Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations

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ABSTRACT

Background: As a result of the COVID-19 pandemic, some governments have mandated that residential care providers rapidly return children and youth to family.
Objective: The goal of the present study was to better understand the scope and characteristics of rapid return, and to provide data-informed recommendations for service providers working with this population.
Participants and setting: Representatives from 67 non-government organizations (NGOs) providing residential care that were government-mandated to rapidly return children and youth to family completed a brief online survey. They collectively serve 12,494 children in 14 nations.
Methods: Using a mixed methods design, results examined 1) characteristics of the rapid return mandate, 2) preparation received by children and families, 3) support services provided since the return, and 4) primary concerns for children and families.
Results: Data revealed that rapid return was characterized by compressed timelines that did not allow for adequate child and family assessment and preparation. However, all respondents indicated they believed at least some families would be able to remain intact safely with appropriate support. Primary concerns for children and families related to unresolved antecedents to separation, lack of economic capacity, limited monitoring, and lack of access to education.
Conclusions: Based on the findings, 9 recommendations were made for service providers working with children and families that have been rapidly reunified as a result of the COVID-19 pandemic.

1. Introduction

The coronavirus disease 2019 (COVID-19) pandemic has arguably become one of the largest global health, economic, and humanitarian threats in recent history (Thompson & Rasmussen, 2020). While health issues resulting from the virus are a major concern, the pandemic has had other profound and far-reaching effects related to restrictive measures intended to reduce the spread of the virus. Restrictive measures have included lockdowns, limits on group meetings, and other social distancing mandates which have significantly affected daily life (Grills, Larson, & O'Neill, 2020; Nay, 2020). Effective social distancing has proven challenging in areas with high population density, such as group care settings (Wang et al., 2020). Some governments have accordingly chosen to return children living in residential care centers (i.e. orphanages, children's homes, shelters) to their biological families or extended kin (Lancet

Institutional Care Reform Commission Group, 2020). Our research seeks to 1) delineate the process and impact of rapidly returning children and youth to their biological families and 2) provide data-informed recommendations for public and private service providers working in nations in which children and youth outside of parental care have been rapidly returned to families because of COVID-19.

1.1. Rapid return of children to family

Research suggests that children and youth develop best in the context of safe and healthy family relationships (Dozier et al., 2014; Van IJzendoorn et al., 2020). Further, policy makers and academics alike have called for the progressive deinstitutionalization of residential care settings (United Nations, 1989; United Nations, 2019; Van IJzendoorn et al., 2020). However, transitioning children out of institutions and into households is a complex process with significant risk of harm if not performed carefully. All deinstitutionalization efforts should be supported by practice standards, adequate resources, support and monitoring, and sufficient time to ensure the safety and wellbeing of each child involved (Goldman et al., 2020).

When safe and supported, reintegrating a child with his or her biological parents is a preferred placement solution for children who have been separated from parental care (Van IJzendoorn, Bakermans-Kranenburg, Duschinsky, & Skinner, 2019). When that is not possible or in the best interests of the child, safe and nurturing alternatives such as kinship care, foster care, kafalah, or adoption should be made available (United Nations, 2019). Through thorough assessment, support professionals can identify the strengths, needs, and desires of the child and family. A period of capacity building can serve to alleviate or mitigate the challenges that precipitated the need for separation (Schrader-McMillan & Herrera, 2016). Depending on the length of separation, severity of the antecedent to separation, and many other factors, a properly executed reintegration can require months or years to complete (Martín, González-Navasa, & Betancort, 2020). Children and parents need the opportunity to communicate, bond, and develop their relationship prior to reintegration. If the reintegration process is not properly implemented, there can be significant consequences, including re-entry into alternative care, including residential care (Font, Sattler, & Gershoff, 2018).

Superficially, the mandates enacted by governments requiring the rapid placement of children out of institutions and into households may seem to align with the global movement toward deinstitutionalization. However, there are significant concerns that rapidly returning children and youth to their biological families may not be in their best interests (Lancet Institutional Care Reform Commission Group, 2020). Published research on the practice of rapidly returning children and youth to biological family as a result of COVID-19 is sparse (Lancet Institutional Care Reform Commission Group, 2020; Wilke, Howard et al., 2020), but the limited data available on this phenomenon suggests that these rapid placements were made without appropriate assessment, preparation, support, and monitoring to ensure child safety or family stability. Children, many of whom have experienced significant adversity and require support, are being returned when families are experiencing extreme vulnerability due to unemployment and loss of income (Wilke, Howard et al., 2020). Condensed timelines do not facilitate the appropriate conditions to prepare children and families adequately prior to return. Most children lack the typical support of school, which can also serve as an avenue for child protection (Roje Đapić, Buljan Flander, & Prijatelj, 2020). Lockdown measures may mean that caseworkers are unable to make in-person visits to monitor the wellbeing of the child (Wilke, Howard et al., 2020). In short, it appears children and youth are being rapidly returned to households without many of the typical supports that would increase the likelihood of a safe and long-term reintegration.

Public and private service providers alike are struggling to comply with rapid return mandates while adapting their programs to meet the evolving needs of reintegrated families during the height of a global pandemic (Wilke, Howard et al., 2020). As such, service providers are in a unique position to provide insight into the process and impact of rapidly placing children out of institutions and into households. This perspective can inform the development of practices to serve children and youth rapidly returned to households.

1.2. The present study

The goal of the study was to provide data-informed guidance and recommendations for public and private service providers working in nations in which children outside of parental care, especially those in residential care, have been rapidly returned to households due to COVID-19. To better understand the impact of the pandemic, the current study surveyed representatives from non-governmental organizations (NGOs) providing residential care that were mandated by the government to rapidly return children previously in their care. Specifically, respondents reported on 1) the rapid return mandate, 2) preparation received by children and families, 3) support services provided since the return, and 4) primary concerns for children and families. This knowledge will allow for a better understanding of the situation of the rapid return of children due to COVID-19, its impact on children and families, and how service providers can best support them following this transition.

2. Methods

2.1. Participants

Representatives from 67 NGOs serving vulnerable children and families completed a brief survey. NGOs reported directly serving 75,483 children in 14 countries during the 2019 fiscal year. They provided an assortment of direct services to support vulnerable children and families (See Table 1). The number of children directly served by an NGO ranged from 23 to 22,000 ($M = 1,126.61$; $SD = 3,968.80$). Although not all children served were in residential care, all NGOs had residential care programs. Information on countries being served by NGOs can be found in Table 2. The most commonly reported countries served were Kenya (n = 28), India (n = 12), and Uganda (n = 9). Country Human Development Index (Anand & Sen, 1994) scores ranged from .767 to .423 ($M = .585$, $SD = .109$), with

the majority of counties (n = 9) being classified as Low Development. NGOs reported that they had been operating within the countries between 1–78 years ($M = 17.00$; $SD = 16.05$).

2.2. Measures

2.2.1. Demographic survey

A brief survey on demographic information for each participating NGO was included. Items included services provided (i.e. family preservation, foster care, residential care, etc.), years of operation, country of service, length of time operating in that country, and number of children and families served in 2019.

2.2.2. Rapid return survey

A 20-item survey was developed to address the prevalence and conditions of government-mandated rapid return of children to family. Topics addressed included 1) the number of children in their care who were rapidly returned, 2) who mandated the rapid return, 3) preparation received by children and families, 4) support services provided since the return, and 5) primary concerns for children and families. Items included open-ended, multiple choice, and 'check all that apply' questions.

2.3. Procedure

Ethical approval was obtained from the authors' Institutional Review Board. Data was collected as part of an application for a challenge fund available to NGOs who had residential care programs (i.e. children's home, group care, etc.) that were governmentally mandated to rapidly return children to biological caregivers or kin as a result of the COVID-19 pandemic. The challenge fund offered financial support to programs to improve services and increase placement stability for children and families that were affected. Between June 22, 2020 and July 17, 2020, notices were posted on the website and shared via a listserv of a global coalition connecting more than 200 NGOs serving vulnerable children and families. The study information was further disseminated via snowball sampling. The survey was completed online, and all participants were invited to answer both qualitative and quantitative questions.

Only data from the applications are reported here. Organizations were informed at the beginning of the application that participation in the research component was voluntary and would not impact the application process or likelihood of receiving funds. Of the 77 applicants, 2 elected to not participate in the research, 4 organizations were not providing residential care services, and 4 organizations were reintegrating children as a result of a previous government mandate for deinstitutionalization, but were not required to return children rapidly as a result of the pandemic. As such, 67 NGOs were included in the current study.

2.4. Data analysis

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

2.4.1. Qualitative analysis

Open-ended items were analyzed using Interpretive Phenomenological Analysis, allowing integration of the participant's experience and interpretation of context (Larkin, Watts, & Clifton, 2006). Two researchers coded data using an iterative process, with each open-ended question analyzed separately. A directory of phrases and operational definitions was developed related to major themes. 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

Survey responses clustered into 4 themes corresponding to the survey: 1) mandated rapid return, 2) child and family preparation prior to the rapid return, 3) support for children and families after the rapid return, and 4) respondent concerns resulting from rapidly returned children and families. Results are organized by these themes.

3.1. Mandated rapid return

All NGOs represented in this sample were mandated by the government to rapidly return children to family care. Of those, 50 mandates originated from national governments and 17 were from local or regional governments. The earliest mandate went into effect on March 1, 2020, with the most recent mandate in the sample taking effect on July 3, 2020. Collectively, participating NGOs were required to rapidly return 12,494 children to households, with the individual organizations returning between from 15 to 3000 ($M = 186.48$; $SD = 390.21$).

3.2. Child and family preparation prior to reunification

On average, NGOs had 13.51 days ($SD = 9.87$) to prepare children and families for rapid return, with the shortest amount of time being 1 day and the longest being 3 months. Of the 67 NGOs included, 35 indicated they were able to prepare children for rapid return, while 27 were not able to prepare children, and 5 reported they were only partially able to prepare children. Twenty-nine organizations were able to prepare families for rapid return, while 34 were not able to prepare families, and 4 indicated they were only partially able to prepare families. Of those who were able to prepare children and families, the most common types of preparation were psychosocial support, case management, economic provision or training, testing and treating health conditions (including COVID-19), provision of basic needs such as food and bedding, and an in-person visit to connect the child to the caregiver prior to rapid return. All organizations reported that preparations for both children and families were inadequate for a stable transition. An independent sample *t*-test was conducted to compare the number of days organizations were given to prepare children and families for rapid return by timing of the mandate (March/April mandate vs. May/June/July mandate). Data revealed that the number of days given to prepare children and families did not significantly differ by timing of the mandate (i.e. issued in March/April vs. May/June/July), p = ns.

3.3. Support for children and families after rapid return

When asked about the ability of children to remain in their families, 100 % of respondents reported they believed that at least some children would be able to remain safely with their families long-term if the families were given adequate support services. Two sub-themes emerged regarding support for children and families after rapid return: 1) support that originated from the government, and 2) support that originated from the participant NGO.

3.3.1. Government support

A major theme throughout the data focused on government support for the families. Both national and local governments possessed the ability to support rapidly returned children and their families. Fifty-eight NGOs indicated that the national, regional, or local government in their region of service had provided support for families of rapidly returned children. The most common types of support noted were hygiene supplies ($n = 14$), food support ($n = 14$), psychoeducation ($n = 12$; including abuse prevention and parenting skills training), health care ($n = 12$; testing, preventing, and responding to health conditions including COVID-19), case management ($n = 11$), educational services ($n = 10$), and economic assistance ($n = 7$). Nine NGOs reported their government had provided no support. In some cases, governments had promised support but not yet delivered: "The government has made commitments to provide food and masks, but none of our families have received anything."

3.3.2. NGO support

Another theme explored support being provided by the NGOs following the return of children to their biological families. Of the 12,494 children returned to their biological families, NGOs reported currently having contact with 9092 children. On average, NGOs had contact with 86.7 % ($SD = 25.1$ %; range 8.6 %–100 %) of the children that were returned. Forty-three organizations reported having contact with all the returned children, while 10 NGOs reported having contact with less than half of the children. All NGOs reported they were engaged in supporting children and families after rapid return. The most frequently mentioned type of support was monitoring, with 28 NGOs indicating they were performing home visits, and 16 using remote monitoring. Further, 5 NGOs that did not report using home visits or remote monitoring indicated they were engaged in case management, which would require some level of monitoring. Other types of support services included basic needs with a particular emphasis on food security, financial provision, hygiene supplies, psychoeducation and parenting training, and spiritual help. Most NGOs were engaged in multiple types of support services to support children and families after rapid return. However, NGOs also reported that returned children and their families had access to fewer services than needed for successful reintegration, that services available were not adequate, and that the pandemic and nature of the rapid return process impacted the NGOs ability to deliver services.

3.4. Concerns for reunified children and families

The most frequently emerging theme addressed concerns regarding child safety or long-term family stability following rapid return. Despite services provided by both governments and NGOs, all respondents expressed major concerns about the process and impact of rapidly returning children and youth to their biological families. Several respondents highlighted that moving to a new placement should be a strategic process that includes significant preparation for the children and caregivers, family strengthening, and long-term monitoring. Four sub-themes emerged regarding concerns for children and families after rapid return: 1) unresolved antecedents to placement, 2) lack of pre-placement preparation, 3) poverty and unemployment, and 4) education for children and caregivers. Discussion of each sub-theme consists of 1) a description of the theme, 2) representative quotes that highlight the sub-theme, and 3) a brief summary of the data and contextual details needed for interpretation.

3.4.1. Unresolved antecedents to placement

Participants in the present study frequently noted concerns that antecedents to the original placement into residential care were not resolved prior to rapid return. For example, if a child was originally placed in residential care due to neglect, it was unlikely that the underlying reason for placement (i.e. neglect) was adequately addressed prior to the child being returned to parental care. Respondents specifically mentioned complex antecedents to placement such as parental mental or physical illness, poverty, abuse, exploitation, and

neglect. In a typical family reintegration, antecedents to placement would be assessed and addressed prior to change of placement. Given the truncated timeline of rapid return, there was not time to systematically evaluate, treat, mitigate, or resolve the challenges that initially led to separation. NGOs were concerned this could lead to further harm to the child or youth.

Example quotes regarding increased antecedents to placement being unresolved include:

● "The situation within families that led to rescue was not adequately addressed before reintegration."
● "Whatever family members they actually have, have many problems (alcohol, extreme poverty, single parents struggling, sicknesses…). Thus the families are often dysfunctional."
● "We are also concerned about sexual abuse and gender-based violence. The incidence of this has skyrocketed in the country lately due to the lockdown occasioned by the COVID19 pandemic."
● "Children may also experience further abuse from their families or their immediate environment."

Taken together, this information suggested that one risk for children rapidly returned was continued exposure to the challenges that led to initial separation from parental care.

3.4.2. Lack of pre-placement preparation

Participants noted concerns about the relationships between children and caregivers involved in the rapid return process. NGOs frequently expressed that the existing relationships or connections between the children and the caregivers they were returned to were fragile and sometimes nonexistent. Some children who were rapidly returned had been separated from their biological parents for years with limited contact. Where return to biological parents was not an option, children were sent to extended relatives with whom they had little or no prior relationship. In a planned reintegration process, the child and potential caregiver would have a series of visits across time with progressively less supervision and more time together. NGOs expressed concern that this would complicate the child-caregiver relationship and decrease the likelihood of long-term placement success.

Example quotes regarding lack of pre-placement preparation include:

● "The reintegration was done hastily by the government because of the Supreme Court order. Little time was devoted to planning, preparing the child and the family before the reintegration. This, along with poor follow up/tracking mechanisms within the government system increases the risk of these reintegration failing and the child again landing up into the institution in a situation worse-off than before."
● "We have children who were rushed into families because we didn't have time to prepare them for entry."
● "Children were not well prepared before reintegration thus all the gains made during rescue could be lost."

This information suggests that time constraints lead to lack of adequate preparation prior to rapid return. This, in turn, increases the risk of placement instability.

3.4.3. Poverty and unemployment

Another theme that emerges was concern that families would have difficulty financially supporting the children returned to their care due to poverty and/or unemployment. Many families were living in poverty and struggling prior to the pandemic. Restrictive measures, such as lockdowns, led to job loss or decreased income for many families. The combination of pre-existing poverty and high unemployment rates led many NGOs to be concerned that it would not be financially sustainable for families to care for their returned children long-term.

Example quotes regarding poverty and unemployment as concerns for rapidly returned children and families include:

● "Families are impoverished and the job loss is overwhelming. According to the government Bureau of Statistics, the country's labor force participation fell by 1.5 %–68.7 % with 30 % of people being unable to pay house rent."
● "Many parents have lost their jobs during the pandemic and do not have the necessary resources to provide quality meals for their children once the Children's Home doesn't provide food supplies."
● "Due to the high spreading potential of the disease, most country leaders are passing 'stay at home' law [sic], and this is believed to significantly affect the household income of several families. In communities where we serve, most families are dependent on their daily income. When companies are closed or when their street side businesses are no more there, families will certainly struggle for their survival."

Considered collectively, this information suggests that current COVID-19 mitigation measures are leading to less income for many families, decreasing their ability to care effectively for children who have been rapidly returned.

3.4.4. Access to education

Two areas of concern that intersected were lack of access to educational resources and how this was amplified by lack of access to technology. Many residential care centers that were surveyed not only serve as schools for the children and youth in their care, but often provide education and training for parents and caregivers. In the current sample, 21 NGOs provided education for the children and youth in their care, while 20 organizations provided education and training for caregivers. Due to social distancing mandates, service providers were not able to provide formal schooling for the children or training for the caregivers in a face-to-face format.

Educational concerns were further exacerbated by lack of access to technology. Due to the pandemic, many schools moved online. Moreover, many organizations transitioned their supportive services online, including case management, family monitoring, and caregiver training. Families who lacked access to electricity, the internet, or electronic devices could not access formal education for their children or other resources provided by organizations to support placement stability. As many children and youth were moved to remote regions with few face-to-face educational options and limited access to technology, there was also concern about their ability to continue their education long-term. Several service providers suggested a program priority should be to ensure every family possesses either a smartphone or computer for this purpose.

Example quotes regarding education for children and caregivers as a concern for rapidly returned children and families include:

● "After COVID-19 there will be a lack of access to good education as some families stay far from good schools."
● "Children mostly loose {sic} out on their education after restorations and get pushed to child labor or even child marriages."
● "Many guardians cannot afford phones or computers to participate with online training."

Considered together, this information suggests lack of access to education is a risk for children and families rapidly returned.

4. Discussion

Building on the data from the current study and other available literature, the research team developed the following recommendations. Please note that, though these recommendations are specific to the rapid return of children and youth as a result of the COVID-19 pandemic, some recommendations may have broader implications to reintegration and deinstitutionalization.

4.1. Recommendations for NGOs

When the rapid return of children and youth to families is mandated by the government, NGOs are required to comply. Although the situation of rapid return is not ideal, there are actions programs can take to protect children, prepare families, and increase the likelihood of placement safety and stability.

4.1.1. Develop a support strategy

Programs transitioning their services will need to adapt their strategy (Wilke, Howard et al., 2020). NGOs who have previously served children through residential care may be unprepared to support them in family settings. Further, they may have little experience working with families. However, residential care programs often have skilled staff, community relationships, and funding that make them well-positioned to transition their services to family support (Wilke, Pop, Oswald, Morgan, & Howard, 2020). Rather than trying to learn from practice alone, programs should access transition support materials, such as from the Faith to Action Initiative (2016). Further, connecting with local, national, or global networks of service providers, such as the Christian Alliance for Orphans, Better Care Network, or World Without Orphans, can offer opportunities for learning from other programs that have made similar transitions or provide similar services. These actions can offer examples of good practice and minimize preventable mistakes.

As child and family needs in the era of a global pandemic are significant and varied, each NGO should determine which activities and services it is best suited to provide. Having a predetermined plan can assist programs in avoiding mission drift (Klein, Schneider, & Spieth, 2020). Considering mandated changes in the nature of services provided, all residential programs that have been mandated to rapidly return children to family should revise their strategy. As no program can offer all services necessary for supporting newly reintegrated children and families, working in partnership with other service providers is critical. Mapping public and private service providers in the local community can offer an indication of 1) what services are provided, 2) what services are not available, and 3) possible partnerships (Trocmé, Akesson, & Jud, 2016).

4.1.2. Invite child and family participation

All children and families should have the opportunity to freely communicate their desires during and after the placement process (Mateos Inchaurrondo, Fuentes-Peláez, Pastor Vicente, & Mundet Bolós, 2018). Children should be engaged at a developmentally appropriate level. Save the Children has compiled a resource center on child participation, with many materials specific to COVID-19 (Save the Children, 2020). When children are involved in the process of defining needs, services are shown to be more effective (Heimer, Näsman, & Palme, 2018). Children and families should be given access to all necessary information to make informed decisions about planning, implementation, and evaluation of services in which they participate (Coalition on Children Without Parental Care, 2019). If a child or family is not supportive of a reintegration situation, it is unlikely that placement will succeed long-term (Mateos Inchaurrondo et al., 2018).

4.1.3. Mitigate antecedents to separation

Antecedents to placement in alternative care can vary widely, from child maltreatment (Morantz, Cole, Ayaya, Ayuku, & Braitstein, 2013) to poverty (Van Breda, 2015) to parental death (Kaur, Vinnakota, Panigrahi, & Manasa, 2018). When returning a child to family, it is vital to ensure antecedents are accessed. Given that all participants in this study indicated families were not adequately prepared for return, it is unlikely that antecedents were adequately addressed. Further, providing support to remove or mitigate antecedents to separation is critical to ensuring the wellbeing of the child and preventing future separation. The large majority of families will need support services to remain successfully intact and addressing antecedents to separation should be part of services provided. Further,

frequent monitoring is necessary to ensure families are not experiencing previous circumstances or behaviors that led to previous separation (Lancet Institutional Care Reform Commission Group, 2020).

4.1.4. Children remaining in residential care

Those NGOs that have children remaining in residential care should strictly follow public health guidance on COVID-19, as individuals in these settings are particularly vulnerable. This typically will include measures to prevent the transmission and spread of the disease including social isolation. A human resources plan focused on essential staff should be prepared and followed, and visits by volunteers and others prohibited (Goldman et al., 2020). Staff should work together with public health authorities to plan for when children and/or staff become infected.

4.1.5. Encourage communication

Communication may be one of the most important components of placement stability. Particularly during times of mandated social distancing, families may face additional stress from isolation (Abel & McQueen, 2020). NGOs can be part of providing human interaction, which can decrease some of the negative consequences of social isolation. If possible, in-person home visits are ideal, as they allow the greatest transparency. If restrictive measures do not allow in-person visits, then video chats or phone calls can be valuable (Wilke, Howard et al., 2020). Developing trust with the caregivers is important to maintaining the relationship with the child and family. If the family does not have access to technology, supplying a phone and data specifically for contact may be a worthwhile investment.

4.1.6. Provide case management

Working with children and families to identify their needs and goals can further support the likelihood of the child being well-cared for in the family. According to Zlotnick, Tam, & Zerger (2012), case management is a process of designing and coordinating services to support children and families to identify and address their needs. It can be used to address antecedents to separation or strengthen the family by connecting them with necessary services that may or may not originate from an NGOs program (Andrews, 2017; Arega, Bradford, Long, Philbrick, & Roby, 2017). Developing a case plan with the child and family can ensure appropriate expectations are established and communicated. As part of case management, programs should also monitor child and family wellbeing, offering support as challenges arise. Comprehensive case management following rapid return is especially important for children and youth with disabilities, whose caregivers may not have the knowledge or resources needed to support them adequately.

4.1.7. Plan for economic resilience

NGOs will want to think of both intended and unintended consequences of any services provided to ensure economic resilience. COVID-19 and associated restrictive measures have had significant economic impacts (Ashraf, 2020). It is likely that many vulnerable families that have previously experienced separation may require economic or material assistance (Wilke, Howard et al., 2020). Without adequate funding for basic needs, it will not be possible for families to care for children who have been rapidly returned. NGOs may be in a position to support those needs for a period of time, but few will have the budget to meet all the material needs around them. Therefore, it is important to consider sustainable economic and material solutions, such as vocational training, small agricultural projects, or microfinance (Lachman et al., in press; Matjasko, D'Inverno, Marshall, & Kearns, 2020). These types of projects can maximize the economic security of a family during the pandemic and beyond.

4.1.8. Facilitate alternative care when necessary

Not all rapid returns will lead children to be in safe families, and it may be necessary to find alternative placements for some children. If it becomes clear that a placement is unsafe for a child or unsustainable for the family, NGOs can inform local authorities and be part of identifying a suitable alternative placement, such as kinship care, foster care, kafalah or adoption. Providing family tracing support to identify extended relatives and fictive kin who may be willing and able to provide care is a valuable first step that NGOs can provide. Further, programs can gather key stakeholders to facilitate family group conferences, identifying creative and bespoke solutions to the needs of the child and family (Fox, 2018). Although foster care and adoption are certainly valid alternative family care options, these placement options may be difficult to secure in a timely manner in some regions given the COVID-19 crisis. Once an alternative family setting is identified, an NGO can support the preparation of the child and family, case management, provision of services, and monitoring support to ensure the safety and stability of the placement.

4.1.9. Supporting continued family placement

While this study has raised concerns about the rapid placement of children out of residential care, there may be opportunities to keep many of those children in families and to prevent their re-entry into residential settings. Moving a child in and out of care settings, and particularly out of family, can be traumatic and is associated with maladaptive development (Almas et al., 2020; Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; McGuire et al., 2018). Each case plan should focus on the extent to which the provision of family support may facilitate the long-term reintegration of that child into a safe and nurturing family. Those supports should be prioritized and made available wherever possible. NGOs should work with governments and other partners to discuss and agree on what measures to strengthen the child welfare and protection systems are needed to support families and communities. These systems can only operate effectively if there is a high level of collaboration between organizations working on the ground, especially if those organizations can find ways to identify and leverage their individual and collective strengths.

4.2. Recommendation for governments

Governments are under a great deal of pressure to devise solutions to the unprecedented situation of a global pandemic. There is a delicate balance between protecting the population from a highly contagious virus and enacting unnecessarily restrictive measures (Kluge et al., 2020). Based on the current data, it is the recommendation of the research team that governments should not mandate the rapid return of children to family. Although family care is ideal and should be the goal for children, it is imperative to engage in appropriate child and family preparation to ensure the safety and best interest of children (Balsells Bailón, Mateos Inchaurrondo, Urrea Monclús, & Vaquero Tió, 2018; Lancet Institutional Care Reform Commission Group, 2020). In situations where governments have mandated the rapid return of children to family, the research team makes the following recommendations.

In situations where governments have mandated rapid return of children, it is recommended that governments facilitate a case management process with all children and families. Every child and family should be assigned a caseworker, each child should have a case file, and every child and family should be part of making a case plan based on a thorough assessment (Goldman et al., 2020). Monitoring should be frequent, especially in the early stages of placement, and the wishes of the child need to be taken into account (Mateos Inchaurrondo et al., 2018). In placements where it becomes clear there is maltreatment, an alternative placement must be found for the child. Although governments are responsible for the wellbeing of their citizens, they can work with other service providers, such as NGOs and faith communities, to create a robust network of support for children and families who have been rapidly returned (Wilke, Howard et al., 2020).

4.3. Limitations and implications for future research

There are several major limitations with the current research that may serve as an opportunity for future work. Further research is needed to fully understand the process and impact of rapidly returning children and youth to their biological families and how this will change throughout the course of the pandemic. It is important to note that data in the current study were collected relatively early during the pandemic and therefore only explores the short-term effects of rapidly returning children and youth. Although findings suggest rapid return poses significant risks to children and families, long-term outcomes are not available yet. Longitudinal research is imperative to fully understanding the impact of rapidly returning children and families to their biological families.

The current sample provided an initial understanding of the process and impact of rapid returning children to biological families, but it is limited in several ways. First, the current sample represented a diverse set of NGOs that provided residential services in multiple contexts across 14 countries. The sample size is small and diverse in both types of services provided and location, but primarily consists of NGOs serving countries in the Global South that were classified as 'Low Development' on the Human Development Index. As such, themes presented here represent primary findings across service providers, but do not fully represent the experiences of every service provider. Findings from the current research and the corresponding recommendations should be considered within this context. Larger and region-based samples may provide more robust understanding how this practice has impacted children, families, and communities. It is also worth noting that all NGOs represented in the current sample were actively applying for funds to improve services and support families following the rapid return of children and youth. It is possible, even likely, that NGOs in the current sample may not be representative of all NGOs in terms of preparation and follow up support provided to families. Furthermore, most NGOs who participated in the current study were associated with an alliance for faith-based organizations. As a result, organizations in the current study were more likely to be faith-based. Future research should recruit a more diverse set of service providers. Moreover, insight from NGOs alone does not provide a complete picture of rapid return. Future work should include other key stakeholders in the rapid return process, such as government decision makers and the children and families impacted. Information from these sources would enable more targeted recommendations for practice.

Future work should also measure the effectiveness of specific practices and policy measures being implemented. Measuring outcomes based on specific practices from NGOs could provide valuable insight into effective intervention that could be implemented by service providers. Moreover, by determining the costs and benefits of various government policies on reintegrated families, governments and NGOs may be able to more effectively allocate resources.

Further, investigating what types of supports lead to better outcomes for children rapidly returned may provide insights about how to support children and families in the future.

4.4. Concluding thoughts

As a result of the COVID-19 pandemic, some governments have mandated residential care providers rapidly return children and youth to their families. In many situations, compressed timelines mean proper assessment and preparation for placement change was not possible. Other primary concerns related to the practice included unresolved antecedents to original separation from family, poverty and lack of income generation, and lack of access to education. Due to the risk to child and family wellbeing, this practice is not recommended by the research team. However, when rapid return has already occurred, service providers can support children and families via inviting their participation in case decisions, providing support to mitigate antecedents to separation, facilitating sustainable economic support, initiating communication, case management and monitoring, and aiding in the process of identifying alternative family solutions if a child's placement becomes unsafe. As the pandemic evolves and the needs of children and families involved in rapid return become clearer, researchers should prioritize collecting data on long-term outcomes, as well as interventions that support children and families in this situation.

Declaration of Competing Interest

The authors report no declarations of interest.

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