

PROMOTING SUCCESSFUL TRANSITIONS BEYOND INSTITUTIONAL CARE: A PROGRAMME-BASED SERVICE DELIVERY MODEL LINKED TO A CASE MANAGEMENT SYSTEM

Pamhidzayi Berejena Mhongera, Antoinette Lombard

This paper reports on findings from an evaluation study of two institutions providing transition programmes to adolescent girls transitioning from institutional care in Zimbabwe. The study sought to understand how institutions A (government-based) and B (NGO-based) were delivering services to prepare adolescents for life outside care and whether these services complied with Standard Six of the National Residential Child Care Standards in Zimbabwe. Findings show gaps between the actual services being delivered and the expected performance standards, and how this affects the achievement of sustainable livelihoods. These gaps can be overcome by the development of a programme-based transition model and case management system.

antoinette.lombard@up.ac.za

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INTRODUCTION

The transitions of youth populations in different social contexts vary considerably, reflecting variances in livelihood pathways and outcomes. Although youths face different hurdles in their transition to adulthood, those in the welfare system experience significant challenges resulting from their past experiences of harm, neglect, abuse and separation from parents (Cocker & Allain, 2013). Growing up in institutional care is further complicated by lived experiences within institutional facilities (Murray, Malone & Glare, 2008). As claimed by Horton and Hunt (2004), some institutions expose young people under their care to painful hardships and lack of adequate support. Unlike youths in the general population who receive most of their support from a single source (families), those from institutions also have to navigate complex service systems to access services and support to meet their transition needs (Osgood, Foster & Courtney, 2010). This process is not always easy and often results in some of them falling through the social services cracks, losing the much-needed developmental opportunities to achieve their livelihood goals. Therefore, service delivery systems should be transformed to promote increased access and utilisation of services and support from different transition stakeholders.

As noted by Mendes (2011), young people leaving care are associated with negative outcomes and are viewed as the most disadvantaged group compared to youths in the general population. To reduce their vulnerability to transition failures, care leavers need transition services and support to prepare them for independent living (Daly, 2012). Notwithstanding, the question remains on the nature of transition services (quality and quantity) and system of delivery (Collins & Ward, 2011). As affirmed by the Ministry of Labour and Social Services (2010a), effective transition programming should bring the most vulnerable youths into the development process; failure in this respect results in negative coping strategies and outcomes. Transition service providers should therefore adopt strategies that help care leavers to achieve their livelihood goals and realise desired outcomes across all life's domains. Unfortunately, governments and institutions differ in the way they provide transition programmes for different categories of youths in the welfare system (Collins & Ward, 2011). Although examples of service delivery strategies supporting the transitions of vulnerable youths abound in developed countries, very little is known about transition programming in Sub-Saharan Africa (Freidus 2010; Frimpong Manso, 2012). Similarly in Zimbabwe, there is a lack of information on how institutions prepare young people for independent living (Ministry of Public Services, Labour and Social Welfare, 2014; Powell, 2006).

This paper seeks to address the identified gap in knowledge and practice by evaluating the nature of transition programming by institutions A (government) and B (NGO) in

Harare, Zimbabwe. It seeks to establish whether the current transition service delivery system is adequate in preparing care leavers for sustainable livelihoods after care by addressing the following research questions: What are the expected performance indicators according to Standard Six of the National Residential Child Care Standard and how are institutions A and B meeting the set standards? What challenges are being faced in meeting the expected standards and what are the opportunities for improved transition service delivery? To conceptualise the study, the paper starts with a discourse on transition service delivery for youths in the welfare system, followed by guidelines on service delivery for young people leaving institutional care in Zimbabwe. An outline of research methods ensues, followed by presentation and discussion of findings. Recommendations for improved service delivery are then proposed and conclusions drawn.

TRANSITION SERVICE DELIVERY FOR YOUTH IN THE WELFARE SYSTEM

Successful transitions for youths leaving the welfare system involve good mental and physical health, the opportunity or potential to earn cash and the ability to acquire marketable skills (Karmel & Liu, 2011). Additional measures include the capacity to live independently as well as making a positive contribution to the economy and broader society (Karmel & Liu, 2011). According to Wehman (2011), adequate transition programming should provide services and support that promote self-determination and advocacy, ensure access to post-secondary education and employment, improve collaboration and links between systems of support, and should promote active participation of youths in all aspects of community life such as social, recreational and leisure activities.

Different service delivery models have been developed to provide holistic and well-coordinated services and support to young people aging out of the welfare system. In the United States of America Frey, Greenblatt and Brown (2005) provide an example of *the integrated approach to youth permanency and preparation for adulthood*. This model is holistic and integrative, and promotes a vision of shared responsibility among young people, families, state and civil society in providing youth-centred policies and practices. It focuses on the achievement of positive outcomes in the following transition domains: education, employment, housing, life skills, personal and community engagement, personal and cultural identity, physical and mental health, and legal information and documents. As emphasised by Frey *et al.* (2005), comprehensive preparation for adulthood is a conscious, purposeful and collaborative process which must be systematic, developmentally appropriate and continuous. Another example is the *community development support model* for care leavers in Australia (Mendes, 2011). As asserted by Mendes (2011), community development entails the use of community-based structures to address social needs and empower individuals to achieve their livelihood goals. Through partnerships between professional social workers and local community networks, social inclusion among care leavers is achieved through increased access to education, housing, employment, life skills, mentoring, access to health, community resources as well as case management services (Mendes, 2011). As observed

from the foregoing examples, effective collaboration and coordination are important in promoting increased access to services and support. Nevertheless, as argued by Mendes (2011), the standards for transition service delivery vary across different states and territories. This paper focuses on the case of Zimbabwe.

TRANSITION SERVICE DELIVERY FOR OVC IN ZIMBABWE'S RESIDENTIAL CARE FACILITIES

As a state party to the UN Convention, the government of Zimbabwe agreed to provide special protection to children deprived of familial care, ensuring that appropriate alternative family care or institutional placement is available (Ministry of Labour and Social Services, 2010b). These children are often referred to as orphans and vulnerable children (OVC). Orphans are children under the age 18 whose mothers or fathers (both) have died and vulnerable children are those whose survival, wellbeing and development is at significant risk (UNAIDS, UNICEF & USAID, 2004). Accordingly, the National Residential Child Care Standards were developed to provide dimensions of the quality of care as well as to give minimum standards to be followed by residential child care facilities or institutions (Ministry of Labour and Social Services, 2010b). According to the Ministry of Labour and Social Services (2010b), a standard is defined as a measurable performance indicator used for management and delivery of services. Accordingly, the document has 15 standards, namely the establishment of the residential child care facility, service provision, design and layout of facility, safety and security, care-taking process (placement/admission plan), leaving care process/discharge plan, discipline/behaviour management, the child's health plan and treatment, education, protection from abuse, absence of a child without permission, handling of complaints, staffing recruitment, staffing requirements and staffing support were developed (Ministry of Labour and Social Services, 2010b). Out of the 15 standards outlined above, Standard Six – leaving care process/discharge plan – is central to this study as it provides guidelines on the delivery of transition services and support to prepare young people for independent living after institutional care.

The goal of Standard Six is to ensure that OVC in care receive adequate services and support to prepare them for sustainable livelihoods as they age out of institutional care (Ministry of Labour and Social Services, 2010b). To achieve this goal, every child must have a discharge plan with a range of services and support that facilitates access to continued education, training and work, support and follow-up for children with special needs, safe and secure accommodation, independent living skills, information on available social services and benefits, social networks that provide advice and information, and follow-up arrangements and support to ensure that the care leaver has adjusted to the new living environment (Ministry of Labour and Social Services, 2010b). As stated by the Ministry of Labour and Social Services (2010b), institutions are expected to provide transition services and support that prepare young people for independent living prior to discharge and follow-up services and support after discharge. Successful preparation entails the development and maintenance of relationships with others, understanding of one's sexuality, establishment of positive and caring relationships, overcoming trauma, building

of self-esteem and resilience, finding employment or opportunities for continued education, and developing of independent life skills (Ministry of Labour and Social Services, 2010b). However, operationalising Standard Six of the National Residential Child Care Standards may be challenging as institutions often operate in resource-constrained environments (Wyatt, Mupedziswa & Rayment, 2010). As claimed by the Ministry of Public Service, Labour and Social Welfare (2004), Zimbabwe has well-documented legislation, policies and guidelines on the provision of care and support of OVC, but lacks the financial and human resources to implement them fully.

METHODOLOGY

The qualitative, evaluative study sought to understand how institutions A and B are delivering transition services and to establish the gaps in transition service delivery. Alston and Bowles (2003) posit that evaluation research is conducted to determine an initial need for a service or programme as well as investigate the effectiveness of a service or programme in achieving the intended results. The aim was to search for practical knowledge regarding the implementation and effects of social policies or the impact of transition services and programmes (Engel & Schutt, 2009). The study adopted the constructive research design, which is relativist, transactional and subjectivist in nature (Guba & Lincoln 1994). According to Guba and Lincoln (1994), relativism assumes multiple and sometimes conflicting realities, while in transactional or subjectivist assumptions, knowledge is generated between the researcher and participants. In this study documents were analysed to establish the actual services being rendered by the two institutions (reality on the ground) against the stipulated service standard; interviews were conducted to get the views of adolescents and the superintendents; and lastly, the authors constructed their impressions on service delivery. This implies a triangulation strategy whereby multiple data-collection methods were used that enabled the researcher to confirm constructs, collect more comprehensive information and to increase validity (Thyer, 2010).

Permission to conduct the study was granted by the Ministry of Public Service, Labour and Social Welfare and the study was received ethically clearance from the University of Pretoria. Out of the six institutions providing residential care to OVC in an urban district situated in Harare, Zimbabwe, two were selected on the basis of their uniqueness in ownership and living arrangements. Institution A is run by the government and provides dormitory accommodation, while B is operated by a non-governmental organisation and offers family-type living units. Thirty-two participants – that is 16 adolescent girls from institutions A and B aged 15 to 18, and 16 sixteen young women aged 18 to 21 discharged from the respective institutions within a period of three years – were selected to participate in the study. Additionally, two superintendents representing the two institutions also participated. All participants gave their written consent.

According to Thyer (2010), the purposive sampling method is important in providing information relevant to the research question and emerging findings. Thus, the purposive sampling method was used intentionally to select participants who would understand the issues of leaving care. The supervisors were engaged on the basis of their seniority in running the institutions and their expertise on the subject matter. Qualitative data were

collected through document analysis, semi-structured interviews, focus group discussions and key informant interviews. Semi-structured interview schedules with both open and closed-ended questions were used. Sixteen adolescent girls living in both institution and 16 who had left the respective institutions were interviewed one-on-one. Sixteen girls participated in focus group discussions (8 girls per institution). The same questions used in the one-on-one interviews were used in the focus group discussion for the purpose of corroborating findings, and eliciting shared meanings and concerns. Key informant interviews were held with superintendents overseeing the respective institutions and the district social services officer representing the Department of Child Welfare and Probation Services.

Data were analysed using the framework analysis developed by Jane Ritchie and Liz Spencer. According to Srivastava and Thomson (2009), framework analysis is focused on describing and interpreting what is happening in a particular setting in order to improve efficiency and outcomes. Ritchie and Spencer (1994) outline the framework analysis steps as follows; data familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation. The first stage of data analysis involved a review of programme documents. The review entailed a purposeful selection of documents relevant to the phenomena under study (Bowen, 2009). After reading through several documents pertaining to OVC programming, the researcher chose the National Residential Child Care Standards, which provided specific guidelines on the leaving care process. Words and statements that addressed the research questions were identified and highlighted, and they were allocated codes comprising letters of the alphabet and numbers, and then presented on a chart using a computer spreadsheet.

Data from audio-recorded files of both one-on-one and focus group interviews were transcribed into verbatim transcripts. Words and statements frequently used by participants, and chunks of data were identified and coded by using a combination of alphabet letters and numbers. The coded data were then cut and pasted into a chart, matching them with performance indicators drawn from Standard Six of the National Residential Child Care Standards. The mapping stage comprised a comparative analysis of performance indicators against the actual services being delivered by both institutions, a process which facilitated the interpretation of data.

The credibility and trustworthiness of data were mainly ensured through confirmability (Cohen & Crabtree, 2006). One of the strategies adopted was the audit trail, where the researcher took note of changing conditions in the study (Thyre, 2010). An external auditor (a research expert) was engaged to account for any variations and to cross-check the field notes, interview schedules, code template, write-ups as well as the analyses and data interpretations. Finally, being aware of the relevant values, gender, socio-economic and cultural background, the researcher was able to reflect and examine assumptions and methods used in the study, whilst the participants reflected on the value of the knowledge generated (Miller & Brewer 2005).

FINDINGS

Findings cover integrated data from the National Residential Child Care Standards document, semi-structured interviews from adolescent girls inside and outside care as well as focus group discussions held with adolescent girls living in both institutions. These findings are consolidated and presented in Table 1.

Transition services being delivered by institution A (government) and B (NGO)

Table 1 below provides a list of performance indicators according to Standard Six of the National Residential Child Care Standards versus the actual service provision by institutions A and B.

TABLE 1
TRANSITION SERVICE DELIVERY BY INSTITUTIONS A AND B

Services and support (performance indicators)	Service delivery by institutions A and B (actual services)
Provide continuing education, training or work	While institution B receives consistent funding for school fees payment through donor support, institution A does not have regular and adequate funding for secondary and post-secondary education. Both institutions do not provide training for sustainable livelihood projects or facilitate access to formal employment.
Provide secure accommodation	Adolescent girls living in institutions A and B have access to accommodation – dormitory-based and family-type units respectively. There are no structured services to provide secure accommodation/transition homes for care leavers.
Provide support and follow-up for children with special needs	There is no support and follow-up on care leavers with special needs due to lack of human and financial resources in both institutions.
Provide information on available social services and other specialist services for future use	Adolescent girls are not aware of social services or any other specialist services that are available to support them in the community. No programmes are being undertaken to map community assets or resources.
Create and maintain networks of advice and information in order to support the child in decision making during the discharge process	There are no formal structures for coordinating and supporting the transition process. Adolescent girls have no access to formal networking; mentoring programmes and professional counselling are scarcely available.
Develop realistic plans for family and community care and ensuring that follow-up arrangements are in place	Adolescent girls have development and discharge plans, but there is lack of feedback sessions, updating, monitoring, evaluation and follow-up of key transition issues and concerns. Discharge plans are not being reviewed after six months as stipulated. There are no formal arrangements in place for regular follow-up after care due to lack of relationship-building programmes that foster increased social support from families and members of the community. Hence, care leavers find it difficult to establish permanent relationships after leaving care. Additionally, family members lack the capacity to provide social support and care due to social and economic challenges.

Provide services for development and maintenance of relationships with others	Although most girls have friends and are able to develop relationships with others while in institutions, they lack time and opportunities to participate in recreational activities. Girls also lack safe places in the community where they can meet with friends or other role models. Furthermore, information communication technologies, e.g. mobile phones and internet services, are needed to maintain contact.
Provide sexual and reproductive health services to enable youth to understand their sexuality and establish positive and caring relationships	Institutions do not provide comprehensive programmes on sexual and reproductive health. There is also a lack of initiatives that foster the establishment of positive and caring relationships. Romantic relationships are discouraged and there is a culture of silence on the issue of sexuality.
Provide services that help youths to overcome trauma and develop self-esteem and resilience	Institutions are not providing psychosocial programmes such as camp meetings/outings, girl empowerment clubs and comprehensive counselling services to address trauma, build self-esteem and resilience.
Provide services that prepare for the world of work and/or for further education	Both institutions are not providing career exploration experiences, employment opportunities, talent and skills development programmes to prepare them for work or further education.
Provide support for youths to develop practical and independent life skills	Institutions are not implementing programmes that promote personal effectiveness which facilitate positive social integration. However, adolescent girls from Institution B have access to more life skills provided informally by their housemothers in respective family units. They also participate more in household activities, unlike their counterparts who live in dormitories under the supervision of a few care givers.
Provide follow-ups, continuous support and opportunity for contact to ensure that care leaver adjusts to the new situation smoothly	There are minimal or no follow-up visits and support after discharge from institutions. However, some housemothers from institution B maintain contact with care leavers through phone calls.

Service delivery challenges and opportunities

Findings from key informant interviews (superintendents from institutions A and B and the district social services officer) highlighted the lack of funding, skills, policies and guidelines to implement transition services, the shortage and capacity of staff, role confusion, and poor case management as major challenges for improved service delivery. Therefore, opportunities to improve service delivery include financial and human resources, gender-sensitive policies and strategies, support systems and service coordination through a case management system. The challenges and opportunities are well summarised in the words of the participants. The superintendent of institution A expressed the following sentiments:

“The institution fails to deliver adequate transition services due to a lack of sufficient institutional funding, timely and consistent release of budgetary allocations, shortage of staff resulting in burn-out and demotivation, lack of skills

and expertise to develop and deliver positive youth development programmes and lack of specific policies and clear operational guidelines for transition service delivery in the institutional context. While standards for preparing young people for independent living have been developed, there is lack of clarity on how these can be implemented, the roles and responsibilities of different transition stakeholders inside and outside institutions, coordination structures, accountability and funding mechanisms. Therefore in order for the institution to provide comprehensive transition services and support, adequate financial and human resources as well as transition policies and strategies that address the gender-specific needs of OVC in the institutional context are needed.” (KIA)

According to the superintendent of institution B, there has been minimal funding from donors in recent years. The few available donors are reluctant to finance salaries, administration, infrastructural and programming costs, which affects the institution’s capacity to pay staff salaries, attract qualified personnel who are skilled in transition programming and develop infrastructure for the implementation of livelihood projects. The superintendent of institution B made the following remarks:

“The institution lacks adequate funding to provide adequate services to adolescent girls as well as meet other institutional costs. As a result adolescent girls have limited access to developmental opportunities while institutional staff are demotivated, over-worked and fail to cope with increased workloads. The situation is also compounded by the lack of skills and formal training to implement programmes for the social and economic empowerment of adolescent girls. Therefore, more support is required particularly from the private sector and other development partners to provide livelihood opportunities for OVC living in institutions and those that have exited care. Families and other community organisations also need to step up in creating conducive and supportive environments to promote positive social integration for OVC leaving care.” (KIB)

Although the government of Zimbabwe, in collaboration with other non-state actors, has contributed to the development of structures to provide care and support to OVC from household to community levels as well as child protection laws, policies, strategic plans and programmes, the lack of effective coordination systems for OVC in the institutional context has resulted in fragmented and unstructured transition service delivery. The district social services officer made the following comments:

“In view of the economic challenges the country is currently grappling up with, the government is doing its best to provide services to all OVC in the country. However, more resources are required to implement sustainable livelihood programmes for OVC leaving institutional care. Care leavers need alternative livelihood options to reduce the negative effects of poverty and the high rates of unemployment. Therefore, increased collaboration is needed among different stakeholders from both public and private sectors to mobilise resources to support young people leaving care. The absence of a specialised case management system also contributes to poor coordination and consolidation of services and support

from multiple transition stakeholders. Hence, a service delivery model supported by a specialised case management system should be developed to provide comprehensive services and support to OVC in the institutional context.”

DISCUSSION

As revealed in Table 1, there are gaps between the service delivery expectations and the actual services being provided by institutions A and B to adolescent girls transitioning from institutional care. Although adolescent girls living in both institutions tend to access more services compared to care leavers who cease to receive material support from institutions, the lack of comprehensive and structured transition service delivery hinders access to services and support to prepare adolescent girls for self-sufficiency after institutional care. As a result, adolescent girls in the institutional context are vulnerable to poverty both during and after care. As highlighted from the findings, adolescent girls in institution B have better access to secondary and post-secondary education, living conditions, life skills and emotional support from housemothers in their respective units compared to their counterparts in institution A, where they live in dormitories with minimal resources under the supervision of a few care givers and hence they are deprived both materially and emotionally.

The foregoing comparative analysis suggests that care leavers have less access to transition services compared to their counterparts in care as institutions fail to provide on-going support after discharge. As a consequence, care leavers are vulnerable to more poverty as most services are terminated upon discharge. Adolescent girls in institution B (NGO) have better transition experiences and outcomes compared to those in A (government). These variances are attributed to living arrangements (family type versus dormitory type) and resources available to respective institutions. Although there are differences in terms of quality and quantity of services and support available to adolescent girls within and outside institutional care, both institutions fail to adequately perform according to the standards stipulated in the National Residential Child Care Standards' document (Ministry of Labour and Social Services, 2010b).

The key service providers concur that institutions A and B fail to deliver adequate transition services (quality and quantity). Both institutions fail to perform the following functions adequately: assessments, planning, implementation, monitoring, evaluation, follow-up and after-care services. According to the key service providers, this is because of a lack of adequate funding, transition programming expertise, transition policies and clear operational guidelines. Furthermore, the lack of coordinating structures in both institutions results in an ad hoc and fragmented service delivery system. Because of these discrepancies, institutions fail to provide the services and support that facilitate the achievement of the sustainability goal as outlined by the National Residential Child Care Standards. Thus, according to the evaluation, the current service delivery system has a negative impact on the livelihood experiences and outcomes of adolescent girls leaving institutional care. As reiterated by the Ministry of Labour and Social Services (2010a), institutions should provide services that facilitate increased access to and utilisation of different livelihood assets required by OVC to sustain their livelihoods. The weak

monitoring and evaluation of institutional policies and processes make it difficult to assess their effectiveness, or lack thereof, in producing positive livelihood outcomes for OVC (Ministry of Labour and Social Services, 2010a).

A study by Osgood *et al.* (2010:209) similarly indicates that youths transitioning from the welfare system in America are vulnerable to negative livelihood outcomes because of “eligibility criteria that exclude them from services that might benefit them, inadequate funding for transition services, a lack of coordination across service systems and inadequate training about young adult developmental issues for service professionals.” In the light of these challenges, an evaluation of the nature of services being provided and service delivery systems is critical in promoting successful transitions among care leavers. As emphasised by Mendes (2011), well-resourced service delivery models capable of providing holistic and comprehensive assistance including case management services should be developed to support the transition of young people from care. To address the current challenges and so maximise the opportunity for improved service delivery requires a transformation of the service delivery system.

TRANSFORMATION OF THE SERVICE DELIVERY SYSTEM

The authors recommend the transformation of the service delivery system through the development of a programme-based transition model, linked to a programme-based case management system.

Programme-based transition model

Findings indicated that both institutions’ transition programmes fail to perform the following functions adequately: assessments, planning, implementation, monitoring, evaluation, and follow-up and after-care services. For the proposed model to be effective, collective responsibility and collaboration between the public and private sectors are needed to harness adequate resources to support the transition of OVC from institutional care. This calls for the pooling of financial resources for programming and technical assistance as is the case with the Child Protection Fund, a model of support for National Action Plan for OVC II (Ministry of Labour and Social Services, 2011). The programme-based model should be buttressed by clear transition policies and guidelines developed through consultative processes with both transition service users (OVC) and providers. The model should also provide capacity-building programmes for key transition service providers (institutional staff) to enhance their proficiency in delivering quality transition services and support. Furthermore, this should be embedded in a programme-based case management system.

Programme-based case management system

The development of a programme-based case management system facilitates the delivery of integrated, coordinated, comprehensive and sustainable services, thereby addressing the existing service delivery challenges. Case management systems can be used in different fields of practice to address individuals’ needs and circumstances (Greene & Uebel, 2007). As highlighted by Hepworth, Rooney and Rooney (2013:410), “case management as a stand-alone practice method or when integrated with another treatment approach has

demonstrated its effectiveness in addressing a range of needs or problems of specific populations”. Browne, Cashin and Graham (2012) analysed three studies on case management models that focused on mental health service delivery in schools. In these models teachers and families collaborated in the provision of services to facilitate the achievement of positive psychological and educational outcomes (Browne *et al.*, 2012). Sandberg, Jakobsson and Kristensson (2014) explored the experiences of service providers and receivers using case management models for frail older people. According to the study, older people’s feelings of security were enhanced through the building of strong relationships of trust and the role of the case manager in “keeping an eye on things” (Sandberg *et al.*, 2014). A feasibility study conducted by Arnold, Walsh, Oldham and Rapp (2007) highlighted the multiple challenges faced by vulnerable youths in navigating the complex service systems to meet their different needs. However, through a strengths-based case management system, the youths were able to use assertive means to find employment, access education and training as well as elicit support from families and other social networks. As claimed by Arnold *et al.* (2007), the model was successful because it was theoretically-driven, had clearly defined principles and also allowed for individual flexibility. Additional success factors included the programme staff’s commitment to follow through individual cases, understanding of the unique and complex needs of the youths as well as strong assessment and interpersonal skills (Arnold *et al.*, 2007).

In line with previous studies, the findings of the current study support transitioning from institutional care by using the sustainable livelihood approach. In Table 2 the authors propose a case management system where the identified key programme functions for an effective transition model can be addressed through a case management process.

TABLE 2
PROPOSED PROGRAMME-BASED CASE MANAGEMENT SYSTEM

Key programme functions	Case management processes
Assessment	<ul style="list-style-type: none"> • Probation officers identify girls in unsafe environments and place them in institutions. • Case managers provide orientation giving them support to ensure that they adjust to their new environments. • The case manager collects data using assessment tools to establish strengths, interests, social support, personal competences, family backgrounds. • The SLA can be used to establish livelihood assets. • The case manager opens a case file.
Planning	<ul style="list-style-type: none"> • Based on data collected, the case manager and adolescent girl develop clear expectations and set realistic short-term and long-term goals. • The service plan must be girl-centred and goal-oriented, thus respecting and acknowledging the girl’s views and opinions. • The roles and responsibilities must be clearly spelled out to ensure ownership and accountability (stakeholder analysis can be conducted using the SLA). • Services and support needed to achieve goals must be identified. • Review dates must be set to track progress on set goals and objectives.

Implementation of transition plan	<ul style="list-style-type: none"> • The case manager provides direct services such as counselling, birth registration and family tracing. • The case manager maps community assets. The SLA can be used to identify different kinds of assets available in the community. The case managers maintain contact and manage relationships with different service providers. They also make referrals for specialist services. Case managers advocate for additional services and improved service delivery. • Case manager coordinates services and support ensuring that barriers to access are eliminated. • Institutions provide practical independent living experiences to enhance social skills and competences, sexual and reproductive health training, mentorship programmes in financial literacy and income-generating projects.
Monitoring and evaluation	<ul style="list-style-type: none"> • The case manager meets with adolescent girl regularly to monitor progress being made and evaluate outcomes. • Regular communication is maintained with service providers to monitor implementation of service plan. • The SLA can be used to assess the different kinds of assets being accumulated or lost through service delivery. • Case managers conduct client satisfaction surveys to evaluate service provision and training conducted. • Skills audits can be performed to measure transition skills and competences gained. • Feedback on outcomes is shared with all transition stakeholders.
Follow-up and after-care services	<ul style="list-style-type: none"> • Case managers advocate for additional services and improved service delivery during care. • Regular follow-up visits are made to assess the welfare of care leavers. • Their needs in the new environment are assessed as well as the socio-economic conditions of their care-givers. The SLA can be used as an assessment tool. • The girls are linked to community services and support such as social cash transfers, microfinance, health, education, employment, transport, accommodation, income-generating projects, child protection committees and other social protection programmes. • Case managers monitor quantity and quality of services and support received after care. • Case managers advocate for additional services and improved service delivery after leaving care. • Cases are reviewed periodically and using the SLA, the case manager can evaluate the level of assets accumulated or lost to facilitate the development of an exit strategy. • Case file is closed when adolescent girl has achieved her livelihood goals and has been empowered socially and economically.

The proposed programme-based case management system outlined above is able to consolidate services and support from different stakeholders, package them to meet the individual needs, and deliver them in a cost-effective way. According to Payne (2000:82), “case management is a way of organising social provision that emphasises the co-ordination of services so that they appear to clients to be delivered as an integrated whole.” As further elaborated by the School and Main Institute (2003), a programme-based case management system enables a young person to access a variety

of services through one programme. The programme recruits case managers who deliver services, facilitate referrals and maintain the information management system. They function as facilitators, educators, advocates, coordinators as well as problem-solvers. They manage stakeholder relationships, ensuring timely delivery of transition services and support (School and Main Institute, 2003). The proposed case management system is guided by the principles of the sustainable livelihood approach, which include: participation, empowerment, responsiveness, partnerships, flexibility and sustainability (Department for International Development, 1999). Furthermore, as asserted by the Department for International Development (1999), the sustainable livelihood framework facilitates improved assessment, planning, implementation, monitoring and evaluation of developmental programmes.

CONCLUSIONS

This study set out to evaluate transition service delivery by institutions A and B based on Standard Six of the National Residential Child Care Standards. According to the evaluation, the existing transition service delivery system fails to meet the expected standards as documented, resulting in inadequacies in transition service delivery. The current system fails to provide comprehensive transition services (both quality and quantity) and the delivery of these services is fragmented, thus having a negative impact on the transition experiences and livelihood outcomes of adolescent girls during and after institutional care. These inadequacies constrain the ability of care leavers to access different kinds of assets needed to sustain their livelihoods beyond institutional care, thereby increasing their vulnerability to poverty and negative reintegration experiences. To address the service delivery challenges, there is a need for increased investments in transition programming bolstered by a specialised programme-based case management system. Social workers should not only advocate for relevant policies to protect children in care and prepare them for care leaving, but should in particular advocate for implementation. This implies holding government accountable to create an enabling environment where sufficient resources are in place to act in the best interests of the youths. The proposed case management system, which uses the sustainable livelihood approach, is envisaged to provide a developmental tool for programming which addresses gender-specific needs and priorities of OVC transitioning from institutional care in Zimbabwe. Further studies are recommended to pilot and evaluate the proposed programme-based transition model linked to a case management system.

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Dr Pamhidzayi Berejena Mhongera, Prof. Antoinette Lombard, Department of Social Work & Criminology, University of Pretoria, Pretoria, South Africa.