

PROTECTION OF CHILDREN DURING THE COVID-19 PANDEMIC

Children and Alternative Care

Immediate Response Measures



The development of this Technical Note was coordinated by Better Care Network, The Alliance for Child Protection in Humanitarian Action and UNICEF

**Better
Care
Network**


THE ALLIANCE
FOR CHILD PROTECTION IN HUMANITARIAN ACTION

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INTRODUCTION

Evidence from previous infectious disease outbreaks indicate that existing child protection risks are exacerbated, and new ones emerge, as a result of the epidemic as well as of the socioeconomic impacts of prevention and control measures. Some children are at increased risk in these circumstances, especially those without parental/family care, those at risk of separation from family, those in alternative care, and those who have recently left alternative care.

The aim of this Technical Note is to support child protection practitioners and government officials in their immediate response to the child protection concerns faced by children who are at risk of separation or in alternative care during COVID-19 pandemic. It has been developed by an Inter-agency Task Force of practitioners specialized in child protection and care and builds on the [Technical Note: Protection of Children during the Coronavirus Pandemic](#) developed by The Alliance for Child Protection in Humanitarian Action and is based on international standards and practice relating to the care and protection of children¹.



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¹ The Technical Note is framed by applicable international standards, including the [Convention on the Rights of the Child](#), the [Convention on the Rights of Persons with Disabilities](#), the [Guidelines for the Alternative Care of Children](#) and the [2019 Child Protection Minimum Standards](#), in particular: Standard 13: Unaccompanied and separated children; Standard 16: Strengthening family and caregiving environments; Standard 18: Case management; Standard 19: Alternative care.

Home



Introduction



Impact of COVID-19 on children at risk of separation or in alternative care



Approaches to programming



Keeping children safe in family care



Protection of children in alternative care



Protection of children in street situations



Supporting young people who have left care and those living independently



Further resources



IMPACT OF COVID-19 ON CHILDREN AT RISK OF SEPARATION OR IN ALTERNATIVE CARE

Disruptions caused by COVID-19 and associated containment measures affect children, families and the broader environment. Emergency responses shut some public services and draw significantly on others that are often already stretched. Family environments marked by poverty or limited resources will bear the full brunt of measures used to prevent and control COVID-19, such as restrictions on movement and the use of public transport, leading to reduced income/employment, closure of schools, access to social services and support, hunger and social isolation. High-stress home environments augment the likelihood of domestic abuse, as well as family conflicts and violence and civil unrest.

It can be expected that the number of children at risk of separation and in need of alternative care will increase – both during the crisis, where containment measures may lead to separation of children from families, and as a result of the long-term socioeconomic impact of the COVID-19 crisis on families' capacity to care.

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The impact of the pandemic on children, families and communities is varying depending on context and the stage and scale of the pandemic. Similarly, there are varying capacities of systems – government systems in general, and child protection systems in particular, to deal with the impact of the pandemic on children and families.

In most cases, parents and other primary caregivers will be able to rely on other family members and relatives to step in to care for their children; however, in some cases, alternative care arrangements will be needed. **Efforts to pre-emptively scale up the capacity of family-based care and social protection systems are critical to enhance family resilience and prevent unnecessary recourse to residential care.**

Children already in alternative care face particular challenges:

- **Kinship carers**, often grandparents and/or older adults, may need to temporarily relinquish such duties, due to their increased health vulnerabilities and the financial impact of the pandemic on **foster families** may also result in abandonment of children in foster care.
- Risks to children in **residential care** settings may stem from rapid closure of residential facilities and children's return to families and communities without due preparation. Risks may also stem from remaining in residential care with group environments more prone to cluster infections and children within them being at higher risk for infection as well as abuse, neglect and exploitation. This is a particularly high risk for children with disabilities, who are more likely to be in residential care settings and in some cases (due to specific pre-existing conditions or impairments, including immune deficiencies) may be at higher risk of contracting COVID-19 and being more severely affected by it.
- Children in **independent living arrangements** may be at heightened risk of isolation and separation from peers, and lacking access to cash and other forms of support for their daily needs.
- Some children in **alternative care**, who are unhappy in their placement, will find an enforced lockdown to be intolerable. Others who have just **transitioned out of alternative care** may face extreme social isolation and no access to financial and practical support at this particularly vulnerable time.

For **children in street situations and refugee and migrant children**, access to help and services will become even more challenging due to lockdowns and closure of social services and they may even face arrests and detention. Refugee and migrant children may also be prevented from accessing essential services due to legal, documentation, linguistic or safety barriers.

Home 

Intro 

Impact 

Approaches 

Family Care 

Alternative Care 

Street Situations 

Care Leavers 

Further resources 



APPROACHES TO PROGRAMMING

Engagement and participation of all stakeholders is central to maintaining continuity of services for children. The care sector comprises of a wide array of stakeholders, including children, youth, families, governments, the civil society, donors, and others. [Please click here to read some useful tips on:](#)

- Engaging children, families, guardians and communities, including faith leaders
- Working across sectors and with governments
- Engaging with donors



Photo by Jens Honore

RESOURCES

- [Preventive and Responsive Support to Children, Families and Alternative Care Providers During COVID-19 \(Changing the Way We Care\)](#)
- [What Parents Should Know \(UNICEF\)](#)
[Positive Parenting \(End Violence\)](#)
[Protection of Children During Infectious Disease Outbreaks \(The Alliance\)](#)
- [COVID-19 and the Disability Movement \(IDA\)](#)
- [Mental Health Considerations During COVID-19 \(WHO\)](#)
[Addressing Mental Health and Psychosocial Aspects of COVID-19 \(IASC\)](#)
[Psychological Coping During a Disease Outbreak \(PS Centre - IFRCRC\)](#)



KEEPING CHILDREN SAFE IN FAMILY CARE

Governments and civil society should plan strong support to families and communities to prioritize keeping children safe in family environments. Families will make decisions around care, whilst practitioners help families identify required support to ensure they can safely stay together². Enabling families to cope safely will require reducing stressors such as food and economic instability and increasing capabilities such as positive parenting support³. Such support will also reduce the risk of harmful practices such as child labour, child marriage and child trafficking.

What must be done to prevent child-family separation and protect children in family care:

- Provide knowledge to families, caregivers, and children on how to prevent the spread of COVID-19, including in situations with limited water/soap access, and make available resources such as hygiene kits, and ensure that knowledge and resources are accessible to children and/or parents with disabilities⁴.
- Disseminate disability inclusive messages on self-care, mental health and psychosocial support⁵, positive discipline⁶, children's behaviours, and home activities⁷. Pay special attention to ensure that messages are accessible to persons with disabilities.
- Recognizing increased health risks to older adults, ensure those who care for children are prioritized for support and resources⁸.

⁶ [Parenting during COVID-19](#)

⁷ [My Hero is You, Storybook for Children on COVID-19 \(IASC\)](#)

⁸ [COVID-19 Fact Sheet for Grandfamilies and Multigenerational Families \(GU\) MHPSS During Disease Outbreak – Elderly \(PS Centre - IFRCRC\)](#)

Home



Intro



Impact



Approaches



Family Care



Alternative Care



Street Situations



Care Leavers



Further resources





- Encourage and help families to plan for who will care for children if a parent or caregiver becomes ill or must care for an ill family member and encourage family members and relatives to offer support from afar, using available technology⁹.
- Eliminate barriers to accessing benefits by removing conditionality associated with cash transfers and promoting access to funds outside of the populations' habitual place of residence¹⁰.
- Inform families, teachers, health and other community workers on how to identify and respond to those children with heightened protection needs and those at increased risk of separation, including those with disabilities, due to death or illness in the family¹¹.



Photo by Save the Children

- For children already known to be at risk of separation before the pre-pandemic, social service workers should provide continuing support and follow up through regular phone or other virtual contact.
- Work with community leaders, including faith leaders, to combat stigma and rumours about COVID-19 and those who are ill, have been exposed or have survived the illness, and to support them to disseminate basic facts about the symptoms, modes of transmission, and recovery (using radio, megaphone/social media etc.)¹².
- Identify and include migrant, refugee, stateless and Internally displaced children and families, including those without documentation, in key priority actions such as access to health services for prevention, treatment and testing, social protection programmes, child friendly information dissemination and referral mechanisms including online support where possible¹³.



RESOURCES

⁹ [How to Talk to your Child about Coronavirus \(UNICEF\)](#)

¹⁰ [Cash and Voucher Programming for Social Protection During COVID-19 \(World Vision\)](#)

¹¹ [Global Rapid Gender Analysis for COVID-19 \(IRC\)](#)

¹² [COVID-19 Stigma Guide](#)

¹³ [Scaling Up COVID-19 Readiness and Response Operations including Camp and Camp-Like Settings \(IASC Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children \(Children on the Move\)\)](#)



PROTECTION OF CHILDREN IN ALTERNATIVE CARE

In a context of paralysed or stretched social services and the need for social isolation measures, it is critical to prioritise support to family-based alternative care providers (kinship and foster care) and ensure the use of residential care is strictly limited during this emergency phase. Alternative care providers and staff overseeing care placements are also being affected and new strategies need to be urgently put in place to address this. Given the size and scope of this emergency, there will be an increased need for alternative care, in particular emergency interim care, and providers should have action plans ready to meet that demand.

What must be done to protect children in alternative care:

- Emergency plans covering alternative care services should be developed by the child welfare authorities in partnership with service providers and community leaders. Planning should take into account the fluidity and likely duration of the emergency (up to 18 months). In contexts where child welfare authorities are not/no longer operating, child protection practitioners should work with community leaders and providers, including community health and education workers to develop such plans.

These plans should include at a minimum:

- Clear policy statement prioritizing family-based care alternatives and prevention of separation over recourse to residential care should be circulated to health care facilities, police stations, courts, local councils and community child protection structures/mechanisms.
- Alternative care services should be classified as 'essential services' within government emergency management frameworks.
- Revised gatekeeping procedures should include online and telephone screening of referrals, assessment of necessity and suitability of care placement and authorization of placement and monitoring by child welfare authorities.

- Restrictions or prohibitions should be placed upon the irregular admission of children into residential care facilities during the emergency. Service providers should be required to immediately notify authorities if a child is brought to their facility and not through formal gatekeeping mechanisms.
- Local authorities should make available Standard Operating Procedures (SOP) to address interim care needs of separated or unaccompanied children, including clear guidance on steps to be taken in the event such a child has been exposed or has symptoms of the virus and requires a period of isolation. Particular attention should be paid to prevent unnecessary recourse to residential care in response to COVID-19, including for children with disabilities¹⁴.
- Child welfare authorities should issue a moratorium on the establishment of new residential care facilities which should be widely communicated along with directives and messages that reinforce existing or modified gatekeeping mechanisms for new referrals to existing facilities.
- Each residential care facility should be classified as a single unit of residence for the purpose of government regulations/directives for self-isolation and clear guidance should be distributed to all service providers on requirements for social distancing, isolation and quarantine measures within residential care settings.
- Residential care facilities should not be closed rapidly and without effective care and support plans in place for each child.

RESOURCE

¹⁴ [COVID-19 and the Disability Movement \(IDA\)](#)





- Governments, in partnership with relevant child protection actors, should secure/guarantee the supply chains of essential goods (food, hygiene products and essential/basic medicine) and critical services (including those specifically needed for children with disabilities) to alternative care service providers in the event purchasing and travel restrictions are imposed, or goods become scarce and difficult to source through ordinary means.
- Review and identification of key personnel/staff should be undertaken, including case workers and essential resources needed for this period of the emergency, with plans for temporary replacement staff for those who need to self-quarantine, and additional flexible funds for child protection authorities to enable rapid adaptation of systems and services in response to the crisis.
- Standard Operating Procedures (SOP) should be developed for the orderly family reintegration of children from alternative care who can be cared for by their families and therefore whose reintegration should be prioritised. This must include documentation of where they child returned to and contact information.
- Strengthen capacities of Hot lines and child helplines, for children, families and care facilities to report any case of abuse or neglect.

Other priority actions include:

- All children, caregivers and staff should receive relevant COVID-19 health and safety training, taking into account child friendly messaging and delivery modes accessible to children with disabilities¹⁵.
- Adequate personal protective equipment (PPE) should also be provided to caregivers working with children who have chronic illnesses or an underlying health condition or who have been exposed to the virus, as well as in cases where there are other individuals at risk within the home or care setting.



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- Kinship and foster families should be given additional material support, including financial, health, and education, given the additional expense of caring for a child at a time of crisis.
- Identifying and securing sources of additional support in conjunction with relevant health authorities to ensure alternative care placements are able to meet the support needs of children with disabilities, special needs and/or those with underlying health issues who may be disproportionately affected by COVID-19, including in the event hospitalisation is required¹⁶.

- Home
- Intro
- Impact
- Approaches
- Family Care
- Alternative Care
- Street Situations
- Care Leavers
- Further resources

RESOURCES


¹⁵ [Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19 \(WHO\)](#)

¹⁶ [Advice on the Use of Masks in the Context of COVID-19 \(WHO\)](#)



- Foster care providers should review all cases where reintegration of the child in his/her family is pending. A determination should be made whether it is still feasible and safe for reintegration to proceed and, if it is in the child's best interests, whether it can be brought forward. The support needs of the family should be identified and met to enable them to care appropriately for this child.
- Outreach to existing and new foster families should be carried out to determine if they would be willing to care for another child, with appropriate support if needed. Experienced foster families should be identified in particular for the placement of children who face particular risks, such as babies and infants, children and teens who have experienced violence, children with disabilities who have particular medical or other care needs, migrant and refugee children who cannot be placed with relatives, among others.
- Monitoring of reintegrated children should use new modalities of case management given the restrictions placed on travel and social contact.
- Family connections and contact should be facilitated remotely for children in foster or residential care, including seeking involvement of primary caregivers in key decisions about the child. Every effort needs to be made to ensure modes of communication are accessible to children and caregivers with disabilities.
- Child protection practitioners should work with community leaders, local health workers and education workers to identify high risk family-based care placements. In the current context, risk factors should also include increased vulnerability of the caregiver or the child to falling ill if exposed to the virus; as well possible placement breakdown due to reduced capacity of the caregiver to care for the child as a result of loss of livelihood, housing, access to social services, or stigma and discrimination.

USE TECHNOLOGY TO COMMUNICATE AND COORDINATE EFFECTIVELY



Social service workers should rethink case management approaches – evaluation, risk identification, support and follow up through regular phone or other virtual contact.

Establish procedures for online and telephonic screening of referrals, assessment of necessity and suitability of care placement, authorization of placement and monitoring.

Connect parents/caregivers and children known to be at risk with others – online platforms, WhatsApp discussion groups and other phone and virtual means can greatly reduce isolation.

Referral options including mental health and psychosocial support and online resources should be revised.

Strengthen capacities of Hot lines and child helplines, for children, families and care facilities to report any case of abuse or neglect.

Virtual recruitment strategies should be explored (i.e., radio, online or TV) particularly targeting previously approved foster families who might not be currently engaged in the care system.

Family connections and contact should be facilitated remotely. Every effort needs to be made to ensure modes of communication are accessible to children and caregivers with disabilities.

New modes of engaging in education, recreational activities, maintaining health and fitness, achieving life skills and vocational goals, and receiving services in the event of restrictions or lockdowns.

Ensure safeguarding procedures are updated to mitigate any risks posed by the increased use of technology.

Photo by Brian McGowan, Unsplash





- In high risk situations, case workers and their organizations should ensure, where possible, that virtual contact occurs on a regular basis (e.g., three times per week) and that support and contingency plans are developed ahead of time¹⁷. Plans should be developed together with the caregiver and child, parents and other family members. Plans should also be discussed with (and agreed to) in advance by potential alternate caregivers¹⁸.
- For high risk vulnerable families with no phone or internet connection, case workers with the appropriate protective measures should still continue to visit the family following agreed public health guidance and procedures.

- Where a child has complex needs, including emotional and behavioural challenges, is at risk of exploitation, or there is a particular crisis, such as a death in the family, or the child's carer becomes ill, referral to family group conference services where available may be needed. Local authorities are starting to convene virtual family group conferences, for example via WeChat, WhatsApp, Skype or Zoom, to agree interim plans and arrangements. For examples of information about family group conferences.

RESOURCES

¹⁷ [Ethical Decision-Making in the Face of COVID-19 \(IFSW\)](#)

¹⁸ [Guidelines for Virtual Monitoring of Children During COVID-19 \(BCN\)](#)



Photo Save the Children





PROTECTION OF CHILDREN IN STREET SITUATIONS

Children in street situations rely on services offered through drop-in centers to meet their basic needs. These children often have poor health status and may be more vulnerable to COVID-19¹⁹. Further, these children can find themselves vulnerable to sexual abuse and violence if they are living alone on the streets, especially under current circumstances, where other children/adults with whom they habitually reside may have left the urban areas. Many of these children also earn their own living, and likely face a loss of income due to containment measures and need additional support to survive.

What must be done to protect children in street situations

- Governments and civil society organizations should ensure that drop-in centers and similar such facilities are designated as essential services, and are equipped with information on how to prevent the spread of COVID-19, as well as essential services such as health, hygiene, protection, education, and nutrition.
- Police should be directed to ensure that children in street situations are not arrested for not self-isolating, and instead, they should be supported with access to shelters or other adequate alternative housing, and be connected to health, child protection and other support services, including through child helplines²⁰.



Photo by Boram Kim on Unsplash



RESOURCES

¹⁹ [COVID-19 and Street Connected Children's Rights \(CSC\)](#)

²⁰ [Technical Note: COVID-19 and Children Deprived of their Liberty](#)



SUPPORTING YOUNG PEOPLE WHO HAVE LEFT CARE AND THOSE LIVING INDEPENDENTLY

Young people who transition out of alternative care settings (care leavers) face significant risks during this COVID-19 crisis. Some young people may have been in the process of leaving alternative care and transitioning into independent living or into adult services at the same time as the onset of the pandemic. They are likely to be among those most affected by its longer-term impact as they already face significant challenges accessing educational and livelihood opportunities and widespread marginalization and stigmatization.

What must be done to protect care leavers and those who live independently

- Case workers should contact as many care leavers as possible, with special attention to those care leavers who live alone, and conduct preliminary enquiries to check on their wellbeing, assessing their support needs and providing them with basic information on protection from COVID-19.
- Organizations should prioritize care leavers who have not secured accommodation and secured livelihood options, providing them with targeted emergency support. Case workers should work with their parent organizations to ensure that arrangements such as vouchers are made available for youth to purchase essential supplies who will face financial insecurity in terms of access to cash for their daily need.
- Organizations should enable access to mental health and psychosocial support, including through online mental health support services and by facilitating regular contact with carers through phone or online services.

- Case workers should help youth living independently, especially in collective/group lodging, to collectively agree on certain ground rules to ensure smooth and effective implementation of the social distancing, isolation, and quarantine requirements.
- Advocacy services and mutual aid groups often play a crucial role offering practical support, guidance and mentorship. Increased funding to these organizations should be provided to enable them to develop online and phone support and expand their reach. For example, through moderated WhatsApp groups, where youth could be supported to establish “buddy systems” with their peers to keep in touch, check over each others’ well-being, health, and provide support as necessary.





FURTHER RESOURCES

Better Care Network (BCN): Resource Center on COVID-19 and Children's Care

<https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/resource-center-on-covid-19-and-childrens-care>

The Alliance for Child Protection in Humanitarian Action:

<https://alliancecpha.org/en/COVID19>

UNICEF:

<https://www.unicef.org/coronavirus/covid-19>

International Disability Alliance (IDA):

<http://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement>

Early Childhood Development Action Network (ECDAN):

<https://www.ecdan.org/>

COVID-19 Parenting:

<https://www.covid19parenting.com/>

Inter-agency Network for Education in Emergencies (INEE):

<https://inee.org/collections/coronavirus-covid-19>

Global Social Service Worker Alliance (GSSWA):

<http://socialserviceworkforce.org/resources/blog/social-service-workers-mitigating-impact-covid-19>

International Organization for Migration (IOM):

<https://www.iom.int/covid19>



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