



**Transitioning  
from Residential  
Care to Family  
Care in South Africa**

**Beautiful Gate: CASE STUDY**

**FAITH  
ACTION  
INITIATIVE**



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## IT BEGAN AS A CHILDREN'S HOME FOR CHILDREN LIVING ON THE STREETS ...

Beautiful Gate was established in 1994 by a Dutch missionary couple who simply desired to do what was “just, good, and right” for children. It began as a children’s home for

children living on the streets in the suburb of Muizenberg in Cape Town, South Africa. In 1999, at the request of the government, a second location was opened in the neighboring township of Crossroads as a

hospice for children dying of HIV/AIDS. The hospice eventually moved to a new site in the Lower Crossroads area in 2004. The larger site made possible additional community services, including a medical clinic, community-based services for children and families, and an international training center for students studying missions.

Over time, the staff and founders at Beautiful Gate had experiences that made them question their model of care due in large part to the expressed desire of children to be with their birth families. In 2006, a strategic planning process led Beautiful Gate’s leadership to an increased consideration of the value of family and a decision to commit to proactive family strengthening rather than caring for children in residential settings, such as children’s homes or orphanages. Soon after, preparations began for the children in the Muizenberg children’s home to be either reunified with their families or placed in alternative family-based care; a process that was completed in 2008 with the closure of that facility. At that time, staff at the Crossroads location began planning their transition. The

pace of change was slow due to the challenges families faced in that township, the burden of HIV disease among children and parents, and a need to focus on adding support services in the community. Simultaneously, the strategic planning process also led Beautiful Gate to the difficult decision to secede from the international missions agency to which it belonged. Leaders recognized a need to empower local staff to pursue the new vision instead of focusing on facilitating experiences for foreign missionaries. Beautiful Gate continued to grow its community-based programs as well as those aimed at preserving and strengthening families. In 2010, the Youth Resource Center opened followed by an education program beginning in 2014, and additional training programs implemented for community volunteers. Throughout this time, the organization slowly reintegrated children from the remaining residential care facility. In 2015, the final children from the Crossroads children’s home were reunited with their families or cared for in foster families while the site continued to serve the community in other ways. This was the end of residential care for Beautiful Gate. Today, the organization continues to work with children and families as it focuses on four critical areas: child health, family strengthening, education, and collaboration with other local community-based child and family organizations.

The success of Beautiful Gate’s transition from the orphanage model to a family-based and community-based approach is attributed to bold leadership and skilled staff. The appointment of a new director in 2007, following its strategic planning process, was instrumental in guiding the transition process. Dr. Vaughan Stannard served as Beautiful Gate’s medical



doctor for seven years before moving into the role of director. As a doctor, he learned firsthand the needs of children and families coming to the HIV clinic, while his perspective as a fourth generation South African gave him contextual understanding of the needs of national staff and children in relation to international, primarily English-speaking students. The transition was also fully supported by the founders and the board, perhaps in part because of Dr. Stannard's compelling stories and conviction that strengthening families was key to caring for children, as well an organizational culture that

was committed to doing what was "just, right, and good."

Yet even with support from the director, board, and founders, the transition was neither quick nor without obstacles. The road from international missions training center to a nationally run organization which entailed fundraising for a new vision; the navigation of siloed government funding; and the complexity of reuniting families, - was rife with hurdles ultimately overcome by skilled staff, carefully selected for their passion and experience.



### FOUNDER'S STORY >>

In 1991, Toby and Aukje Brouwer, missionaries from the Netherlands with the international missions agency Youth With A Mission (YWAM), moved to Cape Town to pursue a spiritual call to support children in need. After taking time to settle their family and become familiar with different children's homes and other children's ministries throughout Cape Town, they began building relationships with children on the streets and providing food. This ministry led the Brouwers to foster six children into their own home. However, when they wanted to foster additional children, South African law required them to register as an organization. The Brouwers home was therefore officially registered with the South African government in 1994 as Beautiful Gate children's home. From there, the ministry grew with the gradual additions of more children, childcare workers, a social worker, and ultimately the purchase of a building for the children in Muizenberg.

The government reached out to Beautiful Gate, due to its good reputation, to help in a different area of the city. Crossroads was a township located outside of Cape Town that had begun in the 70's when apartheid forced people of color to leave the city. It had poor infrastructure and few services, so the government asked Beautiful Gate to open its second residential care facility in Crossroads for children infected with HIV/AIDS.

Due to the high percentage (29-33%) of mothers in the area infected with HIV and AIDS,



the Crossroads location focused primarily on children infected with the disease. At that time, there was no clear treatment for pediatric HIV and the diagnosis was terminal. There were also many children neglected and abandoned in this area, in part because stigmatized, HIV-positive mothers were often forced to leave their homes. In their illness and homelessness, they were unable to care for their children. The children who came to the Crossroads children's home were HIV-infected and because there were no treatment options available, the Crossroads location was not just a children's home, but over time became a hospice for children.

### FOR TOBY AND AUKJE, BEAUTIFUL GATE WAS A MINISTRY THAT DISPLAYED MERCY.

They were pragmatic, allowing the purpose of their mission to reveal itself. They did not set out to build a children's

home from the beginning, but rather, as they took in children living on the street, a children's home emerged. Years later, as HIV treatments became available and children were treated and living to adulthood, their deepest desire was to do what was just, right, and good, and they were open to adapting their programs as needed.



## DIRECTOR'S STORY >>

### Filling a Medical Need

Dr. Vaughan Stannard, a South African, met the Brouwers at a church service on World AIDS Day in 1999. In the months following the service, Dr. Stannard's wife, Corné, began to volunteer at Beautiful Gate's Sunday school, with Vaughan initially joining her as a means of keeping her safe in the Sunday school's dangerous Crossroads location.

While volunteering at Beautiful Gate, Vaughan saw the organization's need for medical support. As a medical doctor, he had opportunities during his studies to work in a hospital with pediatric patients with HIV. He began to volunteer as Beautiful Gate's medical coordinator, providing support for nursing staff and dealing with difficult, end-of-life hospice care.

### Youth With A Mission (YWAM) Outreach Site



YWAM, the Brouwer's mission's agency, is a large, international network of missionaries and ministries known for its six-month Discipleship Training Schools (DTS) intended to give young people experience in cross-cultural learning and service around the world. As an outreach site of YWAM, Beautiful Gate received a steady stream of international volunteers attending an on-campus DTS and helping in the children's home. The mission and goals of YWAM guided decisions for Beautiful Gate's ministry as well. Spiritual discipleship and facilitation of experiences for foreign missionaries in training were substantial commitments of the organization. The service of the volunteers and their common transition to donors was a part of sustaining Beautiful Gate's programs.





## STAGE 1

# Learning and Growing Awareness

### Separated Families

As the medical coordinator, Dr. Stannard described his first awareness of issues with the model of Beautiful Gate beginning in about 2004:

“It was a slow consciousness ... a growing sense there was something wrong with the model.

I think the first inkling I had was when I went into the social worker’s office and there was a mother there with a child. The social worker told me that the child was being admitted ... and I thought, ‘But the mother is sitting right there, why is the child being admitted?’”

**“... THERE’S  
SOMETHING  
WRONG WITH  
THE MODEL.”**

In discussing it with the social worker later, Dr. Stannard learned the admission of the child was around the issues of abandonment and neglect. He considered the heartbreak and trauma of that separation, seeing the irrationality that the government would give a children’s home money to care for a child, yet offer no aid to help a struggling mother keep

her child. “It was a bit jarring for me to look at that at face value and see it there, right in front of me, and think, ‘Are we perpetuating a model that is really unhealthy?’”

With that, a growing awareness began, recognizing that the real work of Beautiful Gate should be with the mothers before they got to the point where they felt the need to abandon their children to the state.

As staff at Beautiful Gate grew increasingly connected to the families in the community, they began to see opportunities to better support them. As well, those involved with childcare were concerned about the children’s longing for their families. This led Dr. Stannard and other staff to increasingly question the children’s home model. “A children’s home is an expensive solution, and it creates all of its own challenges. It creates further trauma to the children and their mothers and becomes a model where you say, ‘Is this really the right thing to be doing? ... What can we do on this side to start creating an environment that’s actually going to start solving the bigger problem?’” Strategic discussions with staff led to the formation of a community team that was

tasked with identifying challenges faced by HIV positive mothers and parents. The team identified opportunities for Beautiful Gate to learn from these families as well as organizations comparable to their own but with different approaches to orphanhood, family breakdown, and HIV treatment at the community level.

Beautiful Gate staff and leaders then began discussing the role of their organization within

the community, and some core questions rose to the surface. What did it really mean to bring about God's Kingdom in their community? Was a children's home really the best vehicle to do that? If not, then what kinds of efforts would help bring about God's shalom—a desire for an all-encompassing health and wholeness for children and families in the community?

## THE NEED TO BELONG ►►

### Motivation for Change

Within the Crossroads children's home, the case for change was building. As antiretroviral therapy became available, the home was no longer operating as a hospice for children dying of HIV. As life expectancies grew, the hospice became a long-term residence. Though the children were living in family-style housing with house parents and the organization was providing loving care, it became clear that the children had intangible needs that couldn't be met in residential care.

As Beautiful Gate partnered with clinics, hospitals, and donors soon all children could be on antiretroviral treatments, Dr. Stannard and the child care staff noticed their own concern about the children's health was not the top concern of the children themselves. "You know, the children were still unhappy. We would worry about their HIV and went to great lengths to get the HIV treated, get their CD4 counts up ... But the children would worry about, 'Where's my mom? Where's my dad? Why don't they come visit me?' Hearing that over and over again, we recognized that ... at the end of the day, there's this gap in their heart, in their psyche, in their development that we were just not able to fill."

Dr. Stannard continued, "No matter how loving your volunteers are, no matter how loving your staff are, no matter how much food you've got, how lovely your house is, how many HIV drugs you have at your disposal... at the end of the day, you know, it comes down to that sense of belonging which is so key to a child's development: their emotional and physical development."

As the children's home was no longer a hospice, there was a growing awareness of the deeper need for children to be in families. The children's home social worker was tasked with family tracing and researching the children's family background. This was not always a simple task with many of the children having been placed by the government social workers with little or no information about their family of origin. Their learning corresponded with global estimates, which indicated that 80% of children in their residential care facilities had extended family members who could potentially care for them—families who could potentially answer the intangible need of the child's heart for a sense of identity and belonging. Staff began to realize that in their extended family unit, the children could learn their culture, language, and the clan of their lineage. In short, they would know where they belonged.

## Motivation to Expand Family and Community Programs

As the Beautiful Gate staff increasingly saw the need to close the children's homes and focus on serving children in their families, they were also somewhat overwhelmed by the complexity of reintegrating children and families. Beautiful Gate resides in a community known as the "murder capital of South Africa." The community's long history of violence and apartheid, segregation and poverty required sustainable community development, services, and an investment in families so the children could have a safe and hopeful place to grow up.

It was challenging for staff to look beyond the problems and instead consider responding to the long-term solutions addressing core issues within the community. As an organization, Beautiful Gate knew it would not be easy.

Yet, while the organization considered these challenges, a new vision for families was taking root, and a new development on the Crossroads campus would show it was possible.

The Crossroads location of Beautiful Gate was always more than a children's home. Its formation as a hospice for children with HIV meant that medical personnel were part of the everyday life of the children, bringing their trained eyes for physical and mental well-being. As HIV trials and treatments became available, Beautiful Gate forged partnerships with local hospitals. For example, Dr. Stannard provided medical care at a hospital in exchange for free antiretroviral drugs and lab work for the children of Beautiful Gate. As the need for HIV treatments grew, hospitals realized they could no longer treat the virus at a tertiary hospital level, rather it needed to shift to community clinic care. At this point, Beautiful Gate was asked to partner with local hospitals



and the government to open a medical clinic in the Crossroads location.

In February of 2006, Beautiful Gate's pediatric HIV clinic, in partnership with the local Community Health Clinic, opened and immediately had more than 300 children referred from three area hospitals. Seeing the large need the clinic was filling in the community inspired leadership to consider more ways they could serve to strengthen families and help them better manage their challenges. For the first time, Beautiful Gate felt it had a blueprint to shift their model to help children stay in their homes. What other ways could they serve families, so a children's home didn't need to be the solution?





## STAGE 2

## Planning and Preparation

### STRATEGIC PLANNING PROCESS >>

Seeing the need the medical clinic was filling within the community, and with lingering questions about the wellbeing of children in the residential care model, Beautiful Gate's leaders had the growing sense that they needed to reevaluate the organization's mission and vision. They went through a strategic planning process in 2006 and 2007, designed to help them step back, reevaluate their values, and reconsider their direction. In doing so, they realized that Beautiful Gates' approach and calling had

moved toward community development. To reflect this new direction, leaders changed their tagline from "ministering to children in need" to "together bringing hope to children and families." This was the beginning of an intentional move away from residential care, to reintegrating children back into family, and shifting toward family strengthening efforts. At this point, the founders, who had always wanted the organization to be led by a South African, stepped aside and later Dr. Stannard was asked to become the director of Beautiful Gate to lead during this critical transition.

### Leaving YWAM

The strategic planning process also prompted leaders to reconsider their connection to YWAM. As an outreach site and training school of YWAM, Beautiful Gate was deeply tied to its mission and approaches, including a steady influx of international volunteers. The young volunteers generated energy and were a dynamic presence on Beautiful Gate's campus, introducing a global community of supporters who helped fund the organization. Yet the partnership also came with significant disadvantages, and by 2007,

Vaughan and other leaders in the organization were willing to reassess.

First, as a YWAM ministry, all employees were required to raise support for their positions—a common model for missions organizations. Yet Beautiful Gate needed staff to dedicate their efforts to the children, not to fundraising for their living wages. This limitation was also coupled with problems stemming from cultural differences in the context of the South African apartheid and segregation.

As young, often white, international volunteers came to Beautiful Gate, their well-meaning interventions with the children created an unhealthy dynamic that unintentionally squelched the aptitude and capacity of the local African staff. This imbalance of influence was particularly problematic in the South African setting and ultimately discouraged the growth of local staff in their roles.

Additionally, on a child care level, problems with recurring broken attachments were magnified, in part, because of language learning. Beautiful Gate's leadership realized the international volunteers immersed children in an English-

speaking environment, causing them to gradually lose their connection to the language that connected them to their clan, culture, and family. As the children grew up, this isolated them from their community.

For these reasons, it became clear that Beautiful Gate needed to step away from its role as an outreach site for YWAM and stop receiving international volunteers. Despite a fear of losing donors and an international community of support, in September of 2007, Beautiful Gate boldly, with faith, officially ended its relationship and became an independent organization.

## CAREFUL SELECTION OF STAFF >>

A key to the organization's preparation for transition was the careful selection of staff for new roles to support the changes needed. Leadership was intentional about hiring a social worker who not only had a passion for helping reunify children with their families, but also an understanding of the legalities involved in the process. Likewise, when an additional social worker was added to engage with families from the community and find ways to support them, leadership knew they needed someone with a vision for community development that aligned with the direction of the organization.

As director, Dr. Stannard saw the importance of hiring carefully for key positions and gave advice to others making the transition.

"It's really important for organizations to hire for

what you're trying to achieve. You can't hire any social worker and think, 'Oh I'm going to use this social worker to achieve that.' The social worker in the children's home was a lovely lady but she was happy to bring children into the orphanage. She wasn't necessarily thinking about how we were going to get them home.

So when we hired the social worker for community development, it was very clear what we were trying to achieve. [We were trying to] strengthen families not provide relief services and mercy-oriented services. [The social worker hired] was very much on board with that and was not happy just giving out food parcels. She did a really good job of thinking about a "basket" of services. For example, if people initially came for food, she'd say, 'You can get this food parcel, but you also need to come to counseling or we need to put you on the parenting skills course.'"

Filling key positions with staff for whom Beautiful Gate's new vision for families resonated helped the organization to turn in the necessary direction. It took longer, at times, to fill a position, but finding the right person made a difference.



## Strength of Conviction

There was an intangible aspect of Beautiful Gate's transition that was critical. It was a deep resolve that came from a strength of conviction rooted in the founders' original vision for the organization; to do what was just, right, and good. In the beginning, that meant providing what was intended to be a temporary home for children who were living on the street and later opening the Crossroads hospice. As it became clear that those efforts were leading to long-term placement for children, leadership became increasingly uncomfortable. It seemed clear that the biblical model for raising children was the family and that even the best efforts couldn't replace that model. The guiding principle and conviction that family was the just, right, and good place for children helped Beautiful Gate carry on when they faced setbacks or when tasks seemed overwhelming.

## “I THINK ORGANIZATIONS NEED TO BE AWARE THAT IT'S A TOUGH ROAD.”

Dr. Stannard offered this advice, “I think organizations need to be aware that it's a tough road. You're probably going to face challenges that make you think it's easier to go back to the way it was because it's more comfortable like that. It's easier to control. It's easier to fund. So it's important for you to believe in your heart that this is where you need to go.”

This certainty about the rightness of a family approach helped carry the organization through hardships as it navigated to a new model.

## Communicating Change with Donors

As Beautiful Gate broadened and prioritized the role of families, it communicated family strengthening as a key program to donors so they could see its value. Through sharing the successes of the program and the motivation



for growing it, a majority of donors were able to make the journey toward reunification and family-based care alongside the organization.

As communications shifted, so did the fundraising model, from “sponsoring-a-child” to supporting family reunification. Initially, the organization explained to donors that they were no longer sponsoring a child, but instead sponsoring a bed. Beautiful Gate explained that instead of sponsoring a child, donors could sponsor a safe place, a bed, for a child while the organization worked to locate the family and safely reunite them.

The goal of gradually shifting communications was to help donors understand that their sponsorship was making a greater impact in



the child's life through providing services to children and families. Donors went from being encouraged to sponsor a child, to sponsoring a bed, to then sponsoring a family receiving services. To help donors continue to feel connected to this important work, Beautiful Gate shared stories of individual impact. For example, leaders shared the story of a grandmother struggling to care for her three grandchildren and the staff member who visited every day thanks to support from the program.

Eventually, Beautiful Gate called its sponsorship program the "Hope Club" – a community of development-minded supporters who donate monthly to see the community supported and transformed. Members of the Hope Club receive bi-monthly reports outlining the positive changes happening because of their support. The story might be of a child who recently graduated from one of Beautiful Gate's high school programs or a mother sharing how she overcame adversity with support from Beautiful Gate. Key to each newsletter is a tie-in to the bigger picture of how the donor is directly contributing to the change that Beautiful Gate is affecting within the nation.

For example, reforming education to reduce student dropouts and increase college acceptance, graduation, and employment.

Communications to donors were designed to encourage them to seek answers to key questions such as, "What am I trying to shift in South Africa when I donate? Am I investing wisely?" Dr. Stannard explained that he wanted to see donors' concern shift toward saying, "I don't want to just give a child money, I want to see something changing in their life and I want to see something changing in South Africa." He continues, "Helping people see that big picture is important. [As a donor] it takes the focus away from myself and my own somewhat egotistical emotional need to be a savior in this situation and to actually invest in the improvement of a particular community, which is actually good for me, too."

**“HELPING PEOPLE  
SEE THAT BIG  
PICTURE IS  
IMPORTANT.”**

## INTERNATIONAL DONOR STORY >>

One of Beautiful Gate's funders was an international church foundation formed to fund children's homes. With Beautiful Gate's transition toward family reunification, this funding was no longer likely. When a representative of the foundation came to visit, Dr. Stannard was frank. "I understand where you're coming from, but there are ways of caring for children nowadays that are better than children's homes. Improving the facilities within their communities where they can find safety and support, and recreation and services, et cetera, is of great worth in caring for children."

Unexpectedly, the foundation decided to continue their partnership funding projects to serve families and strengthen the community. Today Stannard can see the foundation reconsidering their approach to funding children's homes. Yet he cautioned, "But you do run a risk, whether you face outright rejection or unhappiness from your donors or stakeholders, you have to be prepared to know what you're trying to achieve and understand the basis for that. You have to believe it."



## STAGE 3

## Transition



### MUIZENBERG STREET ►► CHILDREN'S HOME

#### Navigating Government Channels

When Beautiful Gate began its transition in 2007, it was not connected with organizations to assist with that change. It was a learning process, with the Muizenberg Street children's home the first attempt at navigating through the reunification process.

Reunification was always the goal for the Muizenberg children's home, yet keeping it a priority over the years was difficult due, in large part, to the challenges of siloed government processes and funding. In South Africa, the government has different departments for children's homes, family programs, and foster care. These layers of bureaucracy proved challenging to work through, particularly in the early years of Beautiful Gate's transition.

On the national level, reunification fell to a specific department yet, due to the sheer volume of cases, families were seldom reunited. This caused the onus to fall on the children's home, where children were at times dropped off by government workers without a care plan or contact information for the family. As the children's home undertook family tracing, it was not sufficiently supported by the government and was often held up by bureaucratic processes. Further, if a child was not reunited in

two years, then the court would simply reassign the children's home as placement, which disincentivized the department from locating the children's families. Beautiful Gate recognized that, at that time, it was a system that was not functioning in the best interests of the children.

In 2007, as Beautiful Gate prioritized reunification efforts, it also recognized that it needed to decide on the renewal of its children's home contract with the local government in Muizenberg. While weighing the options, Beautiful Gate sought support from the government for a transition from a children's home to a family-based care model. The government declined, stating it did not want to replicate efforts in the area and would only fund Beautiful Gate as a children's home. Believing it had become the government's solution to caring for children living on the street, rather than a safe place for children to stay as they awaited reunification, leadership moved to close the Muizenberg location.

In both the Muizenberg and Crossroads locations, Beautiful Gate began to draw a hard line with the government following the 2007 strategic planning process. If the government did not follow the law by providing a child's family's contact information and a plan for how the child would be reunited with his or her family, then Beautiful Gate refused placement of the child. This difficult task was made possible through the expertise of a social worker hired for her

passion for children's rights and understanding of the law. The government understood the principle behind the hard line taken and its connection to the mandate of South Africa's 2005 Children's Act which "set out principles relating to the care and protection of children." Yet in the end, Beautiful Gate lost a significant amount of government funding that had gone to the Muizenberg children's home and was unable to receive new funding for family programs in that location. Without funding to transition, the location moved toward closure. Only seven children were in the Muizenberg children's home at the time, and all were reunified

over a one-year period, by 2008. The focus then shifted to the Crossroads location. However, several of the placements from Muizenberg proved challenging. Some children struggled with their new family dynamics and wanted to return to the streets while their families struggled to embrace some of the challenges of reintegration. Because reintegration was done quickly, children and families did not receive the preparation and support they needed to be successful. Yet, these challenges served as a lesson learned and led Beautiful Gate to pursue a more robust reintegration process at the Crossroads Campus.



## THE CROSSROADS CAMPUS >>

### The Reunification Process

The Crossroads children's home was in a part of South Africa that had very little social and economic infrastructure. Beautiful Gate was seen by the government as filling a need within the community with its medical clinic and children's home. In contrast to the Muizenberg location, the Crossroads site was eventually able to form relationships with other departments of the government to receive funding for foster care families and family strengthening programs as it transitioned.

Reuniting the children with their families involved a multi-disciplinary team including a counselor, the children's home manager, the childcare worker living in the child's cottage, a nurse, and a social worker focused on the legalities of child placement and court orders. The whole process, from family tracing to reunification, took one year or more for each child.

First, the reunification team conducted family tracing, searching to find out if there was a family member available. Sometimes family

members were not open to engaging with the children due to the stigma surrounding the child's HIV status or because of broken relationships between family relatives and the mother of the child. If the team located a willing parent, grandparent, aunt, uncle, or other extended family member, then the social worker discussed that with the child, "We found Granny. Would you like her to come and visit?" Each connection between the child and his or her family member was followed with a meeting for feedback. "How are you feeling about your connection with your uncle? You saw him today. How did it go? Would you like to visit him?"

At the same time, the social worker also met with the family member and said, "Would you consider taking this child at any point? Can he come and visit?"

If the child was open to such a meeting, he was given the chance to first develop a relationship under controlled circumstances. After each visit, the social worker checked in with the child and the family member. If all went well, eventually the child went for a weekend visit, which required special preparation. First, a nurse trained the family member in the administration of the



antiretroviral medication and potentially visited the family member's home. In addition to the child's medication needs, the family member also needed to understand the child's routine.

After the weekend visit, there was another debrief and another assessment by the team, followed by another chat with the grandmother and then with the uncle. The nurse checked to see if all the medication was given, and the counselor checked in to see if the child felt safe.

Those visiting opportunities were encouraged and, after a few months, the child might be able to visit the relative's home for a holiday. In those cases, it was important to determine where the child was comfortable staying. Perhaps the child felt more comfortable with granny or an uncle. Or perhaps the situation was more nuanced, and the uncle had a new wife who preferred the child not stay with them and it was best for the child to stay with granny.

Eventually whom the child was best bonding with was uncovered and the questions became: How does Granny feel about that? Is the uncle in a better financial position, but Granny is a better emotional option? The Beautiful Gate reunification team tried to weigh all the circumstances to determine what was in the best interest of the child. Was it better for him to be in a safe financial environment, but where there might be some rejection from a caregiver? Or was it better for him to be with Granny where he felt comfortable, even though Granny did not have an income? Where would he sleep? Could Granny manage the medication? Was there a school close to Granny and the uncle?

The reunification team considered all factors to determine the right placement. Dr. Stannard described how the team knew it had the right fit. "When the child is bonded, it almost becomes ... a demand from the grandmother and the child

to say, 'We want to be together. We will do whatever it takes to be together.' And that is exactly where you want the process to be—because then you can work at overcoming whatever challenges need to be overcome—because there's the bond. And once you have the bond, it's beautiful to watch. Then we can put money into transport for the child to get to the school and we can connect them with the local clinic but unless you have the bond, everything else is sort of a window dressing, really."

Before the child moved in, other details needed to be completed, such as school registration and enrollment, transfer of medical records, social services support grant secured as needed, and all legalities surrounding placement approved by the court. At both Crossroads and at Muizenberg children's homes, any children who were not able to be placed with family members were placed into foster care. Sometimes that meant moving into the home of the caregiver who had previously been assigned to the child in their residential care facilities.

By 2015, the Crossroads children's home had placed all of its 40 children in families. The children continued to receive visits from the social worker, who shifted to part-time work after all the children were reunified. Currently, Beautiful Gate hosts annual reunions for past caregivers and the children to reconnect. Reunification remains ongoing work. Even after many years, Beautiful Gate is still following up with children who were reunited with extended family. Unfortunately, not all relationships last. Children get involved in drugs or crime, and there are still some sad outcomes. But the organization remains committed to journeying with each family as best as possible for as long as possible in order for the children and families to grow and develop and eventually become adults with ownership of their own stories.

## The Greatest Tool for Reunification

Sometimes extended family members were reluctant to get involved in caring for a child. They were hesitant to answer questions, seemed evasive, or at times were obstructive by refusing to acknowledge the child's HIV-positive status. Through these struggles, the Beautiful Gate team learned one of the greatest tools in the reunification process—the family meeting.

The team learned that extended families that seem disinterested might actually be holding back to prevent appearing disrespectful to the mother. By calling together the mother and the extended family and facilitating a meeting, all hidden understandings are brought into the light. Dr. Stannard explained why family meetings are so powerful:

I think one of the biggest tools we have is to call family meetings. We need to literally give the power back to the family and just be honest, open, and transparent. 'This is the reality. Mommy has got an abusive boyfriend and so Johnny cannot stay there anymore. So we recognize that Mommy is the mommy of the child and we honor her for that but the fact is, Johnny is not safe.

**“I THINK ONE OF THE BIGGEST TOOLS WE HAVE IS TO CALL FAMILY MEETINGS.”**

Where do you want your child to go?' And then Mommy can say, 'I want the child to go to my sister,' because she recognizes that the child cannot come back with her.

And so it's clear to the whole family, and it's communicated. It's not a hidden thing. It's not a shameful thing - because [the result of] all of that guilt and shame and stigma - it prevents the child from ever finding a happy place because everybody is too scared to take the child in and afraid of what Mommy thinks and doesn't want to disrespect Mommy by taking the child. Yet everybody knows the child is not really safe there.

So it's about being able to overcome the misconceptions that we have about the extended family. I think we like to move to foster parents and adoptive parents and international adoption because it's easier. It's a lot easier than working with a local family that's got issues. And I think that's part of the challenge for us as childcare workers. We need to be willing to step into the messiness of dealing with this difficult family and not just squirrel the child away and put them into a machine that will push them into some formalized relationship that we can control. That's maybe a bit harsh to say that, but it can be an easier option, sometimes, to go the formal route, rather than deal with the family.

I think that's one of the biggest misconceptions [that the extended family is unwilling to take care of the child] that blew me out of the water in the years that I've been working - to see how beautiful those reunified relationships can become - and those attachments to the extended family can become - when you clear away the shame and things that cloud the potential reunification from happening.

## CONCLUSION ►►

For Beautiful Gate doing what is “just, right and good” began with staff members motivated by their faith, asking important questions.

- ① Is a children’s home really solving the problem?
- ② What if we could provide so much support to families in our community that a children’s home is no longer needed?
- ③ What does it really mean to bring about God’s Kingdom in this community?

## “WE BELIEVE IN A COMMUNITY OF JUSTICE AND MERCY THAT SUPPORTS STRONG FAMILIES TO RAISE THRIVING CHILDREN.”

As leaders looked to answer those questions, a vision for family strengthening and community development took root and grew, becoming a reality. Today, Beautiful Gate, now led by a new Director Mrs. Minah Koela since 2019, has shifted from an orphanage to a holistic model of development that works to support resilience in families through children’s health, family strengthening, and education programs within the community.

Among many initiatives, in 2019, Beautiful Gate’s family strengthening program supported 1,185 orphaned and vulnerable children in their families with holistic assistance and also provided 180 parents and caregivers with

training in its Parenting Skills class. In the medical clinic, staff assisted 563 children with treatment for HIV and encouraged 253 teens in their HIV support clubs. More than 1,000 children and youth received academic support and personal development in after-school clubs as the organization partnered with area schools.

Over time, its model has also grown to include more collaborative initiatives like the Social Services Hub, allowing service providers like the Department of Social Development, South African Social Services Agency, Hope Africa, 24-7 Prayer, and the South African Education Project to locate within the community and provide other valuable services to families. Beautiful Gate crafted a new vision statement to reflect the organization’s long-term commitment. “We believe in a community of justice and mercy that supports strong families to raise thriving children.”

Beautiful Gate continues to build on a conviction that when children find love, protection, and belonging in their families, they build their future communities on those values.



# Transitioning from Residential Care to Family Care in South Africa

**FAITH**  
**ACTION**  
**INITIATIVE**



## Beautiful Gate: CASE STUDY

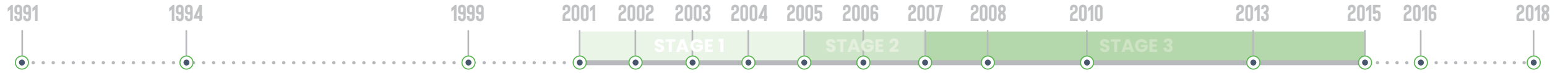
*Transitioning from Residential Care to Family Care in South Africa: Beautiful Gate Case Study* was produced by the **Faith to Action Initiative**, with generous support from First Fruit, a grantmaking foundation guided by Christian faith that resources leaders and organizations working among the poorest countries of the Majority World.

Special thanks to Dr. Vaughan Stannard and Beautiful Gate South Africa, for sharing your journey of transition with transparency and passion, for others to learn from as they move toward evidence-based best practices in care for orphaned and vulnerable children. Thank you also to our writer Laura Walls and Beth Bradford who provided support.

The Faith to Action Initiative serves as a resource for Christian groups, churches, and individuals seeking to respond to the needs of orphaned and vulnerable children. Through our publications, website, and workshops, we offer practical tools, resources, and up-to-date information on key strategies and research to help guide action. We are part of a growing global movement—faith led and evidence based—that seeks to affirm and support the importance of family care for children.



▶▶ [Learn more at www.faithtoaction.org](http://www.faithtoaction.org)



## BACKGROUND

- 1991** Initial ministry for children living on the street was founded.
- 1994** Official creation of Beautiful Gate children's home.
- 1999** A second children's home is opened in Crossroads township, as a hospice for children affected by HIV/AIDS.

## STAGE 1 >>

### Learning

- 2001-2005** Experiences within the medical clinic and community programs lead staff to question the model and consider family reunification and family strengthening.
- 2005** Residential care is expanded at the Crossroad location:
  - Added cottage-style small "family" units of 5-6 children of various ages.
  - Implementation for additional community-based child and family services outside of the children's home begins.

## STAGE 2 >>

### Preparation and Planning

- 2006-2007** A strategic plan is formed for the reunification of children in families.
  - Muizenberg home for street-connected children is the first to begin family reunification.
- 2007** Dr. Vaughan Stannard is appointed the new director of Beautiful Gate after serving as its doctor since 2000.
  - Beautiful Gate separated from YWAM, becoming officially independent in September.
  - New mission statement is created to emphasize the shift to family strengthening and permanent families for children.

## STAGE 3 >>

### Full Transition

- 2007-2008** The Muizenberg children's home begins family strengthening and foster family recruitment and eventually closes once children are reunified.
- 2007-2015** Children began to be reintegrated from the Crossroads facility in 2007, an average of 1 year for each child.
- 2008** Family strengthening programs expand: dozens of families are assisted with home visit support, family counseling, and food parcels; after-school clubs for community children are expanded.
- 2010** A new Youth Resource Center is launched to provide homework support, access to computers, internet, career guidance and applications for further study.
- 2013** The ministry shifted to providing a variety of services to strengthen families. They also hosted an initial gathering of 70 organizations with a similar vision of family-based care.
- 2015** Children receive oversight by the head social worker, social work team, and more than 60 community guardian volunteers.

## BEYOND

- 2016** 25 Child and Youth Care Workers (CYCWs) are added to the Family Strengthening Team.
- 2018** Collaborative initiatives are undertaken, creating a Social Services Hub (including private and public sector) hosted by Beautiful Gate.