



## Topic: Strengthening Caregiving Environments: Prioritising Family-Based Care in Humanitarian Settings During COVID-19



### Risk factors impacting caregiving environments



Caregiver loss



Psychosocial distress



Breakdown of support services



Family separation, domestic violence, and conflict



Institutionalization



Economic downturn and job loss

### Strategies to protect children experiencing family separation and caregiver loss during COVID-19

- Family-based alternative care
- Child-centred programming
- Family strengthening through parental, psychosocial, and economic support
- Strengthening social connectedness

### Examples of protective practices

- Arranging family-based alternative care
- COVID-19-related adaptations to case management
- Responding to violence within a family
- Safe deinstitutionalization

### Strategies to prevent family separation

- Scaling up case management
- Strengthening family-based care systems
- Preventing COVID-19 transmission and illness or death
- Parenting and psychosocial support
- Economic strengthening
- Preventing institutional care

## Introduction

COVID-19 and the public health measures to contain it are threatening caregiving environments. Children are at risk of separation from their families due to COVID-19 related illness, and death of a parent or a caregiver. They are also at risk of separation as a result of secondary impacts of the pandemic, such as job loss, school closures, restrictions to movement, and social isolation. The secondary impacts emanating from the pandemic can exacerbate protection risks, such as domestic abuse, family conflicts, rising poverty, and family stress. These, in turn, can lead to family separation and/or violence. In humanitarian settings, COVID-19 is not an isolated emergency; it is occurring alongside other stressors such as conflict and displacement that, taken together, threaten to weaken children's caregiving environments. These compounding crises underscore the importance of strengthening child protection systems across multiple contexts to be able to prevent and respond to protection risks.

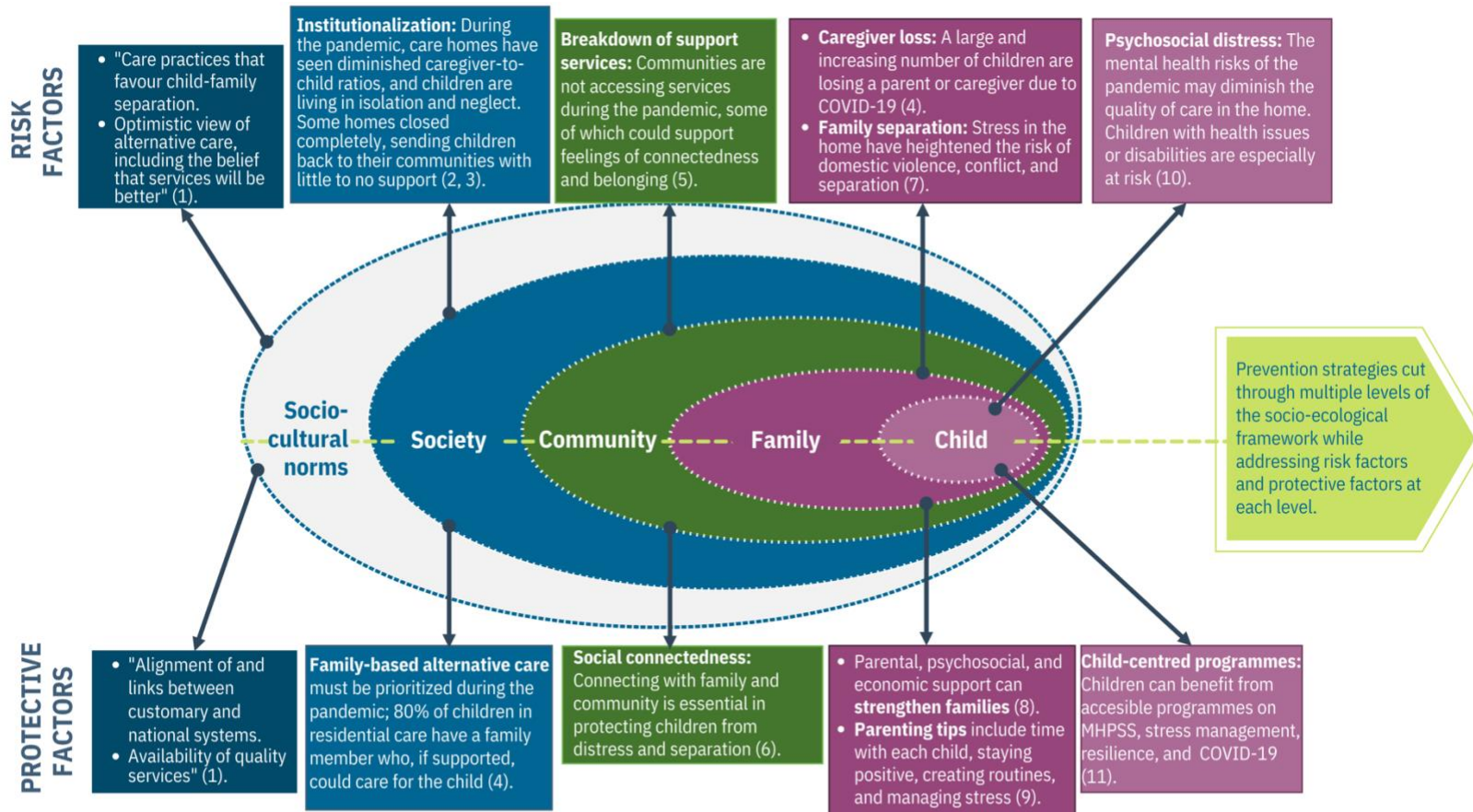
Research into the impact of the pandemic on children's caregiving environments is still at a nascent stage. However, recent research into the number of children who are experiencing the death of a parent or grandparent caregiver due to the virus offers a grim picture, with numbers continuing to increase ([Hillis et al., 2021a](#); [Hillis et al., 2021b](#); [CDC et al., 2021](#)). As such, children who experience family separation as a result of COVID-19 will likely experience shifts in caregiving arrangements; other family members, relatives, and communities are likely to take the lead in ensuring ongoing kinship and foster care. In these cases, it is important for a member of the social service workforce with relevant case management training to monitor whether such arrangements are made, their suitability, and arrange for financial or material support where needed. Some children require case management support to arrange an appropriate placement within the child's kinship network or in foster care, and to ensure that the child's well-being is monitored. Children with disabilities, young or single parents with children, children living in poverty, stateless children, refugee children, children in IDP camps, and children on the move are particularly vulnerable to experiencing fragile care environments and being left behind in ensuring appropriate care ([Better Care Network and UNICEF, 2020](#)).

The disruptive impact of an infectious disease outbreak on caregiving environments is not new. These types of effects have been well documented during the HIV/AIDS pandemic and Ebola outbreaks that have occurred this century ([CDC et al., 2021](#)). However, understanding the risks and responses to children's caregiving environment during COVID-19 remains limited. This is especially the case in humanitarian settings. This brief, therefore, aims to report what is known so far during the pandemic. The brief focuses on strategies to strengthen the caregiving environment through family- and community-based approaches. It also offers a series of case studies from various humanitarian and emergency contexts.

# Emerging findings

## A. Risks and protective factors impacting the caregiving environment during COVID-19

The socio-ecological framework can be used to structure considerations of risk and protective factors in caregiving environments (i.e., at levels of the child with differential impacts on the child on the basis of socio-economic status, age, disability, and gender; immediate and extended family; community, such as humanitarian services; socio-cultural norms; and society, such as relevant governmental bodies). There are potentially interrelated risks and protective and preventative factors at each level that a case manager or social service worker needs to consider and assess when developing an intervention plan. Responses and prevention strategies must be cross-cutting and take into account each level of the model.



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## B. Examples of protective practices during COVID-19

The socio-ecological framework above describes protective factors recommended by child protection guidelines and actors during the COVID-19 pandemic. From these recommendations, the following protective practices and responses have emerged during the pandemic. The descriptions of each example reference guidelines that inform practice. The activities summarised below cut across the society, community, and family levels to strengthen children’s caregiving environments.

PROTECTIVE PRACTICES	
<p><b>ARRANGING FAMILY-BASED ALTERNATIVE CARE</b></p>	<ul style="list-style-type: none"> <li>• Prioritising family-based alternative care enables children to live in family care rather than in an institution. This includes children on the move and also children with disabilities. Globally, 1 in 10 children lives in kinship care that is “with extended family or with close friends of the family known to the child” (<a href="#">Family for Every Child, 2019</a>; <a href="#">United Nations, 2010</a>). Most often, kinship care is informal, but it can also be done with formal government oversight. Children are more often placed with grandparents than with other relatives (<a href="#">Family for Every Child, 2019</a>). Arranging a kinship placement in a humanitarian setting requires tracing an adult family member or relative who will commit to caring for a child, preferably in the child’s own community, and who has the capacity to do so, with support, if necessary.</li> <li>• In keeping with <a href="#">guidance developed during the pandemic</a>, kinship care is the first placement option to explore, but should be implemented based on an assessment. Planning care may include identifying a suitable relative or family friend by asking the child or the child’s caregiver, screening the people and placement setting, providing such training and support to the caregiver before placement (<a href="#">Iraq Child Protection Sub-Cluster, 2020</a>; <a href="#">Save the Children, 2020 (Chapter 8)</a>; <a href="#">Family for Every Child, 2020</a>), and arranging to monitor the child’s well-being. Where no suitable kinship placement is possible, a structured foster placement should be considered.</li> <li>• In the Gambela region of western Ethiopia, UNHCR and community partners have alternative care systems that first identify unaccompanied and separated refugee children to reunify them with relatives or place them into community-based foster care (<a href="#">UNHCR, 2015</a>). During COVID-19, foster parents in the Pugnido refugee camp in Gambela region received parenting support through Bethany Christian Services to curb the impacts of the pandemic on children’s well-being (<a href="#">Case Study 5</a>).</li> <li>• A major consideration is whether a parent is receiving medical care and may recover or if the placement is intended to be permanent. Some guidance notes consider that kinship care and foster care may be complex because of stigma and discrimination that often impacts the child if they lose a parent to COVID-19 (<a href="#">Iraq Child Protection Sub-Cluster, 2020</a>). Generally, kinship carers are most often grandparents, but in the COVID-19 pandemic, they have also been among the demographic groups most vulnerable to infection, illness, and death.</li> </ul>
<p><b>COVID-19 RELATED ADAPTATIONS TO CASE MANAGEMENT</b></p>	<ul style="list-style-type: none"> <li>• Case management is required to support a vulnerable family or to place a child in family care, but it has to be carried out with such adaptations as may be necessary during the pandemic. It may have to be constrained by social distancing mandates or public health considerations. Child protection actors have initiated various strategies to adapt their approaches to providing appropriate care and protection services.</li> </ul>

	<ul style="list-style-type: none"> <li>• In Cambodia, for example, to increase the capacity of social workers, UNICEF and key NGOs collaborated with the government in adapting their case management guidelines to the context of COVID-19. Social workers were trained online (<a href="#">Case Study 1</a>). The initiative in Cambodia included deploying 20 new social workers in all provinces to respond to child protection concerns due to the pandemic, particularly among migrant families and children in alternative and quarantine facilities (<a href="#">UNICEF, 2020</a>). The social workers in Cambodia were provided specific training on issues that they may need to address due to the impacts of COVID-19, including training on preventing family separation, conducting community outreach, and supporting children to safely leave residential care for family care.</li> </ul>
<p><b>RESPONDING TO VIOLENCE WITHIN A FAMILY</b></p>	<ul style="list-style-type: none"> <li>• While more support is needed to mitigate violence in the home, response services significantly diminished due to closures and lockdowns (<a href="#">UNICEF, 2020</a>). As an effective strategy during the pandemic, helplines have provided an opportunity for children to get remote assistance.</li> <li>• With the threat of helplines shutting down, an alliance of various organisations named Joining Forces worked in Uganda, India, and the Philippines to establish the availability of Child Abuse Helplines during the pandemic by maintaining them as essential services (<a href="#">Case Study 3; ChildFund et al., 2020</a>).</li> <li>• Helplines in India, for example, have seen a 30% increase in calls during the pandemic. Reporting through mobile phones has also been possible in some countries and situations.</li> </ul>
<p><b>SAFE DEINSTITUTIONALISATION</b></p>	<ul style="list-style-type: none"> <li>• The pandemic has opened up a unique window of opportunity for deinstitutionalisation of children in residential care; while the rationale for this has been to deconcentrate institutions during an infectious disease outbreak, it also presents a chance for governments and organisations to permanently keep children out of institutions and away from environments that lack adequate stimuli and core elements for health development, which can lead to neglect, abuse, and exploitation that many suffer in them. However, during the pandemic, there have been cases where children have been sent back to their communities too rapidly and without follow-up or support.</li> <li>• A study investigating the rapid return of children in institutional care during COVID-19 provides recommendations for governments to cease immediate return mandates without proper planning and support provided to children and families (<a href="#">Wilke, Howard, and Goldman, 2020</a>). NGOs should support safe deinstitutionalisation by engaging with children, families, and agencies such as the Better Care Network and providing case management support (<a href="#">Wilke, Howard, and Goldman, 2020</a>).</li> <li>• In Sierra Leone, using the Transitioning Models of Care Assessment Tool, the Child Rescue Centre (CRC) successfully reunified 40 children with their families over a two-year strategic process by engaging residential staff and children, tracing families and reunifying, and scaling up family-based services (<a href="#">Case Study 2; Better Care Network and Helping Children Worldwide, 2021</a>).</li> </ul>

### C. Strategies to prevent family separation during COVID-19

Preventative strategies can intersect through all levels of the socio-ecological framework (i.e., child, family, community, and society) while seeking to address risk factors and strengthening protective factors at each level. Because preventative strategies are often cross-cutting, many include a particular focus on systems strengthening. The following strategies are recommended in the context of COVID-19 to prevent family separation and caregiver loss due to the pandemic.

PREVENTION STRATEGIES	
SCALING UP CASE MANAGEMENT AND STRENGTHENING FAMILY-BASED CARE	<ul style="list-style-type: none"> <li>Case management: Scaling up case management is important to support caseworkers in assessing children at risk of family separation before the onset of an emerging disaster. The response with case management is often secondary and tertiary prevention. Part of this preventative work would include creating contingency plans, such as plans for the alternative care of children (<a href="#">Better Care Network, Save the Children, The Alliance, UNICEF, 2020</a>). Caseworkers can also support families at risk through parental support and referrals to psychosocial and economic support.</li> <li>Family-based care systems: Family-based care systems may build emergency foster care recruitment strategies to build rosters as part of disaster preparedness. Using a Social Behaviour Change Communication strategy for recruiting foster carers, a group of key child protection and care organisations recommend first understanding the situation, then designing communication strategies for the intended audiences and evaluating the success of the recruitment process (<a href="#">Better Care Network, Save the Children, The Alliance, UNICEF, 2020</a>).</li> </ul>
PREVENTING COVID-19 TRANSMISSION AND ILLNESS OR DEATH	<ul style="list-style-type: none"> <li>Preventing COVID-19 related illness and death is essential in this pandemic. Currently, the best way to avoid COVID-19 infection is following mandates of social distancing, wearing a mask, and obtaining COVID-19 vaccinations (<a href="#">CDC et al., 2021</a>). However, COVID-19 vaccinations are not accessible to all. Child protection actors should advocate for the access of vaccines among families in humanitarian settings, as they are at risk of being left behind in this level of response.</li> </ul>
STRENGTHENING FAMILY CARE THROUGH PARENTING AND PSYCHOSOCIAL SUPPORT	<ul style="list-style-type: none"> <li>Parenting and psychosocial support provided to families before and during emergencies can strengthen families and reduce the risk of separation. Resource centres and community services are key sources of such support. In Uganda, social workers within their own communities provided psychosocial support by going door-to-door and engaging families and children, suggesting games and stress busters, providing play materials, and building both the parents' and the children's emotional capacities during COVID-19 (<a href="#">Save the Children, 2021</a>).</li> </ul>
STRENGTHENING FAMILY CARE THROUGH HOUSEHOLD ECONOMIC STRENGTHENING	<ul style="list-style-type: none"> <li>Cash transfer programmes have effectively supported families in accessing food, shelter, childcare, and services during the pandemic (<a href="#">Better Care Network and UNICEF, 2020</a>). UNICEF implemented a cash transfer programme in Haiti, providing cash and financial training to more than 2,800 families at risk of separation. In Cambodia, Save the Children and 7 different organisations have partnered to provide caregivers with monthly cash transfers. All of the sampled households said that the cash transfers are the best way they can be supported during this time, and cash transfers are reported to be preventing the separation of children from their families (<a href="#">Family Care First, 2020</a>). Financial support means that families can stay together, support one another, and avoid risks to their health and caregiving environment during the pandemic (<a href="#">Case Study 4; United Nations Children's Fund, 2021</a>).</li> </ul>

**PREVENTING  
INSTITUTIONAL CARE**

- Caring systems prioritise family-based care systems over institutional care. Residential care deprives children of the ongoing social and emotional connections and support that they need. To prevent institutional placements, governments must develop systems to strengthen vulnerable families, provide services and economic support to help families cope more effectively, and avoid violent discipline and domestic violence. For children who lose their primary caregiver, governments need to provide case management support to arrange appropriate alternative family placements ([Better Care Network and UNICEF, 2020](#)).

## CASE STUDIES

Title	Country; lead organisation; target population	Description	Key outcomes & lessons learned
1. Promotion of case management and continuation of child protection services during COVID-19	Cambodia; UNICEF Cambodia; children and families	In partnership with Save the Children, UNICEF Cambodia provided technical support to the government of Cambodia to develop guidance for the protection of vulnerable children, with an emphasis on training in case management and referrals for alternative care placement of unaccompanied and separated children.	<ul style="list-style-type: none"> <li>● Guidance must be adapted to arising context changes.</li> <li>● Ensure the use of appropriate tools when delivering training to the social service workforce.</li> <li>● A clear, dedicated response is needed to meet increased child protection risks arising during an emergency.</li> <li>● Opportunities must be seized to advocate for increased numbers and social workers' capacity to support children in times of crisis.</li> </ul>
2. <a href="#">Child Rescue Centre and Helping Children Worldwide</a>	Sierra Leone; The Child Rescue Centre (CRC); children in institutional care	Established in 2000, the Child Rescue Centre (CRC) in Sierra Leone began transitioning from residential to family-based care. It took a total of 2 years to return children to their families and close the institution safely. This case study highlights the process of safely transitioning children into family-based care, including awareness-raising and engagement, planning, family tracing, and reintegration, being careful at every step.	<ul style="list-style-type: none"> <li>● Steps to safely deinstitutionalise first included engaging with the staff, then gaining necessary buy-in from religious leaders, engaging children and families through family tracing and reintegration.</li> <li>● This process of transition took over 2 years through careful planning.</li> <li>● The approach harnessed radical honesty and radical collaboration at all levels.</li> </ul>
3. <a href="#">Ending Violence Against Children and COVID-19</a>	Uganda, India, Philippines; Joining Forces; children	Joining Forces, a global alliance of 6 organisations across 70 countries, works to prevent and respond to violence during the COVID-19 pandemic. An important initiative is to maintain Child Abuse Helplines for children to report violence. With services shutting down during the pandemic, Joining Forces advocated for the continuation of the helplines.	<ul style="list-style-type: none"> <li>● Domestic violence calls to hotlines have increased.</li> <li>● India has shown a 30% increase in calls to child helplines.</li> <li>● At the start of the pandemic, hotlines were suspended in countries like Uganda. Advocates have made it possible for helplines to be considered an essential service.</li> </ul>
4. <a href="#">Country Office Annual Report 2020 – Haiti</a>	Haiti; UNICEF; families	The UNICEF Country Office Annual Report for Haiti provides an update on the situation of children in Haiti during the pandemic. It reports that the secondary impacts of COVID-19 could derail many areas of socio-economic progress, one of the impacts being family separation. UNICEF supported the Haitian government in preventing family separation and promoting family reunification, family-based care, and	<ul style="list-style-type: none"> <li>● A learned lesson was recognising that the country is especially vulnerable to socio-political instability and natural disasters, which increases the risk of separation within vulnerable communities. UNICEF, together with the government, focused on strengthening emergency preparedness and risk management.</li> <li>● UNICEF also recognised that evaluating their cash transfer initiatives was important to understand their impact on</li> </ul>



		national foster care. Within one of their initiatives, 2,800 families in Haiti received cash transfers and financial training to improve access to essential services and prevent family separation.	strengthening emergency preparedness and preventing family separation.
5. Parenting during COVID, the tale of foster parents	Ethiopia; Bethany Christian Services; foster families	Bethany Christian Services aimed to strengthen foster care of refugee children by implementing a remote parenting skills and parenting stress management intervention that supports and reduces stress among both foster parents and children.	<ul style="list-style-type: none"> <li>• Children maintained their home arrangements.</li> <li>• 98% of the foster parents were satisfied with the support.</li> <li>• 2% of the foster parents were referred to other services.</li> </ul>
6. Preventing Child Recruitment through Parenting: A Socio-cognitive Approach	DRC, CAR, and Nigeria; IRC; parents	IRC used a social cognitive theory to develop an intervention to work with caregivers to be aware of the risk factors to children joining armed groups, to understand their child's needs and value their children's perspectives, and to learn positive parenting to reduce recruitment.	<ul style="list-style-type: none"> <li>• Conducting research and programmes during the COVID-19 pandemic in acute conflict settings with active recruitment presented multiple challenges to implementation.</li> </ul>
7. Holistic and Targeted Family Strengthening Interventions to Prevent Child Abuse: Results from Tushinde Children's Trust	Kenya; Tushinde Children's Trust; families	The Tushinde Family Support Programme provides targeted interventions, including school enrollment, cash transfers, vocational and business training, enrollment in national health insurance scheme, and psychosocial support. The programme enrolls vulnerable families from informal settlements and then supports them until they feel independent. It aims to prevent child protection risks due to poverty. It supports a total of 140 families with 553 children altogether.	<ul style="list-style-type: none"> <li>• Among over 120 caregivers, average scores on 10 domains of parenting improved by over 3 points from first to last assessment. The domains with the greatest increased average scores were education and learning, physical health, social networks, and keeping children safe.</li> <li>• COVID restrictions presented significant challenges for our beneficiaries, resulting in fewer opportunities for casual labour and disruptions to micro-businesses.</li> </ul>
8. P+, an innovative parenting programme in Tunisia	Bangladesh; Magenta; parents	This programme aims to tackle behaviours during early childhood, understanding the impact that the trauma and harm of negative parenting behaviour can have on the growth and development of children. This is achieved by promoting positive parenting behaviours and practices to parents that promote the cognitive, physical,	<ul style="list-style-type: none"> <li>• The programme implementation has experienced significant delays due to the COVID-19 crisis and little impact data is currently available.</li> </ul>

		emotional, and social development of their children.	
9. Cash Assistance for Child Protection Outcomes in Cambodia	Cambodia; Save the Children; families	All the households involved in the cash and livelihoods programme were existing partner-supported children as well as families at risk of separation and receiving case management and other support/services. A Household Economic Survey was undertaken broadly with partner-supported households to identify households that met a 'vulnerability' scoring threshold, which included economic vulnerability, food insecurity, and child protection risks. As a result, 702 partner-supported households have been receiving monthly cash transfers to address secondary impact risks of COVID-19 and support families already at increased risk for separation.	<ul style="list-style-type: none"> <li>• There was a reduction in the percentage of households reporting child separation from the caregiver because of lack of money —from 14% to 7%.</li> <li>• There was a reduction in the reporting of household stress and tension and/or worry and anxiety —from 36% to 21%.</li> <li>• All households have reported positive effects of cash transfers, including there being more food to eat, maintaining/registering children in schools, health services, and children not having to go to work.</li> <li>• All the households interviewed have reported cash as being the most effective method of helping them and their families meet their basic needs. Similarly, all households have also reported that receiving cash assistance has helped address child protection concerns.</li> <li>• In situations of acute vulnerability, the primary use of cash is for procuring food and helps improve the most severe forms of food insecurity.</li> </ul>
10. Caregiver Psychosocial Programming and Preventing Harm to Children	Uganda; TPO; caregivers	The programme engages caregivers to improve their own mental health, caregiving knowledge, and skills to support children. The programme activities, including individual problem solving and community action planning for child protection, are provided to caregivers in order to improve the children's environments through bolstered caregiving attitudes and behaviours.	<ul style="list-style-type: none"> <li>• Many of the challenges to the programme's implementation were related to COVID-19, which led to delays in supply procurement and data collection, in addition to reduced availability of intervention groups.</li> <li>• Living in a refugee camp can further strain caregiver well-being and behaviours, which can create barriers to healthy child development. However, social support for caregivers can bolster support for children in their care.</li> </ul>

#### D. Evidence and Guidance gaps

While multiple guidelines exist regarding the protection of children from family separation, there is a lack of evidence on implementing these guidelines. This brief highlights some of the procedures and evidence currently available. However, more evidence is needed to a) fully understand the impact of the COVID-19 pandemic on family separation and caregiver loss, and b) assess the efficacy (short- and long-term) of the suggested interventions. Other gaps identified from this analysis include:

- **Lack of information on what is occurring for children in humanitarian and emergency settings during COVID-19:** The evidence on the unique set of risks and protective factors regarding the caregiving environment for children in humanitarian settings affected by COVID-19 is scarce. At the same time, particularly in countries with low levels of vaccination, COVID-19 is creating new situations that may well constitute humanitarian emergencies, driven by and/or exacerbating conflict and displacement.
- **The lack of engagement with children in understanding their perspectives, ideas, and the range of issues they are facing:** To effectively prevent unnecessary family separation during emergencies like COVID-19 and support them most appropriately when experiencing caregiver loss, it is essential to engage children to determine their concerns and most urgent priorities before making decisions about their care. For example, keeping siblings together or remaining physically close to a hospitalised parent or caregiver may be a higher priority than the normal placement option a child protection system may have to offer.
- **Lack of disability-specific analyses of alternative care placement for children with disabilities:** Although children with disabilities are vulnerable to placement into residential care and receiving inadequate support, there is a lack of sufficient analyses exploring their intersectional vulnerabilities, considering factors such as age, gender, and race.
- **Lack of gender analysis of family separation and caregiver loss during COVID-19:** For example, the Family Care First programme in Cambodia conducted a gender analysis prior to COVID-19 that explored gendered decision-making influencing the placement of children in alternative care, caregivers' attitudes during placements, social norms impacting placements, and differing risks for boys and girls in different types of placements ([Save the Children, 2021](#)). They found that boys are more likely to be in alternative care than girls, especially boys with disabilities, and that female caregivers

are the decision makers on the placement of the child in alternative care. A COVID-19 specific impact analysis on gendered decisions in the placement of a child in care in various contexts around the world could provide further information to influence the protection of all children.

### **About this Evidence Brief**

This evidence brief was written by Bethel Lulie (COVID-19 Team, The Alliance). In the production of the brief, technical inputs were provided by Tim Williams, Laura Lee, and Hani Mansourian from The Alliance, John Williamson (Institutional contractor for USAID employed by Zemitek), and Caitlyn McElroy (Contractor for USAID/Cambodia). The brief also benefited from discussions with Philip Goldman (Maestral International), Florence Martin (Better Care Network) and Aniruddha Kulkarni (UNICEF). Comments may be sent to [covid-19@alliancecpha.org](mailto:covid-19@alliancecpha.org).

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