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Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic

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ABSTRACT

Background: The COVID-19 pandemic and associated response measures have led to unprecedented challenges for service providers working with vulnerable children and families around the world.

Objective: The goal of the present study was to better understand the impact of the pandemic and associated response measures on vulnerable children and families and provide data-informed recommendations for public and private service providers working with this population.

Participants and Setting: Representatives from 87 non-government organizations (NGOs) providing a variety of direct services (i.e. residential care, family preservation, foster care, etc.) to 454,637 vulnerable children and families in 43 countries completed a brief online survey.

Methods: Using a mixed methods design, results examined 1) ways in which children and families have been directly impacted by COVID-19, 2) the impact of the pandemic on services provided by NGOs, 3) government responses and gaps in services for this population during the pandemic, and 4) strategies that have been effective in filling these gaps.

Results: Data revealed that the pandemic and restrictive measures were associated with increased risk factors for vulnerable children and families, including not having access to vital services. The NGOs experienced government restrictions, decreased financial support, and inability to adequately provide services. Increased communication and supportive activities had a positive impact on both NGO staff and the families they serve.

Conclusions: Based on the findings, ten recommendations were made for service providers working with vulnerable children and families during the COVID-19 pandemic.

1. Introduction

Within a few months, the coronavirus disease 2019 (COVID-19) went from a remote threat to a global health, humanitarian, and socio-economic crisis that had real and immediate impact on daily life (Thompson & Rasmussen, 2020). In order to reduce disease transmission, many countries declared national emergencies, mandated lockdowns and other strict response measures, and implemented punitive consequences to ensure new policies were followed (Nay, 2020). As such, both the disease and the associated response measures heightened risk factors in already vulnerable populations, including families at risk for separation and children

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outside of parental care (Desai, 2020; Wang, Zhang, Zhao, Zhang, & Jiang, 2020). Moreover, public and private service providers who served vulnerable children and families struggled to adapt programs and adequately meet the evolving needs of this population during the pandemic. The present paper sought to 1) delineate the impact of the pandemic on vulnerable children and families and the organizations that served them and 2) provide data-informed recommendations for non-government organizations (NGOs) and public service providers to better support this population.

As with most systemic challenges, those who are most impacted by crises are those who are already the most vulnerable. Children outside of parental care and families at risk of separation are among this group. Research (Dozier et al., 2014; Nelson, Zeanah, & Fox, 2019; Van IJzendoorn et al., 2011) and global policy (United Nations, 2019) both suggest that children develop best in healthy families and that living outside family care has significant developmental and health consequences. Despite this, millions of children and youth continue to live in institutional forms of care, live on the streets, or are at risk of separation from parental care (Desmond, Watt, Saha, Huang, & Lu, 2020). For the purpose of this paper, vulnerable children and families will be defined as 1) children who have been separated from their parents and 2) families who are at risk of separation (Atwoli et al., 2014; Johnson, Dovbnya, Morozova, Richards, & Bogdanova, 2014; Khoury-Kassabri & Attar-Schwartz, 2014). Vulnerable children and families represented in this study were receiving support services from non-government organizations (NGOs).

1.1. Vulnerable children and COVID-19

Children seem to be less likely to exhibit severe symptoms of COVID-19 (Mellis, 2020; Rasmussen & Thompson, 2020). However, vulnerable children may experience health risks that make them more likely to be impacted by the virus. In studies of children separated from parental care, poverty is often listed as an antecedent to separation (Ruiz-Casares & Phommavang, 2016; Hawk et al., 2018), which may lead to inadequate nutrition, cramped living spaces, and poor hygiene. Poor nutrition may lead to a compromised immune system (Butler & Barrientos, 2020). Overcrowded living quarters make the recommended social distancing unreasonable, and may make virus transmission more likely (CDC COVID-19 Response Team, 2020). Lack of access to water, soap, and sanitation make proper handwashing impossible, a serious concern when it is known to stop the spread of the virus (Cavanaugh, 2020). Limited access to medical treatment for pre-existing or co-occurring medical conditions may increase a child's susceptibility to the virus (Rasmussen & Thompson, 2020). These factors may make children at risk more likely to experience the effects of COVID-19 than their peers in more stable families.

Further, vulnerable children may live in multi-generational or skipped generation households (Ingersoll-Dayton, Punpuing, Tangchonlatip, & Yakas, 2018). For children outside of parental care, the most frequent placement setting is with extended family, often with older relatives (Martin & Zulaika, 2016). Research suggests older populations are at greater risk for more severe symptoms or even death from COVID-19 (Liu, Chen, Lin, & Han, 2020). This means situations with elderly caregivers may be less stable and secure for children.

1.2. The impact of COVID-19-Related response measures on vulnerable children and families

In an effort to combat the unprecedented spread of disease, global policy recommendations have included strict lockdowns (World Health Organization, 2020). This creates increased stress for many children and families who are already living under great economic strain. For the more than 700 million people globally who live in extreme poverty, an inability to work could mean no food, water, electricity, or other basic needs (World Bank, 2020). Although these stresses alone place children and families at risk, child maltreatment tends to increase during times of stress (Cluver et al., 2020; Galea, Merchant, & Lurie, 2020). Lack of access to support services, such as schools, medical care, childcare, and social networks, could have dire consequences for vulnerable children and families. It is reasonable to predict that many families who have been at risk of separation will be unable to care for their children during this time. As a result, more children may enter the alternative care system.

At the same time, many children who were previously in residential care or on the street have been rapidly reintegrated with their families and communities of origin (Goldman et al., 2020). Although moving children to family care is generally aligned with global recommendations (United Nations, 2019), appropriate reintegration protocol requires significant preparation that is not possible with compressed timelines. Risk of maltreatment is elevated as children return to unprepared and unsupported families. There is no time to assess needs and build capacity in the areas of concern that initially caused placement in alternative care. Case workers are unable to visit families and monitor child well-being due to lockdowns (Goldman et al., 2020). Very few of the supports needed to ensure a successful reintegration are available.

1.3. Systems of care for vulnerable children and families

Multiple care systems can support families during the COVID-19 pandemic, including public and private entities. Government regulations will impact both daily life and futures as they create consequences and complexities for at-risk children and families, even while trying to support them. NGOs and community-based organizations provide vital support (Portney & Cuttler, 2010; Schwartz & Yen, 2017), but may be unable to act due to enforced-lockdowns. Service providers are trying to innovate quickly, as no one knows for certain what can best support children and families given the current risks and restrictions. However, service providers often have simultaneous contact with multiple families and children, giving them a broader view of the impact of the pandemic. This perspective can inform the development of practices to serve this population.

Table 1
Frequencies and Percentages for Types of Services Provided by Organizations (n = 87).

Type of Service	n	%
Adoption	21	24.1
Advocacy	50	57.7
Education	65	74.7
Family Reintegration	52	59.8
Family Strengthening	64	73.6
Foster Care	30	34.5
Kinship Care	38	43.7
Medical Care	44	59.6
Post Care Support	28	32.2
Residential Care	37	42.5
Sponsorships	42	48.3
Supported Independent Living	24	27.6

1.4. The present study

The goal of the present study was to provide data-informed guidance and recommendations for public and private service providers working with vulnerable children and families during the COVID-19 pandemic. To better understand the impact of the pandemic, the current study surveyed representatives from NGOs providing a variety of services (i.e. residential care, family preservation, foster care, etc.) to vulnerable children and families around the world. Specifically, respondents reported on 1) ways in which children and families have been impacted by COVID-19, 2) the impact of the pandemic on services provided by NGOs, 3) government responses and gaps in services for this population during the pandemic, and 4) strategies that have been effective in filling these gaps. This knowledge will allow better understanding of the impact of COVID-19 on vulnerable children and families and how service providers can best support them during this time.

2. Methods

2.1. Participants

A combination of convenience and chain referral sampling were used to collect data, beginning with inviting a global network of child-serving organizations to participate. Representatives from 87 NGOs serving vulnerable children and families completed a brief survey. NGOs reported directly serving 454,637 children in 43 countries during the 2019 fiscal year. They provided an assortment of direct and indirect services to support vulnerable children and families (See Table 1). Number of children directly served by an NGO ranged from 0 to 267,000 ($M = 6,403.34$; $SD = 3537.90$). Of the 43 countries represented, 17 were in Africa, 12 were in South/Latin America, 7 in Asia and the Pacific, 6 in Europe, and 1 in the Middle East. The majority of countries served were classified as being in the Global South ($n = 38$). Country Human Development Index (Anand and Sen, 1994) scores ranged from .817 to .434 ($M = .613$, $SD = .122$). Based on the Human Development Index Group Classification, 0 countries were classified as Very High Development, 12 were High Development, 12 were Medium Development, and 19 were Low Development. NGOs provided services in 1–5 countries ($M = 2.18$, $SD = 1.12$). The most commonly reported countries served were Haiti ($n = 14$), Uganda ($n = 13$), Kenya ($n = 13$), India ($n = 10$), and Mexico ($n = 7$). The majority of respondents (59.3 %) served in a leadership position within their NGO with the most common job titles being president, chief executive officer, and executive director.

2.2. Measures

2.2.1. Demographic survey

A short survey on demographic information for the respondent and the NGO she or he represented was included. For the respondent, items included his or her primary role and job title. For the NGO, items included services provided (i.e. family preservation, foster care, residential care, etc.), countries of service, and number of children served in 2019.

2.2.2. COVID-19 impact survey

A 25-item survey was developed to address how the COVID-19 pandemic had impacted vulnerable children and families served by the NGO. Specific topics addressed included 1) direct impact of the pandemic on vulnerable children and families, 2) the impact of the pandemic on the NGO's ability to operate and provide services, 3) the government response to the pandemic and gaps in services as related to vulnerable children and families, and 4) effective strategies and practices to fill these gaps. Items included 15 open-ended, 7 multiple choice, and 3 'check all that apply' questions.

2.3. Procedure

Ethical approval was obtained from the author's Institutional Review Board. Participants were recruited using a combination of

convenience and snowball sampling. Between April 8, 2020 and May 8, 2020, recruitment notices were posted on the website of a coalition connecting more than 200 NGOs serving vulnerable children and families, distributed by email through relevant professional networks, and emailed to potential participants using organizational and professional networks' distribution lists. The recruitment information was further disseminated via snowball sampling. All respondents provided informed consent before completing the survey. The survey was completed online and all participants were invited to answer both qualitative and quantitative questions. Completion rate was 84.0 %.

2.4. Data analysis

This study used a mixed, concurrent, equal status design, in which qualitative and quantitative data were analyzed distinctly and combined at the stage of interpretation (Creswell & Clark, 2007).

2.4.1. Qualitative analysis

The current study utilized Interpretive Phenomenological Analysis, which allows the researcher to both examine the respondent's experience and interpret the contextual aspects of the underlying meanings (Larkin, Watts, & Clifton, 2006). Using an iterative process, the data was manually coded by two researchers. Each of the 15 open-ended questions were analyzed independently. Themes were then clustered and a directory of phrases and operational definitions that supported the major themes was created. A description of the relationship between themes and the emergence of sub-themes was drafted and considered before the final write-up. Quotes, including sentence fragments, were included as supporting data.

2.4.2. Quantitative analysis

Quantitative data primarily consisted of frequencies and percentages. These analyses were used to support and supplement qualitative findings.

3. Results

The responses to the 15 open-ended questions clustered into four themes corresponding to the survey: 1) Impact on Vulnerable Children and Families, 2) Impact on NGOs Serving Vulnerable Children and Families, 3) Government Responses and Gaps in Services to Support Vulnerable Children and Families, and 4) Effective Strategies for Supporting Vulnerable Children and Families. Results are organized by these themes. Within each theme, two primary sub-themes are presented. Discussion of each sub-theme consists of 1) a description of the theme, 2) quantitative data that supports the sub-theme, if available, 3) representative quotes that highlight the sub-theme, and 4) and a brief summary of the data and contextual details needed for interpretation.

The below results had two important caveats that were relevant for interpreting the results. First, surveys were collected in the early stages of the pandemic during a period of time when most countries were beginning restrictive response measures, such as lock downs, to prevent disease transmission. At the time of the survey, respondents reported that only a small percentage of the families they served (4.6 %) or their organizational staff (5.7 %) had actually contracted COVID-19. Thus, nearly all impacts reported in the current study were the result of response measures imposed by national governments rather than the virus itself. Second, the current sample represented a diverse set of NGOs that provided a variety of services in multiple contexts across 43 countries. As such, themes presented here represented primary findings across NGOs, but did not fully represent the experiences of every NGO. Specifically, the majority of NGOs were serving countries in the Global South that were categorized 'Low Development' on the Human Development Index (Anand, & Senas, 1994).

3.1. Theme 1: impact on vulnerable children and families

One overarching theme encompassed the direct impact of the pandemic on vulnerable children and families. The general finding was that the new restrictions put in place to avoid virus spread exacerbated pre-existing health and social disparities, which led to increased vulnerability in the highest risk children and families. Although subthemes varied based on context and severity of the response measures implemented, those that occurred most frequently were 1) lack of access to material goods and loss of income and 2) increased exposure to violence.

3.1.1. Lack of access material goods and income

The most frequently reported impact on vulnerable children and families was lack of access to material goods and financial income. A third of participants (31.0 %) reported that vulnerable children and families were unable to access adequate food and/or medical supplies. In addition, 73.6 % of NGOs reported that families in their programs had lost income due the pandemic and response measures. Further compounding the situation, over half (55.2 %) respondents reported an increase in the cost of goods in their area, while others reported food was not available in their communities. The following quotes highlight lack of access to material goods and income:

- “We have a staff member whose husband lost his job when the quarantine began; she shared with us this week that she has been going to the market after her shift to dig through the trash to look for food to feed her own children.”
- “People are literally going extended periods with no food. People are being robbed of food that they might have.”

- “The limited income that families were receiving (if any) does not stretch as far as the currency inflates.”
- “So many families in our program are losing their daily income and wondering where their next meal will come from.”

Taken together, these findings suggested that response measures decreased access to income and basic necessities for this population.

3.1.2. Increased exposure to violence

Increased exposure to violence was a recurring theme. Concerns centered around increased risk of abuse inside the home (i.e. child abuse, domestic violence, etc.), as well as concerns about higher rates of community violence (i.e. police brutality, violent crime, etc.). Abuse inside the home was linked to social isolation. As children spent more time socially isolated, sometimes in the same home as perpetrators of their physical, emotional, or sexual abuse, there were likely to be more incidents of abuse. Additionally, there were reports of increased domestic abuse between adults. For some, increased exposure to violence occurred outside the home, at the hands of police, military, or others trying to enforce strict curfews and social distancing. For many families-at-risk, especially those who were day laborers or informal workers, this created a difficult decision. If they chose to obey the curfew and not work, they would have no income to feed their families. If they chose to break curfew or lockdown to work, they could be fined, jailed, or assaulted.

The following quotes highlight increased exposure to violence:

- “Violence is one of the main problems in the communities we serve. During these weeks of quarantine, being trapped with your aggressor is a terrible but common thing that is happening. One of the ladies that comes to the program had a physical abuse situation and the husband didn't want to leave the house. The police are not willing to go to that area because of the lack of protection equipment.”
- “Sad to see police beat people mercilessly and some have lost lives in the name of curfew.”

Considered collectively, findings suggested vulnerable children and families were more likely to be exposed to violence inside and outside the home as a result of response measures.

3.2. Theme 2: impact on NGOs serving vulnerable children and families

A second overall theme centered on the impact of the pandemic on NGOs serving vulnerable children and families. NGOs typically serve a vital role in supporting this population. The general findings from this theme were that the pandemic has led to an interruption in many vital services and that NGOs were unable to adapt services to fully meet the needs of all constituents. The primary sub-themes for this section were 1) limited ability to provide adequate services and 2) rapid rehoming.

3.2.1. Inability to provide adequate services

The most frequently reported concern among NGOs was that their ability to provide services to vulnerable children and families was impaired by the pandemic. Few (24.1 %) had an action plan in place to ensure continuity of services during a pandemic. Two major factors that appeared to contribute to this were 1) limitations to service delivery resulting from response measures and 2) changes in funding.

In terms of service delivery, many NGOs were deemed ‘non-essential’ and all (1.0 %) reported that they were unable to deliver typical services to the children and families they serve. Over half (60.9 %) stated that they were no longer allowed to provide services that required travel including transporting children, home visits, and wellness checks. When possible, supportive services such as home visits, case management, mentoring, and family monitoring were transitioned online, but there were concerns surrounding the efficacy of these activities in a virtual format. Moreover, for families that lacked access to technology, little to no supportive services could be provided at all. For children and families who were already at risk of maltreatment or separation, not having support services could be detrimental, particularly in light of new stresses and restrictions as a result of the pandemic.

In terms of funding, many NGOs reported changes in funding since the onset of the pandemic (61.0 %), but nearly all were concerned about funding as the pandemic continued. A few organizations (18.6 %), mainly those that provided medical care, saw a small (less than 10 %) increase in funding. However, 42.4 % reported a large decrease in funds (more than 20 %) since the onset of the pandemic. This sudden and significant drop in funding limited NGOs ability to rapidly adapt services to meet the immediate needs of families. They also predicted that this drop in funding would impair their long-term ability to support families.

The following quotes highlight inability to provide adequate services:

- “Children are being sent out of care without any case management or support/preparation.”
- “Almost all work of our organisation in the field is suspended...”
- “We have high concerns about funding. The team there has needs that are new and different from what we'd anticipated, and our funding future is uncertain with the world and US economy in such a state. We're a shoestring organization in the best circumstances - this could be catastrophic”

Data suggested that, due to COVID-19 and response measures, vulnerable children and families had access to fewer services, that those available were not adequate, and that decreases in NGO funding impacted ability to deliver services.

3.2.2. Children returned to biological families

One concerning trend seen among NGOs in response to the pandemic was children sent rapidly to biological families for the purpose of limiting the spread of COVID-19. Of the 37 NGOs providing residential care, 24 were required to send children to their family or village of origin within a few days. Only 11 of those residential care providers reported that the government had a plan in place to ensure the safe return of the children to the program following the pandemic. Similarly, 13 NGOs that provided family reintegration were ordered to immediately reunify. Respondents reported this phenomenon in a variety of contexts, but the general trend was the same.

Although a movement from institutional to family-based care remains a global priority (United Nations, 2019; Van Bavel et al., 2020), the general findings in the current data was that these placements were being made without appropriate assessment, preparation, and support to ensure child safety or family stability. All organizations stated that moving to a new placement was a process that should include a great deal of family preparation, strengthening, and monitoring. Further, NGOs highlighted that responsible transitions to a new placement required time and could not be accomplished responsibly in this manner..

Example quotes regarding rapidly returning children to biological family:

- “Mandating that children return to family immediately in order to prevent the spread of the virus.”
- “Street children are either being brought into institutional settings, or reintegrated into families, but with little to no support.”
- “Government insisting on returning children to the dangerous environments they were rescued from with no local or national government oversight or support.”

In conclusion, the data suggested that sending children to biological families without adequate preparation and support does not serve the best interest of children and families.

3.3. Theme 3: government responses and gaps in services to support vulnerable children and families

Another theme throughout the data focused on government response to the pandemic. National, regional, and local governments often possessed tremendous influence in the response to the pandemic, having the ability to create laws and policies around response measures and health strategies. This theme concentrated on action and lack of action from government entities in response to the global pandemic from the perspective of NGOs. This category had two primary subthemes: 1) government actions taken and 2) areas of need.

3.3.1. Government responses

Disseminating health-related information was the most common government action mentioned by study participants. The format and content of information varied, from messages around the virus itself, to hand-washing and hygiene instructions, to lockdowns and other response measures. Many survey respondents noted governments had mandated social distancing measures and lockdown to prevent spread of the virus. In some situations, lockdown simply meant not allowing groups to gather. In others, it limited transportation, business, education, and work. At the time of data collection, most lockdowns were in the initial few weeks of implementation. Responses suggested that governments were disseminating information about the virus and response measures.

Actions specifically geared towards vulnerable children and families were less robust. At the time of the survey, NGOs reported that over half (55.6 %) of the nations in which they served did not have a public action plan for caring for vulnerable children and families in light of the COVID-19 pandemic. Of the governments that had a plan in place, some were only partially acting on the plan (48.5 %) or were not acting on the plan at all (9.1 %). Some respondents noted government guidance related specifically to children outside parental care, while others mentioned desire for the government to develop guidance. In some nations, there has been specific guidance for residential care centers, including instructions to shelter in place, and the need for caregivers to stay on site full-time for the duration of the lockdown to minimize risk of exposure. Although this likely decreased risk of the virus, it increased risk for burnout or even child maltreatment.

Example quotes regarding government actions:

- “They've sent out health and safety guidelines, psychological recommendations, and activities.”
- “Policies on children in care, moratoriums on new residential care, social protection programs for families.”
- “Called on all residential care centers to shelter in place.”

Taken together, this information indicated government responses centered around sharing information and social distancing measures, but the availability of guidance specific to vulnerable children and families varied widely.

3.3.2. Gaps in government services

Many governments announced their intentions to offer material support for families at risk, but execution of these plans were mixed. In fact, only 16.9 % of NGOs reported that governments provided support to children or families. Type of commitments were varied, including food, financial support, and hygiene supplies. Many respondents reported actions to implement commitments had

not yet begun, were inadequate, or were only serving a fraction of those in need. In countries who had not committed to material support for their citizens, survey respondents desired those measures. Not surprisingly, the most commonly mentioned desire was financial support for low-income families. However, there was also a strong theme that NGOs desired permission to perform their typical functions and be considered “essential services”. They also expressed their desire to work with the government to achieve this.

Survey respondents also had the opportunity to report what they would like to see their government do differently in response to COVID-19.

- “Allow us to deliver food to impoverished children.”
- “Cash transfer for the families we work with, medical supplies such as masks, consistent flow of water, electricity, learning resources for children in poor communities, hand sanitizers, etc.”
- “income for day wage earners. if people in our program dont work, they don't eat. We are doing the best we can with little resources.”
- “Standards of care for group homes. Food assistance.”
- “Provide mobility pass for emergency movements as we work directly with children.”
- “PPE for community health workers.”
- “Food security urgently to vulnerable communities/ access for NGOs on the ground to deliver needed services to vulnerable communities.”
- “Deem social workers essential.”
- “Directly engage the children in their residence and provide learning materials because not all can access the media due to lack of electricity and internet.”
- “Government needs to partner with NGOs.”

Considered together, responses suggested that although NGOs had many requests of governments, they were also eager to support government efforts to serve vulnerable children and families.

3.4. Theme 4: effective strategies for supporting vulnerable children and families

A final overarching theme highlighted effective strategies for supporting vulnerable children and families. Although the impact of pandemic and associated response measures were devastating in many contexts, subjects were able to identify practices that were making a positive difference in caring for children and families at risk. The subthemes that occurred most frequently were 1) increased communication and 2) supportive practices.

3.4.1. Increased communication

Increasing communication allowed organizations to both share information and cultivate a sense of community amidst pervasive isolation. Subjects reported increasing the number of calls, text messages, social media posts, radio clips, and video chat as assets. This included increasing communication between 1) the program staff and beneficiaries (i.e. staff member to family), 2) staff members (i.e. supervisor to case manager), 3) beneficiaries (i.e. between families receiving services), 4) staff to key partners such as government social workers (i.e. program director to local government officials), and 5) staff to donors (i.e. grant manager to donors). Where possible, in-person meetings satisfying social distancing requirements were cited as helpful, but the majority of communication was conducted virtually.

Example quotes regarding increased communication:

- “We have seen parents in the process of family reconciliation reaching out by phone to connect with their children in our care as physical visits have been postponed.”
- “Ministry has increased as we work to broadcast our prevention guides on local radio as well as offering parenting support clips on radio.”
- “We keep calling the families to remind them of the required practices and how we can support each of them.”
- “Some of my program staff identified that the girls are at greater risk of becoming pregnant during this time, so they are meeting with them specifically in small (socially distanced) groups.”

Taken together, this information suggested that innovative, varied, and consistent communication was an effective strategy for adapting and improving services for vulnerable populations during the pandemic.

3.4.2. Supportive practices

Another theme was increasing practices geared towards helping people feel connected, competent, and supported. This included supporting increased training, supporting self-care, and creating predictable routines. Virtual training was named as useful by many. In particular, subjects mentioned webinars, seminars, and interventions that helped them to better serve families during the pandemic. Not only was knowledge transfer appreciated, but training was considered a valuable way to pass the time, especially in situations where staff were unable to do their typical duties. Several subjects reported retooling staff or family training into a virtual format, even offering parenting training, workshops, or continuing education in virtual formats. Some subjects reported using technology to create small video or audio lessons for children, both to teach and entertain. There seemed to be a particular

appreciation for webinars and resources that were highly practical and actionable.

Multiple types of self-care were mentioned as important, both for program staff and families at risk. Routines, including adhering to previously developed routines and creating new ones, were helpful to some subjects. Without the anchors of school, community events, work, and other typical routines that were not available, creating a pattern of expected activity was helpful for children, families, and staff. Play and games were seen as important for both families who were isolated, as well as for children confined to a residential care setting. Specific spiritual practices like mediation, prayer, worship services, and reading scripture were mentioned frequently.

- “Caregivers are more keen on attending online sessions supporting them psychologically and giving them tips on how to cope with the crisis and support the children effectively.”
- “We are doing remote work and the families of our Strengthening Families program are responding very well. One of the activities is called “floreciendo” and it’s for little kids from 2 to 5 years old. During this quarantine we are sending videos on WhatsApp to them and it’s been beautiful to see the family together doing the activities, playing together in spite of the really difficult times they are facing.”
- “Our team prays for 15 min each morning– really grounding and centering...”
- “Developing clear routines for our caregivers and families during the quarantine that will be helpful during future school breaks, etc.”
- “Kids have good time together during lock down and many are learning cooking, new art, and have quality time with kids.

Considered collectively, the data indicated NGOs found supportive practices, including virtual training and self care, to be an effective strategy for supporting vulnerable populations through the pandemic and response measures.

4. Discussion

Building on the data, and in alignment with current literature, the following recommendations were developed by the research team. Although the findings of this research related specifically to the COVID-19 pandemic, some recommendations are relevant to broader contexts and situations.

4.1. Suggestions for NGOS

NGOs and other serviced-based organizations have a vital role to play in supporting vulnerable children and families in situations of distress (Schwartz & Yen, 2017). However, those situations may also impact the NGOs themselves, requiring a nimble and proactive response.

- 1 **Revise Strategy.** Data from this study suggested many NGOs are no longer able to provide services to vulnerable children and families as they once did. NGOs will need to revise their strategies for service delivery. The activities, timeline, resources, and constraints may shift as a result of the pandemic and associated restrictive measures. Viewing this as an opportunity for innovation, rather than a hindrance, can help an NGO identify effective solutions.
- 2 **Adapt Approaches.** Adapting strategies to fit new constraints is another important step to maintaining effectiveness. Most participants in this study indicated they were no longer able to visit beneficiaries in person. However, using remote methods to monitor and support vulnerable families virtually has been found by many to be useful, including participants in the present study (Wong, Ming, Maslow, & Gifford, 2020). Further, transforming training or support groups into a digital format has allowed programs to continue to provide services (Wong et al., 2020). Adhering to standards, while adjusting expectations, is critical when experiencing unexpected constraints.
- 3 **Facilitate Connection.** Given the challenges and constraints facing vulnerable children and families, service providers can provide a key supporting role by facilitating connection. Although study participants indicated they could not communicate in person, they may have access to other forms of contact. Some of the most effective support may be emotional or social in nature (Van Bavel et al., 2020). Conveying hope, creating avenues for connection, and normalizing struggles can be key to limiting the negative consequences of the pandemic and restrictive measures (Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020; Li, 2020; Usher, Bhullar, & Jackson, 2020). Helping families to understand potential positive consequences of the situation, such as greater resilience and family bonding, can be encouraging (Prime, Wade, & Browne, 2020).
- 4 **Empower Communities.** Communities are the mechanism that can care for children and families long-term (West et al., 2020). As NGOs are limited in what services they can provide, strengthening community resources and networks to enhance response to the pandemic and associated restrictions encourages a framework that can safeguard children and support families now and in the future. Particularly in cases where NGOs typically serve a large geographical area, social distancing mandates may require them to expand their network of partners to continue to meet the needs of beneficiaries. For example, partnering with local faith communities or schools may allow dissemination of information or goods that would not otherwise be possible. Choosing to engage, learn from, and trust community stakeholders can expand the network of care for children and families at risk.

NGOs and other community service providers are well-positioned to support vulnerable children and families through this challenging time. Although some adjustments may be necessary, NGOs can provide vulnerable children and families with the

materials, social services, and human resources necessary in overcoming adversity (Schwartz & Yen, 2017). Further, NGOs can serve as a liaison between government entities and vulnerable populations (Portney & Cuttler, 2010).

4.2. Suggestions for governments

Governments also have a vital role to play in supporting vulnerable children and families in situations of distress. Amidst the many demands on their resources during this time, the following will support vulnerable children and families in their jurisdictions.

- 1 **Develop an Action Plan for Children in Adversity.** Preparedness begins with a public action plan for vulnerable children and families, developed with the input of stakeholders from multiple sectors. Including representatives from health, economic, child protection, education, and private sectors during development will lead to a plan that represents the perspectives of multiple sectors. As part of the action plan, ensure the social workforce, as well as child protection and care service providers, are considered essential workers (Guerrero, Avgar, Phillips, & Sterling, 2020). Clarify measures for children in residential care or living on the street (Goldman, 2020). Also ensure that the plan is fully implemented. Many participants reported their governments had action plans, but had not followed through on commitments.
- 2 **Mitigate Restrictive Measures.** As this study was completed early in the pandemic, most regions represented had not yet experienced significant incidence of the virus. Thus, much of the impact reported was related to associated restrictive measures. The research team suggests governments mitigate restrictive measures to ensure vulnerable children and families are being adequately supported. Some practical guidelines for considerations when determining response measures:
 - Limit strict lockdown to places in which it is most necessary, and only for limited periods of time. Lockdown can have significant psychological and economic challenges, and should not be prolonged unnecessarily (Bausch, 2020). It is reasonable that different regions of a nation would have different response measures in place.
 - Consider how the government will replace lost income for the most vulnerable families. Families may be at greater risk of separation as a result of the pandemic, and may need more financial and material support to remain intact (Goldman, 2020). The stricter the restrictive measures, the more a government will need to intervene to help its citizens survive (Brewer & Gardiner, 2020).
 - Be aware of risks to family stability during this time, including no school or childcare, and little access to needed services. Allowing families the opportunity and authority to problem-solve in the face of adversity is one way governments can support innovative solutions. Treat children, youth, and family members as active participants in the process of support rather than passive recipients (Bijleveld, Bunders-Aelen, & Dedding, 2019).
 - Develop a plan for education for children in areas where traditional school is not possible due to social distancing measures. Keep in mind that children may not have access to the internet, or even to electricity. Data from this study indicated that some families lacked access to virtual means of communication. This finding was persistent across regions and even Human Development Index Group Classification. Encourage schools to learn what options are available, considering text, radio, Whatsapp, local community groups, or paper resources. It may be necessary to subsidize solar radios or motion-powered radios, books, or simple phones to continue a child's education.

All response measures should be weighed against the mental, physical, social, and economic needs of the population (Bausch, 2020). Further, the rigor of response measures should be reflective of the severity of the outbreak.

- 3 **Coordinate with Key Stakeholders.** Data from this study suggests there has been a significant lack of coordination between governments and NGOs, leading to a sharp decrease in the accessibility of necessary services. Ideally, families can be identified for additional support by any stakeholder at the earliest sign of crisis. Members of the network can be mobilized and collaborate to assist the family in sourcing the help they need from the appropriate agencies. Schools, faith communities, and other social networks can become hubs for disseminating information and supplies. Social service NGOs can provide assessment, monitoring, and connection to community services. Working together, stakeholders can provide a full spectrum of services for children and families at risk.
- 4 **End Rapid Return of Children to Biological Families.** Participants in this study reported government-mandated rapid return of children to biological families. Although it may seem to support families, rapid return is not recommended (Goldman et al., 2020). Changes in child placement requires significant preparation and monitoring, and placement decisions should be based on readiness to transition, as opposed to reaction to crisis (Schrader-McMillan & Herrera, 2016). Once a child and family have been appropriately prepared, and the child has been returned to family care, families will require support and monitoring to ensure the safety and suitability of the placement (Trout, Lambert, Thompson, Hurley, & Tyler, 2019).

4.3. Limitations and implications for future research

The current study has several major limitations that can serve as catalysts for future work. As the COVID-19 continues to unfold, further research is needed to better understand the impact on vulnerable children and families as well as how service providers can better support this at risk population. The data was collected early in the COVID-19 pandemic and therefore only explores the short-term effects of the early pandemic and response measures. As the pandemic progresses it is likely that responses to some questions would differ. For example, 31 % of survey respondents reported the children and families they served lacked access to food, but that

number is likely to increase as lockdown measures persist. Follow-up data collection is essential to capture the impact of rapid policy changes, response measures, and economic recovery resulting from the pandemic. Moreover, as organizations continue to adapt and learn more about the efficacy and application of various interventions, they will be better able to provide insight into effective practices. Future work should also directly survey impacted children and families if possible. This will enable more targeted recommendations for practice.

The current sample provided an adequate initial snapshot of how the pandemic was impacting vulnerable children and families and the programs that serve them, but it is limited in several ways. The sample size is small and diverse in both types of services provided and location, but largely represents organizations serving nations in the Global South that are classified as 'Low Development' on the Human Development Index. The current findings and the associated recommendations should be viewed with this in mind. Larger service-specific (i.e. family preservation, etc.) and regionally-based samples would provide better insight on how certain areas and contexts were impacted. Moreover, many participants were associated with an alliance for faith-based NGOs. As such, organizations represented in the current sample were more likely to be faith-based. Future work should focus on recruiting a more balanced and representative group on NGOs.

Further work should also measure the efficacy of interventions and policy measures being implemented. Measuring outcomes based on specific interventions from service providers could be valuable in identifying effective practices that could be implemented in other child and family serving agencies. Further, examining the costs and benefits of various policies on this population will allow governments and NGOs to more efficiently target resources. Understanding how to better support this population in times of distress will be important not only for this current situation, but also in preparation for any future global crises.

4.4. Concluding thoughts

A global pandemic and associated restrictive measures were associated with increased risk factors in the lives of vulnerable children and families. In addition to obvious challenges, such as decreased income or fewer schooling and child care options, many did not have access to vital services typically provided by NGOs and other community service providers. The NGOs themselves experienced government restrictions, decreased financial support, and inability to adequately provide services, especially to the most vulnerable who lacked access to technology. Although some governments created action plans, implementation was challenging for most. However, increased communication and supportive activities appeared to have a positive impact on both NGO staff and the families they serve. As the pandemic continues to unfold and the needs of vulnerable families evolve in response, researchers should focus on strategic data collection and analysis geared towards refining recommendations for service providers.

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