

CHRISTIAN ALLIANCE FOR ORPHANS

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**REPLICABLE MODELS**  
*for transition to*  
**FAMILY-BASED CARE**

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**CAFO**  
Christian Alliance for Orphans

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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 should never keep us from relentlessly pressing toward the ideal.

Research strongly suggests the best care for orphans and vulnerable children (OVCs) 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 regarding impact on the children and employees, uncertainties about process, and questions as to 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 distinct groups of children within different cultures and legal systems, they share many commonalities. 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 willingly stand ready to offer guidance to others in the process of transition as well.

Safe transitions to family-based care take time. But the following case studies reveal how 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 to enable you to do even better for the children and families you serve.

# UGANDA

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*The Akola Project*



# THE AKOLA PROJECT

## OVERVIEW

Akola's mission is to empower impoverished women to transform the well-being of their families and communities through economic development. Akola's programs focus especially on women who have opened their homes to orphaned and vulnerable children, helping these women and their children thrive financially, socially and spiritually.

Akola means "she works" in the local Ugandan dialect. Women involved in the project chose this name, believing 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 homes, often including a mix of biological children as well as orphans and vulnerable children.

## TRANSITION

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

However, even before construction was complete, Akola staff began to realize residential care was not as simple as they imagined. They began to feel that, especially in their rural setting, their efforts were creating as many problems as they solved. They started seeking a more efficient and sustainable option for meeting the needs of orphaned and vulnerable children.

Ultimately, they became convinced that local families were the answer. Many women were already caring for orphans in their homes. As Underwood notes, "You don't have to tell these women to care for children in need." What these caregivers often lacked, however, were the material resources required to provide adequate care.

Once Akola decided to transition from their orphanage model to the support of family-based care, they reached out to local churches 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 which invests in women living in extreme poverty – providing both employment and skills training and support services. Akola works to help these women become agents of transformation within their families and communities.

The first steps in the Akola Model begin with the building of a local water well, vocational center, and roads in remote communities – providing the infrastructure for economic opportunity. The center also 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 to be sold in the global marketplace. Akola sells the products through multiple distribution channels; then all 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 support and care for more children.

Akola aims for an impact that will continue long after its programs cease. Greater income allows improvements to homes and farms and investments in local small businesses. More than 60 women have also launched their own local businesses with personal earned income, which strengthens the economic structure of the

community. In addition to economic empowerment, Akola offers holistic care and peer-support programming to all employees and their dependents. 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 coordinator of men's ministry and construction, to engage local men in construction work and ministry efforts. This endeavor 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 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. This in turn strengthens their communities. 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, covering health, education, business, savings & loans, ministry, family planning, maternal health, Scripture search, fellowship and wellness.

Additionally, Akola has a Ministry and Wellness Coordinator who manages a team of Peer Wellness Officers. This team is responsible

for supporting women in times of need; team members also learn to lead fellowship and Bible studies with the women.

## **PARTNERSHIPS**

Akola continues to partner especially with local churches. Not only do they cooperate in identifying 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 partnerships 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. Within 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 Akola's approach to economic empowerment: accessory production and export/import. Not every organization has the professional networks and resources necessary for such an enterprise. However, other export/import industries and also domestic businesses very likely could be harnessed in similar ways. One challenge of a social enterprise model is the struggle to balance the sometimes competing goals of profitability and social impact.

Akola works in marginalized villages with women who need more than economic development to become agents of transformation in their families and communities. So Akola seeks to grow its holistic programs simultaneously and at the same rate as its business/employment opportunities.

## **DATA AND EVALUATION**

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

Akola is committed to monitoring and evaluation, and has trained Akola members to become Monitoring and Evaluation Officers. Surveys were taken of 218 participants in five locations in Uganda. Forty percent of the members were found to be widows. Members care for an average of three non-biological children, and an average of nine people total (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, a 47% increase in those able to provide medical care for themselves and their dependents (55%), a 38% increase in those able to provide all school fees for their dependents, and a 428% increase in those able to save money each month.

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# MYANMAR

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*Caring and Loving Children*

*Supported by Kinnected*

*Care For You.*  
*We Will Be*

## Myanmar Program

# CARING AND LOVING CHILDREN

*Supported by Kinnected*

## OVERVIEW

Kinnected, an initiative of Australian Christian Churches International Relief (ACCIR), strives to ensure kids grow up in families. In eight countries, Kinnected works to develop family-based alternative care, provide high quality short-term care, assist in scaling down long-term residential facilities, and to develop reintegration and reunification programs. This is accomplished primarily with locally-led orphan-serving residential facilities which are supported by Australian churches.

One such agency is Caring and Loving Children (CLC), led by Pastor Myint Nwe in Myanmar. Prior to working with Kinnected, Pastor Myint was responsible for overseeing five residential care centers throughout the country. Many children in his residential care centers had living relatives, but had been referred and placed due extreme poverty, the death of one or both parents, or other crisis situations. Eventually, he concluded the residential care he provided was not ideal, because children belong in families whenever possible. But he lacked the knowledge and experience to scale down residential care. Kinnected was able to support and help guide CLC in its transition toward family-based care.

## TRANSITION

ACCIR is the missions arm of the Australian Christian Churches, a denomination. As the organization encouraged associate churches to promote family-based care in the orphan-serving organizations with which they partner, one church working with CLC decided to approach the organization about transitioning its programming to support family-based care. Simultaneously, Pastor Myint had been contemplating a similar change in direction, resulting in agreement on both sides. Kinnected agreed to coach CLC through the transition from residential to family-based care. Although organizations working with Kinnected take on average 18 months to make the transition, this shift was much quicker, primarily due to Pastor Myint's enthusiasm and motivation.

Initially, Kinected helped CLC 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 include everyone in the process. Significant time is devoted to extensive conversations, 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 the benefits to the children was crucial in persuading these individuals of the importance of this change.

Pastor Myint faced an initial challenge in this process: without technical language and expertise, it was difficult for him to communicate the full vision to stakeholders. Kinected worked to strengthen Pastor Myint's capacity in these areas, as well as other skills critical to managing a major organizational change. Beginning in 2013, he went on a field visit to meet with another Kinected partners involved in family-based care within 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 knowledge allowed him to envision how family-based care might look in his community.

Together, Kinected and CLC developed a sustainable 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 of the children establish small businesses such as tailoring, grocery retail, and livestock farming to address the poverty issue. Too often insufficient income was the cause of separation and remained a barrier to reunification. Resources that had once been dedicated to residential care were then redirected toward family strengthening and family preservation initiatives.

## **FAMILY BASED CARE**

### **STRATEGY**

Each program Kinected works with, including CLC, adheres to similar principles when transitioning to family based care. As deep as Kinected's devotion is to placing children in families, the organization is also dedicated to balancing 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 the strategic partners involved 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 other organizations working in the child welfare sector. This often creates opportunities for

collaboration in training, in developing and delivering services for children in the community.

While working to integrate children back into a community after living in an orphanage, Kinnected constructs parallel services which serve both individual families and the broader community. Families receive economic and family strengthening programs, as well as vocational training, medical care and tutoring. Meanwhile, Kinnected and its partner programs often repurpose orphanage buildings to house community development programs. As residential care is scaled down resources are redirected toward community development, family strengthening, and family preservation initiatives, as well as family-based alternative care.

CLC has now completely closed its 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**

Many children with CLC have been reunited with relatives—the majority with extended family and some with immediate family. When a child has maintained regular contact with their family (such as going home for school holidays), the process is often 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, 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 children.

Caring and Loving Children is also developing an emergency foster care program. This includes an assessment and screening process to examine suitability of the caregivers, their reputation in the community, personal history, motivation, capacity (which includes ability to provide income and care), as well as the capacity of the community infrastructure to meet the child's needs. These needs typically include: access to education, water, sanitation, health care and more. Families serving in this program have all been recruited from local churches.

## **PLACEMENT AND SUPPORT**

A care plan is developed with and for each child, highlighting the steps needed in preparing the child for placement. Subsequently, a family support plan is created, outlining factors requiring the attention of both the child and the family, in order to make a successful transition. At this point, 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 CLC'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). When visits reveal a need for additional support, social workers identify and organize whatever help is necessary and feasible. Although a general reunification process is followed, 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, experience 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.

Kinnected's work occurs entirely through partnerships. The organization has worked alongside government agencies, field workers, churches, faith-based organizations, orphanages, foundations, funding bodies, boards and concerned individuals. Kinnected 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, Kinnected 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. Due to the perceived status of a church operating 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 concerns from his personal experience. 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 grow up to become 24 families. He shows how a ministry is not lost in this transition- it's only a new strategy to achieve the same vision of caring for children.

## **DATA AND EVALUATION**

### *Caring and Loving Children*

A total of 53 children lived in Caring and Loving Children's homes when Pastor Myint began the process of de-institutionalization. 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.

### *Kinnected*

As of 2014, 945 children had been reintegrated back into families and communities as a result of Kinnected's efforts. This includes a combination of family reunification and foster care placements. Currently 36 orphanages participate in the Kinnected program transitioning from institutional to family-based care. More than 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 work in their communities.

Additionally, Kinnected is currently consulting with five organizations, representing sixteen orphanages, continuing to provide training in reunification and de-institutionalization.

## **CONTACT**

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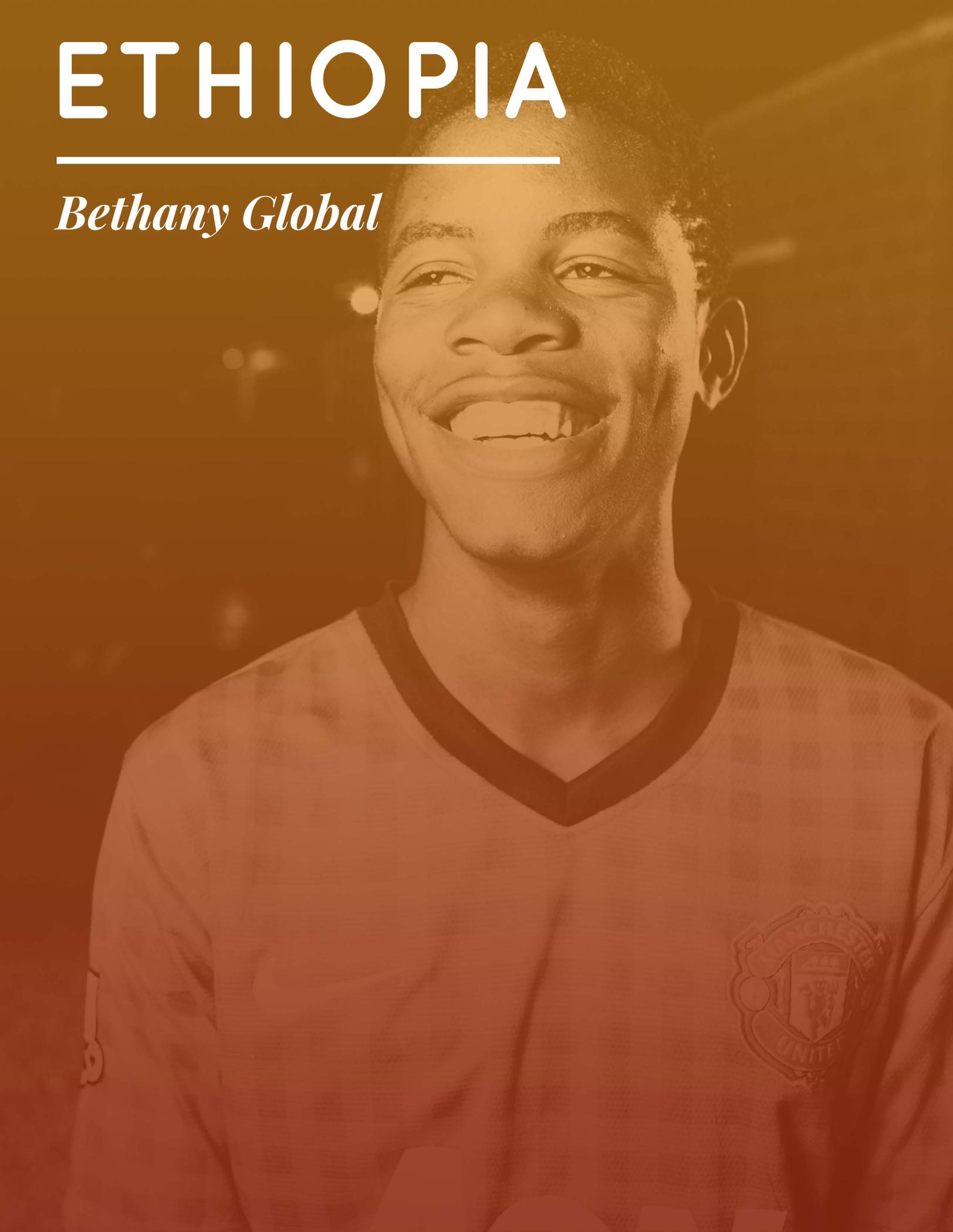
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# ETHIOPIA

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*Bethany Global*



# BETHANY GLOBAL

## OVERVIEW

Bethany Christian Services (Bethany) was founded in 1944 by two young women who desired to establish a Christian home for orphans. Since that time, the organization has grown to employ more than 1,000 staff members 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.

As one of the many expressions of Bethany's mission, Bethany Christian Services Global supports vulnerable children and families through both direct services and capacity building and systems change. Working across five continents, their work includes 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. They regularly provide training, technical assistance and support to other organizations and governments to help create and improve systems of care.

## TRANSITION

In 2009, Bethany made its first step toward family-based care in Ethiopia. This involved efforts to raise public awareness of the importance families are to helping children thrive. The group focused on a small nucleus of influential community leaders, hoping to persuade them of the need for change. Bethany staff also hoped the new insight 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.

This process of raising awareness and providing education was

extensive — fifteen months passed from initial steps to the first placement of a child with a family. During that time, the organization worked to develop the ability of key stakeholders to support family-based care. This included hosting several seminars hosted by local churches. Staff wove together key ideas from both Scripture and social work, believing that both were crucial to a deepening understanding of the developmental needs of children and the best practices for meeting them.

In the local context, it soon became clear for many stakeholders, the physical evidence carried far more influence than research or theory. As Bethany pointed to the early successes of the program in explaining the vision and objectives, acknowledgement came much more quickly. Additionally, this evidence of initial success mitigated some of the perceived risks of transition when communicating with donors and other key stakeholders, encouraging them toward a more favorable response.

Bethany also points to a simple but often overlooked behavior as utterly critical to this process: listening well. Although Bethany had an important message to convey, it was reminded by both successes and mistakes that listening had to come first. Understanding the perspectives and concerns of stakeholders helped Bethany to earn their trust and to identify which key issues to address.

Flexibility was also essential. When the Ethiopian national government was unwilling to modify their orphan care standards, Bethany altered their approach and worked instead through local communities.

## **FAMILY BASED CARE**

### **STRATEGY**

Bethany's international child welfare projects utilize a "Service Spectrum" approach. This spectrum encompasses community development, family support, temporary care and adoption. Each

part of the spectrum includes many elements. For example, family support includes assessment of the needs of families, 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 temporary care systems including kinship care and crisis shelters. Adoption can include both local and inter-country adoption, and often involves adoption of children with special needs.

Bethany's ultimate goal is for Ethiopian families to care for Ethiopia's orphans in their homes - including kinship care, foster care and adoption.

## **RECRUITMENT AND ASSESSMENT**

Consistent with best practice globally, Bethany has developed a robust assessment protocol for both children and foster/adoptive families.

Child assessment includes careful investigation of the child's history and any potential options for kinship care. If relatives are available to provide a stable living environment, placement with these families is of first priority. If no such connection is discovered, children are deemed eligible for placement in alternative family care.

Recruitment of foster/adoptive families is typically combined with broader efforts to grow awareness of the needs of vulnerable children and the importance of family care. As families express interest, they are carefully screened to ensure their homes are nurturing and safe. 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.

Subsequently, Bethany undertakes a careful and thoughtful matching process to ensure an optimal fit for both child and family.

## **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 an environment where the child feels comfortable. When rapport has been built, and at the social worker's discretion, visits occur at the family's home, which would become the child's potential future living environment. Permanent placement is delayed until the child expresses a desire to stay with the family, rather than to return to the orphanage. After placement, a social worker continues with case management, balancing support of family while ensuring safety.

## **PARTNERSHIPS**

Strategic partnerships with churches, governments, international NGOs, and local civic and faith-based organizations have allowed Bethany to provide highly contextualized services to multiple cultures.

Bethany views strong local church partnerships as essential to the success of this program. Ideal partner churches tend to have many middle-class families and an ongoing orphan ministry. Bethany especially seeks churches that clearly evidence three motivational dimensions: willingness, confidence and readiness (often the most critical component).

Bethany also works to empower local government and nonprofits to develop appropriate and sustainable infrastructures that support the well-being of children. Additionally, Bethany selects and collaborates with like-minded partners to provide strategic services. Taking measure of the same motivational dimensions as with the church (stated above) predicts whether a partnership will be a good fit.

## **LIMITATIONS**

Success in a family-placement program hinges on families being willing and able to receive children. In many countries, while caring for the children of relatives may be common, to receive and care for an unrelated child can be deeply counter-cultural, even frowned upon. Altering cultural biases is never easy. As Bethany has observed this change is indeed possible. But it requires strong support from locally-respected civic and/or religious leaders and other influencers. Outside voices cannot effect such changes alone.

In addition, robust assessment programs are costly. Many families in Ethiopia are ready for assessment, but the program currently lacks the resources to complete all the prospective assessments and preparations that ensure families are ready to welcome children into their homes.

## **DATA AND EVALUATION**

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

Bethany has also found it very rewarding to see significant outcomes beyond the children served. When family-based care proliferates in a region, community pride grows 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.”

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# COSTA RICA

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*Casa Viva*



# 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 to engage a response based in local churches and families to equip churches and families with resources and support, and encourage a worldwide response that considers family first.

## TRANSITION

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. The Aspegrens loved their work and the children they served, but began to feel deep concerns about their model of care. It troubled them that the majority of children in their care had at least one living biological parent or relative. The Aspegrens knew that reunification would not be healthy for all of the children they served. But they could not help wondering if a wider spectrum of care options would do far better than their home for meeting each child's unique needs. In 2003, they responded to an invitation from the Viva Network to help develop a broader spectrum of care for vulnerable children in Central America.

The Aspegrens chose to work in Costa Rica, a progressive leader in Latin America, hoping that a successful model there would be especially 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 toward family-based care in the region, presenting a need for advocacy and education. In the initial development period, the Aspegrens investigated what would be required to engage the local church, to place children in

families, and develop a model that was nationally sustainable without reliance on foreign support.

First steps were carefully chosen. The Aspegrens cultivated relationships with the local and national governments and dug deep into Costa Rica's laws and policies to ensure there would be no conflict with their model. 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.

Eight months passed from the inception of the program until the first child was placed with a local family. This timeframe was much shorter than is typically required for residential facilities transitioning to family placement. Casa Viva focused all its effort on developing the best program possible since it didn't need to address the many sensitive issues that arise when making major changes in a long-standing organization. The Aspegrens also note that a family-based model can have lower start-up costs and lower costs per child, especially when working primarily through local families and local churches. Within the first year, the organization had hired its first staff and placed 10 children in families.

## **FAMILY BASED CARE**

### **STRATEGY**

Casa Viva's program is based in local churches. Partner churches are responsible for identifying and recruiting families as well as supporting families once children have been placed. Churches also invest financially in the program. Professional staff members provide the technical training and expertise to deliver approval and assessment processes, and contribute to family preparation. Casa Viva works toward healthy, sustainable growth—allowing key partners much-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 only 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 are 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 they're still interested, an application is completed, 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 on the family, which is presented both to the family and the church.

A child's eligibility for placement is determined entirely by the Costa Rican government's child protection division, which refers at-risk children deemed in need of placement.

## **PLACEMENT AND SUPPORT**

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. When reunification is considered viable and safe 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 must be made outside of reunification or kinship care, Casa Viva completes a detailed analysis of the child's needs and family profile. Options include short- and long-term foster care, and in special cases, institutional care. Each care plan is customized to the child's unique situation. A variety of factors are considered: whether a child is allowed visits with biological family (and subsequent geographic implications), transportation needs, and if 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 together.

When reunification with biological family or relatives is not safely possible, Casa Viva then pursues a declaration of abandonment for the child. This declaration allows a child to be adopted, preferably within Costa Rica.

## **PARTNERSHIPS**

Healthy partnerships are a priority for Casa Viva. The organization partners with local churches wanting to engage with children in need of 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 to offer support.

Government relationships are vital, as well. Frequent visits with local and national government leaders lead to continued engagement and the strong relationships necessary for success. Casa Viva encourages other organizations to create those links by inviting well-connected people who share their values to be a part of their board or to be involved in other ways.

## **LIMITATIONS**

Casa Viva has worked diligently to build a system of family-based care where there was none. In the past, the government would allow children from birth to five years old to be adopted only if they were living in a government sponsored baby home. The government ceased placing this age group with Casa Viva for a time, but has 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 significant cultural assumptions and biases that generally must be changed before local families are willing to open their homes. 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 are also professionally qualified. It has been difficult to find such individuals over the years, but as Casa Viva's 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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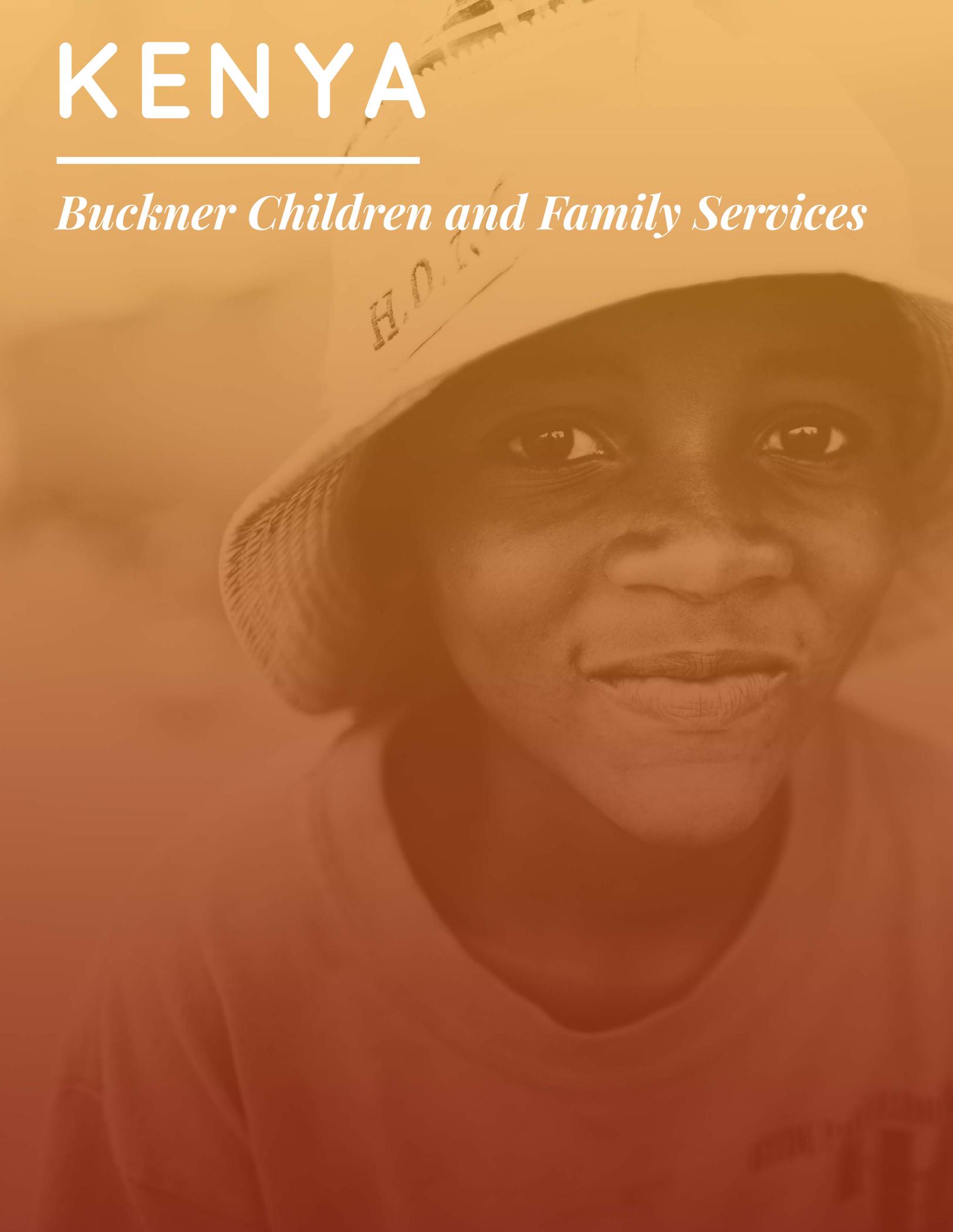
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# KENYA

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*Buckner Children and Family Services*



## Kenya Program

# BUCKNER CHILDREN AND FAMILY SERVICES

## OVERVIEW

Buckner Children and Family Services (Buckner) strives to transform the lives of vulnerable children and to build strong families using Christ-centered values. With 1,400 domestic and 350 international staff members, the organization impacts more than 400,000 lives through its programs each year. Pastor R.C. Buckner founded his first orphanage in Texas in 1879. Since then, Buckner has expanded its influence to serve children around the world through foster care, global orphan care, and adoption.

Although it began with residential care, in recent years Buckner has transitioned almost completely to family-based care. In focusing on the family environment, Buckner has defined success as permanent family care for all children. When possible, the organization aims to preserve a child's relationship with his or her biological family. When family preservation is not an option, Buckner offers a spectrum of alternatives.

## 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 focusing on family-based care. This programming included family strengthening and foster care for orphans and vulnerable children, both domestically and internationally.

In Kenya, the initial transition to family-based care proved to be a lengthy process. It took roughly 10 years for Buckner's orphanage-centered program to be fully transformed into an entirely new one in which every child is cared for within a family. This included the re-purposing of its former orphanage into a transitional center. In all of this, Buckner sought not only to build a new program, but also to contribute to an effective and sustainable orphan care system in

Throughout this transition, Buckner worked to avoid the detrimental effects it had observed when other organizations or governments closed orphanages without providing a viable care alternative.

Buckner views two vital initial steps as critical its success: active engagement of stakeholders and consistent messaging to these stakeholders. Stakeholders included both leaders and staff in the organization as well as many outside it (government officials, community influencers, and educational leaders). As Buckner listened carefully to responses from these groups, it was clear some individuals were more receptive than others to the transition. Consistent, respectful, and persistent messaging over time was vital to winning the confidence of the hard-to-convince.

Buckner staff engaged local governments and community members, sharing openly the organization's mission and philosophy. This also included both research and stories, which conveyed the importance of family-based care. Buckner's national staff played an essential role in contextualizing this message.

It was also important to Buckner to earn the support of its employees working in residential facilities. Many of these individuals had valuable skills that could be adapted to supporting family-based care. Some were trained to become professional staff, including certified social workers. Many also became foster and adoptive parents. At the same time, some chose not to make the transition and had to find employment elsewhere.

This intentional transition process included other stakeholders as well, including Western and Kenyan volunteers and donors. Buckner notes organizations making the transition to family-based care may temporarily lose some of their support. Supporters often feel an emotional attachment to the orphanages – both to the children who live there and to the physical building. When working with donors and volunteers, Buckner found success when they were able to shift focus from the supporter's experience to discussion of the reality experienced by the child.

## **FAMILY BASED CARE**

### **STRATEGY**

Buckner provides four primary services in Kenya – family-strengthening, kinship care, adoption, and foster care in Kenya – all with a consistent focus on the best interest of the child. The explicit goal is stable, loving permanency for each child.

Concurrent with placement models, the organization also operates a family support program to prevent disruption and help adoptive families thrive. This includes parenting education, counseling and vocational training programs. These same services are provided to strengthen families participating in foster care.

Proven methods, policies, and procedures are consistent through all Buckner programs to ensure the organization’s maximum effectiveness. Across all family-based care, Buckner’s core materials are the same, but are contextualized for each cultural setting. High priority is placed on remaining current with best practices. Additionally, an operational excellence team travels regularly to each program site to review and assess the efficacy of the model, which enables the team to recommend any necessary changes.

Buckner believes a commitment to family-based care must be expressed not only in isolated programs, but especially by building systems that support the expansion of family-based care over time. To this end, Buckner invests in growing the social work capacity in communities through training and outreach activities. Workshops provided in partnership with local academic institutions enable Buckner to provide quality training for social workers and to promote a cultural commitment to the importance of family-based care. The objective in each community is to transition to local leadership of these efforts within three years.

Buckner views policy advocacy as a crucial complement to these training initiatives. This includes working with regional and national decision-makers to design and implement effective childcare policies and foster care procedures.

## **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.

To determine a child's need for placement, Buckner examines the capacity of the current caregiver, options for care by other family members, and vulnerability to maltreatment or abuse. If a family member is available, but needs additional support, that support is provided for a specific period of time. A family member is given first priority for assuming permanent care of his or her relative. Additionally, if family reunification is determined not to be in a child's best interest, sibling groups are always kept together.

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

## **PLACEMENT AND SUPPORT**

Placement decisions always prioritize kinship care for children who cannot live with biological parents. Because kinship care tends to be common in African cultures, it is often a less complicated transition for both children and families.

Buckner provides kinship families with case management and support services similar to foster care. These families and other foster families also receive financial support, food, a school allowance, health care, spiritual support and case management.

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.

Adoptive parents receive pre- and post- adoptive counseling, as well as continuous training and monitoring. Buckner is currently working to expand its post-placement support services. This includes efforts to connect families to local church and community resources that will enable families to thrive independent of Buckner's involvement.

## **PARTNERSHIPS**

At times, Buckner has found it challenging to identify trustworthy individuals with whom they can confidently partner. Ultimately, Buckner realizes the most important ingredient in these partnerships is a strong commitment to family-based care. As a result, Buckner prefers to hire individuals who hold this commitment passionately, even if they are not yet technically qualified and require significant training.

## **LIMITATIONS**

Buckner's success hinges on the willingness of stakeholders to embrace a vision for family-based care. Building the process of transition on thoughtful listening and consistent messaging can help greatly in achieving this outcome, but cannot guarantee it. Change in Kenya - as anywhere - would not have occurred without the buy-in, participation and ultimate leadership of Buckner staff, government officials, churches and other supporters.

## **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, carefully collecting and storing information about each child it serves. This enables important evaluation of how well various interventions and programs are working. It also helps ensure the decisions made on behalf of children are informed by as much information as possible about each child's unique situation and history.

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# CHINA

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*Care for Children*



# CARE FOR CHILDREN

## OVERVIEW

Established in 1998, Care for Children (CFC) initially 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. Through CFC, orphanage staff members are trained to recruit, assess and teach families to care for children in need, as well as to provide case management after placement. CFC'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 CFC was founded. Representing the British government and taking his family with him, Robert relocated to China to serve in an advisory capacity.

In order to test the concept, a pilot project was launched in Shanghai with the goal of placing 500 children from institutional care into families. 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 this terminology was uncommon.

Moving from residential to family-based care moved 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 into society, the orphanage was repurposed as a children's resource center, offering services such as a prevention team, special education and physical therapy.

Moving children from institutional to family-based care began with training staff at partner institutions to become family placement workers. Glover established a training model in partnership with Shanghai Civil Affairs. The first focus was on retraining residential social workers, as they had the most relevant experience. Care for Children framed this training as an opportunity for career advancement, which was well-received. Viewing the training as advancement gave workers confidence that they would continue to have employment and find value in the transition. These local trainees multiplied CFC's impact as they became trainers themselves - teaching both foster parents and workers in other institutions about family-based care.

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 global averages. With this success, the government supported expansion of the project to additional sites. As sites continued to excel, more were added until CFC was supporting the Chinese government in transitioning children to family-based care across the country. Providing evidence of measured success was crucial to securing buy-in from government and other stakeholders.

## **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 providing local, regional and national training in family placement. Team members will also 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 other professionals, which 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. Care for Children is held in 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 accepted and encouraged method to do so.

Most children needing placement have been abandoned, with no records of family. Initially, the children go through a medical screening process. While awaiting placement, the children participate in life story work to process through their history (age permitting). For children who are too young prior to placement, they will undertake this work when they reach an appropriate level of development. Additionally, children begin working on attachment issues prior to placement, whenever possible.

Families are instructed using a British training standard that has been adapted and contextualized to fit the 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 fact that they are only one component of the 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. Because many families are unable to afford the medical and educational costs associated with raising another child, families can 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 they reach the age of 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, a significant increase in placement disruption occurs.

## **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. For CFC, central to successful relationship with government has been a commitment to listening well and honoring the government partner. CFC believes it is essential to communicate, both verbally and in action, that one is supportive of the government's goals, will never embarrass them, and will withdraw when the government has

reached its goals and can operate independently. Additionally, CFC views a humble, service-oriented attitude as critical to the success of these and any other partnership. The first responsibility to China's orphans belongs to the Chinese, and CFC exists to support the Chinese in their efforts to fulfill this responsibility.

## **LIMITATIONS**

This type of program relies on having 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 occurs 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**

In 2014, CFC trained 545 individuals in family-based care, resulting in 7,853 children placed into permanent foster families. Care for Children also provided direct financial support for 800 children, who are now living in families. Since inception, the work of Care for Children and those trained by CFC - including 628 partner institutions and 3,789 professionals - has resulted in approximately 260,000 children in Asia moved from institutional to family-based care.

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