Permanency for Children

The Development of the BCS Global Foster-to-Adopt Pilot Project in Ethiopia

Bethany Christian Services Global, LLC

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I. Situational Analysis: Orphan and Vulnerable Children in Sub-Saharan Africa

The foster care project in Ethiopia was initiated after a careful study of the orphan crisis in Africa and specifically Ethiopia. The analysis revealed three major realities:

1. The increasing number of orphans in Africa, including Ethiopia, has exerted tremendous pressure on the traditional safety net of extended family system care.
2. The decimation of the traditional safety net of extended family care due to HIV/AIDS and other factors related to it has a compounding effect on the number of children without care.
3. Institutional care is presented as the "only option" for the care of orphans and other vulnerable children.

These three factors created a window of opportunity to develop this project.

Increasing Number of Orphans: The number of orphans and vulnerable children has increased at an alarming rate in Sub-Saharan Africa. UNICEF (2004) estimated that in 1990 there were fewer than one million Sub-Saharan African children under the age of 15 who had lost one or both parents to HIV/AIDS. At the end of 2001, 11 million in this age group had become orphans because of HIV/AIDS, which was nearly 80 percent of the world's total orphans. Projections indicated that by the end of 2010, 20 million children under the age of 15 would likely be orphans as a result of HIV/AIDS, comprising about half the total number of orphans expected in Sub-Saharan Africa (UNICEF). Andrew Dunn, Elizabeth Jareg, and Douglas Webb (2003) also estimated that in the most heavily affected countries in southern Africa up to 25 percent of children would be orphans by 2010.

As a result of the rapid escalation in the number of orphans in Africa, many observed that the extended family system of care for orphans had reached a saturation point. Many observed that, while orphans had largely been cared for by their extended families, many households were struggling to meet the needs of orphans under their care (Deininger et al., 2003; Mutangadura, 2003 quoted in Kidman, Petrow, Heymann, 2007).

The Compounded Effects of HIV/AIDS: A study sponsored by Family Health International (FHI) (2010) identified HIV and AIDS, natural disasters, internal migration, and chronic poverty as major factors underlying the vulnerability of children and lack of appropriate parental care in Ethiopia. These factors have had an exponentially negative impact on the vulnerability of the country's most at-risk children. In Ethiopia, there are approximately five million orphaned and vulnerable children, many currently residing in overburdened and under-resourced institutions that are in desperate need of alternative-care options. FHI finds that, "The absence and/or limitations of mechanisms of accountability and oversight by the three main governmental ministries involved in the child protection system (MOWA, MOLSA, and MOJ), exacerbates the situation of children who live in these institutions" (2010). Family-based care strategies can be a viable form of alternative care in Ethiopia and fit into current cultural practices of kinship care.

Institutional Care Option: The increase in the number of orphans left families financially stretched beyond their limits in providing the traditional model of orphan support. Out of financial necessity, African communities sent their orphans for institutional care. While institutional care *appeared* to be financially viable for families and communities in Sub-Saharan Africa, *it was comparably expensive for the funders*, who are usually governments, individuals, and corporate citizens from abroad.

Some experts concluded that even if local governments from these developing countries decided to fund institutional care for orphans, the undertaking would be well beyond their financial means. Institutional care of children can be up to 12 times the per capita cost compared to

community-based care options (Andrew Dunn, Elizabeth Jareg, and Douglas Webb, 2003). Research by the World Bank in the United Republic of Tanzania found that institutional care was about six times more expensive than foster care. Other studies report even higher ratios of 20 times more expensive, and as high as 100 times more expensive (UNICEF, 2004).

Orphanages (institutional care), exorbitant as they can be, are not always the best response to the orphan crisis in Africa. Andrew Dunn, Elizabeth Jareg, and Douglas Webb (2003) raised serious concerns regarding residential care of orphans. Residential care does not provide the nurturing and protection that family environments offer. Residential systems cater to their own needs rather than the needs of the children. The lack of nurturing and protection threatens the children's normal developmental processes. It deprives children of the life skills that they can only learn by growing up in a family. Children who grew up in residential institutions, such as orphanages, face difficulties coping with life outside of institutions (Andrew Dunn, Elizabeth Jareg, and Douglas Webb, 2003)

Window of Opportunity: The situation in Ethiopia presented a window of opportunity to develop foster care as an alternative to institutional care, one that was embraced by local communities and NGOs, UNICEF, and the government of Ethiopia. Three factors created a window of opportunity: problem recognition, possibility of a solution, and political circumstances. There was recognition of the *problem* of the orphan crisis and the use of orphanages to care for orphans. Stakeholders in the field of child welfare recognized the *possibilities of a solution* to the orphan care crisis. In 2009, the federal government of Ethiopia demonstrated the will to transform its child-welfare systems and published the first-ever guidelines on alternative child care, in which they acknowledged community-based childcare as a better alternative in terms of cost effectiveness. The *political circumstances* in Ethiopia were expressed by the national opinion against sending children for care through international adoptions and the intense pressure from interest groups to find alternatives to international adoption.

While the magnitude of the orphan crisis in Ethiopia was and is enormous, there are solutions.

II. Project Design

1. Project Goals

De-institutionalization: Bethany sought to move children from institutional care to family-based care. As stated in the problem analysis section, the increase in the number of orphans has left families financially overstretched and unable to provide the traditional model of orphan support. Thus, out of financial necessity, African communities are sending their orphans for institutional care.

Development of Alternative Family Care: Bethany addressed the problem of child institutionalization by developing a comprehensive program to place orphans in foster family care. While it should be noted that African families have a tradition of looking out for each other's children within the extended family, a closer look at this tradition exposes some disadvantages at societal levels.

In general, African societies embrace a collectivist culture. An important goal of most individuals from a collectivist culture is to fulfill their duties and obligations which does **not** translate into strong protection and care for orphans by those individuals. Triandis (2002) points out that people from collectivist cultures usually have few in-groups, as compared to those from individualist cultures, who tend to have many in-groups. Thus, the social obligations of collectivists are quite

focused, whereas those of individualists are fluid and may be converted to obligations to the larger society rather than to specific in-groups. Consistent with this observation, Oyserman et al. (1998, cited in Triandis, 2002) found that collectivists increased their obligations to an in-group when the in-group membership was viewed as important.

This sociological phenomenon among African cultures does **not** translate into strong protection and care for orphans from outside of one's extended family or in-groups, such as a clan or tribe. The in-group cohesion of such collectivist cultures makes it easier to exclude caring for children who do not belong to the extended family, clan, or tribe. This project was designed to create a situation in which every child would be considered as belonging to the in-group. This was successfully done by targeting community groups who were more likely to embrace more in-groups beyond the extended family, clan, or tribe. Because of their faith and values, Christian churches were presented as viable partners willing to take in orphans from outside of their in-groups. The project successfully recruited more than 110 families from ten churches in the town of Adama.

Regardless of the limitation of the collectivist cultures for taking care of children that only belong to their in-group families, clans, and tribes, the project was designed from a *strength perspective*. The strength perspective "suggests that…communities have strengths that are to be supported, utilized, and matched to other resources so that people can reach their potential" (Fong and Furuto, 2003). The project was able to tap into the strength of African communities being able to care for each other's children. The project went further to draw from the communities' Christian faith and presented that faith as a resource that the community could use to extend care to non-relative orphans within their communities. The Christian faith presents strong concepts about adoption that the project was able to exploit to prepare families for the eventuality of permanency through domestic adoption. By building on their strengths, the communities realized their abilities and accomplishments, which enabled them to build their capacity and motivation and diminished their concerns about the project goal of permanency.
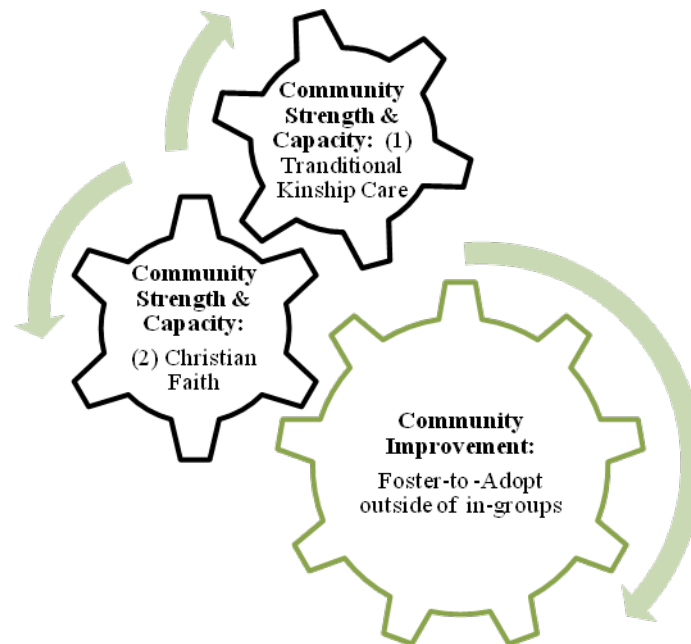
Figure 1: The Strengths Approach is based on the assumption that every community has many strengths that must be mobilized in order to improve the life of that community.

Building the Capacity of Local NGOs: Bethany drew upon a wealth of child welfare competencies and internal resources to provide technical assistance, training, monitoring, and evaluation of the foster care project in Ethiopia. Bethany has extensive experience developing *evidence-based, best-practice, and replicable models* of child services under federally-funded grants, such as the Refugee Center for Healing Torture and Trauma for foster and adoptive families.

Like most African countries, Ethiopia does not have a strong and fully developed child welfare system. Orphanages have legal custody of most project beneficiaries. Our long-term goal is to transform the orphanages to function as emergency care centers for children and families in crisis.

Bethany's child welfare experience was useful in assisting orphanages as they began this transition into community-based care for orphans and vulnerable children. The pilot project in Adama demonstrated to various government agencies at local and national levels what a successful, formal foster care program was like. The project also gave government agencies hands-on experience which positions them to craft relevant regulations and laws regarding alternative care for orphans and other vulnerable children.

2. Selection of Regions

Bethany targeted three regions as possible locations for the foster-to-adopt pilot project. The project team partnered with three stakeholders: orphanages that were willing to de-institutionalize the care of its orphans, communities that were willing to take care of these children, and local governments that were willing to provide a legislative framework to begin the pilot program.

The project team targeted Addis Ababa, Awasa, and Adama due to the presence of faith communities that had strong evangelical leanings. The targeting was done for purely practical

purposes, as Bethany is a faith-based organization. The assumption was that faith communities would pose less resistance to the idea of taking care of children with whom they were not related by blood, clanship, or tribal lines due to their profession of biblical values.

The project team carried out awareness seminars and focus groups with community leaders in all the three cities. The project team selected Adama for the initial project launch because the community in the city scored higher on all three dimensions of motivation. They presented as more **willing**, **ready** and **able** to launch the first foster-to-adopt pilot project.

A. **Willingness:** The community leaders readily recognized the need to move children from orphanages to family based care. Since they readily recognized the need, the focus group discussion generated a higher level of commitment to the idea of taking care of a non-relative orphan within a family-based setting.
B. **Readiness:** The orphanage director of Kingdom Vision International (local NGO partner) demonstrated enthusiasm to try new ways of practicing child welfare. The orphanage director had a close relationship with the local government, which was willing to craft the initial legislative framework to transform child-welfare practices in the region. The local partner had great relationship with the faith community in Adama.
C. **Ability:** Among the focus group representatives, there were church leaders who had been involved in community-based orphan care within their local congregations. The community leaders demonstrated confidence in their ability to implement the pilot project. They could relate the concept of foster-to-adopt to what they were already doing in their local churches.

3. Project Strategy

The project employed a multi-prong approach. Bethany aimed at achieving its project goals through *partnerships*, *capacity building, and direct service delivery.*

Partnerships: Bethany collaborated with other child-welfare stakeholder agencies/organizations (Kingdom Vision International), faith-based communities (Adama Evangelical Fellowship), local and national government (Adama MOWA), and American faith congregations (The Well Church, Mars Hill Bible Church, Cross Pointe Church) to form a strong consortium of orphan care. Ethiopian churches were engaged to identify and recruit foster families, increase community connections, and support families to care for vulnerable children. Bethany found partners— American faith communities—to provide resources to support the orphan ministry in Ethiopia. The USA-Africa faith community partnerships provided sustainability to the foster care project because of the often long-term commitment that churches make with partner communities. The partnership also provided the moral support to sustain commitment among Ethiopian faith communities to carry out the enormous task of caring for non-relative orphans who came from outside of their immediate families, clans, or tribes. Local government agencies provided the necessary legal framework for the formation of the partnership and to support its goal of providing protection and care for children.

The radial cycle in Figure 2 illustrates the partnership model. The inner-cycle lines represent the organizations' relationship to the central idea/goal of providing protection and care for the child. The outer-cycle lines represent organizations' relationships outside of and beyond the foster care project. Therefore, partnerships between faith communities from the U.S. and Africa would not necessarily be limited to foster care. The foster care project was the initial point of interface between organizations, but partner relationships could grow beyond foster care.

When asked about what meaningful partnership would mean outside of foster care, the Adama Evangelical Fellowship in Ethiopia mentioned the following outreach opportunities:
- Evangelistic crusades
- Leadership trainings
- Improvement of the institutional capacity of the fellowship
- Networking for Christian business development and entrepreneurship
- Library development and the sharing of Christian reading materials
- Training on how Christians should effectively work with government institutions
- Family and marriage life seminars
- Development of a recreational center for youth ministries
- Improving Sunday school programs for children

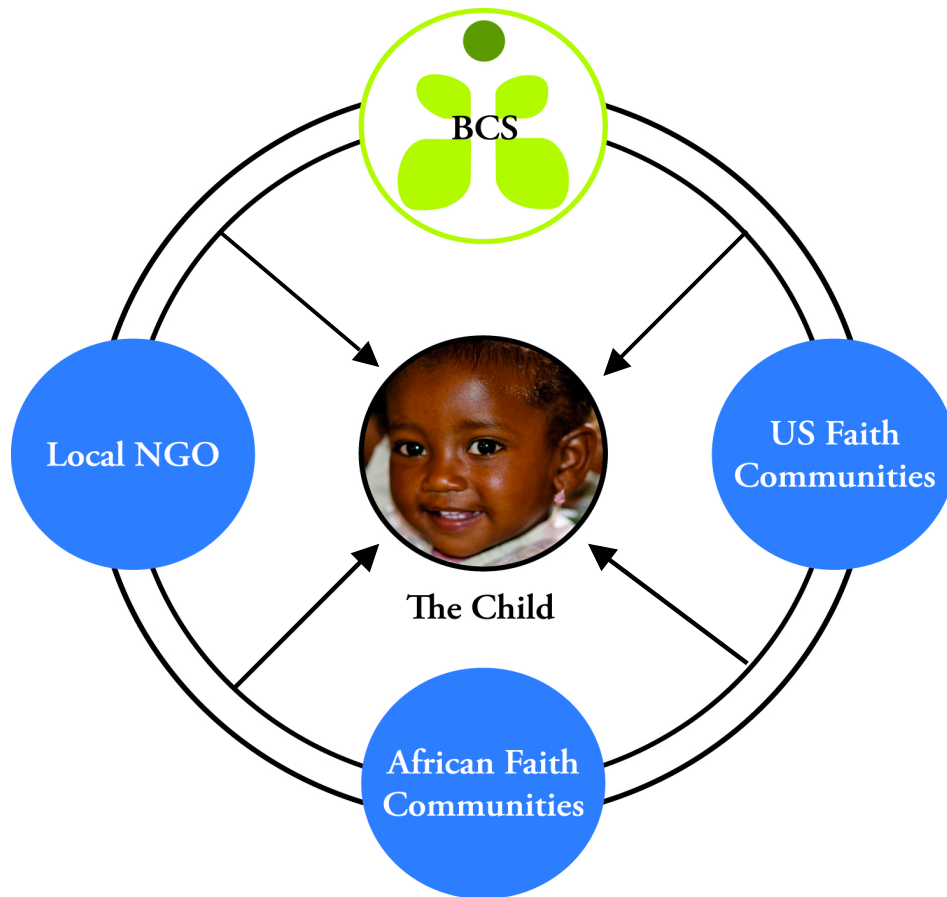Thus far, partnership activities have centered around foster care and child protection.

Figure 2: Partnership Model

Capacity Building: BCSI drew upon a wealth of child welfare competencies and internal resources to provide technical assistance, training, monitoring, and evaluation of the foster care project in Ethiopia. Training programs and workshops increased the capacity of the stakeholders (foster families, social work supervisors, local government and community leaders, and child welfare service provider agencies) to develop local solutions for local problems.

Bethany has been a leading member of UNICEF's task force on alternative care. This working group is focused on improving standards of care by sharing experiences; identifying best practices, replication opportunities, and sustainability options; and developing research and evidence to support alternatives to institutionalization. This partnership brought together stakeholders for the best interest of the children. Bethany's long-term goal is to get regional or/and federal government agencies to develop infrastructures to facilitate the practice of foster care and domestic adoption in Ethiopia.

Direct Service Delivery Demonstration: Bethany partnered with Kingdom Vision International to deliver services to families who cared for orphans. Bethany does not believe in competing with local child welfare NGOs in providing direct services for orphans. However, the foster care project team determined that it was essential for Bethany to engage in direct service delivery to provide practical demonstrations so the partner could learn through observation. The project was designed so that, in time, Bethany would withdraw from direct services delivery and focus more on capacity building. A representation of this approach is illustrated in Figure 3.
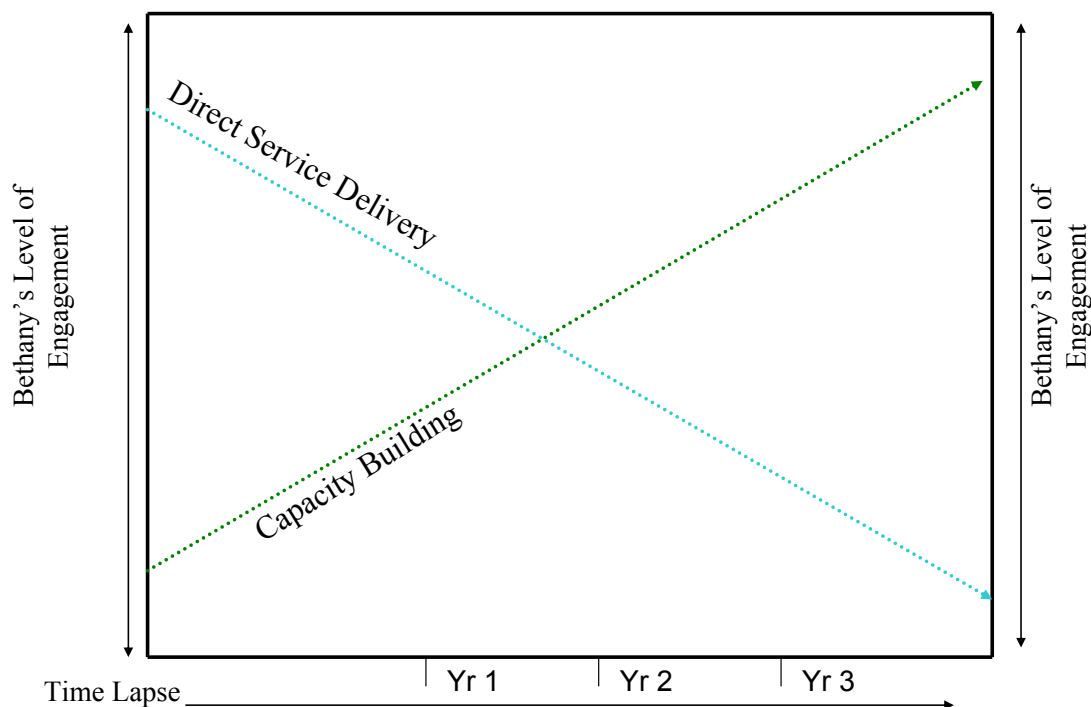

Figure 3: Model for Partnership Engagement

Permanency Planning Through Intermediary Services: The long-term goal of the project is to establish family-based permanency for children who otherwise would not have parental care using the foster-to-adopt strategy. Foster families were prepared for adoption (permanency) in the long term. Permanency planning was done from the time of recruitment through the engagement and foster placement stages. During every placement, the church conducts a ceremony called "the marriage ceremony." In the Ethiopian culture, marriage carries the implication that the placement of the child into the new family is permanent.

The foster-to-adopt strategy has multiple advantages. First, it increases the chances of children being adopted. In the United States, studies indicate that, where child welfare systems are highly developed, 54 percent of children who were adopted from the foster care system were adopted by their foster parents (The AFCARS Report, 2009). Second, the foster-to-adopt approach creates a bridge between a child's initial need for temporary care and the long-term need for a permanent home. This is achieved through carefully coordinated transitional and permanency planning services. Trained social workers provide long-term monitoring and support services to ensure the protection of children from exploitation, abuse, and neglect. They also facilitate family sessions to achieve successful attachment and bonding between the children and their new families. Third, this approach provides the time to cultivate the culture of adoption among targeted communities. A careful transition from fostering to adoption is especially crucial in cultures where the concept of non-relative adoption is new. The project used foster care as an intermediary service that prepares the families for permanency through the new concept of non-relative adoption.
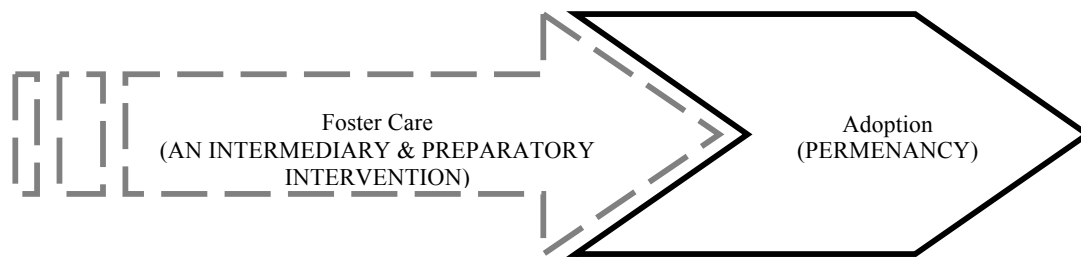

Figure 4: The foster-to-adopt approach serves as intermediary services to prepare families and children to smoothly transition into permanent care through domestic adoption.

The transitional services provided through this approach are as important for the families as they are for the children. Research shows low rates of disrupted adoptions when the parents have first fostered the child (Barth et al, 1998). This approach not only increases the chances of children being adopted, but it also increases the chances of a permanent placement. This project was designed to help these families eventually evolve into adoptive families through implementing carefully designed transitional and permanency planning services.

4. Service Beneficiaries: Client and Target Systems

Child-in-Environment Perspective: The child is not the only recipient of intervention services. The process of designing interventions took into account the active participation of multiple systems, which include the *client systems* and the *target systems*. Engaging multiple systems (children, prospective families, and their communities) helps achieve lasting, positive change in the lives of children involved in the project.

In this case, the *client system* is the child. The children are the primary beneficiaries of the intervention. The goal was to place *75 children* into local Ethiopian families by the end of the first project cycle. The *target system* is the family and the community. The families and faith communities were targeted for change in order for the *client system* (the child) to benefit from the proposed intervention. The families received extensive training to prepare them to provide a *nurturing environment* for the children placed in their care. At least 100 families were recruited during the first project cycle. The project also engaged at least ten faith communities from which these families were recruited. Faith communities are uniquely positioned to engage in orphan ministries and to provide a *sustaining environment* for both families and children in this project.

The foster families and the faith community form two strong concentric circles of protection and care, which are necessary for the nurturing and sustenance of these vulnerable children. Figure 5 illustrates the Child-in-Environment perspective.
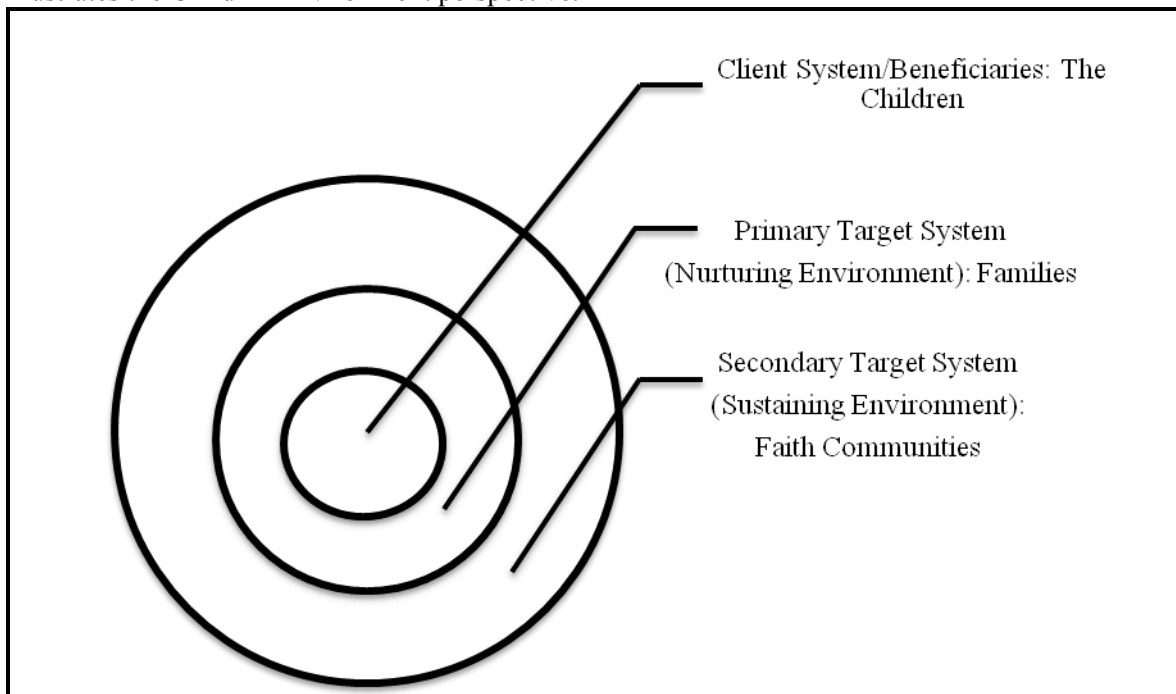

Figure 5: Child-in-Environment Perspective

III. Activities

All of the project activities were completed by Bethany social workers and the indigenous partners (Kingdom Vision International). Bethany staff engaged in direct service delivery alongside our partner workers in order to provide practical demonstrations so the partners could learn through observation. With time, partners were allowed to practice their newly acquired skills under close supervision. In time, Bethany will withdraw from providing direct services and focus its efforts on providing technical support and training.

1.   Awareness Campaigns and Training of Social Workers

During the first year of the project, August 2009 through December 2010, Bethany hired and trained social workers. With assistance from the international office in Grand Rapids, Michigan, the Ethiopia staff conducted awareness-raising campaigns regarding the limitation of institutional care. Bethany also promoted evidence-based child welfare practices in community and family-based childcare for orphans. Bethany held several seminars with stakeholders from local governments, faith communities, and local child-welfare organizations.

2.   Selection and Training of Families

Bethany successfully worked with the Evangelical Fellowship of Adama and Kingdom Vision International to recruit more than 110 families to foster an orphan. Families were selected based on carefully designed criteria. Families underwent Home Study assessments done to ensure their suitability to care for a non-relative orphan. The Home Studies were then approved by the local

government of Adama. Families also attended the initial 24-hour training required to be licensed as foster parents.

3. *Engaging the Family*

Engaging the family refers to meeting the family where they were emotionally and mentally and helping them remain motivated to foster/adopt a child. Family engagement was also meant to move families from extrinsic to more intrinsic, value-based factors of motivation. Periodic seminars were held to discuss diversity, child development and attachment/separation, and child preferences. One of the seminars involved a delegation of foster/adoptive parents from Cross Pointe Church, a partner church from Atlanta, Georgia.

4. *Identifying Children Suitable for Foster Care*

Kingdom Vision International worked with Bethany social workers to perform assessments of all the children identified.

5. *Matching*

Social workers from Bethany and Kingdom Vision International convened an interdisciplinary intervention team who utilized information from the Home Study assessments and child assessments to match families and children. The team's priority was the best interest of children during the matching process.

6. *Attachment and Bonding*

Bethany assigned a foster care specialist to provide bonding and attachment sessions for families and children for a month before the actual placement. The specialist also trained and supervised local Ethiopian staff on how to facilitate family bonding and child attachment sessions.

7. *Placements*

The first placement occurred on December 29, 2010, and was marked by "the wedding ceremony" to signify the expectation that the placement was meant to be permanent.

8. *Supervision and Support*

Once the children were matched and placed in families, a social worker was assigned to each family for monitoring and support. Social workers use the Child Status Index and other tools to monitor the progress of both individual children and the impact of the program. Another tool is foster care data management software designed to display crucial indicators in graphic forms. It allows the project team to view the progress of each child and the entire program in real time. This software is already used by Bethany Christian Services in the U.S. and has proven to be quite successful.

IV. Lessons Learned

1. Awareness Campaigns and Family Recruitment

When a concept is new not only to a community but to the professionals in the community, making the best decisions can be a challenge. It is best if **professionals are trained** about the benefits of the new concept ***prior* to its introduction.** In addition, it is important to have **experienced, trustworthy consultants** who can help to establish best practices.

Recruiting families from church groups for this project proved to be quite effective because infrastructures and formalized processes already existed within the church groups. Some churches already had orphan care ministries and understood the importance of the foster care project.

The project team also discovered that because the concept of formalized foster care was so new, foster parents benefitted from **repeated orientation.** Families reported that they felt they were taking a great leap into unknown territory regarding foster care. As families made decisions to become foster parents, they found it easier to make those decisions within group settings rather than in individual settings. The project team thus discovered that large assembled outreach events were more successful for raising awareness and recruiting families. One-on-one recruitment methods were used effectively later, after *several* large group outreach efforts.

The **absence of comprehensive laws on child welfare** during the awareness-raising phase proved to have a double edged effect on the development of the project. The team faced challenges in convincing government officials to follow through with their responsibilities because they had no legislative or regulatory frameworks to use as models. Thus, the project was designed and implemented with the expectation that future laws and regulations regarding foster care and adoption may be established by taking into account the methods used to implement this project.

2. Budget Stress

Bethany also discovered that **costs related to raising awareness**—including conference centers, food, transportation, and others activities—**were higher** than the project team initially estimated. In addition, there were many people who attended awareness raising events but few committed to becoming foster/adoptive parents. At the front end, the conversion rate was lower than the project initially anticipated. However, the conversion rate increased significantly with time and effort.

3. Partnership Arrangement

The project team discovered that **not all partners** or stakeholders **fully understood or accepted the foster care concept** during the initial stages of the project. Thus, it was very important to move forward with the critical mass of stakeholders to ensure their understanding, acceptance, and long-term commitment. A critical mass of stakeholders was able to demonstrate the viability of the concept from the early stages. The rest of the stakeholders, who are now involved, were able to follow after they witnessed the success of the project. The project team also discovered that when partner meetings were held less frequently, the partnership lost clarity of purpose. We needed to **schedule partner meetings more frequently** and proactively address the issues confronting the partnership and the project as a whole. Partners eventually agreed to find solutions to problems through consultation. These meetings also became the platform through which we repeatedly aligned partner interest with project interest. Stakeholders' conflict of interest is widely recognized in international project development. Khang and Moe (2008) acknowledge that, as a result of the intangible characteristics of the international development project objectives, the *real* interests of different stakeholders in these projects may be different from the stated objectives in the project document, creating a special dilemma for implementation.

4. Matching and Placement

When the matching process began, the project team discovered that **most families preferred to foster children who were younger and female.** The project team did not do enough to advocate for the children who were readily available at the earliest stages of recruitment, screening, and training. The project had more children waiting than there were families who were ready to care for them. The situation was compounded by the fact that, from the beginning, there was the understanding that families would take these children as a permanent arrangement with the long-term goal to adopt. Therefore, **families were more particular about their preference than they would have been in a temporary foster care placement arrangement.** The project team could have mitigated this situation by **recruiting a larger pool of families** to increase the chances of finding families for the waiting children. Figure 6 illustrates how a larger pool of families could increase the chances of more children being placed in a home than if the family pool were smaller.
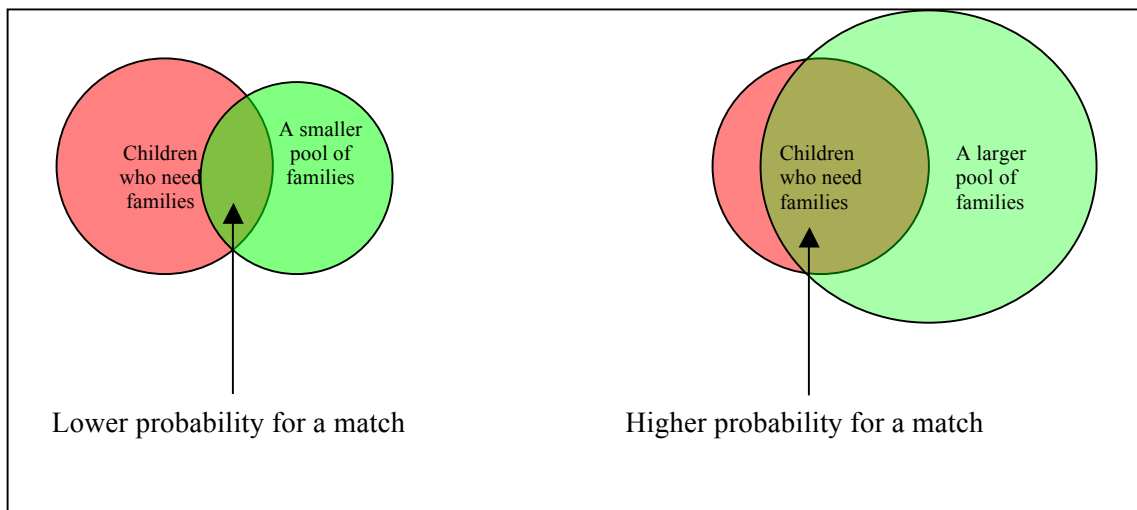

Figure 6: Matching and Placement

The project team understood the concept of "finding a family for a child rather than finding a child for a family." However, implementing this concept was challenging on a practical level. The project team had to **constantly balance the families' personal motivation to foster/adopt with the best interest of the child.**

V. Conclusion and Looking Forward

The observations made in this project review are not a result of a formal project evaluation. The project team plans to send an evaluator to carry out a qualitative and quantitative project evaluation. In the mean time, the project is monitoring the children's progress through the Child Status Index, Stages and Ages Assessment tool. Other qualitative data will be gathered through progress narratives done during home visits by social workers. Meaningful evaluation of the project's impact will be determined within the next 18 months.

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