



Impact of COVID-19 on Privately Run and Funded Residential Care Institutions

Briefing Paper for In-Country Organisations Engaging with RCIs

This briefing paper draws on data and findings from the Impact of COVID-19 on Privately Run Residential Care Institutions study report.

**Better
Care
Network**

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Background

COVID-19 triggered unprecedented disruption on a world-wide scale. Governments enforced far-ranging public health measures, including stay at home orders, curfews and travel restrictions. These measures have had direct and indirect impacts on the provision of residential care for children and have forced residential care institutions (RCIs) to confront the sustainability and effectiveness of institutional models of care.

This study was a small-scale piece of qualitative research that involved 21 semi-structured interviews with founders, funders, and directors of residential care institutions across 7 countries. It was designed to better understand the impacts of COVID-19 on the operations of RCIs including funding, staffing, volunteering, children's care, education, family connection and reintegration. It also sought to understand whether COVID-19 has catalysed new opportunities for advocacy, awareness raising and stakeholder engagement in relation to transition and care reform efforts.

Selection of Key Findings

1. COVID-19 impacts on care and wellbeing



85.7% of participants stated lockdowns negatively impacted children's mental and emotional health

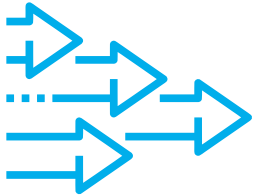
71.4% of participants noted caregivers had to self-isolate along with the children in RCIs for extended periods of time

23.8% of participants noted an improvement in caregiver-child relationships and stabilised behaviours in children due to caregivers self-isolating in RCIs and the withdrawal of volunteers

14.3% noted social distancing measures in RCIs eroded efforts to create 'family-like environments' and exacerbated the institutional feel of care settings

INSIGHTS:

Participants reported mixed effects of lockdowns on children. Negative effects related to impacts on education, withdrawal from community life and stress, worry, fear and depression stemming from isolation and inability to visit family. Some participants noted positive impacts of lockdowns on children's attachment with caregivers. This was attributed to the change from shift work to caregivers being onsite 24/7 during periods of lockdown and the absence of volunteers. The improved consistency in caregiving strengthened children's relationships with caregivers and had a stabilizing effect on children's behaviour. Some RCIs that implemented social distancing measures reflected on how COVID-19 restrictions impeded efforts to create a family-like environment in the RCIs. Some stakeholders indicated that this altered caregiver-child relationships, making them less personal and more perfunctory. This, coupled with the forced withdrawal from community life, served to amplify the institutional nature of care provided in RCI settings.



WAYS FORWARD:

- Create opportunities for stakeholders to reflect on the differing impacts of social distancing and other restrictions on children who returned to families versus children who remained in RCIs. This type of reflection may be particularly useful for stakeholders who previously held up family-like care as equal to family-based care and dismissed the relevance of transition as a result.
- Ensure adequate consideration is given to the impacts of COVID-19 on the mental health of children residing in RCIs and appropriate support provided to aid recovery and to support reintegration.

2. Family contact and reintegration

61.9% of participants said children returned home to families in some capacity during COVID-19, including for family visits and to self-isolate

23.8% of participants said normal family visits had been suspended

38% Only 38% of participants provided financial or material support to children who had returned to families throughout the pandemic

53.8% Despite this and the lack of reintegration planning, 53.8% of participants said no concerns had been reported, 38.5% reported

38.5% wellbeing concerns (most notably weight loss, weight gain and inadequate exercise) and only 1 participant (5%) reported a child protection concern that was addressed by authorities

61.9% 61.9% reported some children had reintegrated permanently back to families; 38.5% of these participants said reintegration was planned

38.5% and 61.5% said reintegration was unplanned but triggered by COVID-19 dynamics

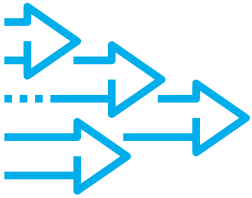
61.5%

61.5% of participants who reported reintegration, provided children with post reunification support

INSIGHTS:

The greatest determinant of reintegration throughout COVID were pre-existing government initiatives or efforts to scale back the use of institutional care. Reintegration in the absence of government directives or efforts occurred in a limited number of cases but was initiated by children and their families rather than by the RCIs, was not viewed favourably by directors/donors, and occurred without due process or post-reunification support. Some director/donors agreed in principle with the prioritisation of family-based care, however appeared unable to overcome bias that influenced their views on reintegration. The insights suggested in the absence of government-led gatekeeping mechanisms, service providers are likely to prolong the use of institutional care without considering necessity or suitability, and where reintegration does occur, it is more likely to be without due process or support.

Where pre-existing government directives or deinstitutionalisation plans catalysed reintegration, experiences throughout the pandemic increased some stakeholders' openness to exploring family-based care and family strengthening as an alternative to institutional care. It provided an opportunity for some participants to see that reintegration can work in situations they otherwise would have deemed too challenging. It made them realise that there is often more they can do to support children to reintegrate back with families and that, in many cases, institutional care is prolonged for children who, with the right support, could return to their families.



WAYS FORWARD:

- Create opportunities for stakeholders to reflect on how experiences throughout COVID-19 have revealed strengths and weaknesses of both institutional and family care, and explore whether these reflections may provide new opportunities to progress change.
- Explore whether forced or unplanned extended family visits and/or reintegration throughout COVID-19 has changed stakeholders' perspectives about the necessity of residential care and the feasibility of family-based care. This may result in a greater openness amongst stakeholders to reflect upon the necessity principle and options for supporting children through family and community-based services and supports.
- Encourage governments to issue clear directives to guide the scaling back of institutional care and to introduce formal gatekeeping mechanisms. Demonstrate the importance of ensuring alternative care placement decisions are made independently of service providers for children's reintegration outcomes.

3. Reflections and Plans for the Future



90.5% *For 90.5% of respondents, COVID-19 catalysed reflection and created an opportunity to consider or implement changes or adaptations*

19% *of participants were considering changes to limited aspects of services or programs, such as increasing life skills and vocational training opportunities*

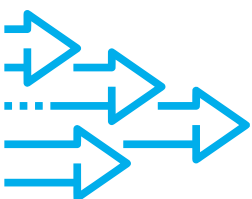
33.3% *of participants were considering changes to their model of care, including either closure or transition to community and family-based services*

14.3% *of participants began to realise that children should not be separated from family for education purposes*

28.6% *of participants were considering making changes to their funding model*

INSIGHTS:

COVID-19 caused nearly all stakeholders to reflect on their services and consider changes. Some stakeholders were forced to confront the sustainability of their model of care. Others began to question whether residential care was as necessary or beneficial to children as they had previously thought. The findings suggested that of all the stakeholders, fundraisers were the most empowered to act on their learning throughout COVID-19 and consider significant changes to their model of care. For stakeholders who did not hold fundraising responsibilities – which was often the case for national directors – their experience of the pandemic also catalysed reflection and consideration of change. However, they were typically considering smaller changes to aspects of their operation that were within the bounds of their control and would not have significant implications for funding or donor support. This suggests that outreach to donors/fundraisers is an important part of catalysing transition, and that voluntary transition cannot be realistically progressed without either donor support or the up-front offer of alternative sources of funding to national directors.



WAYS FORWARD:

- Capitalising on the increased openness to change due to COVID-19, identify RCIs willing to explore changes to services, models of care or fundraising models. Leveraging any consideration of change as an entry point, engage stakeholders in reflection on the model of care and encourage them to consider full transition to family-based care and services.
- Identify means of securing alternate financial support for RCIs to transition in instances where donors/fundraisers are unwilling to consider a change to the model of care. Where possible, make the offer of alternate support known upfront during initial conversations about transition with directors of RCIs to remove any barriers to deliberation.