

FAIRSTART FOUNDATION

HELP CHILDREN SAVE THE WORLD



**Evaluation- and documentation
report**

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Introductions

This evaluation- and documentation report gives the reader an overview of the current work and partnerships of FairstartGlobal. We present selected recommendations received at Fairstart Foundation, and the evaluations of Fairstart implementation results in twelve countries in two EU projects, granted by The European Commission (Education and Culture DG, Lifelong Learning Programme), and project managed by the Danish Social and Health Care College. Furthermore, this report holds scientific acknowledged research based articles that will give the reader a qualified insight into the matter of Fairstart, and the huge need for educating caregivers at children's homes and foster families in research based quality care.

Please see detailed descriptions for each topic in the appendixes attached after the summary.

Appendix 1 - Facts and Figures:

This report from 2015, updated in 2016, is an overview of the current situation of Fairstart Foundation. These pages will give you a short introduction to Fairstart and our facts and figures.

Appendix 2 - Evaluation of test results – Partners' test of the FAIRstart training programme:

This report (2013) presents the analysed results of the two year implementations of the FAIRstart Training Programme in the TransFAIR project. The evaluation focuses on the execution of the training programme, but does not present the long-term effects of the training. Implementation was carried out in the following six partner countries in the period March-June 2013: Turkey, Romania, Latvia, Poland, Bulgaria and Denmark.

Appendix 3 - Report – Improvement of the existing sessions:

This report (2013) is an overview of the feedback from the seven partner countries participating in the FAIRstart implementation.

Appendix 4 - Recommendation from Bodil Mygind Madsen, European Senior Manager, SOSU Aarhus, Denmark:

Bodil Mygind Madsen, European Senior Manager at The Social and Health Care College in Aarhus, Denmark, has in 2015 written this recommendation. From 2006 Fairstart founder Niels Rygaard designed the training and implemented the programmes with The Social Health Care College who were project managers in the two EU projects.

Appendix 5 - Recommendation from Kazuhiro Kamikado, Associate Professor, Nagano University, Japan:

Kazuhiro Kamikado, Associate Professor at Nagano University in Japan, wrote this recommendation in 2014. Kazuhiro Kamikado has translated all three training programmes to Japanese, and thereby made it possible to launch the Japanese website fairstartglobaljapan.org. His intention is to improve the poor results of de-institutionalization by educating foster carers with our programmes.

Appendix 6 - Article by Niels Peter Rygaard: Recommendations for the EU Commission concerning EU educational standards for professionals work with children in public custody:

This article is a scientifically acknowledged and research-based article that will give the reader a qualified insight into the matter of Fairstart and the huge need for educating caregivers at children's institutions and foster families.

This article was requested by the EU Commission who wanted recommendations based on the experiences from the two EU projects.

Appendix 7 - Acknowledgement from Life Long Learning Platform

The Life Long Learning Platform, which is a European civil society for education, has awarded Fairstart as one of ten winners in the category Inspiring Practices. The LLLPlatform launched the Life Long Learning Awards to celebrate creative and inclusive practices. The aim is to give visibility to innovative practices in order to attract public attention on lifelong learning and to inspire new practices and policies. In 2016, the focal point of the LLLPlatform is building inclusive and democratic education systems, and Fairstart is very proud to be a winner of the Inspiring Practices Award 2016.

Appendix 8 - Infant Mental Health in the Global Village – An invitation to reader's debate. Emerging infant environments, and future research:

This article was written on request from World Association of Infant Mental Health in 2015.

Furthermore, Niels Peter Rygaard was co-editor on a special edition of Infant Mental Health in 2014, "Global Research, Practice, and Policy Issues in the Care of Infants and Young People at Risk".

Appendix 9 - Descriptors defining levels in the European Qualifications Framework (EQF):

The European Commission defines different levels that an education can obtain in proportion to learning outcomes. This appendix (<http://ec.europa.eu/ploteus/en/content/descriptors-page>) describes the different levels. Our online-based instructor education is on level 5.

Appendix 1

Facts and Figures

FAIRSTART FOUNDATION

HELP CHILDREN SAVE THE WORLD



Facts and Figures



Vision and mission of Fairstart Foundation

The purpose of Fairstart is to promote the global development of the professional care of at-risk children and youth and thereby improve their opportunities to become responsible citizens who can contribute to a sustainable environment as well as physical and mental health. In other words, our vision is to make sure that more children experience a secure and caring upbringing. We will achieve this by improving local care systems all over the world and by setting international standards for quality care of children without parental contact.

Our work is necessary because more than 140 million children and youth on a global basis grow up without the care of their parents. Parts of these children grow up in foster care or in children's homes, where their caregivers are often underpaid, lack formal education as well as support from local governments. The situation is aggravated by the fact that more and more children's homes are being closed in favour of foster care placement. However, foster parents also lack training and education. Local governments are often not able to build well functioning care and education systems and this has far-reaching negative consequences for placed children and youth.

Online training programmes

Fairstart combines knowledge from a large international network of recognized researchers who are specialized in attachment theory and professional care for children without parental contact. This knowledge is the foundation of our free online training programmes for caregivers of children placed in groups and for foster parents. The programmes consist of 13-15 sessions that systematically takes participants through theory and practical knowledge about childcare, attachment behaviour, coping with dysfunctional behaviour of traumatised children, coping with many children per adult etc. Participants also train their skills in cooperating with leaders and co-workers as well as cooperation between foster parents, authorities and biological parents.

Certified Instructor Education

The programmes are available for free at our webpage. To secure their expansion and successful implementation, Fairstart has developed an instructor education that educates instructors in teaching the training programmes to caregiver groups. The education is a mix between online learning and practical training. Through eight modules, participants are educated in child psychology, attachment theory, separation anxiety, secure base model as well as organisational- motivation and learning theory, which enables them to facilitate adjusted and thorough training sessions for groups of caregivers.

During 2017, Fairstart will develop a foster care version of the instructor education.



Currently, our programmes are available in 15 language versions: German, Japanese, Latvian, Polish, English, Catalan, Bulgarian, Romanian, Danish, Greek, Italian, Russian, Turkish, Spanish and Indonesian.

Number of educated instructors:

- 40 orphanage leaders from EU countries
- 350 orphanage leaders in Indonesia

Number of orphanages that use the online training programmes:

- 50 orphanages in EU countries
- 350 orphanages in Indonesia

Number of foster care families that have used the online training programmes: 500

Number of caregivers educated in FairstartGlobal's training programmes worldwide: 4,500

Estimated number of children in educated care systems: 25,000

Stakeholders

Partner organisations: SOS Children's Villages Denmark, REACT Indonesia and the Indonesian government, Igle Lapsele Pere (Family For Each Child, Estonia) and the trade union of institution pedagogues in Estonia, Polish Foster Care Coalition, Translators Without Borders, VIA University Denmark, Nagano University Japan.

Network of scientists: World Association for Infant Mental Health, The International Society for the Study of Personality Disorders ISSPD, The International Union of Psychological Science IUPSYS.

Danish stakeholders: Danish Psychological Association, Rotary, AC International Child Support, Danish Association of Intercultural Psychology, The Adoption Committee and Adoption Centre Aarhus.

International stakeholders: The European Federation of Psychologists' Associations and the American Psychological Association, AIEJE (global union of professional pedagogues), FICE (Fédération Internationale des Communautés Educatives), IFCO (international organisation for development of foster care families), Fundación San Jose Santiago de Chile, The Eastern Europe Salvation Army, Fundacia FEG Romania, The International Youth and Care Network ICYC, GFR Uganda, Petales France and Petales Canada.



Organisational structure of Fairstart

Dorte Mette Jensen: founder of Fairstart Foundation

Niels Peter Rygaard: Director, founder and Leader of Programme Development and Research

Morten Jac: Director, founder and Leader of Communication and Organisation

Lærke Vibe Retbøll Christensen: Cand.ling.merc, Project Manager

Additionally, Fairstart employs interns and student assistants on a regular basis.

Board of directors:

Trine Mors Larsen: Master of Arts and author

Jesper Kurdahl Larsen: MA and head of Secratariat at Det Boligsociale Fællessekrateriat

Mette Møller Christensen: Specialist in organisational psychology

Hans Hjordt Hansen: Computer Scientist and former Sales Executive

Tune Nyborg Christensen: Journalist, communications consultant, and former director of Stairway Denmark.

Supporters of Fairstart:

Poul Due Jensens Foundation, Mica Foundation, Holkegaard Foundation, Edith og Gotfred Kirk Christiansens Foundation, NOJ Foundation, Lauritzen Foundation, Translators Without Borders.



The idea behind Fairstart

In 2005, Niels Peter Rygaard became internationally known for his book on child neglect, "Severe Attachment Disorder in Childhood – a guide to Therapy". After many university lectures and visits to orphanages around the world, he decided to combine international research in at-risk children, local leadership and decision-makers within the children's area, relief organisations and professionals who take care of the children first hand. The tools to spread knowledge about professional care for children around the world were web-based education programmes. Soon, local players took a great interest in and strongly engaged in using the programmes. Rygaard's purpose was to contribute to global quality standards for education and organisational development in orphanages and foster care systems. During 2008-2012, two EU project were conducted, in which the online programmes were tested in 12 EU countries. An increasing demand from a number of Asian countries, among others, formed the basis for founding Fairstart.

Timeline:

Cooperation with Japan and Estonia, training of instructors in Indonesia

2012

Web sites developed: fairstartglobal + fairstartdanmark

2013

Cooperation with SOS Children's Villages on the instructor education

2014

FairstartGlobal is transformed into a foundation

2015

Niels Peter Rygaard and Morten Jac founded Fairstart-Global on 12 June

FairstartDanmark is founded

Rygaard is co-editor on Infant Mental Health Journal with the theme Research and Children's policy in developing countries

Cooperation with Edlab on the development of The Instructor Education

Contact information

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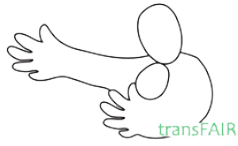
Email: info@fairstartfoundation.com

Webpage: www.fairstartfoundation.com



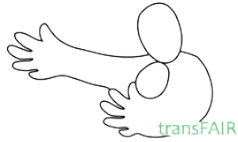
Appendix 2

Evaluation of test results – Partner’s test of the
FAIRstart training programme



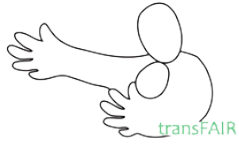
Evaluation of test results

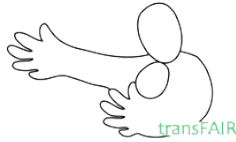
Partners' test of the FAIRstart training program



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Introduction

This report presents the analysed results of the pilot testing of the FAIRstart Training Program in the TransFAIR project.

The pilot testing has been carried out in the following 6 partner countries in the period March – June 2013:

- Turkey
- Romania
- Latvia
- Poland
- Bulgaria
- Denmark.

In terms of the ToI project, transFAIR, the original FAIRstart Training Program has been further developed / adjusted for staffs in child care institutions and it has been developed into a new edition for foster parents.

The pilot testing for child care institutions has been carried out in the countries: Turkey, Romania, Latvia, Poland and Bulgaria according to the full test package.

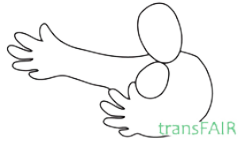
Furthermore the pilot testing for foster parents has been carried out by Romania.

Denmark has carried out the testing of both programmes with a special focus on the applicability to the formal educations, provided by the Social and Health Care College. This means that this partner has made the assessment of training material with a focus on 1) additional aspects according to the Danish Pedagogic Assistant education and 2) content and pedagogic methods according to the Foster Parents vocational training.

A comprehensive test program has been developed for the organisation of the test and for partners' reporting of test results. The test program is presented in chapter 1 of this report.

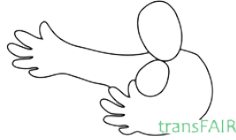
The overall focus for the test of the FAIRstart program has been carried out in order:

- To identify the outcome of the training carried out in child care institutions and in foster parents' practice in the test countries, with a special focus on the material and the pedagogy used in the training.
- To achieve an understanding of organisational conditions for implementing new methods for good childcare practice in institutions and in foster parents' special contexts, with a special focus on the support of staffs training in



terms of organisational and managerial resources and other means of support.

Aarhus Social and Health Care School has been overall responsible for the organisation of the test, including development of test material, the analysis of test data and for the development of this report.



1. Data collection methods

1.1 The FAIRstart Training Programme

The FAIRstart Training Program is the primary product of the FAIRstart project, carried out in the partnership of 6 countries, together with the partner, *Seedlearn*, Switzerland in the project period December 2008 - November 2010. The project was supported by the Leonardo da Vinci, Lifelong Learning Programme.

Within the project frames of the Transfer of Innovation project, transFAIR, the training program has been adjusted and transferred to new partner countries, new target groups and new contexts. This means that the FAIRstart training program has been further developed / adjusted for:

- 1) Staffs in child care institutions, with 13 training sessions
- 2) Foster parents, with 15 training sessions.

Within the overall frame of training sessions, together with training material and a Handbook for the training instructor and the child care institution leader, the training program is available for free to be used for foster families and for child care staffs' learning and development and change of child care practise in – respectively the foster parent's home and in the child care institution.

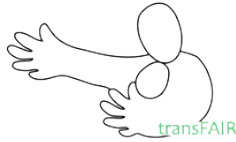
Thus the training program aims at developing child care practice with a dual focus on the organisational conditions and needs for change and for the foster parents' and staffs' learning and development – each perspective in clear accordance with one another.

This means that organisational change and development cannot take place without foster parents' and staffs' competence development - as well as foster parents' and staffs' competence development cannot take place without the organisation's recognition and acknowledgement of specific needs for change and development.

Therefore the FAIRstart Training program is a program for the organisational and for the child caregivers' learning and development. These two – inseparately – perspectives form the red thread in the training program.

The preparatory step for applying the FAIRstart training in a child care institution or in a foster parent's home is the SBM¹ screening, carried out by the training instructor – who will typically be the daily leader of the child care staff – and by the

¹ Referring to the Secure Base Model – the basic attachment theory for the FAIRstart training program



leader of the child care institution. For the foster parents' training edition, the SBM scorecard is filled in by the foster parents and the supervisor. The results of the screening form the basis for focussing on the specific needs for development as well as the specific resources of the child care practise in the institution.

As an important part of the training program the instructors have been trained in a special instructors' training program.

Within the project's lifetime, the instructors' training course has served additionally as for the identification of material to be developed /adjusted as part of the FAIRstart training program for institutions and for foster parents, as the instructors - which were appointed by the child care institutions and foster parents' administrative units to be responsible for the pilot training - were also involved as co-developers of photo- and video-material from their child care practice and to be uploaded as training material at the website: www.fairstartedu.us.

1.2 The organisation of pilot testing

The pilot testing has been carried out and results reported according to a test package, comprising test mode with topics and questions, structure and requirements.

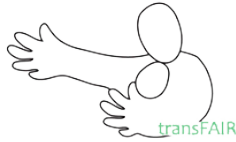
The test model and package comprises:

Introduction to testing

- Time schedule for the overall test period
- A test design for the FAIRstart training program

Step 1 testing

- A questionnaire for the instructor's assessment of the training program
- A questionnaire for the leaders assessment of the FAIRstart training, carried out in the institution /respectively for foster parent version, the foster parent herself and the instructor. This questionnaire has a specific focus on the organisational perspectives of FAIRstart training – aims & goals, planning and resources
- An interview guide and material for instructors' group interview with staffs/foster parents having participated in the test of the training program – both versions.
- Questions for the group interview
- A format for reporting results of group interview with the staffs/foster parents.
- An assessment for the applicability of the FAIRstart training program to the Danish formal Pedagogic assistant Education and for Adult Vocational training modules, relevant for an assessment of training content and learning methods.



Step 2 testing

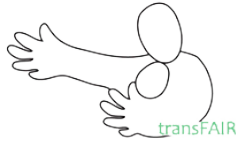
- A reflection model for staffs' /foster parents' identification of competences developed during and in terms of the FAIRstart training program, carried out in their institution / foster parent's home.
- A format for reporting results of step 2 testing

Thus the pilot testing of the FAIRstart Training program for child care institutions and for foster parents have comprised the following elements:

- The preliminary screening of child care practise in child care institutions and foster parents' own practice. Screening has been carried out by leader and instructor /foster parent and supervisor, based on screening questions in the SBM score cards. The aim of the screening is to provide a clear picture of areas and topics in the child care practise which call for specific attention and focus in the planning of training, from a pedagogical perspective and from an organisational perspective.
- The instructors', the leaders'/supervisors' and foster parents'/staffs' assessment of results and outcome.

In order to highlight the basic nature of the training programme it was stated in the test package that the FAIRstart Training focus combines staffs' /foster parents' achievement of child care theory with practical learning in the participants' own and well-known daily practise and that The FAIRstart program is not just about learning child care theory – it's about *learning* and *understanding* child care theory and then *developing* the everyday care practices.

Therefore the FAIRstart training has an explicit focus on involving the leader/supervisor and staffs/foster parents for awareness and attention to maintain a learning approach to the child care practice.



2. The five quality indicators

As part of the development /adjustment of the FAIRstart Training programme, a set of quality indicators have been identified, for ensuring the quality assurance of the final product. As the FAIRstart training is based on the principles of a very simple model, easy accessible for – typically – low skilled staffs and foster parents, the usability according to the target group had to be considered carefully as well as the need for a low-cost training were foreseen as a prerequisite for widespread usage of the training.

Accordingly five quality indicators have been defined to count as the success criteria for the training programme. Thus the pilot testing has been carried out with a special focus on these indicators which are as follows:

Accessibility

A net-based training program requires an easy access for the users when it comes to ICT facilities. Besides the content, the methods and the overall training arrangement must be easy accessible for all target groups involved – also in terms of clarity and understanding.

Recognisability

The FAIRstart training program must mirror staffs' and foster parents' daily child care practices and challenges. That's why the training material is illustrated with videos and photos from actual and concrete child care practise.

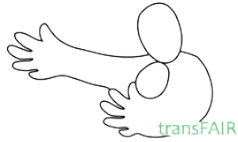
It is a basic principle for the training program that, during the training, staffs and foster parents should recognise their own practise, including resources, dilemmas and challenges.

Involvement

The FAIRstart training program is a practise learning program based on a very high degree of participants' active involvement. The didactic of the program is oriented towards the understanding that individuals profit highly from self- and group directed learning activities and not just from being taught by a professional.

Applicability

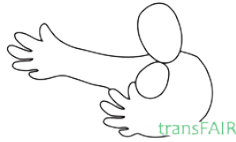
The FAIRstart training program aims at changing and developing child care institutions' practise as well as foster parents' practice by offering easy accessible, recognisable and involving knowledge and methods for the staffs /foster parents as well as for leaders, in order to improve conditions for the children's attachment and learning abilities. Therefore the question of the training program's applicability as to a permanent focus on learning and development *of* practise – and *in* practice is crucial.



Flexibility

Finally, the FAIRstart training program must be easy to use in each child care institution as well as for the individual foster parent, no matter the institutions' or the foster families' resources, organisation and aims. It must be possible to apply the program to the specific identified needs and aims for training and development in each institution.

In the following chapters the results of pilot tests are presented and analysed within the perspectives of these five quality indicators.



3. Results of pilot testing

In this section of the report, test results are presented according to the structure of the questionnaires prepared for instructors'/foster parents and leader'/supervisor's assessment of the FAIRstart Training Program. As only one country –Romania – has tested the foster parents' training version, the tables, presenting results are only made for the institution version. In order to limit the size of this report, only the numeric scores of foster parents' results are listed after each table – and not in a statistic figure.

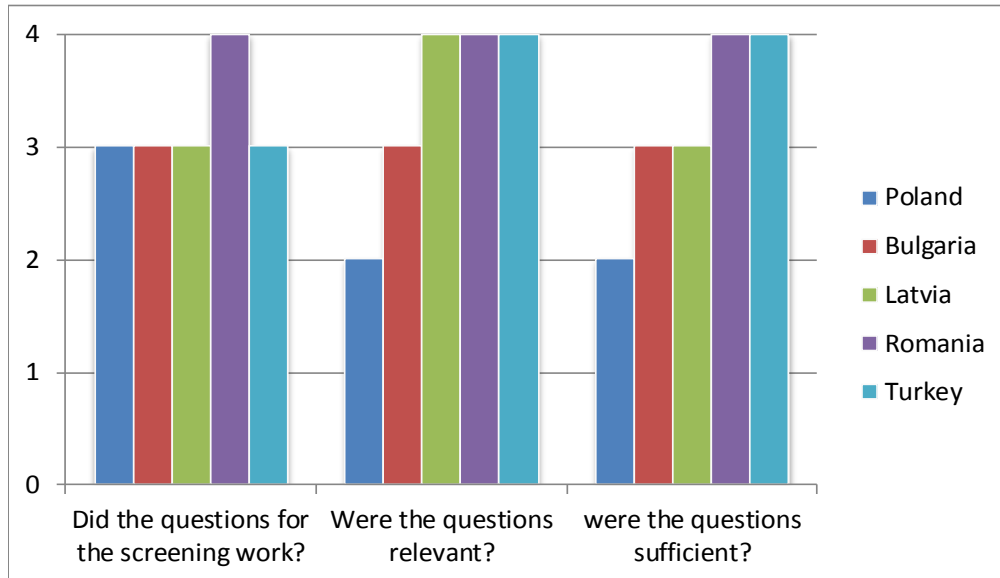
3.1. Presentation of results

3.1.1 Planning of the training

This part includes the questions concerning preparation of the training by:

- The SBM scorecard screening (instructor and manager) (table 1.1)
- The conclusion of the scorecard screening (table 1.2)
- Screening results as platform for the training (table 1.3)
- Cooperation with leader / manager on training (table 1.4)
- Planning of the training (Questionnaire for managers) (table 1.5)

Table 1.1. The screening (SBM Scorecard) (instructor)



For foster parents’ version the results are:

4-4-3.

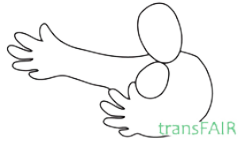
Institution instructors’ answers

Together, the instructors express that scorecard questions worked as they helped putting a focus on inappropriateness in the work organisation seen from the perspective of children’s needs.

"The questions were important for evaluating the work and the activities done with children. Being answered from the beginning, during the sessions, educators (staffs) were paying attention to information that may help them improve their work and -later on in the training - they could relate to some questions in the scorecard which, initially, they did not consider relevant".²

Though all express a high value of the scorecard questions, one institution also stressed as a critical factor that some questions were assessed not specific enough concerning the target group of children. This child care institution has a target group of children older than the age group 0-3, which is the specific age group in question when focussing on attachment theory as the main theoretical orientation

² Some of the testing institutions chose to let also staffs fill in the scorecard as a pre-activity for training, like this quotation illustrates.



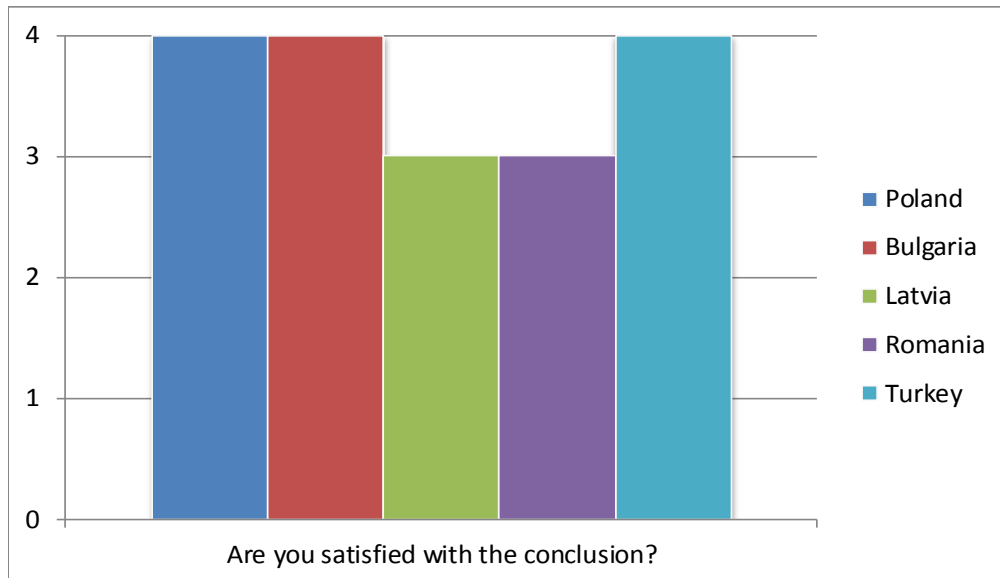
for Secure Base Model (SBM). This fact makes actually two of test institutions ask for additional scorecard questions in order to identify specific needs for age groups 7-18.

"I need more questions about teenagers and for example about their independence; many of the questions in SBM Scorecard are relevant to infants but in our institution (as well as most institutions in Poland taking care of children) we work mainly with children of school age; it was difficult to find the questions sufficient".

In spite of these reservations, the screening was valued as sufficient and relevant for the initial planning of training. There were no concrete suggestions for further questions.

There are no additional comments for the foster parents' score.

Table 1.2. The conclusion of the SBM scorecard screening



For foster parents' version the results are:

3.

For further comments the question was asked: *Were there surprising / unexpected results?*

Instructors answers:

The scorecard screening both served for highlighting positive aspects related to the current child care institutions but also the fact that some problems in taking care of children still exist, for instance due to the insufficient knowledge regarding the methods to work with the child generated by a lack of the employees' training.

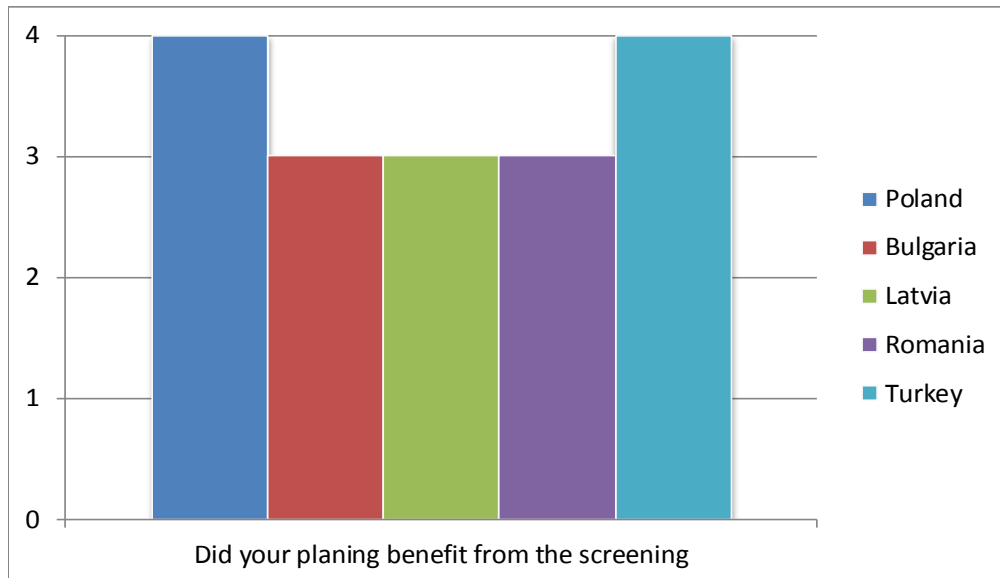
It was regarded a good way to show how the institution is working and which changes should be done in a mid-long term. Furthermore the assessment was that the screening is a good tool to make people begin to understand the context of the challenges they are facing in their child care jobs.

Instructors state that there were no surprising results from the scorecard screening.

One instructor concludes that instructor's and leaders screening results were in accordance with one another.

No additional comments from foster parents screening.

Table 1.3. Screening results as platform for training



For foster parents' version the results are:

3.

For further comments the question was asked: *If so, how did you benefit from this knowledge? How did you respond to it in your planning of training?*

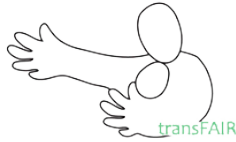
Instructors' answers

It varies among the institutions to what extent they have responded directly or indirectly to the results of the scorecard screening. For one of the institutions it is clearly expressed that they planned the training in accordance with the results. Some test reports add these comments to the question:

"We got benefit from this knowledge in teaching children how to get over a tantrum. And it is also useful in helping caregivers with organizing children's' social relations.

In spite of one institution's assessment of insufficiency in questions it seems that the scorecard process has had the effect that focus and awareness of problems in the child care practice have become more focussed and hence led to an open dialogue.

"In our opinion there are other problems in our institution than those that were included in the scorecard. The planning of training was made after discussion with leader and participants".



As a direct coherence between screening results and planning of training, one instructor says:

"It helped me in the process of priority and planning for themes that apparently needed special focus and attention".

And for the aspects of the training's applicability and recognisability for the staffs' one instructor values, that:

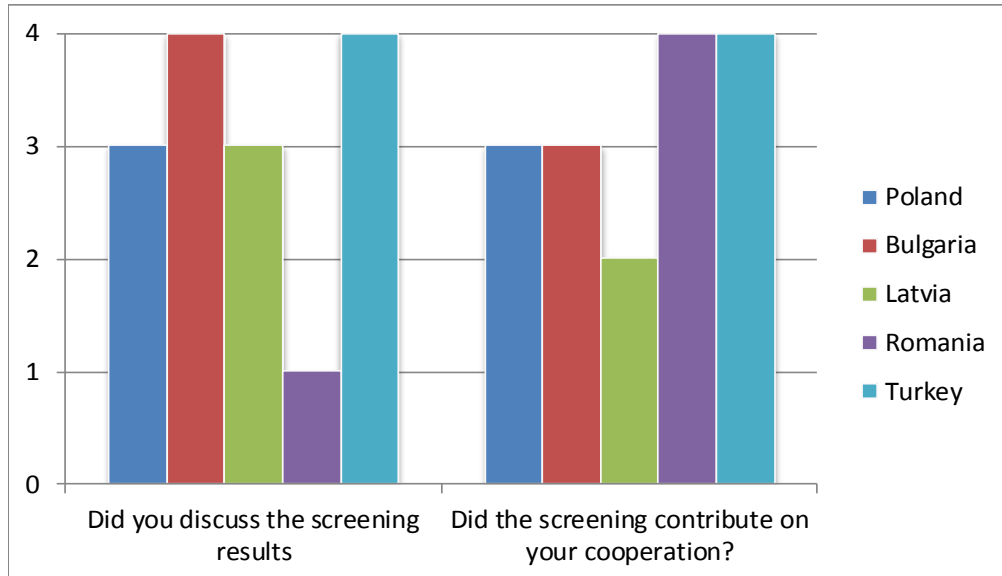
"Knowing the realities of a workplace, but also different points of view detailed in the scorecard replies, I tried to use examples from work in my training sessions, and I gave the educators the possibility to talk about every aspect of the problems in question.

This comment from the instructor demonstrates, how the fact of different perspectives at a workplace might lie behind conflicting understandings of practice and hence – as highlighted in a training frame – add more aspects to staffs' and leader's mutual understanding and communication.

All together the scorecard process is valued as a good method for preparing and addressing the training in a way that emphasises focus and relevance for the participants.

No additional comments from foster parents screening.

Table 1.4. Cooperation with leader on screening



For foster parents' version the results are:

-, 3

The questions behind this table are:

- *Did you discuss the screening results with the leader?*
- *Do you think the screening has contributed to you and your manager's dialogue / cooperation about the training?*

Instructors' answers:

This is clearly the results, say the instructors from two institutions while a third one explains that this kind of communication is already in integral part of the practise in the institution. For two of the institutions the questions are not equally relevant because the instructor is also the institution leader, which is the explanation of the low score in this specific case.

Generally for the institutions it seems that the scorecard screening has contributed to a more active climate of debate in care giving issues – and especially about the training.

As a platform for mutual understanding between institution's leader and staffs it was said, that:

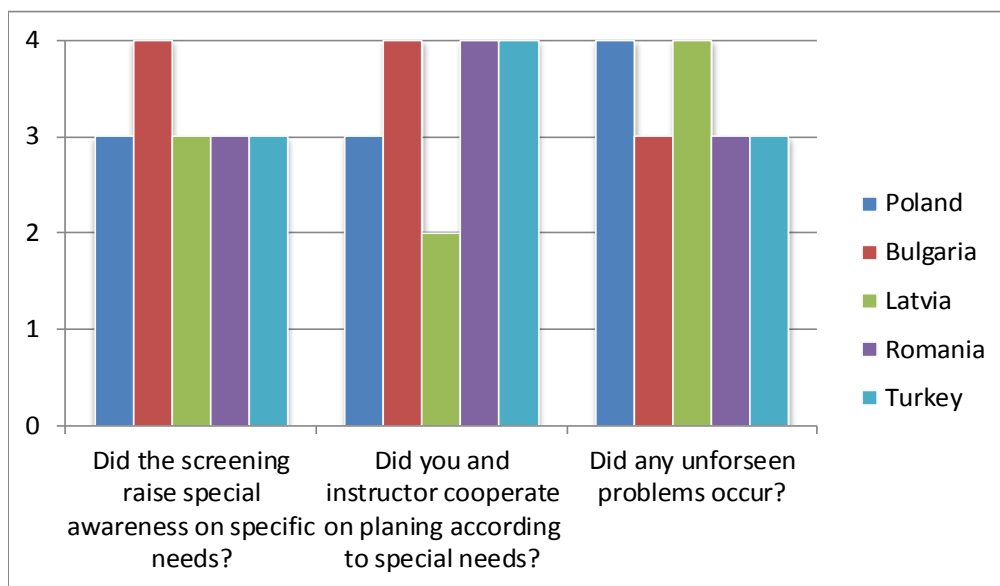
"Leaders understood that caregivers who assess themselves as insufficient in their jobs, needs more attention."

"In preparing social network for the children, leader and caregiver made a good cooperation".

"It was an inspiration to talk about the goals and about similarities as well as differences from out points of view."

No additional comments for foster parents' perspective.

Table 1.5. Planning of training – from leaders' perspective



For foster parents' version the results are not filled in.

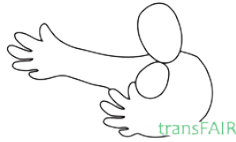
Questions behind the table are:

Did the screening of institutions child care practice raise special awareness for you as for specific needs for development?

Did you and the instructor cooperate on the planning of training according to special needs?

Did any unforeseen problems occur?

For further comments the question was asked: *Which practical arrangement was made for ensuring daily tasks of child care when staffs' training took place?*



3.1.2. The training

Initially the following questions were asked about the selection of training sessions for the test.

In case you decided not to test all sessions, then which training sessions did you select for your test? Why did you select these training sessions? /which conclusions from the screening made you select these sessions?

For institutions

Following the results of scorecard screening instructors were asked how the selection of training session was made. This could either be the result of cooperation between leader and instructor, or it could depend solely on the instructor's decision.

The question to selection of sessions were asked because it is an aspect of the training program that it should be possible to use with flexibility, meaning that the institution can chose to plan an actual training process with only some of the sessions.

While only two of the institutions chose to test all 13 sessions, the others selected sessions according to special needs identified as problematic areas of the institution's child care practise.

On the basis of screening results, one institution concluded:

"That staff members should be supported and encouraged for changes, and therefore there has to be baseline point concerning accomplishing practical tasks between sessions, ensuring feedback for making sure, that they do understand".

Hence this institution chose to select the following sessions:

"We tested sessions 1-8 because especially these sessions allow us to create awareness about the importance of attachment and, on this knowledge base, to develop practical skills, which we assess as important for our child care practice."

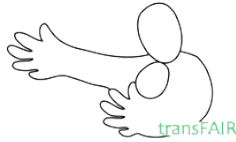
In accordance with screening results one institution made a priority for sessions that supported both theoretically and practically topics for:

"Child development, attachment theory, practical guidelines for child care", whereas

Less time were spent on:

"Assessment modules (How are we doing, session 6 and 14), and questions like. "What did we learn by now?"

A time parameter was expressed as reason for not having enough time to fulfil all practical activities by all participants. Here daily planning and priority of child care



left restricted time resources to practise the overall training program, including all practical exercises and activities.

One instructor gave – in her selection of training sessions – priority to sessions, concerning especially attachment theory:

"I wanted participants to know well about the Attachment Theory, the styles of attachment, because these are themes, where they could talk a lot about their relation with children. (Sessions 1,2,4, 5), where sessions 6.7 and 12 were practical and useful for older children.

These reflections on parameters for selection demonstrates a focus on needs for staffs' development, according to screening results, and also an awareness for staffs' possibilities to relate to their own practice. Giving priority to both aspects – knowledge and transfer to one's own practice demonstrates instructor's thorough reflection on the *learning dimension* of the training.

Leaders' answers

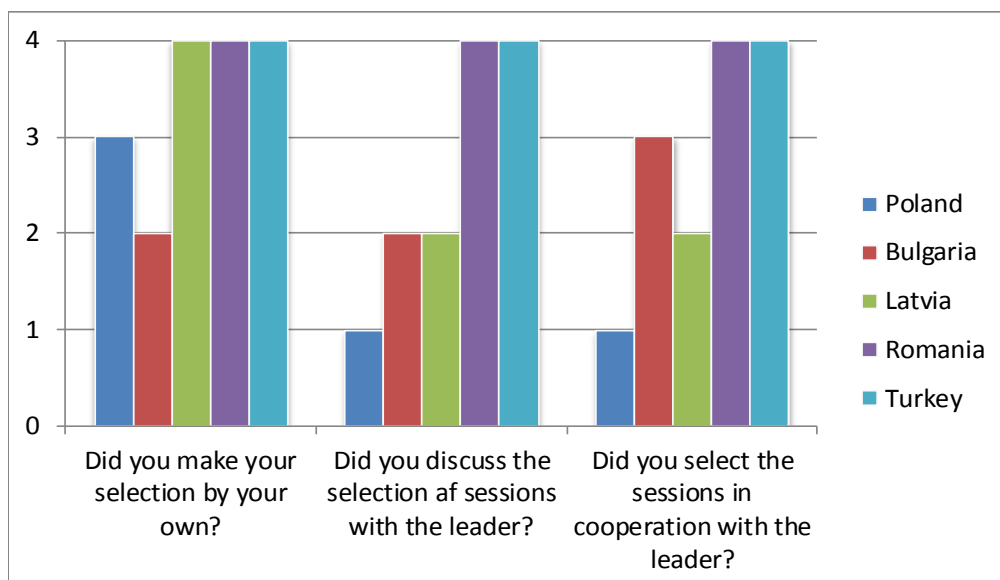
It obviously appears that leaders have been less directly involved in the planning of training than the instructors; and besides it has been the situation for one institution that the instructor and the leader is the same person.

Only one leader adds comments to the question concerning the more practical aspects of the planning of training:

"All educators came in their spare time so it would not affect their work with the children".

"In the centre, the manager had to change the work programme to cover the centre's needs, but also the needs for personnel training. There were some days of which could not be avoided, caused by participant's personal problems."

Table 3.2.1. Selection of training sessions



For foster parents' version the results are:

4-4-4.

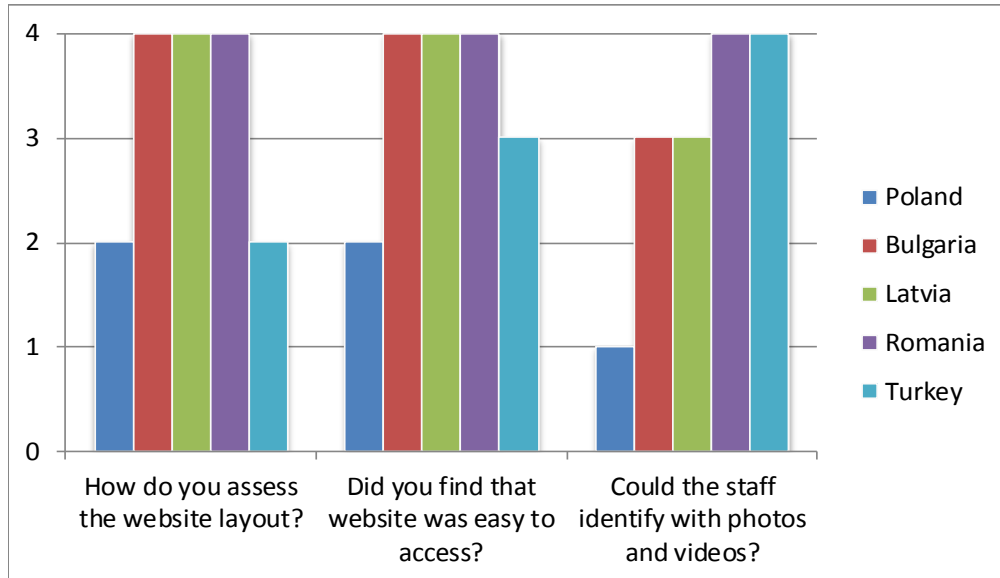
The quantitative data – as seen above in the table - show that answers varies quite a lot, ranging from the highest response category to the lowest. The questions concern cooperation between instructor and leader in the selection of sessions.

What falls into the eyes – though not further documented by comments or explanations is that the lowest scores are given by the 'new' partner countries.

One explanation could be, that old partner countries have more concrete experience from the first testing (FAIRstart project) and so they already have 'a practice' for testing the training program in an organisational context, which also implies the cooperation for the planning of training, including selection of training.

If the new partner countries have not based the planning / selection of training session on such cooperation – for reasons that are not known – it raises the need for awareness to the situation that training is a de-linked activity from the institutions more strategic perspective of development of child care practise.

Table 3.2.2. The training material, website



For foster parents' version the results are:

4-4-4.

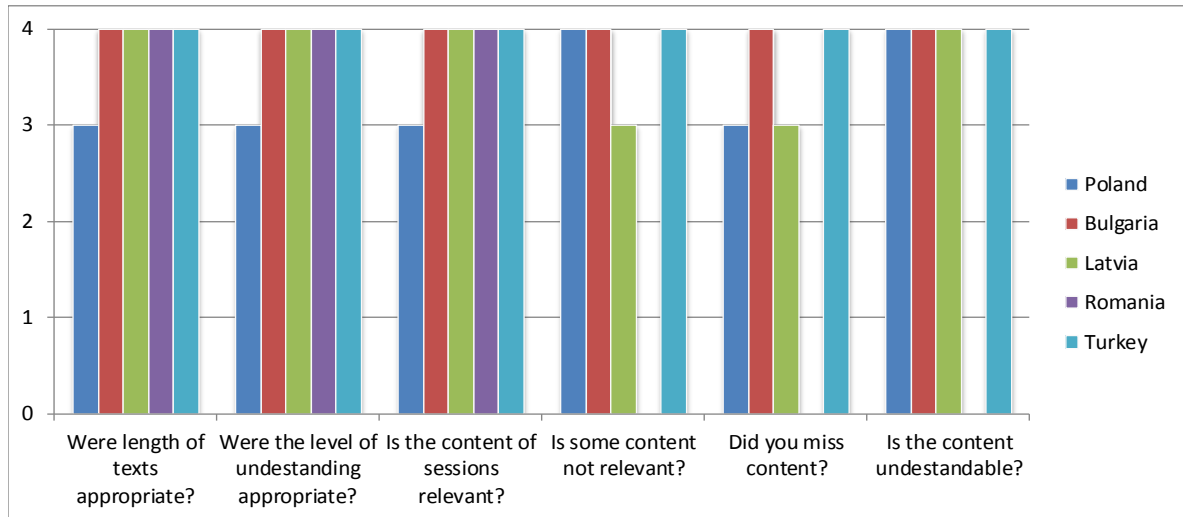
Instructors' answers

One instructor stresses the fact, that from time to time the web-site didn't work and for the identification of photos and videos, that there were too many videos with small children and no one specifically adequate for the institution's children of school age.

Apparently the element of producing videos from institution's own practice has not been done here.

From most answers the assessments are that the web-site is easy to access which also includes the layout and the possibilities of identifying photos and videos to one's own practice.

Table 3.2.3. The training material, texts³



For foster parents’ version the results are:

4-4-4-4-4-4.

All together the questions reflect the concern of finding the proper level of the theoretical content in the right balance with the preconditions of the target group and their need for understanding and developing theory based child care practise on the basis of attachment theory.

Instructors’ answers:

The texts are assessed to be sufficient regarding length, level of understanding and relevance. No instructors express that they have met difficulties among the participants.

About the possibility of prolonging training sessions if needed, it is expressed by the instructors, that this has not been used, mostly because the anticipated length of 2 hours is estimated as the maximum length according to content and staffs. For especially one group of staffs the situation was that they had to attend the training after their daily work. This made the instructor decide that next time – due to

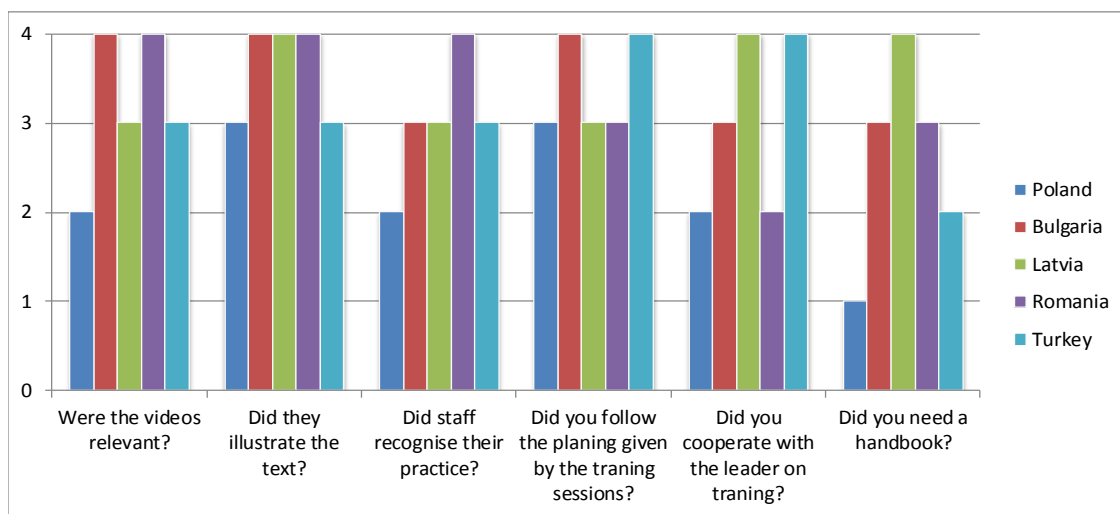
³ Notice that for question 4 and 5 the ranging is adjusted so that 4 is the most positive response and 1 the most negative.

similar conditions – the training should be planned with more time between the sessions. It is the experience of this instructor that a training session should not exceed 2 – 2½ hours.

For the foster parent test it is stated that

“The content of texts was very good. The material was taught to students in an understandable way and there were introduced further explanations if there was a need to”.

Table 3.2.4. The videos, photos, planning of training and handbook



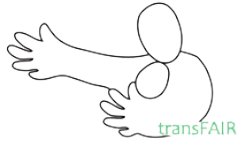
For foster parents’ version the results are:

4-4-4-4-4-3.

Instructors’ answers:

The videos and photos reflect the basic idea in the training didactic that staffs should be able to recognise their own child care practise in this type of material in order to support reflection on practise.

The assessments varies quite a lot from 2-4 about the videos and their relevance. It is expressed in another section of the test report, that for some institutions the age group of children is not sufficiently mirrored in the videos, which they regard a problem and to some degree also demotivating for participants’ reflection to their own practice. This problem is not referred to concerning the actual questions, so more precise explanations to the variation of responses above are unfortunately not at hand.



Planning of training, cooperation with leader & handbook

This group of questions concern the planning of each session and the instructors' assessment of the material being available for them when they plan the session. Two types of material are available for this purpose: methods and tools described as suggestions for each session, and guidance and inspiration in the Handbook. The Handbook is written for both the instructor and the leader of the institution with various focuses depending on the issue.

It seems that instructors are using the suggested planning of each session as an inspiration for the actual planning which must always take into consideration the requirements of the daily work tasks. Moreover instructor and leader cooperate on the planning as this might involve the overall planning of work tasks. But the assessments also express that the suggested planning of each training session is welcomed as inspiration – as well as it is also more or less directly copied.

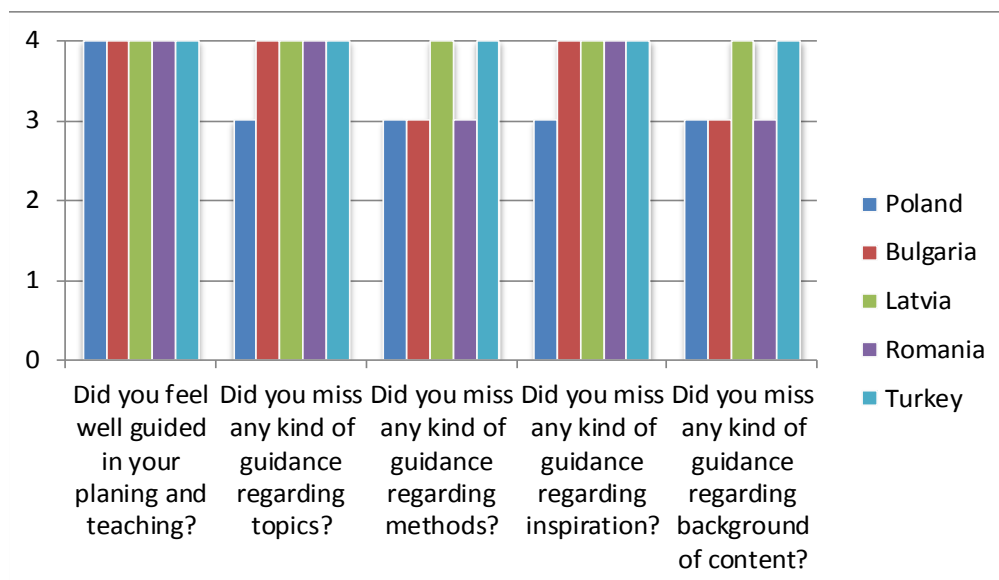
As for the question of needs for a handbook, two instructors ask for:

"A detailed description of the content of each session with template for tasks".

" It could be useful with a handbook for caregivers containing the sessions and photos from training".

"Maybe, a brief written form of the training material would be welcomed, because some of us remain loyal to the paper. It would be easier to organize the activity, having a written form in front of us. Anyway, I printed the course for each session and I worked on the paper support (underlined important ideas on the layouts, students worked on the worksheets, etc.).I think a simple manual would be helpful for the students, so they can underline the essential ideas of the course".

Table 3.2.5. The guidance material for the instructor



For foster parents' version the results are:

4-4-4-4-4

Instructors' answers

All together the methods are highly valuated as relevant and sufficient, so that instructors feel both well guided and backed up by a satisfying number of methods together with the proper guidance.

Some instructors ask for more ideas and methods, like for instance:

"Interactive methods and role-playings, brainstorming methods, work in small groups, pair works, energizing activities – in order to better understand the theoretical content of training".

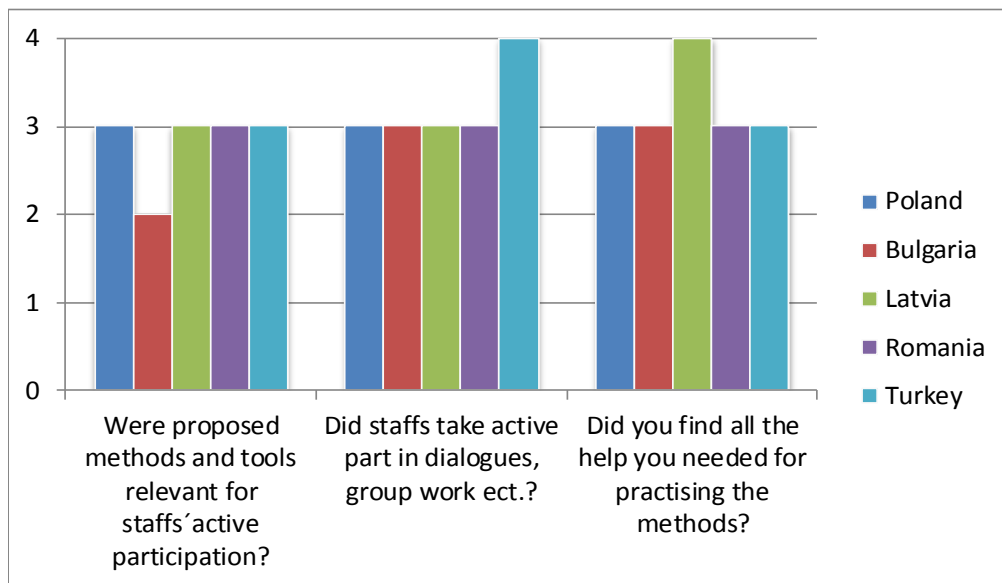
"It would be useful to have interactive methods during the training. They would draw participants' attention and would activate them in different kind of activities. Generally speaking, students prefer more interactive than presented forms of exposure. For the deepening of theoretical knowledge, a manual might be useful."

Foster parents' instructor comments:

"I want to mention that, the materials posted on the other links proved to be very useful, and I used these links provided on the training pages in the course. Very useful! Participants also copied the addresses and they expressed their intention to deepen the topics at home, being aware of the importance of these issues in the work place."

"Because I can make a comparison between this programme and the previous one, I think that, the first project experience has helped me to obtain, now, a very high quality product". (This instructor draws comparison to the FAIRstart project, 2008-10, where she was also the training instructor)

Table 3.2.6. Staffs' involvement



For foster parents' version the results are:

4-4-4.

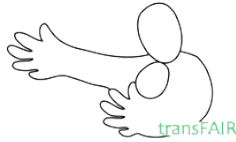
The questions behind this table are:

- *Did you find the methods and tools, proposed for the sessions, relevant for staff's active participation in the training?*
- *Did the methods work so that staffs actually did take active participation in dialogues, group work etc.?*
- *Did you find all the help you needed for practising the methods?*

For further comments the question: *Which methods would you use again?*

For further comments the question: *Were there any methods that did not work well in terms of staffs' active involvement? Which? Why did they not work?*

Participants' involvement is defined as one of the basic pedagogic aims of the training didactic. Therefore the instructors' assessment of this aspect is considered extremely important.



The overall test results for this theme demonstrate that the methods and training arrangement has proven its' efficiency due to participants' active involvement.

Instructors' answers:

One instructor says:

"I used the interactive activities, besides the interviews, group discussions and videos. These exercises are useful for maintaining students' interest, but especially for securing knowledge from traditional lessons (the game of two groups, graffiti method, the compliments circle method, etc.)"

And foster parent instructor assesses that:

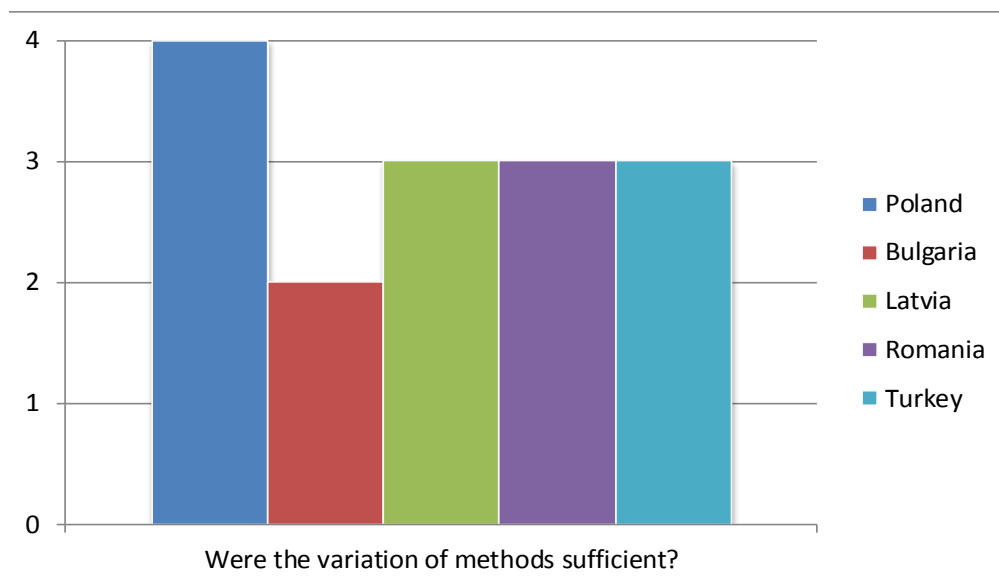
"The group exercises functioned very well, and also the interviews; maternal assistant's involvement were so good that it was hard to manage the time, to ensure that all had time to intervene and to present their experiences".

For further comments on which methods instructors would use another time or which they assessed not to be as effective as expected, the comments are:

Group work, reflection exercises and interviews are highly valued as important for participants' active involvement and motivation and because they help participants achieve the understanding of the trainings theoretical content. Actually no instructors point at methods not useful apart from a conclusion from one of the instructors, that *"Methods which do not require and encourage participants' active participation and experience"*.

As this instructor does not identify such methods in the 'catalogue' of FAIRstart training methods, the comment indirectly expresses the value of available methods as appropriate and effective.

Table 3.2.7. Variation of methods



For foster parents' version the results are:

4-4-4.

The question behind this table is:

- *Do you think the variation of methods – group work, question for the individual staffs, games, evaluation methods - suggested in the training sessions are sufficient?*

For further comments the question was asked: *Do you have some suggestions for more methods to be used in the training sessions?*

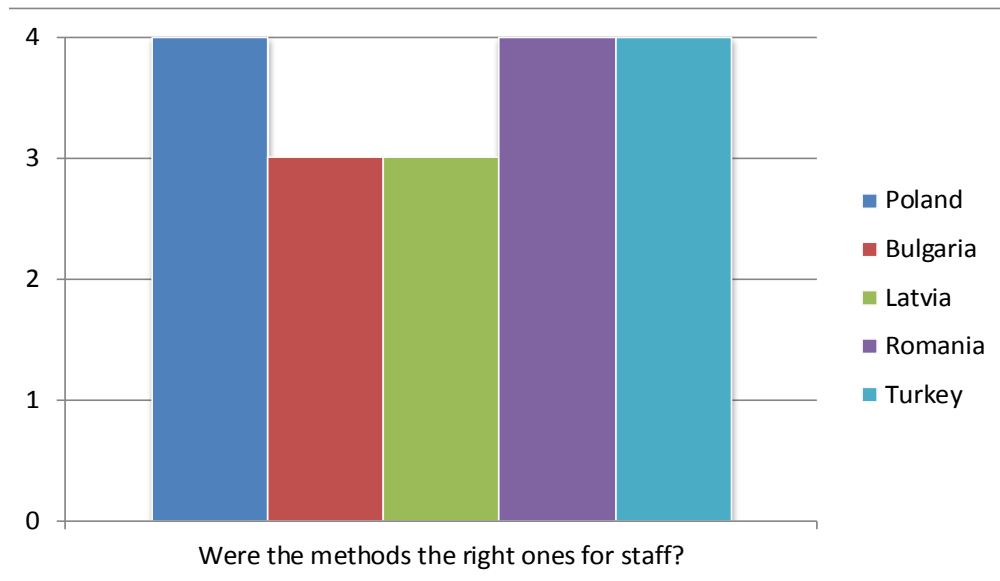
In addition to the assessment of methods for staffs' active involvement in the training the instructors were also asked to consider the variation of methods.

The instructors express their satisfaction with the variety of methods, though more inspiration for role plays and games would be desirable as these obviously have proven to be very efficient to support staffs' and foster parents' active participation and because they provide important steps in the training programs aims for ensuring transfer of theoretical knowledge to participants' daily child care practice. The methods support reflections and discussions in order to identify and recognise similar situations from practice.

One instructor would like to have prepared power points and hand outs as training material available for the instructor: *"to make it easier to introduce the theory"*.

Though this comment is not further argued for, the reality lying behind might be that this instructor has experienced the task of teaching quite challenging and hence has felt in lack of teaching material.

Table 3.2.8. Appropriateness of methods in relation to target groups



For foster parents' version the results are:

4-4-3.

The question behind this table is:

- *Do you think the methods suggested in the training sessions are the right ones for staffs and for foster parents – compared to pre-conditions?*

Instructors’ answers:

The answers show that instructors value methods as good for staffs and foster parents and appropriate as well when it comes to differences in participants’ preconditions.

There are no further comments from instructors.

Practical planning in respect for daily work tasks

Table 3.2.9. Concern of daily work tasks



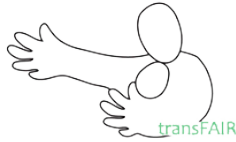
For foster parents’ version the results are:

3.

The question behind this table is:

- *Did you experience any problems between the training and the daily work tasks during the training?⁴*

⁴ Options for this questions is ranged opposite (1 –the most positive – 4 the most negative)



It must be foreseen as a prerequisite for the planning of training that daily work planning must be taken into consideration when staffs and foster parents are occupied with training.

The results fully demonstrate that it has been possible to handle such challenges. Further comments illustrate that participants' enthusiasm and priorities have been important energizers for making things work. As well of course, leaders' and instructors' efforts to make a planning of daily tasks work together with participants training activity have been crucial for the success of the training arrangements.

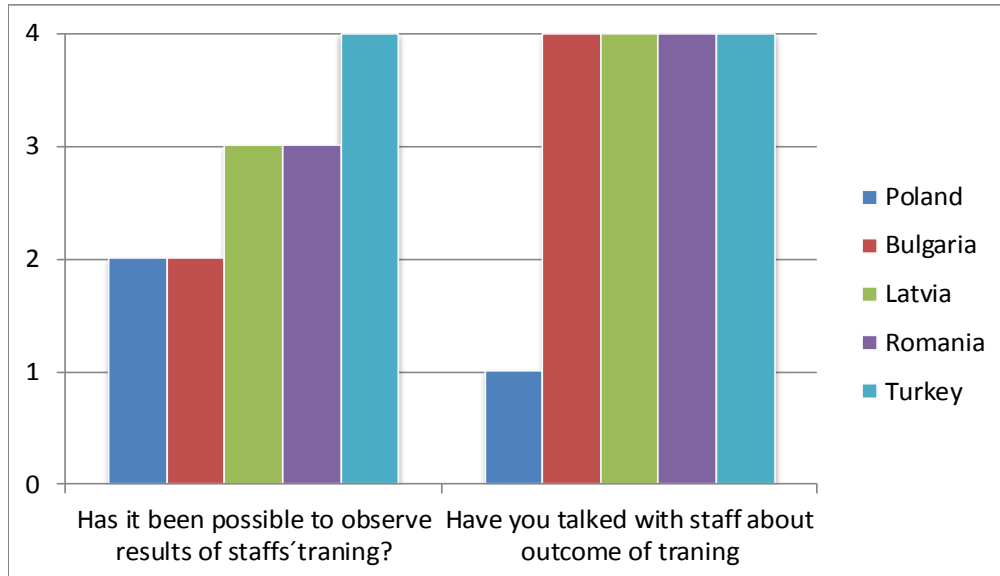
3.2 Outcome of training

This last theme in the questionnaire is of course of extremely interest for the overall estimation of the FAIRstart Training Program. Questions have been asked to leaders in a questionnaire for this target group⁵, whereas more detailed questions concerning outcome has been asked to the staffs and foster parents in the prepared frame for group interviews, carried out by the instructors. Staffs' and foster parents' answers – together with the instructors – are reported in the report format for the focus group interview, included in the test material, and provided for this purpose. Results from these interviews are included in chapter 3.4. Assessment of results.

Leaders' assessments of results are shown in the table on the next page:

⁵ As the testing took place during the summer holiday period for some countries, the Spanish institution manager was not able to fill in the questionnaire in due time. This is why the table 5, shows "0" for ES.

3.2.1. Results and outcomes



The questions behind this table are:

- *Has it been possible to observe results and outcome of staffs' training in your institution – perhaps you have observed changes in staffs' daily practise?*
- *Have you talked with staff about their outcome of training?*

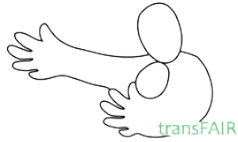
As the answers in the table above illustrate, it is the assessment that results and outcomes have not yet been possible to fully register as the time period between end of training and test report has been quite short. The answers should then be taken as leaders' expectations of being able to identify more permanent change of practice as results and outcomes of staffs' and foster parents' training.

Though these reservations should be taken, the assessments by leaders express:

"The topics were very important for the work of educators. It is too bad that right now, there is a great lack of personnel and a large number of children – which in itself increases the volume of practical tasks".

"For now, I did not see clear changes – there has been too short time since the end of training. And unfortunately, so far, I have not yet had the opportunities to talk with staffs about it".

"We are going to arrange a meeting with the whole staffs of the institution about the outcome of training."



The leaders were also asked for continuing training of staffs in order to maintain the learning focus in the child care practice. To this question the leaders answer:

"I believe that it is possible and necessary, but the biggest problem is the time to save up for this".

"I think that such training have to be provided for each person that works with childcare, especially those who are new to work in such institutions".

"Continuity of FAIRstart training is very important for our institution. When a caregiver starts her new job in our institution we orient her in the training program."

3.2.2 Assessment of training program's methods and learning approach to Danish formal education and vocational training.

In order to widen the aspects of FAIRstart training program's applicability it has been decided that the Danish partner, The Social- and Health Care School should test the applicability specifically in terms of the programs learning approach, including didactic and methods for participant's involvement – and the coherence between didactic & methods and the achievement of more theoretical and complex content.

Thus the FAIRstart Training material has been tested and assessed within:

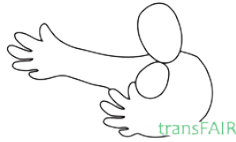
- The education: Pedagogic assistant (a 2 year education within the Danish Vocational Education system).
- The vocational training for foster families (various modules relevant for foster parents child care personnel)

The outcomes of these assessments are:

Pedagogic assistant education

The teacher introduced students to the web-site with the specific focus of attachment theory while this theme was part of the compulsory content/ education theme in the curriculum.

The students were encouraged to examine the content as well as videos with the aim of transfer of theory to child care practice.



The teacher chose to put special attention on the training sessions, 1-2-3-4 and 5, forming the basic theory for attachment theory and for children's Secure Base Model.

The assessment by teacher as well as students was that the videos in a very clear way illustrated attachment theory principles both in terms of appropriate and inappropriate child care practices.

Teacher's assessment of the content is that it is not in itself supplementary to what is already standard content for the education curriculum, but it worked very well for students' self-directed learning in terms of getting an introduction to the theme attachment theory. The web-site's structure, content and facilities in terms of videos and photos helped students achieving an introduction by themselves and had a strong motivating effect for the interest of acquiring more knowledge.

Thus it is the assessment of the teacher that theoretical content which might seem complex to read and learn for some students were introduced in an interesting and engaging way which supported students interest, curiosity and reflection on theory and practice.

The vocational training for foster families

The training material was tested in relation to 3 vocational training modules, in the formal Danish adult vocational training system:

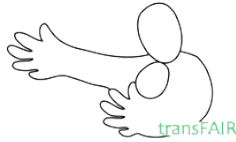
- 1) Basic module for foster families
- 2) Basic module for pedagogic assistants
- 3) Working with vulnerable children and children at risk.

The FAIRstart training session: How to practice professional caregiving?

The videos are very good for the illustration of relational work, contact and caregiving. Good and relevant questions are added to the material which motivates participants to exchange experience from their own child care practice.

The FAIRstart training session: Insecure attachment responses of children:

It is basically a good material, mainly because of the easy understandable illustrations of child's reaction to attachment situations. They provide a good platform for dialogues about attachment theory and attachment patterns. Also for this session the suggested questions make participants think and reflect. The participants express that the questions are good for opening up discussions and to establish a secure and trustful room for exchange of experience.



SBM Scorecard:

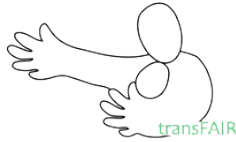
As the participants at the foster parents training module form a mixture of experienced and inexperienced foster parents, the use of scorecards is limited, which furthermore counts for the fact that the other part – the supervisor of foster parents – supposed to fill in the scorecard are not part of the training. The teacher has – in another training situation - tested the scorecard with an experienced foster family and this testing was positive as the family assessed the questions to be very valuable for supporting reflection on its own practice.

Generally assessment of the FAIRstart training material

It is thus the teacher's assessment that the FAIRstart training material is both relevant and applicable for the training courses in question and it is the teacher's clear decision to implement more of the training elements in her teaching – depending on which course it is; mainly relation work for children with special needs. For professionals working with this group of children –caregivers in normal as well as special daycare institutions for children would clearly benefit from these elements.

The same counts for the training module for pedagogic assistants in which course there is a one day content focusing on children with special needs and requirements. Besides – no matter the specific target group of children – attachment to the caregiver must always be considered important and necessary.

All together this leads to the conclusion that the FAIRstart training material provides a wide range of possibilities for application to teaching within the formal adult vocational training system, especially – and not least – because it is written and illustrated in an easy and accessible way and in good accordance with the target groups of the training modules.



3.3. Step 2 testing

In the organisation of tests the outcome of training in terms of competence development has been given a specific focus. It has been of special interest to examine if and how staffs and foster parents are able to identify changes in their own child care practice which can be identified as more permanent change of attitudes, behaviour and actions.

For this specific aim a reflection model was prepared for staffs' and foster parents' assessment of competences acquired and developed in terms of the FAIRstart Training Program.

The reflection model is structured by five steps:

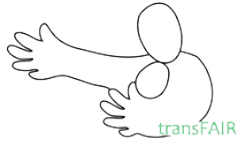
- 1) Identification of the specific child care situation in question for this reflection
- 2) How would your 'normal' action be to the problem or challenge, encompassed in the situation?
- 3) New action instead of the inappropriate action
- 4) In the new way of acting – which signs do you then expect to observe in order to assess that the new action is more appropriate?
- 5) Which competence do you think you practice in this and similar situations?

The instructors arranged reflection meetings with the group of staffs / foster parents and facilitated the reflection on competence development / change of practice.

In the following chapter examples of these reflections are presented.

Example 1: Sharing toys in a game

- 1) A child does not want to share his toys with other children.
- 2) We speak with the child about sharing with others.
- 3) We award the child for sharing toys.
- 4) The child is smiling and feels good, are able to wait for his turn to have the toy.
- 5) We used our reflections and knowledge of relations in order to better understand the child's reaction and we dared experiment with other ways of acting.



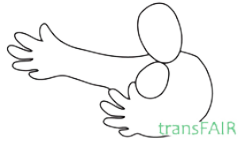
Example 2: An aggressive boy

- 1) 10 year old boy has increasingly tantrums. The boy becomes aggressive, throwing things, swearing, shouting and sometimes hitting other children and adults.
- 2) We use a system of punishments and rewards: a child is punished for aggressive behaviour by for example no sweets or no watching TV for a week. In more serious cases the child will have a "disciplinary conversation" with the director of the institution.
- 3) We try now to find a reason for the child's behaviour, for example the absence of his caregiver, or a competition in children's group.
- 4) We change attitude in the conversion with the child – from punishment to an understanding attitude. We expect to see the child calm down and to accept the consequences; he will be able to apologize to others and to relate more easily to the other children.
- 5) We practiced competences of empathy, patience, ability to containing emotions and capacity to handle the child's complex emotions.

Example 3: Birthday celebrations

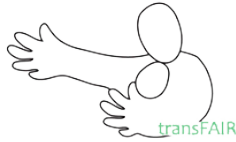
- 1) Especially one of the caregivers makes great celebrations for children having birthday in her work shift – cakes, decorated rooms and joyful games etc. During shifts of other caregivers the celebrations are more modest.
- 2) The caregiver is trying to outdo herself, by making every other birthday celebration even better than the previous one. The result is that children – who are not celebrated as joyful get envious.
- 3) At a staffs' meeting the caregiver and her colleagues agree on a common model for birthday celebrations.
- 4) It is the expectation that children will get less aggressive to this caregiver – for not celebrating them as much as the others and besides, relations between caregivers will improve and they will communicate more openly about the problems.
- 5) We practice our ability to cooperate as colleagues, to achieve changes in our own and others behaviour and to respect consequences by doing as agreed.

These examples demonstrate that staffs and foster families are able to transfer the knowledge – theoretically as well as practical, which they have acquired in terms of



their training. It is clear that the training program's learning approach – defined in terms of participants' active participation and involvement has been successful. Participants have obviously trained and developed a new practice, building on the ability to reflect on her or his own practice and to critically examine this when the outcome does not come out as expected. It is illustrated in the examples how participants have developed their pedagogic capacity as the knowledge and practical exercises are actually transferred to child care practise of the institution or the foster parents' practice.

The examples demonstrate real competence development as participants are able to change practice also in situations which are not quite similar to what they watched in the training – by videos and photos. The participants are able *to transfer* knowledge to their own practice and *to transform* knowledge to action also in new and different situations.



3.4. Assessment of results

On the basis of the detailed presentation of results, based on the quantitative data and the accompanying assessments by instructors, foster parents' supervisors and leaders, this chapter encompasses the overall assessment of results.

The assessment will be based on a cross-thematic analysis with the inclusion of two dimensions:

a. The vertical dimension

By the 5 quality indicators:

- *Accessibility* of training program
- *Recognisability* in training material
- *Involvement* in training with a focus on change of child care practise
- *Applicability* to staffs' and foster parents' practice
- *Flexibility* in the utility of the Fairstart training program

And

b. The horizontal dimension

By 3 perspectives:

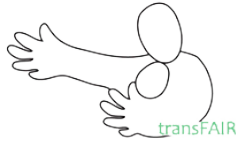
- *The instructors'* perspective (pedagogic / didactic)
- *The leaders'* perspective (organisational / staffs' and foster parents' competence development)
- *Staffs' and foster parents'* perspectives (individual and group oriented learning and development).

3.4.1. Accessibility

For the assessment of the quality indicator *Accessibility*, the elements, planning of training / SMB Scorecard screening and training material form the data.

The planning of training

From a combined leader- and instructor perspective, the assessments are that the material is easy to access – in terms of website usability (easy to find on the



website) – and easy to use. Having filled in the entire groups of questions and afterwards having calculated the results in terms of points given pr. answer, the conclusion provided is clearly understandable – which counts for the identification of needs for improvement of practice and priority in terms of training topics.

Furthermore it is stated from the two perspectives that the conclusions of screening form a solid basis for dialogue and cooperation between leader and instructor. It is highly valued that the screening result provides a common focus for the development plan that they are preparing as the next step in the process.

Finally, it is the assessment that the method of score card screening contributes significantly to providing the material for focused information to staff about the training.

The last aspect is especially important as the focused information to staffs ensures credibility to the training effort together with a high degree of motivation for staffs' engagement in the training. It is of great importance for staffs that training is given high priority in the institution and not least when the leader directly expresses his or her appreciation with staffs' motivation for training and development.

For the foster families the conclusions of scorecard screening similarly makes clear the necessity for improving child care practice. These specifications provide the priority and orientation for the improvements to be ensured in terms of foster parent's new knowledge and transfer to practice.

A few quotations from the reports demonstrate the accessibility of the training elements assessed:

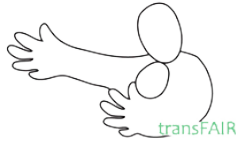
"The screening highlighted the fact in their daily activities that focus is mainly on the practical tasks while the relational activities with the children tend to be neglected or reduced".

"We got benefit from this knowledge in teaching staffs about how to get over a tantrum. And also it was useful for staffs to focus on how to organize children's social relations".

"Leaders understood caregivers who felt being insufficient in their job and their needs for more attention from leader."

For those who decided to let the staffs fill in the scorecard before the training the assessment of this was:

"The questions were important for evaluating the work and the activities done with children. Being answered from the beginning, educators were paying more attention during training sessions to training topics that may help them improve



their work and they could refer to some questions from the scorecard questionnaire, which, initially, they did not consider relevant”.

To the last quotation it is important to notice that this use of the screening material ends up giving inspiration to involve the entire staff group in a strategic development effort with the identification of aims and goals.

This example underlines the positive assessment of accessibility of the material for planning the training.

The training material

Accessibility must also be measured in terms of the training material. Here counts primarily staffs’ and foster parents’ perspective.

The assessments are here expressed by an overall satisfaction with the material, especially *pedagogic methods* are valued as interesting and inspiring, for example the group work, discussions, games and role-plays.

Generally the video material is also valued very positive apart from one institution who asks for videos relevant for caregiving for older children. This request equally counts for photos. It should be mentioned here that a process of video recording by each testing institution and for foster parents have run parallel to the test of the training program, but it seems that this institution might not have had the possibility to make this. No matter the reason for this it clearly stresses the necessity of the availability of relevant training material, i.e. training material which helps participants relate to and identify with their own practice.

The content of training is assessed highly relevant and also appropriate as to staffs’ and foster parents’ preconditions. The texts are relevant, not too difficult to read.

From a learning perspective it is interesting to notice that the video material supports and enhances the understanding of the theoretical texts, they ensure reflection and increase group dynamics – which would probably not be the case if texts were provided without videos of practise.

3.4.2. Recognisability

It is an important aspect of the training program that staffs, wherever the program is applied – are able “to recognise” themselves in the videos and photos from child care practise. This does not necessarily cover 100 % recognition. But the material should mirror known aspects of childcare in the sense that these principles are recognised and acknowledged as examples of realistic child care. These examples need not be pure positive or ideal. On the contrary, also negative examples of



childcare are provided in the material in order to illustrate problematics referring to the theory being learned in the training. So another aspect of the quality indicator *recognisability* could also be that material should be presented in a form that motivates participants *to relate* to it – either in a positive or a negative sense.

Assessing the material according to this quality indicator implies the assessment of the screening and the training material.

Here it is made clear in the test reports that screening material supports the identification of needs for development of practise. It helps as well to identify the good practise – the identification of special resources in the institutions' childcare practise. This is equally important in a process of development that resources are exposed as the solid basis for further improvement.

There are critical remarks for the screening material by two test institutions because their target groups are in wider age groups (5-18) than the age group 0-3 which are the main focus of the SBM model. This means that in terms of screening material the aspect of recognisability is not fulfilled for these institutions. This does not mean, that the scorecard screening has been useless for them, but is has obviously suffered from this limitation.

The material supports a common understanding of the effort to be worked on; which means that aims and strategy for the development of practice are made clear for instructor and leader in common.

Being able to recognise the authentic situation of the institutions needs for development is clearly relying on the requirement of recognisability. If screening and training material do not live up to this requirement, the basis for development will weaken the development process.

Quotations below demonstrate that the material offers recognisability:

"All maternal assistant have found situations in the videos and photos that were similar to their work and they all consider the video examples to be very valuable methods of fixing knowledge".

"The content was clear. I will try to make use of it in my child care practice. The videos were so interesting and I have learned many things to be practiced in my daily work".

"Videos better reflect the contents by showing certain behaviours".

"The participants highly rated video films as training method, even though the films concerned younger children."

The last of the above quotations also underlines that there is a risk by anticipating the quality indicator *recognisability too narrow*. You can easily relate to other



caregiving practises without necessarily recognising the practise concretely – here the specific age group of children.

As for the content of the training material, the reports reflect a high degree of relevance. Though, as stated above some institutions asks for more material adjusted an older age group of children, they express that they have been able to make good use of the material, i.e. the texts and videos:

"Most of the content was directly connected with our everyday practice".

Also for institutions whose target groups of children for some aspects differ from the material, it was assessed valuable:

"According to participants of the training, instructors were able to adjust the content of the materials to the age of children who are in the children's home. According to the participants of the training program the content of training program is universal and it could be adjusted to situations of older children".

3.4.3. Involvement

Involvement is the basic learning approach of the FAIRstart Training Program. Involvement is supported in terms of recognisability, as illustrated above. It has been an important aim that the material should help participants realising, that "this is about my practise!"

Another aspect of involvement counts for the training and the use of involving methods. Here *involvement* is a pedagogic precondition for learning – and for applying what has been learnt to practise.

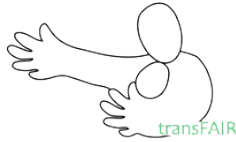
Therefore the suggested training methods have been selected and used for the purpose of promoting individual and group learning in the institution.

The methods are interactive as they support individual learning and common reflection, they support innovativeness among staffs and they enhance the co-responsibility for change among leader and staffs.

Quotations from staff demonstrate some of these effects:

"All maternal assistants welcomed the presentation technique and especially the group activities which had given them the opportunity to express their point of view, to exchange interests and to present their own activities with the children in their care."

"The training was well arranged since it was easier for staffs to perceive the training material through the guidance of an instructor. We had many discussions and teamwork; it was fun and after each session we looked in a new way at our daily tasks."



3.4.4. Applicability

The most crucial parameter for success of the training program is if the staffs and the organisation – after having followed the training – are capable of applying the new qualifications into daily practise in order to further develop qualifications to competences and in order to develop and to change practise?

The questions to be asked are:

"Is the learning outcome valid and solid when it comes to changing of habits and daily routines?"

"Is the organisation and the management ready to support the application of staffs' new competences? And not least:

"Is there a plan – or aims – in the organisation for continuing learning and development?"

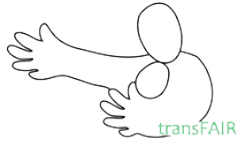
Quotations from staffs' perspective:

"Such training allows us to look at some things that we have not glanced before because it is our everyday life. In our daily work we draw attention to the behaviour of children but we do not analyse situations as thoroughly as we did during the session. This is a big advantage of the program".

"The training was extremely helpful for our practice because we learned new things that helped us change our attitude to our daily tasks in regard to child care. Partly we improved the way we organize our daily practice. Now we choose different approaches to their specific age and situation".

This example is interesting for various aspects:

- 1) It is obvious that staffs realize that they have actually changed attitude in the child care. Compared to what was quoted earlier in this report, some staffs expressed in the SBM screening that they felt insufficient in their jobs. Having changed attitudes in this sense that they now feel able to differentiate their practice according to each single child is a remarkable result.
- 2) The staffs point as improvement according to the organization of daily work. This equally mirrors competence development as staffs take the responsibility to make things work better in terms of planning and cooperating in other ways. They have got the knowledge and the practical skills for changing daily practice and they observe how this makes a positive difference for children.



More examples of how training results are applied to daily practice:

"The most important thing for us was gaining new knowledge about the children in general; we are now aware of the fundamental importance of emotional relations with the child and the way these relations affect their cognitive, mental and emotional development. We learned how to recognize and understand child behaviour and how to respond to it; how to cope with challenging behaviour of children and teenagers".

"Here on the training you can catch the reflections. This training enabled us to stop and think, to apply it to a certain situation with a child and it helped us with the understanding of how to deal with the individual circumstances of the child".

The examples demonstrate what is encompassed in many staffs' reflections – the change in attitude and approach to each single individual child; the understanding and empathy for child's individuality as crucial for the child's secure development. Here the outcome of knowledge and skills in terms of attachment theory is clearly demonstrated; both when it comes to child care attitude and approach and when it comes to the understanding that the aspects of organization and planning of daily child care is important as well as in order to ensure good relations between caregiver and child; between caregiver and children; between children, between caregiver colleagues.

3.4.5. Flexibility

It has been an aim to develop the FAIRstart training program to be used also in a flexible way in order to:

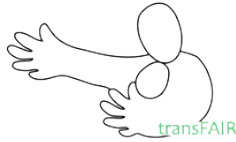
- Cope with specific identified needs
- To support continuing training and development
- To administer in a busy daily childcare practise.

Especially for securing the daily child care, instructors and leaders have a challenge in order to plan and arrange the training:

"It was very good for the participants that the schedule for training was already clear at the beginning of the training".

But still:

"Sometimes, during the training, there was a necessity to leave the room for a short while to do some everyday obligation".



"Some educators were concerned about the work tasks and for the safety of children".

While these examples express a deep concern and responsibility of staffs and foster parents, it should also be stressed that training and learning ought to take place in a safe surrounding for participants, so as they can feel safe about the children. They should actually not need to leave the training or to worry about these tasks. Though *flexibility* of the training model is a quality indicator, it is important to secure the safe learning situation for the participants. And securing this requires that the everyday child care tasks are in good hands in terms of planning. This calls for the intervention and responsibility of the leader. Flexibility should not be a question only for staffs' and foster parents' flexibility and responsibility.

Another aspect of *flexibility* is how the practical planning of training implies the possibility of applying to actual needs and interests.

This is demonstrated in the following:

"The training, well organized and planned with two hours sessions, turned out to be insufficient as for time. Most of our sessions lasted about three hours. Between sessions there was a period of 7-10 days and so we had the opportunity to change the organization in the institution and better understand – and cope with - children's needs.

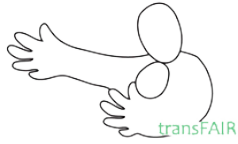
This is a good example of the flexibility of the training model, firstly that the instructor – professionally -adjusts the planning of training sessions to the needs of participants and not rigidly follows the suggested plan and schedule. Secondly because she reflects that – in order to apply knowledge achievements to practice, there must be an intermediate period for testing and observation of results.

This is an excellent example of how to practise training, staffs' competence development and change of practice!

Flexibility has also to do with participants' motivation as requirements are laid also on the participants:

"The training took place in participants' leisure time. There were some difficulties in the organization of sessions as the sessions had to be determined according to the schedule/shifts of staffs. The problem was also that there were situations where some participants took part in the session immediately after night work shift.

This is clearly an example of staffs' motivation for the training, though it should also be stressed not to depend too much on staffs flexibility but also on the organization priority of the strategic decision to invest resources in staffs' – and the institution's development. Hence fair conditions for staffs' participation in training



should be considered a matter of high priority – and thus a responsibility of institution's management.

Appendix 3

Report – Improvement of the existing sessions



REPORT - Improvement of the existing sessions (from FAIRstart, sessions number: 1, 2, 3, 5, 6, 7, 8, 9 and 14)

In order to collect suggestions and comments on the improvement of the existing the partners already participating to the previous FAIRstart project, were asked to fill in a questionnaire where they could give comments and feedbacks on some of the training sessions of the project FAIRstart (sessions number 1, 2, 3, 5, 6, 7, 8, 9, 14).

Feedbacks have been collected from people participating to the FAIRstart training, in particular from: 2 trainers who piloted the FairStart project and to the trainers involved, from 5 caregivers from Turkey and from 2 Danish focus group leaders. Moreover comments have been collected from associazione seed's staff and from the recommendations prepared at the end of the FAIRstart project by Bodil Hudsted.

Access to the training material

In the questionnaire people were asked to indicate **how they accessed the training material** and in general the fruition was done with a coordinator of the training using and showing the online material in group meetings. Then some of the participants accessed the online material on their own.

Respondents were asked to say if they would have preferred to **access the material in a different way** or using a different support. Out of 9 respondents, 5 declared the way of accessing the material is fine as it is, one would prefer to have also a kind of a book, because it may not be possible to always access the internet and 1 declared to have problems in using the computer. Another respondent would like to have educational notes and 2 said they especially appreciated having the possibility to talk face to face to someone about their practices.

Language

Language used in the training material was judged clear by 8 of the 9 respondents, while 1 respondent pointed out that in session number 5 the terminology was complicated and different terms were used to indicate a same thing.

Time dedicated to the FAIRstart training

7 of the 9 respondents indicated that they dedicated to the training more than 8 hours a month (the maximum amount of time indicated in the questionnaire), while 2 indicated less than 4 hours, but they



were the two respondents from Denmark who actually didn't tested the program in their country, but led focus groups.

Improvements and comments about the training sessions

Respondents were then asked to indicate **improvements and comments** about the training sessions number **1, 2, 3, 5, 6, 7, 8, 9 and 14**, the ones chosen to be used for the transfer of innovation in the transFAIR project. They were asked to tell why each session was useful in their contexts and if they would change or add anything to the contents.

In general respondents assessed the program as **useful, valuable and of quality**. In their opinion there are **not important improvements or changes** to be done. The program seems to lead to **real changes in daily attitude and practice**.

Videos and examples were particularly appreciated and also the structure with **a part of theory and then the promotion of discussion**.

Some respondents said that the training program *"bettered the communication between staff members and their coordinators and opened up the room for improving the cares."* *"It revealed problems not known or not perceived as problems and gave the chance to express the trainees' own experiences, solutions, fears and emotions related to childcare."* *"The attitude towards the trainees' practice and tasks changed when realizing how much satisfaction they can bring to children without making almost any effort."*

In several cases respondents indicated the need of a module destined to First Aid, especially for the foster care families since they have no permanent access to medical services they feel the need to know about basic First Aid in childcare.

Moreover some respondent indicated that "It is very important that the trainer knows the level of specific knowledge of the trainees. A diagnose questionnaire- or the training needs questionnaire could be a good idea to start with."

From a pedagogical point of view, some respondents indicated that:

- *Sessions 10,11,12,13,14 and 15 could be taught in 1,5hours each, all the others need at least 2 hours each, preferably 3.*
- *The optimal timing of sessions is 1 per week to allow the trainees to properly practice the theoretical knowledge acquired.*
- *The Manual was really helpful because it guided the training and lead the process.*
- *There was not much interest in the game proposed ; videos and pictures were preferred.*
- *The group activities were really appreciated because our group- the foster care- live and work alone with little support if at all from the governing institutions. When they felt that they could freely express their opinions and ask for advice and share experiences , they described the experience as great even though at first they admitted that there was little interest in participating in FairStart.*



The few suggestions for improvements, specifically indicated in the following pages, were about having more examples and photos.

Revising the sessions, someone indicated that also sessions 11, 12 and 13 contain many useful information that could be of interest in the transfer of innovation, while session 6 could be not used in the transfer.

Here is a list of specific comments and suggestions for improvements to each session:

Comments about Session 1:

"I think it was beneficial. First of all, the authorities noticed our roles and importance. Then, we learnt that almost all staff working with children at the institutions have the same problems. We learned to listen to each other. This made the children feel calmer."

"I noticed that we could solve the problems about children more easily when we work together. We all started to work more."

"I think it helped us to understand the situation of children in a better way. We already knew, but still it was very helpful."

"At the beginning of the 1st session, we were a little bit surprised. It was a different training. It would be done via internet and we sat in circle. We were embraced with each other but with the help of our instructor, we could adapt easily. The important thing is to be able to have a special connection with the ones that creates the circle. This leads to a better work."

"We have learnt how important is to spend time to talk with children. "

Comments about Session 2:

"I think that the 2nd session was a key point. I felt that we had these problems represented there and asked myself how to solve these? I learned a lot. This training helped me learn how to handle with a child that is sticking to my leg while I am performing my task. Now, I never let my kids to feel such aggressively. Because if so I know that I was wrong in somewhere."

"Children are like our mirror. The more we are positive, the more they are. If I give trust to them, they learn to trust me, too. Even my own children had their own benefit."

"Babies' reluctance for leaving us was causing stress on us. It was so difficult to stay positive while performing a tiring work during their constant crying in order to be hugged. In this training, I noticed that this was our fault. As we changed, they started to be able to stay away from us and even to feel happy with this situation. Even our director noticed this change."

"We learned a lot of information during this training. But almost all of them were the ones that we used to live. Now, I know much better what I should do while leaving for home. I notice that they are calmer while waiting for me. Because, I taught them that I won't go away with the help of the 2nd session."



"Our children are also sensitive children. We didn't know how to behave them. We didn't have professional people to help us to find the right way (night-morning, etc.) Sometimes children's reacts made me feel sad. I couldn't stand it. I was spending less time with my own children at home than the children at the institutions. But that wasn't enough for the child at intuition. Children at the institution were always unsatisfied. When I learned some special touches at the 2nd session of the FAIRstart training program, I overcame lots of problems. "

For the **improvement** of the session, one respondent said that maybe some videos could be added, another suggested to divide the session into two parts and a last one indicated that video n.4 lack an introduction text.

Comments about Session 3:

"I can spend qualified time with children under my control. I contact to children more than before. If it is a baby I try to hug him/her to let him/her feel my temperature and I talk and sing to him/her. I do not panic when I have many children to deal with. I behave like that I am isolated and deal with just one kid till I finish my task."

"I think it helped me most when I planned my work. Neither children are sad nor do I feel anxious. Everything is done quickly."

"I thought that it was impossible to be organized in institutions like ours. But, actually, it is now very easy. Sometimes, when I find myself trying to finish the work, I feel like the emotionless caregiver that was cleaning the handicapped baby. This video had affected me a lot. Our director believes in this training a lot and support us."

"This training session taught us to organize our works and to create an environment where we do not run around for the work and together with the children feel comfortable. For example, I describe children everything step by step. I say "I need to finish these in the morning. If you help me, I can finish them quickly and we can watch a cartoon or eat a cookie." They become much more participative and they do not remain outside while I work. For the first time in my work experience, I don't complain while I am doing my work in the institution."

"I don't make any choice between dealing with children and performing a task anymore. At this session, I learned to do both of them at the same time. I'm relaxed and my child has fun, too. In this way, I can play games with them and they can hug me. In this way, they know that I would be with them whatever happens."

For the **improvement** of the session, one respondent suggested to have more photos, another one said that the tree examples of attachment (Film clip) should be with children in the same situation. Maybe all tree clips with a handicapped child (– or none of them with handicapped).



Comments about Session 5:

"When the instructor told us the attachment types, we taught that we had these and we had these kinds of kids. I felt like that I improved in my profession. This training helped us to understand our kids better. We are trying a lot to prevent our babies have the same problems when they are grown and we are performing every necessary technique for this."

"I had a child that constantly hurt the other kids and the materials. He changed a little bit when I used the techniques that I learnt through this session. Sometimes, I feel like he is still testing me and waiting for a mistake."

"The changes on my children were noticed mostly by their teachers. The teachers told me that my children were more participatory in the classroom. They were only 4 years old when I applied the techniques in the session but the effect seemed to last longer. One day, their teacher told me that he would think that the children at the institutions would have problems in communicating with others but these students were like the other students that lived with their parents. I was very proud of that and told her that she were right, we were a family."

"We learnt what children needed and how to behave them according to their forms of relationships they established. Although it was not always, we could reach most of the children."

"Problematic child is always difficult; eating, sleeping, sharing...etc. So, it is important to know how to behave them. Sometimes that may not be enough and applications may cause different challenges. But, I think the main point is this. In this session the answer to the question "How can I get this child?" is provided. "

For the **improvement** of the session, 2 respondents said that the language should be revised and there should be more examples, and another one said that the drawing was a bit difficult to understand.

Comments about Session 6:

"In fact, I have no idea. Only we revised the previous sessions. Absolutely this benefited a lot .We discussed briefly the matters, but this time we had more practices."

"I think, It is useful to revise the issues again."

"This session was for the revision. But, it helped a lot to organize the relationships among the caregivers, group leaders, social service and the director. For the first time we listened to their ideas on the training and the staff. For the first time, our director spoke with us face to face and told how satisfied he was. To belong to a place was very nice. A part of this was children."

"I cannot comment for my institution but the 6th session was very useful for me. We learnt many many things and we dealt with the issues in summary again."

"I was disappointed when I learnt that it was a revision session. But, it was useful. However, I still think it is not necessary."



Comments about Session 7:

"Organization made a number of regulations. In order to seem like family environment we got rid of our uniforms and started to wear comfortable casual clothes. Children's rooms was already home like but there were some more changes. For example we found sheep skin and used them for cleaning the babies' nappies. We made baby park at certain hours. We spread blankets on the floor and put the babies on them and had them to see each other. We had bigger children to be with younger babies and gave responsibilities to older ones. This has strengthened our relationships."

"There was a strange job complexity between the staff and the group leaders. These improved. It is nice to have someone take care of the children for every 12 hours. It was wonderful to be free of these disturbing forms."

"In this institution, a family atmosphere was tried to be created. In many ways, it was managed. But a number of legal things were not be able to changed. For example, the shift system, require for wearing uniforms. Working periods are still the same, but we give much more importance on the continuation of the relationship with the children . Maybe it is not the ideal situation, but still could be considered as a significant improvement. We got rid of the uniform problem. We are not free but in comfortable clothes. At homes, children have their private corners. There are photos, boxes, etc. that we keep from their infancy. We are preparing work plans for the staff along with the job descriptions and limitations. Without waiting for a problem, we are having meetings with the group leaders periodically. Meetings are not as hard as they used to be anymore."

"It was not possible to change the shift system because this is a legal arrangement. Each staff works with 6-8 children 12 hours a day in their home. We prefer to tell the children that it will be a different person to make him/her sleep or wake up for each time. I am leaving by telling them. " I need to go home and rest for a while in order to be able to have a good time with you. I will miss you a lot till tomorrow but I know that the other caregiver also missed you a lot and she is looking forward to see you." We solved our problem with this way."

"The biggest benefit was to integrate the children with each other. We started to visiting each other as guests. Children gained brothers and sisters like in the family."

Comments about Session 8:

"As I said a while ago many habits have changed. We didn't want the Infants to get used to hugging. Because the 3-4 babies would start crying at the same time and this would drive the caregiver crazy . First of all, the stable beds were changed with the swinging beds . We started to change the nappies in a different place away from their beds. Thanks to this, we had the opportunity to stimulate the babies back of head. My babies sleeping periods became regular."

"I had a kid. He was always shaking his head and licking his hand's back. I guessed he had a mental retardation. Because, I had seen such children before. I used more the techniques that I learnt through this session on this kid more often and elaborately. Now, he is sitting and he does not lick his hand and swing. But sometimes, he is biting his nails. However, I will overcome this problem, too."



"Till this session it has always been said: "Develop yourself. Here is the information in them. If you are not good enough, this will be the status of these children." This session described the daily steps of us very clearly. By changing the physical conditions according to the project, providing enough space for children to move, allowing them to stay in contact with us more and hearing our voice and songs, there occurred many positive changes. We are talking about the children with the other colleagues and seeing that the appetites of the children and the sleeping periods become much more regular. For example, we had the problem of vomiting and this problem was solved with some of the children totally. Also, massage to babies was another issue. This was done by the nurses 2 times a day. I thought I could also do it. Maybe, it is not the real massage but I am trying it with babies and they like it very much. This creates a very effective attachment between the baby and me."

"In our culture, there are already techniques like swinging on the legs, hugging and kissing. But, in our institutions, we avoided these behaviors thinking that children will be dependent to us. I noticed that I made a big mistake with the help of this session. It turns out that all forms of contact is affecting the intelligence of infants and children. Now I embrace or touch in every opportunity. I tell tales and sing to them. Babies and children give faster and more appropriate responses to stimuli."

"At first , I thought it was a joke since the things that were told was our own traditions that we quite performing. But then I noticed that this is serious and these acts are very useful. First of all, our furniture changed. We thought that the director wouldn't approve this but, he had already decided to support this Project deeply. The director did whatever necessary and we performed the tasks that were expected from us. I started to swing the children in hammocks in the garden. I sing lullaby. I construct different materials for them to play. We play enjoyable and active games. We jump. We use our senses."

Comments about Session 9:

"We are now together with our children decide everything. For example, what color to get our room painted, the place of the beds and cupboards. Of course, older children's participation in this is necessary but we try to have small children in this, too. We are organizing common personal activities. "

"I have them to have their own personal materials. We are looking after the flowers and we have pets. We are having guests. We are cooking cakes for our guests. "

"There was a proposal in this training session. Check the length of your children on the wall and observe their development. I did it and it was wonderful. We have created a chart on the wall and it worked very well. For each one of them we created a memory box. Photos, clip art papers, Shoes and so on. It is so much fun and sometimes, sad. I also, took notes for each child. I compile information for each one of them and share it with the group leader. It includes the notes of the doctor and teacher, in which sportive branch he/she is successful, which dessert h/she likes most ...etc. this was weird before the training for some of my colleagues but now they noticed that this was necessary. We were already 2 caregivers working with 6-8 children with homelike institution. But it was not possible to have a relationship like family. Now, it is possible. "



"The things that were gained through this session were not very different from the others. I have difficulties in assessing the sessions individually. But, I can comment that I let my kids get too close to me. In fact, the child is supposed to be stay aloof but actually, we are afraid of staying closer in order not to be attached to them. Because, leaving the child that you are attached leads the traumatic effects for us. Healthy attachment leads to healthy separation. Now, I feel more comfortable and I can establish a close relationship without fear."

"We are trying to have older children to help and guide the younger ones in their homework and simple household chores (preventing abuse). We make sure that everyone has his/her own corner."

For the **improvement** of the session, one respondent suggested to add more activities and further samples.

Comments about Session 14:

"This made us much more professional. We became a big family with our kids. The staff was like invisible. Now, we became the most and foremost part of the care giving process. Our houses are like our own houses. They are cozy and warm. Also, our children are like the other children, they are naughty, playful and cheerful. I have problems, sometimes many, sometimes few, but I am not afraid of them anymore. My kids are not afraid of loneliness and failure, too"

"Children seem happier. Our business is going more regularly."

"We couldn't take photos or videos. It was not possible to do this because of the legal procedures. However, it would be better though. Furthermore, we do not have any legislation that prevents the change of the staff but, our director tries hard to work with a stable staff "

"This training improved my relationships with the colleagues, children and the director. Our children's relationships were also improved. There are big differences between the starting point and the 2 years' of experience after the application. I like people asking for my ideas. Therefore, I often ask my kids for their ideas, too."

"Our children are either too naughty or too silent at school. However, after the applications they began to ask for their rights without any argument. They can express their feelings to their teachers comfortably. The prejudice that the children coming from the institutions are problematic has started to change. However, we know that some of the families of the other students are prejudiced but we hope that this will change, too. In fact, with this training we learnt how to overcome the prejudices against the children at the institutions."

"These trainings developed us. Sometimes, to be honest I said I knew them already, but we learned many new things. It was useful even for us. I know better ways to express myself. I can see how our past experiences have changed the way we perform our professions. Our institution has changed, too. Our task and responsibility increased. We were somewhat like a cleaning staff. Or, It seemed to me like this. But now, I feel like a qualified staff."

"This made the institution much more qualified. These children would be very problematic if they are not dealt with care. We are doing our best. And we're in the comfort of knowing this. Our



organization has become such a family that had sincere relationships. And I hope there wouldn't be any staff and director changes."

Appendix 4

Recommendation from Bodil Mygind Madsen,
European Senior Manager, SOSU Aarhus, Denmark

Aarhus, August 15th, 2015

To whom it may concern

In 2006, Mr. Niels Peter Rygaard, child psychologist, authorized by the Danish Psychologist Association, contacted our foreign project department at SOSU aarhus, the Social and Health Care College in Aarhus, Denmark.

Our dialogue resulted in two very innovative projects supported by the European Commission, (Leonardo da Vinci program for Lifelong Learning), where Mr. Rygaard delivered research based training session texts for caregivers and leaders in orphanages and foster care systems. During the project period, Mr. Rygaard also trained more than 20 FAIRstart instructors.

Using the SOSU School's vast network and experience in conducting international education projects, a blended learning online and on-the-spot training program, FAIRstart, was developed and implemented 2008-10 in cooperation with Romanian, Turkish, Italian, Spanish, Austrian, Swiss and Greek care organizations and district governments.

The high quality evaluations and positive results in professional care competences and child development spurred the second EU project TransFAIR 2011-13, where the program was divided into versions for both institutions and foster care systems, and implemented also in Bulgaria, Latvia, Poland, Denmark and Russia. The Romanian and Turkish partners from the first project, who also translated and implemented the new versions, facilitated the transfer of knowledge and experience in using the programs to these countries.

On the request of the EU Commission, the experiences from the project were summed up in a final report, giving recommendations for EU standards for education of caregivers responsible for children without parental care.

As an experienced project manager for many EU care development projects - and based on the feedback from the project partners in Europe - these projects were in my professional opinion of high quality. They created an intense involvement from local partners, and they became a valuable, practical and inexpensive professional tool in countries lacking sufficient management and education systems for the staff, who take care of the most exposed children and youth growing up without parents.

Furthermore, the projects connected local researchers, child policy makers, and professional caregivers due to the creation of local cross-professional focus groups.

For these reasons, the school and involved partners agreed to support Mr. Rygaard after the project period to include the use of the online programs when he co-founded the non-profit www.fairstartglobal.com in order to fulfil demands from developing countries all over the world and continue the research based program development.

It is very encouraging that the impact of these two EU projects now benefits care systems also in Estonia, Indonesia, Japan, and other countries.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Bodil Mygind Madsen".

Bodil Mygind Madsen • European Senior Manager • E-mail: bmm@sosuaarhus.dk

Appendix 5

Recommendation from Kazuhiro Kamikado,
Associate Professor, Nagano University, Japan

To FairstartGlobal
c/o Key2see
Frederiks Alle 112B
8000 Aarhus C

Date 26/10/2014

This letter describes the cooperation between child psychiatrist and associate professor of Nagano University, Kazuhiro Kamikado and the organization www.fairstartglobal.com , represented by child psychologist and co-founder of FairstartGlobal, Niels Peter Rygaard.

Our cooperation started when I was searching for a suitable training program for foster carers and their managers. Foster care is a rather new way of placing children in Japan, and systems of management are being developed.

I visited Dr. Rygaard in Copenhagen in the summer of 2013, and we paid visits to a child research center, SFI, and a hospital unit for infants with Foetal Alcohol Syndrome at Hvidovre Hospital.

I was already familiar with Dr. Rygaard's research based online programs for training foster carers and residential care staffs, and we spent time for a further introduction to the Fairstartglobal programs.

In my view, the program combination of research based principles of quality care and their very practical, simple, and instructive training approach present a unique instrument for training caregivers of out-of-home placed children, and their daily leaders and managers. The fact that the programs are open source and can be used at any workplace, only requiring internet and a projector, makes them very versatile and easy to access for users. Moreover, the program effects have already been documented in two European Union projects involving twelve countries. I have not come across other free training programs for caregivers of this quality.

I therefore decided to translate all program versions, one for training care of infants and toddlers, and two versions for child and youth care, in two versions for foster care and institutional care respectively. I hope that through these programs, we can understand what we need to care for such children and advance our work with children to seek their best interests. To ensure a professional translation I cooperated with Ms.Yoshiko Bedillon, a professional and skilled translator from the organization Translators Without Borders(TWB). This NGO offers free translations, performed by professional translators in their spare time. A part of Japanese versions depends on TWB. What's more, we've got a lot of kindful support from Kitano Foundation of Lifelong integrated Education (Japan) to complete the Japanese versions.



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We are now in the process of launching the programs with the URL www.fairstartglobaljapan.org . We look forward to implementing the programs in Japanese systems of care for children at risk. We are confident that they will prove a useful tool for our future efforts to educate caregivers, their leaders and foster care managers.

As a professional, I thank Fairstartglobal and the researchers who contributed to Dr. Rygaard's program designs. I also thank Kitano Foundation, Translators Without Borders and especially Ms. Yoshiko Bedillion for her tireless work to ensure the best possible standards in the translation of the programs.

Yours sincerely

A handwritten signature in black ink that reads "Kazuhiro Kamikado". The signature is written in a cursive, flowing style.

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Appendix 6

Article by Niels Peter Rygaard:
Recommendations for the EU Commission
concerning educational standards for professionals
working with children in public custody

RECOMMENDATIONS FOR THE EU COMMISSION CONCERNING EDUCATIONAL STANDARDS FOR PROFESSIONALS WORKING WITH CHILDREN PLACED IN PUBLIC CUSTODY

- Based on the 2008-2010 Leonardo Lifelong Learning Project www.train.fairstartedu.us and the free e-learning education program

By Niels Peter Rygaard, clinical psychologist and Fair Start Expert, npr@erhvervspsykologerne.dk

INTRO

For the 1.500.000 European orphans, their chances of becoming learning, working and participating EU citizens as adults depend on the educational level of their public parental substitutes: the professional staffs and organizational leaders of orphanages and foster family managers. The professional care givers – especially those in care for young children - are the key target group for preventing social deroute in orphans. This paper examines the common educational standards required for orphan care, based on a program developed in cooperation between child care professionals in 5 EU member states.

I. THE CULTURAL BACKGROUND OF THE LIFELONG LEARNING CONCEPT

Providing Lifelong Learning opportunities for all citizens is a major objective in EU policies since education it is a key prerequisite for global competition and social stability. Rapid changes in production methods, commerce and lifespan expectations have increased the demand for a highly skilled and flexible workforce. Society development has also produced the tendency that today the European population amounts to relatively 25 % of the global population, whereas in 2030 the percentage will be a mere 16 %. A fact reflected in the large number of 3rd World migrants and fugitives in Europe. In other words the workforce pyramid has turned upside down: increasing numbers of middle aged and senior citizens and decreasing numbers of childbirths. Thus the problems of education and production are closely linked with a decline in reproduction and fertility.

These circumstances make children and youth the most important resource in society and create the European Commission Lifelong Learning focus: it is important to educate the major part of the scarce new generations as effectively as possible in order to maintain a democratic and prosperous society.

CHALLENGES FOR SUCSESFUL LIFELONG LEARNING: THE LACK OF PARENTING AND PRE-SCHOOL CARE

At the same time large numbers of Europe's children do not perform well in school and education, and even in Denmark (offering free public education all the way through the education system including university), 20 % of youth fail to reach a level of knowledge enabling them to participate in the workforce and thus they end up unemployed and uneducated. Clearly this problem is not economic but due to social circumstances, and resources spent on providing learning opportunities in school may fail if the social preconditions of learning are unaccounted for.

The core of inability for school performance and the production of antisocial behavior and later unemployment is mainly produced by a percentage of families (in Denmark an estimated 3 %) being unable to provide for their young children to a sufficient degree. In general, some families are dysfunctional, but the major part is produced by disrupted family structures due to internal and external migration, alcohol and drug abuse problems and other impacts disabling parents and families. Some urban areas develop into ghetto like structures to the point where public authorities are unable to supervise child care in general. Almost all orphans have parents who are in fact alive (according to a recent study from SavetheChildren, 98 % in Eastern and Central Europe) but are unable or unwilling to practice parenting, and parents either

abandon or deprive their children on a major scale, particularly if they are born prematurely or with physical handicaps or deficits. These children can be described as “functional orphans”, a high risk group for general life failure if governments do not replace the parenting function early in life.

According to vast research over decades in child physiology and –psychology, the most devastating and chronic lifespan consequences of lack of care – being also the most efficient intervention period - concerns pregnant mothers, birth and age 0 – 3 years.

FUNCTIONAL ORPHANS – AN INCREASE IN SPITE OF DECREASING BIRTH RATES

Due to a lack of research and rapid changes in society, the number of orphans in Europe is difficult to pinpoint - a conservative estimate may be 1.500.000 orphans aged 0 – 17. An estimate from a cross-European organization (Eurochild report 2010) counts 1.000.000 or 1 % of all children placed in residential care.

Statistics are more precise when estimating the number of children three years and younger placed in public care. In Scandinavian countries this amounts to 1 per 10.000, in former Communist countries up to 50 per 10.000, amounting to somewhere between 46.000 and 90.000 European babies and toddlers. This however is probably only a fraction of orphans – governments tend to minimize the orphan problem, and many orphans outside public care are not registered at all.

Apart from the core of orphan children, an estimated 15 % (depending on country and area) are still with parents, but receive too little attention to their needs or inappropriate parenting and therefore often lose motivation and self-esteem in general - affecting their general life performance and especially the tenacity and parental back-up required for average and good school performance.

WHY DO EUROPEAN CHILDREN BECOME ORPHANS? - Four major sources of abandonment

Four major sources of abandonment, placement and lack of pre- school parenting in Europe (and globally) can be identified to explain the growth in abandonment in spite of still fewer children:

1. The economic and social transition in former Communist countries to market economy

For example in Russia 1999, between 1 and 4 million children were street children, or 3 – 12 % of all Russian children. 50.000 children ran away from home each year due to parental alcohol abuse and neglect. This scenario is common in many former Communist countries, as the gap between rich and poor has widened and industry has been restructured. One result is poverty which is pointed out in many reports as the major reason for abandonment.

2. Sudden waves of internal migration between members of EU

The “extended family” or clan system providing for children is mainly a rural and pre-industrial phenomenon, tending to turn into “single mothers and absent fathers” when families migrate from farming areas into still larger cities. In Denmark the percentage of divorces in couples with children rose from 4 % in 1955 to 40 % at present during the transition from agriculture to an industrialized country. Many former family obligations are now public tasks, including child rearing circumstances. In Romania alone, an estimated 100.000 children were abandoned when Romania recently entered the EU. More than 20.000 children are counted as street children providing for themselves, often as members of street gangs in order to increase their chances of survival.

Other reasons are - in some countries – armed ethnic conflicts.

3. Sudden waves of external migration in and between EU member countries

Especially in the Mediterranean member countries, large waves of migration from the African continent have increased the number of registered and unregistered immigrants (including single children coming alone). When this author visited the University de Los Baleares in Mallorca, child care authorities described that in fifteen years the percentage of migrants had increased from less than 1 to 20 % of the Balearic population, representing a major problem for all departments of child care and education because of children not only with language and cultural problems but also

a large number of deprived children with severe learning and behavior problems. The Turkish partners in the present project report large numbers of children coming from Afghanistan and other countries ridden by conflict and famine.

4. Parental disabilities

Such as: Domestic conflict and violence. Addiction problems (increasing), a lack of social networks and family for young mothers, psychiatric diseases in parents (especially in mothers) such as schizophrenia, manic-depressive states and severe personality disorders, frequently in combination with abuse and/ or children born very prematurely or with physical handicaps. These groups have always been the core of disabled parenting, but a general disruption of social bonds supporting reproduction seems to promote an increase in parental disabilities.

TYPES OF PUBLIC CARE - ORPHANAGE AND FOSTER FAMILY PLACEMENT

The trend in placement strategies – particularly when placing children younger than three - favours foster families (Browne 2006, Johnson 2006) over institutional care. Since Rutter published studies comparing outcomes of institutionalization with adoption into families for Romanian children, this country has moved 90 % of institutionalized children into foster families (NAPCR 2006). These results and others have caused new practices in EU so that institutional care is still less used for children 3 years and younger in favour of foster family placement.

While Rutter's general conclusion – children thrive much better in foster families – is amply documented, two problems remain unresolved: What to do with the large number of children who are and will be in institutions in the future in many countries, and how to educate and manage care quality in foster families that live spread over the country. Romania now struggles to cope with the latter problems. Periods of drug flooding and sudden migration also tend to overwhelm social systems and especially the available number of foster families, forcing authorities to the use of institutional placement in lack of foster families as seen in the US when crack was introduced. Foster and adoptive families also experience major problems in containing children with severe handicaps, brain injury, Reactive Attachment Disorder, Attention Deficit and Hyperactive Disorder and Institutional Autism (severe lack of growth and personality development due to deprivation in outdated organization in large orphanages) (O'Connor 1999, Rutter 1999).

The main objectives and target groups in Lifelong Learning opportunity improvement and preventive intervention are:

- *Pregnant mothers at risk of abandoning children*

- *Families on the verge of abandoning especially babies and toddlers*

(The fact that 4 out of 5 of abovementioned children have live parents calls for intensive work to support parents in keeping their children. However, this is not a general priority in the EU, and it is not a highly prioritized common or individual government political goal. This part of the orphan problem is not addressed in the present project)

- *Providing sufficient care for (especially young) children already placed outside home*

The latter challenge is the goal of the Fair Start project, and the main question is the care giving competences in care givers for functional orphans.

COMPETENCE LEVELS IN PROFESSIONAL CARE FOR FUNCTIONAL ORPHANS

The main target group for improving learning conditions for placed children are professionals caring for functional orphans and their daily leaders, especially the 5 % of orphans who are younger than three.

The competences and education level in leaders and staffs vary extremely from country to country and from region to region, as does the quality of the organizational practical and conceptual framework. In the two extremes there are large, hospital-like orphanages where children's mortality rate can be up to 30 % a year, staffs are uneducated, they have low social status, leaders in some countries run the institution from prison-resembling concepts, and children literally stay in bed until they die. At the other extreme there are regions where individual care and groups of highly educated professionals ensure the best possible care in

public placement.

For all groups however, it is difficult to provide children with continuous contact and specific care givers when placed in institutions because of work hour restrictions and work market regulations. In many places being an orphanage employee is a low status job, causing frequent job changes and low engagement in child work.

It is a major problem to monitor, control and educate foster care families who are often spread over large areas, and finding and paying substitutes for foster parents during education also represents a major problem.

AT WHAT CHILD AGE SPAN DOES CARE GIVE THE BEST RESULTS?

The most important age span for effective intervention for children already placed is from birth to age three. Many funded programs incorporate children from school age and up, but the most important neurological, personal and social foundations for later life depend on pregnancy and birth impacts and care quality during pre-school age. Interventions should target the preschool age span, as does the “Zero to three” (Graham 2003) and a number other intervention programs. The relevance of targeting this age span is well documented in deprivation literature, as are the positive effects on later life and school performance resulting from quality early public care. Early care quality has permanent effects on school age and youth performance.

PARTIAL CONCLUSIONS

The core of children with low school performance and motivation are those who receive aberrant, little or no care from parents during infancy and pre-school life. Almost all children in public placement have live parents.

The major challenge in giving EU children learning opportunities is improving conditions for preschool parenting and professional care - rather than a sole focus on improving school system education.

The most important and critical period for intervention is age 0-3. Professional care givers must receive education in baby, toddler and pre-school life care theory and practice.

Most placements happen - not when the child needs them (the crucial period age -3)- but because the child's behavior disturb other social systems – such as in school, kindergarten or public spaces.

Although research shows that foster family placement must be preferred over institutional settings, it is a fact that many young children are still in institutions. Education must be offered equally to foster families and orphanage institutions.

Providing opportunities for educating staffs and leaders is crucial, but meets a number of obstacles such as expenses for travelling and substitutes for foster families, lack of budgets, low status for jobs in child care and social isolation for child institutions and foster families.

2. RESULTS AND RECOMMENDATIONS FROM THE FAIR START PROJECT

The Fair Start project objective concerns the real life testing of educating caregivers for young children already placed. The project (2008-2010) was directed towards young children regardless of placement type. The project included Romanian, Spanish, Italian, Turkish and Greek EU partners and local orphanage/ foster family leaders, a Danish project management group, and three organizations qualifying educational standards and facilitating e-learning programs (Die Berater, Austria, Seedlearn.org, Switzerland and Argo, Denmark). The objectives were:

1. Defining “Quality care” in professional settings for functional orphans
2. Design and “real-life” test educational programs for professional care givers and leaders in the project countries
3. Disseminate programs in ways offering easy access to education for care givers and their daily leaders by educating institutional leaders and foster family managers in a 6 day instructor's curriculum. Instructors then conveyed the program to their respective staffs and foster families.

4. On the basis of this: to propose recommendations to the Commission: general strategies and standards for educating professional care givers in Europe.

DEFINITIONS OF QUALITY CARE

Defining “quality in orphan care” was managed by a survey of databases and the creation of a scientist network concerning orphan care studies by the Fair Start content expert N. P. Rygaard. This is described in more detail in the adjacent paper “improving professional care”.

(NB. The following principles do not describe the necessary efforts to reunite children and parents before abandonment, since this is most important but outside the project purpose. Only internal quality in professional care work is defined)

SPECIAL FEATURES OF QUALITY CARE IN WORK WITH FUNCTIONAL ORPHANS – DEFINING COMPETENCE IN SOCIAL EDUCATORS

Conclusively, the special needs of orphans demand an organization of daily work and attitudes replacing the parental or family function. Professionals must know and be educated in professional handling of the following dimensions (only the special needs of children in public placement are described here):

- As in a family between parents, the relations between care givers decide the experience of having a secure base for children. One of the most important variables in teaching children social relations competence has demonstrated to be: good social relations and a high degree of engagement between daily leader (or foster family manager) and staff, and between staff/ staff. The quality of social relations so to speak “cascade from top to bottom” in the organization. The Fair Start program defines the improvement of workplace relations in detail. *Providing good manager/staff relations* is a particular problem in foster families where managers and supervisors are often too few and visit the families infrequently or too seldom. The frequency of supervision and dialogue is clearly related to positive child development, and more supervising and educating manpower should be transferred to foster family management.

Professionals should learn how the quality of social relations between staffs - and relations between staff and leader - influences the quality of staff/ leader or foster family manager relations.

This includes that professionals must be educated in how to design “The Learning institution” (as opposed to authoritarian systems where staffs simply obey orders), where staffs and leaders are in dialogue, take decisions together and design local methods for care. Only if children grow up in such a social unit can they learn the basics of self regulation, negotiation and democracy through the professional role models demonstrated by adult interaction.

- Orphan children should in general live in small stable social units. Especially for children younger than three only foster care can offer normal development and compensate for loss of parents. Since this is not the possible in many countries, orphanages/ larger units should be divided into units with 6-8 children resembling “family” groups.

Professionals must learn the importance of early attachment and how to establish conditions offering small social units and long term contact with a few caregivers.

- The basic need of orphans - besides physical care - is care giver emphasis on social relations work and learning how to relate to others in an organized and secure relation.

Professionals must learn how to practice the relational dimensions of secure attachment behavior in care practice.

- Any child should be offered one or a few adults behaving as long term attachment figures and “parental substitutes”. Staffs should not wear uniforms or be otherwise anonymous as in hospital

care, but must be easy to identify and recognize individually for children, and personal relations between staff and care givers should be allowed much more than in normal kindergartens where children have parents of their own. In any practical task staff must consider an opportunity for relating with the child and exercise its social competences. Larger institutions should be divided into small social units with particular staff groups are responsible for a particular child group's wellbeing and development, as in the project and in the SOS Children's Village concepts.

Professionals should be educated in the harmful effects of the Hospital Model of care and how to create opportunities for family resembling care cultures, where children can learn how to relate to others.

· Any child has the right to be a valued peer group member. Children should not only be placed together in random groups, staff must understand and encourage group formation and peer relations such as friendships and group activities and tasks, as a valuable replacement for being in a family and attaching to siblings.

Professionals should learn how to give children opportunities for promoting long term relations with peers during placement, including the management of conflict resolution and friendships enhancement.

· Young children should be offered *continuity* in care giver contact. In the daytime children should have the same care givers every day and over time during their stay as much as possible. This is particularly important in any setting where care depends on shifts in work plans. The Fair Start program offers designs for negotiating work schedules. The use of random workforce should be reduced to a minimum and staffs expected to stay in the job for several years should be preferred.

Professionals should learn how to plan work schedules and discuss with management and colleagues how to make work plans that makes long term relations between children and staff possible.

· Young children should be offered *physical stimulation and physical contact*, since this is a prerequisite for healthy attachment, experienced safety and particularly for brain development in general. This can be included in natural events such as shifting diapers, giving baby massage, not give a child in bed a bottle, but take it up and talk to it while feeding. Children should be offered an active daily schedule, from babies crawling on the floor with care givers, to many daily activities such as painting, running, skipping, hopping, learning games, etc. for toddlers and older children. The most devastating effects on brain development occurs when children are put in beds or are otherwise physically de-activated most of the day, particularly babies and toddlers are crippled for life in this kind of aberrant care.

Professionals should learn the importance and methods of daily physical stimulation as part of activities, especially for children younger than three.

· Orphan children have the right to experience from the first day of placement that they are equal members of local society. Relations and activities between (orphanage or) foster family and environment should be offered, especially if the foster child is the only child in the family. In orphanages, mutual activities encouraging contact with local society life and institutions should be encouraged and be part of daily life. This calls for educating staffs in handling prejudice in the institution and in local society about being an orphan, and locals should be offered information meetings and other activities where being an orphan is presented in a positive spirit.

Professionals should learn how to work with children's feelings of loss and rejection, how to heighten their self-esteem and how to break down isolation and local society's prejudice about

children with problems and children without parents. Professionals should learn how to meet children with insecure or disorganized attachment due to early neglect, deprivation or abuse.

· Contact with live parents should be encouraged. The child should experience staff or foster parents talking respectfully and openly about relatives and the child's problems with loss and relations, and staff encouraging contact with relatives. This does not mean that dysfunctional parents necessarily should take back the child, but that the child experiences staffs inviting and accepting parents. This is sometimes a problem especially in foster family settings which is the placement form with the least and most problematic contact between biological parents and foster family. It is also the most common complaint from formerly placed adults that these matters were not talked about openly while the person was in placement, traumatizing and preventing the persons from overcoming loss and also creating conflicts of loyalty in the child's understanding of belonging to several family groups.

Professionals should learn the ethics and practices of contact with biological parents.

· Much research is needed to link early care practices and environments to child development outcome, school performance and work life. However, a large study indicates that well educated staff work in institutions practicing quality care for babies and toddlers have a long lasting positive effect on both school work and social competence in puberty. Less behavior and conduct problems were also measured (Vandell 2010).

Professionals should learn to understand how important their work is for child development, and that quality care in fact does have a long term positive impact on child development.

DESIGN AND TEST OF EDUCATIONAL METHODS FOR PARTNER COUNTRIES

Key principles of design were:

1. *Cultural diversity and high adaption to local cultural norms in program use.*

This was obtained by splitting up the program in 10 basic principles (science based) of child care, which are unfolded, discussed, planned and practiced individually by local users according to culture and circumstance. *Users are co-designers* of their own practices based on the practices, and learning is practical and daily experience-based.

2. *A high degree of program relevance, accessibility, versatility, usability.*

For accessibility and versatility an internet e-learning program was designed to be used by the educated instructor and local participants. Also, seven different individualized language versions were completed, since staffs can't be expected to speak and read a second language (English, German, Spanish, Italian, Turkish, Greek). This also promotes the feeling of connectedness and familiarity.

Each session can be used individually to train a specific topic or all sessions can be used consecutively for a more systematic competence development. This ensures relevance.

For usability a handbook for instructor and leader in program conduction and 15 2-3 hour sessions were designed. Each session starts with theory supported by photos and small video clips of demonstrations of good practices. These videos have a major impact on the understanding of the principles and facilitate the implementation of new practices. A session is performed during work hours in the institution or foster family, so that theory demonstrated can be planned in the second part of the sessions, and staff can go out and immediately transfer knowledge to modify daily practices.

Another aspect of versatility is covered by the program addressing institution and foster families equally – in Turkey the concept of foster family is unknown and in Romania the major form of placement.

The very high impact of real life changes from the program is probably due to this design. Many staffs complained from other educations about a large gap between education/theory and a lack of learning how

to transform what was learned into practice. As a result they had learned theory but were left without means for implementation.

CONCLUSIONS

Recommendations are therefore that the abovementioned principles should be applied to educational orphan care designs in general.

(Reference documenting the long term positive effects of quality care:

Vandell, D.L., Burchinal, M., Vandergrift, N., Steinberg, L. & NICHD Early Child Care Research Network (2010): Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development. *Child Development*, 81. 737 – 756.)

Appendix 7

Acknowledgement of Fairstart's training programmes
from Life Long Learning Platform

To: Niels Peter Rygaard, Fair Start Global

Ref: 74/DL/09

Subject: LLLAwards2016, Nomination Announcement

Brussels, 15 September 2016

Dear Niels Peter Rygaard,

As President of the Lifelong Learning Platform, I have the pleasure to announce you have been shortlisted for the LLLAwards2016 in the category "Inspiring and Best Practices."

Your initiative is a beacon of hope in the field of lifelong learning and the proof education is one of the most powerful tools we possess to build inclusive, tolerant and democratic societies.

The Award Ceremony will be taking place in Brussels on 11 October in Brussels, and we would be honoured by your presence.

Should you need any additional information, please do not hesitate to contact my Secretariat.

Congratulations.

Yours sincerely,



David Lopez,
LLLPlatform President

The winners in the category Inspiring Practices are...

- [F.A.R.E Football People Action Weeks](#)
- [Support Group Network](#)
- [Fair Start Global](#)
- [Citizens Curriculum](#)
- [Learning 2.0gether – SME Workers and Young Unemployed Skill-Sharing for Employability](#)
- [Global Challenges](#)
- [Le-MATH : Learning Mathematics through new communication factors.](#)
- [L3M – Enjoyable Life Long Learning for the Older Adult incorporating Montessori Principles](#)
- [Initiative Cookbook – Homemade Civic Engagement](#)
- [ISOLEARN: Innovation and social learning in Higher Education](#)



Appendix 8

Article by Niels Peter Rygaard:

Infant Mental Health in the Global Village – An invitation to reader's debate. Emerging infant environments, and future research

The World in WAIMH

By Joshua Sparrow, Brazelton Touchpoints Center, Boston, United States, E-mail joshua.sparrow@childrens.harvard.edu

The World in WAIMH is a column intended to generate reflection and dialogue about infancy and infant mental health within our global community. Joshua Sparrow, Director of Planning, Strategy and Program Development at the Brazelton Touchpoints Center (Boston Children's Hospital/Harvard Medical School) conceived of this column in 2013. What follows is a list of articles that have been published in this column to date. They represent diverse perspectives and challenge all of us to think in a variety of ways about infants, families and communities:

Perspectives in Infant Mental Health Vol. 21 No. 3 (Summer 2013)
Child Justice, Caregiver Empowerment, and Community Self-Determination (Excerpts), J. Sparrow

Perspectives in Infant Mental Health Vol. 21 No. 4 (Fall 2013)
Finding a Place for Early Child Development in the Hierarchy of Needs (Excerpts), N. Kendall-Taylor & M. Baran

Perspectives in Infant Mental Health Vol. 22 No. 1 (Spring 2014)
A Community Service Clinical Psychologist Reflects on a Parenting Skills Workshop in Nolongile Clinic in Khayelitsha, Cape Town, T. Dube

Perspectives in Infant Mental Health Vol. 22 No. 2-3 (Summer 2014)
Los Momentos Magicos: A practical Model for Child Mental Health Professionals to Volunteer by Supporting Caregivers in Institutions in Developing Countries, A. Harrison

Perspectives in Infant Mental Health Vol. 22 No. 4 (Fall 2014)
Connecting with South Africa, (Excerpts), A. Berg

Our shared hope is that this will offer space for challenge and interdisciplinary discussion. We are asking the WAIMH community for commentary, field reports, case studies, research articles, book

reviews, new submissions and (when proper permission can be obtained) adaptations of previously published articles that may be of interest.

This issue's World in WAIMH column features a fascinating reflection by psychologist, Niels Rygaard, founder of fairstartglobal.com on global and urban trends affecting infants, parents, and the caregiving environments in which they grow and develop. His piece is a challenging and thought-provoking one, and offered with the generous spirit of sparking dialogue among WAIMH members and beyond. We welcome your comments and reactions to Infant Mental Health in the Global Village and look forward to publishing them in future issues of Perspectives.

INFANT MENTAL HEALTH IN THE GLOBAL VILLAGE.

An invitation to reader's debate: Emerging infant environments, and future research

By Niels P. Rygaard

Niels P. Rygaard, Private Consultant Psychologist, Denmark

Email: npr@erhvervspsykologerne.dk

Niels P. Rygaard is a private consultant psychologist in the areas of attachment, deprivation and adoption. By means of advanced technology - such as the Harvard/MIT EdX platform - he created a network to transform child research into the design of open source online training programs for foster care and orphanage systems worldwide.

Introduction

This essay aims to identify some hotspots of future infant research. It was inspired by the 2014 WAIMH Edinburgh conference, and the author's observations from developing international online educations for orphanage and foster care systems. Focusing on risk factors, the text projects current global and urban trends, pointing to possible future environments for infants, in a world where the organization of daily care is undergoing rapid change. The urban infant environment is reflected upon from several perspectives: how may the altering patterns of reproduction, migration and social mobility affect the organization of the family, daily infant care, government child policies, and the abandonment of children? To highlight

the impacts of urbanization on family life, Danish examples representative of global statistics are used. The discussion pertains to the areas of theoretical concepts, possible new designs of studies, and the use of technology to disseminate results and professional dialogue with global audiences. (Topics for debate are in italics).

Urbanization, Migration, and Infant Environments

The development of infants reflects their utter dependency of the immediate environment. Thus, to some extent, a short overview of demographic changes in infant environments may encircle future

challenges to research. The UNICEF 2012 theme was: "Children in an urban world". While war, famine, epidemic diseases, and dwindling water supplies represent well known physical threats to families and infants, global urbanization creates a new habitat of human life shaping the social, mental, and emotional organization of early care.

A few figures may illustrate the scale of change: In 1800, only 2 percent of the world population lived in cities. A modest 2014 UN report estimate suggests that "Today, 54 percent of the world's population lives in urban areas, a proportion that is expected to increase to 66 percent by 2050" (DESA 2014). Of the one billion poor, three out of four live in urban areas without shelter and basic services. Twenty-nine percent to forty-eight percent of cities in the developing world have areas considered inaccessible by the police, making infant social services a risky affair. As for infant health, 5.8 percent of children in cities of the developing world die before reaching the age of five (UNCHS 2001).

The overall topic for discussion is simple: How can research identify key areas of improving urban infant environments?

Reproduction: The Reversal of the Age Pyramid and Policies of Infant Care

In urban settings, there are fewer births and more elders: by 2050, the number of persons older than sixty in the world will more than triple, while birth rates decrease (UNCHS 2001). A possible cause of this may be that urban life demands workforce mobility and extensive education. In contrast to rural methods of production, urban life demands exclude children and the elderly by turning them into an economic burden for both parents and society; childhood is extended, and so is old age. In any circumstance, one consequence for developed countries is that parental identity will more often hinge on a single child and so to speak may "overload" the relation with expectations, worries and wishes; that more parents remain less experienced first time parents, and that the child no longer has a number of siblings for peer experiences and relief from parental ambition and worry. The peer group in the daytime outside home tends to replace the rural society sibling and local child group.

In the circumstance of a reversed age pyramid where the influence and needs of the elderly are a dominant

political concern, governments may lack the interest, logistics, and means for investment in infant welfare policies: In Denmark for example, the 13.5 percent decrease in birth ratios since 1994 and "the elderly burden" now stress childcare state budgets, eliciting massive budget cuts in kindergartens, schools, institution and foster care placement, and special needs care. In this political game of priorities, the familiar statement of early intervention being the best investment (such as the Heckman Equation (Campbell et al. 2014)) has limited bearing, and government policies are frequently paralyzed by antagonistic parties either preserving traditional values or propagating adjustments to urban life, spurring conflicts over prevention, abortion, and divorce.

How can research influence government infant policies and societal priorities in the case of infants representing a reduced part of developed country populations?

Uneven Tempo of Change - Migration and the Cultural Chessboard City

World countries may be described as being on different stages in a general process of urbanization causing a steep decrease in childbirths when completed, while Africa, Indonesia, Pakistan and the Philippines will struggle with many births. For example, growing from 38 million in 1950 Nigeria is expected to outnumber the U.S. population by 2050 (United Nations, 2014). This circumstance creates the trend that developed countries hold a shrinking proportion of the world population. Europe has long been unable to reproduce populations (Mathiesen, 1983); China is abandoning the one child policy to avoid a future lack of work force (Settles & Sheng, 2008), and a 2008 study of 39,600 Chinese women shows that 35 percent preferred only one child, 57 percent plan for two, and only 6percent percent planned for more (Hesketh, 2008). The decrease seems to be somewhat synchronized with urbanization.

This population void, combined with civil unrest and poverty, creates waves of migration from less to more developed countries--from Africa to Europe, from Latin to North America, from Asia Minor to Turkey--on a scale far exceeding the migration waves that brought down the Roman Empire, leaving many children in their wake. At the moment, such a wave of 3000 Syrian fugitives to Denmark divides the waters between isolationist and globalist political parties, the former parties opposing fugitive family reunion

and integration.

One outcome is that any city becomes a multicultural and multiethnic chessboard entity, producing and immediately importing conflicts from other parts of the world (as in the recent Hebdo attack in Paris), border problems, and also spurs innovative intercultural mergers. Religious and cultural concepts of family structure from different cultures co-exist, merge, and clash. In an urban bus, a veiled wife with five children may sit next to a conservative Christian and a hardcore women's lib single mother. Many families have multicultural origins (Fitzgerald, Mann, Cabrera, Sarche, & Qin, 2010). However, in time all urban parents become subjected to the urban environment, and face identical challenges to organize work and childcare.

Is it possible that as like languages and dialects disappear, so will local child rearing traditions be replaced by common sets of urban norms? Much research in cultural diversity stresses cultural differences. Can research explore a basic set of principles to define urban quality infant care?

From Preserving Traditional to Constructing Innovative Urban Parenthood

For urban parents, constructing childcare norms and practices becomes an individually composed task, mixing elements from the original cultural values with their own designs. Caregiving competences and practices are no longer only handed down vertically from grandparents: parents identify horizontally (even internationally) with other parents. Parental identity, authority, and emotional state-of-mind concepts such as family, couple, parent, gender, relative, individual versus group needs, etc. are constantly constructed and re-constructed. From a fixed lifelong structure, the family is liquefied into a process of negotiations between individuals.

Family therapy, parent counseling and mediation are professional responses to this development. How can such methods identify elements to reduce the pain of change and increase the ability to create secure and flexible family relations?

The Organization of Urban Infant Care: The Requisite Membership Family

The rural extended-family-clan base, where

children are not separated before school age and participate in daily production and reproduction seems to dismantle under the urban stress of both parents working, the geographic daily separation of family members, and the transformation of cultural norms in city life.

Denmark, having reliable and detailed data on all citizens, may illustrate developed country trends. In the past 20 years, the number of children 0-2 in daytime care increased from 43 percent to 79 percent. Divorce rates (Danish parents have the longest total work hours in Europe) have now reached 43 percent (1955: 4 percent), peaking at two years after birth of the second child. The frequency of divorce has moved from peaking at nine years after marriage for couples married in 1960, to five years for couples married in 1970, with a higher frequency in urban areas. Since 2000, the number of single maternal and paternal providers increased by 25 percent and 50 percent respectively (Olsen, Larsen, & Lange, 2005). Parents tend to be late debutants: most first births are given by mothers 30-34 years, and still less by mothers 15-29 years (figures from the Danish Institute of Statistics).

The fact that we live longer creates serial family memberships. In what may be coined "the requisite family", any membership tends towards temporary, exchangeable actors in the ongoing process of family constructions. Members may or may not be genetic relatives. In the daytime each individual is a member of external groups of identical peers or colleagues within a uniform age span: Child institutions practice strict age limits, and children thus lose the diversity and social interaction of age diverse peer groups. Family constructions frequently break down, and members become actors in other constructions, sometimes with double or triple memberships, or children living with a single parent. Twenty percent of divorce children peddle between parents. Since 2000, the number of single Danish mothers or fathers increased by 25 percent and 50 percent respectively (DIS, 2012).

For infants and toddlers, this organization of care poses an increased risk of separation trauma, loyalty conflicts; and frequent shifts in relations with important attachment figures, as well as with siblings, daycare and kindergarten peers. How do frequent daily caregiver, peer and group shifts affect the attachment process, and child behavior? And how does "age ghetto" care affect the social development of the child?

Society's Response to Insecure Environments: The Child Labeling Diagnostic Culture.

Common child and youth problems in this environment are: low self-esteem, identity problems, suicide and suicide attempts, self-mutilation, eating disorders, learning problems, restlessness, hyperactivity, social phobias, withdrawal, and depression. Treatment designs in therapy, psychiatry and medicine tend to focus on individuals, on parent-child attachment, or at best on families. However, the distribution of child diagnosis seems to be also an urban and cultural phenomenon. For example, the frequency of the ADHD diagnosis is extremely low in Southwestern U.S., and increases gradually towards the Northeast (CDC, 2011). Other causalities of hyperactivity notwithstanding, the stresses of the urban family and restricted physical spaces for child activity may be important contributors to abnormal behaviors. Symptoms of failure to thrive mentally could be interpreted similar to the physical symptoms of urban child obesity (Brody, 2002) and urban cardiovascular diseases (Smith, Ralston & Taubert, 2012).

Do we, so to speak, ignore structural organizational care problems by ascribing them to individual children (and anxious and guilt-ridden parents), instead of interpreting these reactions as healthy and normal responses to intolerable numbers of separations, and increased levels of anxiety, insecurity and stress? Should research further extend the individual and relational focuses to group, intergroup and culture, such as community based interventions? Should we further consider the weaknesses of the DSM system (as does the US National Institute of Mental Health) and search for another paradigm, based on understanding child behavior as a reflection of stressful environments?

Perhaps the basic question is: *to what extent are urban environments suitable habitats for infants, toddlers and their parents, and, do they generate a host of negative long term effects on mental development? If so, can research suggest models for "the resilient infant environment"?*

One example in this direction: a major recent survey of international research since the 1930s concludes that in nurseries and kindergartens, three factors influence long term child development, including higher levels of education as adults: fewer children per caregiver, smaller groups of children, and ongoing education of staff. Positive effects are most prominent in

children from disadvantaged risk families. The most important factor is the quality of the interaction between children and adults (Christoffersen, Hoejen-Soerensen, & Laugesen, 2014), concordant with orphanage intervention research.

Multiple Parenting Stakeholders: The Struggle for Continuity in the Puzzle of Daily Care

As stated by Bowlby, infants need a secure base in order to play, learn and explore; i.e. long term social and emotional relations with one or a few caregivers, especially during the first years of life. This basic premise for healthy infant development has been confirmed by epigenetics, neurology, attachment studies, and other disciplines. In less industrialized settings the early care unit is created by the village: the parents, the relatives and neighbors. Inclusion into a long-term secure group of peers gains importance when the infant becomes a toddler. However, the social relations of all urban individuals tend to increase in numbers and daily caregiver shifts, while reducing in stability and longevity, contradictory to attachment definitions of quality care.

In urban settings, the young parent family is only one piece in the puzzle of shifting daytime groups for infant care, and the age limit for the first daytime separations from parents is dropping. Urban parenting skills may be defined as not only the parental provision of secure style care, but also the skills to construct and manage a network of groups where many separate actors are responsible for the child during the day and the week. These actors have a professional - more than a parental attachment-like approach - to their job, they are responsible for groups rather than for individuals, and they have very limited possibilities for intimate individual relations. Professionals too are requisite caregivers: the average general length of job service in Denmark is now down to three years - for social workers managing fragile families, down to nine months in the Copenhagen area. One study indicates that children in foster care develop less well the more often the foster family's social case manager is exchanged (Egelund 2009).

Ways to enhance coherent networks and cooperation between daily caregiving groups, to provide security and continuity in infant relations may be important areas of study, including countermeasures to the effects of caregiver staff mobility.

Developing World Challenges: Children Growing up without Parental Care and Protection

Mostly in developing countries, the centrifugal power of multiple family stressors tends to sling children from parents into orbit. In the global perspective a considerable number of parents are simply forced to give up (nine out of ten "orphans" have live parents, the correct term would therefore be "children without parental care"). This population is estimated to be well over 100 million, out of which some seven million children grow up in orphanages. Sixty-four percent are girls. Five percent of this population is younger than five. The U.S. has more than half a million children in foster or institutional care. As for Europe, 1.5 million are without parental care; out of these some 90,000 are younger than three, and figures increase in spite of lower birth rates. Only some 50 percent ever complete school or get a job, and many end up in prostitution, abuse, gangs, and suffer from personality disorders and reduced social competences (UNCF, 2004). Sadly, this poor outcome may apply even to developed countries (Vinnerljung, 2014). Many expelled children grow up as easy prey for extremist, warmonger, or criminal organizations, and as such pose a future threat to democracy in adulthood in both developing and developed countries (the terrorist brothers attacking Hebdo in Paris grew up in an orphanage).

Why are the outcomes of public and NGO non-family systems so poor, even in countries investing large amounts in care for abandoned children?

Major Challenges in Improving the Lives of Children without Parents

As pointed out in a recent IMHJ editorial (McCall, Groark, & Rygaard, 2014) the lack of government social services systems in developing countries is the major obstacle for care improvement. For example, one relatively developed country, Indonesia, has 250 social workers in a population of 235 million; these workers are also responsible for overseeing the 8,000 orphanages (BPSW, 2010).

In the global perspective, the trend of preferring foster care in favor of institutions may be questioned (McCall, 2014): quality foster care requires strong government monitoring systems, usually non-existent

in developing countries. In countries where the extended family is still prevalent (Muslim and Asian cultures), family kinship is the condition for inclusion, preventing the use of foster care. A study of the effect of madrasahs (Muslim orphanages) found positive effects in life development, ascribed to lifelong group membership (Khalil, 2014). In Japan children in foster care are stripped of their family name when placed, are not allowed to see parents while in care, and at age 18 get back their name and are left without aftercare. The result is a high suicide rate among former foster care youth (HRW, 2014) (this author currently cooperates with child psychiatry professor Kamikado Kazuhiro at Nagano University to develop online training programs for Japanese foster care (www.fairstartglobaljapan.org)).

In general, the social-emotional relations quality of care systems seems to be more important than the type of placement, the physical environment, and other variables measured (Crockenburg, Rutter, Bakermans-Kranenburg, vanIjzendoorn, & Juffer, 2008).

One possible pathway for research may be to offer governments large-scale program designs: supporting young parents to keep their babies or re-unite, and intervention programs for urban community responsibility for the same. Training programs for foster carers, day carers and nurseries, supporting and educating parents. Programs teaching professional caregivers attachment and relational based practices, to understand that their professional role is also "in loco parentis. Infants should be offered stable attachment figures in professional environments.

Discussion

In the essay, various aspects of infant urban environments have been touched upon to hypothesize possible pointers to future research, and reflections on how rapid demographic change may call for a revision of how we conceptualize infant research. What seems to be clear is that research and intervention designs must be adjusted to the two realities of developing country settings versus developed country settings.

Revisions of theory and research to comply with urban reality

As an example of a concept revision: attachment theory focuses on the mother-and-child relation. Obviously, the role of fathers is an upcoming area of study, but to set the question at tip: how does this theory apply to the busy urban mother building a network of caregivers, or the Chinese worker who relies on grandparents for care, and sees her child once a year? Constructing a secure urban base calls for combining attachment, group dynamic, and social systems theory in order to reflect reality. For example, can we apply attachment theory to "the secure group", or to "the secure infant care network"? If it takes a village to raise a child, how can we recreate the village in urban care units?

Technology spurring innovative research designs, focusing on vertical validity

As brilliantly demonstrated by Swain (2014) at the Edinburgh conference plenum, we are now able to map what goes on in areas of sensitivity in a mother's brain as she interacts with her two-week old baby. This is only one study simultaneously measuring observed micro-processes and, in this case, neurological and dyadic behavioral interactions.

Such designs indicate that validity is no longer only established by a single discipline by comparing results with other identical method studies (horizontal validity). Also, validity is established as vertical, linking micro-processes to still broader scopes of social interaction patterns (Rygaard, 2007). Studies of infant mental health tend to be produced by interdisciplinary groups of experts, comparing processes measured from different distances to the object (epigenetic, synaptic, cortical, behavioral, interactional, group dynamic, etc.). This development of course makes it difficult to define the borders and areas of validity for any discipline involved, including former borders between somatic and mental research. In psychiatry, Millon's multidimensional diagnostic approach (Widiger, 2007) is one example of this way of thinking.

What innovative theories and interdisciplinary methods may redefine infant research? Can we conceptualize cross-disciplinary models to link organizational intervention studies and inter-group, group, relational, behavioral

and internal physical processes in infants?

Today, WAIMH can be compared to a sizzling stock exchange of diverse infant knowledge. Can the WAIMH forum and other research societies join to design a global interdisciplinary research bank, setting global standards for urban infant quality care, to support systems for infants in the future?

With gratitude towards WAIMH for the inspiring Edinburgh Conference, and the members who generously share their knowledge to qualify the FairstartGlobal project, the author hopes that these reflections may inspire further debate.

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Appendix 9

Descriptors defining levels in the European
Qualifications Framework (EQF)

Descriptors defining levels in the European Qualifications Framework (EQF)

Each of the 8 levels is defined by a set of descriptors indicating the **learning outcomes** relevant to qualifications at that level in any system of qualifications

EQF Level	Knowledge	Skills	Competence
	In the context of EQF, knowledge is described as theoretical and/or factual.	In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking), and practical (involving manual dexterity and the use of methods, materials, tools and instruments)	In the context of EQF, competence is described in terms of responsibility and autonomy.
Level 1	Basic general knowledge	Basic skills required to carry out simple tasks	Work or study under direct supervision in a structured context
Level 2	Basic factual knowledge of a field of work or study	Basic cognitive and practical skills required to use relevant information in order to carry out tasks and to solve routine problems using simple rules and tools	Work or study under supervision with some autonomy
Level 3	Knowledge of facts, principles, processes and general concepts, in a field of work or study	A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information	Take responsibility for completion of tasks in work or study; adapt own behaviour to circumstances in solving problems
Level 4	Factual and theoretical knowledge in broad contexts within a field of work or study	A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study	Exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities
Level 5 ^[1]	Comprehensive, specialised, factual and theoretical knowledge within a field of work or study and an awareness of the boundaries of that knowledge	A comprehensive range of cognitive and practical skills required to develop creative solutions to abstract problems	Exercise management and supervision in contexts of work or study activities where there is unpredictable change; review and develop performance of self and others
Level 6 ^[2]	Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles	Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study	Manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups
Level 7 ^[3]	Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research Critical awareness of knowledge issues in a field and at the interface between different fields	Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields	Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams
Level 8 ^[4]	Knowledge at the most advanced frontier of a field of work or study and at the interface between fields	The most advanced and specialised skills and techniques, including synthesis and evaluation, required to solve critical problems in research and/or innovation and to extend and redefine existing knowledge or professional practice	Demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts including research

Compatibility with the Framework for Qualifications of the European Higher Education Area

The Framework for Qualifications of the European Higher Education Area provides descriptors for cycles. Each cycle descriptor offers a generic statement of typical expectations of achievements and abilities associated with qualifications that represent the end of that cycle.

1. The descriptor for the higher education short cycle (within or linked to the first cycle), developed by the Joint Quality Initiative as part of the Bologna process, corresponds to the learning outcomes for EQF level 5.
2. The descriptor for the first cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 6.
3. The descriptor for the second cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 7.
4. The descriptor for the third cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 8.