



**Better
Care
Network**

FINANCIAL IMPACT OF TRANSITION ANNEX

Bridges Safehouse



MacArthur
Foundation

Changing
THE WAY WE
care

Summary

The nature of a transition process varies for every organization depending on the existing dynamics and assets in place as well as the partnerships that develop throughout the transition process. In the case of Bridges Safehouse, various factors contributed to a comparably harmonious transition that was reflected in the overall costs of operation throughout the entire process.

Phase 1: Learning and Exploration

Baseline

At the onset of the transition process in 2012, Bridges provided support to a total of 834 children, youth and adults, through their residential and community-based intervention programs combined. At this point, the residential component comprised 4% of their beneficiaries yet, nearly 65% of their operating budget.

Building awareness of the reasons for change

In the initial two years of the transition process, the founder and key stakeholders were engaged in a learning process that led them to complete buy-in for transition. Considering Bridges was already aligned with many of the concepts of transition, their 'learning and exploration' phase costs were minimal as

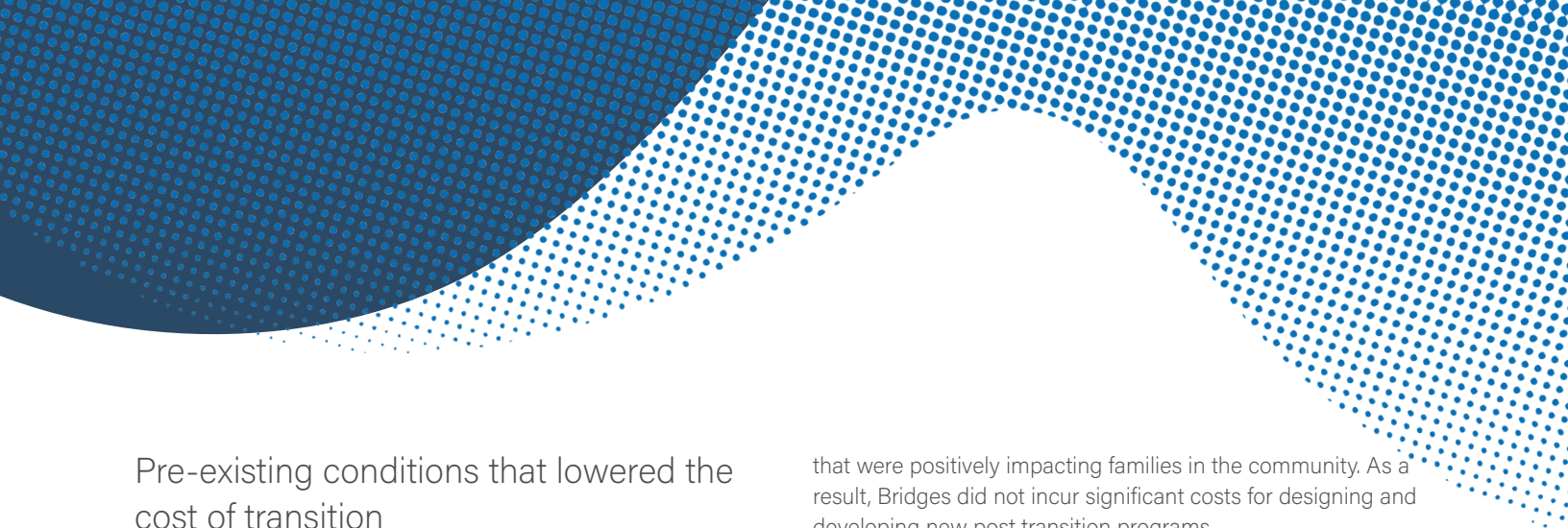
buy-in was achieved expediently. Additionally, as Bridges was already working in the surrounding community, they were able to quickly identify and engage with others who would later support their transition process.

Donor communication

Most donors were made aware of the organization's decision to transition their residential care services. However, donors gave to a general fund that covered both community and residential services, rather than designating their funds to a specific program. This minimized the impact of transition on their funding model and individual donors. Additionally, as Bridges Safehouse did not utilize a sponsorship model, they did not see any drops in funding once children were reintegrated. In general, there was little-to-no change in donations received throughout the transition process.

Phase 2: Preparing for Transition

Although the path forward was generally clear with a well-defined vision to transition, they did not create a specific plan regarding the organization's budget. This lack of planning proved to be a weakness of the entire transitioning process, however the support of other organizations and partners helped to offset costs that would have otherwise been significant.



Pre-existing conditions that lowered the cost of transition

Bridges had several important factors that proved to counter the costs of the transition process. Primarily, their residential care services adhered to national standards of care and the staff were already complying with policies and procedures that were considered to be good practice. As such, there were no significant costs associated with improving standards in preparation for transition.

Another contributing factor to the relative ease of the transition process came from the competency and training of one of the members of the leadership who was trained in the area of social work. Additionally, the residential service already had a programmatic emphasis on the reintegration of children, which meant there was a basic social work foundation and reintegration program to build upon as part of the transition. This reduced the costs associated with transition when compared to organizations who lacked social work and reintegration competencies when commencing transition.

Post transition program design

In addition to their residential care services, Bridges already ran numerous community and family-strengthening programs,

that were positively impacting families in the community. As a result, Bridges did not incur significant costs for designing and developing new post transition programs.

Transition Support

For the technical support that is required to safely transition, Bridges was able to offset a large portion of their transition budget thanks to the generous support of different organizations who provided technical assistance and guidance throughout the entire process. From organizational assessments, case management systems and capacity building, this technical support was critical to the success of the transition and came at no cost to the organization. The costs were covered by the organization providing technical support. Only one technical consultant was hired by Bridges in the implementation phase. At one point, a technical consultant spent an extended period on site providing oversight and orientation to the social work and programs teams, specifically investing in the existing staff to increase their capacities to enable them to transition their roles as part of the process. This kind of direct and professional support can require significant funding when sourced through paid consultancies; however, Bridges only needed to allocate a small amount of funding for this crucial component of the process.

Phase 3: Implementing the Transition

Case management

To support the increased emphasis on case management, Bridges hired one additional social worker and increased their spending on professional staff salaries. They were able to fund these additional staff expenses through reallocating funds from their general budget, particularly as spending on residential care services decreased.

Bridges was able to access a new digital case management system to support the social work component of their transition through their technical partner.

Bridges had the added advantage of being located close to the children's families of origin. Throughout the reintegration process, this geographical proximity to the families of origin allowed for easy access for family assessment, connection and bonding, and placement monitoring, which kept staff travel

costs at a minimal level. In many cases, the reintegration process presents logistical costs of transporting the child or family for family connection visits and post-placement evaluations, which was not the case for Bridges.

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.

Facilities

The residential care services operated in several rented facilities that represented a substantial component of the

operating budget for Bridges. As children were reintegrated or placed in family-based care, they were able to gradually close these facilities and terminate rental contracts. These facility rental costs savings were redirected towards the scaling up of their existing community-based programs, which meant they didn't need to raise significant additional funding to scale those services.

Scaling of Existing Programs

After successfully reintegrating the children out of residential care, Bridges was able to redirect their efforts into strengthening their community-based intervention programs. Considering that these programs existed before the transition process began, the organization was able to scale up their existing non-residential programs and therefore maximize their impact without substantial increases to their operating budget. Bridges did not raise money specifically for the transition process and continued to raise funds for their community-based programs using this general budget for specific costs, such as hiring an additional social worker.

Overall Financial Implications

Increase of Beneficiaries at a Lower Cost

In 2012, when the transition process began, Bridges was supporting 834 beneficiaries through their residential and community-based services. By 2021, after the transition was complete, Bridges' reach increased by 780%, with 6550 children, youth and adults accessing support through their community services. The transition from residential to community-based services had decreased Bridges per beneficiary cost by 500% and positioned them to use funds more efficiently and achieve a much wider and more sustainable impact in the community. Children often remained in the facilities for longer periods of time.

Summary of spike costs

As summarized in the budget and spike costs by phases of transition graph below, there was a 21% increase in spending at the beginning of phase 3 and another equivalent spike at the end of phase 3. These spikes in spending reflect family tracing, reintegration efforts and staff training that were necessary to successfully transition the children out of residential care and to repurpose staff into the existing community-based programming. Additionally, it is important to note that these costs did not repeat, and the post-transition costs reduced to a new operating budget that was 67% of the initial baseline cost of residential care.

Graph: Budget and Spike Costs by Phases of Transition

