

A photograph of two young children sitting on a zebra-print sofa, looking out a window. The child on the left is wearing a light pink, textured knit sweater and light-colored pants. The child on the right is wearing a bright red long-sleeved shirt and dark pants. The window shows a bright outdoor scene with some buildings and a utility pole. The room has wooden walls and a wooden cabinet with a white appliance on top to the right.

Plan B: Strategy for Childcare Institutions Mandated to Return Children Fast

By Florence Koenderink



Family-Based Solutions

Introduction

Moving children from an institution back to their own family or into alternative family-based care is a very complex process that requires knowledge and understanding of what it involves. It also takes considerable time to be done properly. If not done properly, the risks to the children are high. Without thorough assessment, planning, preparation of children and the families they go to, and putting in place support and ongoing monitoring, the family is likely to be unable to cope. This can—and often does—lead to the child being sent back to the (or another) institution—another abandonment, which is very traumatising—or to the child being married off, forced to do heavy or dangerous work, being trafficked, ending up living in the street, or being stuck in an unsafe or abusive situation within the family. Just telling a child to pack her things and then dropping her off with her family is not acceptable, it puts the child at serious risk.

Unfortunately, the COVID-19 pandemic has led to a growing trend of Governments ordering residential childcare institutions to move children out very quickly. Often in less than 90-100 days, sometimes even within just a few days. This is very worrying. While we all want the transition to family-based alternative care to happen as quickly as possible, ‘as quickly as possible’ does not mean in the shortest amount of time. It means as quickly as it is possible to do safely and in the best interest of the individual children. Work is being done to help decision-makers understand that putting a deadline on sending institutionalised children back into the community is harmful and dangerous. However, for the institution itself, once the Government order comes, there is no choice but to comply, no matter how much you fear for the consequences for the children. This document was made to provide institutions who are forced to move children out in a very limited time with a strategy. This strategy will help make sure they do as much as possible to improve the chances of successful and sustain

able reintegration of children into their families. The strategy laid out in **this document should not be used when the process is not under inescapable, unreasonable time pressure.**

The strategy given here assumes a basic understanding of the process of responsible transition of care and provides sped up or adapted versions of the normal steps involved. These normal steps are outlined in the document ‘Model for Alternative Care Reform’. Keeping that document alongside this one will be helpful as a reminder and to get a full picture. If you do not clearly understand what the transition process involves, it is highly recommended that you reach out for training and guidance. You can reach out to the government or to NGOs working in this field.

In this condensed strategy, some steps will be combined or moved to different stages. This is to ensure that the most important things are more likely to happen before the child has to move. How much of this you will be able to do, depends on how much time you are given and how much staff you can bring together to take on this challenge.

The priority should not be to get children out as soon as possible, but to get as much of the necessary assessments and preparation done before you are forced to move the children out. It is important to understand that it will not be possible to do everything or to put everything in place before the child will have to move. Usually, everything is put in place before a child moves and after the move, the main remaining task is regular monitoring and review of the placement. That will not be the case in ‘rapid return’ situations. Under these circumstances, you have to do what you can before moving the child, and then continue the work to provide training, counselling and setting up of services after the child is back with her family. This needs to happen until everything needed is present and the child is safely integrated into the family.

Transition Team, Recruitment & Capacity Building

Someone needs to oversee and manage the work before and after moving the children. Usually, an external transition manager is recruited and as the transition process progresses the staff involved in work will gradually grow as needed. In a fast process, there is no time to do this gradually. To assess and prepare all children and families—

as many as you can manage—you are going to need as many people as you can get.

You need to appoint someone to manage this process and the team working on it. There is no time for well-organised recruitment. Often, the manager or the director of the institution is the most appropriate person for this because he or she already knows all the children and the staff. Under these circumstances, the manager's job will be almost entirely about getting the children out anyway once the order comes.

Then, as many people as possible need to be assigned to help with all the necessary work. You can reassign staff within the institution. If the institution is part of a larger organisation, reassign any staff that can be moved without creating situations of high risk or deprivation to the organisation and those it serves. If that is not possible, consider looking into very quick recruitment of temporary staff, if funds can be found to pay for the salaries. Make sure to still do background checks to see whether people are suitable to work with children. Where possible, people with experience in social work, psychology, and/or child development should be found. However, if there are some trained and experienced people present, they can help train and mentor people without experience in these fields to the level needed to take care of specific tasks. It is important to make sure that there are still people available to take care of the children while all this is going on. However, the work needed to prepare for moving children out needs to be a priority over almost everything else.

Staff who are already familiar to or have a relationship with individual children, for whatever reason, should be matched with these children if they do assessments. This is because an existing relationship will make it easier to make the child feel comfortable and to get the information needed in the assessment.

If there is a combination of staff working within the institution and staff normally working outside the institution being involved in the preparation work, those 'outside'—who normally do not have direct contact with the children—should be assigned to do the assessments and home visits of the families. This is to reduce the chance of the Coronavirus being introduced into the institution by people going out

in the community. The person doing the family assessment should be matched with the caseworker/psychologist assessing the child to work together on getting a full picture and writing a care plan.

If possible, assessments of families should mainly take place over the phone or through video calling for Corona safety. However, at least one visit to the home needs to happen to assess the conditions of the living space and to witness family interactions. On these visits, protective equipment needs to be provided and apart from a tour of the house, conversation with the family should happen outside, properly distanced.

All (newly assigned) staff involved in the preparation work will need to receive training. Because of the short time available, this training needs to happen as soon as possible and will have to be intensive. They will need training on:

- Individual assessment of children
- Assessing families
- Identifying strengths and needs
- Writing a care plan
- Child development
- Trauma-informed care (understanding the effects of growing up in an institution, the psychological and behavioural problems it causes. and how to deal with this)
- How to prepare children for moving out

The Children

Usually, the children are told—in an organised, controlled way—about the plan to move them out of the institution at a relatively late stage. This is because it is necessary to have clear and concrete information to give the children that will help reassure them and help them understand what is going to happen.

When there is a Government mandate to quickly move children out of institutions, the luxury of waiting to tell the children is no longer

present. Children need time to get used to the idea of such a big change, and you need time to prepare them for moving out. So, as soon as the institutions receive the order to move the children out, a clear and reassuring message needs to be formulated. A message that is appropriate to the age and level of understanding of the children involved. You may need different ways of explaining things for different age groups or groups with different levels of development. As mentioned in 'Model for Alternative Care Reform' whether they are told as one group or as several groups, all children need to be told at the same time. You will find the explanation of why this is the case in that document under 'Awareness-Raising & Advocacy.'

This message should explain that you are not trying to get rid of the children, but that the Government (or whoever issued the order) has decided that the children will be happier and healthier if they are not living in the institution. You should emphasise that you will gather information to make sure every child will go to the place that is best for him or her and that you will talk with the children individually to hear from them what they think would be a good place to live. This helps them understand the purpose of the individual assessments and make them feel less powerless. Explain that right now, you do not know where children will go or on what day they will leave, but that you will tell them as soon as you know. Also explain that while some children might leave sooner than others, this is no reflection on children's worth and that no child will be left behind (and you need to make sure that this is true).

In some places, the order given is to move all children out of the institution, while in other places it may only be to return children who have families to their family. In the latter case, the message needs to be adjusted a bit from what was suggested in the previous paragraph. You need to explain that you will look into whether children can return to their families while reassuring that children who do not have family or who cannot go back to theirs will still be cared for where they are. Let the children know that you will inform them as soon as you know whether they will be able to go back to their family and that you will discuss this with them. Particularly if there will only be very few children left after all the children with families have returned to them, you should consider organising alternatives—such as

adoption or foster care—for these children after the deadline of the Government order has passed and the other children have moved out. If you know that you will move these children out to alternative placements too, the message becomes the same as the one first given, only you explain that children who cannot go back to their families will move at a later stage.

As soon as the children have been informed that they will move out of the institution, you need to start preparing them for this big change. Things like counselling to help them deal with the shocking news, working on life stories, and gathering documentation on memories from life in the institution can start immediately. And as soon as you know where the child will go, you can help her become familiar with the people who will be caring for her and with the place where she will go to live.

A word of caution: while it is entirely possible to move children with severe physical and intellectual handicaps into families (their own or alternative ones), this process CANNOT be rushed. Rapid return is not an option for these groups of children. Especially if they have been spending all their time in the same room—or even in their bed—for years. In these cases, a very slow and careful preparation period is needed. Without that, children like this have died from psychological shock. So you need to request an extension of the deadline for this group of children.

Awareness-Raising & Advocacy

Awareness-raising in the community, to reduce misconceptions about stigma and discrimination of certain groups of children, needs to start immediately and on as large a scale as possible. This is because the dangers of not eliminating stigma and misconceptions outlined in ‘Model for Alternative Care Reform’ will all still play a big role and are likely to cause placement breakdown or put children at risk in other ways.

With a mandated rapid movement of children out of institutions, the Government is already behind the process, so there may be less need for advocacy. However, if possible, some advocacy should still take place. Particularly with regard to helping Government departments

understand the essential need for policies of family strengthening and community services to make the return of children to their families sustainable.

Individual Assessments

Usually, the process of individual assessments is long. It requires building a relationship of trust with the child, combining assessment with counselling, and having assessments take place in the form of conversations rather than just lists of questions to be answered. This is to gain as much information as possible without causing serious stress for the child—in most cases, the child will not be aware of being assessed and does not know yet that there are plans for transition of care at this stage.

With a very tight deadline, this is not possible. There will be no choice but to do intensive individual assessments while helping the child understand why all these questions are being asked and still providing some counselling along the way. Particularly if the child becomes distressed. A result of this will be that you will most likely not be able to get all the information you need from the child, particularly information that is sensitive or scary to the child. It requires an established relationship and a high level of trust to get the child to open up about these things, and there is no time to build these. However, given the circumstances, you will just have to work with what you can get.

Although you are under a lot of time pressure, this should not lead to an attempt to do a complete individual assessment of a child in one conversation. There will still be a need to talk to each child and go over various things several times. And as explained in ‘Model for Alternative Care Reform’ individual assessment of children involves more than just talking with the children themselves.

For greater efficiency of the overall process, it is helpful to try to determine in the first conversation whether the child is eager to be reunited with family or whether she does not like this idea. Children who are eager are likely to still have a connection to their family, and that connection is likely to be a positive one. The viability of the child’s return still needs to be assessed further but fast-tracking or prioritising these children will help move things along.

It can help to have people doing the assessments report at the end of every day on which children were eager and which were resistant to adapt the planning on how to approach each of these groups. Children who are resistant should receive counselling to try to find out where this resistance comes from, whether there are risks or dangers that make a return inadvisable, or whether it is a different fear or anxiety (perhaps just the idea of a big change).

Because the assessments—usually of many children—need to take place in a very short time, it is very important to make sure there is an easy system to capture all the information collected. There will not be time to put together elaborate reports on every conversation with a child. So there should be a clear protocol for the information that needs to be gathered in the assessments. It helps to have a template (or a CRM-style online system) where gathered information for each child can be filled in quickly and easily—without losing essential information—after each assessment. It is not a good idea to do several assessments in a row and then try to remember what each child said and fill in the information. The same goes for the assessments of the families.

As explained in ‘Model for Alternative Care Reform’, the work does not end with gathering answers to a long list of questions and documenting them. This information needs to be analysed, discussed by a group of people with expertise in casework and psychology, and a detailed care plan needs to be written. This is not something you can skip or only do partially. If you do not develop a proper care plan, you put the child at serious risk.

Training for Families

As soon as family assessment and individual assessment together have shown that a return to the child’s family (whether her parents or extended family members) is in the child’s best interest, preparation and training of the relevant family members need to start. To be suitable to take in the child, the family members need to agree to continued monitoring—and support where necessary—after the child has been placed. Otherwise, it is not possible to ensure the child is safe and well there.

Training of family members should include:

- Positive parenting and disciplining techniques
- Understanding the effect of institutionalisation on the child, the behaviour that this is likely to cause, and how to deal with this effectively
- Any special care needs of the children, such as HIV management, understanding developmental delays and how to handle them, understanding treatments and therapies needed by the child and being able to support them
- Awareness of services/support available and how to access them
- How and whom to ask for help when needed

It is essential to find out what the original reason was for the child ending up in the institution and that reason needs to be addressed, whether through financial support, through counselling or training, or through connecting the family with available services and support. If you do not address the original reason for institutionalisation, it will almost always still be a problem, and it is almost certain to lead to a placement breakdown, even if initially things seem to go well.

It is important to be aware that most of the families of children in institutions will be worse off now, because of the COVID-19 pandemic or the restrictions put in place to prevent its spread, than they were when they placed their child in an institution because they felt unable to raise him themselves. If you do not acknowledge and address this, the chance of successful reintegration of the child into the family is very small.

Making Sure Services Are Available

The short time given to move the children out of the institution will almost certainly not allow for the design and setting up of the community services necessary to support the children and their families. However, you can create an overview of the services that are already provided and contact the service providers to develop partnerships, ensuring you can refer families there and that they will receive help from them. This partnership can even extend to the service providers helping with the process of moving out the children if they can be

persuaded. After discussing with your team what is needed, it may also be worth looking into whether there are organisations in the relevant areas that might be willing and able to design and set up support services in the community, while you focus on preparing children and families for the transition of care.

This does not mean that your part in the design and development of services can just be ignored or left out. It just means that this will most likely need to be postponed and done once the children have moved out of the institution. At which point, it will also be possible to redirect resources from the institution into these services.

Children Who Cannot Go Back to Their Family

As mentioned above, the order received from the authorities is not always the same. Sometimes, it only demands children with families to be returned to them, in other cases it demands that all children are moved out of the institution. In the latter case, the information in this section will have to be part of your strategy. In the former case, you may want to consider finding or setting up family- or community-based placements for the remaining children after the order deadline has passed and many of the children have moved out of your institution. If you are considering this, it would also be useful to look through this section.

In most cases, most children will be able to return to their family, with the right preparation and support. However, that does not mean that this is possible for or in the best interest of all children. When the individual assessments are done, an overview needs to be made of how many and which children cannot go back to their family. For these children, different placements can be considered. For example:

- Supported living (children aged 16 and over living in small groups within the community, with a mentor who helps them develop the skills needed to live independently)
- Adoption
- Foster care

Unless things like supported living arrangements and foster care are already in place, and accommodation is available and foster parent

and mentors have been selected, assessed, and trained, it will not be possible to put them into place within the time given by the Government to get the children out. You will need to appeal to the authority giving the order to extend the deadline for these children, so you can develop the placements they need.

It is during the stage of developing these alternatives to returning children to their families that redirection of resources—human, financial and material—will come into play. While you are fighting to get everything done before the fast-approaching deadline to move most children out, you will not be able to spare the human or other resources and put them elsewhere. Once that deadline has passed and a significant number of children has moved out of the institution, there is more room to provide staff with the necessary training for their new jobs and to move people and materials around to places where they will do the most good in the new system. This is explained in more detail in ‘Model for Alternative Care Reform.’

It is generally not possible to free a child up for adoption—making sure that all requirements are met—in the short time given in the rapid return orders, let alone getting them adopted. So for these children, a deadline extension is also necessary.

Monitoring & Evaluation

The monitoring and evaluation of the stages of awareness-raising & advocacy, capacity building, etcetera would be helpful and would make work more effective, however, it may not be realistic when there is so little time and so much work to do with a limited number of people.

Monitoring, review, and continued support of children returned to their families—and children moved to alternative placements if relevant—cannot, under any circumstances, be left out. This is an essential part of making sure that children are safe and finding their place in their family, and that the family is coping with having the child back in their midst. As mentioned before, it is unlikely that you will have everything necessary to support the family in place when the child moves out of the institution. So work needs to continue to reach that point. Along the way, you need to regularly assess and review

whether the child is safe and thriving, whether needs are changing, and whether he needs more or different support to give the reintegration a chance of success. Any time you discover this is the case, you need to write and agree on a new care plan with the family, and the support provided needs to be adjusted.

Monitoring and review should continue until the family and the child have needed no support or intervention through your organisation for at least 6-12 months and are doing well.

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¹ Document 1 for use with 'Model of Alternative Care Reform'
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