

## The Community of Excellence Model for Serving Marginalized Children, Youth, and Young Adults

**Project Background:** Children need family guidance and support. The problem is that not all children have access to the support they need to build the lives they deserve. Experiences of poverty, abuse, and neglect conspire against many children. Too many children end up abandoned or living in institutional or residential care facilities. According to research conducted by a team from UNICEF, up to 42 million children worldwide live in institutional, alternative\*, foster care placement, and out-of-parental care settings (Desmond, 2020). While many of these institutions provide basic shelter and food, most do not provide skilled staff to reinforce the development of healthy attachment and resilience (Colvin, 2021). This means for many children in alternative care – the most challenging parts of their lives are still in front of them.

Youth with complex adverse experiences, who are not allowed to build supportive attachments and develop strong resilience, often face later life challenges like incarceration, low educational attainment, and emotional and mental health issues. Without a framework for healthy emotional development and resilience, institutions are left to hope their efforts lead to a better life for a child, and rarely is this the case. Perú's Ministry of Women and Vulnerable Populations (MIMP) estimates that there are nearly 10,000 orphaned children and youth in the country living in a variety of settings. They all struggle with hunger, illness, and violence. The pandemic intensified these numbers in Perú alone, leading to an estimated 93,000 children losing a parent to COVID-19, increasing youth's risks of ending up in residential care and producing a much-needed call to action to prepare child welfare residential staff for the complex need.

Approximately 70,000 additional Peruvian children live in residential care, and another 150,000 more are vulnerable to placement in the child welfare system due to complex social, economic, and demographic challenges. Many in the Peruvian child welfare system come from abusive homes, exposure to substance abuse and crime, and have complex health and socio-emotional development needs. These facilities usually take a one-size-fits-all approach for large groups of children, regardless of their age, abilities, and medical needs. Most care facilities do not have tools or models to train staff.

**What is the Community of Excellence?** Health Bridges International, a U.S.-based non-governmental organization with over 30 years of experience working in global child welfare, working with the School of Nursing at Thomas Jefferson University (Philadelphia, U.S.), Universidad Católica Santa María (Perú), and the NGO Paths of Hope (Perú) are developing a Community of Excellence model for reshaping child welfare services.

The Community of Excellence is a model – a framework for organizing, delivering, and

\***Alternative Care** is any arrangement, formal or informal, temporary or permanent, where a child lives away from his or her parents and the parents are not actively involved in their lives.

assessing child welfare services. The model provides a holistic roadmap to prepare and equip staff at residential care programs, orphanages, foster-care programs, and child welfare settings for serving marginalized youth. The model includes a toolkit with training materials to help care providers build attachment and resilience, practical guidance on applying evidence-based practices, culturally appropriate support to reinforce best practices, and resources for whole-child empowerment services.

**Research Activities:** The Community of Excellence (CoE) research study is a five-year Longitudinal Explanatory Sequential Design investigation designed to assess the impact of the CoE model focused on child welfare caregivers. Phase I of the research was conducted at two homes for formerly homeless and abandoned boys, and data collection from the activities helped to shape and inform further elements of the research. Phase II of the study piloted and tested a revised curriculum and learning materials. Phase III of the study will include a randomized trial of the impact of the CoE Model and examine critical aspects of cultivating and nurturing the community and methods to scale the project to additional sample sites.

The Community of Excellence model provides a structure and format for training in evidence-based practices for serving the diverse needs of formerly abandoned and marginalized youth and young adults in LMIC. The CoE toolkit is a consolidated set of evidence-supported best practices and guidelines for organizing activities, building the environment, staffing, and service delivery in residential care.

**Participation:** Participation in the Community of Excellence model is entirely voluntary. Programs and caregivers can opt in or out of any aspect of the training. Program participants can access web-based learning materials, videos, downloadable PDF documents, and face-to-face learning sessions with faculty and SMEs.

**What is expected of programs participating in the CoE?** The CoE model is an intensive 6-month program that requires two face-to-face retreat sessions conducted over two days and bi-weekly web meetings. Program staff must complete learning modules and participate in evaluation assessments. There is no cost for a program to participate.

**How can my program get involved?** Programs wishing to participate in the Community of Excellence training should complete a short assessment of need (available by contacting HBI at [Info@HBInt.org](mailto:Info@HBInt.org)) and fill out the pre-participation survey (available by contacting HBI at [Info@HBInt.org](mailto:Info@HBInt.org)). Program applicants will be evaluated for participation and, if selected, will be connected to a CoE Research Coordinator.

**Want to learn more?** If you have further questions, contact us at [info@HBInt.org](mailto:info@HBInt.org)

Desmond C, Watt K, Saha A, Huang J, Lu C. Prevalence and number of children living in institutional care: global, regional, and country estimates. *Lancet Child Adolesc Health*. 2020 May;4(5):370-377. doi: 10.1016/S2352-4642(20)30022-5. Epub 2020 Mar 6. PMID: 32151317.

Colvin, M. L., Thompson, H. M., & Cooley, M. E. (2021). The “cost” of collaborating and other challenges in inter-organizational child welfare practice: A community-wide perspective. *Journal of Public Child Welfare*, 15(5), 617-651.