

**Assessment of Support for Children and Youth in Need of Care and Protection in the
Special Context of COVID-19 pandemic crises: A Global Perspective**

The Care Leaders Council:

A Technical Support Group to USAID's Children in Adversity Team

Children are referred to as the future generation, and therefore, it is essential for the current generation to fight for their rights. They not only need the rights to better health care and education, but also the right to safety while living in their families, under residential care and after transitioning into kinship care, foster care, or adoption. This document highlights the views and recommendations of the Care Leaders Council. The Council is supported by and works in partnership with USAID's Children in Adversity Team. It comprises 16 members from countries across the globe, including: Ghana, Kenya, India, Uganda, Sierra Leone, Rwanda, Cameroon, Colombia, Cambodia, and Zimbabwe. The team members have personal and professional experience in alternative care and are helping USAID advocate for care reform globally including support for care leavers.

This assessment is divided into five thematic areas addressing challenges children and youth experience; including lack of family preservation, inadequacy in alternative care, ageing out, recommendations and lastly COVID-19 response in the countries where members of the Council come from.

Challenges Faced by Care Leavers

1. Family Preservation Issues:

- a) Lack of official, accurate and timely statistics on children in need of care and protection;
- b) Lack of adequate data management systems at the state and service provider levels;
- c) Lack of adequate policy and legal frameworks to ensure family preservation services, thereby making institutions the first line of intervention. (This negates the necessity principle as per the UN Guidelines on Alternative Care resulting in rampant separation of children from their families.);
- d) Lack of resources to support family strengthening programs including health care, quality public education and adequate housing in the context of increasing poverty levels especially in informal urban settlements;
- e) Discrimination and violence in the community, resulting in high number of cases of child abandonment, poor parenting, sexual assault, defilement, abuse, neglect, and unlawful international adoption; and
- f) Lack of or weak gate-keeping mechanisms resulting in unnecessary removal of children from their biological families without proper assessment.

2. Inadequacy of Alternative Care

- a) Kinship care, foster care and adoption are limited options due to inadequate policy and legal frameworks and a lack of funding, thus compromising systems' ability to adhere to the suitability principle of the UN Guidelines for the Alternative Care of Children and children's need for permanency.

- b) Missing or inadequate monitoring mechanisms in NGO-run residential care facilities.
- c) There are insufficient human and material resources in residential care centers, thus compromising the quality of care offered to children
- d) Inconsistent care due to a low staff: child ratio, high turnover and unskilled social workforce hindering long-term relationships between caregivers and children, which is essential for long-term psychosocial development including healthy attachment and social skills.
- e) There is a lack of child participation in care planning within residential care institutions.
- f) The absence of adequate space in residential care institutions compromises children's privacy.
- g) Strict rules, regulations and routines in residential care centers hinder creativity and development of life skills.
- h) The lack of transparency and community participation, including interaction of children with the communities, hinder development of social skills and severs key relationships necessary for reintegration of children into the community.
- i) Children and adolescents are not handled based on their needs and heterogeneity, while in residential facilities hence affecting their preparation towards transitioning from the residential care facility to alternative care.
- j) Beyond local particularities, in all countries, policies aimed at working comprehensively with families in order to achieve the reintegration of institutionalized children and adolescents do not exist or are very little developed. There are few sustained actions to provide economic and emotional support or guarantee access to health care, in order to create the conditions for children and youth to return to live with their families of origin. As these supports do not exist, sometimes reunifications are unsuccessful, and the children and youth have to re-enter the alternative care system. This, in addition to causing great anguish, reinforces preconceptions regarding the incapacity of these families and consequently lengthens the institutionalization period.

3. Challenges Care leavers face after Reintegration or ageing out

1. *Social challenges:*

- a) Stigmatization and lack of support from the community, in addition to lack of support networks and services at the community level;
- b) Lack of life skills and fundamental understanding and building blocks obtained in families and communities;

- c) Lack of follow up and continued support after young people leave care, leaving them vulnerable and without any social safety net; (Some care leavers exit residential care facilities without being supported to enroll for higher education and therefore lack skills to fend for themselves.)
- d) Inadequate family and child preparation prior to reintegration and aging out; and
- e) Difficulty returning to be part of a family due to lengthy separation.

2. *Emotional challenges:*

- a) Issues of identity where care leavers are not able to relate to their native community or tribe after leaving care;
- b) Lack of mental health and psychosocial support in residential care institutions at entry, during residence and after exit.
- c) Susceptibility to feelings of abandonment, depression, suicidal thoughts, drug addiction, early/abusive marriages and prostitution after leaving care;
- d) Traumatic independent living in cases where families cannot be traced; and
- e) Struggle to deal with the trauma of the initial separation from the parent(s)/primary care leaver.

3. *Economic challenges*

- a) Most care leavers lack job opportunities exacerbated by a lack of relevant professional and practical skills, lack of social networks as well as high sense of dependency created by the institutional environment.
- b) They also lack information on how to access support services and career opportunities.
- c) The experience of communal life in institutional care and lack of enough resources to rent houses leads most care leavers to live with other young people in environs that are not conducive to their wellbeing and that do not allow privacy.
- d) The majority of care leavers do not have support to guide them through the initial years of their career after leaving the institution. This problem has been further aggravated in the wake of the pandemic and lockdowns in many countries. This has reduced the mobility of youth within their own cities and also put a halt on their migration to different areas for employment.
- e) Most care leavers lack a safety net in times of economic crises as a result of long separation from family and community.

f) It is very important to emphasize that, although difficulties in finding employment and job precariousness are problems that affect young people as a whole, they are particularly acute among adolescent care leavers. Precarious, poorly paid and low-quality work seems to be the norm for these young people. Added to this is a notorious and persistent bias influenced by gender and class, whereby female care leavers are limited to becoming babysitters and/or domestic workers. All this impedes the welfare and economic security of young people and their families.

g) Support for completing secondary education is variable and affects the possibility of having securing an adequate level of income that allows young people to have adequate housing and time to study, without working for long hours. In order to continue studying, it is common for young people to request exceptional authorizations to stay in residential facilities so that they can finish or continue their studies. This type of request is generally resolved in a very discretionary and arbitrary manner by the authorities of the facilities. Access to higher education is very restricted in the case of those who must leave, since in many cases they did not finish secondary education or have the economic resources to support it.

4. Policy and legislation

a) There is a lack of policies, legislation and programs targeting care leavers as a vulnerable group in society. Most existing policies, legislation and programs are only valid if the child is in the institution. That is before they reach the mandatory exit age of 18 years or they are reintegrated back to their families or exited into independent living.

Key Recommendations

1. To governments

a) Prioritize policies and programs that preserve families and that are aimed at eradication of residential care institutions and sustainable support for family-based care, including kinship care, foster care, and adoption.

b) Provide free or subsidized basic public services to care leavers.

c) Ensure children in institutional care are provided with basic needs including food, clothing, adequate housing, healthcare and basic education.

d) Ensure participation of children, vulnerable families and care leavers in the formulation, implementation and evaluation of policies and programs targeting them.

e) Improve oversight and proper regulation of residential care institutions and other service providers so that children spend less time in care, maintain family connections and they get adequate preparation and support on leaving care.

- f) Ensure development of a well-trained and professional social workforce.
- g) Support the formation of care leaver networks in every community.
- h) Institute programs for poverty eradication, parental skills training, community centers and day care centers.

2. To residential institutions and other service providers

- a) Recruit and nurture professional and well-trained social workers and other members of staff.
- b) Develop a child protection code that will guide all members of staff during their engagements with children.
- c) Provide counseling and other support services to children and family during placement, during their stay, at the point of exit and after exit.
- d) Ensure that upon exiting care, young adults are prepared well, have skills, have a network of support, mentors and a clear understanding of expectations for themselves and those around them.
- e) Shift from "hand-out" to "hand-up" approaches involving moving away from methods that focus on addressing the symptoms of the problems to those providing family-based care, and long-term solutions to extreme poverty. Policies and programs need to be designed and implemented in ways that can allow the voices of vulnerable children, young adults and families to be heard.
- f) Ensure the participation of children and adolescents in the formulation of policies and decisions that directly affect them during and after they leave the care systems to strengthen their capacities to be people who can make decisions. It is for this reason that it is essential to generate strategies and spaces for youth consultation that encourage them to be young agents of change and aware of the power they have to transform their reality.
- g) Implement policies to prevent the separation of children and adolescents from their family environment.
- h) Develop actions to strengthen families of origin so that children and adolescents can remain in their family environment.
- i) Develop specific policies that favor the family reintegration of children and adolescents, or a definitive family solution that prioritizes family and community environments.
- j) Expand the supply of family-type alternative care arrangements and strengthen existing ones, so as to include adolescents and young people.

- k) Guarantee real and accessible spaces for participation and listening for children, adolescents and youths, both in the daily life of the facilities and in the design and implementation of the policies that include them.
- l) Periodically review the measures for separating children, adolescents and young people from their family environment.
- m) Set standards and guarantee the quality of alternative care with a rights-based approach, which will make it possible to design, implement and evaluate improvements in the practices of the alternative care system.

3. To Care Leavers

- a) Create care leaver networks in every community.
- b) Engage communities and other childcare service providers to support care leavers and reduce stigmatization and discrimination.
- c) Hold the government accountable to fulfill its responsibilities to children who are outside of family care.

Guidance on measures to curb Covid 19 within Residential Care institutions

The following section is based on feedback from individual members of the Council based on their experiences in their respectful countries.

Measures taken by governments in some countries:

- a) Children were released back to their families or placed in foster care with a minimal financial support to cater for their basic needs.
- b) Children left in the institution were to be protected as per ministry of health guidelines
- c) Children were removed from the streets of a capital city to a transit center at the peak of the pandemic.
- d) The number of people visiting residential institutions was reduced; one could visit the facilities after booking an appointment and having their temperature checked before accessing the facility.
- e) For statutory institutions, the ministry responsible developed protocols for case management, to standardize operations, enhance coordination and ensure child friendly safeguards for children.

Opinion on whether the measures were adequate

- a) The families of most of the children who were rapidly sent back were not well prepared for reintegration and lacked continued support
- c) The hygienic conditions in some State-run care centers were quite poor and the measures to curb the spread of the virus were not thoroughly enforced.
- d) Restriction of outsiders from accessing the facilities doesn't work well, because members of staff are allowed to go out and mingle with different people. This poses risk to the children since one member of staff can contact the disease and infect the children.
- e) There needs to be better preparedness of the social workforce to monitor children while in families, having done that previously when the children were in the institutions.
- f) There was a lack of cash transfer to families of orphans and vulnerable children response, leaving most families where children were returned in economic hardships.
- g) Disadvantaged communities including care leavers were not given adequate support considering the adverse effects of the measures put in place to prevent spread of the pandemic.

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