

DESCRIPTION OF THE PRACTICE

1. Title of the practice

Children First

2. Organisation responsible for the practice

Public Centre for Social Welfare (PCSW), Ghent

3. Contact person(s)

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4. Summary of the practice

The Children First practice in Ghent enables more integrated support for children and families through the placement of social workers within schools.

A social worker from the Public Centre for Social Welfare (PCSW) is imbedded in a school where they become a member of the school staff, just like a student counsellor. However, they remain an employee of the PCSW.

Their presence in the school is made clear through leaflets and posters. Every member of the school staff can lead families to the PCSW employee. The PCSW employee assess families and helps them to find solutions to issues.

With some schools (with fewer numbers of poor/vulnerable children) the cooperation is in the form of consulting, the school team can make an appointment with the PCSW employee for the family and this consultation can take place at school or through a home visit.

The cooperation itself is very successful. Consulting with different partners (in this case the schools) and exchanging information leads to faster and more sustainable solutions.

Together with the schools the PCSW can set up integrated care structures for the family. The close cooperation with schools allows better identification of the conditions of a family and makes it possible to connect vulnerable families to income support (integration income, child benefit, unemployment benefit, etc.), material assistance (food parcels, emergency medical aid, ...), administrative assistance and debt mediation, access to (mental) health care and youth care.

5. National/regional/local context of the practice

The practice has been developed locally by the PCSW in Ghent in collaboration with local schools.

6. Staff involved

Two fulltime social workers are employed to work in schools

A psychologist joins the team part-time (1/5 full-time hours: €12,000 per year). This brings a multi-disciplinary approach and includes some coaching from the psychologist for the social workers.

Furthermore, a head of department and head of social work are involved to support the

project and the social workers.

7. Target group

Families with children of school-age.

8. Aims of the practice

Create better understanding and identification of families experiencing poverty or other vulnerable situations with schools, with a more integrated approach allowing for improved interventions which address the range of issues which may be experienced by the family.

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	
Others: _____					

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)	X	Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro level practice:* practice that involves individuals at local level
- *Meso level practice:* practice that involves organisations or communities
- *Macro level practice:* practice that involves large population groups

Micro: The practice involves the placement of PCSW employees within schools.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

The project is led by a coordinator and governance group.

The governance group decides the mission and vision of the project.

The coordinator is responsible for maintaining connections with the education services (school, pupil guidance centres, education department, local consultation platforms on education), and guiding the work of the PCSW employees involved in the project.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change

- *Network approach*: one or more organisations develop a network
- *Collaborative approach*: large collaboration with relevant stakeholders

Network approach: The PCSW has developed a system of coordination with the education services within Ghent.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement*: service users and carers were part of the practice team
- *Consultative*: a consultative body of users was set up for an on-going dialogue and feedback
- *Involvement in care*: person-centred approaches to care/support

The working method of the project is to focus on the issues described by the user. Together with the user, the PCSW examines their needs and strengths, finds underlying problems and possible solutions.

Families therefore are co-owners of their development – involved in planning the objectives and actions of an integrated care plan.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources*: staff time and other resources are provided 'in-house'
- *Staffing costs*: costs for staff investment
- *Joint/Pooled budgets*: two or more agencies pool budgets to fund services
- *Funded project*: external investment

Two fulltime employees (€120,000) are employed to work in schools where 80% of children are poor or vulnerable.

Furthermore, the PCSW acts as a consultant for schools where 50- 80% of children are poor and also schools for special education.

A psychologist joins the team part-time (1/5 full-time hours: €12,000). This brings a multi-disciplinary approach and includes some coaching from the psychologist for the social workers.

Furthermore, a head of department and head of social work are involved to support the project and the social workers. Part of the resources are from federal funding, and another part from existing resources from the PCSW).

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method*: use of both a qualitative and a quantitative approach
- *Single method*: qualitative or quantitative approach
- *Audit*: looks at data sources such as existing medical records, and/or other routinely collected service data.
- *Informal*: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

All support provided through the project is recorded.

Interviews are also conducted with schools and parents. When the care trajectories start, questionnaires are used to evaluate the process during and at the end of the care plan.

17. Measurable effects of the practice and what it has achieved for...

Service users

The project has supported families by:

Registering families to financial support they are eligible for, such as:

- starting work-life wage plans (RMI) at PCSW Ghent
- referring families to an external PCSW for an application for living wages
- supporting families with unemployment benefit applications
- supporting families by arranging a benefit after an accident at work
- Requesting medical cards for adults at PCSW Ghent (people without legal residence are only entitled to urgent medical assistance in Belgium. Every PCSW has the statutory task to organize this right to emergency medical assistance for its territory. PCSW Ghent grants this right by providing a Medical card).
- Requesting medical cards for children at PCSW Gent
- Supporting families in their application for health insurance
- Applying for child benefits for families
- Applying for increased child benefits for families

Improving living conditions:

- warm meals for the children at school
- food packages
- registration at the social rental office
- referral to the housing department for unhealthy living situations

Providing healthcare support:

- Arranging appointments with doctors
- Referrals made for psychological support.

Addressing problematic and unsafe family situations, resulting in the following actions:

- Mediations
- Referrals to family counselling with the integrated psychological and family counselling service
- Setting up of coordination between the centre for pupil counselling, Confidence Centre for Child Abuse, and Crisis Assistance
- Supporting young adults to live independently.

Families were also questioned about their cooperation in the project. They found the employees very accessible and often saw them as part of the school.

Formal care

givers	
Informal carers	
Organisations	
Other	
18. Anticipated or 'aspirational' effects of the practice and what it has achieved for... <i>This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.</i>	
Service users	<p>Through closer working with schools the identification of families experiencing poverty or other vulnerable situations has been improved.</p> <p>A more integrated approach to their support allows for improved interventions which address the range of issues which may be experienced by the family.</p>
Formal care givers	
Informal carers	
Organisations	<p>All schools and services around the school were positive about the cooperation. They indicate that it is an added value for them to have someone from the social sector with them. The help and knowledge offered cannot be underestimated.</p> <p>School staff do not have the mandate and time to solve such social affairs such as accessing benefits. Therefore this collaboration helps the school to provide the best care for families in precarious circumstances.</p>
Other	
19. How the practice has changed the way the service is provided (lessons learned)	
20. Sustainability of the practice <i>Description of whether the practice is sustainable, considering the following criteria:</i> <ul style="list-style-type: none"> • <i>Potential for sustainability:</i> practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)? • <i>Organic sustainability:</i> service users have been empowered to take the practice forward • <i>Established:</i> the project has been operational for several years 	
<p>In the context of proactive and outreach work, this practice will be continued by the PCSW.</p>	
21. Transferability of the practice <i>Description of whether the practice has been transferred, considering the following criteria:</i> <ul style="list-style-type: none"> • <i>Transferred:</i> transfer to other regions, countries, service user groups, etc. • <i>Potential for transferability:</i> there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed 	
<p>Given that the project has proved successful, Ghent is extending the project to the 'intake' teams of Kind en Gezin (child and family, a free service for all families in Flanders). Working</p>	



together with those teams will further improve the detection of vulnerable families.