

# **Study Report**

## **Needs Assessment of Reintegrated Families in Georgia**

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## 1. Study Background

Georgia's child welfare reform has made incredible strides over the past eight years focusing largely on ending harmful child institutionalization. The child welfare reform process that started in 2005 is being successfully implemented by the Government of Georgia (GoG) with support from the international community and local NGOs. Today, the progress is evident: the number of children residing in large scale Child Care Institutions (CCI) fell from 4000 in 2005 to 147 in 2013; there are only five CCIs remaining in the country, down from 25 in 2011, and 45 in 2005; more than 1000 children have been reintegrated with their biological families, more than 1000 – placed in foster care and over 300 in family type Small Group Homes<sup>1</sup>. In addition, a new gatekeeping policy is being rolled out across the country to ensure that children are only entering the care system when there are no other options.

The government has committed significant support to family reunification process, ensuring that the biological family of every child placed under state care is assessed by a state social worker and, upon reintegration, provided with support visits by a social worker and monetary monthly support for each reintegrated child equaling to 90 GEL (\$55) for a child without disabilities and 130 (\$80) for a child with disabilities. Foster care has been expanded and strengthened. Children who could not be reunified or placed in foster care, as a measure of last resort, are placed in small group homes that house no more than 8-10 children.

The Strengthening Childcare Services and Systems (SCSS) project is funded by UNICEF and USAID and aims at helping GoG to carry out child welfare reform. The goal of the project is to: (a) provide protection to vulnerable children in Georgia through strengthened social work and community-based services; (b) increase awareness of and improve access to social benefits; (c) strengthen family support, alternative care and community-based services; (d) strengthen policy, management, oversight and accountability in the child care system; (e) and create sustainable mechanisms to prevent and mitigate the negative impact of family violence<sup>2</sup>. The project is being carried out by GoG and international and local NGOs such as Save the Children, EveryChild, First Step Georgia, Children of Georgia, Georgian Association of Social Workers and others.

One of the SCSS objectives is to support the reunification of children placed under State care with their biological families. Within the project, Save the Children and Children of Georgia have been

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<sup>1</sup> Data provided by the LEPL Social Service Agency under the Ministry of Health, Labour and Social Affairs of Georgia

<sup>2</sup> <http://georgia.usaid.gov/programs/democracy-and-governance>



helping the State Social Service Agency (SSA) to reach this goal through providing biological families with one-time assistance in household improvement (repair works, furniture, household technology, other household items, etc.) and additional family support services provided by the project social workers. In particular, Save the Children has been supporting the reunification of children aged 6 to 18. The need for helping a specific family is being determined by the state social worker based on an assessment of the family situation and identification of their most acute needs.

Accomplishments aside, more work is needed to build on positive outcomes to improve the wellbeing of Georgia's most vulnerable children. The current gap, recognized by government and international actors, relates to the limited focus on family strengthening and prevention of family separation which is reflected in the new Child Action Plan 2012-2015. While family reunification is a reform priority, no empirical data is available on the needs of reunified children and their biological families.

## **2. Literature review**

According to the International Social Service/International Reference Center for the Right of Children Deprived of their Family (2006), "family reintegration is the return on a permanent basis to the family of origin"(para.1). While reunification is generally thought of as reintegrating children with their biological parents, its broader definition may include returning a child to live with other relatives (Child Welfare Information Gateway, 2011). Evidence indicates that achieving timely reunification and preventing family separation has multiple benefits as for the wellbeing of children as well as for society at large. These benefits include but are not limited to helping children to be raised in a stable family setting which positively impacts their social, emotional and cognitive development.

In the United States, family reunification studies date back to 1970s. These studies have attempted to identify variables that bear on the issue of reunification (Research Roundup, 2002). A number of them focus on identification of specific predictors of successful reunification as well as the risk factors that may hinder child's return to his/her biological family. Not surprisingly poverty, disabilities and health problems, single parent status and the existence of substance abuse have been associated with lower likelihood of a successful reunification. Other studies looked at the variables at policy and service level and attempted to identify systemic predictors of successful reintegration.

A broad review of empirical data in child welfare suggests that certain characteristics appear to have a higher likelihood of successful reunification of the child with their biological family. These include: meaningful family engagement, individualized assessments and mutually established case planning, and diverse and coordinated service delivery (e.g. specific in-home services, mental health



and substance abuse services, culturally competent services, and wraparound<sup>3</sup> services). Systemic supports related to funding relevant services and employing competent staff also appear to have an impact on achieving more successful and long-term reunifications. The findings reiterate that the likelihood of successful reunification is higher when reintegration is properly planned from the earliest possible point, family relationships are supported while children are still in care, and pre and post-reunification supports are provided to children and their families based on their individual needs (Child Welfare Information Gateway, 2011).

Although reintegration with the biological family represents the priority of Georgian child welfare reform, no empirical studies had been conducted on the needs and conditions of children and families reunified or to be reunified. In order to ensure a long-term success of family reunification, it is imperative to develop a state strategy geared towards strengthening vulnerable families and preventing separation from occurring in the first place. This, in turn, implies identifying the current needs of the reunified families and providing the state with evidence-based policy level recommendations.

### **3. Methodology**

The study was carried out based on the request of State Social Service Agency. The goal of the study was to: (1) assess the status of reunified children and their families, identifying their acute and longer term needs; and (2) assist the state in the design of relevant family strengthening programs and services. The study population consisted of children reintegrated with their biological families through the state reintegration program which supports family reunification through providing, as a minimum, a reintegration allowance for each reunified child coupled with visits from a state social worker.

In total, 155 reintegrated children with their 93 families participated in the study. The assessed families represented: (a) families reintegrated within the state reintegration program and (b) beneficiaries of SCSS reintegration support of Save the Children.<sup>4</sup>

The majority of families (88 families) were reunified during the project implementation period, namely, from January 2011 to August 2012. Five families, however, were reunified at the end of 2010, but also received the project support. The assessed families resided in different regions of

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<sup>3</sup> Intensive, individualized supports to families served by multiple systems designed to meet the needs of children and their families by utilizing their strengths to allow children to grow up in a safe, stable, permanent family environment. <http://www.childsworld.ca.gov/PG1320.htm>

<sup>4</sup> Study population does not include children reintegrated without SCSS Save the Children's support.

Georgia and constituted 45 percent of all the families reintegrated in the country during the same time period.<sup>5</sup> The assessment was carried out between August and September of 2012.

The study used both quantitative and qualitative methods in the form of checklists, closed and open ended questions. The data was collected by using methods of observation and structured interviews with children and their families. Additionally, information was triangulated with sources such as the state social workers and school teachers. The assessments were conducted by the trained independent social workers from Save the Children. The study adhered to the principle of voluntary participation and informed consent.

The background of each child was also collected including: the demographics of each family member including both reintegrated and non-reintegrated children; the history of the child's institutionalization; the health and education status of each reintegrated child; the health, education and employment status of each caretaker; the family income and financial condition; the type and condition of housing; the satisfaction of basic needs of each reintegrated child; the risks of child abuse and neglect of each reintegrated child; the strengths and risks of each family; the frequency of social workers' visits and types of assistance provided by them; the current family needs as identified by families and social workers. Nonparametric statistical measures (Mann–Whitney *U* test, Pearson chi-squared test) were used for determining whether or not there was any association between variables. Symmetric measures (Phi Coefficient and Cramer's *V*) were used to measure the strength of associations between the variables.

The study had the following limitations:

- As per study objectives, the representative sample was not drawn from a random population. Instead, the study covered all the reintegrated families which were beneficiaries of SCSS Save the Children support. Respectively, the study results cannot be generalized to other reintegrated families in the country that did not receive the same support.
- While the sample size covered a large percentage of the total number of reunified families in Georgia, the sample size was still relatively small (93 families) which may impact the associations found between variables. Further studies across Georgia will need to be conducted to determine if the same associations are found in a larger sample size.
- Due to the time constrains, the study instrument was not piloted prior to its utilization.

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<sup>5</sup> According to the data provided by Social Service Agency, in January 2011 - August 2012 overall 323 children were reunified with their biological families.



- The study did not use an in-depth methodology aimed at exploring child abuse and neglect and other child/family risks. Therefore, further research should be conducted before any conclusions can be drawn.
- Although the participation in the assessment was voluntary and confidentiality of conversation was generally kept, in certain cases, in the best interests of children, the Social Service Agency was informed about the acute needs of a child and family. Children and families were informed about this possibility prior to their participation.

#### **4. Findings**

##### ***a) Demographics of reintegrated children***

Ninety-three families participated in the needs assessment in which 155 children (44 % female, 56 % male) - were reintegrated. The children's birth years varied from 1991 to 2005 and their age from 7 to 21 (at the moment of assessment), respectively, with an average age of 14.

##### **1) History of child institutionalization**

The families were reintegrated during 2010-2012 with the majority of reintegrations taking place in 2011 (88 families). Only 11.6 percent of children assessed (18 children) had resided in two Child Care Institutions (CCIs). According to the data, the average (mean) amount of time spent in the CCIs equaled to 5 years with the shortest time being less than a year and longest - 15 years.

##### **2) Health and Education Status of Reintegrated Children**

According to findings, the general health condition of the vast majority of children (92.3 %) was satisfactory<sup>6</sup>. Most of them were registered in primary health clinics (94.2%) and had received all necessary immunizations (92.3%). Several (7.7%) children had a government disability status or had no disability status but experienced serious health problems such as hearing, vision, dental, gastroenterological and other complications.

The majority of children (87.7%) were enrolled in schools. While most of the children (77.4%) were enrolled in age/developmental appropriate educational programs, a sizable number of children (10.3% or a total of 16 children) were not. The school achievement of 77.4 percent of those children enrolled in school was satisfactory<sup>7</sup>. A substantial number of children (11.6% or a total of 18 children) appeared in need of special medical care and a relatively larger group (17.4% or a total of 27 children) were in need of special education.

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<sup>6</sup> Without acute or chronic health problems

<sup>7</sup> Meeting minimal requirements to complete a school semester without failing any class



### 3) Major Needs and Risks of Reintegrated Children

The findings demonstrated that the basic needs of the majority of children were met: Food<sup>8</sup> (96.8%); physical appearance and grooming (96.8%); clothing (96.1%); minimal living conditions<sup>9</sup> (94.8%); healthcare and appropriate medications (97.4%); emotional warmth and care (98.1%); private bed (100%); toys (76.8%). It's worth mentioning that a high number of children (11%-17 children) did not have access to school items (books, notebooks and stationary).

According to the findings, the reported rates of child abuse and neglect were low. The rate of emotional abuse was 3.2 percent (5 children), physical abuse was 1.9 percent (3 children), labor exploitation and street-begging was 1.9 percent (3 children). Besides, labor exploitation, physical abuse and emotional abuse were identified in the same highly vulnerable families. No cases of sexual abuse and neglect were identified. It should be noted, however, that the study design did not allow for thorough examination of complex variables; since the methodology relied mostly on self-reporting and observation, further research should be conducted on the child and family wellbeing outcomes before any conclusions can be drawn.<sup>10</sup>

#### ***b) Demographics of Reintegrated Families***

##### 1) Number of children in families

The majority of assessed families had three or more children. In total, 14 percent of the families (13 families) had one child, 32.3 percent (30 families) had two children, 25.8 percent (24 families) - had three children, 28% (26 families) - had four or more children.

##### 2) Parents/Caretakers/adults in a Family

Children in the assessed families had one, two or three caretakers. In most cases they had two caretakers (50.5%), primarily a mother and a father. In the majority (81.3%) of families, mothers acted as the primary caretakers, with 15.5 percent of the primary caregiver being the father and 3.2 percent being grandparents. The age of primary caretakers varied from 27 to 82 with the average age of 43. Only 29 percent of primary caretakers were employed, 17 percent were temporarily

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<sup>8</sup> Access to a diverse diet

<sup>9</sup> Access to heating, electricity, and water supply

<sup>10</sup> Within the study if a researcher was not sure about the risks of child abuse/neglect being present, he/she marked the answer denying the risk; e.g. if a child's physical abuse was not reported or observed, the researcher marked "no" next to the question "Is there any physical abuse of a child?" which does not necessarily exclude the possibility of abuse.

unemployed<sup>11</sup> and more than a half (53 %) were unemployed<sup>12</sup> (National percentage of people unemployed in Georgia in 2012 was 15 %).

As far as secondary caretakers were concerned, in most cases (63.2%) they were fathers and in a considerable number of cases (29.2%) they were other relatives (stepmother, elder siblings). The age of the secondary caretakers varied from 19 to 75 with an average age of 46. Forty-four percent of them were unemployed, with 23.6 percent temporarily unemployed and 32.1 percent employed.

The overall number of all the caretakers in families was 162 (61% female, 39% male). Out of 162 caretakers, 46 were employed, 23 were temporarily unemployed and 65 were unemployed. In addition, 28 caretakers were retired (see Table 1). Male caretakers were more likely to be employed and less likely to be retired than female caretakers.

**Table 1: Distribution of Caretakers by sex and employment status**

Caretakers	Female	Male	Total
Employed	23	23	46
Temporarily unemployed (less than a year)	14	9	23
Unemployed (more than a year)	41	24	65
Retired (employed)	2	2	4
Retired (temporarily unemployed)	1	0	1
Retired	18	5	23
<b>Total:</b>	<b>99</b>	<b>63</b>	<b>162</b>

Reunified children had two caretakers in 50 percent of families (47 families), a sole caretaker in 38 percent (35 families) of families, and three caretakers - in 12 percent of families (11 families). Single headed families were mostly (85.7%) female-headed (25 mothers and 5 grandmothers). Thirty four percent (12 families) of single-headed families had three or more children and 17 percent of them (6 families) had a family member in prison at the time of the study.

According to the findings, the majority of primary (65.2%) and secondary (64.2%) caregivers reported satisfactory health. In education, the majority of primary caregivers (59.4%) finished secondary school. A small percentage (6.5%) completed or enrolled in higher education, 17.4 percent had some form of secondary education, and 16.8 percent had completed vocational education. Similarly to primary caretakers, secondary caregivers mostly held secondary education degrees (52.8%).

<sup>11</sup> Unemployed for less than a year

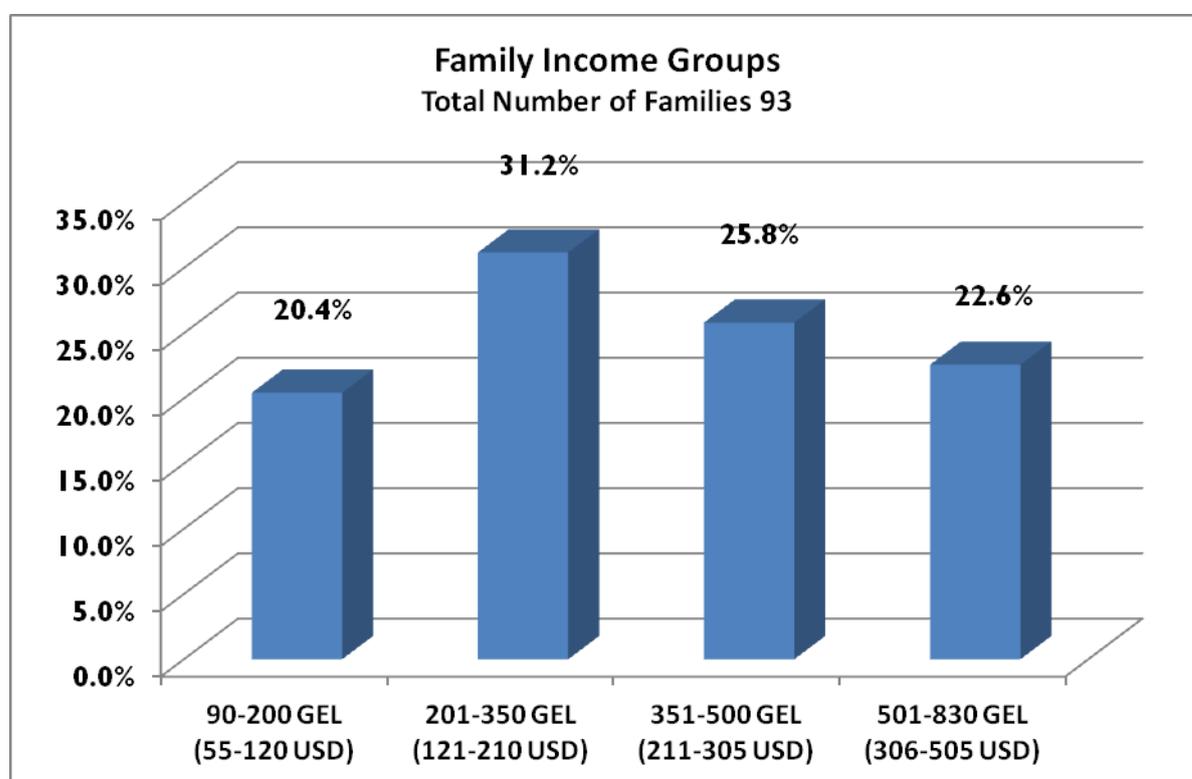
<sup>12</sup> Unemployed for longer than a year



### 3) Financial condition of families

Less than a half of the families (41.9%) earned salary/wages from at least one family member. A little over a third (37.6%) of families received some type of pension and 22.6 percent reported having unspecified income, which mainly included income accumulated from sources such as alimony or assistance from a relative. Despite the above mentioned types of income, more than a half of the families (53.8%) received Targeted State Assistance (TSA - same as a poverty allowance). A vast majority of families (96.8%) received reintegration support for at least one child. Considering all types of income, the mean income of families was approximately 370 GEL<sup>13</sup> (\$225) per month, with the lowest income of 90 GEL (\$55) per month and the highest income of 830 GEL (\$503) per month. (see Chart 1 below).

**Chart 1: Family Income Distribution**



In addition to a low income, a high number of families (38.7%) had debts/loans which varied from 100 GEL (\$60) to 12 000 GEL (\$7272). Out of top four families with the highest earnings, surprisingly each received at least two types of state allowance and only one earned relatively higher salary/wages (500 GEL - \$303). The higher earnings of the rest of the families accounted for different types of allowances, including poverty allowance (see Table 2).

**Table 2: Sources of income for families with the highest reported earnings**

<sup>13</sup> 1USD = 1.65 GEL

**Four Families with Highest Income Rates (1USD = 1.65 GEL)**

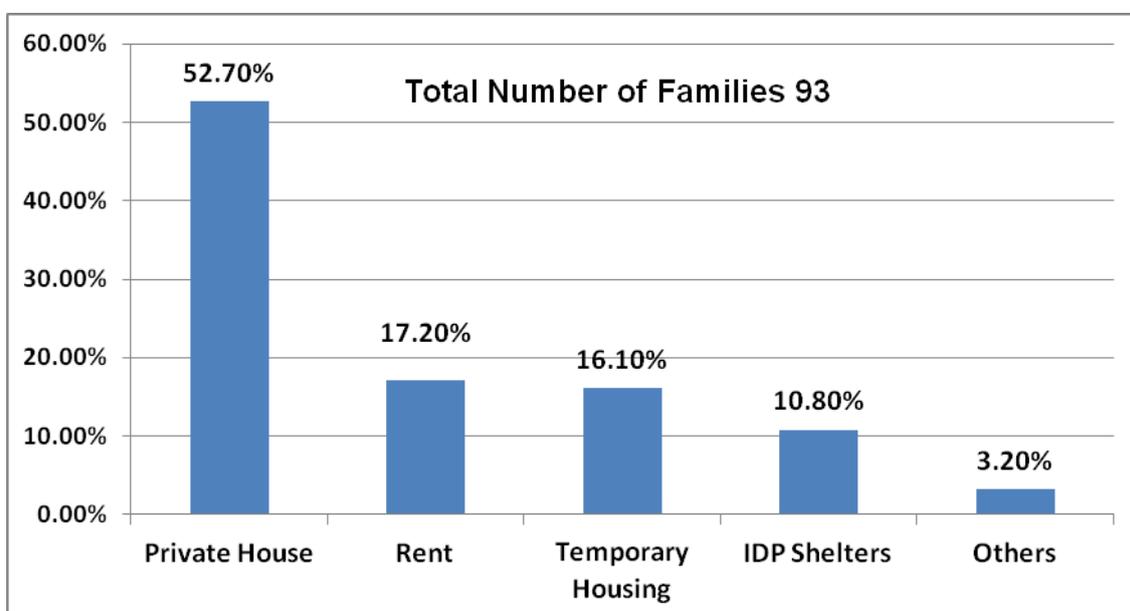
Top 4 families	Reintegration allowance in GEL (USD)	Targeted Social Assistance (TSA) in GEL (USD)	Salary/Earning in GEL (USD)	Pension in GEL (USD)	Total in GEL (USD)
1	180 (\$ 110) (2 children)	222 (\$ 135) (9 members)	150 (\$ 91)	275 (\$ 167) (death of breadwinner)	827 (\$ 501)
2	180 (\$ 110) (2 children)	0	500 (\$ 303)	150 (\$ 91) (death of breadwinner)	790 (\$ 480)
3	360 (\$ 220) ( 4 children)	150 (\$ 91) (6 members)	0	235 (\$ 142) (death of breadwinner and disability)	745 (\$ 452)
4	360 (\$ 220) (4 children)	174 (\$ 105) (7 members)	150 (\$ 91)	0	684 (\$ 415)

4) Housing types and living conditions of families

Slightly less than a half of the families (46.2%) resided in urban areas and more than a half (53.8%) in rural areas. Approximately 53 percent of families lived in private homes and less than a half (47.3%) did not own the housing they lived in (see Chart 2). It is noteworthy that 64% (32 families) of homeowners lived in rural areas.

**Chart 2: Family distribution by types of living chart totals**

**Percentage of Families**



5) Family Strengths and Risks

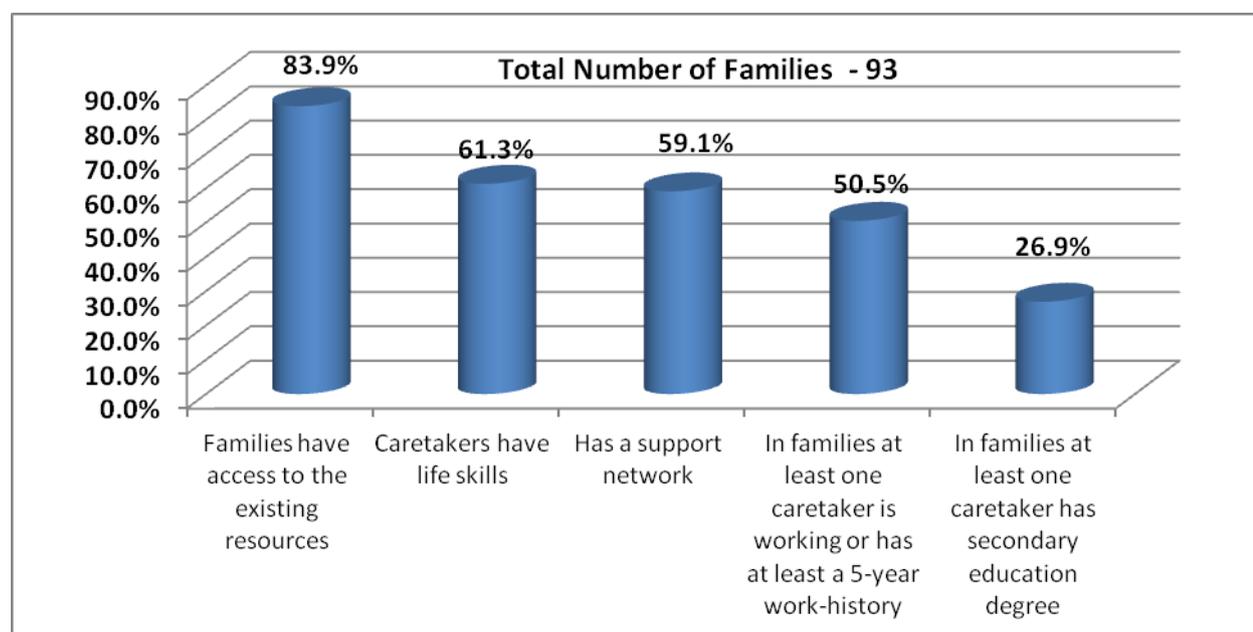
The strengths and risks of the families were assessed by collecting information on some relatively easily definable variables, such as education and employment history of family members, family household and living conditions as well as more complex variables, such as parental skills, domestic



violence, and the use of corporal punishment. In cases of more complex variables, the researchers took into account the information provided by family social workers, children’s teachers, and any other reliable sources.

The study results demonstrated that families possessed certain strengths. In the majority of households there were healthy relationships among members and in the majority of families children were provided with adequate care. Half of the families had at least one employed family member or a member with a five-year employment history. Also, a considerable number of families (61.3%) had members with useful life skills (sewing, farming, cooking, etc.) and at least one person in approximately one quarter of them (26.9%) held special or higher education degrees. Most families provided effective parenting with children’s behavior, utilized available resources, and more than a half of them reported having a support network (see Chart 3 below).

**Chart 3: Family Strengths**



Assessment of family risks portrayed the following picture (see Chart 4): housing problems were identified among 37.6 percent of families as the number one risk factor<sup>14</sup>. Acute economic problems, involving the lack of financial and material resources, were identified in 32.3 percent of families as the second most pressing risk-factor. Substance abuse by a family member was identified in 22.6 percent of families (21 families)<sup>15</sup>. In addition, 11.8 percent of families (11 families) had a member with a history of being in prison. Mental health problems were identified in 8.6 percent of cases (8 families) and inadequate parenting skills were identified in 6.5 percent of cases (6 families). Domestic violence among adult family members, child antisocial behavior and usage of corporal

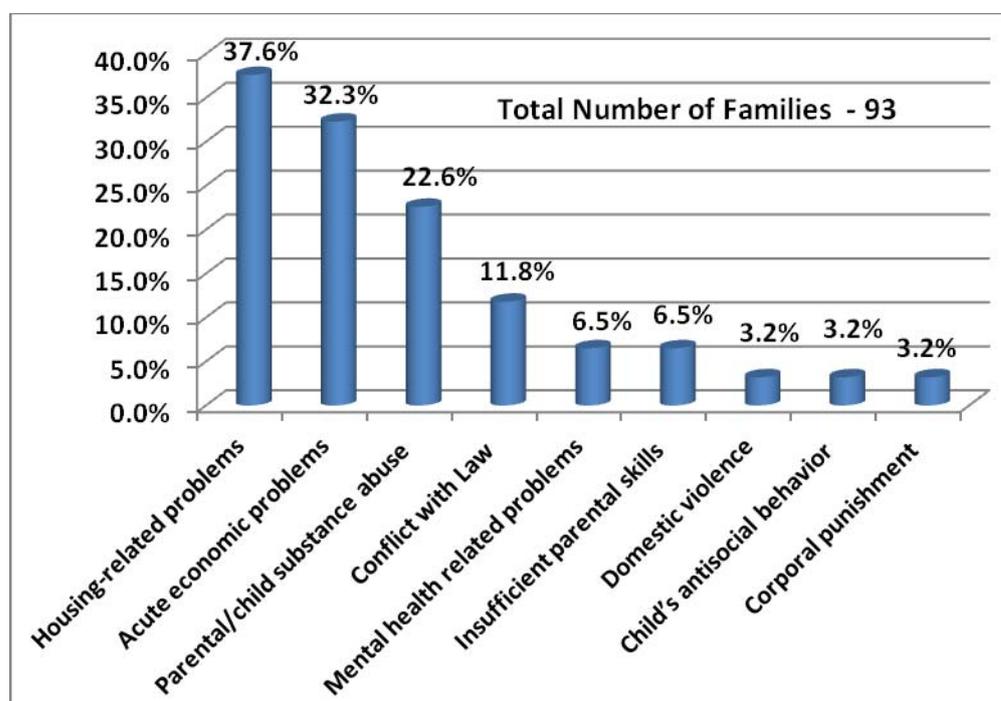
<sup>14</sup> Housing problems include: unfavourable living conditions, risk of homelessness, and limited space.

<sup>15</sup> Substance abuse involved excessive consumption of mostly tobacco and alcohol.



punishment as a child rearing method were each identified in three families. Based on the findings, 42 percent of families were reported to exhibit two or more risk factors.

**Chart 4: Family Risks**



#### 6) Social worker services

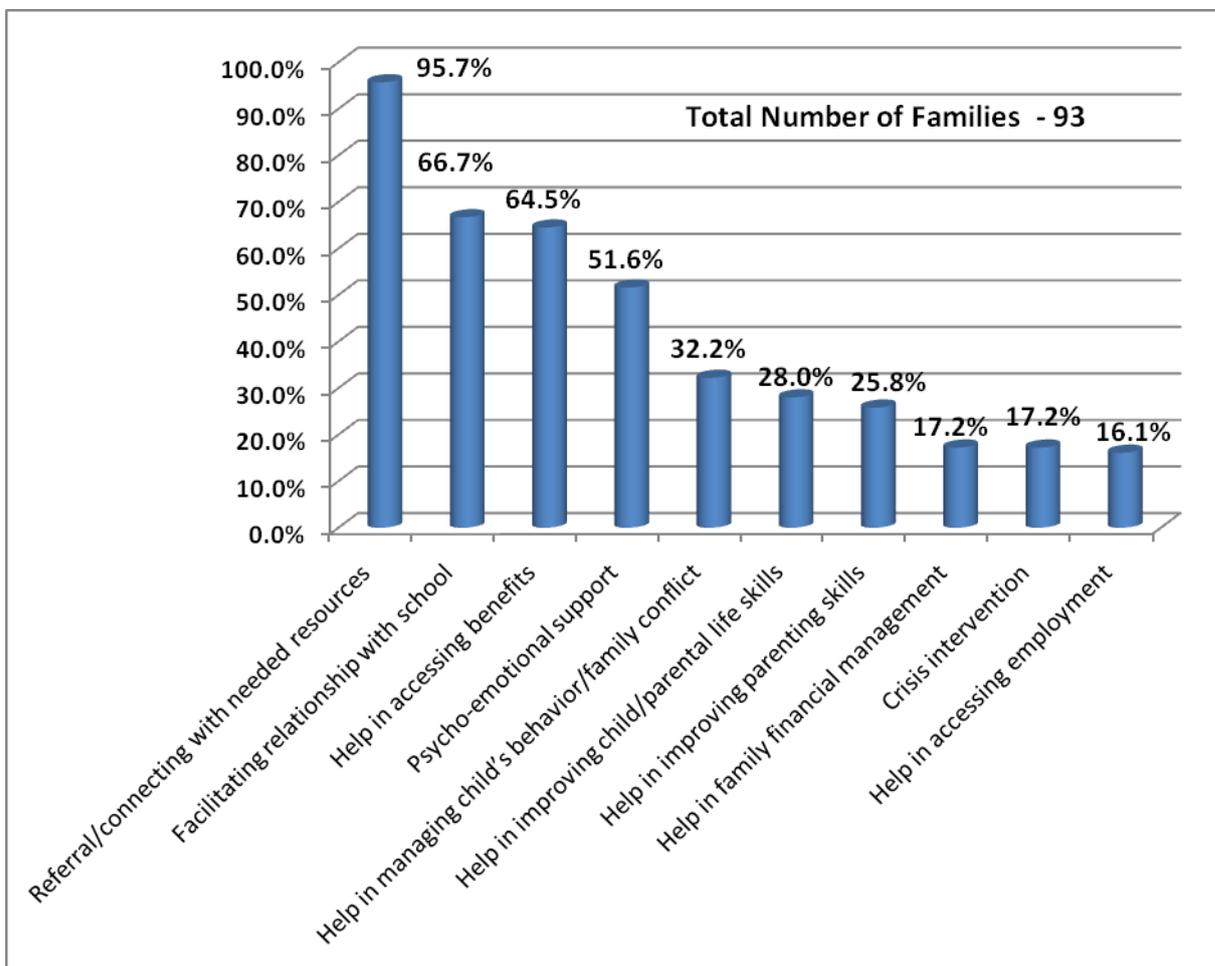
The types of support provided by social workers (both state and NGO social workers) to families were:

- Connecting families with the existing resources (95.7%)
- Helping solve school related problems (66.7%)<sup>16</sup>
- Supporting the family in accessing benefits (64.5%)
- Providing psychoemotional support (51.6%)
- Supporting the child and family in managing child's behavior and/or family conflict (32.3%)
- Building life skills such as cooking, farming, sawing, knitting, etc. (28%)
- Improving parental skills (25.8%)
- Helping in managing the family budget (17.2%)
- Providing crisis intervention (17.2%)
- Providing support in accessing employment (16.1%) [see Chart 5].

<sup>16</sup> Solving school related problems included facilitating children's enrolment, integrating children into public school, and ensuring communication with the teachers and principals.

A considerable portion of the families (58%) received more than one type of support from social workers.

**Chart 5: Services provided to assessed families by social workers**



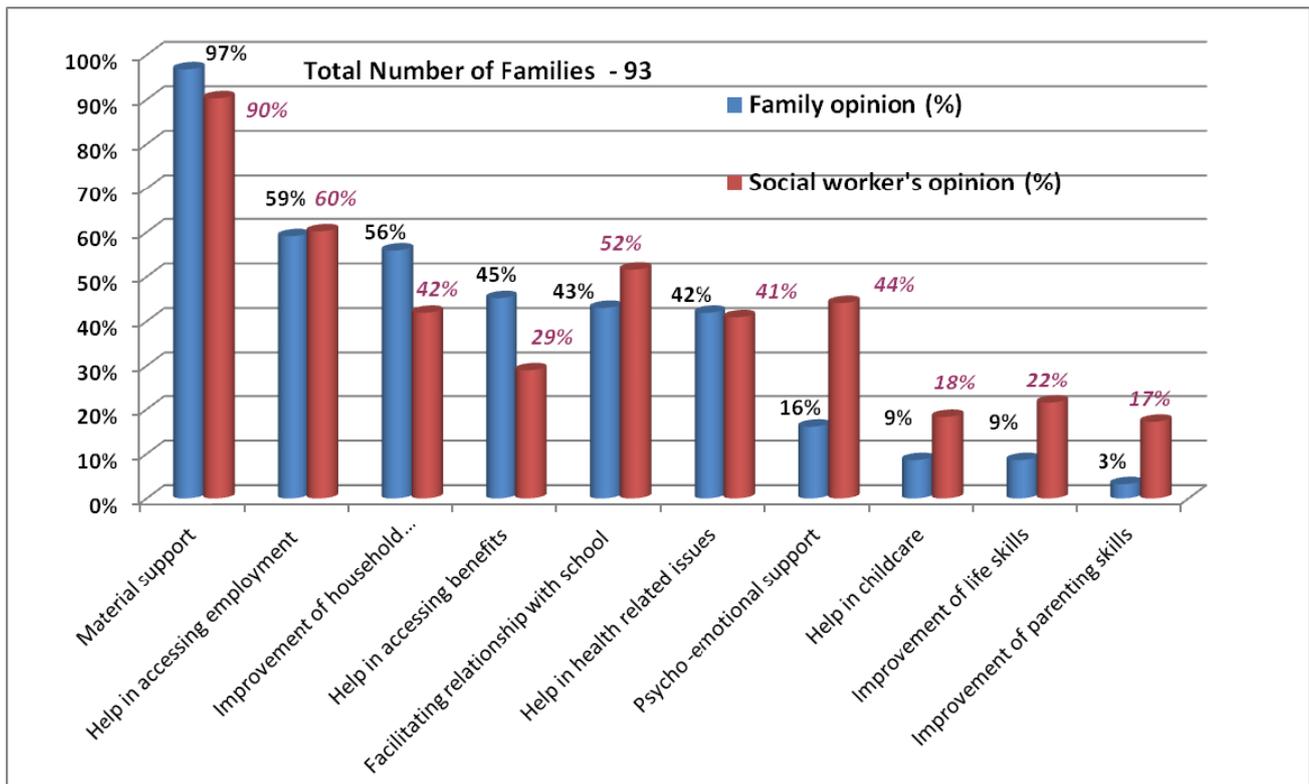
### 7) Current Family Needs

Interesting similarities and differences were observed between the perceptions of family needs by families and their assessing social workers. Family and social worker opinions coincided about the need for helping families solve employment, health related and financial/material problems. Yet, the social workers saw the need for school related support while the families felt that living condition improvement was more important.

There was also a drastic difference in the perception of the needs for psychoemotional support, child care support, life skills and parental skill building. Interestingly, while families saw little need of all the above, they reported receiving those types of support from social workers on a regular basis. On the other hand, as opposed to families, social workers saw little need in helping families with accessing benefits (see Chart 6).

**Chart 6: Perceptions of Family Needs**





The study demonstrated that the amount and scope of support provided to families were associated with their vulnerability. Beneficiaries of multiple types of assistance were the families characterized by social workers as more vulnerable and in need of complex support.

### c) Associations Between Variables

The study examined relationships between numerous variables in an attempt to identify the sub-groups among the research population that might be facing multiple needs or increased risks. Associations between certain variables appeared noteworthy and are reported below. These associations, however, do not imply the existence of causation. Also given the study limitations and sample size, they should not to be generalized outside of study population.

Findings indicated that families with many children tend to face poorer living conditions ( $\chi^2=22.306$ ,  $df=7$ ,  $p=0.002$ ,  $\phi_c=0.5$  N=93), lower amounts of adequate nutrition ( $\chi^2= 12.177$ ,  $df=7$ ,  $p=0.009$ ,  $\phi_c=0.3$ , N=93) and are in higher need for help in childcare ( $\chi^2=13.978$ ,  $df=7$ ,  $p=0.05$ ,  $\phi_c= 0.4$  N=93). In addition, children reintegrated earlier appeared in increased need for medical care whereas newly reintegrated children showed an increased need for emotional warmth.

Notable associations were observed between certain variables. In particular, heavy tobacco and alcohol consumption among caretakers appeared to be more characteristic of families with 3 or more children ( $\chi^2= 9.34$ ,  $df=4$ ,  $p=0.05$ , N=93). Unsurprisingly, families with 5 and more children were reported most in need of childcare support ( $\chi^2= 10.71$ ,  $df=4$ ,  $p=0.03$ , N=93). Child antisocial behavior (2 out of 3 such families), having a member in conflict with law (3 out of 11 such families), and insufficient

parental skills (2 out of 6 such families) were observed most frequently in families with three reintegrated children.

Families with three caregivers were more likely to have a member with the history of being in prison ( $\chi^2=6.05$ ,  $df=2$ ,  $p=0.04$ ,  $N=93$ ) while substance abuse was more frequent among families with two caregivers ( $\chi^2= 7.17$ ,  $df=2$ ,  $p=0.028$ ,  $N=93$ ). In addition, families with three caregivers appeared in higher need for improving life skills ( $\chi^2=5.9$ ,  $df=2$ ,  $p=0.05$ ,  $N=93$ ). However, they also were more likely to have a support network ( $\chi^2= 7.33$ ,  $df=2$ ,  $p=0.026$ ,  $N=93$ ).

Certain risks, needs and strengths were associated with whether a family lived in an urban or rural area. Families living in urban areas appeared in higher need of childcare support ( $\chi^2= 3.94$ ,  $df=1$ ,  $p=0.04$ ,  $N=93$ ), life skill development ( $\chi^2= 5.99$ ,  $df=1$ ,  $p=0.014$ ,  $N=93$ ), school support ( $\chi^2= 3.58$ ,  $df=1$ ,  $p=0.05$ ,  $N=93$ ) and accessing benefits ( $\chi^2= 6.39$ ,  $df=1$ ,  $p=0.01$ ,  $N=93$ ), and were more likely to face severe economic problems ( $\chi^2=5.21$ ,  $df=1$ ,  $p=0.022$ ,  $N=93$ ) and housing related difficulties ( $\chi^2= 8.57$ ,  $df=1$ ,  $p=0.003$ ,  $N=93$ ). As it was previously noted, only 36 percent of the assessed urban families were homeowners. Individuals in urban families, however, were more likely to be employed ( $\chi^2= 4.8$ ,  $df=1$ ,  $p=0.028$ ,  $N=93$ ) or have professional/higher education ( $\chi^2= 9.13$ ,  $df=1$ ,  $p=0.003$ ,  $N=93$ ). Children in rural areas, on the other hand, were more exposed to shortage of food, clothes and toys and their families faced higher risk of substance abuse ( $\chi^2= 11.14$ ,  $df=1$ ,  $p=0.001$ ,  $N=93$ ) [see Table 3].

**Table 3: Urban vs. Rural differences**

Region	Family risks			Family needs				Family strengths		total
	Substance abuse	Economic hardship	Housing problems	Need of support in communicating with school	Support in childcare	Support in obtaining benefits	Support in improving life skills	Caregiver is employed or has a 5 year employment history	Caregiver has professional or higher education	
Urban	7.0% 3/43	44.2% 19/43	53.5% 23/43	53.5% 23/43	25.6% 11/43	41.9% 18/43	16.3% 7/43	62.8% 27/43	41.9% 18/43	46.2% 43/93
Rural	36.0% 18/50	22.0% 11/50	24.0% 12/50	34.0% 17/50	10.0% 5/50	18.0% 9/50	2.0% 1/50	40.0% 20/50	14.0% 7/50	53.8% 50/93
Total	<b>22.6%</b> <b>21/93</b>	<b>32.3%</b> <b>30/93</b>	<b>37.6%</b> <b>35/93</b>	<b>43.0%</b> <b>40/93</b>	<b>17.2%</b> <b>16/93</b>	<b>29.0%</b> <b>27/93</b>	<b>8.6%</b> <b>8/93</b>	<b>50.5%</b> <b>47/93</b>	<b>26.9%</b> <b>25/93</b>	<b>100.0%</b> <b>93/93</b>



## 5. Analysis (discussion and conclusions)

The study findings demonstrated that the assessed reintegrated children's overall conditions in their biological families were generally satisfactory from the standpoint of their safety and basic need fulfillment. It should be noted that among study population there was no single identified case of a child's re-entry into State care. This situation might partly be accounted for by the fact that the majority of families (96.8%) have been receiving state financial assistance (reintegration allowance) and support from state and NGO social workers that provide, to a certain extent, crisis prevention and intervention. Additionally, within the *Strengthening Child Care Services and Systems (SCSS)* project, all families received one-time material assistance (repair works, furniture, domestic appliances, household items etc.) from Save the Children for improving their household conditions. One might speculate that the conditions of these families would have been less favorable without external material and professional support. One might also presume that these families by definition were more vulnerable than the ones reunified without project support.

Assessment of each family's risks and needs provided substantial insight for the development of family strengthening program. In particular, the study demonstrated that the most acute and widespread problem encountered by the reintegrated families was related to housing: the fact that only 47 percent of the assessed families had permanent dwelling (17% was rented, 16% temporarily lived at someone else's place, 11% stayed in temporary shelters and 3% in other settings) indicates the potential need for developing housing support programs.

Acute economic problems were singled out as the second strongest risk factor. As mentioned earlier, about 60 percent of families did not earn any kind of salary/wages at the time of assessment, which points out the high degree of their dependency on state monetary support. The study also showed that families with a relatively "higher earnings" did not necessarily earn higher salaries/wages but rather received broader state monetary support. Comprised of many individuals, these families are getting various types of state allowances for multiple members of the family. Paradoxically, out of top four families with the highest earnings, only one was not a recipient of the state poverty allowance.

While the need for accessing employment was equally pointed out by both families and social workers (both indicated that in about 60% of cases families needed assistance in accessing employment), in reality only a limited number of families reported obtaining such an assistance. The findings thereby demonstrate the need for developing employment and income generation programs and the importance of increased involvement of the state employment entities in child welfare reform. In addition, they reiterate the necessity for the Government to come up with measures to decrease dependence on governmental allowances and, particularly, reduce the risks (including the one of child's reentry into State care) associated with allowance discontinuation.



Based on the findings, the assessed families are characterized by not only financial difficulties but also such risk-factors as substance abuse (23%), being in conflict with law (12%), mental health problems (8.5%) and insufficient parenting skills (6.5%) among others. The variety of types of assistance provided by social workers to families confirms the wide range of family needs. Apart from material, household and employment support, the families seem to require help in accessing the necessary resources and benefits, addressing school related issues (child's enrollment and integration in public school or any other program) and obtaining psycho-emotional support. Based on the study results, more than a half of the families received the aforementioned types of assistance and more than one fourth obtained support in managing child's behavior and/or family conflicts, and improving life and parental skills (see Chart 5).

In addition, the findings suggested that particular attention should be paid to reunified families with three or more children since children in such families were more likely to experience shortages of food and clothing as well as poor living conditions. In addition, their parents were more likely to need childcare support. Furthermore, certain family risks like child's antisocial behavior, conflict with law and substance abuse in a family were also more frequent in families with three or more children. In addition there are compounding factors such as 24 percent of single-headed families (12 out of 49 families) had more than three children and 12 percent of them (6 families, including 3 families with more than 3 children) had a family member in prison at the time of assessment. The latter, in turn, might be associated with other longer term family risks. Considering that more than a half of the assessed families (50 families) had three or more children and 24 percent of them were single-headed, the study findings indicate the potential value in preventive services including setting up complex and multifaceted family support services.

Interestingly, families with several caretakers also appeared in need of extra attention. In particular, families with two caretakers were at highest risk of substance abuse (34%), and families with three caretakers (27%) were more likely to have conflict with law. Increased rates of risks in families with multiple caretakers might be accounted for the fact that reunifying a child with his/her biological family does not necessarily entail adequate functioning of all the caretakers. This has to be taken into account by social workers and other childcare professionals so that attention to children returned to biological families with multiple caretakers is not reduced merely on the grounds of a child having more than one caretaker in a household while he/she might, in fact, be facing increased risks. As findings indicate, families with several caretakers were in higher need for life skill development and complex support.

Study results also illustrated that families in rural and urban areas may be exposed to different needs and risks. The most widespread problems in urban areas were lack of housing and/or poor housing,



economic hardship and poor living conditions, whereas in rural areas it was more common for families to face shortage of food, clothing, and toys, as well as an increased risk of substance abuse. On the one hand, families in cities were more likely to have a job and were better educated. On the other hand, however, they needed more help in childcare and addressing school related issues - the types of support relevant for working parents (e.g. in home child care providers, day care centers, and help in tutoring). Rural communities, as opposed to urban ones, appear in higher need of programs aimed at meeting basic needs (food, clothing) and reducing community isolation.

In addition, the increased need for emotional warmth among recently reintegrated children pointed out the importance of preparatory and supportive social worker service prior to and immediately after child's reunion with his/her biological family. Relevant child and family preparation and family relationship rebuilding supports (pre and post reunification support) are critical for successful reunification.

Finally, the study findings demonstrated the importance of state's multi-sectorial participation in child welfare reform. The most acute example of this was school/education related problems that study identified, namely, the fact that 10 percent of children were not enrolled in age/developmentally appropriate grades, more than 12 percent of children could not access necessary school materials and more than 17 percent were in need of special education services. This illustrates the limited participation of the Ministry of Education and Sciences (MES) in implementation of child welfare reform and emphasizes the importance of equal involvement in child protection matters of all the state entities responsible for child development.

In conclusion, the findings reiterated that reunified families represent a vulnerable population characterized by the lack of material, economic, and psychosocial support and suggested that the key to successful reintegration may lie in developing and diversifying family strengthening programs.

## **6. Policy Implications/Recommendations**

The findings of the reintegrated family needs assessment demonstrate that the majority of the assessed reunified children live in family environments free of abuse and neglect in which their basic needs are being met. Since the study assessed only SCSS beneficiary families, however, the above findings cannot be generalized to all reunified families in the country. Therefore, it is recommended to conduct a similar needs assessment of a representative sample of families reintegrated without project support.

The study, first of all, began to identify the variety of needs that reunified families face, the effective and timely responses to which are key to ensuring the long-term success of the reform. The study also allows for preliminary evidence based policy-level recommendations.



There recommendations include:

- Increase state multi-sectorial participation in child welfare reform:
  - Increased MES involvement in addressing school and education related issues (including child integration in school environment);
  - Increased participation of local government in solving issues related to housing, shelters, day care centers;
  - Greater involvement of employment entities to reduce unemployment rates;
  - Greater participation of the Ministry of Sports and Youth Affairs in youth skill development;
  - Increased input of law enforcement entities in crime prevention.
- Ensure universal provision of reintegration allowance and subsequent state support and prolong its provision whenever appropriate;
- Expand state inter-sectorial cooperation focused on reducing dependency on public support;
- Ensure reinforced care during pre and post reintegration phases;
- Enhance monitoring and support to families with multiple children and other risk groups;
- Develop housing support programs;
- Increase access to psychological and mental health support;
- Develop programs aimed at reducing substance abuse and fostering pro-social behavior;
- Develop programs tailored to regional (urban vs. rural) and family (single working parent, family with many children, etc.) characteristics;
- Conduct further studies to determine predictors of successful reunification.

In conclusion, the findings highlight a variety of needs of the reunified families and indicate that poverty and material problems - representing a dominant feature of these families - is not a sole reason for their vulnerability. Strengthening vulnerable families of Georgia requires holistic approach that implies implementing policies targeted to: (a) minimizing factors that hinder family functioning and (b) fostering programs that improve family functioning.

## References

Child Care Action Plan 2012-2015, Decree of the Government of Georgia # 762 (2012).



International Reference Center for the Rights of Children Deprived of their Family (2006). *Elaborating a lifelong plan: family reintegration*. Geneva: International Social Service General Secretariat.

Child Welfare Information Gateway. (2011). *Family reunification: What the evidence shows*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved April 2012, from the World Wide Web [www.childwelfare.gov/pubs/issue\\_briefs/family\\_reunification](http://www.childwelfare.gov/pubs/issue_briefs/family_reunification)

Research Roundup. (2002). *Family reunification*. Washington, DC: Child Welfare League of America. Retrieved April 2013, from the World Wide Web [www.cwla.org](http://www.cwla.org)

