



TRANSITION CASE STUDY

Alliance For Children Everywhere Zambia

Partnerships **PLUS**



Summary

Alliance for Children Everywhere (ACE) Zambia is a US-funded organization that transitioned from providing residential care in Zambia to pioneering family-based care, including foster care, and supporting other residential care service providers to transition. With important links to the Zambian government, ACE Zambia has been a key actor in supporting the development of policies, programs and guidelines that are now utilized across the country.

Background

ACE Zambia, formerly known as Christian Alliance for Children in Zambia (CACZ) is a faith-based and non-governmental organization which was founded in 1998. The organization was formed under the vision of Alliance for Children Everywhere (ACE), a Christian non-profit organization based in the US, that sought to intervene on behalf of orphans and vulnerable children in crisis while providing family preservation and empowerment services. The vision was brought to church leaders in Zambia by two Americans; Virginia Woods and Sandra Levinson in 1997. On their initial trip to Zambia, they engaged with several church leaders to form the initial alliance (CACZ). Since its inception, ACE has functioned as the resource mobilizing partner.

Starting in 2001, the organization set up three residential care facilities for children. These facilities include: the House

of Moses, which continues to provide care for infants and young children up to the age of two years; the Bill and Bette Bryant Home, which was set up for children between the ages of two and five years; and the House of Martha, which provided care for children aged six to fourteen years. These centers were intended to provide temporary care for children while more permanent placements were being arranged. However, in June 2013, the House of Martha was closed due to organizational restructuring which resulted in the children in care being transferred to other childcare facilities by the Department of Social Welfare (DSW). Though ACE Zambia's model has always intended to provide short-term residential care, this closure showed that children often remained in the facilities for longer periods of time.

Phase One: Learning and Engagement

Before any consideration of transitioning was explored, ACE leadership had expressed their frustration that many of the children in their care were getting stuck in residential care long-term and were not being reunited with their families. This lack of reintegration meant that they were not able to help as many children as they would have liked and were having to turn down requests to receive children. This growing frustration coincided with an invitation to learn about family-based care with representatives from Bethany Christian Services Global (Bethany) in the United States.

ACE Zambia's founders, director and communications officer attended a series of meetings in Tucson, Arizona, in November 2013 where two representatives from Bethany taught about the harm of residential care, the theology of adoption, and the importance of family-based care. It was through this opportunity that the leadership of ACE first learned about family-based care which catalyzed their transition towards a new way of serving children.

Engaging the Government

Shortly after making the decision to transition, on February 27, 2014, ACE leadership, accompanied by a representative of Bethany and ACE Zambia, met with the Director of Social Welfare at the Ministry of Community Development and Social Services (MCDSS) in Lusaka, Zambia. In this strategic meeting, the ACE team communicated their decision to transition from residential care to offering community support services and family-based care. The initial request was for the government to partner with ACE Zambia in their endeavor which resulted in an active engagement and the presence of the MCDSS and DSW in every workshop and event that ACE Zambia facilitated on the topic of transition.

In early 2014, staff at ACE began to learn about a new way of supporting vulnerable children. However, at the time, the organization only had one staff member overseeing social work, who was not a trained or accredited social worker. Bethany stressed the need to address this gap and the importance of having well trained social work personnel within the ACE team and within government, to lead the transition and development of family-based care services. Throughout all of 2014, ACE Zambia hosted numerous trainings and train the trainer workshops to build the capacity of staff and government officials. This proved critical to propelling the movement and multiplying the effects of the initial family-based care message.

Working with Local Churches

From the outset, Bethany also stressed the important role faith communities can play in developing family-based care services, specifically in supporting the recruitment of foster and adoptive families. In March – April 2014, ACE and Bethany organized two events to promote foster care amongst pastors, church leaders, NGO social workers, and government officers. The second event resulted in 62 individuals indicating that they

were interested in adopting or fostering a child and the birth of an advocacy movement called Embrace Zambia. A leadership group representing different church denominations was formed to serve as a united liaison between the government and implementing partners and to empower the movement of promoting family-based care.

Phase Two: Preparation and Planning

Developing Policies and Procedures for Family Reintegration

While the government of Zambia was favorable towards family-based care, there was no program in place at the time ACE commenced their transition, and no existing policy framework to support its development. ACE worked closely with the government to develop a policy guideline and manual for reintegration, foster care, and adoption. These were used to guide their own transition and were eventually embraced as national guidelines.

In addition, ACE was also able to advocate for budgetary allocation for training of police officers, magistrates, and judges in Lusaka to improve child safeguarding for children who came into contact with protection services. ACE Zambia hopes to be able to extend this training to cover all law enforcement and judiciary in the capital before expanding into other regions.

Stakeholder Buy-In

After the initial awareness raising activities around family-based care led by Bethany, ACE began to take steps toward

their own transition. They employed a model of transit homes which meant that family reunification was already a part of the model. They began by sharing the message that families were the best environment for children with their Zambian board of the directors. The board members responded more positively to hearing this message directly from ACE management and staff, particularly the social workers, who became the primary advocates for family-based care.

Donors

ACE headquarters in the USA thoroughly supported ACE Zambia to embrace their transition from residential care to alternative and family-based care. Additionally, Bethany continued to provide support, guidance and resources through extensive capacity building events and direct funding for programming. ACE were able to secure additional support for transition from GHR, which enabled them to engage in the broader family-based care advocacy and support the government reform efforts in conjunction with their own transition. GHR was interested in pushing systemic change and identified ACE Zambia as an important actor to lead practices of family tracing, family assessments, child assessments and linking children to their families. This proved to be an area where ACE Zambia developed expertise. By partnering with other organisations who specialized in areas such as health and education, they formed a consortium with GHR's support. This consortium received direct oversight from government and provided a platform to enable civil-society and government collaboration on care reforms. ACE Zambia strongly believed that fostering government ownership over the consortium from the outset, and over the initial changes that were taking place, as key to positioning the government to lead broader care reforms as they expanded throughout the country.

ACE continued to bring their donors along on the journey of transition, providing plain language updates and explanations of the family-based care model in their newsletters and other donor communication materials. By highlighting success stories resulting from the transition, donors became increasingly convinced that family-based care was the best option for children and continued to support the cause.

Financial Preparation for Transition

At the onset of the transition, it was necessary to increase the budget as efforts like family tracing and visits required more resources, vehicles, and fuel. Budgeting for these increases showed preparedness and allowed them to avoid the challenge of a lack of resources mid-transition. In order to prepare for the transition, nearly every area of the organization needed work. From different allowances and cutbacks in the budget to increasing capacity of the social work departments, they had to make a variety of changes to be adequately prepared for the steps that followed. This preparation included bringing on more social workers, creating new positions, and sourcing new tools and systems from others that could be used to implement the transition.

Increasing Staff Capacity

ACE recognized the need to strengthen their social work team in preparation for transition. In May 2014, they employed two additional social workers to form a three-person social work unit. This unit was later expanded to nine as the expanding programs became more demanding. These staff members received training from Bethany in case management, best practices in family-based care and trauma-informed care. These trainings enabled the team to develop a specialization in family tracing and alternative care placements. In 2014, the first year these trainings were conducted, only one child was placed into a family. They held additional social work training and further refined their case management processes. In just 2-3 years these practices saw their placement rates increase to 24 family-based care placements within a 12-month period. With the help of Bethany and other organizations, they developed new tools and contextualized several existing tools, such as the Child Status Index, to support the new focus of their programs. and systems from others that could be used to implement the transition.

Phase Three: Implementing the Transformation

Communicating with Staff and Caregivers

In the first few months of 2014, staff members were engaged in a way that portrayed the changes as being in the best interest of the children. The message of transition was first delivered to the staff supervisors and was then given by the directors and managers in a meeting with all staff members present. This informative meeting focused on the message of families as the best place to meet children's complex developmental needs. This was not a new message to the staff, however, this time they were presented with the message in the context of tangible plans to transition their own services.

The staff were briefed on the plans to prepare children for reintegration, however no timeline for transition was shared. At this time, there was a focus on reassuring the staff of their job security, as this was of great concern. The leadership emphasized that the facilities would continue to be used for temporary care for the shortest period possible and that as the workload in the nursery reduced, they would be assigned other duties. These new duties would be accompanied by the provision of training so they could continue to work for the benefit of the organization in different roles.

Many of the caregivers had mixed feelings after this meeting. Some were skeptical of the plans to ensure all caregivers could be assigned to other duties, particularly those who did not have qualifications and had only ever worked as a caregiver. Some doubted the promise of ongoing employment for all staff and were fearful of losing their jobs. Ongoing reassurance was required to maintain their sense of trust, and it was when the management began assigning other duties to the first caregivers that these fears fully subsided.

In hindsight, some staff members claim that a more involved and informative process would have helped attend to the fears of those who did not understand the implications of residential care and saw family-based care as a threat to their livelihood. It was also recommended that staff be involved in the decision-making process to obtain their views and brainstorm as a team so that they felt more a part of the process.

Communicating with the Children in Care

When the time came to inform the children of the changes that would affect them directly, they utilized a case-by-case approach. They informed individual children of plans for them to return once their relatives and family had been found and

initiated family reconnection and bonding. The child's age was an important factor in considering how to communicate the decision to transition. It was easier for the older children and for those who had watched other children reunify with their families. As a result, many of the children already had a sense that they might return home one day. The staff were able to leverage this experience of watching their friends leave care to begin to talk to them about their opinions, options, and reintegration plans.

Due to the transient nature of the facility, the children already had expectations of being there for a short period of time. This contributed to easier transitions as the children looked forward to their permanent placements in family-based care. In this process of working with the children towards reunification or another permanent placement, the staff encountered several obstacles such as more complex therapeutic needs that children had that could not be attended to in their short stay. Additionally, communicating future change to younger children proved difficult as their capacity for comprehension and communication was limited. These difficulties only further convinced the ACE Zambia leadership of the need for specialized services for children in the community as these services tend to be expensive and not easily accessible.

Communicating and Engaging with Families

Families of the children first engaged through education that emphasized the harm of residential care and the inherent benefits in a family environment. Additionally, the families were informed about the new government plans and policies for children to grow up in families and that residential care would be used for a period of no more than 6 months whilst a plan for reintegration or a family-based care placement was made.

Most of the children had families and were in care due to educational needs and poverty. Thus, the conversation hinged on the way that families needed to be supported to provide adequate care and opportunities for their own children. Follow-up was provided for each of the families with additional capacity building, parenting workshops, and consistent and in-depth assessments to ensure the child was safe and well provided for. To engage the entire context into which a child would be returning and encourage the acceptance of the child by all family members, the ACE Zambia staff carried out additional assessments which included extended family members.



Communicating with Local Communities and Churches

Different church leaders were engaged with mainly at recruitment events that sought to empower local religious leaders to carry out the work of finding foster and adoptive families. Aside from recruitment, the church, namely the Embrace Zambia Project, was also in charge of the support groups for families. Funding and training were offered to these church leaders so that many of the issues that arose would be tended to in the context of a local church support group. This church-based recruitment and support initiative had several benefits including stronger bonds in the community and easier access to support when the families needed it. It was much easier for a local pastor or church group to follow up with families in their own church community and it gave the Zambian church a sense of ownership and competency in their support of family-based care. The pastors that belonged

to Embrace Zambia Project would report pressing matters to the Action Committee of the movement where the coordinator of the movement would then include the matter in his report to the implementing organization.

When churches reached a saturation point and were unable to recruit additional families, they were encouraged to leverage their contacts in other churches to spread the voice and further the cause. In one meeting with government officials and some key stakeholders, one government official questioned the logic of prioritizing churches in the recruitment and support of families. A representative from ACE Zambia replied that “the church has the authority; the mandate; the voice; the people and the platform. A lot of people listen to and trust their church leader more than their own father or mother.” This has proved to be true and has sent a resounding message that churches are at the forefront of care reform.

Social Work and Reintegration Processes

Social Work Training

In attempts to provide comprehensive social work services to the families that had been reunified and the families providing alternative care, the professionals needed to be trained in evidence-based and practical methodologies. Bethany provided additional training for social workers, including the Parenting to Heal Training and others regarding institutional care and case management processes for reintegration. Training support was also contributed by the MCDSS who trained the staff in using the government forms and case management system for reintegration as part of a project that was led by UNICEF.

Collaboration with the University of Zambia and Government

To ensure there were enough social workers on staff to efficiently handle the case load, the ACE Zambia leadership engaged with the University of Zambia (UNZA) social work department to recruit qualified social workers and even

volunteer social workers, interns and others who were hired as staff. The social work department was broken up into those who were doing family tracing, family assessments, child assessments, and those who were following up on the procedures and reporting processes. In addition, there was also the work of assessing and training the families who were interested in adopting and fostering children. This was done in collaboration with government social workers, according to law. ACE provided necessary technical and logistical support to the government social workers so they could effectively fulfil their role. In addition, ACE Zambia supported the government with the training of prospective families. The ACE training was officially recognized by government who required all prospective families to hold an ACE Zambia training certificate prior to approval.

Family Tracing and Assessment

At the beginning of the transition process, reintegration of children with biological family was not the primary pursuit.

ACE started with a much stronger focus on foster care and adoptions, believing that most children would not be able to return to their families of origin. However, overtime, and as a result of family tracing and assessment efforts, they came to realize that most of the children could in fact return to families of origin with support, and that their focus needed to shift to reintegration and reintegration accordingly.

When ACE initially began to trace the families of the children in their care, they began by looking at the documentation they had on file and reaching out to DSW for any additional information. Families who were located through the tracing efforts reacted in different ways. Some had no knowledge about the whereabouts of the child were elated to be reconnected with their child. In other cases, families were displeased with being found and fearful that it would mean they'd be 'burdened' with their child's care.

Once family had been traced and evaluated for possible reunification, family assessments and reconnection visits were arranged. Carried out by a team of ACE Zambia and DSW social workers, they would determine whether the family had safe housing and if any improvements needed to be made. In these assessment processes they also sought to uncover the original cause of separation and whether those root issues had been adequately addressed. In accordance with recommendations made by Bethany, ACE Zambia would carry out the first two or three family visits without the government social workers. This was done to foster trust and provide a sense of safety for the families. When the DSW social workers would visit the family, they would already know a great deal about the family and be able to advocate for them.

A key lesson learned in the processes of family tracing and reconnection, was that the sooner it takes place, the easier the reunification process is. It can be difficult for both families and children when the period of separation without contact is extended. Plus, the longer a child is in care, the harder it becomes to trace the family. Therefore, ACE Zambia learned

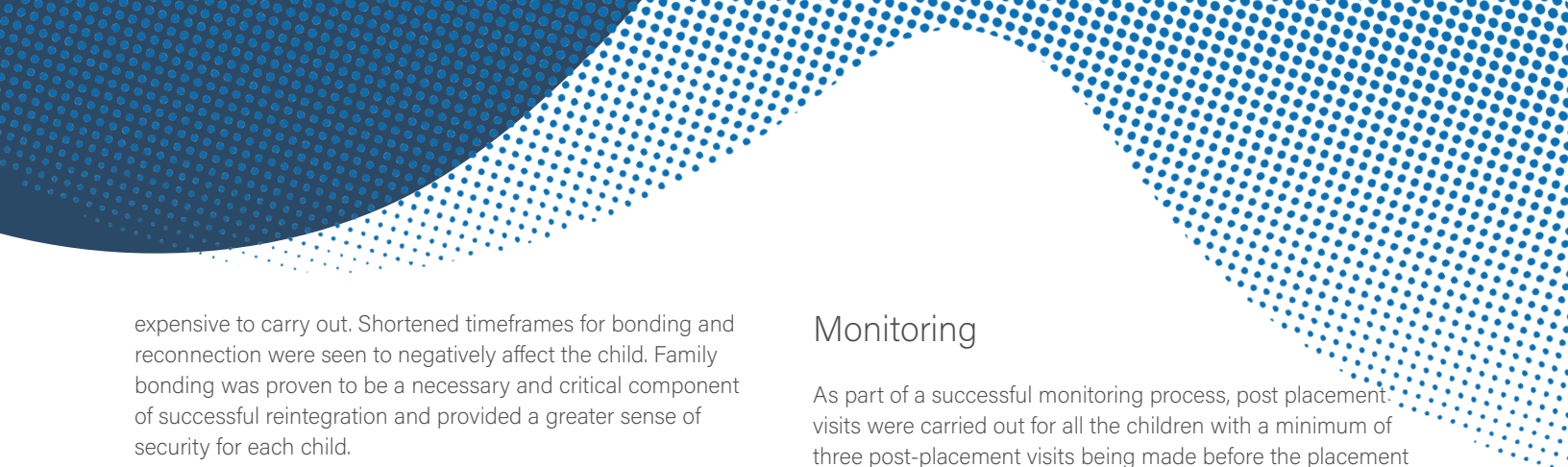
the valuable lesson of initiating tracing as soon as a child comes into care and to maintain family contact throughout the reintegration process.

In some cases, poor intake procedures hampered tracing efforts, as there were no documents to identify the cause of referral or information about the family of origin. In these cases, social workers had to creatively assess the information they had and investigate any potential lead. Often, this would lead them to hospitals, schools, and government offices in hopes of finding some information to trace the families of the children in care.

Child Assessments and Family Reconnection

As a key component of effective case management, child assessments were conducted monthly in the ACE Zambia facility. Professional staff would evaluate the developmental milestones of the children to measure their development based on their age and according to standardized growth charts.

In all of their experience with family reintegration, there have been no examples of children refusing to return to family. Initially, some children would react with fear until they had an opportunity to reconnect and bond with their family or caregiver. Many of the children's connection had been severed when they came into care and contact was not maintained; the first encounter with the family member was strange and sometimes uncomfortable. Staff accompanied children during reconnection visits to help the children adapt. Visits were always oriented around things the child liked to do. The staff informed the family member of the child's strengths, likes and dislikes in advance so they could engage with the child in way the child would perceive as positive. In some cases, a thorough family reconnection process was not possible. On some occasions, this was the result of the social welfare department giving a directive to discharge the child or because the family came from far away and reconnection visits were too



expensive to carry out. Shortened timeframes for bonding and reconnection were seen to negatively affect the child. Family bonding was proven to be a necessary and critical component of successful reintegration and provided a greater sense of security for each child.

Reunification and Placement

When the families were assessed and the children were ready, the reunification was carried out. In the entire transition process, there were more family reunification cases than placements in foster care as most children had family, including extended family, who could care for them. Additionally, foster care placements were often lengthy processes that involved court action, so reunification reduced the length of time the children were to remain institutionalized.

There were some placement breakdowns as some mothers went back to work and essentially abandoned their children once again. To prevent these breakdowns, families were offered support through counseling and economic empowerment to ensure a stable source of income. Aside from the support offered by their own programs, they sought to partner with other organizations that could help support and provide for families in need.

Developing Policies with the Government

There were additional challenges in reunifications, specifically in the existing policies that lacked clarity and applicability. One example of these challenges was in the implementation of the Emergency Family-Based Foster Care Program which allows children to bypass residential care and go straight into a family-based placement. When ACE Zambia sought to implement the program, they discovered there was no policy to back up the process which prevented them from moving forward. Even the government, through the social welfare department and the judiciary branch, did not know how to handle the families who wanted to participate in the Emergency Family-Based Foster Care Program given that there was no structure around protecting or licensing families. Currently, ACE Zambia is working with the judiciary branch and the Police Child Care Protection Unit as well as the Department of Social Welfare under the MCDSS, to collaboratively develop policies that can provide structure to and guide the program.

Monitoring

As part of a successful monitoring process, post placement visits were carried out for all the children with a minimum of three post-placement visits being made before the placement was deemed stable. Often, however, families require more time. In these visits, the monitoring team assesses stability in relation to education, nutrition, basic needs, and standardized signs of safety.

Based on the results of these assessments, the team often adjusted or increased the level of support to meet the most pressing needs. Sometimes, this looked like help with food, education, or even financial support. These monitoring visits are important as many families will not seek out help or communicate if they are facing challenges and need assistance.

New Post Transition Services

Since 2020, ACE began to utilize their own experience to help support others to make the transition. They have since set up a transition service to assist others in every step of the transition process. As a result of this initiative, many organizations have received technical support and learned from the ACE Zambia story. Many Catholic residential care facilities have sought support and are currently being guided in their own transition journey.

Currently, ACE Zambia is divided up into three main programs: child welfare, family preservation and empowerment program, and the education program. The child welfare program services, include providing crisis care through the House of Moses and the Bill and Bette Bryant crisis nurseries that provide short-term care for abandoned babies in Zambia. Aligning with their overarching goals, the crisis nurseries serve as a short-term placement centers while a permanent solution can be found for each child. The family preservation and empowerment program provides food relief, skills training, savings groups (educational focus groups) and seed capital in order to strengthen families and foster familial resilience. The education program provides primary schooling with a feeding program that helps to provide nutrition and alleviate family financial burdens.

While ACE Zambia's residential care programs have provided short-term care to hundreds of children since 2001, their family preservation services have served and impacted over 4000 children and their families. Additionally, since foster care has become a part of their programming, they have trained 580 families and placed 304 children in care.

Influencing Others

Much of the influence that ACE has been able to have on residential care service providers stems from the fact that it first piloted the transition, including family tracing and family-based care with its own services, and used the results to show others that transition was possible. This led to other organizations following suit and making the transition themselves.

Many organizations expressed their concern that if they were to empty their orphanages of children, they would no longer receive financial support. Others believed children would suffer if they were sent back to their families. ACE Zambia took great care in explaining the process so that others could see that it was indeed a comprehensive process that provided support to families to enable them to care for their children.

Future Programs

While the House of Moses and the Bill and Bette Bryant Crisis Nursery currently provides temporary care to abandoned babies, this is being used as a short-term program until the Emergency Family-Based Foster Care Program is fully operational. At that point, abandoned children, especially those under the age of 3, will be referred straight to emergency foster families. At that time, ACE will have achieved their goal of fully eliminating all residential care from its programming.

Alliance for Children Everywhere Zambia Timeline of Transition

Time from decision to transition to providing transition support to others: 6 years

Time to establish policy and guidelines regarding foster care: 2.5 years

Time from initial leadership engagement around family-based care to board level decision to fully transition: 4 months

Time it took to develop family strengthening programs: 2 years

