Goals of Family Support Plan

PHASE ACTIVITIES

PHASE I	Start date and estimated duration ²	Parent motivation assesment ³	Planned activities ⁴	Motivation strategies and techniques ⁵	Output and effects of applied techniques ⁶	Difficulties in work ⁷	Duration ⁸
Participation and motivation							

¹ Monitoring chart is used to monitor quality of FSP application. The data is inserted in the chart upon service provision based on family documentation. For example, columns 1-4 contain information from initial and detailed assessment, service plan for child and family as well as plan reassessment. Last three columns contain professional's view of applied activities, outputs and difficulties encountered in all of the phases of the work with the family during program application.

² Fill in the start date of each phase and estimated duration.

³ Motivation levels compared to levels from the Guideline.

⁴ Activities conducted while working with family: meetings, visits, phone conversations...

⁵ Strategies and techniques applied, it is important to apply as many strategies offered by the FSP

⁶ Review of activities and strategies applied, what was achieved, what changes emerged during the course of the program and how did all that affect family members.

⁷ Difficulties in work with the family, difficulties in activity implementation and application of strategies

⁸ Phase duration and finalization date. NOTE: motivation phase lasts throughout all other phases, but for piloting it is important to estimate how much time is needed to motivate ALL stakeholders of family and child system, so that they are included in the assessment phase

PHASE 2	Start date and estimated duration	Areas and focus of assessment⁹	Planned activities¹⁰	Strategies and techniques¹¹	Output and effects of applied techniques	Difficulties in work	Duration
Assessment							
PHASE 3	Start date and estimated duration	Need for support in relation to the assessment areas ¹²	Planned activities	Strategies and interventions	Output and effects of applied techniques	Difficulties in work	Duration
Improvement in behavior		<ol style="list-style-type: none"> 1. Inclusion to child support plan 2. Parental resilience 3. Parental competence 4. Social connection 					

⁹ It is important to fill in areas and focus of the assessment based on the initial insights in state and issues of the child and family, because the assessment is not conducted identically with all families; Assessment focus will certainly belong to an area of protective factors that the FSP is based on, so they should be defined accordingly. For example: Area: social connection, focus: „Understanding of resources for child support in the extended family“ (if we are working with an exhausted mother and cannot provide adequate care for children), Area: social connection, focus: „Possibilities of school support resources“ and Parental resilience, focus: „Understanding of parental communication skills and support systems“ (when the child has issues with peers, and parents do not have a good relationship with the staff“;

¹⁰ It is important to define assessment activities. For example, 1 organized meeting with the parents, 1 home visit with the entire family, 1 discussion with the teacher, etc.

¹¹ Strategies and techniques planned during the course of work with the family, observation, interview, group discussions, genogram etc.

¹² It is important to list family difficulties and goals agreed within the areas defined by the FSP. For example: Social connection: improving cooperation of parents and school; Resilience: improving mother's organization of time to enable her to dedicate to assisting children with homework; Competence: development of a more positive approach of the father related to modeling child's behavior.

PHASE 4	Start date and estimated duration ¹³	Empowerment areas to maintain a positive change ¹⁴	Planned activities	Strategies and interventions	Output and effects of applied techniques	Difficulties in work	Duration
Generalization							

EFFECTIVENESS SUMMARY

Problems and goals of family support	Expected outcomes at the beginning of the process	FSP outcomes at the end of the program	Duration	Explanation

¹³ Just like in phase one, generalization phase will start upon completion of the previous phase, but for piloting purposes, it is important to recognize this phase and record its beginning at the moment when the family is preparing to leave the service, i.e. when we can be relatively certain that planned goals and outcomes will be accomplished in the foreseeable period. Also, it is important to assess the most effective strategies in this phase, as well as its duration

¹⁴ During work with the family, some outcomes will be accomplished and we'll be aware that the change occurred in a relatively stable way, whereas in other areas additional empowering will be required. In this part it is important to emphasize those exact areas and activities planned according to those, as well as interventions and strategies.

Annex 6. Workshop synopsis: Positive discipline in everyday parenting

POSITIVE DISCIPLINE IN EVERYDAY PARENTING PROGRAM

PARENT/CAREGIVER WORKSHOP SYNOPSIS

GENERAL OBJECTIVE/PURPOSE

Objective of this workshop is to encourage parents/caregivers and other persons important for the child to take an appropriate approach in raising and upbringing that would allow children to understand their behavior, become responsible and develop in a prosocial way. Choosing the approach and principles of positive discipline helps raise children through encouragement, as opposed to punishment as dominant discipline form.

Adoption and consistent application of positive discipline method helps overcome and abandon most common approaches in upbringing, such as excessive control and lenience. Positive discipline based upbringing enables children to exercise assume control of their actions, which is of utmost importance for development of their self-confidence. This is of great importance for many children who express submissive or aggressive behavior, due to inadequate parental care and upbringing.

SPECIFIC GOALS

Develop parental/caregiver's competencies for application of non-violent approaches and techniques in upbringing through:

- Understanding consequences of punishment (physical, psychological) to child's development and functioning
- Understanding the importance of goal setting and correlation between short-term and long-term objectives of upbringing
- Understanding the importance of providing warmth, order and structure for building a quality parent-child relationship
- Adopting effective and constructive approaches to solving developmental problems and disciplining children

CONTENT

“Positive discipline in everyday parenting”¹ Program integrates modern scientific knowledge about healthy child development, results of numerous research on successful upbringing respectful of basic rights of the child. Content of this program focuses on identification of long-term parenting goals; providing warmth and closeness; securing order and structure; understanding the way children think and feel and solving developmental problems in raising, educating and upbringing children. **Parent workshop content is aligned with the goals to be accomplished through this type of work with parents and it includes the following thematic units or modules:**

- What positive discipline is
- Identifying parenting goals
- Warmth, order and structure in child upbringing
- Problem solving based on positive discipline approach

METHODS

- presentation
- discussion
- Q&A
- work in smaller groups
- brainstorming
- moderation
-

NECESSARY EQUIPMENT

Flip chart and paper, color markers, stickers, white paper, cards. Computer and projector can be used for power point presentations, but not mandatory.

PROGRAM DURATION

Program is realized through a set of six to ten workshops (with a group of parents/caregivers/key persons of importance for the child), that are dedicated to a specific topic, each of the workshops lasting around 90 minutes. The exact number of workshops depends on progress pace of the group participating in positive discipline program. Some groups will advance faster others will need to process a certain module or topic through a number of workshops.

¹ Workshop synopsis adapted from Durrant, J., Positive discipline in everyday parenting (2014) Save the Children for North West Balkans

MODUL I: WHAT POSITIVE DISCIPLINE IS

I. INTRODUCTION

GOALS

1. Introducing parents/caregivers to positive discipline program
2. Introducing parents to each other, achieving an understanding on workshop implementation manner

OUTCOMES

- Parents/caregivers are introduced to positive discipline program, its purpose and goals of its application in everyday parenting
- Parents know each other and they are less distant
- Initial parent/caregivers' readiness to participate in the workshops is developed and concrete expectations are expressed related to workshop outcomes

METHODS

- presentation/ Power Point presentation (optional)
- discussion
- Q&A

NECESSARY EQUIPMENT

Computer and projector for PP (power point) presentations, flip chart and paper, color markers, stickers, white paper.

DURATION 30 minutes

1.1. Introduction – Welcome for participants

1.2. Introduction to positive discipline program – presentation/Power Point presentation

Using the (PP) presentation, workshop leader (or a couple of leaders) introduce parents/caregivers to positive discipline program in an adequate way, presenting its purpose, goals and basic elements. Generally, this is how may sound:

„All parents wish well for their children, but yet we witness wrong approaches in upbringings. A number of parents are merely mild, others only resolute and strict. Mildness without resolution leads to permissive parenting, whereas resolution without mildness leads to authoritarian, rigid parenting based on fear of authority. Long-term, these are both bad educational approaches. Children need love above all, then discipline. Efficient and constructive child discipline involves combination of two said approaches”.²

The purpose of this program implemented in workshops is to encourage parents/caregivers and other persons important for the child to take an appropriate approach in raising and upbringing that would allow children to understand their behavior, become responsible and develop in a prosocial way. Choosing the approach and principles of positive discipline helps raise children through encouragement, as opposed to punishment as dominant discipline form.

Warmth, order and structure are important elements of positive discipline. These elements will be addressed in workshops and we'll learn how to properly combine and unify warmth, order and structure when raising children. We will practice together to clearly provide guidelines for behavior, state our expectations, explain reasons for and against a certain behavior. As positive discipline method represents a mechanism that enables child to solve problems even when the adults are absent, its final effect should be child's developed self-confidence and independence in resolving challenges of growing up.

Workshop objectives are focused on strengthening your parental/caregiver competencies for application of non-violent approaches and techniques in your child's upbringing and discipline.

Upon presentation of purpose and objectives of positive discipline program, workshop leader introduces parents with the concept of work, i.e. that program will be implemented through a set of six to ten workshops, each of those dedicated to a specific topic. The leader then calls upon parents to state their comments with regard to the program and ask questions in case they need clarification or have dilemma related to any of program's aspects to be realized through workshops.

² Durrant, J., Positive discipline in everyday parenting (2014) Save the Children for North West Balkans

1.3. Introduction of parents/caregivers and their expectation

The leader invites all participants, including their (co)leader to introduce themselves, respectively, stating first their name, last name, occupation, employment, unless they already did that during introductory address, asking them to share their expectations regarding the program, i.e. workshops during which they will be educated to apply positive discipline program. Parents/caregivers state their expectation, the leader writes them down on the flip chart, in order to evaluate them at the end of the program, checking if they were met.

1.4. Setting rules

Basic rules of work within the program related to obligation to attend, reasons for possible justified absences, mutual respect, respect for the schedule, active participation, etc. are defined through joint proposals.

2. PERSONAL EXPERIENCE OF GROWING-UP

OBJECTIVE.

Encourage parents/caregivers to reflect on their approach to child disciplining

OUTCOMES

By the end of the workshop, participant will be able to:

- Describe their feelings with regard to their parents' child discipline methods
- Understand the influence of personal experience to their positions related to child discipline

METHODS AND TECHNIQUES

- discussions
- work with cards,
- moderation

NECESSARY EQUIPMENT

Flip chart and paper, color markers, stickers, white paper.

DURATION 60 minutes

2.1. Personal experience in disciplining – work with cards and moderation

The leader distributes cards requesting parents/caregivers to write down ways that their parents disciplined them in their childhood. Each card should contain just one discipline method. The leader or coleader assists parents who cannot write on cards themselves. Once all parents are done, the leader, with active participation of the group, analyses answers organizing them to previously prepared categories. This exercise should result in overview of ways and methods used to discipline parents during their childhood.

2.2. Final round of exchange - reflection

Following a brief presentation of basic positive discipline factors, the leader requests parents to reflect on how their personal childhood discipline experience influenced and influences discipline approach they apply in raising and upbringing their children. Parents state their opinions and the leader encourages all participants to speak up, summarizing and emphasizing the importance of awareness of incorporation of personal experience growing up into our parenting, but also that **it is possible to interrupt negative patterns** which is what will be taught in upcoming workshops.

3. DISCIPLINE IS NOT PUNISHMENT

OBJECTIVE

Introducing parents to consequences of punishment to child development and functioning

OUTCOMES

- By the end of the workshop, parents will be able to:
- Understand what influenced their current positions on child discipline
- Describe what positive discipline is and what it is not

METHODS AND TECHNIQUES

- discussions
- work in smaller groups
- moderation
- brainstorming
- presentation

NECESSARY EQUIPMENT

Flip chart and paper, color markers, stickers, white paper.

DURATION: 90 minutes

3.1. List of commonly used punishments – brainstorming, moderation

The leader invites parents to remember five most common punishment methods used by their parents, mentioned in the previous workshop. The answers are written and analyzed together with parents explaining what each of these punishment methods represents and how it affects child upbringing. It is important to emphasize the difference between corporal punishment and abuse and explain parents that any suspicion of abuse needs to be reported to the competent institutions.

3.2. Comparing experienced punishment methods to most commonly used ways of punishing own children – work in pairs or smaller groups

The leader forms smaller groups of parents asking them to analyze how matching the punishments they have been exposed to in their childhood with the ways they now practice as parents by educating their children. Upon completion of group work, parents explain results of the exercise while the leader writes down everything on the flip chart. After that, the group analyzes the degree of compatibility, in order for the parents to realize how their childhood experience influences their parenting.

3.3. What positive discipline is and what it is not – educational block, presentation

In this block, the leader (using a PP presentation) briefly introduces parents to basics of modern approaches in raising and educating children based on the position that **discipline is not punishing, but teaching children**. Parents will be introduced to the basic meaning of positive discipline – what it is and what it is not:

“What positive discipline is not

- Positive discipline in everyday parenting is not permissive parenting.
- Positive discipline in everyday parenting is not letting your child do whatever he wants.
- Positive discipline in everyday parenting is not about having no rules, limits or expectations.

- Positive discipline in everyday parenting is not about short-term reactions or alternative punishments to slapping and hitting.

What positive discipline is

- Positive discipline in everyday parenting is about long-term solutions that develop your child's own self-discipline
- Positive discipline in everyday parenting is clear communication of your expectations, rules and limits.
- Positive discipline in everyday parenting is about building a mutually respectful relationship with your child.
- Positive discipline in everyday parenting is about teaching your child life-long skills.
- Positive discipline in everyday parenting is about increasing your child's competence and confidence to handle challenging life situations.
- Positive discipline in everyday parenting is about teaching courtesy, non-violence, empathy, self-respect, human rights and respect for others.³

3.4. Final round of exchange - reflection

The leader thanks parents for their active participation in the workshop and for taking part in discussions related to an important topic such as punishing children and consequences it has to child development and behavior. Finally, the leader invites each parent to share their strongest impression from that workshop, reminding them of time and place set for the following workshop.

MODUL II: PARENTING GOALS

4. IDENTIFYING LONG-TERM AND SHORT-TERM PARENTING GOALS

OBJECTIVES

Parents understand that upbringing and education of their children should not be unstructured, but goals need to be identified and it takes time to achieve those – usually that takes several years

³ Durrant, J., Positive discipline in everyday parenting (2014) Save the Children for North West Balkans

OUTCOMES

By the end of the workshop, parents will be able to:

- Identify long-term goals for their children
- Understand the relationship between long-term and short-term goals

METHODS AND TECHNIQUES

- discussions
- work in smaller groups
- moderation
- brainstorming
- presentation

NECESSARY EQUIPMENT

Flip chart and paper, color markers, stickers, white paper.

DURATION: 90 minutes⁴

4.1. What are long-term and what short-term goals – educational block

Workshop leader, using a pp presentation, explains differences between long-term and short-term goals in raising a child. “Raising a child from birth to adulthood is one of the most important things we will ever do. But, many of us begin this journey without thinking where we want to end up. Short-term goals are those that parent wish to accomplish at the moment of their reflection in everyday interaction with their child. (leader gives examples of short-term goals). “Long-term goals are those that parents want to achieve before their children are grown up. (the leader shares examples of long-term goals, asking parents to do the same). Long-term goals take time to achieve – usually, many years. But they are at the heart of parenting and raising of the child. One of the hardest things in parenting is meeting our long-term goals while also meeting our short-term goals– because the two are often conflicted. A key to effective discipline is to see short-term challenges as opportunities to work towards your long-term goals. How is this possible? It’s possible through practicing positive discipline“⁵

⁴ Whether MODUL II will be taught in one or two workshops depends on the progress of the group. The leader may conclude that two workshops are needed and then the second workshop is a continuation of the first one, using same topic, objectives and applied methods of work.

⁵ Quotes from Durrant, J., Positive discipline in everyday parenting (2014) Save the Children for North West Balkans, pages 11. – 21.

4.2. Long-term goals –individual work or work in pairs

After a short educational block, leader checks if parents understand the difference between long-term and short-term goals, inviting them to think about their goals related to their child's development. After that, leader announces two exercises that will be conducted individually or in parent couples.

Exercise – Short-term goals in parenting

Parents receive an instruction to, individually or in couples, name three to five tasks they hope their child will perform every morning before they leave the house. If the leader deems fit, he/she can choose a different instruction, like invite parents to describe a typical situation where they clearly express their expectations and demands in interaction with their child. The leader then informs the parents that these 3 to 5 tasks represent short-term goals that they wish to achieve. Next instruction for parents is to write down (or name) the approach they take in order to accomplish set goals, organizing them according to frequency of their use, starting with those they use most frequently towards the ones they rarely take.

Exercise – Long-term goals in parenting

Parents receive an instruction to, individually or in couples, think hard before naming five characteristics they would like their child to have by the age of 20. The leader encourages parents to describe in details how people with such characteristics behave and explains that these are long-term goals of raising their child. He/she leads the parents to think about how they should act in order for their children to develop said characteristics and behave in a way their parents would like them to.

4.3. Relationship between long-term and short-term goals

The leader invites parents to think about the relationship between long-term and short-term goals and initiates discussion about that. Encourages parents to analyze whether strategies and specific behaviors used to to achieve short-term goals can gradually lead to meeting long-term goals, or not. Leader's task is to move and steer the discussion and draw most important conclusions.

4.4. Final round of exchange – summary of key issues

The leader thanks parents for their active participation in the workshop and for taking part in discussions related to an important topic such as identification of long-term and short-term parenting goals, emphasizing causality between them, that is often conflicted. A key to success is to see short-term challenges as opportunities to work towards long-term goals. Finally, the leader invites each parent to share their strongest impression from that workshop, reminding them of time and place set for the following workshop.

MODUL III: WARMTH, ORDER AND STRUCTURE IN RAISING A CHILD

5. PROVIDING WARMTH; PROVIDING ORDER AND STRUCTURE

OBJECTIVE

Understanding the importance of providing warmth, closeness and trust in order to build a quality relationship with the child.

OUTCOMES

By the end of the workshop, parents will be able to:

- define „warmth“ and explain its importance
- explain the meaning and importance of „order and structure“

METHODS AND TECHNIQUES

- discussions
- work in smaller groups
- moderation
- brainstorming
- presentation

NECESSARY EQUIPMENT

Flip chart and paper, color markers, stickers, white paper.

DURATION: 90 minutes⁶

⁶ Whether MODUL II will be taught in one or two workshops depends on the progress of the group. The leader may conclude that two workshops are needed, it is our recommendation to dedicate one to providing warmth and the other to establishing order and structure.

5.1. Introductory educational block – presentation

The leader reminds parents, reflecting on previous workshop, that long-term parenting goals are the basis we need to build on our positive discipline skills. To develop these skills we need two instruments:

- **warmth,**
- **order and structure.**

The leader emphasizes that in the course of that workshop, parents will learn about warmth, order and structure and their relevance. First, the leader starts by describing warmth, listing ways it can be shown. Warmth includes:

- emotional security
- unconditional love
- verbal and physical affection
- respect for child's developmental level
- sensitivity to the child's needs
- empathy with the child's feelings

5.2. How parents provide warmth to their children – exercise, work in small groups

The leader divides parents/caregivers into smaller groups and gives them a task to discuss ways in which parents can show love and warmth. Once the groups complete their tasks, they report on their results, i.e. ways of showing warmth, while the leader writes down the answers on the flip chart. At the end, such list should be rich and motivating for parents. The leader emphasizes that parents came up with lots of ways they use to provide warmth to their children, and supplement the list, if necessary, so that it contains the following: By saying “I love you”; Showing children they are loved even when they do something wrong; Reading to them; Hugging them; Comforting them when they are hurt or afraid; Listening to them; Praising them; Playing with them; Laughing with them...⁷

5.3. Why warmth matters – discussion (or exercise)

Workshop leader invites parents to share their opinion on importance of warmth in raising a child. The leader lists reasons, encouraging parents to give some example of how they provided warmth to their child and how it affected child's behavior and emotions. If the leader thinks that it is appropriate and useful for better understanding of the meaning of “warmth” he/she can do an exercise from “Positive discipline...” manual⁸ by reading questions from that manual out loud, and have parent reply to them.

⁷ Quotes from Durrant, J., Positive discipline in everyday parenting (2014) Save the Children for North West Balkans, pages 26-27

⁸ Durrant, J., Positive discipline in everyday parenting (2014) Save the Children for North West Balkans, page 28.

5.4. Establishing order and structure and why is that important – educational block

The leader explains briefly and clearly what order and structure mean, emphasizing that these help the child learn what is important, to understand the mistakes and how to fix them. Also, order and structure provide child with information on how to successfully perform a task next time or solve a problem on its own. Order and structure show the child how to work out disagreements with others in a constructive, non-violent way. The leader then lists some examples of how to provide order and structure in parenting⁹:

- Preparing them for difficult situations by telling them what to expect and how they can cope.
- Explaining the reasons for rules.
- Discussing the rules with them and hearing their point of view.
- Helping them find ways to fix their mistakes in a way that helps them to learn.
- Being fair and flexible. Controlling their anger.
- Explaining their own point of view and listening to the child's point of view.
- Teaching them about the effects of their actions on other people.
- Giving them the information they need to make good decisions,
- Talk with them often.
- Avoiding threats of hitting them, taking away love, monsters, or other things that children fear.
- Acting as a positive role model and a guide.

5.5. How do we provide order and structure – exercise, work in small groups

The leader instructs parents to, working in smaller groups, think about ways that they provide order and structure as parents in raising their children. Encourages them to think if they provide their children with clear guidelines for behavior; are they consistent in their demands; do they state their expectations clearly; do they help their child succeed, etc. After each group shares results of their work, the leader summarizes emphasizing the importance of order and structure explaining that through those children learn how to solve problems, work out conflicts in a non-violent way, to think on their own, get along with other people and act properly even in situations when their parents are absent.

⁹ Durrant, J., Positive discipline in everyday parenting (2014) Save the Children for North West Balkans, pages 31-33.

MODUL IV: PROBLEM SOLVING IN POSITIVE DISCIPLINE APPROACH

6. PROBLEM SOLVING IN EVERYDAY PARENTING

OBJECTIVES

Parents understand that positive discipline puts together warmth, order and structure in child's development – from early childhood to early adulthood.

Warmth, order and structure help parents achieve long-term and short-term parenting goals.

OUTCOMES

By the end of the workshop, parents will be able to:

- discuss successful ways of age appropriate problem solving related to their child
- apply positive discipline elements in upbringing of their child

METHODS AND TECHNIQUES

- discussions
- work in smaller groups
- moderation
- brainstorming
- presentation

NECESSARY EQUIPMENT

Flip chart and paper, color markers, stickers, white paper.

DURATION: 90 minutes¹⁰

¹⁰ This module, like previous ones, can be realized in a single or several workshops. Our recommendation is that parents are put in a situation to exercise application of positive discipline elements, so a few workshops should be planned to practicing what was learned.

6.1. Review of previous workshops – short educational introduction

In the beginning of this module, the leader makes a retrospective of previous workshop activities and joint work. Invites parents to actively participate. Emphasizes that positive discipline in everyday parenting is based on the idea that children come to this world without understanding of what is expected of them and that **children are learners**. They learn best when they have support and information. Children of different ages need different kinds of support and information. It is important to know how children develop. This will help us think about the kinds of warmth, order and structure they need at different ages.

We are now ready to take a step forward and face challenging situations that may occur in children of different ages. We will apply what we've learned, thinking about what may cause a specific behavior of the child. All of that is supposed to help us develop an efficient and successful reaction which actually means application of positive discipline.

6.2. How do we react in challenging situations – exercise, work in small groups

The leader, taking into account the structure of parents/caregivers participating in the workshop, forms three small groups of parents using age of their children as a criterion. First group should be composed of parents of preschool age (0 to 6 years old), second are parents of school children (6-12 years old) and third parents of adolescents (13 and more years old). The groups have a task to talk and create a list of most common challenging situations they face as parents with their children. After such list is put together and presented, they should write their reaction next to each behavior and describe it in detail. While groups are working on this task, the leader monitors, checks if they all understood the instruction and helps them perform their task. Then, each group publicly discusses their reactions to problematic behavior, and the leader organizes these reactions into following categories:

1. punishment (physical and/or psychological)
2. ignoring/ not reacting
3. positive discipline methods

This exercise should allow parents to understand dominant ways of reacting to problematic situations that represent a part of their everyday parenting. The leader's task is to commend positive discipline examples and enable the group to practice positive discipline reactions in upcoming workshop/s.

Annex 7. Template of Family Action Plan

FAMILY SUPPORT PLAN

File no./user code:

Date of creation:

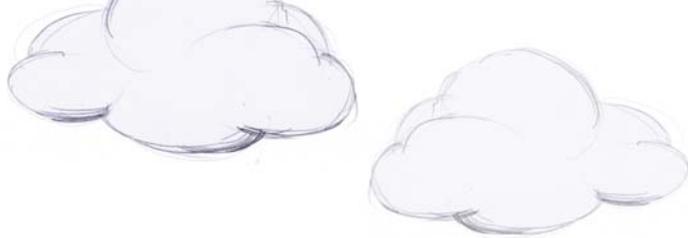
ASSESSMENT SUMMARY

STRENGTHS AND RESOURCES
REQUIREMENTS AND RISKS
FAMILY MEMBERS' PARTICIPATION IN THE PROGRAM (family member name, kinship with the child (father, mother, sister, uncle, etc.), reasons for participation or non-participation in the program)

PLAN

LONG-TERM GOAL
SHORT-TERM GOALS
TASKS / ACTIVITIES / INTERVENTIONS
MONITORING / EVALUATION / REVISION

Literature



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