

CHRISTIAN ALLIANCE FOR ORPHANS

REPLICABLE MODELS

for transition to

FAMILY-BASED CARE



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Introduction

Social science and Scripture affirm that the best environment for children is a safe, permanent family. In our broken world, even the best available solutions often fall short of ideal. But this reality should never keep us from relentlessly pressing toward the ideal.

When it comes to orphans and vulnerable children (OVCs), research strongly suggests that pursuing the excellence means care that is as *safe, nurturing* and as *close to family* as is feasible for the given situation.

Many dedicated OVC care organizations that have long served children in large-scale residential settings desire to shift decisively toward family-based solutions. However, transitioning from residential care to family-based care can be difficult, even intimidating. Concerns about impact on the children and employees, uncertainties about process, and questions about how board members, donors, and partners will react all complicate the process. The organizations profiled in these case studies have pioneered effective transitions from residential to family-based care. For these studies, they have generously shared from their experiences, to inspire and assist others in making similar changes.

Although each organization serves different children, cultures, and legal systems, they share many commonalities as well. We see patterns of local church and government involvement, healthy partnerships, strengths-based approaches, well-trained professional staff, investment in family strengthening, and effective assessment, matching, and post-placement support strategies. Each attends to every child's unique combination of needs, avoiding one-size-fits-all prescriptions.

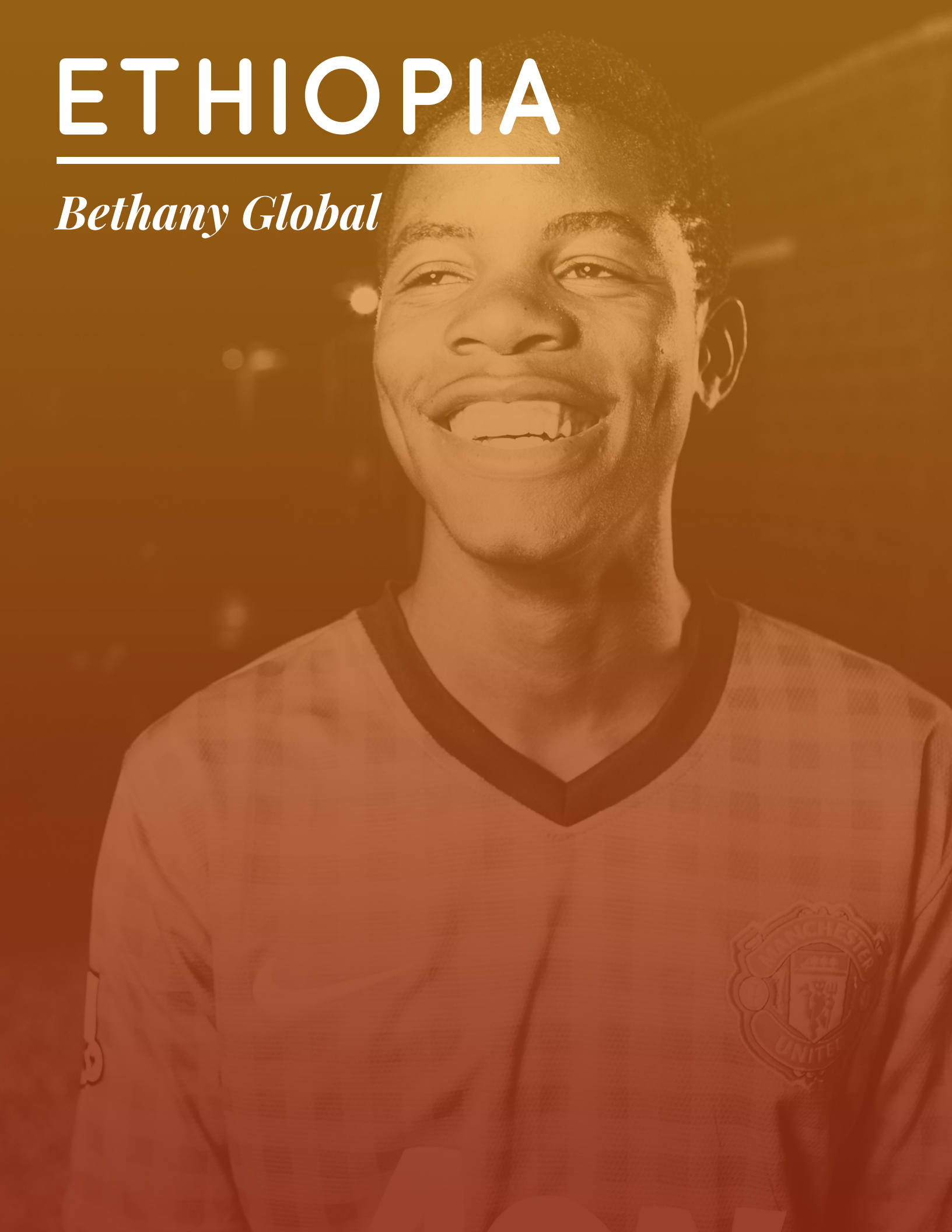
These case studies are descriptive, not prescriptive. They offer models and ideas that – *if appropriately adapted* – can prove effective across a wide range of settings, situations and cultures. Leaders within each of the profiled organizations also stand ready to offer guidance to others in the process of transition as well.

Safe transitions to family-based care take time. But these case studies show that such transitions are possible. Together, they offer a substantive toolbox of proven models, resources, and contacts that can aid any OVC-serving organization in decisive movement toward family-based care.

Ultimately, amidst our world's great need and great complexity, we hope these simple case studies will encourage incremental steps that enable you to do even better for the children and families you serve.

ETHIOPIA

Bethany Global



BETHANY GLOBAL

OVERVIEW

Bethany Christian Services was founded in 1944 by two young women who desired to establish a Christian home for orphans and vulnerable children. Since that time, the organization has grown to employ more than 1,000 staff worldwide. Bethany envisions a world where every child has a loving family. The organization's mission is to demonstrate the love and compassion of Jesus Christ by protecting and enhancing the lives of children and families through quality social services. Bethany currently operates in 17 countries.

Bethany Christian Services Global (BCSG) exists to support vulnerable children and families through direct services, capacity building, and systems change. Working across five continents, their services focus on family preservation, family reunification, deinstitutionalization, foster care, adoption, domestic violence services, community empowerment, independent living training, volunteer services, humanitarian aid, educational services, and child sponsorships.

BCSG follows evidenced-based and best practice models, working collaboratively with partners to build local systems of care and support for children and families. They provide training, technical assistance, and support that focuses on child-centered practices. They also collaborate with other organizations that are interested in adopting best-practice methodologies.

TRANSITION

In 2009, Bethany made its first step toward family-based care in Ethiopia, beginning with raising awareness. They targeted a small nucleus of influential community leaders, with the hope that persuading these individuals of the need for change would filter down to influence others. These individuals were identified as having willingness, confidence, and readiness to engage in the discussion regarding care for orphans and vulnerable children.

The process of raising awareness and providing education was extensive- 15 months lapsed from initial steps to first placement. During that time, the organization worked to develop the capacity of key stakeholders, hosting several seminars through the local church. They carefully balanced messages from faith and social work, believing that both were crucial in developing effective awareness and adherence to best practices.

One of the primary lessons Bethany learned from this process was the necessity of listening. They targeted stakeholders carefully, and sought to take the path of least resistance. When the Ethiopian national government was unready to modify their orphan care standards, Bethany altered their vision and worked instead through local communities.

The organization learned that some cultures respond better to physical evidence, and are less influenced by research or theory. When Bethany was able to utilize the success of the initial program as a demonstration model, other leaders began to listen. Additionally, this evidence of success mitigated some of the perceived risks of transition when communicating with funders and other key stakeholders, making them more likely to have a favorable response.

FAMILY BASED CARE

STRATEGY

BCSG's international child welfare projects utilize a Service Spectrum approach to positively impact vulnerable children and families around the world, including community development, family support, temporary care, and adoption. Community development includes services and projects related to child welfare and protection, including capacity building, technical assistance and training, raising awareness, and engagement with government and community stakeholders. Family support includes family assessment and ongoing case management, individual and family

counseling, short-term financial assistance, crisis intervention, and family capacity building initiatives. Temporary care includes development and implementation of family-based temporary care systems including kinship care and crisis shelters. Adoption can include that within child's country of origin, inter-country adoption, and adoption of children with significant disabilities and other special placement needs.

Primary strategies in Ethiopia include developing partnerships with stakeholders, building capacity, and modeling direct service delivery. Partnerships are cultivated with local and national government entities.

Long-term, the goal is for Ethiopian families to increasingly care for orphans in their homes and adopt them as permanent family members, thereby providing a native, comprehensive, and robust safety net for orphans and other vulnerable children.

RECRUITMENT AND ASSESSMENT

Bethany combines their initial step of raising awareness with recruitment. The next step is screening interested families to ensure they are a safe and secure placement for vulnerable children. Screening includes physical and mental health assessments, conversing with personal references regarding a family's reputation, background checks with local law enforcement, and a thorough home study. The home study portion of evaluation includes assessing a couple's marriage, parenting skills, and personal childhood history.

In addition to assessing families, Bethany also assesses waiting children for placement eligibility. If they are found to have living relatives who could provide a stable living environment, every effort is made to reunite them with their families. If no such connection is discovered, they are deemed eligible to be placed in alternative family care. Subsequently, the organization

undertakes a careful and thoughtful matching process to ensure a good fit and quality control.

PLACEMENT AND SUPPORT

When transitioning a child to family-based care, every effort is made to minimize the child's discomfort. Contact between child and family begins with supervised visits in the environment in which the child feels comfortable. When rapport has been built, and at the social worker's discretion, visits occur at the family's home, the child's potential future living environment. Permanent placement is delayed until the child expresses that they would rather stay with the family than return to the orphanage. After placement, a social worker continues with case management, balancing supporting the family with policing safety.

PARTNERSHIPS

Strategic partnerships with churches, local and national governments, international non-governmental organizations, and faith-based organizations have allowed Bethany to provide contextualized services to multiple cultures.

One of Bethany's strategic objectives is to develop strong church partnerships. They endeavor to inform, mobilize, and equip the global church to positively impact the holistic and ongoing needs of orphans and vulnerable children. Bethany targets churches that have a large pool of middle-class families and have an ongoing orphan ministry. Additionally, they like to work with churches that score high on three motivational dimensions: willingness, confidence, and readiness (often the most critical component).

Bethany also works to empower local government and non-governmental organizations to develop appropriate and sustainable infrastructures that support the well-being of children. Additionally, they select and collaborate with like-minded partners

to provide strategic services, using the same motivational dimensions as with the church (stated above) to predict whether a partnership would be a good fit.

LIMITATIONS

Bethany continues to grow in their ability to connect resources to the needs of children and families. In Ethiopia there are many families who are ready for assessment, but the program currently lacks the resources to complete the assessments and preparations to ensure families are ready to welcome children into their homes.

DATA AND EVALUATION

In Ethiopia, Bethany has engaged 84 churches. To date, there have been 153 families assessed and 112 children assessed. Eighty-six children are in foster care, and 19 have been legally adopted.

Bethany has found the secondary outcomes of placing children in family-based care to be tremendously rewarding and transformational. When family-based care has proliferated in a region, community pride is multiplied as well. People report and display increased hope, faith, and more positive attitudes when successfully engaged in caring for orphans and vulnerable children. Many have described the impact of their involvement in orphan care as a “great awakening.”

CONTACT

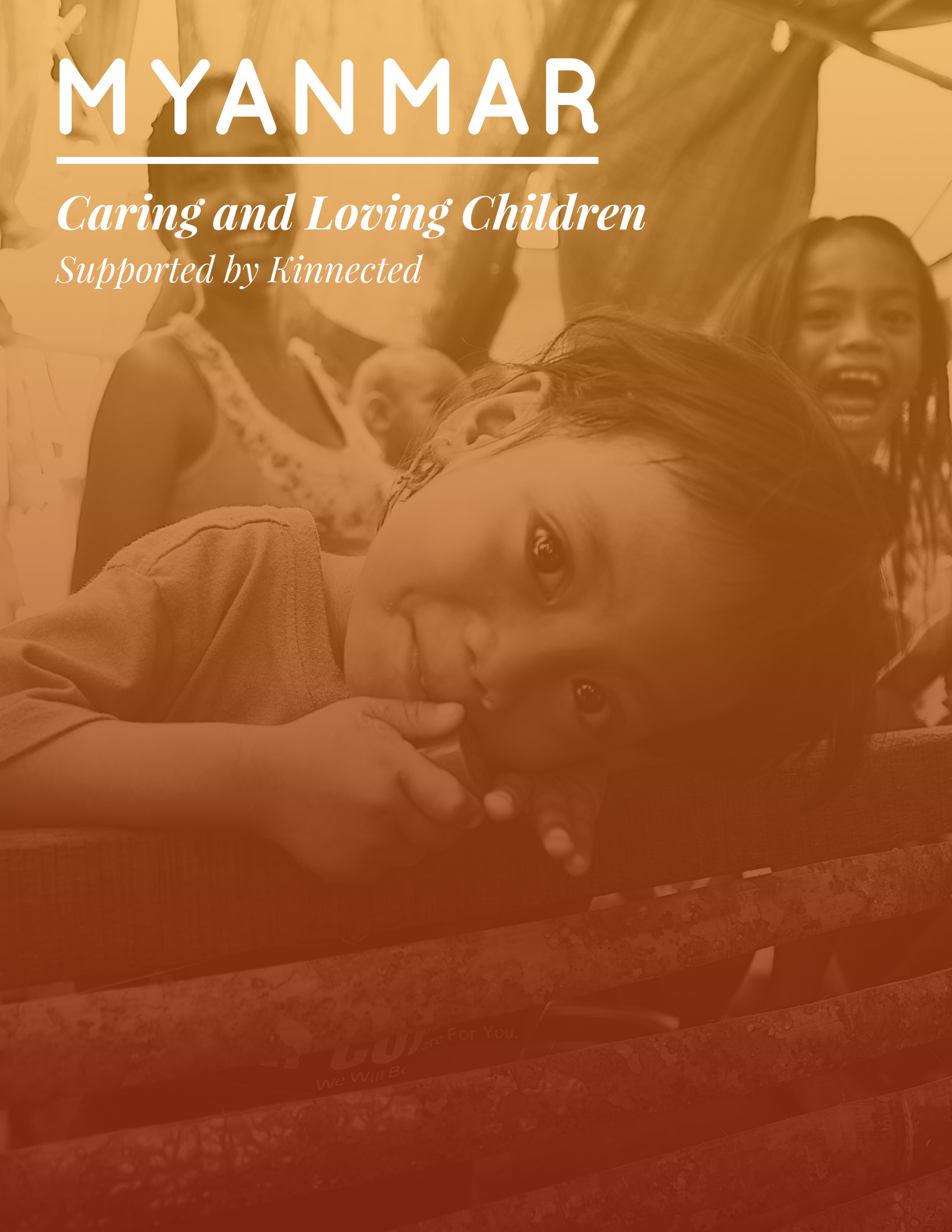
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MYANMAR

Caring and Loving Children

Supported by Kinnected



GUare For You.
We Will Be

Myanmar Program

CARING AND LOVING CHILDREN

Supported by Kinected

OVERVIEW

Kinected, an initiative of Australian Christian Churches International Relief (ACCIR), is focused on keeping kids in families. In eight countries, Kinected works to develop family-based alternative care, provide high quality short-term care, assist in scaling down long-term residential facilities, and develop reintegration and reunification programs. The work is primarily done with locally-led orphan-serving residential facilities which are supported by Australian churches.

One such agency is Caring and Loving Children, led by Pastor Myint Nwe in Myanmar. Prior to working with Kinected, Pastor Myint was responsible for overseeing five residential care centers throughout the country. Many children who were in his residential care centers had living relatives, but had been referred due to extreme poverty, the death of one or both parents, or other crisis situations. Eventually, he concluded that residential care is not ideal for children, and that when possible, children belong in families. He lacked the knowledge and experience necessary for implementing a structured approach to scaling down residential care, and Kinected was able to support and guide Caring and Loving Children in its transition toward family-based care.

TRANSITION

ACCIR is the missions arm of the Australian Christian Churches, a denomination. As the organization was encouraging associate churches to promote family-based care in the orphan-serving organizations with which they partner, one church working with Caring and Loving Children decided to approach the organization about transitioning the church's programming to support family-based care. Simultaneously, Pastor Myint had been contemplating a similar change in direction, resulting in agreement on both sides. Kinected agreed to coach Caring and Loving Children through the transition from residential to family-based care. Although organizations working

with Kinected take on average 18 months to make the transition, this shift was much quicker, primarily due to Pastor Myint's drive and motivation.

Initially, Kinected helped Caring and Loving Children to think intentionally about preparing and engaging key participants prior to making significant changes. Participants included donors, board members, employees, community leaders, and local government officials. Kinected values including everyone in the process. Significant time is devoted to extensive conversation educating all involved on both the need for and the process of transitioning children to family-based care. In addition to logistical concerns, there is often an emotional component to this journey for those who have visited the orphanage and formed a strong personal connection. Emphasizing benefits to the children was crucial to persuading these individuals of the importance of this change.

The next step Kinected took was to build and strengthen Pastor Myint's capacity as leader of Caring and Loving Children. Without technical language and expertise, he was unable to engage with key stakeholders. Beginning in 2013, he went on a field visit to meet with another Kinected partner doing family-based care in a similar context, including family reunification, foster care, kinship care, emergency foster care, and peer networks. Kinected has provided technical support to Pastor Myint to further develop his knowledge and capacity in the areas of alternative care policy development, child protection, child development, case management, family-based care and monitoring and evaluation. This allowed him to learn and envision how family-based care might look in his community.

Together, Kinected and Caring and Loving Children developed a program framework including mission, vision, strengths, areas of current engagement, future goals and direction, outputs to measure, activities, resources, and areas of needed education or experience. The organizations held internal training to build buy-in and knowledge of child protection. Additionally, they worked to build donor church capacity while cultivating practitioner capacity.

When the time came to transition children, Pastor Myint began by focusing on the three homes funded by the church in Australia. He helped family members establish small businesses such as tailoring, grocery shops, and livestock farming to address the poverty that was often the cause of separation and remained a barrier to reunification. Additionally, resources that had once been dedicated to residential care were redirected toward family strengthening and family preservation initiatives.

FAMILY BASED CARE

STRATEGY

Each program Kinected works with, including Caring and Loving Children, adheres to similar principles when transitioning to family-based care. As much as Kinected is deeply devoted to placing children in families, they are also dedicated to balancing that zeal with appropriate caution regarding safety and child protection. Due process is emphasized in assessment and placement. Although reunification with family of origin is the ideal, other options (including kinship care, adoption, and foster care) are explored if the family of origin is deemed an unsafe or inappropriate placement.

Additionally, high value is placed on hiring and building the capacity of social workers. Kinected trains professionals in assessment, evaluation, family tracing, service mapping, and numerous other services for working with vulnerable children and their caregivers. Also, the organization strives to provide support to fieldworkers and strategic partners working with vulnerable children through programming guidance, access to consultants and donor management. Finally, monitoring and evaluation ensure placements continue to be safe and appropriate for children.

Kinected encourages each partner to develop strong links with the relevant government departments and with other organizations

working in the child welfare sector. This often creates opportunities for collaboration both in training and in developing and delivering services for children in the community.

While working to integrate children back into a community after living in an orphanage, Kinected constructs parallel services. The organization assists families in economic and family strengthening programs, as well as vocational training, medical care, and tutoring. Kinected and its partner programs often repurpose orphanage buildings to house community development programs. Resources are redirected as residential care is scaled down toward community development, family strengthening, and family preservation initiatives, as well as family-based alternative care.

Caring and Loving Children has now completely closed their first orphanage, and transitioned it into a Family Health Clinic and Community Learning Center. The Centre now offers family strengthening and community services. Vocational training is provided to help community members develop skills, equipping them to find employment or start their own small businesses. Emergency foster care has also been established to provide temporary care for abandoned or abused children who are referred by the local police or community leaders.

RECRUITMENT AND ASSESSMENT

All children with Caring and Loving Children been reunited with relatives- the majority to extended family and some to immediate family. When a child has retained regular contact with their family (such as going home for school holidays), the process may be less complex than when a child has no relationship with the receiving family. In a few cases, the children had been separated for so long that they no longer knew where their family was located. In these situations, Pastor Myint traced the family members, and then assessed their suitability, capacity and willingness to provide adequate care for the child.

In regard to their emergency foster care program, Caring and Loving Children uses an assessment and screening process which examines suitability of the caregivers, their reputation in the community, history checks, motivation, capacity (which includes ability to provide care and income), and the capacity of the community infrastructure to meet the child's needs. These needs can include access to education, water, sanitation, health care, and more. This program is currently in its infancy; at this point the emergency foster families have all been recruited from the local church.

PLACEMENT AND SUPPORT

A care plan is developed with and for each child that highlights what needs to happen to prepare the child for placement. Subsequently, a family support plan is created, outlining factors requiring attention for both the child and the family to make a successful transition. It is at this point that income generating opportunities are often identified, as well as connecting the family to support systems or other community services.

Following reunification, monitoring takes place to ensure the placement is stable and the child is safe. Pastor Myint and Caring and Loving Children's social worker regularly monitor all of the children who have been reunified. The monitoring process decreases over time as the placement demonstrates stability until the child's case is closed. This process takes at least 12 months, and sometimes longer. Monitoring is done in person, sometimes with calls between visits (particularly for children in remote areas). Visits may reveal a need for additional support, in which case social workers identify and organize such help where it is necessary and feasible. Although a general reunification process is followed by social workers, actual plans are developed on a case-by-case basis, and driven by the assessment process.

PARTNERSHIPS

Pastor Myint is now an advocate for family-based care, and shares his passion, experiences and knowledge with other orphanage directors. He is also involved in the alternative care working group in Myanmar, composed of nonprofit organizations promoting deinstitutionalization and the development of a family-based alternative care system within the region.

Kinected's work occurs entirely through partnerships- they have worked alongside of government, field workers, churches, faith based organizations, orphanages, foundations, funding bodies, boards and concerned individuals around moving toward family-based care. Kinected seeks organizations with aligned values and vision, who agree to adhere to standards and a code of conduct around development. In order to avoid unhealthy relationships, Kinected partners sign a commitment letter outlining boundaries and expectations for interaction.

LIMITATIONS

Family-based alternative care is still new in Myanmar. Many local orphanage directors in Myanmar are opposed to child reintegration, and are afraid their influence will decrease. Due to the respected status of one's church running an orphanage in Myanmar, many also fear donations will decrease and their income will be lost if they transition to family-based care. Pastor Myint is able to address these fears and concerns from his personal experience as a pastor who has already engaged with this change. He also shares the positive impact he has seen in the lives of children who have returned to families. He assures them this transition does not eliminate, but rather expands one's platform when 24 children become 24 families and villages. He emphasizes that a ministry is not lost in this transition- it's a new strategy to achieve the same vision of caring for children.

DATA AND EVALUATION

Caring and Loving Children

There were a total of 53 children in Caring and Loving Children's homes when Pastor Myint began the process of deinstitutionalization. To date he has reintegrated two children back into biological families and 22 into Kinship placements. Another four children have been prepared to move into semi-independent living.

Kinected

As of 2014, 945 children had been reintegrated back into families and communities as a result of Kinected's efforts. This includes a combination of family reunification and foster care placements. There are currently 36 orphanages participating in the Kinected program going through deinstitutionalization. Over 20 orphanages have completely reintegrated all the children in their care. Some of these buildings are being repurposed as community development training centers where the organization trains individuals to be work in their communities.

Additionally, Kinected is currently consulting with five organizations, representing sixteen orphanages, providing training in reunification and deinstitutionalization.

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UGANDA

The Akola Project



THE AKOLA PROJECT

OVERVIEW

The mission of Akola is to empower women in poverty to transform the well-being of their families and communities through economic development. Akola means “she works” in the local Ugandan dialect. Women involved in the project chose this name, as they believe that dignified work is a gift from God and one of their greatest blessings. Many Akola-trained women care for ten or more children in their home, often including a mix of biological children as well as orphans and vulnerable children. By preserving these families through economic strengthening, training, holistic programming, and community development, Akola helps keep OVCs in families.

TRANSITION

In 2004, Brittany Merrill Underwood, then a sophomore in college, met a woman caring for 24 street children in her small home in Uganda. Believing there had to be a better way, she returned home, founded Akola, and raised \$1,000,000 to construct an orphanage and drill wells. Construction began on the orphanage in 2006.

In 2007, during the process of building an orphanage, Akola realized residential care was not as simple or effective as imagined. In their experience, residential care proved to be ineffective in a rural situation. They sought a more sustainable, efficient option for caring for orphans and vulnerable children, and found it in already established families in the local community. Many women were already caring for orphans in their homes; however, they were often in materially unstable situations.

Akola sought to understand the potential impact of empowering these women economically to care for orphans and vulnerable children. When Akola made the decision to transition from the orphanage model to supporting family-based care, they reached out to the local church for help in identifying women in need.

They began with a small group of women, offering vocational training and employment to empower them to care for the children in their homes.

FAMILY BASED CARE

STRATEGY

Akola is a nonprofit with a mission driven accessories business that invests in women in extreme poverty to become agents of transformation in their families and communities.

The Akola Model begins with building water wells, a vocational center, and roads in a remote community to provide the infrastructure for economic opportunity. The center provides a place for training, employment, and holistic programming.

Akola works with local church and community leaders to identify women with the least support and greatest number of dependents. These women are trained to create products that sell in the global marketplace. Akola sells the products through multiple distribution channels and all of the profits are reinvested into the organization's social mission. As a result of their labor, Akola women earn a higher wage than average, allowing them to care well for more children.

The ultimate goal of the program is lasting sustainability. In addition to economic empowerment, Akola offers holistic care and peer support programming to all employees and their dependents. Greater income allows improvements to homes and farms, investments in local small businesses, and sixty-three women have launched their own local businesses with their earned income, strengthening the economic structure of the community. Holistic programming cultivates confidence and greater leadership in churches and communities.

To this point, all ministry focus has been exclusively on women. However, Akola recently hired a men's ministry and construction coordinator to engage the men in the community with construction work and ministry. This effort will initially focus on the husbands of Akola women beginning in 2015.

RECRUITMENT AND ASSESSMENT

Akola does not recruit or assess families. Alternatively, they invest in families already formed, many of whom care for orphans, who may be economically insecure. The organization works with local church leaders to identify the women in their rural congregations who are caring for the most dependents and have the fewest opportunities. Through economic empowerment and holistic support, those families are preserved and strengthened. Akola asserts that this model's efficacy is likely limited to small villages, where the social structure provides the accountability and support necessary to make it safe and effective.

PLACEMENT AND SUPPORT

Akola does not place children in families. Families typically form due to caregivers knowing and responding to the needs of local orphans and vulnerable children. Akola does provide ongoing support in the form of their holistic care programming, which includes programs in health, education, business, savings & loans, ministry, family planning, maternal health, Scripture search, fellowship, and wellness.

Additionally, Akola has a Ministry and Wellness Coordinator that manages a team of Peer Wellness Officers. This team is responsible for supporting women in times of need, and they also learn to lead fellowship and Bible study time with the women.

PARTNERSHIPS

Akola continues to partner primarily with the local church. Not only do they work together to identify women for the program, but the church also provides the necessary web of encouragement, assistance, and accountability required to ensure the success of the program. Finally, the church also helps identify the needs and strengths of the community to influence the holistic programming Akola offers.

In addition to churches, the organization also works with the Peace Corps for volunteers and health seminars in Uganda.

Boundaries and expectations for all partnership are established on a project or program basis.

LIMITATIONS

One of the main limitations to this program is it only works well within the social structure of small villages. In these communities, there are several protective factors not found in larger areas, including accountability, a community's knowledge of its members, and the ability to identify every orphan in need of care, along with possible avenues for family reunification or kinship care.

Another limitation for replicability relates to the specific modality of economic empowerment. Not every organization has the professional networks and resources necessary for creating a successful accessories business. It would be necessary to pursue opportunities within the context of accessible expertise, funding, and experience.

One challenge of a social enterprise model is the struggle to balance growth between profitability and social impact. The social impact and holistic programs need to grow simultaneously, and at the same rate. Akola works in marginalized communities with women that need more than economic development to become agents of transformation in their families and communities.

DATA AND EVALUATION

Currently, Akola works with around 400 women who care for over 3,000 children.

Akola is committed to monitoring and evaluation, and they have trained Akola members to become Monitoring and Evaluation Officers. Surveys were taken of 218 participants over five locations in Uganda. Forty percent of members were found to be widows. Members take care of an average of 3 non-biological children, and an average of nine people (including all dependent children and adults). Approximately 83% of Akola members are the sole provider for their household. Since joining this program, there has been a 55% increase in the number of members able to provide for food needs in the home, a 22% increase in those able to provide clean drinking water, a 112% increase in those able to provide adequate shelter, an increase in those able to provide medical care for themselves (47%) and their dependents (55%), a 38% increase in those able to provide all school fees for their dependents, and a 428% increase those able to save money each month.

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COSTA RICA

Casa Viva



Costa Rica Program

CASA VIVA

OVERVIEW

Casa Viva exists to provide local families through the local church for children separated from their families in the developing world. The nonprofit organization formed in 2003 for the purpose of developing a model of family-based care. Casa Viva endeavors to educate its partners about the need for family-based care, engage a response based in local churches and families, equip churches and families with resources and support, and encourage a worldwide response that considers family first.

Prior to working with Casa Viva, Co- Executive Directors Philip and Jill Aspegren directed a children's home in the Dominican Republic for six years. In 2003, they partnered with the Viva Network and moved to Costa Rica to pioneer a family-based care model in a country accustomed to residential care for children separated from their biological families.

TRANSITION

While working in the Dominican Republic, the Aspegrens developed concerns about the children's home model. The majority of children in their care had at least one living biological parent or relative. They recognized the possibilities for biological family reunification. Additionally, they realized the need for a spectrum of care, with options for each child's specific needs. In 2003, they responded to an invitation to explore a broader spectrum of care for vulnerable children in Costa Rica.

The Aspegrens chose to work in Costa Rica, a progressive leader in Latin America, hoping that a successful model there would be maximally exportable to other nations. Before Casa Viva was created, 75 residential facilities existed in Costa Rica, with no formal family-based care. There was significant skepticism in the region, presenting a need for education regarding the benefits of a family-based model.

In the initial development period, the Aspegrens investigated what would be required to connect children to families, engage the local church, cultivate a long-term solution, and develop a model that was nationally sustainable and not relying on foreign entities.

Eight months passed from beginning to build the program until the first child was placed with a local family. In contrast, many residential facilities can take five to ten years from beginning to placement. Launching a program through local families and the local church was less complex than transitioning from residential care to a wider spectrum of care. Casa Viva was able to focus all effort on developing the best program possible. Additionally, a family-based model can have lower start-up costs and lower costs per child. Within the first year, the organization placed 10 children in families, and had hired their first staff.

First steps were intentional. Initially, they cultivated relationships with the local and national governments, reviewed laws and policies to ensure family-based care, and considered legal feasibility. Then, recruitment took place through local churches. Hiring and training professional staff came next, followed by curriculum development. Finally, attention was given to administrative tasks such as operations, funding, reporting, and legal responsibilities.

FAMILY BASED CARE

STRATEGY

Casa Viva's program is based in local churches. Partner churches are responsible for identifying and recruiting families, financial partnership, and supporting families once children have been placed. Professional staff members provide the technical training and expertise to deliver approval and assessment processes, as well as family preparation. Casa Viva works toward healthy, sustainable growth- allowing key partners needed time for understanding paradigm shifts inherent in the model.

The organization believes local leadership will fuel growth and intentionally collaborates with regional leaders on all levels. Casa Viva also limits access from those outside the program. The organization hosts one work team per year. The goal of the visit is to educate donors about an expanded spectrum of care, and to encourage staff and families in their roles.

RECRUITMENT AND ASSESSMENT

As stated previously, all of Casa Viva's family recruitment occurs through local churches in Costa Rica. The organization seeks to develop relationships with churches having a desire to care for vulnerable children. Church leaders sign a contract outlining expectations, and responsible for identifying families who might be a good fit for bringing a non-biological child into their home.

Church-identified families then attend an informational meeting at the Casa Viva offices. If still interested, they will complete an application, including a background check and references. Staff members also conduct a home study. Subsequently, applicants will attend a group training process with the organization. After this time of closer interaction, if both the applicants and organization believe the relationship is a good fit, Casa Viva drafts a thorough written report of the family, which is presented both to the family and the church.

A child's eligibility for placement is determined entirely by the government. The Costa Rican child protection division refers at-risk children, whose needs must be addressed.

PLACEMENT AND SUPPORT

The first step in identifying an appropriate placement is determining whether removal from the current living situation is best for the child. If so, Casa Viva utilizes foster families to provide alternative care.

Casa Viva always begins with a short-term placement, which provides for a child's immediate needs while allowing time to investigate all possible solutions within the spectrum of care.

The organization's first alternative solution is reunification, considering biological parents and extended family before other options. If those possibilities are deemed unsuitable, Casa Viva then pursues a declaration of abandonment for the child which would allow them to be adopted, preferably within their native country. Casa Viva also provides long-term foster care, and in some cases utilizes institutional care. Each care plan is customized to the child's unique situation.

When reunification is considered a safe and appropriate option, Casa Viva staff provides supervised reunification therapy for the child and caregivers for six months prior to transfer of placement. This offers an opportunity to develop trust and increase bonding between the child and caregivers. It also allows staff members to assess at a deeper level the health of the relationship and caregiving situation. After six months of services, the organization sends a report with their recommendations to the government. At that point, the government makes final decisions regarding placement.

When a placement occurs outside of reunification or kinship care, Casa Viva completes a detailed analysis of the family profile and the child's needs. A variety of factors are considered, including whether a child is allowed visits with biological family (and subsequent geographic implications), transportation needs, and whether the child requires special therapies or medical intervention. Age and gender of the children are also considered in relation to the biological children in the placement home; typically a Casa Viva child will become the youngest child in the home. The willingness of a family to provide short-term or long-term care factors into the decision as well.

Casa Viva staff members regularly visit foster and adoptive homes, and remain in contact via telephone. During visits, the staff conducts separate interactions with the child and the family to ensure open and honest communication. At the end of a placement, the family and professional team complete an evaluation of the placement together.

PARTNERSHIPS

Healthy partnerships are a priority for Casa Viva. They partner with local churches wanting to engage with children who need care, provided they are willing to commit to a few key principles. In a formal setting, a contract is signed explaining these expectations, as well as defining the financial commitment. The document is then read aloud in the presence of the pastor and program coordinator from a church. An extensive training course is conducted for church coordinators and volunteers. Additionally, a monthly meeting is held with church representatives to encourage continued engagement and offer support.

Government relationships are vital, as well. Partnership with the Viva Network opened some doors for relationships, but building bridges is essential. Casa Viva encourages other organizations to create those links by looking for well-connected people to be a part of their board or to be involved in other ways. Frequent visits with local and national government leaders lead to continued engagement and the strong relationships necessary for success.

LIMITATIONS

Casa Viva has worked diligently to build a system of family-based care where there was none. In the past, the government would only allow children from birth to five years old to be adopted if they were living in a government sponsored baby home. They ceased placing that age group with Casa Viva for a time, but have since made changes to allow these children to be adopted from short-term foster care placements.

Although many positive changes have occurred over time, Casa Viva still faces significant obstacles. There is no foster-to-adopt arrangement currently allowed in Costa Rica, which is the organization's preference. Recruitment is a challenge, partly due to the tremendous need for educating the population about a new paradigm. Approximately 20% of families terminate the application process, a significant improvement over the 50% that did so early in the life of the program. Recruiting local staff can also be a challenge; Casa Viva desires staff members who are fully committed to their Christian faith and also professionally qualified. It has been difficult to find such individuals over the years, but as their reputation grows, more reliable applicants are interested. Finally, funding is a challenge, as family-based care may be more difficult for potential donors to understand than traditional orphanages or child sponsorship.

DATA AND EVALUATION

In 2014, Casa Viva worked with 92 active families, 36 partner churches, and served 115 children. Since its beginning, the organization has served a total of 314 children. Of these children, approximately 60% are eventually reunified with their families, 30% are adopted, and less than 10% live in an alternative long-term care arrangement.

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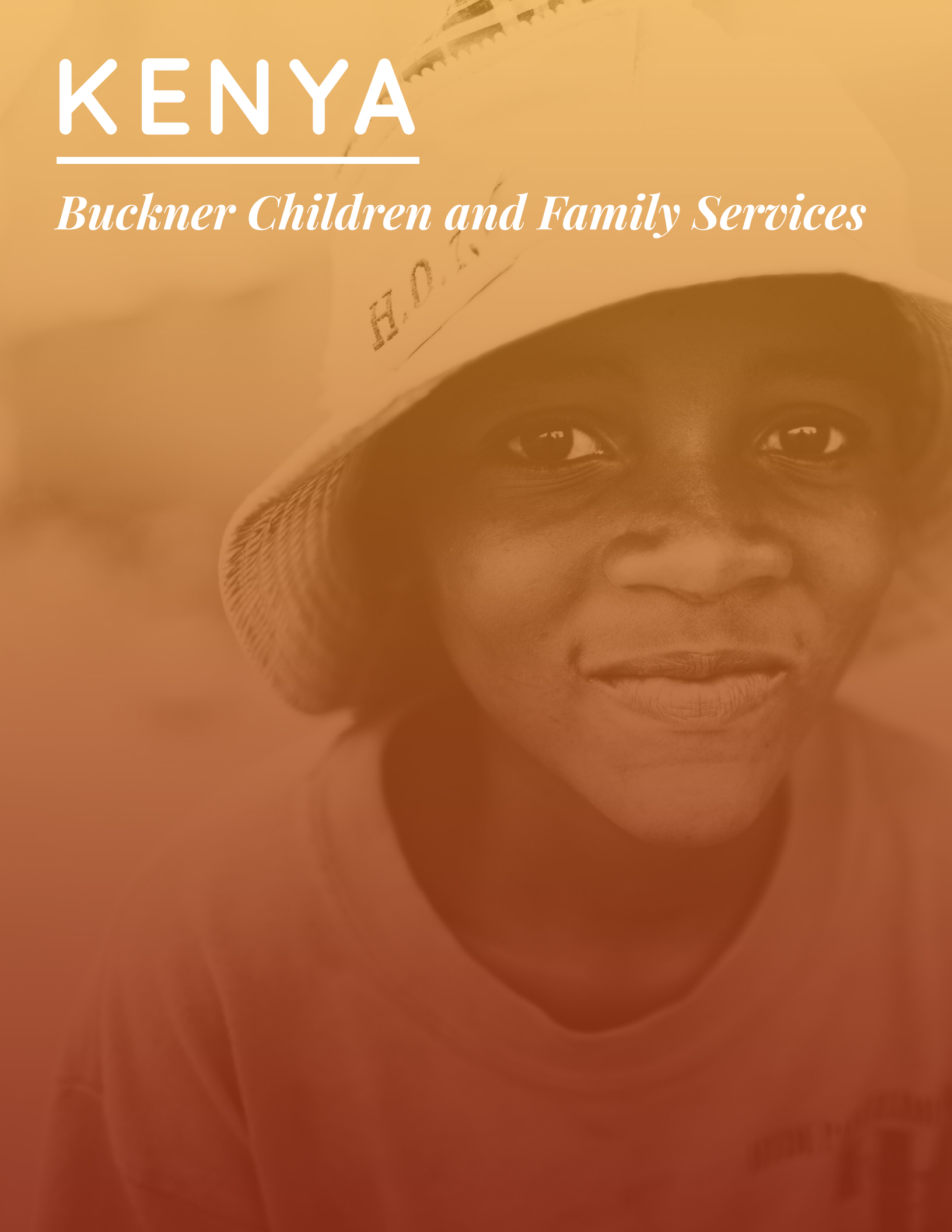
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KENYA

Buckner Children and Family Services



Kenya Program

BUCKNER CHILDREN AND FAMILY SERVICES

OVERVIEW

Buckner Children and Family Services strives to transform the lives of vulnerable children and build strong families through Christ-centered values. With 1,400 domestic and 350 international staff members, the agency impacts more than 400,000 lives through its programs each year. The organization serves children through global care, foster care, and adoption. Buckner formed in 1879, when Pastor R.C. Buckner founded an orphanage in Texas.

Although the organization participated in residential care for most of its years of service, it has almost completely made a transition to family-based care. Buckner prioritized the family environment, and has defined success as permanent family care for all children. When possible, the organization aims to preserve a child's biological family. When family preservation is not an option, Buckner offers a spectrum of alternative options.

TRANSITION

Although Buckner initiated its first family strengthening programming in 1957 as part of the Mother's Aid initiative, it was not until the 1990s that the organization began to focus on family-based care. Family-based programming included family strengthening and foster care for orphans and vulnerable children, both internationally and domestically.

The initial transition to family-based care in Kenya was a long-term process. It took approximately 10 years before a residential facility transformed into a transitional center, with the goal of placing all children in family care. All children from the home have since been transitioned from institutional care to family care. Much of the 10 years was devoted to building a new system of family-based care, which incorporated lessons learned from observing the detrimental effects of other organizations or governments that closed orphanages

without providing alternative care, Buckner sought not only to build a new program, but also to develop a system that would be sustainable in Kenya.

Initial steps in making this transition included engaging stakeholders and consistent messaging. Stakeholders were both internal (executive leadership) and external (government, community, and educational leaders). These groups were engaged simultaneously, and some individuals were more receptive of the message than others. Buckner found consistent, respectful, persistent messaging over time was vital. The final initial step was simply to commit and move forward.

Preparing stakeholders was a process that required intentionality. First, the organization developed relationships with local governments. They engaged local community members by sharing their mission and philosophy, communicating evidence-based research and anecdotal confirmation, and employing nationals to contextualize the message to an international audience. Employees working in the residential facilities often had abilities that could be adapted to family-based care, and many of them transitioned to foster and adoptive parents. Additionally, there were some employees who developed skills to become professional staff, such as social workers. Some employees were unable to make the transition and had to find employment elsewhere; although these situations were disappointing, the focus had to be on the best interest of the child.

Other significant groups that required some preparation for the transition were supporters, volunteers, and funders. In Buckner's experience, organizations making the transition to family-based care may temporarily lose some of their support. There is often an emotional attachment to orphanages, both to the children who live there and as a physical place. When working with funders, the organization found success in moving from a story about the volunteer's experience to a story about the child's experience.

FAMILY BASED CARE

STRATEGY

Buckner engages in family strengthening, kinship care, adoption, and foster care in Kenya. Their focus is always on the best interest of the child when placing them with families. The explicit goal is permanency for each child.

Concurrent with placement models, the organization also operates a family strengthening program to maintain intact families. The goal of this program is to preserve family structure to avoid separation and abandonment by strengthening families through the support of parental education, counseling, parent educations, and vocational training programs. Additionally, the same permanency-promoting practices are used to strengthen families participating in foster care or adoption.

Proven methods, policies, and procedures are consistent throughout all Buckner programs to ensure the organization is maximally effective. Across all family-based care, core materials are the same, but are contextualized for each cultural setting. Buckner prioritizes staying current with best practices, and views programmatic excellence as a process of constant development. Additionally, an operational excellence team travels regularly to each program site to review and assess the efficacy of the model, and recommend any necessary changes.

Buckner seeks to promote family-based care by building systems that support family-based care, rather than isolated programs. To that end, the organization endeavors to elevate social work capacity in a community through training and outreach activities. Workshops and partnerships with local academic institutions accomplish this goal, while simultaneously promoting a culture of permanency for children in families. The objective is to develop capacity to increase child permanency while transitioning leadership within three years.

Another component of building systems is policy advocacy, which includes working with decision-makers on establishing childcare policy, policy development and implementing foster care procedures for the country as well as conferences, workshops, training, and enhanced awareness at all levels of government. The aim of these activities is to encourage policies and procedures that support permanent family-based care for children.

RECRUITMENT AND ASSESSMENT

Recruitment of foster and adoptive families occurs primarily through churches. For both foster care and adoption, Kenya staff members take families through a formal screening process assessing multiple factors, including the age of parents, location, economic status, faith, and family size.

Regarding a child's eligibility to be placed in care, Buckner examines caregiver status, possibility of care by other family members, and vulnerability to maltreatment or abuse. If there is a family member available, but one who would need additional support, that support is provided for a specific period of time. A family member is given first priority to care for his or her relative permanently. Additionally, if it is determined that family reunification is not in a child's best interests, sibling groups are always kept together.

Children are deemed eligible for adoption when the child has no attachment to an existing parent, there are no caregivers involved or available, and the child has been declared legally adoptable. (Currently, the Kenyan government is reassessing guidelines for domestic adoption).

PLACEMENT AND SUPPORT

Kinship care is the primary program offered for children who cannot live with biological parents.

Kinship care is more typical in the African culture, thus is an easier transition for children. Buckner provides case management and support services similar to foster care. Foster families (who are often doing kinship care) receive financial support, food, school allowance, health care, spiritual support, and case management from Buckner. Adoptive parents receive pre- and post- adoptive counseling, as well as continuous training and monitoring.

When kinship care is not a fit, social workers match children with potential families based on age, temperament, and gender as requested by the family. Children are placed in prospective adoptive families prior to adoption as part of the adoption process.

Most recently, staff is focusing on solidifying post-placement support services. The organization aims to connect families to church and community supports with the aim of each family eventually becoming independent of Buckner's support.

PARTNERSHIPS

Buckner has found it a challenge to identify trustworthy individuals to partner with who share their vision for family based care. The organization initiated and partner with an NGO in Kenya. Buckner has found the greatest key to partnership success is like-mindedness in prioritizing family-based care. In fact, the organization hires people who share their perspective over having the appropriate education or experience, even if significant training is required.

LIMITATIONS

As with any organization making the transition to family-based care, Buckner found it was imperative for stakeholders to be brought along on the journey. Change would not have occurred without active participation from employees, government, the local church, and donors.

DATA AND EVALUATION

There are currently 264 children in foster care or kinship care through Buckner in Kenya. The organization initiated domestic adoption in April 2013. Since then, six adoptions have been finalized. Additionally, 10 families are approved to begin the licensing process to become adoptive parents.

Buckner employs an inter-agency database. Without current information on orphans and vulnerable children, it is difficult to make placement or care decisions, or to evaluate efficacy of interventions. Buckner gathers this information to ensure all decisions made are in the best interest of the child.

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CHINA

Care for Children



CARE FOR CHILDREN

OVERVIEW

Established in 1998, Care for Children grew out of a partnership between the British and Chinese governments. The organization partners with Asian governments to facilitate an alternative to institutional care for orphans and vulnerable children through local family-based care. By government invitation, their staff advises orphanages regarding transitioning to family-based care. Care for Children trains orphanage staff to recruit, assess, and teach families to care for children in need, as well as to provide case management after placement. Care for Children's vision is to see one million children moved from institutional care to family-based care.

TRANSITION

In 1996, Robert Glover was working for the British government when he began to advise the Chinese government on the possibility of family-based care for orphans. At the time, the only formal option for caring for orphans in China was institutional care. In late 1997, the government began its initial placements, and in 1998 Care for Children was founded. Robert, together with his family and representing the British government, relocated to China to serve in an advisory capacity.

A pilot project was launched in Shanghai with the goal of placing 500 children in institutional care into families to test the concept. At that time, there was no direct Mandarin translation for the term "foster care," nor for many of the terms associated with family-based care. Therefore, initial steps included advocacy and awareness of family-based care in a system where even the terminology was uncommon.

Moving from residential to family-based care required moving children from a closed to an open system. Institutions were isolated, and children were not part of society. Due to this seclusion, there was often a lack of transparency and integrity.

As children were moved out into society, the building was repurposed into a children's resource center, offering services such as a prevention team, special education, and physical therapy.

Working in partnership with Shanghai Civil Affairs, Robert established a model of training local trainers to multiply impact. Moving children from institutional to family-based care began with training staff at partner institutions to become family placement workers. The organization found the greatest success in retraining residential social workers, as they had the most relevant experience. They framed it as career advancement, which was well-received. Training and advancement ensured that workers would continue to have employment and find value in the transition. Once trained, family placement workers then taught other institutions and foster parents regarding family-based care. Ultimately, this allowed orphans and vulnerable children to be placed into local families.

The project was eventually evaluated by external researchers from China and the UK, and was found to have a disruption rate of two percent- well below average. With this success, the government expanded it to include more sites. As sites continued to excel, more were added until Care for Children was supporting the Chinese government in transitioning children to family-based care across the country. Seeing evidence of successful outcomes was crucial to building hope that this strategy was worth attempting.

FAMILY BASED CARE

STRATEGY

Care for Children's approach is strategic, developmental, and sustainable. The organization prioritizes government partnerships, and always works at the invitation of local government, under a signed government agreement, beside a local government partner, and with matched government resources.

The organization has a team of local experts who provide local, regional, and national training in family placement, and will journey with new social workers through initial placements. This team offers long-term support to orphanages as their family placement programs grow and develop.

Care for Children provides seed funding to orphanages wanting to make the transition to family-based care to offset costs and initial financial risk. All work is done through partnerships, is enacted through local institutions, and empowers and equips local orphanage employees to become family placement workers. Additionally, all work is built on a model of training trainers that multiplies impact exponentially.

RECRUITMENT AND ASSESSMENT

The government has run a very successful campaign using media and word of mouth, advertising the success of the pilot programs. Caring for Children is seen with high regard in China, and many people want to be involved. Additionally, some people are motivated by the limits of the one-child policy. If a family desires to have more children, caring for an orphan is an encouraged way to do so.

Most children needing placement have been abandoned, so there are no records of family. Initially, the children go through a medical screening process. While they await placement, the children do life story work to process through their history (age permitting). If the child is too young prior to placement, they will undertake this work when they are at an appropriate level of development. Additionally, children begin work on attachment issues prior to placement when possible.

Families are trained using a British training standard that has been adapted and contextualized to fit a Chinese culture. Much of this was formulated from the Secure Base Model of interaction between child and caregiver.

Care for Children's educational psychologists and social workers train the staff of an institution for three to five years before they are fully equipped to train others on their own. The organization will not release the training materials on their own due to the necessity of them being used as one component of training. Other components include site visits, supervision, and national and regional conferences.

PLACEMENT AND SUPPORT

Care for Children places children in families using a permanent foster care model. Many families would be unable to fund medical and educational costs associated with raising another child; in this model the families receive support from the Chinese government to cover those expenses. In order to encourage permanency, the family signs a government contract agreeing to raise the child or children until independence.

Some families choose to raise multiple children, but no family is allowed to care for more than three foster children, in addition to any biological children. Additionally, Care for Children recommends two years spacing between children, except in the situation of sibling groups. When these guidelines are not observed, they have seen a significant increase in placement disruption.

PARTNERSHIPS

Care for Children has been working in China since 1998 through a signed agreement with the Chinese Ministry of Civil Affairs and in partnership with the China Social Work Association. In their experience, a significant component of success in establishing relationships with a government is to listen, and to honor the government partner. It is important to communicate, both verbally and through action, that one is for supporting the government, will never embarrass them, and will withdraw when they have become successful and can stand on their own.

Additionally, a service-focused attitude is critical to the success of this or any other partnership.

Care for Children only works with governments. Government partners are invested and make significant time and financial commitments. The organization takes the stance that this work belongs to the government and is their responsibility. Care for Children views the work in China as Chinese projects that the organization supports.

LIMITATIONS

This type of program relies on a competent, invested, well-resourced government to work with. It takes many years to cultivate the type of relationship necessary for such an arrangement. Additionally, this work occurred within the context of a culture in which citizens honor family and are motivated to care for children with excellence, which would be necessary for the success of a similar model. Care for Children's model does provide some funding for orphanages making the transition to family-based care, which requires significant financial resources on a large scale. It may be more difficult to find highly educated and trained local citizens to fill professional roles if serving in a less-resourced country.

DATA AND EVALUATION

To date, as a result of Care for Children's efforts, and the efforts of those the organization has trained, approximately 260,000 children have been moved from institutional to family-based care in Asia. Care for Children has been directly engaged with 628 partner institutions, has financially supported 4,660 children in families, and has trained 3,789 professionals in family-based care. In 2014, they financially supported 800 children who are now living in families. They also trained 545 individuals, who have been responsible for 7,853 children finding a new family.

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