



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

Summary Briefing Paper

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

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Care
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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), and their supporters, 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 RCIs across seven countries. It was designed to better understand the impacts of COVID-19 on the operations of residential care institutions 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

76%

of RCIs reported a drop in the number of children in care during COVID-19

81%

had plans to return some or all of the children to the RCI

61.9%

reported permanent reintegration for some children. This was unplanned and triggered by COVID-19 dynamics in 61.5% of cases.

23.8%

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.

95%

of participants accepted international volunteers and visitors pre-COVID

62.5%

listed financial benefits as the sole benefit of having volunteers/visitors

5%

said involving volunteers in activities was of benefit to the institution. None listed support for caregiving as a benefit of volunteers/visitors

19%

noted positive impacts on children as a result of volunteering/visiting ceasing throughout the pandemic, including on children's wellbeing and attachments with caregivers.

90.5%

of participants stated that COVID had catalysed reflection to some degree and created an opportunity to consider or implement changes or adaptations

- The greatest determinants of reintegration throughout COVID-19 were pre-existing government gatekeeping mechanisms and efforts to scale back the use of institutional care. In the absence of government directives or efforts, reintegration was initiated by children and their families in a limited number of cases, occurred without due process or post-reunification support and was often viewed unfavourably by the directors/donors. Where decision-making powers rest with RCI directors/founders, children are more likely to remain in care long term irrespective of necessity or suitability.
- COVID-19 had various impacts on children's contact with their families resulting in unplanned visits and reunification in some cases and conversely disrupting family contact in others. From both perspectives, COVID-19 catalysed greater reflection amongst staff and stakeholders of the importance of families and inability of RCIs to replace the role of family in children's lives.
- For some RCIs, government directives to reintegrate children throughout COVID-19 prompted new long-term initiatives to support children in families that had not previously been contemplated. Others realised that reintegration worked in situations they otherwise would have deemed too challenging. It made them realise that there was more they could do to support children to reintegrate with their families.
- Orphanage tourism is driven by a perception that residential care centres require assistance with caregiving. However, all residential care institutions included in this study indicated that international volunteers and visitors were not required for this purpose. Rather, the findings showed that international volunteers/visitor were largely unessential and superfluous to the actual operation of RCIs.
- The loss of volunteers had no impact on caregiving and had only a limited effect on children's activities. The study showed that the primary reason for facilitating volunteering and visiting in RCIs was to access a funding source. Having volunteers and visitors in the RCI was a means of transforming individuals into donors, fundraisers, and longer-term advocates of the RCI.
- 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.

33.3%

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

28.6%

of participants were considering making changes to their funding model

14.3%

were considering scaling back the use of residential care by limiting admissions, focusing on family strengthening and removing barriers to reintegration.

- 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.

The findings illustrate that COVID-19 has caused most directors/donors to engage in reflection of the vulnerabilities inherent in the residential care model, and to consider the possibility of change and/or adaptation to their operations as a result. This may translate into a general increase in openness to discussions about transition and care reforms compared to pre-COVID-19; however, advocates may need to thoughtfully consider whether to approach discussions through a financial sustainability lens or child wellbeing lens, leveraging the issue that caused the greatest concern and therefore catalysed the greatest reflection for each person or organisation. Such subjective approaches are perhaps not sustainable for progressing care reform at a country level but may be of interest to organisations specialised in working with individual RCIs.

