**Submission for 2021 Day of General Discussion: *Children’s Rights and Alternative Care***

Moving Children out of Institutions Responsibly,

Even During the Pandemic

*Mitigating the risks of ‘rapid return’*

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.[[1]](#endnote-1) 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 the consequences for the children are feared.

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 into child labour, 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.

In order to mitigate the risks of ‘rapid return’ – sending children back to their families at short notice with little or no preparation or ongoing support – I have adapted [the Model for Alternative Care Reform](https://familybasedsolutions.org/wp-content/uploads/2020/10/ModelForAlternativeCareReform.pdf)[[2]](#endnote-2) into two strategies. The first strategy: [Plan B: Strategy for Childcare Institutions Mandated to Return Children Fast](https://familybasedsolutions.org/wp-content/uploads/2020/10/Plan-B-Strategy-Rapid-Return.pdf), gives an overview of how to make the most of the time available to prepare and support children and families when a rapid return is mandated. The second strategy: [Strategy to Turn Rapid Reunion of Children into Reintegration](https://familybasedsolutions.org/wp-content/uploads/2020/10/PostRapidReunionStrategy.pdf), gives an overview of how to help families, who have already suddenly had their children returned to them, cope with caring for the child sustainably, and how to ensure that being back with her family is in the child’s best interest.

These strategies were written in October 2020, in response to the order from the National Commission of Protection of Child Rights (NCPCR) that went out in India to return children living in childcare institutions in 8 states – 184,000, 72% of the total number of children living in institutions in the country – to their families within 100 days.[[3]](#endnote-3) This order was later retracted,[[4]](#endnote-4) however many tens of thousands of children had already been moved out of institutions.[[5]](#endnote-5) Although the strategies were written against this specific background, they are designed to be used in any country dealing with similar issues. The focus is on the universal aspects of the process of moving children out of institutions safely.

These strategies help make sure that as much as possible is done to improve the chances of successful and sustainable reintegration of children into their families – or family-based alternative care. It is important to emphasise that these strategies are designed to mitigate risks, they are not in themselves good practice. Theyshould not be used unless the process of moving children out of an institution is under inescapable, unreasonable time pressure or if the return of the children has already taken place.

The strategies are designed to be used alongside the *Model for Alternative Care Reform*, which gives a more elaborate explanation of what different steps entail and why they are essential. Whenever a child is to move out of an institution into a family setting, some of the same basic principles apply and some of the same needs are present. What the strategies provide is a guideline on how to prioritise, condense and/or reorganise the order of different steps in the process according to whether children and families need to be prepared in a very short space of time, or whether ‘retroactive preparation’ is needed for children and families that have already been thrown together suddenly.

When faced with a mandate for rapid return, 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 being 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. With transition of care under regular circumstances, everything is put in place before a child moves. 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, attempts have to be made to do as much as possible before moving the child, and then the work to provide training, counselling and setting up of services needs to continue after the child is back with her family. This needs to happen until all requirements are met and the child is safely integrated into the family.

The steps laid out and adapted in *Plan B: Strategy for Childcare Institutions Mandated to Return Children Fast* are:

* Introduction
* Transition Team, Recruitment & Capacity Building
* The Children[[6]](#endnote-6)
* Awareness Raising and Advocacy[[7]](#endnote-7)
* Individual assessments
* Training for Families[[8]](#endnote-8)
* Making Sure Services Are Available
* Children Who Cannot Go Back to their Family
* Monitoring & Evaluation

When it comes to children who have already been returned to their family with little or no support or preparation, it is important to be aware of the difference between reuniting a child with her family and reintegrating a child into her family. Reuniting a child is taking a child from an institution and dropping her off at her family home, without further preparation or support. This will not give the child or the family much chance of success. The situation will often not be sustainable. The chances are very high of problems arising out of stress, fear, the original reason for institutionalisation not having been addressed, and challenging behaviour leading to a placement breakdown. When returning a child to her family, the aim needs to be reintegration. This means the preparation, planning, training, guidance, support, and monitoring are taken care to help the child really find her place inside the family again. And to help the family cope with having the child back in their midst.

When the child has already returned to her family, the steps usually taken before a child is moved and needed to give the placement a chance of success have to take place with the child already in the family.

The steps laid out and adapted in *Strategy to Turn Rapid Reunion of Children into Reintegration* are:

* Introduction
* Create and Train a Team
* Trace Children
* Assess[[9]](#endnote-9)
* Retroactive ‘Preparation’
  + Counselling
  + Training Parents[[10]](#endnote-10)
* Providing Support and Services
* Organise Alternative Care if the Family Situation Is Not Safe
* Awareness Raising and Advocacy[[11]](#endnote-11)
* Establish Monitoring & Review

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Family-Based Solutions

1. Jedd Medefind (2020). *NEW: CAFO Study of COVID-19 Impact on Vulnerable Children and the Organizations that Serve Them.* CAFO. <https://cafo.org/2020/09/02/new-cafo-study-of-covid-19-impact-on-vulnerable-children-and-the-organizations-that-serve-them/> (02/05/2021). [↑](#endnote-ref-1)
2. A model that gives and overview and an explanation of the steps and aspects involved in responsible reintegration of children into family-based care (whether with their own family or an alternative family) and explains why and how these things need to be dealt with. [↑](#endnote-ref-2)
3. Uzmi Athar (2020). *Outlook the News Scroll*. 8 states account for over 70pc of children in care homes, NCPCR wants their return to families. 26 September 2020. <https://www.outlookindia.com/newsscroll/8-states-account-for-over-70-pc-children-in-care-homes-ncpcr-wants-their-return-to-families/1943458> (02/05/2021). [↑](#endnote-ref-3)
4. Unknown (2020). *India Legal.* Supreme Court sets aside NCPCR plan to send child inmates from children’s homes back back to families due to COVID-19 outbreak. 1 December 2020. <https://www.indialegallive.com/top-news-of-the-day/news/ncpcr-childrens-home-covid-19-supreme-court/> (02/05/2021). [↑](#endnote-ref-4)
5. Ambika Pandit (2020). *Times of India.* Nearly 64% of children in care institutions restored to families since SC order in April. 6 December 2020. <https://timesofindia.indiatimes.com/india/nearly-64-children-in-ccis-restored-to-families-since-sc-order-in-april/articleshow/79584157.cms?utm\_source=twitter.com&utm\_medium=social&utm\_campaign=TOIDesktop> (02/05/2021). [↑](#endnote-ref-5)
6. Informing them of what is happening, and providing counselling to help them cope with the big change that is coming up. [↑](#endnote-ref-6)
7. Breaking down stigmas and the pull of the institution in the community, to reduce the chance of the family coming under pressure to relinquish the child again. [↑](#endnote-ref-7)
8. On positive parenting, understanding the effects of institutionalisation and expecting/dealing with challenging behaviour, special needs care, services and support available, addressing the original reason for institutionalisation. [↑](#endnote-ref-8)
9. Of both children and families, look for original reason for institutionalisation and see if it has been addressed. [↑](#endnote-ref-9)
10. On positive parenting, understanding the effects of institutionalisation and expecting/dealing with challenging behaviour, special needs care, services and support available. [↑](#endnote-ref-10)
11. Breaking down stigmas and the pull of the institution in the community. [↑](#endnote-ref-11)