LUMOS

PROTECTING UNACCOMPANIED CHILDREN IN A CHANGING WORLD: STRENGTHENING FAMILY-BASED CARE IN REFUGEE CONTEXTS

ABOUT LUMOS

Lumos is fighting for every child's right to a family by transforming care systems around the world. We are an international charity striving for a future where every child is raised in a safe, loving home, supported by family to help them thrive.

We want to transform the way children are cared for all over the world – but changing whole systems isn't something we can do alone. To catalyse change, we seek out and work with a wide range of partners across different regions, sectors and thematic areas. To learn more about our work and how we provide targeted guidance and technical assistance to partners leading care reform, please contact us at: **info@wearelumos.org**

LUMOS
A family for all children

CONTENTS
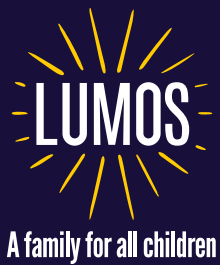
INNOVATIVE HUMANITARIAN SOLUTIONS

From the very beginning the goal of Innovative Humanitarian Solutions, Inc. has been to discover and meet humanitarian needs in ways that build an individual's and a country's personal dignity and worth. Innovative Humanitarian Solutions works through partnerships with individuals, organisations and government agencies who desire to make a genuine difference in the lives of people.

Innovative Humanitarian Solutions
Meeting Needs Together

THE NORWEGIAN REFUGEE COUNCIL (NRC)

The Norwegian Refugee Council (NRC) is an independent humanitarian organisation established in 1946. They help people forced to flee their countries, or their homes within their countries, regardless of their race, religion, nationality or political convictions. NRC works in crises in more than 30 countries, where we help save lives and rebuild futures. NRC Ethiopia was registered in 2011 and has become one of the major humanitarian organisations in the country.

NORWEGIAN
REFUGEE COUNCIL | NRC

Cover image: an Eritrean child at Mai Aini refugee camp, Ethiopia. © EDUARDO SOTERAS/AFP via Getty Images

A note on photos: since this project was carried out, the conflict in Tigray has put children in an even more volatile situation. So the images in this report give a general picture of the camps as of January 2021, and do not feature any of the families quoted.

FOREWORD

Refugee situations can change rapidly. We saw this in the Tigray region in late 2020, which shifted from a relatively stable environment to a situation of conflict and devastation within a matter of weeks.

Lumos worked together with partners on the family-based care for unaccompanied children project between 2018 and 2020, in four camps in the Tigray region of Ethiopia. When we began this project, the situation in the camps was highly mobile, with high numbers of refugees, including unaccompanied children, entering and leaving the camps each day. But there was also stability, with camp structures that had been in place for many years and a strong sense of cooperation between the government, NGOs, refugees and the host community.

IN LATE 2020, TIGRAY SHIFTED FROM A RELATIVELY STABLE ENVIRONMENT TO A SITUATION OF CONFLICT AND DEVASTATION WITHIN A MATTER OF WEEKS.

This evaluation report is based on fieldwork carried out in late 2019, but since then the situation has changed dramatically. In 2020, Covid-19 affected the provision of services within the camps, with social distancing measures and preparations leading to the closure of Endabaguna Reception Centre as an accommodation facility. While Covid-19 created many challenges, the case management system for family-based care was able to adapt and continue to provide protection services.

In late 2020, as this project was nearing its end, the situation changed rapidly with the outbreak of conflict in the Tigray region. This conflict interrupted child protection systems, destroyed operational assets, and led to mass displacement of people from both the camps and the host community.

While both Covid-19 and the conflict were unforeseen, they are examples of rapidly changing circumstances which are a common feature of refugee contexts globally. The dynamic nature of refugee contexts highlights the importance of investing in people over institutions. Staff and communities will be able to use their training and experience to build back better, or take their knowledge into the next setting, creating preparedness measures through a strong family-based alternative care system that can trigger early action.

These recent events also highlight the ongoing need for children to be cared for in family-based settings that provide them with protection, community integration, connectivity and stability.

This evaluation report considers the various components of the project and provides recommendations to child protection and refugee response practitioners, with the aim of improving the quality of child protection programming and its impact on unaccompanied children in refugee contexts.

We hope that the achievements, lessons learned, and recommendations in this evaluation report will provide insights that will enable the establishment or strengthening of family-based care for unaccompanied children in other refugee contexts. With carefully directed funding and programming, future emergency or crisis responses could implement family-based care systems as the first response, without defaulting to institutional facilities.

> **"The conflict interrupted child protection systems, destroyed operational assets, and led to mass displacement of people from both the camps and the host community."**

ABOUT THIS REPORT

This report sets out the findings of an evaluation of a family-based care-transformation pilot implemented by Lumos in partnership with UNHCR, The UN Refugee Agency, Innovative Humanitarian Solutions (IHS), and the Norwegian Refugee Council (NRC) in Tigray, Ethiopia. The project aimed to ensure that unaccompanied refugee children from Eritrea were placed in family-based care as soon as possible after their arrival in Tigray, to protect their safety and wellbeing.

The aim of the evaluation was to capture the views and experiences of those involved in planning, delivering and receiving the project, so that learning can be shared about how this kind of project can be successfully applied in similar contexts.

KEY ACTIONS TO PROTECT CHILDREN

All children, including refugee children, should have access to family-based care. Family-based care provides children with protection, community integration, connectivity, and stability, which is essential for their wellbeing.

DESIGN FAMILY-BASED CARE FROM THE OUTSET

Family-based care, both interim and long-term, should be considered from the outset of refugee response planning, to ensure that resource allocation does not lock children into residential systems.

INVEST IN PEOPLE OVER INSTITUTIONAL FACILITIES

Ongoing learning and development for staff, foster families and communities will lead to more sustainable change, especially in dynamic contexts. Focusing on workforce capacity, appropriate levels of staff resourcing, and quality case management systems will enable better adaptation to changing situations.

STRENGTHEN SERVICES AND COORDINATION FOR HIGHER QUALITY CARE

Setting up a formal temporary foster care service is essential. Foster families should also be offered child-protection-sensitive cash-based help. Rigorous selection and training of foster carers and monitoring of placements will ensure higher levels of protection for children. Coordination with other relevant sectors and with national child protection systems will lead to better protection outcomes for children.

METHODOLOGY

Data was collected through desk-based research, and semi-structured qualitative interviews and focus group discussions. Fieldwork was conducted between February and April 2020, and covered the project's implementation period from April 2018 to the time of fieldwork.

DESK-BASED RESEARCH

Desk-based research was conducted prior to the interviews and focus group discussions. This involved a thorough review of all existing project documentation. The aim was to collate everything that was known about the project up to that point (end of February 2020). The desk research described the planned approach of the project in detail, and provided a helpful backdrop for the qualitative data collection, which primarily focused on lessons learned and what was done in practice.

QUALITATIVE DATA COLLECTION AND ANALYSIS

Qualitative data was collected through semi-structured interviews and focus group discussions. The aim was to capture views and experiences from all stakeholder groups involved in the first 18 months of the project's implementation. The sample was purposively selected, and included:

1 Key informant interviews with staff from Lumos, UNHCR, IHS and NRC, who were involved in the project's planning and implementation.

2 Focus group discussions with:
- Child protection staff in the Tigray camps
- Animators at Endabaguna Reception Centre
- Refugee community incentivised workers – hereafter referred to as social workers, as they were known on the ground – who were refugees providing support and monitoring to unaccompanied children and foster carers
- Children in foster care arrangements within the camps
- Foster carers looking after unaccompanied children within the camps
- Adult representatives of the refugee community within the camps (Refugee Central Committee, Women's Association, Child Welfare Committee)
- Child representatives of the refugee community within the camps (Child Parliament)

LEARNING AND RECOMMENDATIONS

IT'S NECESSARY AND POSSIBLE TO SET UP FAMILY-BASED CARE STRUCTURES IN REFUGEE SETTINGS

- Setting up temporary and long-term foster care in refugee communities is possible. There was a real desire within the refugee communities to ensure children were well looked after and cared for within family structures.
- Participants in this evaluation did not view community care (child-headed households for unaccompanied children that were already in place in the refugee camps) as the preferred option to ensure the safety and healthy development of unaccompanied children.
- While family-based care is generally the preferred option, foster care placements may not be the best way of meeting the needs of every child. Other options such as supported independent living,[1] and service provision such as vocational skills or livelihoods training, should be put in place to meet the broad range of children's needs.

PARTNERSHIP APPROACH

- It's important to understand what other organisations are already doing in the context and identify whether your organisation will be able to offer additional skills and expertise in the care of unaccompanied children.
- While a partnership approach may be valuable in providing the holistic range of support and services needed, it's important to make sure roles and responsibilities are clearly outlined from the start. A clearly documented and mutually agreed project model and theory of change will be essential in achieving this.
- The project model and theory of change should outline the nature of the problem and all components of the proposed solution, including all specific activities and intended outcomes.

WHOLE-SYSTEMS APPROACH

- Given the complexity of the refugee camp setting, the introduction of family-based care needs to be holistic in its approach. It is important to consider how children and foster carers can best be supported, recognising that many families are living in poverty. Foster carers will need to be able to meet foster children's basic needs, as well as providing safety and supporting their development. The system will need to enable them to do this.
- This holistic provision of support could be achieved through partnering with organisations specialising in providing different kinds of support. In return, other service providers should be trained in child protection and family-based care so that they incorporate this into their sectoral service design.
- The approach also needs to be flexible and able to respond to the unpredictable nature of the humanitarian context.

ASSESSMENT OF NEEDS AND SYSTEM READINESS

- There can be no one-size-fits-all approach to introducing family-based care into refugee settings. It's critical to put resources into understanding the nature of the problem in context in the early stages.
- Involving the community and those already working on the ground in this can ensure the intervention benefits from invaluable insight that can help shape the approach over time.

RESOURCE PLANNING

- It's key to plan the human and financial resources needed before implementation. An assessment of skills and capacity within the workforce should be undertaken to determine any technical support, training and development needed.
- There will need to be enough budget for things like allowances and incentive payments, and training within and outside the child protection sector. There will be operational costs to enable effective monitoring and review of placements, including regular data collection and analysis for effective monitoring and evaluation of the project.

INVOLVING THE COMMUNITY

- Involving the community throughout the planning and implementation process must be a central component of any type of intervention in a refugee context.
- A thorough needs assessment before project implementation that involves the community will allow for a more accurate understanding of problems and possible solutions.
- Involving community members in the development of the model through meaningful consultation, joint planning and delivery can also result in increased buy-in from the community.
- Regularly checking in with community members during the project's implementation will help identify challenges and opportunities early on, so necessary adjustments can be made. Building in the scope for flexibility and responsiveness early on is critical in refugee settings, which can be dynamic and unpredictable.

AWARENESS-RAISING AND RECRUITMENT

- Information on community beliefs, attitudes and practices should be gathered as part of assessing system readiness, and can be used to plan behaviour change communication strategies. Attention should be given to the means and channels of dissemination that will achieve the best impact in the context, eg, choosing key moments such as sports events and international celebration days, and using oral communication or storytelling to promote family-based care.
- A good communication and awareness-raising strategy should always be developed with key community members who are respected and trusted. This will also ensure that any misinformation or fears within the community can be addressed as they arise, which is useful given the transitional nature of life in a refugee camp.
- It's important to understand the views and motivations of the community – particularly those of potential foster carers and unaccompanied children, so that opportunities or challenges are anticipated and addressed by the communication strategy.
- Awareness-raising activities and messaging should be tailored to the cultural context and conveyed in an accessible, child-friendly manner.

TECHNICAL SUPPORT

- The Training of Trainers (TOT) model is a good way of enabling training to be provided regularly, which is important in a high-turnover context. It's important to ensure that those providing the training have the resources, expertise and capacity needed.
- Consideration should be given to the need for both initial and ongoing training, so that workers receive the training they need to begin their role, and to develop their knowledge and skills over time. Initial training should be mandatory for those working directly with children and adults at risk.
- Consideration should also be given to the need for training in a wide range of topics relevant to the work being carried out, taking into account the level of knowledge and experience of the recipients.
- Informal methods, such as 'coffee corner' discussions in the Tigray camp context, can be valuable in reinforcing and embedding the ideas and principles communicated in training, using real-world scenarios. It's useful to draw on local knowledge, through community involvement, about how best to engage with the community in this way.
- Training resources are useful, even for those who don't participate in the training, and it's important that they're made available in local languages. Standardised training manuals could be a valuable resource.
- The length of training should be tailored to the needs of the training group, ensuring adequate time to discuss examples and real-world experiences.

MONITORING AND EVALUATION

- Data should be used to assess the impact of the intervention on child wellbeing across a number of domains. Regular data collection provides opportunities for timely adaptation of project activities when needed. It also increases accountability to the target population by setting up measures and processes that give them the opportunity to provide feedback about the case management system, and to report any problems.
- Qualitative and quantitative monitoring data collected about the project can be aligned with the case management system, for example utilising periodic reporting forms and workplans, to increase efficiency.
- Where possible, data should also align with higher-level reporting – into national or UN-level results indicators, to ensure the intervention is contributing to wider systemic change.

BACKGROUND AND CONTEXT TO THE PROJECT

769,310

REGISTERED REFUGEES AND PEOPLE SEEKING ASYLUM*

*as of July 2020

95%

OF PEOPLE FLED FROM NEIGHBOURING CONFLICT-AFFECTED COUNTRIES LIKE SOMALIA, SOUTH SUDAN AND ERITREA

Map labels:

ERITREA
YEMEN
SUDAN
DJIBOUTI
SOMALIA
SOUTH SUDAN
KENYA

SHIRE 95,745
AFAR 53,958
ASSOSA 62,820
JIJIGA 37,529
ADDIS ABABA 27,492
GAMBELLA 320,995
MELKADIDA 161,800
BORENA 4,037
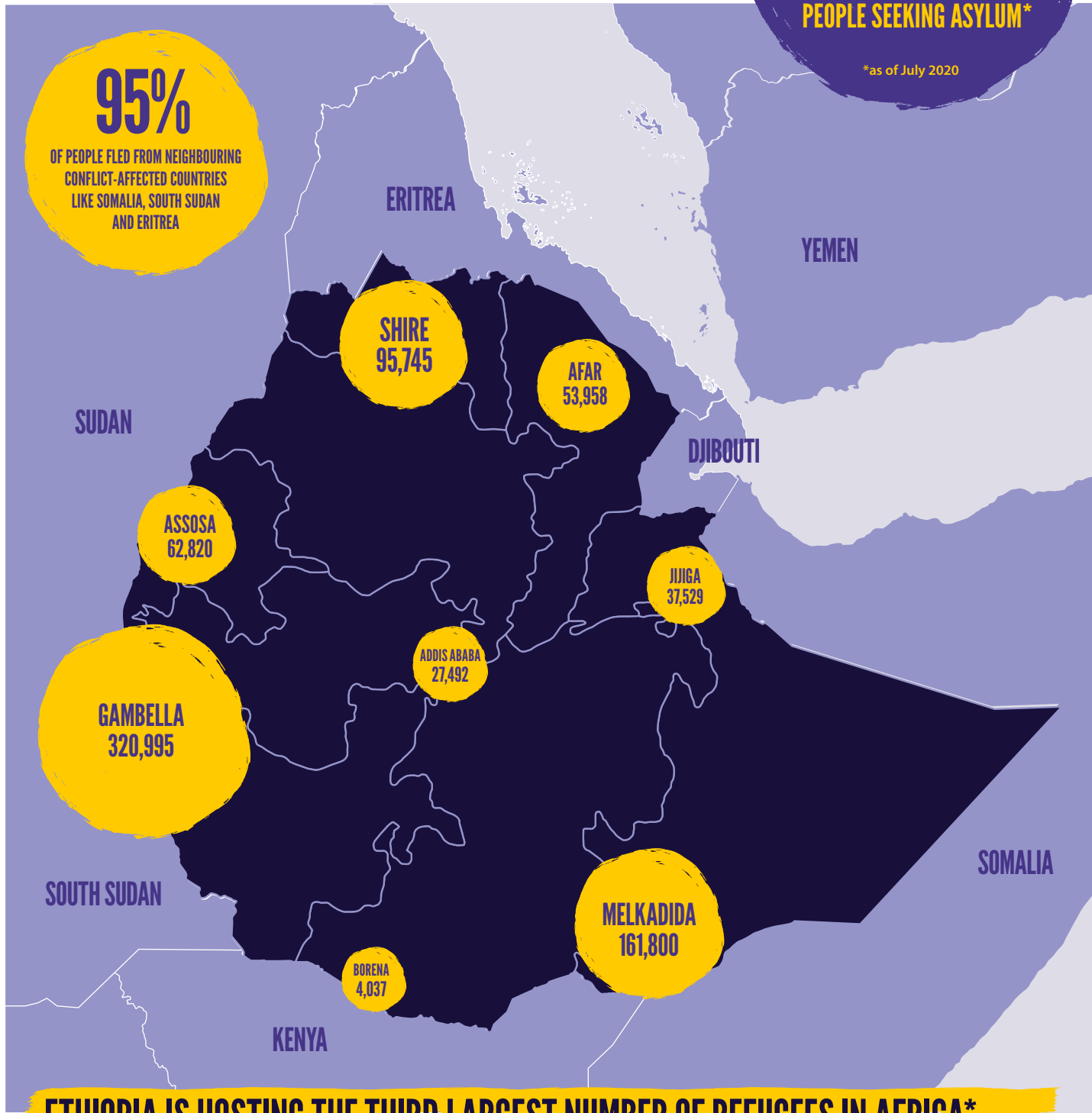
ETHIOPIA IS HOSTING THE THIRD LARGEST NUMBER OF REFUGEES IN AFRICA*

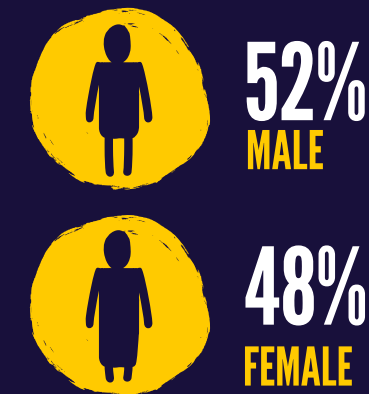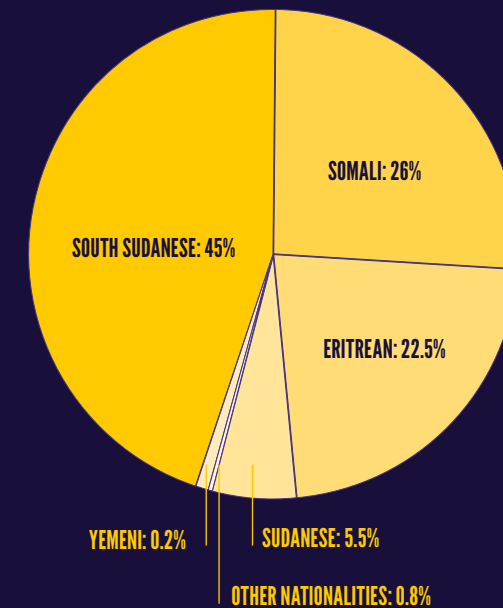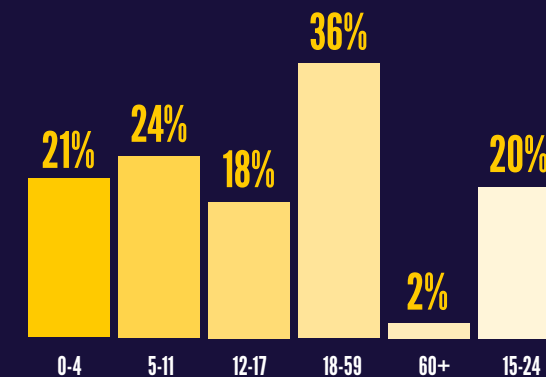* UNHCR (2020). Ethiopia Monthly Refugees and Asylum Seekers Population Data (as of 31 July 2020).
* UNHCR, Global Trends Report 2020.

BREAKDOWN BY NATIONALITY

SOUTH SUDANESE: 45%
SOMALI: 26%
ERITREAN: 22.5%
SUDANESE: 5.5%
YEMENI: 0.2%
OTHER NATIONALITIES: 0.8%

52% MALE

48% FEMALE

AGE RANGE OF NEW ARRIVALS

- 0-4: 21%
- 5-11: 24%
- 12-17: 18%
- 18-59: 36%
- 60+: 2%
- 15-24: 20%

Decades of political persecution, indefinite and involuntary military conscription, human rights abuses and economic hardship in Eritrea have led to thousands of Eritreans fleeing their country of origin. Before July 2018, Ethiopia received an average of around 50 Eritrean arrivals each day. In July 2018, a peace and friendship declaration was signed by the Ethiopian and Eritrean governments. Two official border crossing points were opened as a result, and this contributed to an increase to approximately 390 individuals arriving in Ethiopia each day by the end of 2018.[2]

A high number of those arriving in the Tigray region of Ethiopia were unaccompanied children,[3] meaning that they arrived without a parent or an adult responsible for them. Unaccompanied children are particularly vulnerable because they are not only separated from their families, but may also have experienced trauma in Eritrea or during their journey to Ethiopia.

In the years leading up to this evaluation, up to 60% of unaccompanied Eritrean children were leaving the Tigray camps for other urban centres and third countries in any given year.[4] According to UNHCR, most left the country because they wanted to reunite with relatives, access improved educational services, and earn money to support family members still in Eritrea.[5] Onward journeys to Europe or other destinations can be dangerous, exposing children to risks of trafficking, abuse, exploitation and sexual and gender-based violence.[6]

"Those children who came from Eritrea, they may look very small, but their thinking is very big. There was a child, I found him at Endabaguna [Reception Centre], and I asked him: 'You are a very small boy. Why did you come from Eritrea? He said, 'What about my older brother? Being in Eritrea he didn't get anything. So why should I be there?"

Refugee community representative

The UNHCR 2019 Global Trends report[7] stated that over the previous decade, around 400,000 unaccompanied and separated children (UASC) lodged asylum applications in over 117 countries or territories. Data collection and reporting specifically on the number of unaccompanied and separated children in the refugee population only began in 2017 with data from UNHCR, and in 2018 this extended to national governments. In 2018, data from 53 countries reported a total of 111,000 unaccompanied and separated child refugees, which increased in 2019 to 153,300. UNHCR believes that these figures are significant underestimates due to the limited number of countries reporting data.[8]

However, it's clear that this is a global phenomenon. Germany registered 87,000 – or one fifth – of the 400,000 UASC asylum applications lodged between 2010 and 2019. Sweden (registering 60,600), Italy (30,000) and the United Kingdom (22,000) were other key destinations. These four countries together registered half of all UASC asylum claims worldwide, mainly by unaccompanied children from Afghanistan, Eritrea and Syria. The largest number of registered UASC refugees was reported in Ethiopia (41,500), where they represent six per cent of the refugee population. In Uganda (40,000), Kenya (10,700) and Cameroon (9,000) the proportion of unaccompanied children ranged between two and three per cent of the refugee population.[9]

PROCESSING OF REFUGEES IN TIGRAY, ETHIOPIA: ENDABAGUNA RECEPTION CENTRE

At the time of this evaluation, Eritrean refugees crossing the border into northern Ethiopia were processed at Endabaguna Reception Centre in the northern region of Tigray, before being transferred to one of the refugee camps in the region. During the period covered by this evaluation there were four camps: Shimelba, Hitsats, Adi Harush and Mai Aini.[10]

At the end of 2019, there were 86,511 registered refugees in the four refugee camps in Tigray.[11] Children accounted for 44% of the total refugee population living in these camps during 2019; 27% of them had arrived unaccompanied or separated from their families.[12]

Over the years, the situation in Endabaguna Reception Centre was dynamic, fluctuating depending on the flow of arrivals. While the children's compound at the centre had an official capacity of 250 children, it housed up to 1,000 during periods of high influx, resulting in severe overcrowding.

The intention was for all refugees to be registered at Endabaguna and then transferred as soon as possible to one of the camps. At the time of the evaluation, most adults and families stayed at Endabaguna for only a few days. However, unaccompanied children could spend up to two months there after their registration and best interests assessments were completed, waiting for a placement in the camps. This delay was due to a number of reasons, including a lack of shelter space in all forms of accommodation in the camps, and lengthy family tracing and reunification processes.

CHILDREN AT RISK – A SPOTLIGHT ON ENDABAGUNA RECEPTION CENTRE

Endabaguna Reception Centre was considered risky for children, as the overcrowding and the institutional nature of the facility meant that children's individualised care needs couldn't be met, and they were at risk of harm and abuse. A lack of resources, such as bedding and mosquito nets, was exacerbated during periods of overcrowding. There was also insufficient staffing and supervision for the large numbers of children.

"When you see kids who stay in Endabaguna... it's not a good place for those children... it makes them vulnerable to psychosocial problems... When their stay increases in the [reception] centre, their psychosocial [problems] and vulnerability increase."

Child protection staff

A report by IHS, published in 2013, highlighted concerns regarding Endabaguna. Children had been asked during a survey in the facility, "If someone came who could help you, what could they help you with?" 69% responded, "Take me out of here," whether that meant to go to Mai Aini camp, another country, or back to Eritrea.[13]

Staff in Endabaguna mentioned the revolving door nature of the system, whereby children moved from Endabaguna to the camps, where there was insufficient or inadequate shelter, then back to Eritrea, only to return again – with the risks of abuse and trafficking that travel entails.

DEFINING AN INSTITUTION

Institutions are forms of residential care in which residents are compelled to live together within an 'institutional culture.' They tend to be characterised by depersonalisation, rigid routines, block treatment, and isolation and segregation from the wider community, with the routines and requirements of the institution taking precedence over individual needs.

Both Endabaguna Reception Centre, and the community care provided in the camps, exhibited some of these characteristics.

FORMS OF CARE IN THE TIGRAY REFUGEE CAMPS

In the years prior to the start of this project, the promotion of family-based care for unaccompanied children had been a child protection priority for UNHCR and its partners working in the Tigray region.

In September 2017, 44% of unaccompanied children in the Tigray camps were living in family-based care (either kinship – ie, living with extended family – or long-term foster care), with the remaining 56% living in community care (child-headed households for unaccompanied children, described in more detail below).[14] By the end of 2019, the proportion in community care had decreased from 56% to 38%. Meanwhile, the proportion in family-based care had increased from 44% to 62% (see Figure 1).[15]

UNHCR and its partners aimed to increase the proportion of children living in family-based care arrangements, including temporary foster care, long-term foster care and kinship care to 75% by the end of 2020.[16]
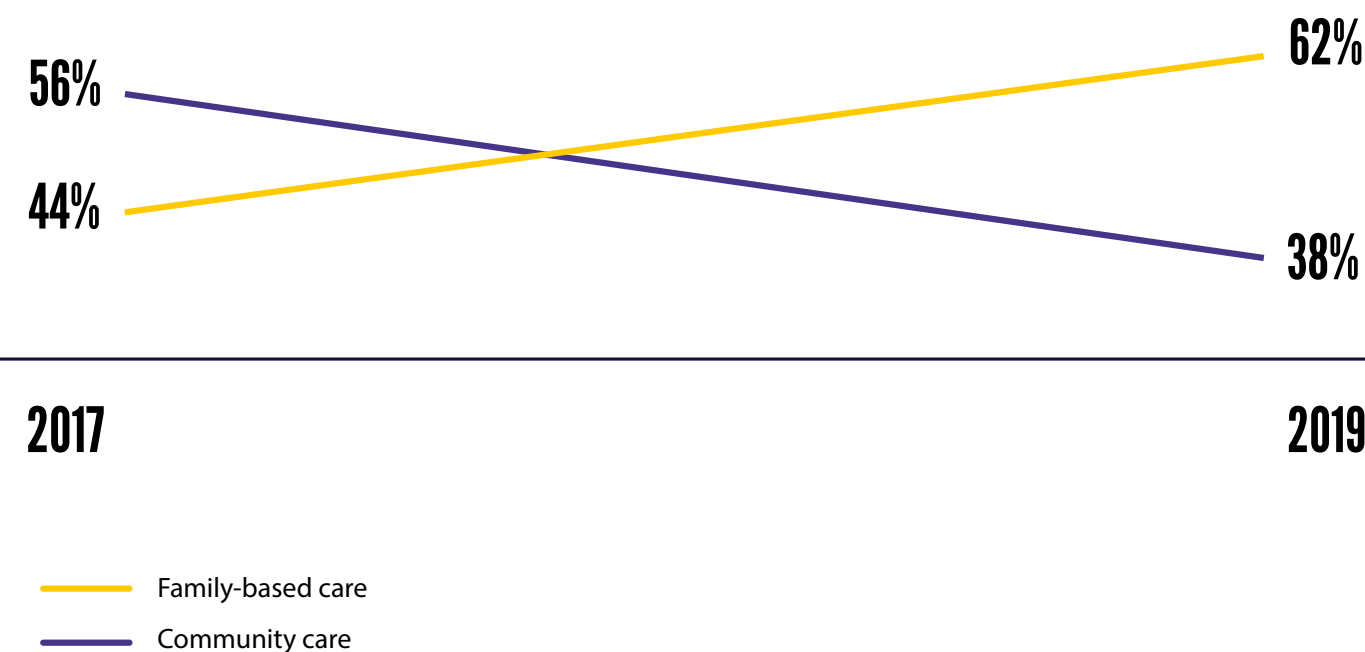

- Family-based care
- Community care

Figure 1: Change in proportion of unaccompanied children in community care and family-based care between 2017 and 2019.

SOCIAL WORKERS

Refugee community incentivised workers – commonly referred to as social workers – were integral to the provision of social work for unaccompanied children and foster carers within the camps. These social workers were refugees living in the camps themselves, and received incentive payments rather than salaries.

They were overseen by the agencies responsible for providing child protection within the camps, and reported to the agencies' child protection and case management officers, or other designated staff members. In the Tigray camp context, the child protection agencies assigned social workers to children and foster carers. The social workers were responsible for daily or weekly follow-ups with those children and foster carers, as determined during the case planning process.

Social workers performed several key case management activities, which varied slightly depending on each worker's agreed remit and location (whether they were based at Endabaguna or in one of the camps). Their tasks included:

- Ensuring children were in safe, caring placements that offered protection
- Recruitment, assessment and approval of foster carers, and matching children with families
- Conducting active and timely risk assessments of prospective foster carers using the range of information gathered, and deciding on suitable actions in accordance with best practice guidance, policies and procedures
- Providing relevant information on prospective foster parents for local authorities to make informed assessments
- Ensuring child protection and the promotion of child welfare were given absolute priority in all activities, and that any safeguarding matters were recorded, investigated and acted upon appropriately and in keeping with camp-wide child protection procedures
- Facilitating the transfer of children into foster families, and ensuring appropriate preparation of children and families
- Working directly with children to prepare them for the move to foster care, ensuring that their needs were met and that they understood their rights
- Providing regular support through supervisory visits to foster carers, including unannounced visits, all of which were recorded
- Identifying training and development needs, in conjunction with foster carers
- Undertaking 'out of hours' on-call duties as required, and supporting foster carers dealing with crises and needing advice
- Tracing families within the camps to ensure a quick reunification process when an unaccompanied child presented at Endabaguna Reception Centre
- Working with partners in Endabaguna and the camps to communicate up-to-date information about children and their families, taking a proactive approach to family tracing
- Undertaking rapid assessments of the most vulnerable children, identifying and prioritising them for temporary foster placements
- Working with partners in Endabaguna and the camps to communicate up-to-date information about children who were eligible for temporary or long-term foster care, and matching them with families in the camps.

COMMUNITY CARE IN THE TIGRAY CAMPS

Community care, sometimes called group care, consisted of child-headed households with limited supervision by responsible adults. While each shelter was designed to hold between six and eight children, on average they regularly housed 10, with peaks of up to 13 during periods of high influx.[17] The shelters were gender-segregated but accommodated children across a range of ages.

A guardian family was allocated to each community care shelter. Each family oversaw a maximum of three community care shelters, and stayed in a shelter close by. The children living in community care depended on assistance from a feeding centre and were monitored by social workers who visited them three times a day.

The community care shelters in the camps were inadequate for children – they were overcrowded and insecure. Children were placed in them due to limited options for family-based care, which is widely considered to be the preferred environment for the growth, wellbeing and protection of children.[18]

THE SEMI-INSTITUTIONAL NATURE OF COMMUNITY CARE

Lumos' report, *'Rethinking Care: Improving Support for Unaccompanied Migrant, Asylum-Seeking and Refugee children in the European Union'*[19] identified six different categories of care provided for unaccompanied children in the EU. Although outside the EU, community care in the Tigray camps could be seen as an example of the medium-scale category of care.

While avoiding large-scale institutional alternatives, this type of care could be considered semi-institutional, as institutional cultures often still existed within them. The characteristics of medium-scale facilities include: a capacity ranging from 10 to 60 children; the provision of longer-term care; 24-hour live-in supervision (although this was not the case in the Tigray camps); and the provision of services including social work, education and activities, and other basic services. However, they are often unable to provide the individualised support required to meet children's needs and best interests.

"They play in the compound, they stress because they have no parents or caregiver to give them advice. They have a social worker but it's not enough."

Foster child

SAFEGUARDING RISKS IN COMMUNITY CARE

Many participants in this evaluation – including child protection staff, child representatives, and children with experience of being in foster and community care – spoke about the safeguarding risks for children in community care.

"The community care has risks. The children encounter different risks like child pregnancy. Most of the kids we found [who became pregnant] are children from community care."

Child protection staff

"And there are also group conflicts in the group care… inter-group conflicts, and addictions like alcohol or gambling, unlike the children in foster care."

Child protection staff

The reality of life in community care was viewed by some child representatives as contributing to the decision of some children to leave the camps – either to travel onwards to third countries, or to return to Eritrea.

BARRIERS TO EDUCATION AND OTHER BASIC SERVICES

One child who had been in both community and foster care highlighted that the communal setup in community care was not conducive to studying.

"In group care you cannot study because there are many children – up to 9, 13 children. So you cannot manage it. If you turn on the light, maybe someone wants to sleep and [says] 'shut off the light,' so you cannot study and you can't go with your [educational] programme."

Foster child

One foster child noted that some children in the camps were not motivated to go to school, given the stress they were experiencing. This could be exacerbated by the distance some children had to walk within the camps to reach the school, with the intense heat increasing this challenge and also making it difficult to concentrate during lessons when they got there. Several participants noticed that without family guidance and encouragement, there was a risk that children in community care would stop attending school. This problem was compounded by the high caseloads of the social workers.

"One day they go to school, they also miss [school on other days] and it's challenging. Always the social workers are there to follow them but … it's not as close as the family."

Child protection staff

"The big problem was actually they didn't want to go to school… because there's no-one taking care of [and encouraging] them."

Child protection staff

The role of families was also highlighted as being important in ensuring children accessed other services and resources.

Children in community care were provided with cooked food through a feeding programme. Three times per day, they would collect injera[20] and bread which was prepared in communal kitchens. However, they were required to cook the other elements of their meals, using ingredients they collected from a distribution centre twice a week and water provided for the group. Some commented that they weren't given enough water.

"One of the problems that is faced in community care, for instance, is that they only give us two jerry-cans a day for the whole group. That's not enough for cooking, for washing, and for other things."

Child refugee

MAINTAINING CULTURAL AWARENESS AND SOCIAL SKILLS

Multiple participants spoke about how in community care, without the guidance of a family, it was harder for children to learn about their culture, traditions, language and social skills.

"It's difficult to get the proper culture or language or social skill development [in community care]."

Child protection staff

AFFECTING FUTURE OPPORTUNITIES FOR FAMILY-BASED CARE

Being in community care, with its lack of consistent adult supervision and inherent risks, was believed to affect children's behaviour. This was viewed as being a barrier to being fostered, or creating problems in future foster placements.

"People think that if a child is in community care, they don't want to go to school. Yes. Some of [them] have bad behaviour. They even start drinking or fighting."

Child protection staff

"And even those who came, who joined foster care from community care, if they're not in a good foster family they can't play well. They have to obey and to be governed by their household rules."

Child refugee

> " I would advise [an unaccompanied child] to join foster care instead of community [care] because in community care, even though there's freedom and everything, it's not good as foster care, because there's nobody who can care for them. There's no-one to look for you if you stay a whole night outside the house. They cannot further their education properly… [but in foster care] they will have food, further their education, if they feel sick, they can get proper medication because the family can care for them. "

Child refugee

THE FAMILY-BASED CARE TRANSFORMATION PROJECT

A PARTNERSHIP APPROACH

Prior to the start of this project, UNHCR had been working with IHS and NRC on child protection in Endabaguna and the Tigray camps. This included promoting family-based care (kinship and long-term foster care).

In 2017, Lumos and UNHCR began their collaboration, with Lumos going on to partner with IHS and NRC for the programme implementation period (April 2018 to December 2020). Lumos' distinct contribution was to help develop the work around family-based care, given the high number of unaccompanied children living in institution-like settings in community care and Endabaguna Reception Centre. Lumos' role in the partnership was to provide technical support, with IHS and NRC responsible for implementing the project work in Endabaguna and the four camps.

As there were multiple organisations implementing the project, monthly coordination meetings with a rotating chair were instigated to bring everyone together to discuss progress, challenges and solutions, and ensure cohesiveness.

IMPACT OF ENHANCED PARTNERSHIP WORKING ON FAMILY TRACING AND REUNIFICATION

The family tracing and reunification process was positively affected by the increased communication between implementing partners who were working on the project.

"[The family tracing and reunification process] was not coordinated in this manner before Lumos' engagement. For instance, the communication between NRC, IHS, and Endabaguna [Reception] Centre – that wasn't very coordinated – there was a huge gap. But I think that Lumos' intervention has brought some changes in this."

Child protection staff

COMMUNITY INVOLVEMENT

Working with the refugee community was an essential component of the partnership approach. Views and feedback about the initial proposal to pilot temporary foster care in the camps were obtained through focus group discussions with refugee community groups in two of the camps. This achieved community buy-in, with participants expressing their commitment to be involved in implementation and offering suggestions, for example regarding the eligibility criteria for children to be fostered, which children should be prioritised, and remuneration for foster carers.

THE CARE-TRANSFORMATION MODEL

Recognising the need for immediately available family-based care solutions for unaccompanied children entering the Tigray region, Lumos' care transformation model was focused on:

1. **Significantly reducing the amount of time children spent at Endabaguna Reception Centre.**

2. **Reducing the number of placements in community care.**

This would be achieved by immediately placing unaccompanied children arriving in Endabaguna in temporary foster care while longer-term options, such as family tracing and reunification, and long-term foster care, were explored, and also by strengthening and increasing the availability of long-term foster care in the camps.

One of the primary aims was to pilot a temporary foster care system, wherein temporary foster carers from the refugee community were recruited and trained. Temporary foster carers would be able to take children directly from Endabaguna while their relatives were traced, or until a long-term foster carer was found.

"So the temporary foster care is very important. Why? Because it allows children not to stay more days in Endabaguna [Reception] Centre. If there's temporary foster care, then children can easily be moved. And as you know, one of the main aims of the project is to reduce the number of days that children stay in the [reception centre], and to provide quality care and management of children."

Project support/management staff

For this, more foster carers were needed, with case management systems to support them. So the project activities focused on enhancing case management practices and accelerating the recruitment of foster carers.

"I think we can move all the [children]... if we can recruit more potential foster families, you know, we don't have to send children to community care... if we [could move children] directly from Endabaguna to the temporary foster care, it would be better."

Child protection staff

A Theory of Change (TOC) for the project was developed, aiming to outline the scale and nature of the need for enhanced family-based care solutions in the Tigray camps, as well as the proposed interventions, long-term goals and vision for the project.

Three main project outcomes were identified:

1. Increased knowledge and capability of social workers, reception centre staff, national staff, families in refugee camps, local, regional, and national government officials, and international actors on child development, child protection, and family-based care.

2. Increased quality of, and options for, family-based care for unaccompanied children.

3. Strengthened child protection processes for unaccompanied children in the Tigray camps.

TEMPORARY FOSTER CARE – KEY FEATURES

In 2018, at the start of the project In Tigray, around 10% of unaccompanied children were under 14 years of age. This group was prioritised during the pilot, as they were considered to be especially vulnerable due to their younger age.

Temporary foster carers were assessed for suitability according to a set of criteria, which was established in consultation with the child protection agencies in the Tigray camps and members of the refugee community – including children. The various refugee committees in the camps, including Child Welfare Committees and Refugee Central Committees, were involved in establishing the suitability of prospective temporary foster carers. Temporary foster carers also underwent training and observation before receiving children.

It was expected that, with limited shelter sizes in the camps, temporary foster carers were more likely to be single people; additional considerations were made when single male prospective foster carers came forward, in accordance with cultural norms. All members in the temporary foster carer's household were consulted and assessed before being approved.

Temporary foster carers could foster up to three children at any given time, and children were matched with them according to gender, language, religion, ethnicity, and any other relevant characteristics. Siblings were placed together, with the same temporary foster carer, wherever possible.

Temporary foster carers received monthly incentive payments intended to help them meet the basic needs of the foster children, and the children received a start-up allowance when they began their placement.

Children were always accompanied by a social worker at the start of their temporary foster care placement, and the same social worker performed regular monitoring and kept the child informed about the process for longer-term placement. Placements in temporary foster care were intended to last between two and three months, or shorter if a longer-term solution – which would be informed by the Best Interest Assessment (BIA) – was identified sooner.

LONG-TERM FOSTER CARE – KEY FEATURES

With family-based care being a key priority in the Tigray camps, long-term foster care had been in place prior to the start of this project.

Long-term foster care was available to unaccompanied children who did not have relatives in the refugee camps. Children entering this type of foster care were provided with a support package by the child protection agencies in the camps. Each child had a care plan that was reviewed at least every six months, or sooner if a child protection concern arose.

Foster families were identified through the camps' child protection agencies, with the support of the Refugee Central Committees and the Child Welfare Committees. The agencies provided all foster carers with training on child protection and care.

Each long-term foster carer could take up to two children at a time. They received monthly incentive payments to help them meet the basic needs of the foster children.

A more extensive matching process was used to find the most suitable foster carer based on the child's BIA and care plan.

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AWARENESS-RAISING, RECRUITMENT AND COMMUNICATION

AWARENESS-RAISING ACTIVITIES

Awareness-raising about the benefits of family-based care was an integral part of the project. These activities within the camps were undertaken by the partner organisations, who were best placed to know what would be effective and to determine the best platforms for communicating with the wider refugee community. The activities were developed collaboratively with already-established refugee groups who had influence within the wider refugee communities: Child Protection/Child Welfare Committees, Child Parliaments, and Refugee Central Committees.

The project partners and community groups utilised events and structures that already existed to promote the message, including:

- Coffee corner discussions, where community members gathered over coffee to socialise, receive information, and give and receive support. They were also useful as a route to continuing learning and development outside of formal training. Partners had already been utilising coffee corner discussions to provide better parenting skills training prior to Lumos' involvement.

- Community mobilisation sessions marking occasions such as Day of the African Child, World Refugee Day and Universal Children's Day. Activities to raise awareness included short plays about family-based care; keynote speeches from refugee community representatives, such as religious leaders; and games, such as football tournaments, where banners and posters with positive messaging on family-based care were displayed.

"Campaigns regarding the mass gatherings that are related to Child Rights Day or African Child Day, on those kinds of mobilisation days, we use different approaches to mobilise, to address the people that we need to address, mainly promoting family-based care, and the rights of children to be kept in the family. In this case it was very successful... So it was good for us. These kind of campaigns and communications strategies have been crucial."

Child protection staff

"Now, when we have coffee corner discussions, we involve donor leaders, religious leaders... so they [influence] the community. They are actually the voice of the society and society accepts them more than us... We're even finding some volunteers [to become foster carers] at the end of every coffee corner discussion... So we have more than 20 volunteers coming through there. So, actually, coffee corner is bringing more changes."

Child protection staff

Awareness-raising was an important part of achieving buy-in from the refugee community around family-based care. The community awareness-raising initiatives were viewed positively by participants and provided an opportunity to involve community members in advocating for family-based care. Increasing awareness and achieving buy-in was also important for recruiting foster carers.

"[At the beginning] it took us like three months to find five temporary foster carers. And we even did lots of community awareness-raising and coffee corners. So it was hard. But after we started it, we found lots of volunteers. We know the community is accepting it. So, yeah, at first it's always challenging, but then... people come to know the difference and understand it."

Child protection staff

"[At the beginning] of the project there were challenges... it was difficult for us to get [our target] five temporary foster care parents. Now... the community is aware... they don't want children to be in a community care arrangement. Now we can see that we have 17 temporary foster parents... There are improvements, like people are becoming more aware and they care about the children."

Child protection staff

The local community was also influenced by the observable impact the project had on children's outcomes, although this took time.

"But the community... took some time to arrange and adjust because it was a new project. So it's always the same when you start new things. It takes time for people to believe in it and accept it. But nowadays... it's changing, even the community awareness is very good on the difference between the family-based care and community care, because they saw the children's behaviour and they compare and contrast the differences and even notice it in their physical [development], their nutrition and everything. I think children in the family-based care arrangement do better. So I think the community is now getting it, understanding the idea. So it's becoming more familiar and more accepted."

Child protection staff

RECRUITMENT OF FOSTER CARERS

Recruitment strategies were primarily developed and implemented by the partner organisations, with awareness-raising activities playing an integral part. Families who expressed interest in fostering were offered training and were assessed according to agreed criteria.

Recruitment was a collaborative process, with input from community leaders and representatives from groups including the Child Welfare Committees and the Child Parliaments, who were consulted on key messaging and recruitment criteria. These groups also provided character references for prospective foster carers.

"And we also consult the community, the Child Parliament and the CWC – Child Welfare Committee – in the camp. This CWC oversees the activities... for the wellbeing of the children. So, in order to recruit the foster families, we had a meeting with them and a discussion on what should be the criteria... And they also confirm that this [individual] can be a good foster parent. So the partnership is from the very beginning."

Child protection staff

Culture, and a sense of both humanity and responsibility, were key reasons cited as to why families chose to foster, both within the Tigrayan and Kunama communities who comprised the majority of the populations within the Tigray camps.

"It's culture. Because of humanity... if you don't care for them, then who do we expect to care for these people... a lot of families foster out of sense of duty, responsibility."

Social worker

"The Kunama have a good culture of living together. And that's not because of gaining benefits... just because of humanity and because of good culture... for instance, if you see a child without a mother or a father alone, then the people would just love to care for this child."

Refugee community representative

"The children are our fellow citizens. We share the same culture, religion and language. So even though we are very poor, we try to accommodate those children with what we have, sharing our houses and caring for them. We have a lot of problems, but the problems for the children are greater than the problems of the community... They are already unaccompanied, so there is nobody [else] to care about them, so it's you. You have to care about them. So we within the community, we share the problem."

Social worker

Fostering was viewed as a means of ensuring that positive values were shared with younger generations, as well as offering them protection from harm.

"Despite problems arising, we are happy with [fostering] because they are our children, because there is a saying that says it is better to give than to receive. So we are happy with all these challenges, we are so happy to do the foster care because we are hopeful that these children, even though they are raised in these very difficult situations, when they grow up, they will be a good citizen so they can help their country."

Foster carer

"If we don't care for them, they may develop a bad habit... or have a bad experience... We have seen many different situations... So, because of this, it's not for our gain [something for our own benefit], other than just to help them because they're from the same country, we have the same experience."

Foster carer

COMMUNICATING WITH CHILDREN: CHANGING CHILDREN'S VIEWS ON FOSTER CARE

Social workers mentioned that children who opted to move directly from Endabaguna into foster care could be resistant to foster care if they didn't fully understand the benefits, and some believed they would have more freedom in community care.

"When they come from Endabaguna, they don't understand about the temporary foster care... Even though training or awareness-raising is given at Endabaguna, they don't take it seriously. So they simply come and when they join temporary foster care, they don't give it much time. So they try to [move to] community care... to have freedom. And so when you ask them, if this is the case, why did they want to join temporary foster care? They said simply because we want to go out of Endabaguna very quickly... But our intention is not to stay in the temporary foster care... [we want] to go into community care."

Social worker

Some children were disappointed when they discovered in foster care that not everything they were 'promised' or imagined foster care to be was true.

Framing unfamiliar concepts in a way that children can understand is important when conveying key messages. Animators in Endabaguna, who were in charge of educational and recreational activites, and who raised awareness among children about foster care, found it helpful to frame foster care within the concept of kinship care, as this was better understood culturally.

"For Eritreans, kinship care is easy because in Eritrea, a child can grow up in his neighbourhood, so they feel that this is kinship care. So when we explain about the foster care [being similar to] kinship care, I think they understand clearly."

Child protection staff

Social workers explained that it could be difficult to encourage children to choose to move into foster care if they had already been placed in community care. This highlighted the importance of placing children in foster care directly from Endabaguna.

"So when, for instance, there are six children who are in the community care, and if one child [who moved into foster care] is going to be in a fight with the family or with a foster carer, then we face a difficulty in convincing the other five children to [move to a] foster family... And so we have to speak with every single child. So, to convince them it takes a long time... This is the challenge that we are facing at the moment."

Social worker

Clearly explaining the benefits of foster care was an effective way of changing how children perceived foster care.

"We talked a lot about the benefits [of being in foster care]... We told them about the education, they don't have to worry about their food, everything is prepared... they don't have to wash their clothes... Like it's similar to their family, their original family in Eritrea."

Child protection staff

"So when we give them another awareness [raising session] about the negative impact of the community care and the importance of family-based care arrangements, then they soon want to unite either with a kinship family, [or] with a foster family."

Social worker

FOSTER CARE IN A REFUGEE SETTING: BENEFITS, BARRIERS AND SAFEGUARDING

The interviews conducted during the project bore out what research shows - that foster families can offer love, parenting, consistent guidance and a sense of belonging that just isn't possible in community care. Our focus was to investigate some of the challenges and barriers – whether real or perceived – in depth, to try to ease or remove them so more children could benefit from this kind of care.

> "I have a foster carer; he helps me. If I don't go to school, he asks me why I'm not going to school, and he gives me advice: 'It's not good to leave your school.' So I think that if I make any mistake he can correct me. But in community care, if you make a mistake there's noone to correct you... So I think the foster care and temporary foster care and kinship care are very important for us."
>
> Foster child

Participants expressed the view that children in foster care were more likely than children in community care to access education and healthcare services, and had better opportunities to learn about their religion and culture.

> "I don't want to return to community care – I know that life; it's stress. I couldn't learn because friends wanted me to go with them and I was a child. I was happy when I went to foster care and kinship care because I could learn my culture, my religion... I know what life means when I'm with them. Even if I'm not with my parents, I feel that I'm with my community. The culture of my parents and the culture of this community is the same, so for me, it's like my parents."
>
> Foster child

> "[Children in foster care] benefit a lot from the family because they follow their education, they get treatment when they are sick, they exercise their religion, their culture. So they [are] raised in a good manner. So there is... a lot of difference between [foster care and community care]."
>
> Social worker

> "If the child doesn't grow up with the foster carer, maybe the child doesn't know the love of the family. They might not know religion, or even a social life."
>
> Refugee community representative

POVERTY

The refugee camps were characterised by poverty and extreme hardship. While the cash support provided for fostering was generally welcomed, both foster parents and children said it was not enough to adequately provide for their basic needs. It could also make the idea of fostering seem daunting.

> "And they also have economic problems. So they said that if we take a child and we are very poor, we cannot raise this child, we cannot protect them. So most of the time, they do not dare to take a child."
>
> Social worker

> "Even if they are volunteering to be foster parents, they [might] have some difficulties like the shelter... So this is a challenge – the lack of enough shelter and lack of enough support in kind or cash support."
>
> Child protection staff

In addition to the cash support, it was suggested that foster carers should be given other material and nutritional support.

> "There is no work here. So because of this, even though the [food] ration is very small, for instance... one child is being given one soap for the month. Then you can imagine that in how many days can he wash his body, his clothes? So this is not enough by itself. So the challenge is very big."
>
> Refugee community representative

SHELTER

A lack of shelter in the camps was viewed as a significant barrier to being able to safely place children in foster care. Adults with small shelters and limited space could be apprehensive about fostering as they felt their homes would become overcrowded.

> "Even sometimes, whenever a family or a foster family is interested in taking care of a child, when they see their house size, to bring one child within a very small house, they're afraid to take [care] of the child because it's not enough for them to live in a small home."
>
> Project support/management staff

Therefore, an assessment of the household and ensuring adequate space was available was included in the standard operating procedure (SOP) for family-based care.

BEHAVIOURAL AND PSYCHOSOCIAL ISSUES

As would be expected, there were unaccompanied children who had experienced trauma, and foster parents sometimes struggled to give them the support they needed. This emphasised the importance of regular monitoring and support for children and families during placements.

"The children have a lot of problems. Some of them... they need counselling. Some [sleepwalk], especially those who are unaccompanied children. Some of them have medical issues."

Refugee community representative

"Yeah, the problem is the behaviour of children... they cannot easily communicate with their foster families. So, yeah, mostly where they have conflicts it's because they've been through different traumatic periods."

Social worker

RESETTLEMENT

Several participants suggested that beliefs and misunderstanding about the refugee resettlement process could be a barrier to motivating children to enter foster care, and to recruiting foster carers. This was the case despite ongoing reassurance from UNHCR and partners that care arrangements do not influence resettlement processes for unaccompanied children.

"The children, since they do not have enough information about the resettlement process, they thought that if they're living in community care, then their process will be speeded up."

Refugee community representative

In some cases, potential foster carers falsely believed that taking in a foster child would complicate their own opportunities for resettlement.

"A foster family in the process of resettlement will not like to accept a child, because they feel that they may jeopardise their resettlement process."

Child refugee

"Most of them are waiting for the resettlement process. So they won't take a child because they fear that when they depart to other places, they'll leave the child behind alone. So, because of this, they don't want to take children."

Social worker

Children in foster care also identified the hope of resettlement as a point of tension within foster families, with reports of families taking in a foster child with the belief that it would enable them to resettle more quickly. If resettlement did not happen as hoped, it could cause problems within the household.

"They invite him to live with them to get resettlement, but... when the years are adding up, adding up, having no resettlement, then their behaviour starts to change."

Foster child

ADJUSTING TO CHANGES IN FAMILY DYNAMICS AND OVERCOMING CHALLENGES

Bringing a new family member into a home isn't easy, and participants spoke about tensions that could arise as everybody adjusted to the new dynamics and additional demands of caring for a new child.

"One of the challenges is that, first of all, if there are [already] children in the house, then the new arrival may quarrel with the children. So at this time... the foster family has to be patient, has to be balanced, because any action they may take may influence the new arrival. And the second thing is that a wife and husband [might] quarrel because the [change in the household] creates problems."

Foster carer

While there were many examples of foster carers offering excellent support and care for foster children, some foster children spoke about their experiences of not being treated as part of the family.

"Even in the feeding... when we eat our food... we don't eat as their children. So, they differentiate us from their [biological] children. So, we cannot get enough food."

Foster child

Given the challenges, supporting children and families was vital – particularly in the initial stages of a placement, but also throughout. Social workers, case management, and child protection staff played a valuable role in ensuring regular follow-up visits happened, where support could be provided and issues identified and addressed.

"Mostly the challenge is in the beginning. Because sometimes you are accepting a new child, new behaviour... So, even the guardians have fears, what if the child behaves badly, what if I can't manage them or something. So, during that time we give more focus on follow-up, because even for the child it's a new arrangement. So they might start [behaving in a challenging way]. But after, I think, one or two months, they get along well with their [foster] parents."

Child protection staff

"[Social workers] come and they discuss with the children their education, their health status, the relationship they have with the family, and also encourage them and give them advice on how to live well with the family."

Project support/management staff

Allowing time for the foster carer and child to get to know each other was crucial for the success of a placement.

"For the first month, it's difficult because, until you know their behaviour... you may not understand each other... But after a month or two, then you recognise that you understand their behaviour. You try to adjust to what the child [needs], you need to make them feel confident."

Foster carer

LONELINESS

Some children mentioned that community care could seem more attractive than foster care, because in community care they could spend more time with their friends than perhaps they could in foster care.

"[Children in community care] spend a lot of time together. They have friends, they play a lot, they go outside. There is no feeling of loneliness. But when they go into foster care, even though it is very good for them because they can further their education, for a short period of time before they understand the situation of the house, they will feel separated. But after some time, they may be on the same page with the family."

Child refugee

However, long-term foster carers were able to take up to two children, and temporary foster carers up to three children, which allowed for more peer interactions in the foster household.

AGE OF FOSTER CHILDREN

It was noted that foster parents were often resistant to fostering older children because they were fearful of problematic behaviours.

> "Foster carers usually choose to foster children mainly not more than 15 years of age. So if children are 15 years and older, they don't want to foster [them] because of the behaviour of the children."

Child protection staff

Social workers tried to overcome this problem by providing additional parenting skills training to those willing to foster an older child.

> "We give them parenting skill training. They were afraid of [fostering older children], but later on they just accept [it]."

Child protection staff

Another way to overcome this issue was through matching children and foster carers according to criteria such as age, language, and religion, to increase the likelihood of a successful and sustainable placement. The matching process was strengthened and developed by Lumos and implementing partners at training and action planning sessions during the project.

CHILDREN'S RESERVATIONS ABOUT LIVING WITH FAMILIES THEY DON'T KNOW

Generally, the approach for all children was to try to reunify them with their own families, when this option was available and in the child's best interests. Participants reported that children were sometimes fearful of going into foster care because they didn't know the foster carers and were unsure whether they could trust them. This lack of trust could be difficult to overcome and could cause challenges in the relationship.

> "We have been given awareness in Endabaguna camp about the benefit of family-based care. But in [my] experience, I have been in long-term foster care, but I don't know them very well… I don't know the foster family very well. So, it would be a better experience if you could [get to] know the foster family."

Foster child

> "We ask them why [they don't want to go into foster care] and they say, 'I don't know the guy, well, no he's not my family. We don't have any blood relationship, so how can I trust him… how can I trust him and live with him?'"

Child protection staff

To address these concerns, processes were implemented to share information between the child and the family prior to placement. This information flow improved during the project lifecycle.

ACCESS TO SERVICES

Participants reported that accessing essential services could be challenging in the camps. This could become an increased frustration when foster families were already in a difficult situation themselves.

> "The other challenge is that [the child] may also feel sick or feel ill. So when we take a child, when we inform the social worker or inform the organisation, there is no immediate action. So there are a lot of delays."

Foster carer

MOBILE POPULATION

The nature of the camps meant that people left and others arrived on a regular basis. This meant that trained and experienced social workers and foster carers left the camps, and recruitment and initial training would inevitably need to be an ongoing process. However, some social workers and foster carers had been at the camp for a number of years and had therefore gained valuable experience over time.

SAFEGUARDING IN THE TIGRAY CAMPS

There are many safeguarding risks that need to be considered in any work with unaccompanied children. Some of the safeguarding risks for children in Endabaguna and community care are outlined above, but there were also risks for children in foster care. It was crucial that these risks were identified, and systems put in place to prevent and mitigate them, and that safeguarding concerns were addressed when they arose.

Social workers and child protection staff explained how safeguarding concerns and other issues were managed, providing examples of the reporting processes in use.

> "We provide the information to the community and the children – in case there is abuse or some risk…. how they should report [it] and to whom. So, they report to the social worker or to the Child Welfare Committee and they… present to our office… If [the foster carers] send the child to market or to some labour activities [when they should be in school] and we notice this, we discuss with the Child Welfare Committee and if it's not solved, we also discuss with ARRA,[21] UNHCR… to solve the challenges. So, in a case of a conflict or the child [and] family [are in] conflict… it comes to us [or] the social worker… we assess the nature of the problem, of the conflict, and we try to solve it."

Child protection staff

> "We permit them to live together peacefully… But if it's difficult like if it's physical abuse like that, we just inform the protection staff and… we recruit another foster family who can be nurturing for the child. And for the system as well. So we go step by step to solve the problems."

Child protection staff

It was apparent how valuable the social workers were in supporting and monitoring children in foster care.

> "It's good [having a] social worker. I get information from NRC if there is some. Or anything. If there's advice for me, he gives it to me. He asks me how is life going with [the foster family]. He asks me if there's anything I want: 'Tell me and I will do for you.'"

Foster child

TECHNICAL SUPPORT

During the project, Lumos provided technical support to the partner organisations implementing the care-transformation model. Below is an overview of the support we provided, which should always be based on an assessment of needs and system readiness.

TRAINING THE WORKFORCE

It was vital to ensure consistent, agreed standards of practice among the different partner organisations, and training was key to ensuring this. We worked with the partner organisations to develop and deliver a range of training events and workshops for partner organisation staff, social workers and foster carers. Working in partnership in this way meant the training benefitted from the experience and expertise of those who knew the context well.

TRAINING FOR PARTNER ORGANISATIONS AND OTHER STAKEHOLDERS

Training for staff in partner organisations and other stakeholders was used to:

- facilitate a common understanding of the importance of family-based care and what's needed for its implementation
- share learning about child protection minimum standards and best practice, case management, behaviour change communication and community mobilisation.

Workshop-based sessions were used to:

- contribute to planning for the strengthening and promotion of family-based care and implementing temporary foster care
- develop a monitoring and evaluation framework to measure progress, quality and outcomes for children.

TRAINING FOR REFUGEE SOCIAL WORKERS AND FOSTER CARERS

A training-of-trainers (TOT) model was developed as a way of maintaining a trained workforce, despite the continued turnover of refugee social workers and foster carers as people arrived and left the camps. The model meant that child protection staff from the partner organisations would be trained to deliver training onwards to social workers. Similarly, social workers would be trained to provide training for foster carers.

The training was co-developed by Lumos and partner organisations, benefitting from the on-the-ground expertise of the local child protection officers during development workshops. We also initially co-delivered the training with our partners.

The training delivered to social workers was intended to provide an overview of long-term and temporary foster care systems and ensure a comprehensive understanding of processes and procedures. It covered the topics on the following page.

FAMILY-BASED CARE

Achieving a common understanding of family-based care and its importance for child welfare and development.

OVERVIEW OF CASE MANAGEMENT

Including assessment of children, and recruitment, screening assessment, and approval of foster carers. The objective was for participants to understand how to recruit, and to view recruitment as an ongoing process. It emphasised that recruitment and retention of foster carers is essential to the effective delivery of foster care services. Difficulties in recruiting and retaining sufficient numbers of foster carers is a difficulty shared globally – so there's no "how to" guide to getting this right, especially within a refugee camp setting. But there are procedural frameworks that can mitigate some of the practical challenges. Participants were asked to go through the foster care assessment form and develop a 12-month action plan for recruitment, including activities, training and meetings. Finally, participants were encouraged to seek existing structures within the community as access points for recruitment.

MATCHING AND PLACING CHILDREN WITH FAMILIES

Building understanding of how to use assessment information to conduct high-quality matching and placement. This was important for enhancing the system's sustainability, and ensuring a common understanding of the key considerations for matching children and foster carers. Time constraints in temporary foster cases meant the more rigorous process of matching used for long-term foster care placements was not possible, but screening was completed to identify suitable temporary foster carers who could provide safe short-term care.

MONITORING OF PLACEMENTS

The objective was for participants to understand how monitoring visits could be managed efficiently within timeframes, and that they were an important way of providing support, identifying issues, and ensuring needs were being met and services were being accessed. They could also be used to gather additional information for family tracing and reunification if required. Other points emphasised were that visits (and their frequency) should be based on the degree of risk within the case, and that temporary placements tended to require more frequent visits than long-term placements.

INDIVIDUAL SUPERVISION FOR REFUGEE SOCIAL WORKERS

Developing understanding of supervision as an active relationship and a method of coaching, through which caseworkers could continually refresh and reflect on their knowledge, skills, and attitudes. Participants were familiarised with the role of individual supervision in case management, and were encouraged to see it as irreplaceable and critical in case management practice. Caseworkers were reminded that time should be intentionally set aside to reflect on what they were doing well, what they could be doing better, and which areas they wanted to improve or request support in.

The TOT for foster carers was intended to develop the knowledge and skills of other potential foster carers in the camps, with a focus on children's rights, child protection, psychosocial support, child development, communication skills, positive discipline, and other relevant areas.

RELEVANCE OF CONTENT

The TOT programme was rolled out during the project's implementation. Participants who had attended spoke about their increased knowledge and capacity to deliver the training onwards to others.

"Taking that training was very good for me... [Afterwards] I was giving the training to social workers again. It's improved [how I] understand everything about that project."

Child protection staff

"Yeah without that training, it really was difficult for us... We always relate our activities to that training. And to remember we got that pre-test [assessment] before the training and then a post-test [assessment] afterwards. So we saw the difference."

Child protection staff

There was a consensus among participants that the training provided to staff in partner organisations, social workers and foster carers was useful and appropriate for the context and was valued by those who participated.

"I do think that reminders and support on strengthening case management, looking at it from the child-centred approach, was really helpful because I think over time... I believe that is what has an impact. And I think that that's really what I recall of the Lumos model, that it's individual engagement with the child through case management that will have an ultimate impact."

Project support/management staff

Participants whose roles involved providing services directly to refugees in the camps especially valued the practical aspects of the training, and spoke of the impact it had on their knowledge, skills, confidence and practice.

"So for me, it was helpful... the case management [aspect] was amazing. Because we did role play and [the trainer] gave us some cases from the beginning to the end of the case and we had discussion and everything. It's improved my knowledge about case management. I have a different mindset on the case management, so it was very helpful for me."

Child protection staff

"It was very relevant, and we were working by the steps that we have received and learned from that training... It was helpful and helped us to facilitate our care, so it was good."

Child protection staff

LENGTH, REACH AND REGULARITY OF TRAINING

There was a clear appetite for training, and some participants felt that the training provided could have been longer.

"The training is good and we don't expect to add other [topics]. But what we prefer is that the training should be given more time with many examples... And so if we make it four or five days, if we train slowly, with the examples and experiences and practices, that would be very helpful for us. Because in two days, the training is in a rush."

Social worker

Social workers highlighted the need for regular ongoing training, to enable them to continue to develop their knowledge and keep up-to-date with current child protection practices.

"It would be great if there was... additional training. Because the training already has been given to the community. But if [there is] refresher training, professionally, then it would be helpful. So the knowledge, as well as the experience, would be very good for us and give confidence as well, so we can give a lot of trainings to the community."

Social worker

Despite the implementation of the TOT model, training was not always being provided frequently enough to meet the needs of this highly mobile population. Some social workers had not yet received training, as they had been recruited since the last training had been provided.

"[Some of the] trained social workers left the project. We had to replace them with other social workers. And those social workers didn't get the two days training... it limits us."

Child protection staff

"Things may have been taught or people may have been trained, but it's a revolving door, it's a constant need. And that's also sort of a reality of our population."

Project support/management staff

The need for more comprehensive training was highlighted, particularly for social workers, many of whom had no previous experience in this kind of role. In some cases, participants spoke of needing additional training in specific topics, including project cycle management, child trafficking and working with those who have experienced trauma. Language and accessibility of training materials were also highlighted as important issues.

ENSURING TRAINING IS PASSED ON FOR THE FUTURE

Participants mentioned that a lack of resources caused difficulties in delivering training onwards using the TOT model.

"Sometimes there is shortage of budget for cascading training... In one case, the budget was allocated only for 4,000 birr to cascade training at Shire for implementing partners. But that's not enough even to fulfil the coverage of two or three national staff."

Child protection staff

The findings from this evaluation suggest that training is an area that should be prioritised. Budget allocation should be sufficient to enable training to be delivered to all those working with children and families, including:

- implementing partner staff from complementary sectors (for example those working on education, gender-based violence, and health actors working on child protection)
- child protection staff
- social workers
- community-based organisations such as Child Welfare Committees and Child Parliaments
- long-term and temporary foster carers.

TECHNICAL SUPPORT TO STRENGTHEN CASE MANAGEMENT PROCESSES

As part of the efforts to support the strengthening of case management processes, we introduced amendments to the standard operating procedures (SOPs) for family-based care. Our technical advisors developed these in collaboration with partners on the ground.

The aim was to improve documentation, improve time management, and make overall case management more efficient – ensuring there was a consistent approach and consensus among partners on how to assess foster carers, verify information about them, decide on their suitability, monitor their performance, and so on.

As part of this, new and adapted child protection and case management forms were developed, for use by social workers, child protection officers and case management assistants. The forms were used to document information gathered during the initial screening of foster carers, observations during foster carer training, ongoing placement monitoring, and other activities.

We introduced the use of care plans, which was a milestone in strengthening the case management process. Before this, individual care plans had not existed and children's placements were not always consistently documented.

Care plans are beneficial, as they help ensure consistency of case management for each individual child. The care plan can be used to identify issues, document actions needed to address them, state who is responsible for each action

and a timeline for action, and to document progress. This documentation allowed consistency of case management for the child even with staff turnover. The aim was to develop the care plan within two weeks of the child's arrival in the camp. Foster carers also had a family support plan which similarly identified the carer's support needs, and actions for the social worker and foster carer to take to address these needs together.

The forms built on existing processes, after technical advisors reviewed the processes and tools used in the case management systems within the camps and recommended new items considered to be essential. The Lumos pilot acted as a testing ground for the newly developed case management forms prior to implementing them and establishing their fit alongside existing camp-wide child protection SOPs.

A Lumos our technical advisors went through the forms and care plans during a deployment to Tigray once the new forms were in use, re-assessing their efficiency and determining which ones were working well, where there was repetition, and where they could be made more user-friendly. This was done collaboratively with staff working on the ground, taking into account their contextual knowledge and experience. This helped ensure that partners' concerns on the length and complexity of the newly introduced forms were addressed while balancing the need to maintain procedural safeguards and child protection standards.

In total there were five forms that implementing partners considered to be a good addition to the case management system:

FOSTER CARER INITIAL SCREENING APPLICATION FORM

For recording brief information from interested potential foster carers, to help determine whether to invite them to the next stage of assessment; to monitor how people were finding out about foster care, which could inform future recruitment activities; and to get the appropriate consents needed to conduct checks and obtain references. The forms were completed during awareness-raising sessions and were not intended to confirm suitability to foster.

MAIN FOSTER CARER ASSESSMENT FORM

This form was to comprehensively assess the applicant's suitability and to have written confirmation of the checks and references carried out. It was intended to be viewed together with the Initial Screening Application Form, the Home Visit Form and the Observation Form. The Main Foster Carer Assessment Form was also used by social workers carrying out quarterly foster care reviews.

HOME VISIT FORM

Used as part of the Foster Carer Assessment process, to gather information so child protection staff could decide on a potential foster carer's suitability for the role. The information requested ranged from the family history of the potential carer and their plans for the future; the suitability of the home and community; the experience of the potential carer in caring for children; their motivations to foster; their approach to parenting and observations of their interactions with children (where possible); and thoughts and feelings about foster care of others living in the house.

OBSERVATION FORM (for carers/potential carers participating in training or community activities)

The information shared, and the way in which a potential foster carer participates in training, can indicate a lot about whether they will be a suitable carer, and can help child protection staff to identify any training and support needs they may have. The Observation Form enabled child protection staff to observe and record whether potential foster carers demonstrated necessary key characteristics during training or community activities.

PLACEMENT MONITORING FORM

To document the main aims of, and findings from, monitoring visits. This included information about children's wishes, feelings and views; the care offered within the placement such as the physical conditions, house rules and behaviour management strategies, parenting styles and promotion of the child's self-esteem; details of any specific casework tasks undertaken with the child, including assessments or updates provided on progress with family tracing; details of any support provided to foster carers; and any areas where further support was required. Recording information consistently during monitoring visits helped enable effective case management practice and supported the development of trusting relationships between social workers, foster carers and children.

Participants reported that the work we undertook with partners, to improve case management processes, had a positive impact on the quality and consistency of case management practices.

"I certainly think some things were really improved in terms of general case practices. Just on some day-to-day quality control... more of the basics [were being done] well, so staff were filling in the forms on time, getting the right information. We don't want anything too elaborate or too investigative in terms of what they were trying to gather, but at least gathering the right information and making sure those things were recorded."

Project support/management staff

"Previously [looking at the case files] with the case workers, there was lots missing, and a lot of things were done out of order. Actions [were being done] and then writing the assessment forms three weeks later... So in general the working practices improved."

Project support/management staff

"So we all fill [the forms] in now. You can pick randomly any [child's case] number and you can see the files and they're almost perfect. They have everything. The care plan, the monitoring visit [records], the Best Interest Assessment... the house-to-house visit report, and they also have the [record] sheet, the small sheet that describes everything – when it's conducted."

Project support/management staff

"So you know the forms are very helpful, they are very important. And they are helping us a lot. Conducting our job in a good way."

Project support/management staff

MAINSTREAMING MONITORING AND EVALUATION

Our approach to monitoring and evaluation focused on ensuring that the case management activities were underpinned by data collection. This approach aimed to ensure that there was enough flexibility within the case management system that adjustments could be made based on evidence and feedback.

With our partners, we developed the following monitoring and evaluation tools:

RESULTS FRAMEWORK WITH AN INTEGRATED INDICATOR TRACKING SHEET

This underlined key indicators; ensured that data collected on carers and children was disaggregated by location, age and gender; and allowed cross-check against the monthly reporting data.

MONTHLY REPORTING TEMPLATE

To capture the key case management activities carried out, with a focus on achievements, challenges and lessons learned. It also highlighted when activities were not carried out and the reasons why.

CASE MANAGEMENT WORK PLAN

This was designed as a series of activities and sub-activities, in conjunction with a detailed implementation plan that outlined timelines, and a responsibility assignment matrix for the child protection staff involved in frontline delivery.

Eritrean children at Mai Aini Refugee camp.

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IMPROVEMENTS FOR UNACCOMPANIED CHILDREN

INCREASED NUMBERS OF CHILDREN IN FAMILY-BASED CARE

The pilot project sought to build upon the work already taking place in the Tigray camps around family-based care for unaccompanied children. As of July 2020, 307 long-term foster carers and 18 temporary foster carers had been recruited and the proportion of unaccompanied children in family-based care had risen from 44% to 62% since our involvement, despite a significant increase in the number of refugees arriving in Tigray in late 2018 and 2019. This meant a greater number of children were benefitting from family-based care. The programming to promote and implement family-based care, coupled with the fact that the influx brought more families – and with it more possibilities for foster care – seemed to have played an important role in this.

"So overall, still, over 50% of children are living in family-based care, which I think speaks to probably two things. One is, yes, the very specific ongoing targeting programme. I think the other factor is also the nature of the population… some more families have come."

Project support/management staff

Having dedicated staff working specifically on family-based care was important, especially during the influx.

"Because all the Lumos-funded staff were on the ground at the time when the influx started, it meant that the other child protection officers could focus on this mass influx, and still we had people devoted to working on the concept of family-based care. So, I think that was really important because otherwise I think this group of staff would have just been enveloped in their normal routines. I mean, I think there were so many new children who were coming that, without people directly working on family-based care promotion exclusively, it's possible that we could have seen a decrease [in the proportion of children in family-based care]. But instead, it remained fairly even, which is positive."

Project support/management staff

Cash support was also important in enabling more families to take in foster children.

"I think the very big shift, from 36% of kids living with families to 50%, came when there was cash support. The cash support is so tiny, it's not like it's paying for people to keep children, but it is offsetting some of the costs that families incur. So there was a specific change that we can attribute to both that period of time when cash started, as well as the huge focus on pushing for more family-based care."

Project support/management staff

LESS TIME SPENT IN ENDABAGUNA RECEPTION CENTRE

Prior to the Lumos project, children were staying at Endabaguna between 60 and 150 days on average; during 2019 this had reduced to an average of 17 days, ranging from two to 51 days.[22] The introduction of temporary foster care and the increase in the number of long-term foster carers meant that a number of children moved more quickly from Endabaguna to family-based care. This was especially important during the influx, when numbers of unaccompanied children arriving at Endabaguna were much higher than usual and children were waiting longer for spaces to become available in community care.

"So if they have no… family here, then [child protection staff] immediately connect them with the temporary foster care, because there are already temporary foster carers."

Social worker

"Before Lumos came on board… the transfer [from Endabaguna] was like once a month and we had no information about foster or kinship care. They just all go to camps, like, in community care. I think that before Lumos came we tried to work in foster care and kinship like twice a year… but it [was] not working because it needs the transportation and we had to recruit new staff to work for that… [Then] after the peace agreement [between Eritrea and Ethiopia] the number of children [in Endabaguna] was high, like 700 [or] 600. So after that we needed kinship care or foster care… to accelerate the transfers."

Child protection staff

"[Once the project had been implemented] in every transfer there [were children going to] kinship care and foster care, which is a lot more common than previously… If they go to foster care we can transfer them immediately, like every day, twice a day."

Child protection staff

ENSURING CHILDREN'S SAFETY AND WELLBEING

Those on the ground highlighted the impact the project had on children's safety and wellbeing, and the success of family-based care arrangements.

"Before Lumos came to this [camp] there were a number of problems. For instance… there were many rape cases, there were pregnancy cases, and there were many economic problems because those children did not have family to foster them. They would frequently return back to Eritrea. And also they were becoming isolated because they have different problems… Now, since Lumos came to this area, everything has been very good. A number of children have been in foster care and there are many social workers [supporting them]."

Social worker

"Before Lumos came here, since Kunama know each other, when the child came from Endabaguna, then we as a community accepted [them]… [But] when a problem starts, when a child starts to have a problem, then the wife and the husband start to quarrel and say: 'It's you that brought this child, and now it's difficult for us to live our lives… But when Lumos came – because of this training, awareness-raising, the home visits – now, this problem has been solved. The cash support for children in foster care is also valued and was identified as being a gap prior to the Lumos project."[23]

Social worker

> **"MORE SHOULD BE DONE TO PREVENT CHILDREN BECOMING SEPARATED IN THE FIRST PLACE, BUT WHERE CHILDREN ARE UNACCOMPANIED, IT'S TIME TO STOP VIEWING INSTITUTIONS AS THE DEFAULT SOLUTION."**

CONCLUSION

Globally, there is a trend for unaccompanied children to be placed in institutions. Many countries rely on institutional systems of care for unaccompanied children – even those who have moved away from this model for other children within the care system. While there are positive examples of quality care in a number of countries, most unaccompanied children have been accommodated at some point in an institutional setting, and many remain in institutional care for extended periods of time.[24]

Family-based care and supported independent living are widely considered to be the most appropriate care arrangements for children – including for those in refugee contexts,[25] but they are under-utilised for unaccompanied children. More should be done to prevent children becoming separated in the first place, but where children are unaccompanied, it is time to stop viewing institutions as the default solution.[26]

The rhetoric around meeting the 'best interests' of the child and providing 'alternative care' is prevalent in national and international-level discourse about unaccompanied children. However, there are few documented examples of well-functioning alternative care systems.

Our work in Ethiopia, supporting UNHCR and partners, aimed to improve outcomes for unaccompanied children in Tigray by improving care systems in the refugee camps and Endabaguna Reception Centre, through the strengthening and development of family-based care. The project offered an opportunity to increase awareness about the harms of institutionalisation, document a demonstrated alternative to institutional care, and strengthen the integration of unaccompanied child-specific programming into child protection systems in the Tigray camps. We hope that, in outlining the model, its challenges and accomplishments, this report will provide those working in refugee or other dynamic contexts with evidence and ideas that can inform their own care transformation efforts.

UNHCR and its implementing partners in the Tigray camps demonstrated that a strong family-based care programme for unaccompanied refugee children is possible. This is an excellent example of how non-institutional solutions can be developed for children even in the most challenging and dynamic circumstances.

In the words of the High Commissioner for Refugees, Filippo Grandi:

> "Children – refugees or migrants, documented or undocumented – are still children. They deserve a caring environment and help in building a future. Unaccompanied children are extraordinarily resilient and resourceful, but they should nonetheless be free from adult burdens such as finding food and shelter, earning money, or being the primary care-giver. The need to keep children in a family or kinship environment, or one as close to it as possible, is paramount."[27]

ENDNOTES

1. Lumos. (2020). Rethinking Care: *Improving Support for Unaccompanied Migrant, Asylum-Seeking and Refugee Children*, https://www.wearelumos.org/resources/rethinking-care/ [accessed 7 Oct 2020].

2. UNHCR. (2019). *Ethiopia Country Refugee Response Plan: The integrated response plan for refugees from Eritrea, Sudan, South Sudan and Somalia, January 2019–December 2020*, https://data2.unhcr.org/en/documents/details/67744 [accessed 7 Oct 2020], p8.

3. *Ibid.*, p8.

4. *Ibid.*, p20.

5. International Federation of Red Cross and Red Crescent Societies. (2018). *Alone and Unsafe. Children, migration, and sexual and gender-based violence.*, https://media.ifrc.org/ifrc/wp-content/uploads/2018/11/181126-AloneUnsafe-Report-EN-web.pdf [accessed 15 Jul 2020].

6. See for example, http://tellingtherealstory.org/stories/short-testimonies

7. UNHCR (2020), *Global Trends: Forced Displacement in 2020* https://www.unhcr.org/uk/statistics/unhcrstats/60b638e37/global-trends-forced-displacement-2020.html [accessed 7 Oct 2020], p46.

8. *Ibid.*, p46.

9. *Ibid.*, p46.

10. Hitsats and Shimelba camps and Endabaguna Reception Centre were later destroyed during the conflict in Tigray which started in 2020.

11. UNHCR. (2020). *Eritrean Refugees in Ethiopia: Tigray & Afar Regions: Situational Update.* https://data2.unhcr.org/en/documents/details/73665 [accessed 7 Oct 2020].

12. UNHCR. (2020) *Ethiopia Country Refugee Response Plan 2020-2021. op. cit.*, p9.

13. IHS. (2013). *Potential for Success.* http://innovativehs.net/wp-content/uploads/2017/07/AssessmentReport-L-FINAL.pdf [accessed 7 Oct 2020].

14. Data provided by UNHCR. (2017). [Briefing note]. On file with Lumos.

15. UNHCR. (2020). *Ethiopia Country Refugee Response Plan 2020-2021. op. cit.*

16. *Ibid.*

17. Data provided by UNHCR. (2020). [Number of children in community care shelters]. On file with Lumos.

18. UNHCR. (2020). *Ethiopia Country Refugee Response Plan 2020-2021. op. cit.*

19. Lumos. (2020). *op. cit.*

20. A fermented flatbread that is a national dish of Ethiopia and Eritrea.

21. Administration for Refugee and Returnee Affairs, Ethiopia.

22. Project monitoring data; on file with Lumos.

23. Cash support for foster carers had not been in place in Shimelba camp prior to Lumos' involvement, but material support had been provided. Cash support for foster carers had been in place in the other three camps since 2015 – prior to Lumos' involvement.

24. Lumos. (2020). *op. cit*.

25. UNHCR. (2020). *Ethiopia Country Refugee Response Plan 2020-2021. op. cit*.

26. Lumos. (2019). *A Goal Within Reach: Ending the Institutionalisation of Children to Ensure No One is Left Behind.* https://www.wearelumos.org/resources/goal-within-reach/ [accessed 16 Oct 2020], p51.

27. *Ibid.*, p51.