



A CASE STUDY OF THE CONDITIONS LEADING TO SAFE TRANSITION

Bridges Safehouse

Partnerships **PLUS**



Summary

Bridges Safehouse* was established in 2008 by a German expatriate founder/principal donor as a private residential facility for street-connected children in an undocumented migrant community.

Using funds raised through his locally-registered non-governmental organization, he founded an additional three residential facilities providing temporary care for children of incarcerated parents, infants relinquished at a local clinic for migrant workers, and for women and children who had experienced domestic violence, sexual abuse, or trafficking. Each facility was established at the request of local authorities or community members to serve a specific target group and adhered to a strict maximum capacity of 10 children. An active reintegration program instituted from the outset in each facility ensured that the average length of stay for children remained between 3 and 6 months.

Although family preservation, community engagement, and reintegration had always been part of their core objectives and programming, Bridges did not consider further transforming their services into a non-residential model until engagement with a technical support agency highlighted a gap in the existing range of alternative care options and identified concrete pathways to pursuing the development of foster care. Another critical catalyst enabling full transition came in the form of management changes that resulted in the appointment of a national director with community engagement experience and a new principal donor with social work qualifications. Launching a formal transition process in 2013, Bridges networked with like-minded organizations and accessed contextualized technical support addressing the unique legal challenges of securing government permissions for foster care of undocumented children.

Within ten years of the establishment of their first residential facility, Bridges had closed three of their four facilities, had set up one small group home for three children flagged for foster care, and had reintegrated nearly 200 children. Bridges continues to regularly reintegrate women and children out of their emergency shelter while awaiting government permissions to pilot emergency foster care.

As part of the expansion of their historical work to prevent the placement of children into residential care, Bridges now collaborates closely with the local police and provincial social welfare department to run a diverse range of community-based child protection programs. The national director provides direct training to government bodies, child protection networks and agencies, and communities across the border in his home country to advocate for child protection and family-based care.

This case study highlights some of the prerequisites for the starting point of a successful transition process, many of which are often overlooked or underestimated. The combination of the appointment of a director and principal donor with relevant professional backgrounds, their immersion in the communities they served, the existence of a well-established reintegration program long before full transition was even on their radar, and the absence of motivations that superseded the best interests of children all contributed to a situation that mitigated the common risks frequently observed in transitions.

The case study is organized around the various stages of transition and explores some of the key themes outlined in the [Transitioning Models of Care Assessment Tool](#). It also features a timeline that provides a visual representation of the key milestones and duration of each of the stages.

**Names and location of organizations and individuals have been changed; however, the details represent a true account.*

Background and Demographic of the Target Community

Thomas, a German expatriate man living in eastern Africa with his family, founded Bridges Safehouse in 2008 after coming across a group of street-connected migrant children at a local market.

Out of a genuine belief that residential care was the only way to meet the needs of vulnerable children in the absence of family-based care alternatives, Bridges established its first residential facility.

From its inception, Bridges had always prioritized family care for the children who came through their facility and never accepted children for the purpose of providing access to better education. However, the children and families they worked with faced a slew of complex challenges stemming from their migration out of a bordering country to escape armed conflict. They were often denied their basic human rights and struggled with cyclical poverty, discrimination, incarceration, drug trafficking, and abuse.

In response to the needs articulated by local authorities and community members, Bridges went on to establish three more facilities for these various high-risk target

groups. In 2009, they established their second facility to provide short-term care to the children of incarcerated parents, in cases where there were no other options for kinship care in the community. For migrant parents who were serving short sentences for a lack of proper documentation, they were able to resume care of their children once they were released from custody. In 2010, they established their third facility to provide short-term care to infants relinquished at a local clinic providing free services to the migrant community, as family tracing was extremely difficult due to the lack of documentation provided to the clinic by migrant mothers. In 2012, at the request of local authorities, they established an emergency shelter for migrant mothers and their children fleeing situations of domestic violence, and for teenaged girls who had experienced sexual abuse and/or trafficking.

Although the average stay in their residential care facilities remained between 3 and 6 months, with nearly 200 children reintegrated within their first decade of operations, they found that they were constantly under pressure to accept new referrals from the government's child welfare department, the local child protection network, their crisis hotline, and community members. While Thomas was of the opinion that Bridges was doing all it could in a difficult situation, some of the key staff members knew that there had to be better alternatives to continuing to admit more children, but did not know how or where to begin.

Shifting to National Leadership

Although Thomas had been living in the country for more than ten years, spoke the language, and had friendships with members of the local community, he came to recognize his own limitations as an expatriate founder and pushed for a shift to national leadership.

He appointed Bridges' community engagement team leader, Kamal, with oversight of the project and its four facilities, promoting him into Thomas' former role as director of the organization. At the same time, Thomas also stepped out of his role as principal donor, appointing Nina, an expatriate staff member with a social work background, to the task of overseeing the German funding organization as its executive director.

Having secured a national director to lead his organization and a full-time principal donor responsible for fundraising, Thomas no longer held a formal position within Bridges. Although his history as the founder of the organization rendered him

a figurehead and Kamal continued to consult with him on major decisions, Thomas became less and less involved. After moving to a different area of the country, his weekly visits to Bridges turned into monthly visits. Turning his attention to unrelated projects with other organizations, he eventually returned home to Germany with his family.

Thus two staff members with relevant experience and professional backgrounds were entrusted with the responsibility of making organizational and programmatic decisions. Kamal, as the new director, was given the space to shape the project relying on his professional training in community development, as well as his personal experience as a member of the migrant community he served. Nina, in

her new role as principal donor, worked to strengthen their organizational practices and financial transparency.

Armed with a skill set unusual for most principal donors, Nina was able to utilize her relevant professional qualifications, two years of on-the-ground experience working directly with families, and near-fluency in the migrant community language, in her fundraising responsibilities. She effectively communicated complex messaging to her donor base around the root causes Bridges was seeking to address through their work and developed ethical fundraising strategies without ever relying on the ubiquitous and problematic 'orphan care' messaging.

Initial Engagement and Onboarding

In the midst of the changes in management, Thomas had come into contact with a group of Swedish donors who were interested in supporting Bridges' work.

They introduced him to Child and Family Development Agency (CFDA), an organization registered in Sweden that could channel funding from the donors through to Bridges while ensuring full compliance with Swedish laws. Coincidentally, CFDA happened to specialize in care reform work and had strict policies prohibiting funding or partnering with organizations providing residential care, unless it was for the express purpose of fully phasing out of it.

Although Thomas had approached CFDA with the intention of creating an avenue through which he could expand their donor base to other countries in Europe, he was undeterred by CFDA's policies as he did not realize that they applied to Bridges. Because short-term care and reintegration were progressive concepts within

their geographical context at that time, especially when considering the proliferation of long-term residential care institutions housing hundreds of children from the same migrant community that Bridges served, Thomas felt that the lack of family-based alternative care options justified their prolonged use of small-scale and short-term residential care. While recognizing that family care was always ideal, he was comfortable with where Bridges' programming stood and prided himself on not running a 'standard orphanage.' Onboarding discussions with CFDA helped him to realize that there could still be alternatives to temporary residential care, as long as Bridges would be willing to pioneer them.

Kamal, on the other hand, had already identified the need for foster care in their community. Since his appointment as national director, he had turned his attention to advocacy within government and community groups and ramped up their existing efforts to prevent family separation. While their family preservation and strengthening work proved largely successful, their search for family-based care options in the community proved less so. Through initial discussions with CFDA, Kamal was able to envision how Bridges could make progress towards the development of formal foster care in the community, and it was this logic that led him to agree with transition.

Preparing for Transition

With a verbal agreement and commitment to explore how they could fully phase out of all forms of residential care, Bridges and CFDA dove into a brief but intensive preparation process that entailed conducting organizational and programmatic assessments as well as developing program frameworks outlining new strategies to tackle the legal and logistical challenges of launching formal foster care in collaboration with the provincial government.

CFDA connected Kamal with practitioners in the region who were already implementing foster care despite their initial doubts that it could be possible. From both CFDA as well as from peers facing similar challenges, Kamal was provided with technical guidance around the implementation of foster care within contexts with weak regulatory frameworks. This included the development

of screening, recruitment, and training strategies as well as concrete explorations of how to navigate the complex dynamics of securing government approval for foster care of undocumented migrant children.

It was through the combination of these various types of support that Kamal was able to visualize how fully transitioning out of a residential care model was relevant and tangible for Bridges, and it was only then that transition became a reality they could pursue.

Nina continued her work with the overseas funding board to outline clear expectations around the use of funds, reporting requirements, programmatic activities and budgets, and any breaches of policy. Although Bridges and its governing and funding boards were legally registered, their partnership with the principal donor organization had previously been based primarily on trust, as established through Thomas' former positions as executive director of both entities. After replacing him in the role of principal donor, Nina was able to strengthen their formerly loose partnership structure into a formal and contractual partnership meeting the necessary due diligence requirements.

With the necessary preparation processes completed, and a detailed transition strategy and implementation plan in hand, Bridges signed a formal partnership agreement with CFDA, committing to a full transition out of residential care.

Navigating Cognitive Dissonance to Secure Full Buy-In

Although the access to contextualized technical support allowed Bridges to address their final logistical barrier to providing the full range of family-based alternative care options, it was not until 18 months after signing the partnership agreement with CFDA that Kamal fully embraced transition as an urgent necessity for the children in their care.

Though he had no reason to argue against transition and agreed that it was the next logical step for their organization to take in the pursuit of foster care, Kamal believed that their use of small-scale, quality residential care protected the children in their care from the effects of institutionalization. Despite his intimate familiarity with the evidence on the harmful effects of institutional care, as demonstrated through his provision of training to government officials on the subject, there remained a disconnect in how such evidence related to children living in Bridges' own residential facilities.

Through nuanced discussions with CFDA that challenged some of the views that Kamal did not realize he held, he came to identify behaviors of institutionalized children in some of the children in their care. He was introduced to a training organization that specialized in fostering buy-in from directors of residential care facilities and he now credits one of the

workshops he attended through these connections as pivotal in his decision to fully transition out of residential care.

Kamal's final moment of clarity came during a farewell event Bridges organized for some of the children leaving their facilities to return to their parents. As everyone grew emotional at the prospect of the children's permanent departure, Kamal was shocked to hear other children asking him in tears when it would be their turn to go home. Throughout ensuing conversations with the children, Kamal heard directly from them about their desire to live with their

families, even in cases where there had been history of severe abuse.

Following these revelations, Kamal's initial motivation to work for an organization supporting at-risk children transformed into a personal responsibility to see the children safely reintegrated back into their families and communities where they longed to be. During future farewell events for other children leaving their facilities, he felt hugely burdened thinking about the impact of those events on the remaining children, as they awaited their turn to go home.

Provision of Ongoing Technical Support

Completing their preparation period in a fraction of the time required for most other transition projects, Bridges was well-placed to jump into their implementation phase.

They worked through their existing partnerships and networks to advocate for the development of foster care within their community. Although the absence of a national legal framework for foster care of undocumented children resulted in significant obstacles and lack of clarity in securing the appropriate government permissions, Bridges succeeded in obtaining verbal approval from the provincial social welfare department to move forward with implementing foster care.

Technical advisors specializing in foster care spent extended periods of time with key Bridges staff members to reflect on previous efforts to implement foster care and captured their thoughts on how they might improve. Bridges secured permission to use a Swedish foster care agency's guidelines and, over a period of 18 months, adapted them into a comprehensive foster care manual fitting the context of their target community. They also strengthened their reintegration practices utilizing more technically robust procedures and interventions, learning from other organizations within their region.

With the aim of accessing a full-time support person dedicated to Bridges' transition, Kamal requested from CFDA the placement of an overseas technical advisor with practitioner experience in foster care who had had some previous involvement with Bridges. Nina was able to secure funding for an in-country placement for the advisor to work alongside Thomas and the rest of the team on a full-time basis for six months.

Interference from Founder

Despite what looked to be a smooth transition ahead, Thomas, the founder and former director/principal donor unexpectedly re-entered the picture partway through the process, imposing an unrealistic deadline of six months for the closure of their remaining two facilities.

Although the positions that both Kamal and Nina formally held within Bridges granted them the authority to continue the transition process on their own terms, it did not protect them against nearly two years of inexplicable demands, baseless accusations of betrayal, and relentless pressure from Thomas to allocate some of Bridges' funding to his other projects without financial accountability.

Kamal later learned that serious issues with Thomas' health and family had caused the drastic change in his behavior and had overshadowed his commitment to Bridges, but this realization did not shield Kamal from nearly suffering a

nervous breakdown, nor did it prevent Nina's family, friends, and donor base from receiving insulting and harassing messages from Thomas.

Transition work continued throughout a highly stressful period that ultimately resulted in severing ties with Thomas, who went on to establish a new international organization in Germany

using Bridges' name and reputation to facilitate overseas volunteering. Bridges' principal donor organization launched a formal response to harassment by Thomas, and Kamal recognizes now that he could not have survived the turbulent transition process without the ongoing support and guidance from both the technical advisor and Nina.

Post-Transition Outcomes

By 2017, Bridges had closed three of their four facilities and set up a small group home for three children awaiting placement into foster care.

Nearly half of the children who were in their care at the start of the transition have now been placed into foster care or adoptive families and roughly the same number have been reintegrated into birth families and kinship care. The remaining young people are living in community-based care in semi-independent living arrangements with intensive support from social workers.

While Bridges has been operating a crisis hotline since their early years, their fastidious development of the full range of alternative care options has allowed for family care even in emergency cases. Their crisis response team works closely with local police to field reports of abuse and trafficking and collaborates with the provincial government authorities in the placement of children into temporary family-based alternative care where needed. Their community engagement team continues to work closely

with child protection networks and local communities on the prevention and early identification of abuse.

Their drop-in center continues to provide life skills and vocational training to street-connected children, their early childhood development center provides migrant parents with quality child care, and their emergency shelter continues to provide temporary care for women and children. While awaiting government permissions to implement emergency foster care as an alternative to the emergency shelter, Bridges continues to work with the authorities to safely reintegrate women and children into the community.

Kamal now delivers a broad range of training workshops on child development, family-based care, and deinstitutionalization, both within the migrant community as well as in his community of origin to prevent the flow of children from his home country into institutional care. Having experienced a full transition process and witnessed positive changes for many children he thought could never go home, he is more passionate than ever about supporting children to grow up in families and plans to support other institutions through the transition process.

Final Reflections on the Conditions Leading to Safe Transition

All of the individuals involved in the establishment, funding, and operations of the organization were motivated by a genuine concern for children, and there was an absence of other motivations conflicting with the best interests of children.

Kamal and Nina were not the founders of the organization and instead were both employed and appointed to their positions. Their professional backgrounds contributed to their ability to theoretically understand the harmful effects and limitations of institutional care.

However, full buy-in was not achieved until, through an emotional experience of hearing directly from the children, Kamal made the connection between his theoretical understanding and how the evidence was apparent within his own facilities. Transition also did not seem feasible to Kamal until he was provided with highly-contextualized technical support to outline concrete solutions and overcome their final remaining barrier to full transition.

Intercultural dynamics and potential complications resulting from operation within a patronage system did not significantly impact the transition because the process was largely outworked by a director operating within his own community and refraining from entering into a patron-client relationship with any beneficiaries. Kamal was hired into his position because of his qualifications and experience, rather than his relational connections to the community where the children originated.

Many of the common risks stemming from a loosely-structured partnership between Kamal and Nina's funding entity were curtailed by putting the appropriate frameworks and formal agreements in place. Any potential damage and interference caused by the founder, Thomas, who no longer held influence tied to his former roles as director and principal donor, was severely limited by the restriction of his power and authority.

While it is not typical for transition projects to provide family-based alternative care as part of their post-transition programming, a number of factors made it possible for Bridges. This included both Kamal and Nina having relevant professional experience, the absence of any concerning motives on the part of either of them, a director who was a member of the target community and a principal donor who was well integrated into it, and a contractual partnership that was established well before the transition commenced.

However, perhaps the most significant factor leading to their post-transition programming was that Bridges had already been providing similar services around reintegration and family preservation prior to transition. Although a handful of children who could not be placed in families or communities remained in their care for several years, the vast majority of children that came through their facilities were only in care between 3 and 6 months prior to reintegration. They had never solicited funding through misleading messages around 'orphans' or referred to the children as 'theirs,' instead focusing on the importance of reunifying children with their families whenever possible.

Thus from an organizational, programmatic, and funding perspective, Bridges did not have to undertake radical changes to continue to outwork family-based alternative care as part of their post-transition programming. This sets them apart from the majority of other transition projects where the provision of alternative care is feasible only under a carefully-considered set of circumstances.

All identifying information, including the names of people, organizations, and locations, have been changed or omitted to maintain anonymity and to respect the privacy of those involved. All names were randomly selected or created, and any similarities to existing organizational names or individuals are purely coincidental.

This publication was made possible through the generous support of the American people through the U.S. Agency for International Development under Partnerships Plus cooperative agreement number 7200AA18CA00032, funded September 28, 2018, and implemented by JSI Research & Training Institute, Inc. and Better Care Network, a Project of Tides Center. The contents are the responsibility of Better Care Network and do not necessarily reflect the views of USAID or the United States Government.

Bridges Safehouse Timeline of Transition

Reintegration of 180 children out of temporary residential care: 10 years

