

IMPACT OF COVID-19 ON PRIVATELY RUN RESIDENTIAL CARE INSTITUTIONS

Insights and Implications for Advocacy and Awareness Raising

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Authored by:

Rebecca Nhep, Better Care Network

Dr Kate van Doore, Law Futures Centre & Griffith Law School

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Executive Summary

This study explores the effect of COVID-19 on a small number of privately run and funded residential care institutions by conducting a qualitative research study comprising 21 semi-structured interviews across seven focus countries. The interview participants include founders, funders and directors of residential care institutions and reveal the impact of COVID-19 on many aspects of the operations of privately run residential care institutions including funding, care for children, staffing, the presence of volunteers, impacts of public health measures and directives, reintegration of children and plans for the future. The outcomes of this study provide important insights to support ongoing advocacy, engagement and technical support for care reform targeting a range of stakeholders including residential care institution directors, donors, volunteers and governments in a COVID-19 impacted world.

Context

In early 2020, COVID-19 was declared a global pandemic, triggering unprecedented disruption on a world-wide scale. Governments enforced public health measures, including stay at home orders, social distancing, curfews, travel restrictions and the closure of borders, schools, services and businesses. Such measures have had direct and indirect impacts on all segments of society and sectors, including social welfare and services such as residential care for children.

Public health measures instituted by state and federal governments have directly impacted the functioning of residential care institutions operating within their jurisdictions. These include impacts stemming from:

- **Government directives**, such as those requiring residential care providers to send all children with family home during the 'lock down' period.

- **Classification of 'essential services'**, including where social workers, and social services have not been classified as essential services and are therefore subject to travel and 'work from home' restrictions.
- **Social distancing and isolation requirements**, including the challenges of adhering to social distancing measures, quarantine requirements in congregate care settings, and the impact on children's services, activities and contact with families.
- **School closures**, potentially increasing staff workloads due to children not attending school and significantly disrupting normal routines within institutions. School closures may also be negating education as a primary reason for admission to residential care.
- **Travel restrictions**, which impact upon the ability of residential care centres to facilitate family visits or to proceed with reunification efforts and impact on residential care centres who depend on volunteers or visitors for income purposes.

Due to the global nature of the pandemic, public health measures instituted at the country level have culminated in serious ramifications for global systems, triggering a near complete shutdown of the international travel and tourism industry and widespread global economic shocks set to eclipse the global financial crisis. The ripple effect of these dynamics on the privately-run residential care sector are yet to be fully understood, however may include impacts that stem from:

- the **rapid cessation of orphanage tourism** and volunteering,
- **changes in regulatory environments** including government directives to send children home and moratoriums on registering or opening new residential care institutions,
- **financial insecurity** due to the economic downturn and impact on charitable giving in donor countries.

Anecdotal reports received from child protection agencies in several countries, including those involved in the study, indicated that in some cases institutions were responding to the loss of donor funds by returning children to their families. In many cases, this was occurring without due process, ongoing monitoring or support.

Simultaneous to the impacts experienced by residential care service providers, public health measures are taking a disproportionate toll on already vulnerable children and families. Economic insecurity has worsened, and already fragile coping mechanisms are being pushed to the limits. This could see the numbers of children at risk of child-family separation dramatically increase, and result in unnecessary recourse to alternative care, including residential care, if more appropriate measures are not put in place or scaled in a timely manner. For charities and non-government organisations, the unique situation of COVID-19 affecting all countries at once is likely to reduce the availability and flow of aid and humanitarian assistance. This potentially results in detrimental impact on regular giving, sponsorship and funding as donors to these organisations are affected by the situation.

Against the backdrop of the existing narratives around orphanhood and orphanages, evidence from past pandemics highlights the potential risks of child separation and institutionalisation being exacerbated by the response of the international community. The marketing of institutional care as a solution to the increased vulnerability experienced by children and families in low- and middle-income countries could result in a push to increase funding for residential care services during the recovery stage. History shows that this incentivises the active recruitment and relinquishment of children into institutional care, which in the current environment and due to the scale of COVID-19, could threaten to reverse the important gains made in deinstitutionalisation efforts to date.

Furthermore, the impact of COVID-19 may highlight issues of financial sustainability and poor adaptability of the privatised residential care system to shocks and the resulting risks to children. This is exacerbated by the fact that privately run and funded institutions often function as parallel systems to government welfare systems (as opposed to integrated) and are at odds with the government's position and prioritisation of family-based care. As such, the admission of children into the privately-run institutional system of care can preclude their access to more sustainable, cost effective and suitable services, including social protection and welfare services. At the same time, the lack of investment in such services may mean that viable options for alternative care are limited. This results in a risk of vulnerable children being left outside the social safety nets of government during times of increased vulnerability, when the risk of disruption to privately funded services is heightened. This increases the vulnerability of children to a range of risks, including exploitation, particularly in cases where children exit unregistered institutions that operate outside of the formal gatekeeping system.

At the same time, anecdotal reports from countries like Cambodia suggested that COVID-19 related restrictions, particularly where they have resulted in the rapid reunification of children with their families, had increased the openness of orphanage directors to explore family-based care and long-term reintegration. This study is aimed at gaining further insights into this dynamic to support engagement efforts with a wider range of orphanage directors and/or direct appropriate support and resource to ensure cases of rapidly reintegrated children can be assessed, monitored and stabilised and prevent recourse to alternative care once restrictions are lifted.

Summary of Key Findings

This section highlights the key findings of the study. For further details, the full report should be referred to.

- In accordance with previous research, the **main drivers of institutional care for children in this study were poverty and a lack of access to education**. However, even where children were placed in residential care institutions (RCIs) for the purpose of accessing education, when school closures occurred due to COVID-19, many RCIs in the study found that they were unable to provide the level of educational support to each child that was required, or that they may have received in the community.
- **The majority of RCI's (76.2%) included in the study had experienced a decrease in the number of children in their care since the onset of COVID-19**, however only half of those indicated that this was in some way triggered by the pandemic. 61.6% of participants had plans to return some or all children to the RCI whereas 33.3% of participants stated some children would remain permanently reintegrated.
- **The greatest determinant of reintegration throughout COVID-19 were pre-existing government gatekeeping mechanisms and efforts to scale back the use of institutional care**. In the absence of government directives/efforts, reintegration was initiated by children and their families in a limited number of cases, however occurred without due process or post reunification support. These reintegration's were often viewed unfavourably by the directors/donors. Even where director/donors agreed in principle with the prioritisation of family-based care over residential care, they were unable to overcome bias which ultimately appeared to influence their views and decisions regarding reintegration. This reinforced the need for gatekeeping mechanisms to be external to, and independent of, service providers and to be government-led. **Where such decision-making powers rest with RCI directors/founders, children are more likely to remain in care long-term irrespective of necessity or suitability.**
- **For some RCIs, government directives to reintegrate children throughout COVID-19 prompted new long-term initiatives to support children in families that had not previously been contemplated**. For example, one RCI purchased a resource car initially to monitor children who had been reintegrated because of government directives throughout COVID-19. They subsequently developed an outreach program recognising the exponential number of children they could assist during family and community visits when compared to using those same resources to support children in residential care.
- Despite most participants (90.5%) stating that COVID-19 had a negative impact on children in care, over half (52.4%) also noted some positive impacts. **23.8% of participants noted improved caregiver-child relationships and stabilised child behaviour throughout COVID-19, which they attributed to greater consistency of caregiving** due to self-isolation orders (where caregivers isolated onsite with children for extended periods) and the lack of volunteer presence.

- **Most participants (81%) indicated that COVID-19 had a negative impact on their RCI's financial situation.** A correlation was noted between loss or reduction of funding and the type of donations and fundraising strategies employed by principal fundraisers. Fundraisers, whether donors or directors, who were dependent on collecting one off or irregular donations, through fundraising events, public speaking engagements or volunteers/visitors were more significantly impacted (in terms of percentage and scale) than those with more committed and regular funding sources.
- **The degree of dependence on visitors/volunteers to act as fundraisers was a stronger predictor of funding impacts than accepting volunteers/visitors alone, despite the widespread recognition of the primary utility of volunteers/visitors being income.**
- **In most cases in the study, it was found that the roles filled, and activities conducted by international volunteers/visitor were largely unessential and superfluous to the actual operation of residential care institutions. The primary utility of volunteers/visitors was fundraising.** Volunteer/visitor roles were aimed at increasing emotional attachment between the volunteers/visitors and children as a means of capitalising on volunteers and visitors returning to their countries/homes and continuing to be involved as ongoing donors and longer-term advocates and fundraisers. As such the vast majority of participant noted no detriment to the functions of the RCI due to the loss of volunteers/visitors apart from financial impacts. Furthermore, only participants for whom volunteering was central to their funding strategy expressed concern at the COVID-19 induced cessation.
- **Residential care institutions with a higher dependence on volunteers/visitors for income pre-COVID tended to allow volunteers more license to engage with children in a wider range of ways** when compared to organisations for whom volunteering/visiting was not integral to their funding. These latter organisations tended to restrict volunteer/visitor's engagement with children citing several reasons, including to minimise disruption to children's routines, to safeguard and protect children's privacy and out of indifference to volunteering/visiting which was minimal and seen as very peripheral to the organisation's operations.
- Specific comments made and language used by participants throughout interviews demonstrated an **awareness of the advocacy efforts to end orphanage tourism** amongst many participants and a desire to distance their practices from what may be classified as orphanage tourism. The utility of voluntourism from a funding perspective was only revealed through asking questions from multiple angles, as there appeared to be hesitancy to disclose any funding reliance on volunteers and visitors. The orphanage tourism advocacy appears to be having some penetration however may not be resulting in behaviour change in all instances.

- Despite wide acknowledgement of the lack of sustainability of reliance on international volunteers and visitors particularly in relation to funding, **all participants who accepted international volunteers/visitors in their RCIs pre-COVID-19 indicated they intend on resuming the practice soon as they are able to do so. This was the case even when participants recognised benefits to children stemming from the cessation of volunteering experienced as part of the pandemic.** Some participants, for whom international volunteering/visiting was peripheral pre-COVID-19, indicated they would resume however impose further limitations or restrictions on the practice.
- **In one country included in the study, domestic visiting and volunteering in residential care institutions increased notably throughout the pandemic.** This seemed to be linked to a domestic campaign designed to offset the economic impacts of the loss of international tourism. Some participants indicated that they planned on developing this as a potential income stream in the future and saw it as a favourable means of reducing reliance on overseas donations and volunteers and increasing sustainability. This was very prominent in RCI's that were concurrently undergoing a succession from expatriate leadership to national leadership.
- **The vast majority of participants (90.5%) stated that to some degree COVID had catalysed reflection and created an opportunity to consider or implement changes or adaptations.** 52.4% of participants were considering making changes to their services or programs. 33.3% were specifically considering changes to the model of care, however how concrete or abstract these considerations were, varied by participant. 28.6% of participants were considering making changes to their funding model to improve sustainability.
- **Control over fundraising or the ability to access alternate sources of funding to transition were the greatest determinants of the ability and willingness of participants to engage in consideration of changes to their model of care (transition or closure).** Deliberation around changes to the models of care cannot be divorced from financial considerations or realities for RCIs and should be raised and progressed with both RCI founders/directors and principal fundraisers/donors either in tandem, or with principal funders/donors being fully cognisant and supportive of the consideration of transition. Without an assurance that the principal fundraiser/donor is in support, RCI founders/directors are placed in a precarious position of advocating to their principal fundraiser/donor with a potential for disagreement and subsequent funding cuts or withdrawal.
- **Where funding to transition from institutional care is not assured, directors of RCIs are not generally able to authentically discuss or consider significant changes in operations.** A greater number of residential care institution directors may be willing to engage in considerations of transition should it be made clear from the outset that financial support to implement changes would be provided. If the principal fundraiser/donor cannot be convinced, an alternative funding mechanism needs to be available to allow RCI founders/directors to consider transition.

Introduction

The pandemic presented the sector with a unique opportunity to engage in qualitative research to explore the impacts of COVID-19 on the functioning of privately run and funded residential care institutions. The research **explored whether public health measures and impacts created new opportunities** to further in-country reintegration and deinstitutionalisation efforts, and/or **exposed vulnerabilities and weaknesses associated with the system** of privately run and funded residential care services.

The internal (direct) and external (indirect) impacts of public health measures put pressure on multiple parts of the system potentially giving prominence to flaws and triggering reactions, including in some cases, rapid reunification of children. Evidencing these impacts and reactions could support advocacy efforts to debunk myths about orphanhood, orphanages, the merits of orphanage volunteering and the suitability of institutional care as a response to children's needs. These are commonly espoused narratives used to sustain this outdated system of care that could be shown to be incongruous with the reactions and current realities of institutions in the midst of the COVID-19 pandemic.

Therefore, this study aimed to document the range of impacts of COVID-19 public health restrictions on the functioning of privately run and funded residential care institutions, and to examine possible implications for advocacy, engagements and progressing plans for care reform.

The report is separated into four main sections. The first section describes the scope and methodology of the study. The second section details the study findings. This explores the pre-COVID-19 situation of the residential care institutions included in the study; as well as the impacts of COVID-19 on various facets of their operations, from the number of children resident to impacts on volunteers, children's education, care, and family contact. It also explores how COVID-19 has affected their plans for the future. The third section considers the potential implications of the findings for advocacy and the progression of care reform. The final section provides the conclusion to the report and identifies further areas of research for consideration.

Scope and Methodology

Sampling and Data Collection through Interviews

The qualitative research study comprised 21 semi-structured interviews conducted across seven focus countries. Countries included 5 'institutional-care based countries' located in the Global South where institutional care systems are largely characterised as privately run and overseas funded; and 2 'donor countries' located in the Global North characterised by sending money, volunteers and visitors to institutions overseas. Countries with institutional care systems included Thailand (4 RCI directors interviewed), Cambodia (4 RCI directors interviewed), Nepal (4 RCI directors interviewed), Kenya (1 RCI director interviewed) and Myanmar (3 RCI directors interviewed). Some RCI directors discussed impacts on more than one RCI (as noted below in the 'About the Participants' section). Donor countries included Australia (n=2) and Sweden (n=3). It should be noted that the donor country interviews pertained to residential care institutions in the following countries: Kenya concerning 4 RCIs (one funded by Australian organisation; three funded by Swedish organisation); Uganda concerning 2 RCIs (one funded by Australian organisation; one funded by Swedish organisation) and Egypt concerning 1 RCI (funded by Swedish organisation).

The qualitative research consisted of semi-structured interviews, comprising open-ended questions, conducted on a one-on-one basis with a small cohort of directors and stakeholders of privately run and funded residential care institutions in each country. Using a snowball sampling approach, interview participants were identified through consultation with partner organisations working in child protection and alternative care in each of the countries. Once possible participants were identified, a criteria-based selection was undertaken.

For interviews conducted with residential care institutions, the following criteria for selection was implemented:

- The interview participant should be the Director or Operator of the residential care institution.
- Private services: The residential care institutions must be privately run and at least primarily (if not solely) funded by overseas donors. They may be fully registered, partly registered or unregistered.
- Volunteering: The residential care institutions must have a history of facilitating local and/or international orphanage volunteering or visiting pre-COVID-19. This includes any range of activities from caregiving, playing games, teaching English, building, painting, day visits, watching performances, taking children on outings, child sponsor visits, open days, medical or dental teams, or any other such activity.

For interviews conducted with donor organisations to overseas residential care facilities, the following criteria was implemented:

- The interview participant should be a Director/Founder or operational staff member of a charity or donor entity that supports privately run overseas residential care institutions with knowledge of how the organisation donates to overseas residential care institutions.

- Established Donor: the organisation should be a regular/ongoing donor of privately run overseas residential care institutions.
- Orphanage Volunteering: The organisation should have had some involvement in orphanage visiting or volunteering or its facilitation. This could be through sending teams or individual volunteers, promoting volunteering opportunities (i.e., online), recruiting volunteers, facilitating sponsor visits, or volunteering/visiting directly as the donors.

An Interview Guide was prepared containing a consent and confidentiality component to assist interviewers in seeking informed and written consent from participants. Interviews were mostly conducted in local language and subsequently translated and transcribed. Interview participants were provided with an information sheet and consent form which were also translated to local language. Appropriate mechanisms were established for any child protection concerns or disclosures that could potentially be raised in interviews. In addition, COVID-19 safety plans were established for the conduct of the interviews to protect both interviewers and participants. Ethics approval was granted for the research by Griffith University (GU Ref No: 2020/816).

After interviews were conducted and translated, qualitative data from the interview transcripts was analysed using thematic analysis in NVivo. Common themes across the interviews were identified and interpreted in relation to the purpose and rationale of the study.

Limitations

The major limitation to this study was the sample size of 21 interviews. In particular, the small number of interviews undertaken per country cannot be said to be representative of the organisations meeting the selection criteria in that country as a whole. However, it is noted that country level assessments were not the purpose of this study. Rather, the study was focused on analysing how individual residential care institutions and donor organisations were being impacted by and responding to the implications of COVID-19. In this respect, the findings of the study need to be viewed as providing insights into what is happening in individual organisations within the sector, as opposed to being representative of sector-wide responses and impacts.

It is also noted that the interviews were conducted from December 2020 – March 2021 whilst COVID-19 was still active. Thus, these findings should be viewed as preliminary given the full impacts will not be known until the pandemic is declared concluded and further studies are undertaken.

Findings of the Study

About the Participants

Participant levels and attributes

Twenty-one participant interviews across 7 countries were included in the analysis: 5 were donors from 2 key donor countries and 16 were directors of residential care institutions (RCIs) from 5 countries where privately funded and run institutions are common.

The 21 participants interviewed were involved in a total of 27 residential care institutions. Of the participants, 19 were involved with just 1 residential care institution. Of the remaining 2 participants, 1 participant was involved with 6 residential care institutions (as a founder, director and principal fundraiser) and 1 participant was involved with 3 residential care institutions (all foreign founded and funded, but nationally run). Of these 3, one institution was also represented by a director who was independently interviewed and was included in the count of 19 institutions above.

Two further interviews with Directors were conducted and transcribed, however, the transcripts were excluded during the data cleaning process as it was determined that the selection criteria had not been met.

Roles and responsibilities of the participants to the institutions

Despite the interviewees being grouped under two main cohorts: directors and donors, many were associated with other roles or responsibilities which appeared to have a bearing on how they reacted to situations arising due to COVID-19. Of particular significance were the roles of founder and of fundraiser.

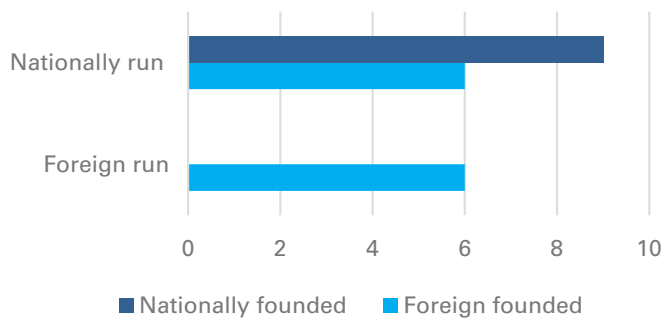
Of the 21 interview participants, 11 participants (52%) were founders of the institution they are involved with, and 10 participants (48%) were involved with institutions they did not found. Donors were the founders in 3 cases (14.3%) and directors were founders in 8 cases (38.1%).

18 of the 27 institutions (66.6%) represented by participants were foreign founded. These included institutions represented by 3 donors and 9 directors (a total of 12 or 57% of participants). 11 of these foreign founded institutions (40.7%) were also foreign run at the time of the interview. In at least 2 other cases, foreign founded institutions were at some point also foreign run but had undergone a full transition to national leadership/directorship. Founders in these cases had shifted into primary fundraising roles.

5 of the 16 director interviews (31%) were with expatriate directors (3 in Thailand and 2 in Cambodia) who all worked for foreign run institutions. The interview with the remaining participant from a foreign run RCI was with a newly appointed national director, however the director made it clear that the foreign founder was still in country and still acted as the primary decision maker. The remaining 10 director interviews were with national directors. The relationship between foreign/nationally founded and run is as follows:

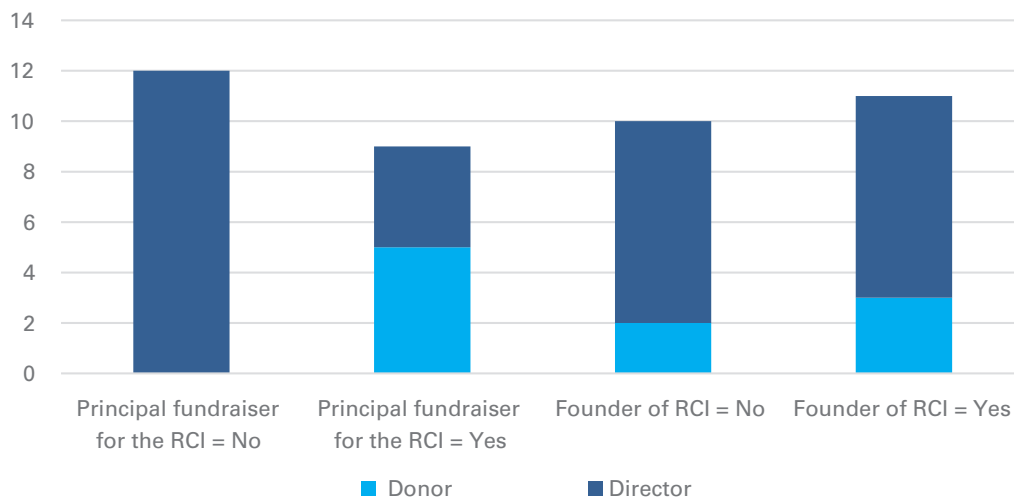
- a. Foreign founded foreign run 28.5% (6 cases)
- b. Foreign founded nationally run 28.5% (6 cases)
- c. Nationally founded nationally run 43% (9 cases)
- d. Nationally founded foreign run 0% (0 cases)

Foreign vs. Nationally Founded and Run



A total of 9 participants (43%) held the primary responsibility for fundraising for the institution/s they were involved with. This included 4 out of 16 (25%) of the directors and 5 out of 5 (100%) of the donors. With respect to donors, 3 (60%) were also the founders of the institution they were fundraising for and 2 (40%) were fundraising for institutions founded by a national partner/director. For the remaining 12 directors (75%), fundraising was managed by a partner organisation or individual donor.

Principal Fundraiser Responsibilities

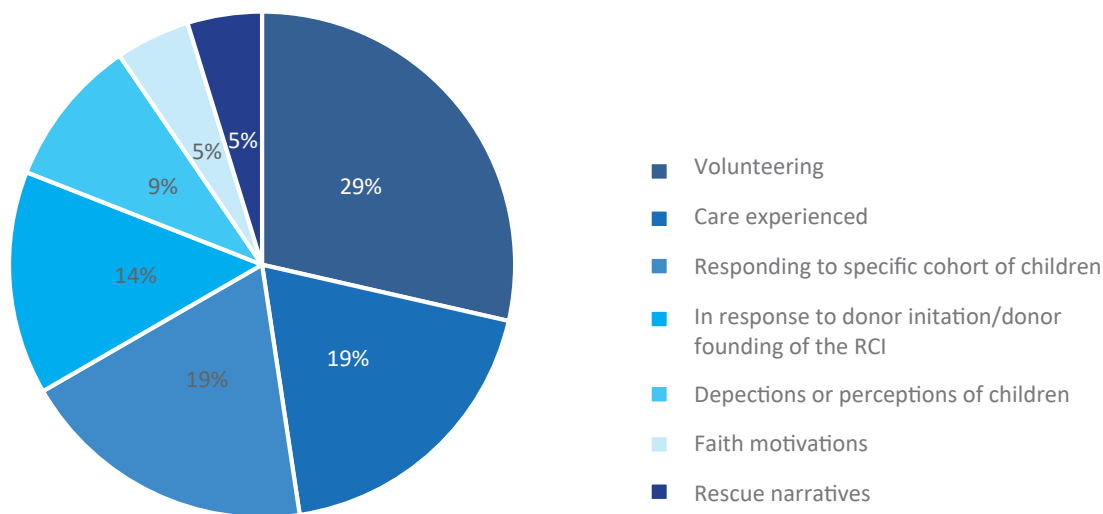


Participant reasons for involvement in the RCI

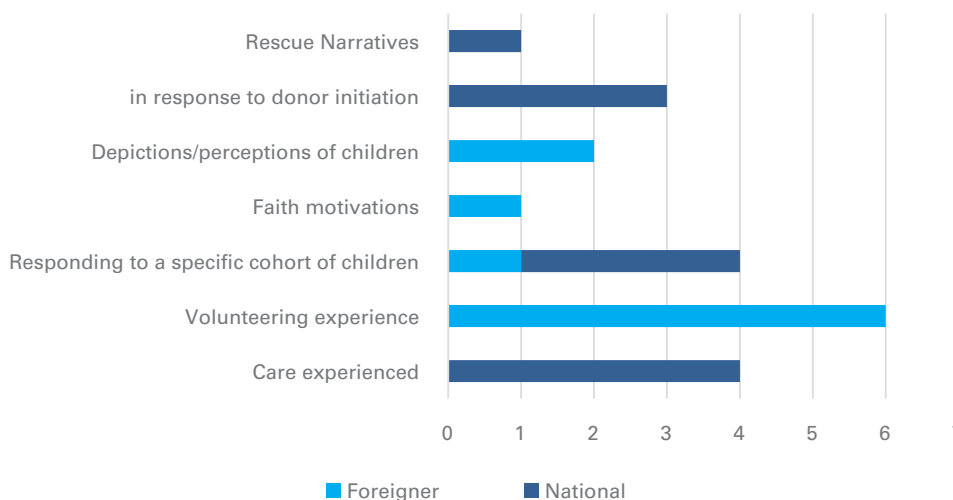
Participants identified various catalysts that led to their involvement in residential care for children. For 6 participants (29%), the reason for involvement stemmed from previous volunteering/voluntourism experience in RCIs. This included both interview participants who were now representing donor organisations and foreign directors of RCIs. There were no national directors for whom previous volunteering experience preceded involvement in the institution.

4 participants (19%) noted care experience or a personal experience of requiring alternative care preceded involvement in the institution. All 4 of these participants were national directors who founded the institutions they are involved with.

Reason for Involvement in the RCI



Reasons for Involvement in the RCI



Involvement by 4 other participants (19%) was motivated by direct contact with a specific cohort of children. 3 of these (14%) were national directors who founded the institutions they are involved with and in 1 case (5%), it was a foreign founder who set up the institution and a fundraising entity in their country of origin to support the institution. This RCI is now nationally run but remains funded by the original donor entity.

“The residential care centre was started by me. The care centre was started because I and my husband met some children who were not able to go to school due to poverty and children who are not able to be protected by their parents; therefore, I and my husband decided to start the orphanage to help those children.”

“ I started the project. I visited Kenya on holiday in 2010 and then saw the huge amount of orphaned children and street children then I decided to go back and volunteer...I went to an orphanage run by an English lady and I saw the huge need... And then saw how many shortages there was for the children and how many children were suffering and so then I decided that I could, I don't know why, I just had this gut feeling that I could do it, so I did.”

3 participants (14%) were involved in residential care in response to donor initiation to establish an institution. These were all national directors who were brought on board to run foreign founded institutions.

Depictions or perceptions of vulnerable children in need motivated involvement for 2 participants (9%). These perceptions were formed of children and 'need' during an overseas trip in one case and depictions and perceptions formed regarding 'need' via film/media in the second case. Both cases were donor founded and funded institutions.

For 1 participant, who was a director (5%), the primary motivation was faith (foreign missionary) with the participant describing a sense of calling and confirmation of calling as the catalyst for moving overseas to establish an institution for children. In the final response (5%), the reason given for founding the institution was best described as a generic rescue narrative and desire to serve disadvantaged people.

Faith was identified as a motivation in 15 responses (71.5%), however only emerged as the primary catalyst for the one participant referred to above. Of the 15 participants who mentioned faith as a motivation, 9 (60%) were national directors, 3 (20%) were foreign directors and 3 (20%) were donors.

Pre-COVID-19 Institutional Context

Volunteering and visiting pre COVID-19

The majority of RCIs represented by participants accepted international volunteers and visitors prior to COVID-19 related restrictions coming into force. Visitors and volunteers performed a variety of functions including assisting with care giving, conducting structured activities with children, performing maintenance or building works and training and capacity building with local staff. Many participants expressed a link between visitors and volunteers being able to see their work in action and fundraising.

“ The benefit to having teams come is that they personally see our work, and it engages them and either financial support, or telling our story to other people that also, you know, connects us with other donors and other sources of financial support.”

20 participants (95%) stated the RCIs they were involved with accepted international volunteers and visitors to the institution pre-COVID-19. This equated to a total of 26 out of 27 (96.3%) RCIs represented in the study. In the remaining 1 case (5% of participants, 3.7% of represented RCIs)) international visitors or volunteers were not accepted

pre-COVID-19. This outlier was a nationally run transit shelter that had a strict policy against international visitors/volunteers which appears to have been put in place by their donor.

Participant's degree of openness to international volunteers differed significantly, with some participants noting that international volunteers and visitors were restricted to existing donors or personal contacts of existing donors for the institutions they were involved with. In other cases, participants spoke of high volumes of international visitors and volunteers, including in connection with voluntourism and homestay programs associated with the institution. There were notable inconsistencies in how participants discussed visitors and volunteers within numerous interviews indicating a hesitancy to fully disclose volunteer and visitor involvement. Specific comments and language used demonstrated an awareness of the advocacy efforts to end orphanage tourism amongst many participants and a desire to distance their practices from what may be classified as orphanage tourism.

Of the 20 participants whose RCIs accepted international visitors and volunteers pre-COVID-19, 9 (45%) indicated that visitors and volunteers were integral to their fundraising strategies whereas 11 (55%) said visitors and volunteers were not integral to fundraising. The degree of peripherality of volunteers and visitors to RCI operations varied. In some cases where volunteers/visitors were not integral to fundraising, they were still welcomed for the in-kind contributions they made or support they provided to caregiving, supervision of children's activities and monitoring. In other cases, international visiting and volunteering was limited to skilled volunteering coupled with strict screening and vetting measures. 3 participants (14.3%) mentioned the desire of international visitors/volunteers to take and post photos on social media as an issue that had discouraged them from accepting visitors/volunteers or caused them to significantly limit the practice.

11 participants (52.4%) noted that the RCIs associated with them accepted local visitors and volunteers pre-COVID-19, with the majority of these being defined by participants as visitors rather than volunteers. The remaining 10 participants (47.6%) indicated the RCIs associated with them did not accept local visitors or volunteers pre-COVID-19.

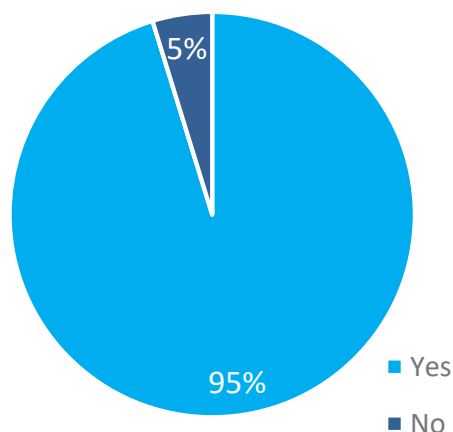
“ *Prior to COVID, we were quite fortunate. When tourists from Europe come to the area they like to be able to visit a school, children's home, they like to get what they called the 'real experience'. We're not about that at all but if one of the hotels contacts us, they'll ask 'they want to donate some food can these people come'. So, our manager will go pick them up and they'll stay for an hour or so and donate flour maize, rice, whatever to the children. We'll show them around the project, they'll meet the children and they'll go. We don't put on any dances or anything like that.”*

“ *Interview participant: “We did have a few teams as there was a personal connection to a voluntourism organisation that we took a few teams from before we said we don't want to work with you anymore.”*

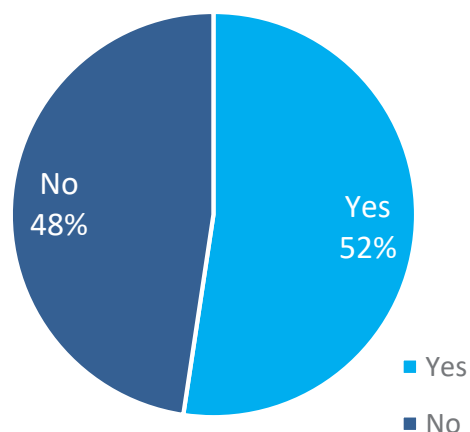
Interviewer: Any particular reason why you say you didn't want to work with them anymore?

Interview participant: “They refused to do child protection, like background checks on the people. They wanted to take photos with the children and put them on their social media. They wouldn't respect boundaries of 'please don't touch every kid and take selfies'. And they wanted to spend three hours doing manual labour and feel happy about themselves.”

Accepted International Volunteers



Accepted Local Volunteers and Visitors



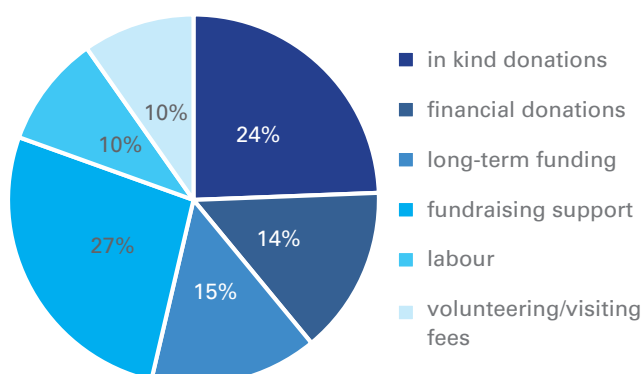
In the case of 10 participants (47.6%), the institutions they were involved with accepted both local and international visitors/volunteers and in the remaining 10 cases (47.6%), institutions accepted only international volunteers and visitors. For 1 participant (5%) the institution only accepted local visitors/volunteers and they included government officials in this category. It did not appear they had any significant practice of allowing general visiting (without relational connection or purpose) to occur in the institution.

When asked about the benefits of accepting volunteers and visitors, most participants mentioned more than one benefit, however the implications for fundraising and utilising former volunteers/visitors to promote and attract longer-term donors in their countries of origin was by far the greatest perceived benefit.

Benefits noted were as follows:

- **In kind donations:** 10 cases (24%)
- **Financial donations:** 6 cases (14%)
- **Becoming long-term donors:** 6 cases (14%)
- **Fundraising and promotional support:** 11 cases (27%)
- **Labour (in various forms):** 4 cases (10%)
- **Volunteering/visiting fees (homestays, placement fee, tourism experiences):** 4 cases (10%)

Benefits of Volunteering/Visiting



National directors who did not hold fundraising responsibilities were more likely to perceive the benefits of visitors/volunteers in terms of in-kind donations and one-off monetary donations rather than in terms of utility for securing long-term donors.

The nature of volunteer/visitor engagement with RCIs was varied and included conducting activities; playing with children; teaching

English; construction and maintenance works; taking children on outings or running events; setting up programs for the RCIs; watching and/or participating in performances with children; learning and cultural exchange; skills exchange; and attending information sessions without having any contact with the children. Most participants listed multiple types of volunteer/visitor activities. 1 participant only accepted skilled volunteers and visitors were not permitted contact with children. They were, however, able to learn about the organisation and shadow staff on a community visit.

Organisations with a higher dependence on volunteers/visitors for income tended to allow volunteers more license to engage with children in a wider range of ways when compared to organisations for whom volunteering/visiting was not integral to their funding. Participants who restricted volunteer/visitor’s engagement with children did so for several reasons, including to minimise disruption to children’s routines, to safeguard and protect children’s privacy and out of indifference to volunteering/visiting which was minimal and seen as peripheral to the organisation’s operations.

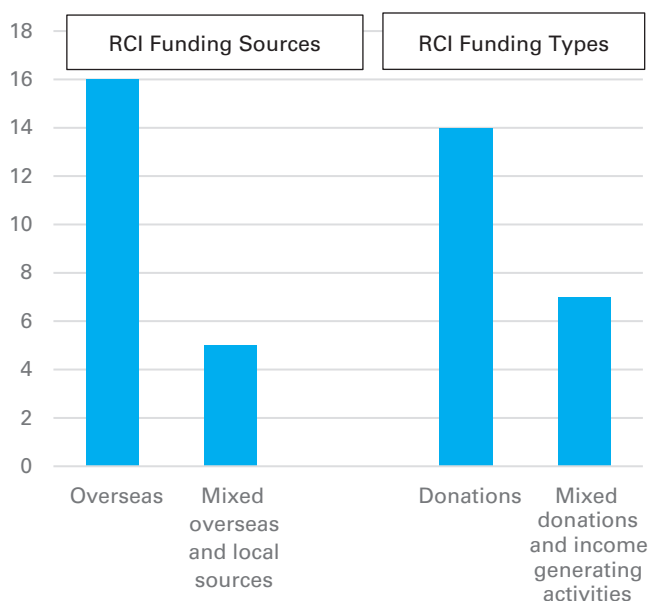
Funding sources and types

For 16 participants (76%) the RCIs they were associated with were entirely funded by overseas sources of income whereas for 5 participants (24%), the RCIs had a mix of overseas and local sources of income.

14 participants (67%) stated that donations made up 100% of the RCI’s income, whereas in 7 cases (33%) participants noted that institutions had mixed income streams comprised of donations and income generated through income generating activities. 4 participants (19%) (1 donor and 3 directors) had in-country income generating activities. Most of these were related to agriculture and produced both food and income for the institutions, however income generating activities also included brick making and tourism related activities including safaris, homestays and tours. 3 participants (14.3%) (2 donors and 1 director) mentioned overseas (donor country) income generating activities, which included the sale of goods made in part or in whole by program beneficiaries and operating second-hand/opportunity shops.

None of the participants noted receiving government funding (from donor or implementing country governments) on any significant or consistent basis, however historical one-off grants or small-scale support from government was mentioned by 2 participants.

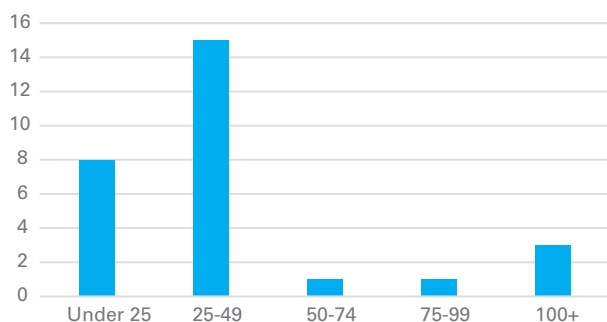
RCI Funding Sources & RCI Funding Types



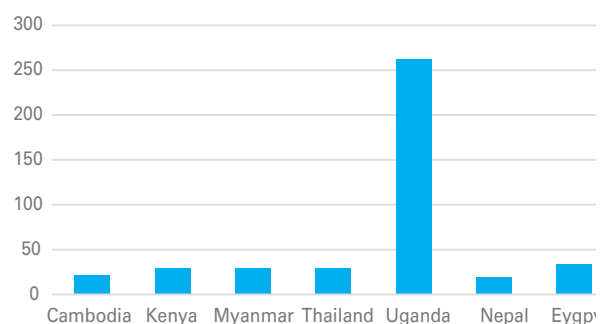
Size of the institutions

The size of residential care institutions associated with participants varied dramatically. The smallest housed 7 children prior to COVID-19 and was a babies' home located in Thailand and the largest housed 400 prior to COVID-19 and was a residential school in Uganda. The median number of children housed per institution pre COVID-19 was 30.

Size of Institution Pre COVID



Median Size of the Institution Pre-Covid by Country



Reasons for admission/accepting children

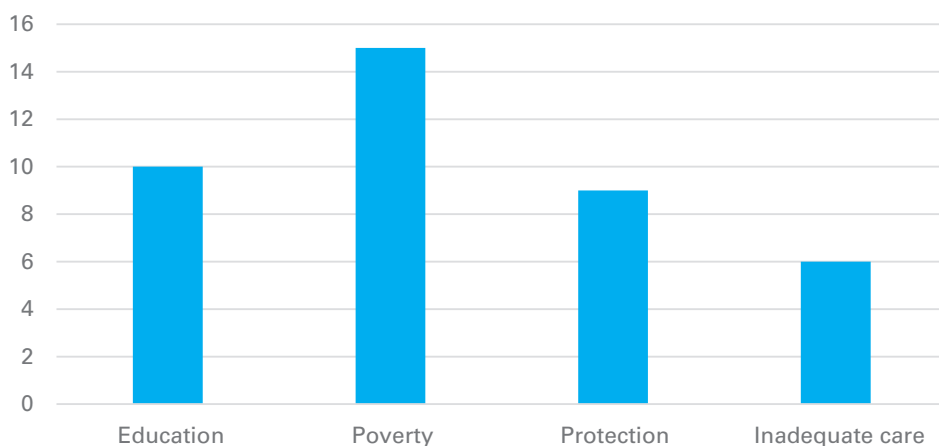


The majority of the children have relatives, but they cannot afford an education. We make thorough investigations before we accept a child to the school, just to inform us of the family situation and to be sure that they or relatives cannot afford the child's education."

Participants made generalised statements about the reasons for children's admissions into the RCIs they were involved with. Poverty was the most common reason, cited by 15 participants (71%) however, in the majority of cases, participants cited a combination of two reasons with poverty only cited as a sole factor in 1 case (5%). The combination of poverty and access to education was cited in 4 cases (19%); poverty and child protection in 5 cases

(24%); and poverty and inadequate care in 6 cases (28.5%). This finding is consistent with previous research, which shows that poverty and lack of access to education are critical drivers of institutional care.

Reasons Given for Admission of Children into RCIs

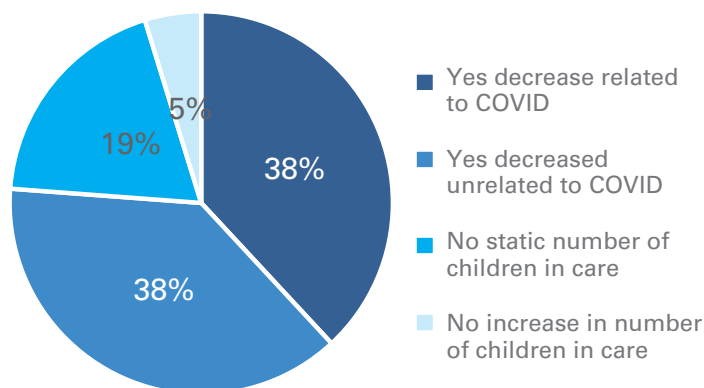


Impacts of COVID-19 on the Functioning of RCIs

Fluctuations in the number of children in care during COVID-19

16 participants (76%) stated that the residential care institutions they were involved with experienced a decrease in the number of children in care during COVID-19. In 8 (38%) of these cases the decrease was related to COVID-19 and in the remaining 8 (38%) cases it was not attributed to COVID-19 related factors but rather to normal reintegration plans or family visits. 4 participants (19%) noted their numbers were static when comparing pre COVID-19 and during COVID-19 numbers.

Decrease in Number of Children in Residential Care During COVID



One participant (5%) reported an increase in the number of children in care but stated that the increase was less than the usual and planned annual intake of new children. The reason provided was the COVID-19 related restrictions on movement and travel had inhibited family visits/assessments of children who had applied for admission. 3 other participants (14%) noted that COVID-19 had impacted their institution's plans to admit new children. Reasons given included lack of facilities to meet quarantine/self-isolation requirements for new admissions and travel restrictions which affected the ability of children to travel to the RCI and the ability of staff to travel into communities to recruit or conduct assessments. This meant COVID-19 disrupted new admissions for 4 out of a total of 27 institutions (14.8%) represented by participants.

Overall, the net estimated reduction was 509 children out of a pre COVID-19 total estimate of 1389 children across all 27 RCIs. This represented a 36.6% reduction in the number of children in care in participating RCIs. Of these children, 375 came from the single largest institution, which was set up as a residential school in Uganda and housed 400 children. Due to school closures and government directives the institution was instructed to send all children home. Only 25 children in residence were reportedly without family to return to and stayed in the RCI throughout COVID-19.

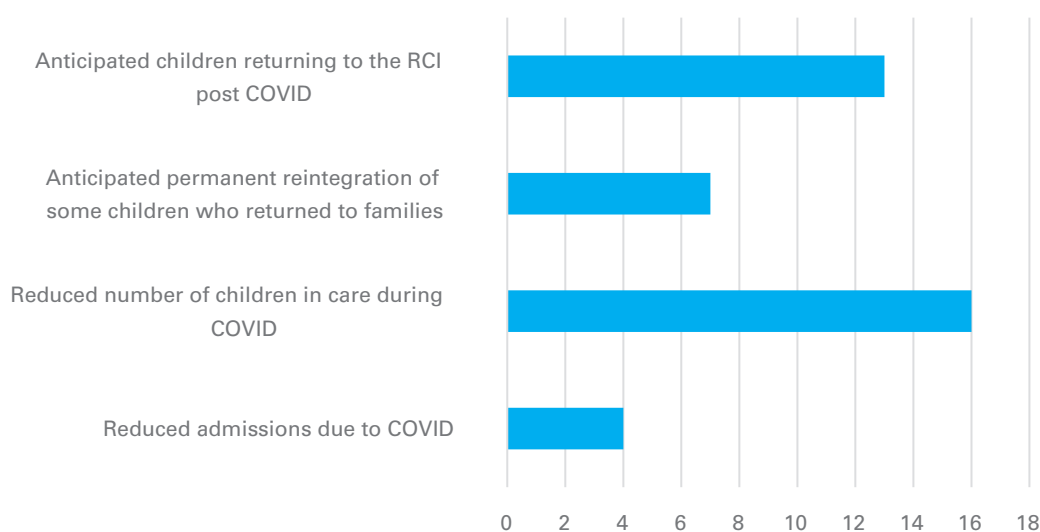
The median number of children in each institution dropped from a pre-COVID-19 level of 30 to 26 at the time the interviews were conducted. This represented a 13% median reduction in the number of children in care. One RCI (3.6%) was flagged for permanent closure as a direct result of all children having returned to their families under COVID-19 related government directives. In this case, government social workers conducted follow up assessments of all the children and deemed their family placements safe and in the child's best interest for ongoing care. This case is an example of how COVID-19 impacted functional gatekeeping mechanisms to initiate reintegration and RCI closure more so than an example of COVID-19 related learning influencing the decision making of service providers.

“According to governmental orders we had to send home all our children in residential care to relatives, former neighbours etc. We hope that they are taken care of, and we have no indications that they suffer or starve. Initially there were 50 children, among them some secondary school pupils, who had to stay in residential care. Today we have 25 children, as they have absolutely no connection outside the centre. As to the 350-375 children who were sent home, I have not knowledge of every single child, but one of the staff has. Periodically some of these children are sent back, as their relatives did not manage to take care of them or give them food.”

Government directives to return children to their families were referenced by 6 participants (29%) across 3 countries. For 4 participants (19%), the RCIs they were involved with were all located in Kenya (6 RCIs in total) where directives to return children home were part of the public health response and designed to prevent transmission in congregate care settings. For 1 participant (5%), the government directive related to the closure of schools and affected their RCI as it was registered as a residential school. A second RCI operating in the same country was not affected by this government directive as it was registered as a children's home. One

further participant (5%) referenced government directives as resulting in a decrease in the number of children in their care, however this is best understood as the practical and cumulative implication of two government directives, of which only one was public health related. The first directive was for RCIs to support children who had recently returned to their families during the school holidays to remain with their families rather than return to undergo lockdown/self-isolation in the institutions. It was issued as a follow up to a previous non-COVID-19 related government notice published by the child protection authorities to encourage RCIs to reintegrate children in recognition of the high proportion of children in care who had families. Therefore, whilst this directive was not strictly a public health measure, the participant interpreted this directive in conjunction with the government-imposed limits on gatherings which was restricted to 25 people and, according to the participant, applied to all settings including RCIs. As such the participant's decision to send children to their families for an extended period enabled them to comply with both directives, one of which was non COVID-19 related and the other non-specific to RCIs.

Impact on Admission/Exiting Care



Of the 16 participants who noted a reduction in the number of children in care during COVID-19, 13 (81%) had plans to return some or all of the children to the RCI/s. Some participants had already seen the majority of children who stayed with families throughout COVID-19 returned to the RCI/s and therefore the figures do not reflect the full extent of movement of children due to or throughout the COVID-19 period. Reasons given, or catalysts, for returning the children to the RCI/s included children's safety or family challenges, mostly related to poverty; reopening of schools; lifting of travel restrictions; opening of borders; in response to children's requests to return; or decisions made by mandated child protection authorities in response to monitoring or assessment findings.

7 of the 16 (44%) participants who noted a reduction in the number of children indicated that some children would not return to the RCI and would be classified as permanently reintegrated. There were distinctions noted between institutions in countries where gatekeeping mechanisms were in operation and those where decisions to admit/exit children from care rested solely with the institution and/or child and family. In the latter case, the majority of permanent reintegration cases were amongst older children or youth, were related to decisions pertaining to education and were initiated by the child/young person not the RCI. For cases where the RCI was located in a country where decisions to enter or exit care are made by mandated authorities, there were more cases of younger children permanently reintegrating back into families. Participants referenced children's safety as the number one determining factor for permanent reintegration rather than education. This was true even for RCIs established for the purpose of providing education to children living in poverty.

“ *When we sent them to the community, we did not expect them to return to the centre.*”

“ *Interviewer: “Where children have returned to the community, do you expect that they will return to the residential care centre or will they remain in the community?”*

Participant: “Some might return to the RCI due to the severity of challenges they are facing in consultation with the Department of Children’s Services on case by case basis e.g. abuse cases where the child is at risk at the family level. Others might remain in the community with support from the RCI.”

Impacts on education

School closures had a significant impact on the majority of RCIs that were part of the study. 20 participants (95%) noted the closure of schools in the country where the RCIs were in operation caused significant disruption to children's education. The one outlier was an institution that had a school on site that was able to seek permission from the government to keep the school in operation provided it was exclusively accessed by children from the institution. As such this participant reported no impact on children's education due to COVID-19.

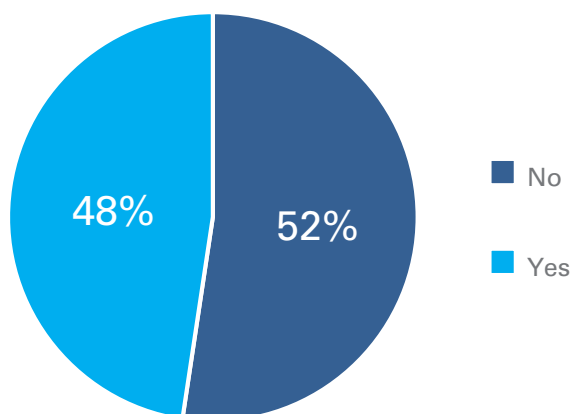
“ *The biggest challenge was when school went online and we couldn't support the children because we didn't have sufficient computers at that time, so the children missed 15 days of online classes. So that was the hardest period for us!*”

“The schools provided online classes and sent teachers out to visit and assess each pupil’s home’s capacity. The caretakers proposed the leaders to buy devices for each child. The leader refused, knowing that the neighbours cannot provide the devices for all of their children.

In 10 cases (47.5% of all cases, 50% of cases where school closure was reported), participants noted RCIs transitioned to online education however this did not translate into access to online learning for all of the children in their care. Lack of computers or devices; no online classes for younger children; lack of staff to support and supervise online

education; and inability to support children who had temporarily returned to families to access online education were all challenges raised by participants. This affected children in the RCIs associated with 6 out of the 10 (60%) participants who noted a transition to online learning had resulted in disparate access to education within institutions.

Transitioned to Online Education



In 10 out of 20 cases (47.5% of all cases, 50% of cases where school closure was reported) where school closure was reported, participants stated that children in the RCIs they were involved with did not access online learning. In 7 (70%) of these cases, children in the associated RCIs did not access any form of education during periods of lockdown and school closure. In 3 cases (30%), some or all of the children accessed alternate forms of education, including via education programs broadcast over radio and onsite teaching/tutoring provided by caregiving staff.

Other impacts of COVID-19 on education included 1 case where after a period of all schools being closed and the RCI organising centre-based tutoring, schools resumed for upper primary and high school. However, in this case, the government required children to board at their school to suppress transmission of COVID-19. This resulted in approximately 19% of children in this particular RCI being relocated to a school dormitory for a period of time.

For 4 participants (19%), who noted education as a primary reason for admission into residential care, the associated RCIs ran their own schools. The impact to these schools varied by country and based upon the individual situation of each school. In 2 cases, including the residential school discussed above, the schools were closed due to a government directive and in another, also discussed above, the school was able to remain open after negotiating with government, despite a directive for all schools to close being issued. In the 4th case, the school was an ‘international’ private school associated with a school in the US. The school was reliant on curriculum being sent regularly from the US and on expat volunteer teaching staff. Therefore, the major disruptions to the children’s education in this case were restrictions on international shipping and border closures as they lost access to curricula and to teachers. These impacts extended beyond the period of government mandated school closures and caused a disproportionate disruption to the children’s education. This was a source of considerable stress for the director who was grappling with

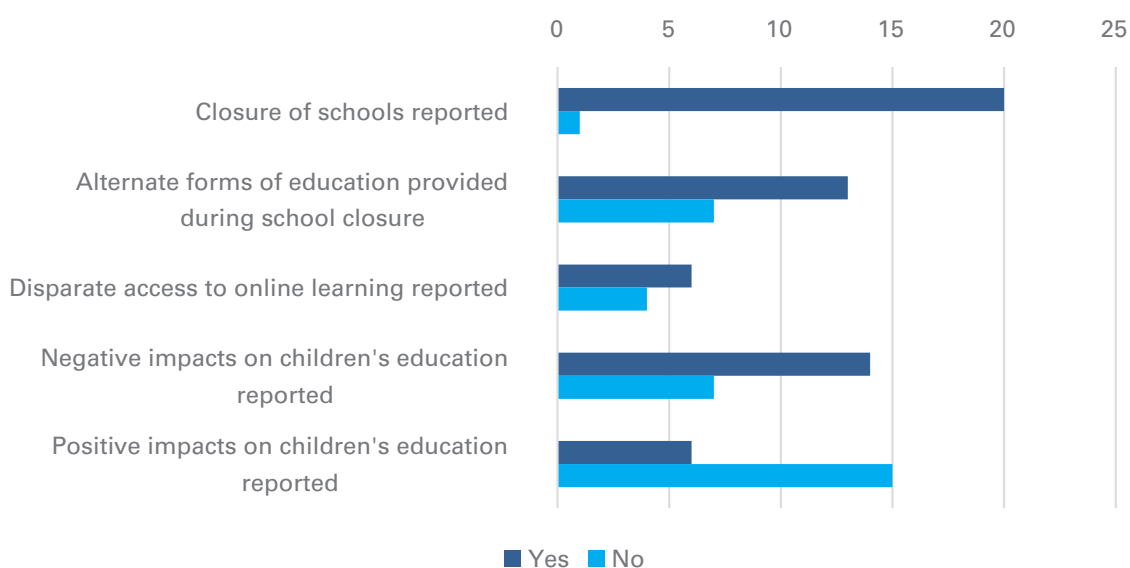
the prospect of having to transfer the children to government schools however, for reasons unspecified, did not have the formal academic transcripts required to enact the transfers.

In one other case, self-isolation directives restricted private tutors, hired by the RCI to teach the children, from being unable to come on site. However, in another case, the participant noted that they countered the lack of schooling by hiring private tutors who were allowed on site.

14 participants (66.6%) raised impacts on education when asked about any negative impacts of COVID-19 on the children and their care. Amongst the most significant concerns were the disruptions to school routines causing children to lose interest in studies and impacts on the quality of education accessed by children during COVID-19. 4 participants (19%) noted that the number of children in RCIs created a further layer of disadvantage affecting both access and quality of education. Staffing and equipment limitations (computers devices, TVs, radios) meant that in most cases, the education of older children was prioritised over the support offered to younger children. Two participants noted that despite focusing on older children’s education, caregivers struggled to support or teach older children due to their own limited education and lack of familiarity with the content. This appeared to be a significant source of stress for children and staff alike and was likely exacerbated by the fact that many of the children were admitted into RCIs for education related reasons.

The negative impacts of school closure notwithstanding, 6 participants (28.5%) also noted some positive impacts of COVID-19 on children’s education. The introduction of vocational skill development was the most common benefit mentioned, with 4 participants (19%) commencing or increasing older children’s involvement in farming and/or income generating activities in response to school closures. 2 participants (9.5%) noted that social isolation measures reduced distractions that otherwise compete with children’s study time, such as spending time with peers outside of the institution or at entertainment venues in the community and resulted in children dedicating more time to formal and extra curricula studies such as language, art and music.

Impacts on Education

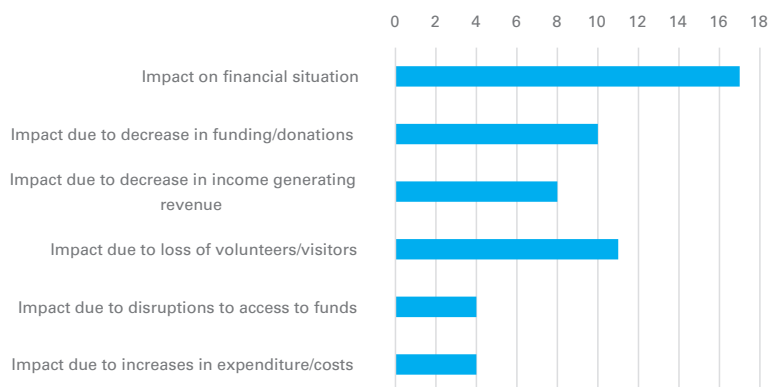


Impacts on funding and budgets

17 participants (81%) stated that COVID-19 had some impact on their financial situation. Impacts varied and numerous participants noted they had experienced more than one impact on their financial situation. The range of impacts included:

- Loss or reduction in donor funding, which affected RCIs associated with 10 participants (47.6%).
- Loss or reduction in income derived from income generating activities, which affected RCIs associated with 8 participants (38%) and 100% of RCIs who generated some revenue through income generating activities. This included income generating activities run by donors in donor countries and those run by directors in the country where the RCI was in operation.
- Loss of income, donations or in-kind support from volunteers/visitors, which affected RCIs associated with 11 participants (52.3%).
- Disrupted access to funding due to closure of banks, loss of personnel or delays to international transfers, which affected RCIs associated with 4 participants (19%).
- Increased expenditure due to rising costs of food or other goods and the need to purchase supplies to meet higher hygiene standards as mandated by public health response directives were mentioned by 4 participants (19%). There were two other cases where participants noted changes to their budgets (increased food costs and decreased schooling costs) but did not self-identify as having experienced a financial impact. Rather, it was framed as a redistribution within the budget.

Financial Impacts on RCIs



“The donor organisation has already said that now because COVID the funding has dropped, so income and expenditure of the centre also had to be reduced and saved and we had to reduce consumption, such as unnecessary materials, we do not have to buy, and what can be cut, such as food, also cut some for the staff. They have a reduction.

10 participants (47.6%) expressed concern about their financial situation as a result COVID-19. 5 (50%) of these held the principal fundraising responsibilities for the RCIs they were involved with and 5 (50%) did not. A greater number of participants (6 out of 8 or 75%) who were partially reliant on income generating activities

expressed concern about their financial situation when compared to those solely reliant on donor funding (4 out of 13 or 30.7%).

Income generating activity revenue streams appeared more vulnerable to COVID-19 related impacts when compared with donor funding. 100% of all participants with income generating activities stated they had experienced a reduction in revenue compared with only 46.7% of participants who reported a reduction in donor funding. This is likely due, at least in part, to the immediate and direct nature of impacts to income generating activity revenue as a result of lockdowns (closure of businesses, disruptions to transport and travel restrictions) whereas a drop in donations/funding was a secondary impact or ripple effect of these market disruptions that affected donors' capacity to give. As such impacts on donations may be less immediately felt, however may increase the longer COVID-19 continues to cause economic disruption and downturn in donor countries.

Throughout the analysis, a correlation was noted between participant's perception and experience of funding reductions and proximity to individual donors. Directors who had an overseas charity raising funds on their behalf were more likely to state there had been no impact on their funding at the time of the interviews when compared to directors who interfaced directly with individual donors and sponsors. For donors, a related dynamic was noted where in 3 cases (14.3% of all cases or 60% of all donors), donors spoke of a loss of donors/donations, however through various means, including COVID-19 specific appeals, contributing their own income and diversification of fundraising activities, had managed to make up the short fall and had sent the full amount of funds to their overseas RCI partner. Thus, in these cases, their RCI partner may not have been fully aware of the financial impacts of COVID-19 on their partners due to being one step removed from the individual donors and interacting primarily with a donor/charity who acts as principal fundraiser.

There also appeared to be a correlation between loss or reduction of funding and the type of donor and fundraising strategies employed by principal fundraisers. Fundraisers, whether donors or directors, who were dependent on collecting one off or irregular donations, through fundraising events, public speaking engagements or volunteers/visitors were more significantly impacted (in terms of percentage and scale) than those with more committed and regular funding sources. As one participant noted 'regular support has continued, but spontaneous support has reduced'. The nature of the adverse impacts on irregular sources of donations was more pronounced and more likely to be attributed to public health measures (border closures, travel restrictions, limitations on gatherings) rather than secondary economic ripples on donors. The inability to host fundraising events left fundraisers with significant budget deficits, which in the case of one donor amounted to 40% of their overall budget or AUD \$80,000. 9 participants (42.9%) indicated volunteering/visiting was integral to their fundraising pre-COVID and all 9 (100%) had experienced a decrease in their overall funding levels as a result of the cessation of volunteering. Of these 9 participants, 7 (78%) expressed concern about their financial situation and attributed that concern to the loss of

“ We didn't go anywhere. Then we did all online, online, online. All online. Online. A lot online. I mean, 24 hours online, I mean, I don't care if someone wants to connect with us when it is night time here - we had to be flexible. I never tell the people if it is my sleeping time, or our relaxing time, no (make ourselves very available). When our donors need or want to contact us, they can do so 24hrs. We don't tell them it is after hours. We don't put boundaries down. We don't make it difficult for them to connect.”

international volunteers and visitors. These concerns were for the immediate loss of one-off donations and in-kind donations made by volunteers and visitors and the longer-term ripple effects on their funding as past volunteers/visitors play a significant role in ongoing fundraising and word of mouth referral of new donors.

In terms of regular giving, donations from individual donors were more vulnerable to reduction than funding from institutional donors or businesses. 5 out of 9 participants (55%), for whom child sponsorship comprised part of their pre-COVID funding, noted a loss of child sponsors. However, in each case, they experienced a reduction in the number of sponsors rather than a complete termination of this type of funding. Participants estimated that between 20-50% of child sponsors had terminated or suspended their sponsorship due to COVID-19 related economic impacts. Other participants with high dependence on individual donors (non-high net worth individuals) noted a drop in income of between 20-60%.

“ This has been a challenging year. But we’re really thankful that our funding basically was maintained.”

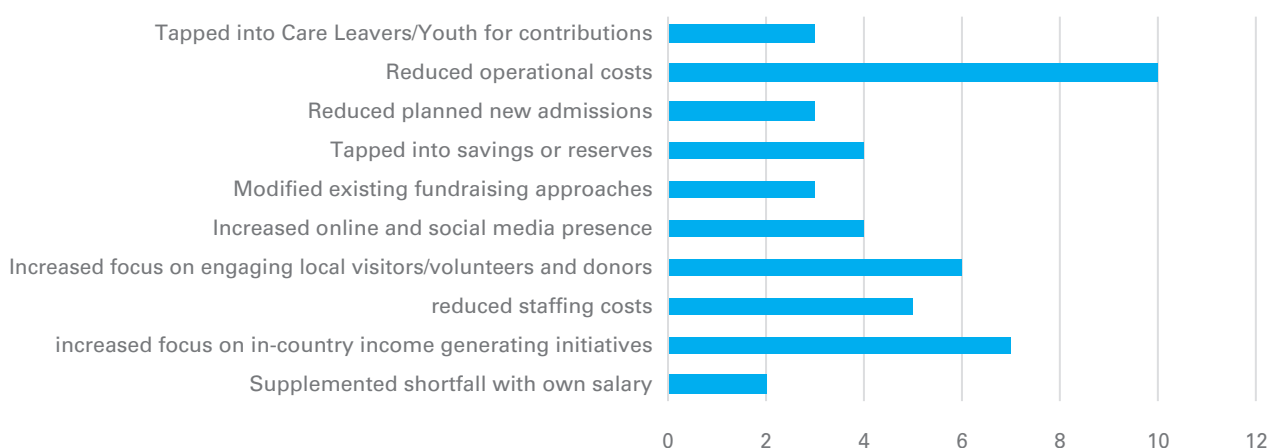
Participants whose RCIs were funded by institutional donors (churches, charities, companies) or through philanthropy experienced greater stability. Several participants noted no financial impacts, with

their charity partners ‘fulfilling their 2020 funding commitments’. This needs to be interpreted in light of the different mode of operation of institutional donors who often pre-collect and/or pre-allocate funding for a period of time coinciding with funding agreements, versus those who rely on generating sufficient one-off donations to meet monthly or annual budgets. As with income generating activity revenue, the latter is more vulnerable to manifesting immediate impacts however it is very possible that reductions in funding commitments from institutional donors of RCIs may become more evident as time progresses and new funding commitments are negotiated. Whilst it was not possible to ascertain the extent to which directors or donors were concerned specifically with this risk, of the 11 participants who did not experience a reduction in their funding, 3 participants (27.3%) remained concerned about their funding situation indicating their awareness that the full extent of COVID-19 related financial impacts may yet to be felt. Some participants discussed the global nature of the COVID-19 pandemic and its impact on donor

and recipient countries alike. Donors’ capacity to maintain support levels as well as mitigate impacts to budgets and compensate for loss of in-country funding streams was therefore perceived as somewhat uncertain and under threat. As such even participants who had not experienced a reduction in funding were looking at diversifying their income streams and reducing reliance on donations. Directors who were already heavily dependent on income generating activities in-country and who had experienced significant loss of revenue were more likely to be exploring cost reduction adaptations versus funding diversification adaptations.

“ It is a risk because if there is no COVID-19, our organisation will always get enough sponsors and sponsors will continue; we do not have to fear or worry about when the funds will be cut off. When COVID comes, we are all scared. If there are no donors, we will just close the centre. This is something we fear and anticipate, and we do not know how to find the ways to help. If we continue to oppose, for example, the restriction for international travel for foreign visitors and still allow them to come, it is impossible. Visitors can not come to help and we are not like before.”

Mechanisms Employed to Cope with Reduced Income



Participants had employed or were in the process of introducing a range of measures to cope with the impacts of the COVID-19 pandemic on their funding/income streams, with many participants employing more than one coping mechanism. The range of coping mechanisms mentioned by participants included:

- Supplementing the loss of donations with their own income. This was the case for 2 donors (9.5% of participants or 40% of donors), one of whom returned to their former occupation during COVID as a means of generating income.
- Increasing the focus on in-country income generating activities. This was mentioned by 7 participants (33.3%), with many focusing on activities that would generate both food and income for the RCI/s they were involved with.
- Reducing staff costs. This was mentioned by 5 participants (23.8%) and included temporary reductions in staff salaries and reductions in staffing levels.
- Increasing focus on local (in-country) fundraising and donation (in-kind) drives. This was mentioned by 6 participants (28.6%) and was particularly prominent in Thailand where

“Donations dried up, virtually immediately. We lost child sponsors, not all of them, but we did because they lost their jobs and couldn’t work naturally. Because we couldn’t sell our produce from our farm, not even to anyone, not even a local restaurant because they were all shut, we had all this excess food so then we gave most of it away to villagers. Then we got torrential rain which flooded our whole farm and we lost everything on our farm so during that time there was very limited income coming in. So, I went back to work, I was about to retire, but I went back to work because I thought I’m going to have to pay. I’ve got all these people that rely on me. So, most of my wage was going to, and still is to supporting the children and the people there.”

participants referenced tapping into the concept of 'Thais help Thais'. Participants noted increasing their engagement with individual local volunteers/visitors, local organisations who could provide in-kind donations as well as long-term resident expatriates with means to provide financial and in-kind support.

- Increasing online and social media presence to attract new donors; retain existing donors, in particular in lieu of utilising orphanage volunteering as the primary means of connection; and to increase visibility amongst prospective local volunteers and visitors. This was referenced by 4 participants (19%) and in 1 case included facilitating skype calls between children and volunteers/sponsors.
- Modifying existing approaches to fundraising to address perceived weaknesses or limitations was referenced by 3 participants (14.3%) and included reducing reliance on large scale events in favour of a greater number of smaller more decentralised fundraising initiatives and reducing reliance on the founder persona in fundraising initiatives.
- Tapping into savings or existing funding and food reserves. This was referenced by 4 participants (19%), however in the case of 1 participant had resulted in the RCI director going into debt against his agriculture business to maintain the care of the children. 2 participants reflected on the inadequacy of their existing financial safeguards (buffers/reserves) in light of such a protracted pandemic. 1 participant who had put safeguards into place (3-month funding and food reserves after experiencing a natural disaster) drew the conclusion that RCIs should operate with a minimum of 12 months of funding reserves. Recognising, however, that this would not be immediately feasible as unlike the previous natural disaster, COVID-19 had a global impact with serious economic implications for donor countries.
- Reducing or ceasing annual intakes of new children into care in response to funding cuts was mentioned by 3 participants (14.3%).
- Reducing operational costs was mentioned by 10 participants (47.6%) and included reducing superfluous expenditure, reducing food expenditure, cutting out children's allowances and reducing education costs by transferring children to public schools.
- 3 participants (14.3%) mentioned tapping into their Care Leaver networks and/or older youth still residing at the RCI for financial contributions via donations or contributions from their salaries.

Impacts on and Related to Volunteering and Visiting

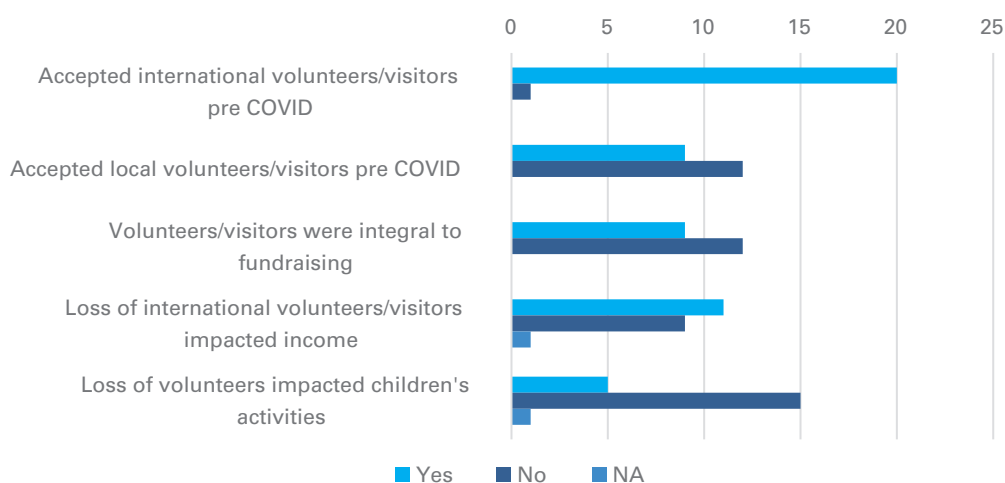
International volunteering and visiting

Due to international border closures, all international volunteering and visiting ceased in early 2020. This affected RCIs associated with 20 participants (95.2%) who had previously welcomed international volunteers and visitors to varying degrees.

The most widespread impact of the loss of international volunteers/visitors reported by participants related to funding/donations. 11 participants (52.4%) attributed a loss of income to the cessation of international volunteering/visiting. This is contrasted with only 4 participants (19%) who stated that the loss of international volunteers affected children's activities. This is despite 16 out of the 20 participants

(80%) whose RCIs accepted international volunteers and visitors stating that one of the primary roles of volunteers/visitors pre-COVID was to conduct activities with children. This disparity between nature of involvement and the actual utility of international volunteers/visitors was further indicated by the fact that only 1 participant (5%) listed support for running activities as a benefit of international volunteers/visitors compared to 16 (80%) who listed funding and fundraising as amongst the benefits of volunteering. For 10 of those participants (62.5%), financial or material benefits were the sole benefits listed. For the remaining 6 (37.5%) who listed financial/material benefits, other benefits were also mentioned, such as training, learning, relationships, cultural exchange, capacity building and encouragement. 5 participants (25%) stated that international volunteers/visitors were involved in caregiving of children pre-COVID-19, in particular of young children and babies. However, no participants identified support with caregiving as a benefit of volunteering and no participants noted an impact on caregiving as a result of the cessation of international volunteering/visiting. This suggests that in most cases, roles assumed, and activities conducted by international volunteers/visitor are largely unessential and superfluous to the actual operation of RCIs and are often a means of transforming individuals into donors and longer-term advocates and fundraisers.

Impacts Related to Volunteering/Visiting



Of the 16 participants who saw international volunteering/visiting as beneficial for financial/material reasons, 13 (81.3%) specifically mentioned 'fundraising' as distinct from donations. They also referenced the dynamic whereby volunteers/visitors return to their countries as 'ambassadors' or 'advocates' who recruit other donors and visitors, engage in fundraising activities and promote and raise the profile of the RCI/organisation amongst their networks. The degree to which such former volunteer/visitor-led fundraising was central to the organisation's pre-COVID-19 funding model seemed to correlate to the degree of financial impacts experienced during the pandemic. Out the 13 participants who recognised fundraising as a benefit of international volunteers/visitors, 9 (69.2%) indicated that volunteers/visitors were integral to their funding model. This represented 45% of all participants who accepted international volunteers/visitors and 69.2% of all participants who referenced 'fundraising' as a benefit. In no cases was international volunteering/visiting noted as integral to the funding model without the participant listing fundraising as a benefit (100% correlation). For the remaining 4 of the 13 participants (30.8%) funding derived from volunteers/visitors was a benefit of international volunteering/visiting but not their main source of income or means of acquiring funding.

“When talking about closing international travel and tourism, it is very relevant to the centre. The centre needs visitors to come in and out as when it closes we lose all our income/funds and equipment. In the past, there were normally hundreds of people in a year, more than a hundred people would come to the centre and if that is now restricted, we will have nothing.”

Of the 9 participants for whom volunteering/visiting was integral to their funding model and who utilised volunteers/visitors as fundraisers, 8 (89%) had experienced a drop in funding (out of a total of 10 participants who experienced a reduction in funding) and all 8 (89%) expressed concern about the loss of volunteers (out of a total of 9 participants who expressed concern). This seems to indicate that the degree of dependence on visitors/volunteers to act as fundraisers was a stronger predictor of funding impacts than accepting volunteers/visitors alone-

despite the widespread recognition of the primary utility of volunteers/visitors being income. This is likely attributable to a range of factors, including donor country public health measures that impeded upon returned volunteers ability to fundraise and recruit. It may, however, also be indicative of having volunteers/visitors associated with two aspects of an organisation’s funding strategy (volunteer income and fundraising) resulting in a double hit in terms of impacts.

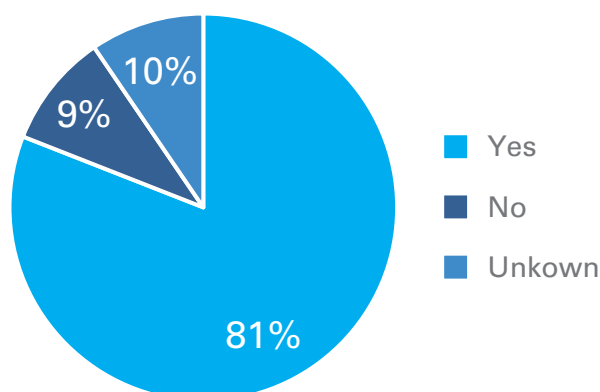
Whilst further research would be required for definitive conclusions to be drawn, the data suggests there may be a difference in terms of the sustainability of volunteer-led fundraising activities when compared to donor/founder led initiatives. Participants’ limited descriptions of volunteer-led fundraising activities suggest that volunteer involvement in fundraising may tend to be short term and more likely to yield one-off type donations versus regular commitments. This would explain the need for a consistent stream of volunteers/visitors who become fundraisers to sustain funding levels. There were examples given of visitors/volunteers who had become long-term supporters and who visited regularly, however participants generally reverted to speaking of specific people rather than in general terms when discussing this dynamic. Given the number of volunteers/visitors RCIs accepted annually (the median number accepted per RCI per annum was 55) these one-off examples appeared to be outliers rather than the norm. Amongst the participants themselves, it is also important to note that in 7 out of the 21 cases (33.3%), the catalyst for founding the RCIs associated with participants was voluntourism/volunteering. This represented 7 out of 12 (58.3%) of all foreign founded RCIs. Voluntourism/volunteering was catalytic for founding a charity/funding entity to financially support the RCI in 10 out of 17 cases (58.8%) where a charity/funding body was in existence. Therefore, whilst it is clear that volunteering/visiting does translate into long-term commitments in some cases, it is plausible that the average volunteer/visitor’s involvement in fundraising is time limited.

17 participants (81%) stated they intended to recommence international volunteering/visiting post COVID-19, 2 (9.5%) gave no clear indication and 2 (9.5%) stated that they would not. Of these latter 2 cases, 1 was the sole RCI that did not permit international volunteering/visiting pre-COVID-19 and the other was a foundation that only allowed a limited number of people associated with the donor entity to visit pre-COVID-19. 4 participants who are intending on resuming international volunteering and visiting and see it as integral to their funding model expressed some uncertainty as to whether it would return to pre-COVID-19 levels. Public perceptions regarding the safety of international travel, resumption being dependent on widespread global vaccine roll outs, and anticipated shifts in voluntourism practices, most notably gap year travel, were all cited as factors that may change the international voluntourism landscape over the mid to long-term. For 2 other participants (11.8% of all participants intending to

resume international volunteering/visiting) for whom international volunteering/visiting was peripheral to their main fundraising strategies and who did not experience a reduction in funding indicated an intention to resume the practice in a more restricted or limited capacity. One of these participants had previously facilitated gap year students via a tour provider that they did not intend on resuming. However, they did intend on resuming visits and volunteering from personal connections to the founders and donor organisation. The other participant had previously facilitated visits and volunteers from both their major donor and their connections but had decided to only resume donor visits in the future.

4 participants (19%) noted some positive impacts associated with the cessation of international volunteering/visiting. For 2 participants, the positive impact related to organisational benefits. One participant specifically mentioned improved ability to focus on internal development and capacity building in lieu of having to take care of visitors. For 1 other participant, it related to improvements to children's care and wellbeing, with the director recognising that the revolving door of visitors impinges on children's freedom and ability to relax as they are constantly subject to the agendas of visitors. The remaining 2 participants stated that the cessation of international volunteers and visitors resulted in an increased focus on engagement with local visitors and volunteers, which they saw as a promising model to pursue long-term rather than just a temporary adaptation during COVID-19. It is important to note that despite recognising these positive impacts associated with a cessation of international volunteering/visiting, all 4 participants expressed an intention to resume international volunteering/visiting once COVID-19 restrictions have lifted.

Intentions to Resume Volunteering/Visiting Post COVID



“Children are not relaxed and free because they have to follow what the visitors want to do and what they want to train the children in, and then the next visitors come. Having visitors is one of the depressing factors for children. Children have more freedom when there are no visitors at the orphanage.”

“The children are disappointed there are no visitors coming to spend time with them and bring games and fun things to play with..... so we've just had to try to work harder and not depend on the teams to do that (introduce fun activities) so now we need to create more games and sports or something. Maybe a positive is that it gives us more consistency without having to take time to host visitors.”

Local visiting and volunteering

Of the 11 participants who stated the RCIs they are involved with accepted local visitors and volunteers pre-COVID-19, 8 (72.7%) reported a complete cessation of local volunteering/visiting throughout the pandemic. Most reported this was due to lockdowns and self-isolation requirements that restricted

access to RCIs to essential personnel only. 3 of the 11 participants (27.3%) who accepted local visitors/volunteers pre-COVID-19 reported an increase in local volunteering/visiting practices. All three had reported a decrease in funding and associated this in-part with the cessation of international volunteering/visiting. Participant comments suggested that the increased engagement with local volunteers was driven partly by necessity to address these funding deficits. In at least 1 case, it was proactively initiated by the RCI staff who increased promotion of the RCI in the community to recruit local supporters. In 1 other case, increased engagement of local visitors/volunteers included with expatriates who remained in the country throughout COVID-19 and were looking for opportunities for civic engagement throughout the pandemic. 1 participant out of the 10 (10%) who did not accept local visitors/volunteers pre-COVID-19 commenced with the practice during COVID-19. This was proactively initiated by the director who expanded their social media presence during COVID-19 to increase the RCIs visibility amongst local people throughout the pandemic. This participant stated: *“Before we could not ask people to help us. When COVID started, we could not say ‘help us’ but we put pictures on Facebook and people saw us”*. The participant’s motivation for engaging with local visitors/volunteers throughout COVID-19 was not clear however was not attributable to financial/material insecurity as no reduction in funding was reported and the participant had existing food and funding reserves to draw upon to mitigate any temporary market or finance related disruptions. The visitors did however make in-kind donations. It was noteworthy that the participant commenced this practice despite being concerned about the increased transmission risk associated with permitting local visitors to access the RCI during COVID-19 and in the absence of financial or donor pressure. The participant did however place restrictions on the length and nature of visits to mitigate transmission risks.

“ *I am happy that Thai people are helping Thai people. I’ve wanted to see this for a long time. I’ve wondered why it’s only foreigners who come and help us. But now that we’ve seen Thai people come and help, I am proud and happy.”*

Increased engagement of local volunteers/visitors was strongly associated with an increase in in-kind donations versus monetary donations. Donations included food staples such as rice and meat, meals donated by companies as a part of corporate social responsibility (CRS) programs and donations

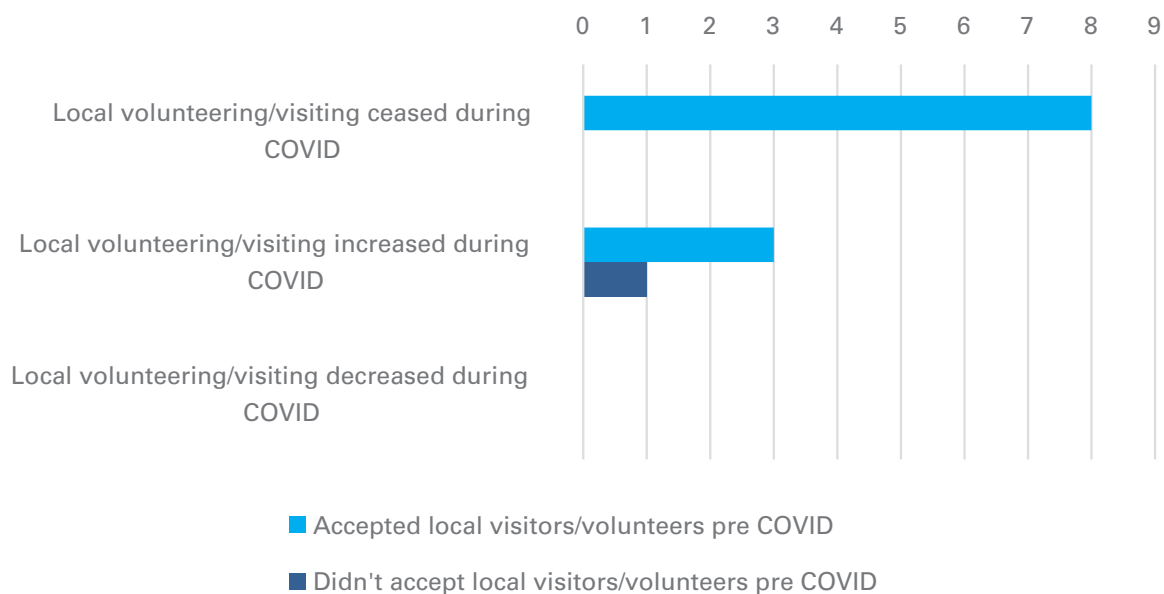
of material goods. Participants noted that the increased level of in-kind donations from local visitors helped to offset the loss of financial donations from overseas donors and international visitors/volunteers or of reduced revenue from their income generating initiatives. 1 participant also noted that local visitors/volunteers were active in arranging activities for the children around a major holiday period. This was a role that international visitors/volunteers would have typically held and was therefore given as an example of how local visitors/volunteers had mitigated the impacts of the loss of international visitors/volunteers in multiple ways.

Of the 4 participants who noted an increase in local visiting/volunteering, 3 participants (75% or 14.3% of all participants) saw the increased engagement of local visitors/volunteers as an unexpected positive outcome of COVID and expressed an intention to pursue it further post COVID-19. It was perceived as a means of reducing reliance on foreign funding and support and increasing sustainability. It was also ascribed moral value by participants who saw it as a positive development in social responsibility of both companies and of more affluent locals.

This was a particularly strong theme in Thailand where 3 out of 4 participants (100% of participants from Thailand who saw an increase in local visiting/volunteering) referenced this dynamic. In this case it seemed to tap into an existing phenomenon being promoted in-country called 'Thais help Thais', which has become the subject of a campaign launched during COVID-19 by the Thai government to promote economic recovery, in particular due to the loss of tourism. In all 3 of these cases, the interest in pursuing more domestic sources of support, including through visitors/volunteers, seemed to also be connected to considerations or discussions around succession planning, which would see management and funding responsibilities transferred from foreign founders who were the principal fundraisers to national teams and/or national directors over time.

“ We actually are ok. Because we see right now Thai people are opening their eyes and hears and see that there are lots of areas they can help. Expats that live here are seeing that there is a foundation here and can help. And I see that things are not that bad. We see that local Thais are helping people in the country. So to be straightforward with you, I'm not too worried.”

Impact of COVID on Local Volunteering/Visiting



“ **Interviewer:** “Is there a trend, that you’ve seen now because of Covid, that you will find more funding and support from within Thailand?”

Participant: “We have. Only we don’t have anyone who does fundraising directly except for our (foreign founder). She would not feel confident raising funds from Thailand. But in the future I see that we need to look for funding from Thailand as well.”

Participants recognised that their current fundraising strategies were highly dependent on the foreign founder’s profile and networks, and this would be challenging to transfer. Therefore, national leaders/directors were keen to explore local fundraising opportunities that would allow them to tap into their networks and relationships moving forward. They also recognised that in the same way national leaders would struggle to continue fundraising from overseas sources, foreign founders would struggle to tap into local sources.

Impacts on Children's Care

Impacts on staff and caregiving ratios and roles

10 participants (47.6%) stated that during COVID-19, the RCIs they were involved with experienced a decrease in staffing levels, either temporarily or permanently. Of those 10, 6 participants (60% or 28.6% of all participants) attributed the decrease in staffing levels to public health related self-isolation measures and restrictions on movement. These measures included restrictions on travel and movement in the community that prevented staff from being able to travel between their home and the RCI and impacted

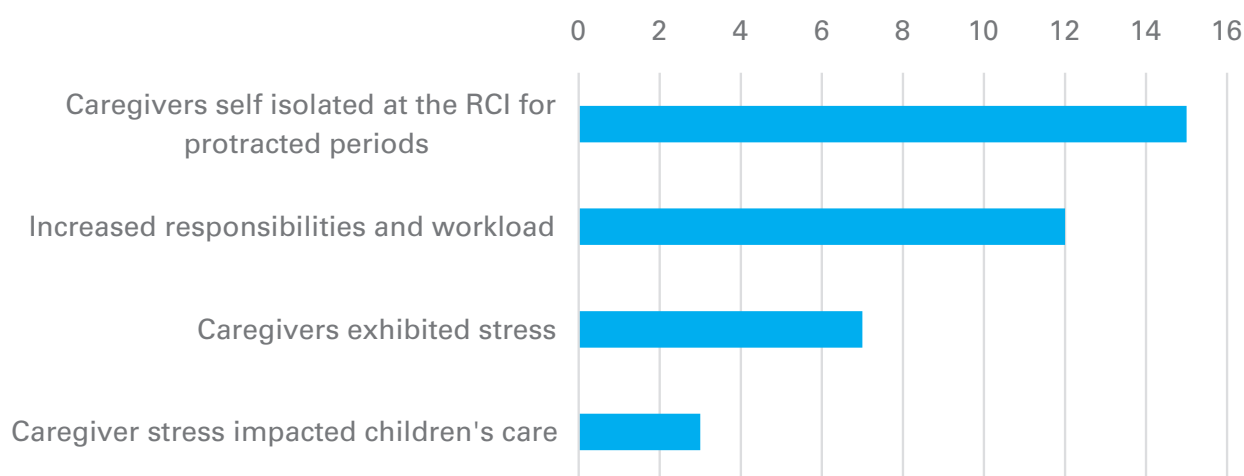
“Some staff lived like an hour's drive away, so they couldn't come (to work) because they weren't permitted, even though they wanted to stay, so that affected us greatly from day one.”

those whose roles were community facing. Only staff who were able to self-isolate in the RCI for extended periods, or work remotely, were able to continue working. Of these 10, 1 participant (10%) noted the loss of a staff person due to the closure of schools, which affected the employee's own caregiving responsibilities. 3 other participants (30%) attributed staffing reductions to funding cuts, which forced them

to reduce staffing costs. 1 participant (10%) noted a decrease in staff due to border closures. This was due to the organisation's dependence on foreign staff who were unable to return to their on-site duties after a planned visit to their home country.

There were no reports of reduced numbers of caregiving staff due to staff terminations, despite 3 participants (30%) stating they had to reduce staffing levels due to financial pressures. In all cases, caregiving staff were prioritised to mitigate impacts on children's care. Terminations affected staff associated with income generating initiatives, community initiatives and technical roles, including the social worker responsible for child and family assessments in 1 case.

Impacts of Public Health Measures on Caregivers



Whilst caregiving staff were less affected by staffing cuts than other employees, they were disproportionately affected by self-isolation requirements. In RCIs associated with 15 participants (71.4%) caregiving staff were required to self-isolate in the RCI with the children for extended periods of time. This meant that caregivers, many of whom pre-COVID-19 worked in shifts, were required to remain on-site and on-duty for between 1-6mths without breaks, holidays or the opportunity to see their own families. In some RCIs a 3-month caregiver rotation arrangement was put into place from March until the end of 2020, with caregivers obliged to quarantine and/or undergo COVID testing before returning on-site for their shift. In other RCIs the restrictions were imposed for a much shorter period of time, meaning caregivers were able to revert to their normal work rosters after three months. There were 4 cases (19%) where care was traditionally provided by the director and his or her family and there were no other 'paid' caregiving staff. In these situations, there were no changes to the 'live-in' arrangements of caregivers due to COVID-19; however, there were significant changes to the experience of caregivers owing to having children onsite 24/7 due to restrictions and school closures.

12 participants (57.1%) noted that caregivers in the RCIs they were involved with were also required to carry higher than normal workloads, including assuming responsibility for children's education and taking on responsibilities of staff who had been terminated or were unable to attend work due to travel restrictions. 7 participants (33.3%) noted that the combined impact of higher workloads; protracted periods of time of being 'on duty' and unable to leave

the RCI; lack of contact with their own family and children; and being at the RCI 24/7 due to school closures and lockdown caused significant stress for caregiving staff. 3 of these 7 participants (42.9%) noted that caregiver stress had resulted in tension that had or threatened to impact upon the quality of children's care. Participants who had recognised this risk or reality employed a range of measures to support caregiving staff. Measures included increasing the frequency of psychologist support for caregivers in the development of positive discipline strategies for children; increasing the amount of encouragement and emotional support provided by management; providing financial incentives in recognition of the added burden being placed on caregiving staff; and providing support to caregivers to increase the range of centre-based activities available to keep children occupied and reduce their frustration. In 1 other case, caregivers who were required to work without breaks or opportunities to return home from March through to September 2020 did so on a significantly reduced salary.

“We've got the same house care mothers... They worked from March until late September without a day off. 7 days a week, can you imagine. For USD\$50 a month. That gives you an idea of how I had to cut the wages in half... So, the functioning of the home has remained exactly the same. The functioning of the rest of the project, such as the farm, the security man on the gate (has changed).”

Impacts on relationships and the regime of care

5 participants (23.8%) noted positive impacts on children's care as a result of caregivers self-isolating at the RCI with children. These all related to children having a greater consistency of care which resulted in stabilised behaviours, increased levels of obedience and respect for caregiving staff and improved caregiver-child

“Before they (children) had more respect for the visitors rather than caregivers. Now children give more respect to the caregivers/guardians!”

relationships. One participant attributed the positive impacts to the combination of the loss of visitors/volunteers and improved consistency of caregivers noting that when caregivers are inconsistent, and visitors are the primary ones bringing treats for the children and engage them in fun activities, children learn to respect visitors and disrespect the authority of their caregivers. The participant reported that this dynamic had been reversed throughout COVID-19 with caregiver-child relationships becoming more intimate and respectful.

“ I think the impact that affects the girls and the staff is just the physical separation from each other, I think it also affects the feeling of us being a family....So, it's important to build that back up.... We're working extra hard to build that sense of 'we're together, we're a family', we're a team'”

Most participants indicated that the RCIs they were involved with operated as a 'social bubble' throughout COVID-19 and primarily mitigated transmission risks through limiting contact with those outside the RCI rather than employing social distancing measures inside the institution. As such no notable changes in interaction amongst children or between children and caregivers were

reported in these cases. 3 participants (14.3%) however, stated that the RCI they were involved in had introduced some level of restriction on physical contact and/or social distancing measures inside the RCI, including temporary bans on handshaking, hugging, touching and other forms of physical contact. This altered the nature of children's relationships with each other and with caregiving staff, and as one participant noted, adversely impacted their ability to provide a warm and 'family-like' environment in the RCI and to foster relationships that mirror family. Of the 3 participants who spoke of internal restrictions on physical contact, 1 was more reflective and cognisant of the resulting exacerbation of the institutional regime of care and raised it as a negative impact. The remaining 2 participants discussed these as necessary protective measures, however, did not openly reflect on the psychological or potentially long-term impacts on children.

Whilst the limitations of this study and low rate of mention of this dynamic within the study make it impossible to draw any solid conclusions, it may be of value to test the impact of COVID-19 on the nature and regime of care to highlight the limitations of 'family-like care' in institutions and its increased vulnerability to circumstance when compared with normative family settings. It is foreseeable that engagement with this could increase openness to care reform discussions in situations where the insistence that the institution operates 'like family' and is therefore in no way inferior to family-based care has previously acted as a significant barrier. It is likely however, that director/donor preconceptions and attitudes towards families will be a strong determinant of their openness to this line of reasoning and reflection.

Impacts on children's mental and emotional health

“ That sense of being cooped up I guess is probably pretty tough for the kids. We don't really know what effect that might have or is having on their mental health...We've seen some kids getting a bit more angry and a bit more disrespectful towards the mothers and towards authority.”

18 participants (85.7%) stated that the loss of freedom, socialisation and community interaction resulting from lockdowns, coupled with school closures, had a negative impact on children's emotional and mental health. Participants gave examples of children appearing stressed, increased behavioural issues, increased tension with caregivers,

fear, worry, anger, frustration, depression and apathy amongst children as evidence of the toll restrictions were taking on children's mental health. 10 of the 18 participants described measures instituted by the RCIs to mitigate these impacts, which included:

- 9 cases (50% of the 18 where mental health impacts were reported) whereby RCIs had increased the range of centre-based activities on offer to keep children engaged, occupied and to reduce stress and boredom.
- 3 cases (18.8%) where counselling was offered to children, either in-person or online.
- 2 cases (11.1%) where directors had increased spiritual support for children (devotions, prayer, and pastoral care).
- 1 case (5.6%) where the director had arranged short outings that complied with social isolation measures in order for children to 'get fresh air'.

Noting the high rates of mention of COVID-19 related emotional and mental health impacts on children and the emerging literature on post COVID stress disorders, the impacts of COVID-19 related stress exposure on children in RCIs is a crucial issue that requires further research. Such research should explore the extent to which impacts may differ for children in residential care settings, taking into account pre-existing vulnerabilities associated with separation and institutionalisation. Without further investigation and appropriate and timely mental health support and intervention, there is a risk COVID-19 will have a disproportionate impact on the mental health of children in residential care settings and further compound disadvantage associated with institutionalisation on young people exiting care.

“Children have been stressed. They are stressed because they don't get to go out anymore. They can only go up to the front gates of the centre and out to the back fence and then back inside. Before they used to go on outings, spend time with friends outside the centre. Even if we have something for them to play with, they still want to go out. They need to go out every week; go to school and play with friends. They are so stressed about staying home.”

Positive impacts on children who remained in the RCIs

Despite 19 participants (90.5%) stating that COVID-19 had a negative impact on children in their care, 11 participants (52.4%) also noted some positive impacts. These related to:

- Learning new life and vocational skills, resulting from diversified activities and more time available for engagement in activities that are normative for children in community but not previously facilitated by the RCIs.

“They are learning skills they would be learning in the village, how to look after themselves. For example, older children, even those that might be 7, they are learning how to make chapattis, do their own washing, which is very normal at that age for kids in this country”

“For some of them, going out of the centre to meet their friends is not a good thing as some of their friends are a negative influence, but we cannot prevent them from going out sometimes. So, the positive influence of COVID is it has helped us enforce the centre’s rules.”

Higher interaction and improved quality of interaction between staff and children resulting in improved obedience, cooperation, and respect.

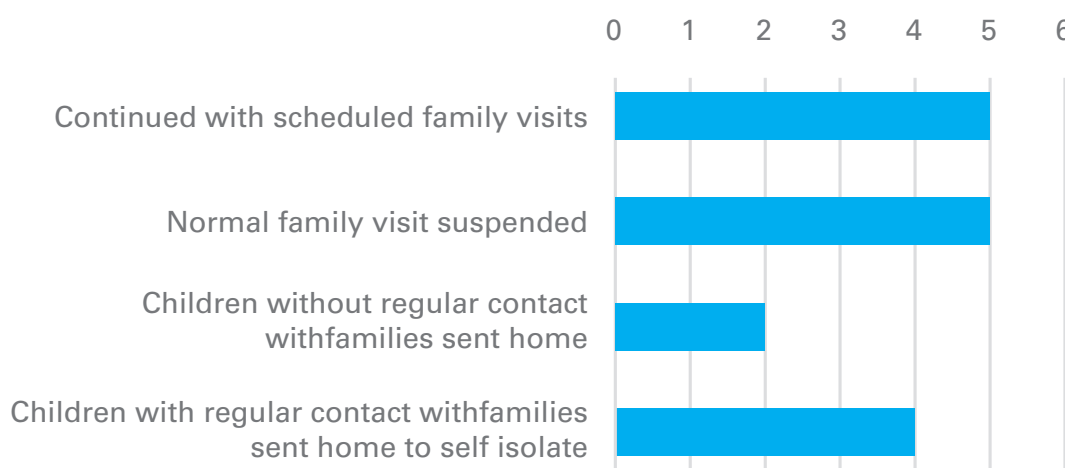
- More time for learning and studies.
- Improved health and hygiene practices.
- Decreased negative peer influence.

Impacts on Family Contact and Reunification

Impacts on family contact

COVID-19’s impact upon children’s contact with their families, in particular family visits was varied. 13 participants (61.9%) mentioned that children from the RCIs they were involved with returned to families in some capacity throughout the COVID-19 pandemic. 5 participants (23.8%) stated that family visits continued, however due to COVID-19, visits were brought forward in 1 case and extended in 4 cases. In 2 other cases (9.5%), children who were not normally permitted to visit family or maintain contact were sent home for a period of time. In 1 of these cases, children were sent home to families due to a government directive, however the participant noted that as family contact had not previously been encouraged, children were sent home to relatives they barely knew and without preparation. In the second case, children made requests to the director to visit their family after an extended period of minimal contact. Unlike in previous years, the director agreed as it also allowed them to comply with the government-imposed limits on gatherings which they would otherwise exceed.

Impacts on Children’s Contact with Families



4 participants (19%) representing RCIs that regularly facilitate family visits for children noted that children were sent back to their families, however to self-isolate rather than as part of a scheduled visit. In 3 of these cases (75%), this was because COVID-19 lockdowns did not coincide with school holidays or a major festival when family visits usually occur, and due to government directives. In 1 case (25%) it did coincide with a major holiday when visits normally occur, however only children for whom it was

deemed safe and appropriate to return for a protracted period of time were permitted to visit their family and all other children were kept at the RCI. The decision not to proceed with normal family visits for the remaining children was influenced by the fact that the week-long public holiday associated with the festival was postponed by the government in an attempt to suppress COVID-19 transmission and prevent seeding events in otherwise unaffected provinces.

5 participants (23.8%) stated that normal family visits were suspended due to COVID-19. In 3 of these cases, participants noted this was a source of stress for the children and was cited as one of the most significant negative impacts of COVID. In 1 case the director had increased phone contact between children and their families in lieu of the planned family visits, however recognised this did not fully mitigate the adverse impacts on children.

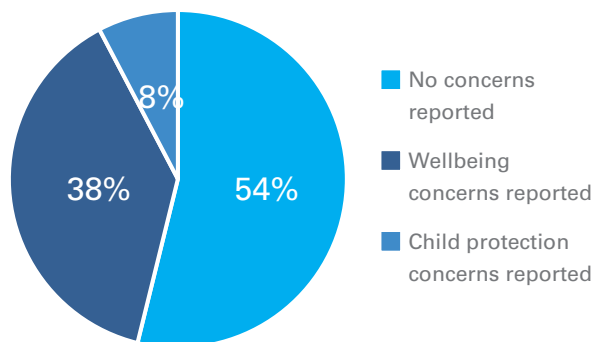
Aside from public health related government directives, factors that influenced participants' decisions to facilitate family visits during COVID-19 included:

- Pre-existing care reform related directives to reduce the number of children in institutional care.
- Public health social isolation requirements/directives and limits on gathering size.
- Whether the onset of lockdowns coincided with school holidays.
- Protracted periods of school closure, in particular for institutions for whom admission was largely education related.

Of the 13 participants who stated that some children had returned home to their families throughout the COVID-19 pandemic, 8 (76.9%) indicated that some level of support was provided to children residing with their families. 5 of these participants (38.5% of all cases where children had returned and 62.5% of cases where support was provided) stated that material and/or financial support was provided to assist with the cost of living. 4 participants (30.8% of all cases where children/youth had returned or 50% of cases where support was provided) indicated support was available to ensure children continued to access education (3 also provided material/financial support and 1 only provide education support) and 2 participants (15.4% of all cases where children had returned and 25% of cases where support was provided) did not provide any financial or material support, however, provided moral and spiritual support. Of the 5 participants (38.5%) who stated the RCIs they were involved in did not provide any support, 1 cited travel restrictions and distance to families as the barrier and attempted to arrange for other organisations to support the children where necessary. This was not possible however in every case. 2 stated that whilst they did not routinely provide support to children during family visits, they would consider requests made by children and/or their families on a case-by-case basis. 1 participant mentioned that children requiring support would be returned to the RCI to access it rather than be provided with support in their families. The final 1 participant suggested for the children/youth who had returned, support was not necessary.

“Each month, we provided extra rice and food support to their family, and social workers were following up and calling them and when many of them were doing online school, you know, via phones and things that we were providing some phone cards, we provided some of them with smartphones, so they continue their schooling and their social workers and the teachers are checking in very often with them. And the counsellors were following up with them if they needed to talk about something.”

Concerns for Children Returned to Family During COVID



Of the 13 participants who indicated RCIs had sent children home to their families throughout the COVID-19 pandemic, 1 participant (7.8%) reported child protection concerns, 5 participants (38.5%) reported wellbeing concerns of varying degrees and 7 participants (53.8%) reported no concerns. The child protection concerns raised by 1 participant related to abuse, were serious in nature and resulted in child protection authorities returning several children to the

residential care centre for ongoing care. In regard to the 5 participants who reported wellbeing concerns, 1 case related to the exacerbation of family poverty due to COVID lockdown measures, however the only specific example of impacts given were of families unable to afford the transport costs to return their children to the RCI post lockdown. In 1 other case, concerns were raised about children's exercise and diet during family visits resulting in weight gain, however the participant noted this was in part due to relatives not controlling children's eating and in part due to children's fear of catching COVID which meant they did not go out to exercise for the duration of time they were in lockdown with their families. In 1 other case, no specific concerns were raised, however the participant stated that if there were problems, children were returned to the RCI temporarily to resolve those issues.

1 participant, who was a director, stated that some children reported being unhappy at home due to parents' drinking, however no indication was given that children were at risk and no intervention had been staged to remove the children and return them to the RCI. In the final case where wellbeing concerns were reported, the participant noted one child had contracted malaria and returned to the RCI for treatment and other children had lost significant amounts of weight. In this case the participant also expressed concern that children had been sexually abused whilst with their families, however when pressed, confirmed this was an unfounded and unevicenced fear rather than a reasonable suspicion or reported concern. With the exception of 2 participants who raised concerns related to weight loss or weight gain, concerns raised by participants seemed to be limited to only a small number of children out of the total number of children from each RCI who had returned home to family throughout the COVID-19 pandemic. This suggests that participants felt the vast majority of children received adequate care during family visits, including in cases where family visits were protracted and unplanned.

“After months at home, the child may have gotten used to and likes living with a relative, even a distant one. Then you have to ask yourself if this child should come back to the residential care centre. Of course, it's better to mobilise our help to the child's situation at home. You might discover that for some children, COVID has meant something good. For others something bad.”

COVID-19's impacts on children's contact with their families does appear to be one of the issues that has stimulated reflection amongst donors and directors alike. For some, it has increased their openness to exploring alternate non-residential models of care or service provision. For others, it has forced them to recognise that children's relationships with families cannot be easily replaced or supplanted, regardless of the quality of care or opportunities on offer, or the degree of perceived disadvantage of their home environments.

In a few cases participant's comments indicated that their experience throughout COVID-19 has begun to challenge their black and white perspective of families and their capabilities. Families who were deemed too poor to care for their children have demonstrated their ability to provide for children's basic needs, often without any support from the RCI throughout extended family visits.

“Some children arrived when they were very little because their parents separated however, they miss their home. No matter how bad their parents are, we can't substitute their biological parents in their heart, no matter how good we are to them.”

Others have begun to realise that poverty is not a fixed state and families' situations can improve overtime. Therefore, care that was deemed necessary due to poverty at one point in time should not automatically be considered necessary long-term and for the full duration of childhood. In one case, and to the director's surprise, families whose children were in care due to poverty had even begun contributing financially to the cost of their children's care at the RCI throughout COVID-19 in response to a drop in foreign funding. This was framed as 'contributing towards their education' suggesting a growing awareness of the utility of residential care being educational rather than care or protection related.

“We do not forward any support, money or food to the children now living with their relatives. We've been informed that they get food and if there has been a problem, the child has been returned to the school, sometimes for a period of time in order to solve the problem. The surrounding area is very fertile, most people cultivate food, so starvation is not common.”

This was framed as 'contributing towards their education' suggesting a growing awareness of the utility of residential care being educational rather than care or protection related.

“We had a single mom. She gave us three kids and then she got married and now she's doing really well ... so during COVID time the leaders said 'what about asking the parents to help out a little bit financially?'.... This was a new idea for us because we've always taken the children completely free. They'll get their education, they'll get their medical needs until they're 18 years old basically. Sometimes they (parents) come up with a brand new truck and a new husband and they've got more money. They (the leaders) think some of the families might be happy to help. So I said well Okay if you want to try it, let's just try it this semester, so they did and they came up with a good amount of money. I thought wow, that's impressive”

Whilst the degree to which directors/donors had reflected on these experiences and really considered the implications for their model of care varied, it was overall still marginal and fledgling. In the case of 1 participant, the extent of othering was so significant that the evidence of families' ability to provide care throughout protracted unplanned family visits during COVID-19 seemed to have done little to assuage the donor's pre-existing negative view of families. Rather broad sweeping stereotypical comments were made in the absence of evidence to reject any suggestion that family-based care could be safe or possible moving forward. This was despite acknowledging the in-principle notion of families being best for children. Therefore, whilst participant reactions were far from uniform or conclusive, there was sufficient evidence of reflection to suggest that COVID19's impacts on family contact could be a worthwhile topic to engage directors/donors in reflection around and may lead to some considering the implications for their services and models of care.

“If we find that children that we have outside care at the moment are happy, that they want to stay there, then I’ll do my level best to ensure if they want to stay they can. I’ll try to convince the sponsors that they are happy this is their village, this is their home place.... So long as they are happy and healthy and they are being well cared for and when school starts being able to go to school. But that won’t happen. It won’t happen.”

Reintegration

“We have a process from the starting that we send the children to the family as much as possible. Even in this year we send one of our children who had been with us for two and a half year to the family as a regular process, not due to COVID-19.”

“There is no case where we send children because of COVID-19 but there were some cases, since the final examination of the children were already finished on month march, some children already had in reintegration planned for about one year before. So, they were sent to home but not because of covidCOVID-19 but because of their planned reintegration program happened. They were sent to families due to directives of government, not because of lack of funding.”

13 participants (61.9%) noted that some children in the RCI they were involved in had been reintegrated during the COVID-19 pandemic or were likely to be remain permanently with families after returning to family for family visits, to self-isolate and/or under government directives. In the remaining 8 cases (38.1%), participants noted that reintegration did not occur throughout the period of the pandemic.

Of the 13 participants that indicated children had been reintegrated, 5 participants (38.5%) representing 5 RCIs (18.5%) stated children were reintegrated as a part of planned and pre-existing reintegration programs and efforts were not in any way triggered by COVID-19 related events or response measures. In all 5 of these cases, children received ongoing support and follow up post reintegration. All of these RCIs were located in countries where government care reforms included efforts (directives/notices/action plans) to reduce the number of children in institutional care.

Participants indicated their reintegration programs came under or were attributable to these government plans/efforts in all 5 cases.

Of the 8 participants who indicated children had not been reintegrated as a part of planned and pre-existing reintegration programs and efforts, one participant (7.7%) indicated that their RCI had periodically permitted children to return home permanently prior to COVID-19, however, did not have a reintegration program or procedures in place. Reintegration, when it occurred, was at the request of children rather than as a result of government or RCI led efforts or gatekeeping.

For the remaining 7 participants who stated reintegration had occurred (53.8%), reintegration was unplanned, did not occur as a part of pre-existing reintegration plans or programs and was in some way triggered by COVID-19 related factors or measures. 3 of the 7 participants who noted reintegration

was unplanned (23.1% of all cases where reintegration occurred and 42.9% of all unplanned cases), indicated that children were initially sent back to families temporarily to self-isolate as part of public health measures and under government directives. Their placements were subsequently assessed by child protection authorities, and where it was deemed suitable and in the best interest of the child, placements were regarded as permanent, and children classified as reintegrated. In the case of all 3 participants, the RCIs they were connected to were located in Kenya where a gatekeeping system has been instituted and decision-making power regarding entry or exit from the residential care rests with mandated child protection authorities rather than with private service providers. In 2 of these 3 cases, the RCIs had pre-existing reintegration programs in place (despite reintegration being unplanned in this instance) and provided post reintegration support and follow up to children reintegrated during COVID-19. In the 3rd case, there was no pre-existing reintegration program, and the donor/founder was unsure whether support could be provided to children who did not return as children were sponsored on the basis of being resident in the RCI.

“We are doing home visits, supporting them with food and educational, medical and spiritual support. There were no assessments done because it was an abrupt directive by the government to release the children from RCI and schools were closed immediately. We did follow up later after some months.”

“My problem is the sponsors don't want to sponsor the children, after COVID, in the village... so the issue is if post COVID the children don't come we can't sponsor them anymore and I get that. The only reason we have kept sponsoring them (in their families throughout COVID) is because they are still in our custody. We are still their legal guardians, even though they were taken back.”

3 other participants who noted permanent reintegration had taken place, stated it was initiated by children/young people and/or their families who decided not to return to care after a family visit during COVID. These children/youth did not receive support post reintegration and reintegration was not viewed positively by the directors.

Participant: *“We just had children who quit, left. Just 2 children. They decided to stay with their grandparents.”*

Interviewer: *“Was it the decision of the family or was it the appropriate opportunity?”*

Participant: *“It was the decision of the family, but it is a problem we see often. When the child can't care for themselves, they'll leave them here. And then when the child can look after themselves, they'll ask for them back.”*

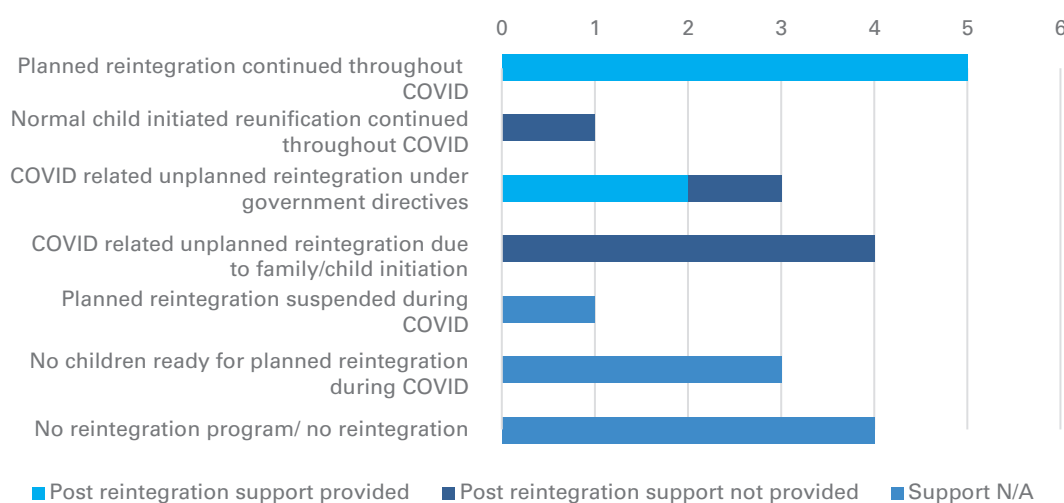
The remaining 1 participant stated that permanent reintegration only occurred amongst youth for whom COVID-19 triggered their transition into independent living. The RCIs associated with participants in all 4 of these cases were located in Myanmar and Thailand where care reform efforts are yet to culminate in strong government run gatekeeping mechanisms or action plans to reduce the number of children in institutional care. Participants' comments suggested that the default and expectation is for institutional care to be long-term and for young people to exit care upon graduation from secondary or tertiary studies.

“We were just planning reintegration, because previous to COVID, we had a reintegration plan. Children should be reintegrated, but that had to be frozen (put on hold). We tried to wait and observe how COVID was going on. It was not something we do to cut costs.”

Of the remaining 8 participants (38.1%) who noted that reintegration did not occur during the COVID-19 pandemic, 4 (19% of total, 50% where reintegration did not occur) stated that the RCIs they were involved in had pre-existing reintegration programs in place. In 3 out of 4 of these cases (75%), there were no children ready to be reintegrated throughout the pandemic and in 1 case (25%), reintegration

plans were put on hold so the director could first ascertain the impact of COVID-19. All 4 of these cases occurred in countries with directives or action plans to reduce the number of children in institutional care and these government mechanisms were referenced by participants. In the other 4 cases (19% of total, 50% where reintegration did not occur) participants indicated their associated RCIs did not have reintegration programs in place pre-COVID-19. In the case of 3 of these participants, the RCIs were located in countries where government action plans or directives to reduce the number of children in institutional care are yet to be enacted and for the remaining 1 participant, the RCI was in a country where efforts to scale back the use of institutions are underway, however the RCI was registered as a residential school rather than care centre, and as such was not subject to or influenced by reintegration requirements.

Impacts on Reintegration



These findings indicate that the greatest determinant of reintegration throughout COVID was pre-existing government initiatives or efforts to scale back the use of institutional care. Whilst COVID-19 catalysed reintegration in the absence of government directives/efforts in a limited number of cases, it was initiated by children and their families rather than by the RCIs and occurred without due process or post reunification support. This highlights how critical government led gatekeeping efforts and action plans to reduce the number of children in institutional care are on children’s reintegration outcomes. It conversely suggests that in the absence of government led efforts and where decision making power rests with private service providers, children are more likely to reside in institutional care long-term irrespective of necessity or suitability. Even director/donors who agreed in principle with the prioritisation of family-based care over residential care were unable to overcome bias which ultimately appeared to influence their views on reintegration and their practice. This was indicated by participant comments as well as the lack of support offered to children/families when reintegration occurred.

2 participants that had pre-existing reintegration programs noted a positive impact of COVID-19 on reintegration that caused a shift in their thinking or practice. In both cases, participants spoke of the improved family reconnection and bonding that resulted from COVID-19 lockdowns where newly reintegrated children and their families spent a significant amount of uninterrupted time together. This helped children bond with their families and become accustomed to their new settings in a shorter period of time. For one participant, this reduced the prevalence of issues that are often experienced in the early days of reintegration when children are still adapting, such as running away.

“We used to have trouble between children and parents after a child was reintegrated and sent to their families. The problem was some children used to run away from their homes, but because they were in lockdown, there were no such cases because no one could leave their house.”

The second participant intimated that their experience throughout COVID-19 increased the organisation's openness to exploring kinship care placements after seeing children quickly become accustomed to and comfortable living with extended family members, who they previously had little contact with.

“After months at home, the child may have gotten used to and likes living with a relative, even a distant one. Then you have to ask yourself if this child should come back to the residential care centre. Of course, it's better to mobilise our help to the child's situation at home.”

It seemed that in both cases, the COVID-19 pandemic provided an opportunity for participants to see that reintegration worked in situations they otherwise would have deemed too challenging. It made them realise that there is more they can do to support children to reintegrate back with families and that in many cases, institutional care is prolonged for children, who with the right support, could return to their families.

“Considering the overall situation, we found that by creating opportunities, the children can stay with their families. Many times, we've kept children in the childcare centre who could stay in a family. Therefore, COVID has encouraged us to know that children can stay in their family, even when we think they cannot adjust. Most of all of the children say that they can live in family.”

“The boys were sent to relatives, and today, several months later, the authorities have decided, after visiting the children at home, that the majority of the boys can stay where they are. Instead, the support will be given to their homes. In this way many more persons, siblings and relatives, will benefit from the same amount of money invested.”

The COVID-19 pandemic also forced organisations to adapt or consider adaptations to their monitoring processes and helped them recognise how new approaches to monitoring could both improve reintegration and make it accessible to greater number of children. 1 participant spoke of how remote monitoring processes developed out of necessity during COVID-19 will be integrated into the organisation’s long-term reintegration program and monitoring systems.

“*The thing COVID-19 taught us is how to monitor the children who have been reunited with their family and are far away. Even our long-term plan for our project will be changed as we’ve realised that distance monitoring can be done.*”

The second participant noted that the RCI they are involved with had purchased a ‘resource car’ to monitor the children who had been returned and subsequently reintegrated due to COVID. This had evolved into an outreach program with the organisation recognising the exponential number of children they could assist during family and community visits when compared to using those same resources to support children in residential care.

“*We have bought a resource car in order to reach the children. Now we have a team working with outreach support to the children in their homes. Earlier we helped one child, now we can help five children when we visit their home. We helped 20 children at the residential care centre, today we can help 200. The cost is about the same for this outreach activity as for running the children’s home.*”

Reflections and Plans for the Future

The vast majority of participants (19 out of 21 or 90.5%) stated that to some degree COVID had catalysed reflection and created an opportunity to consider or implement changes or adaptations.

The subject matter of participant’s reflections varied greatly and ranged from volunteering practices to sources of support, reliance on expatriate staff, donor engagement, community engagement, succession planning, preparing young people for independent living, contingency plans, education, reintegration and monitoring practices, funding strategies and models of care.

“*The advantage is that things have been questioned and changed.*”

“*With COVID a lot of things have changed and obviously there is an opportunity for new ideas.*”

For 11 participants (52.4%), reflections related to considering changes to aspects of their services or programs. In some of these cases, considering change was solely attributed to the participant’s experience throughout COVID-19. In other cases, participants had begun to consider changes pre-COVID-19, however their experience throughout the pandemic had further progressed or solidified their thinking.

For 4 participants (19% of total participants; 40% of those considering changes to services/programs), the changes introduced or under consideration were limited to aspects of their programs or operations, however, did not involve prospective changes to their model of care. In 2 of these cases (9.5% of total participants, 18.2% of those considering service/program changes), participant's experiences throughout the COVID-19 pandemic had highlighted gaps in terms of life skills and vocational skills training programs. Adaptations that were made to Care Leaver supports, life skills and vocational skills programs, by reason of necessity, yielded positive results and opened the organisations up to new opportunities. As a result, both participants expressed an intention to change and diversify programs/supports post COVID-19 in order to give young people a wider range of skills and opportunities that would better position them to adapt to and withstand shocks.

“Because some lost jobs, because some of the training programs are not available right now, it forced us to think of something creative, thinking of a new way and a new plan... Some are now starting new small business ideas and things that we are supporting are things we'd never considered before, but because we were forced to think outside of the box, these new opportunities came up.”

For the remaining 7 participants (33.3% of total participants, 63.6% of those considering changes to services/programs), the changes related specifically to the model of care and either to the prospect of transitioning or closure. In 2 of these cases (9.5% of all participants, 28.6% of those considering changing their model of care), participants were considering transitioning to family-based care (foster care and kinship care). For 1 of these 2 participants, the feasibility of a transition to family-based care had been affirmed throughout COVID-19, due to the unplanned yet successful reintegration of a number of children into kinship care and families of origin. As a result of this, one of their RCIs had closed during COVID-19 and plans to transition that service into a community centre and to support reintegrated children in their families were already underway.

“This (shift) is very interesting and this we must communicate to our donors. I think that the world is ready for this kind of solution. Our leader there says we cannot follow the children as closely as before, but it is of more value to let the children live with their families than in an institution. We have to adjust to this and let the children come to us when they are in need. It is a completely new way to work and we want to be part of it and spend resources on it.”

In the other case, COVID-19 had not forced a change in children's care arrangements in the same way and therefore the participant's consideration of transitioning to family-based care was still in a hypothetical stage.

“We are reorganising our organisation. We have visited other organisations and institutions to learn from them and get new ideas... We are thankful for the time that has passed, but now we have to change. Not because others say that, but because the world, the children, and the awareness has changed.”

“We’ve found that the model of care is really strong, the fact that we have 10 homes, a mother in each home and children in each under that mother as part of one bigger community, there’s some real strength in that. The question is, you know, how to transition from here into the broader community, and that’s what we’re looking at. It’s a bit like foster care except all the homes are in a compound, so can we put that into the broader community so we can resource a couple, a family, to take 8 kids instead of having just 2? And then they are the ones responsible for nurturing the kids, educating them and ensuring they meet a good life partner and marrying and moving on. That’s the piece of the puzzle that’s missing for us, and if we were able to create that, a sort of decentralised model, well we’re still wrestling with that”

“You never know, maybe we will meet something completely new when the school will open again. It may be very tough for those children who will miss their relatives and had a good time in their home villages. The best for a child is of course to live with their family and go to a local school. And if this is the case, we will have to consider another form of support for the child.”

In 3 other cases (14.3% of all participants, 42.9% of those considering change), participants had begun to recognise that children’s access to education should not be contingent upon being separated from their families and housed in institutions. These participants were therefore contemplating changing to a model where they would support children to attend local schools including through providing scholarships, paying school fees and/or shifting to offering enrolment only to children proximal to their schools. In 2 out

of 3 of these cases, participant comments suggested that changes would not be made in the near future and would more likely transpire after the current cohort of children had graduated and aged out of care. The remaining participant was considering more imminent changes recognising some children may not want to return to residential education after prolonged periods with family throughout COVID-19. The participant’s comments suggest this would likely result in the organisation running parallel programs (residential and community education) until such as the founder retired or agreed to a more fundamental shift, at which point full transition of the residential care institution may take place.

For 1 participant, (5% of all or 14.3% of those considering change of model) the directors pre-existing decision to phase out of operating residential care had been reinforced throughout COVID-19. In this case the director did not express any plans to transition into alternate types of services, rather pursue closure of the institution post reintegration of all the children and young people currently in care. Whilst COVID-19 had not influenced the participant’s end goal, (closure of the RCI), it seemed to have influenced the timeframe and approach to closure. Pre-COVID-19 plans were to allow the current cohort of children to graduate and age out whereas post COVID-19 plans included a stronger emphasis on reintegration.

“I had not planned on operating this shelter home for a long time since this is only a transit home... Whether the government’s orders to close all the homes or not, I want to close our home and transfer the children through reintegration programs.”

In the final case (5% of all or 14.3% of participants considering change of model), the participant was considering transitioning to community-based child protection and welfare services and stronger collaboration with other organisations, however despite being the

national director, did not have the authority or buy-in from the founder to progress with changes. As such the participant indicated a more immediate shift in practice would be to limit admission of new children until such time as trust and internal buy-in and sufficient external support could be secured for full transition. This is an example of a very common dynamic whereby founders retain control over

key decisions despite relinquishing their formal position. It demonstrates the need to understand the power dynamics between key stakeholders in the design of advocacy/engagement strategies.

“*Right now, I don't have the full authority in that area to make that decision (transition), and right now it's hard to see the founder accepting it. In my first year I have to work on gaining their trust, especially when we have different visions.*”

In the case of 3 participants (14.3%) where no change in the model of care was being considered, participants also noted that COVID-19 had catalysed a decision to impose new limits on the use of residential care. Limits took various forms including caps on new admissions:

“*We are trying to minimise the number of children to take into care and focus on helping the grown-up children more... My mindset for taking in more children has changed during COVID.*”

The introduction of more rigorous family preservation and gatekeeping measures:

“*In conclusion we can say that we should try to keep the children in the family through all possible means and this should be our continuous attempt.*”

Reducing the length of time children spent in residential care by removing barriers to reintegration and improving monitoring practices:

“*Therefore, what we learned is that family is possible, even in the worst situation, whereas before, we thought it was impossible.*”

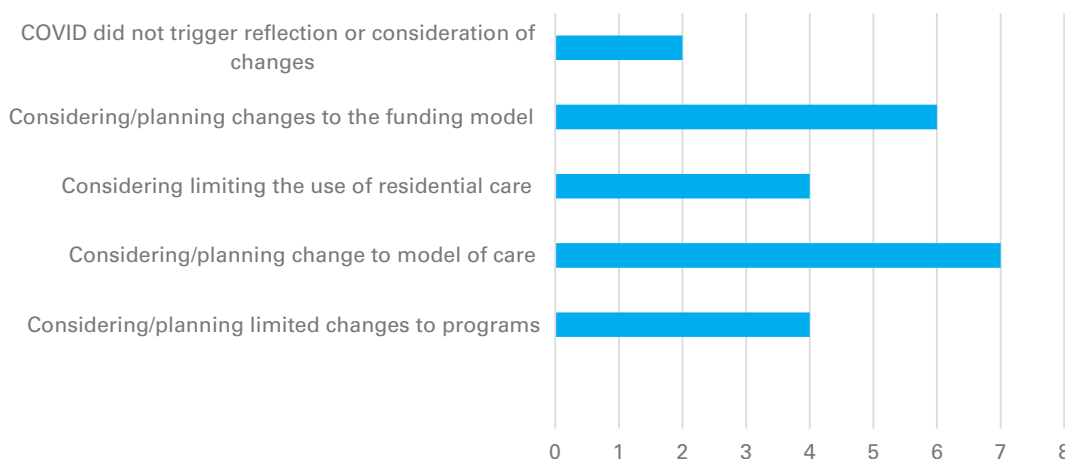
6 participants (28.6%) indicated that COVID-19 had caused them to reflect on vulnerabilities in their financial model and consider changes to improve their financial sustainability. Despite revenue from income generating activities proving to be the most vulnerable to COVID-19 related financial shocks, all 6 participants (28.6% of all participants and 100% of those considering funding model changes) were seeking to reduce their reliance on foreign donations. This is likely due to the fact that foreign donations comprised a more significant proportion of participants overall budgets when compared to income generating activity revenue. Participant's comments also insinuated that foreign donations constituted an income stream over which they had less control. As such, 3 participants were looking to shift towards 'self-sustainability' and the remaining 3, who were all located in Thailand, were considering shifting more towards local support. This was due to their positive experience of the phenomenon 'Thais help Thais' throughout COVID-19 (as discussed in the volunteering section) whereby local visitors and associated in-kind donations had to some extent mitigated the loss of international visitors/volunteers. As discussed in the funding section, in 2 of these 3 cases, it coincided with succession planning which would see fundraising responsibilities transferred to national

“I see there is an opportunity to have more relationships with Thai people. If we can do fundraising from Thai people. But we’d have to find a way to do that. We’d have to learn.”

directors. In both cases, the contemplation of a shift towards more local support was being driven by national leaders, who along with their foreign founders, recognised the challenges of expecting national leaders to fundraising from

overseas communities. As such COVID-19 had presented an opportunity to test and prove the viability of local support streams and emboldened national leaders to recommend fundraising adaptations that were more realistic for them to sustain and exert control over.

Considering and Planning for Change



Of all participants considering changes to funding and models of care, only 2 participants (9.5%) were considering changes to both. Plans to adapt the funding model were more imminent and concrete in both cases, whereas changes to the model of care were in early stages of deliberation. In cases like this, engaging around the issues of financial sustainability and extending these discussions to a comparison of the sustainability of different models of care may be a valid entry point for advocacy efforts. By pivoting off the more pressing financial concerns, it may be possible to both elevate and escalate considerations of deinstitutionalisation.

The findings suggest an interesting correlation between the role of the participant and the propensity for considering or planning significant changes to either the funding model or model of care. Whilst the split between directors and donors was almost even (5 donors, 6 directors), a significantly higher proportion (9 participants or 81.2%) of those considering changes directly held or represented the entity that held the principal fundraising role. This represented 90% of all participants who were or represented the principal fundraiser

“I think for a long time if the organisation is cut off from aid or if COVID continues forever, then the donors may not have relief. If it falls, funding may be completely cut off, and I think the only solution is to let the children go to the state centre (RCI) if we do not have another sponsor...We do not expect the funding to completely end, however if it happens, this is the only way I think... If Japan says no, then we’ll only advise the state centre to help.”

entity. This was a stronger correlation when cross analysed with whether participants were also founders (n=7 to n=4). This seems to support the notion of funding being a significant determinant of programming. It furthermore suggests that stakeholders with greater control over funding, donor messaging and donor relationships are not only better placed to make decisions; they are also better positioned to engage in consideration of significant change.

Conversely, in several cases the comments of national directors who were not the principal fundraiser alluded to a sense of lack of control, lack of power and subsequent inability to adapt or consider changes despite being demonstrably stressed about their financial situation and the potential long-term impacts on the children's care. As such, these participants' considerations of plans for the future were limited to reactive plans to reduce the number of children in care as a short-term solution to ongoing financial disruptions, or last resort contingency plans in the event their donor/principal fundraiser discontinued support entirely due to the financial shocks of COVID-19. In two cases where directors were grappling with the possibility of running out of funds to operate the RCI, these last resort measures involved closing the RCI and sending children back to families or to state run residential care institutions.

“ There is someone who referred another agency to us. They have budget to support orphanages that are willing to change, and they are suggesting we be the first ones to change, if we agree to change. They didn't say how much they would support, what percentage. I am not sure, because right now I don't have full authority in that area to make that decision.”

This dynamic suggests that the expectation that RCI directors can be legitimately engaged in consideration of transition without the involvement or support of their principal donors or offers of alternate sources of funding may be unrealistic in many cases. Readiness to engage in meaningful consideration of change appears to be predicated on having a foreseeable means of making and implementing decisions to change. Otherwise, attempts to engage directors in consideration of model change are likely to be dismissed as impractical and futile exercises. This was indicated in the case of 1 participant who despite knowing a lot about the harms of institutional care, was only able to consider transition once offered a financial support package by a third-party organisation seeking to support transitioning RCIs. This was because despite holding fundraising responsibilities, the participant was overshadowed by the founder/fundraiser who continued to control most donor relationships and who was unsupportive of transition.

One final noteworthy reflection and plan for the future related to the poor sustainability and vulnerability of models of care that were overly dependent on expatriate staff. Whilst this was an outlier, and only referenced by 1 participant (5%), COVID-19 had highlighted the volatility of expatriate tenure in foreign countries and the associated vulnerability of having the bulk of RCI leadership and management roles held by expatriates. In this case, the participant was grappling with the need to put the organisation's interests above

“ I think like a lot of the world would say it (COVID) forced us to reassess our priorities.... It really forced our hand, the three of us who are foreigners like want to be here and love being here and we're willing to do anything needed like no task is too low for us to do. But for it to be functioning better, we really just should have as much as possible run through local paid staff... because we're not guaranteed to be able to live here. At any point in time something could happen.”

“ This pandemic has helped me see that though I have a great purpose, on the other hand, taking responsibility for these children is a huge burden... We want to do it more effectively, but due to the limitation on our finances, we couldn't do it and feel bad that we couldn't help (them).....If we can't teach them anything, any vocational skill to stand on their feet and they drop out from the RCI, they can't do anything when they get back to the village. They are worse off than the children in the village who didn't go to school.... They will be condemned by many people... To nurture and help them stand on their feet is my greatest challenge. I want to do it well and to be able to do it well there must be enough financial support. This is what I have been thinking about and it worries me.”

the feelings and interest of expatriate staff who genuinely loved being part of the day to day running of the RCI. As such the participant was considering succession planning and transitioning expatriate staff out of key management and operational roles and into primarily donor engagement and fundraising roles. As in other cases, the participant recognised that given the organisation's high dependence on foreign funding, transferring fundraising responsibilities over to national leaders would likely be unrealistic and unsuccessful.

Potential implications for advocacy, engagement and progressing care reforms

This study explored the effects of COVID-19 on the functioning of privately run and funded residential care institutions in an effort to understand whether **public health measures and impacts created new opportunities** to further in-country reintegration and deinstitutionalisation efforts; and/or whether the public health measures and impacts **exposed vulnerabilities and weaknesses associated with the system** of privately run and funded residential care. Whilst this was a small study, the findings still elucidate implications for ongoing advocacy, engagement, and progression of care reforms.

The findings of the study largely support existing research with regard to the numbers of children living in residential care who have family who could care for them, often (but not always) if supported. For example, in the largest RCI included in this study, a total of 375 out of 400 children were sent home to family as a result of COVID-19. The 25 remaining children were said to have no family who they could return to, equating to 6.3% of the total number of children who had been residing at the RCI pre-COVID. In addition, the findings supported existing research that the main drivers of institutional care for children are poverty and lack of access to education. However, even in this respect, where children were placed in RCIs for the purpose of accessing education, many RCIs found that they could not provide the level of educational support to each child that was required, or that they may have received in the community, when school closures occurred. These findings indicate that the **strengthening of social protection and social welfare systems and access to education should be critical elements in care reform strategies for governments.**

The pressure associated with COVID-19 has highlighted several areas of weaknesses with the RCI model of care. Stakeholder recognition of these weaknesses depends on numerous factors including their predisposition and attitude towards families, their motives for involvement in residential care, and their roles and responsibilities. Each one of these may offer an avenue or perspective through which to engage stakeholders in reflection and discussions about adaptation and change. The COVID-19 pandemic has been a significant enough global event that is likely that in almost all cases, **engaging stakeholders in reflection will result in some degree of openness to consider change.** Creating logical linkages between the various entry points (based on what has been of most concern or most pressing to the stakeholder) to the central issue of models of care will allow advocates to pivot off the needs/concerns of the stakeholders. Conversations with stakeholders are likely to be perceived as more relevant and received with more openness.

The findings illustrated that COVID-19 has caused most directors/donors to engage in reflection of the vulnerabilities inherent in the residential care model, and to consider the possibility of change and/or adaptation to their operations as a result. This may translate into a general increase in openness to discussions about transition and care reforms compared to pre-COVID-19, however **advocates may need to thoughtfully consider whether to approach discussions through a financial sustainability lens or child wellbeing lens, leveraging the issue that caused the greatest concern and therefore catalysed the greatest reflection for each person/organisation.** Such subjective approaches are perhaps not sustainable for progressing care reform at a country level but may be of interest to organisations specialised in working with individual RCIs to transition.

Some entry points to these forms of stakeholder engagement and reflection identified in this study include:

- **Feasibility of children residing with their families with appropriate support:** The COVID-19 pandemic forced or catalysed unplanned extended family visits and/or reintegration, resulting in RCI directors and donors realising that alternative care was not necessary in many cases where they had previously thought it was. This may result in a greater openness amongst stakeholders to reflect upon the necessity principle and options for supporting children through family and community-based services and supports.
- **Lack of sustainability of residential care for children due to the high cost and burden of responsibility associated with assuming long-term responsibility for children's care.** This was particularly a point of focus for RCI directors who were nationals and who in many cases carried the burden of care but had less control over the funding streams/fundraising. In these cases, directors showed an increased openness to limiting admission to alternative care and increasing efforts to strengthen families and prevent recourse to residential care.
- **Lack of financial sustainability of residential care for children where there is a high dependence on foreign funding:** RCI directors who were reliant on international funding and had experienced a reduction in funds and were looking to reduce their reliance on foreign funding in response. In these cases, directors/donor may be more open to discussions regarding transition when compared to pre-COVID-19 if discussions about financial sustainability are linked to the broader issues around the sustainability of the model of care.

- **Importance of family and family relationships:** COVID-19 had various impacts on children's contact with their families, resulting in unplanned visits and reunification in some cases and conversely disrupting family contact in others. From both perspectives, COVID-19 catalysed greater reflection on the importance of family relationships and connection and the inability of RCI staff/caregivers to replace the role of family in children's lives. Participants witnessed the detriments to children's emotional and mental health when contact was disrupted and the unexpected opportunities for children to be successfully reintegrated in situations previously thought to be improbable. These experiences may result in an increased openness amongst directors/donors to reflect upon the prioritisation placed on prevention of separation and family-based care and contemplate this for the children in their care.
- **Exacerbation of the institutional regime of care:** In some cases, public health measures had a notable impact upon the nature of care and impeded director and staff efforts to replicate family-like environments in the RCI. This occurred as children were required to adhere to social distancing inside the institution in response to the elevated risks associated with congregate care settings. Some stakeholders were able to reflect on how this altered caregiver-child relationships, making them less personal, attentive, and more perfunctory. This coupled with the forced withdrawal from community life served to amplify the institutional nature of care provided in RCI settings. Such experiences may provide an entry point for stakeholders to reflect on the weaknesses and vulnerability in times of adversity of approaches that rely on inherently institutional models of care yet try to mitigate institutionalisation with the overlay of family-like care practices. This may be particularly useful for stakeholders who previously held up family-like care as equal to family-based care and dismissed the relevance of transition as a result.

Whilst these entry points may provide pathways to reflection and engagement, some further findings provide contextual indications of the optimal conditions required for reflections to prompt serious considerations and ultimately, decisions to transition.

Recognition of the **poor sustainability of privately run and funded RCIs was one of the strongest themes in this study.** Participants reacted to this in different ways with some considering further diversification of income streams to mitigate future shocks and others considering adaptations to their services (reducing numbers of children, phasing out and closing, considering community schools over residential programs). Faith seemed to mitigate concern around these shocks for some participants, who were confident that provision would be forthcoming, even if they could not yet see a source, however this was more common amongst foreign founders/donors who had better access to the donor communities and therefore a stronger sense of confidence in their ability to adapt and/or sustain donations.

A major finding of this study suggests that **control over fundraising or the ability to access alternate sources of funding to transition are the greatest determinants of the ability and willingness of RCI directors to engage in consideration of changes to their model of care (transition or closure).** Deliberation around changes to the models of care cannot be realistically divorced from financial considerations or realities. When this occurs, the ability to engage in even consideration of changing the model of care is thwarted. It is possible that a greater number of RCI directors would be willing to engage in considerations of transition should it be made clear from the outset that financial support to implement changes would be provided.

Findings suggest that **where directors are unable to access adequate support to make positive changes in response to new pressures, including divestment and pressure stemming from care reforms, they may feel forced to resort to reactive measures that bypass due process, despite recognising these as not in the best interests of children.** This has implications for national care reform and deinstitutionalisation strategies and for strategies that relate to catalysing voluntary transitions amongst individual residential care service providers. It suggests that **more attention should be directed towards identifying and engaging principal fundraisers in discussions about transition and envisaging new models of care in efforts to catalyse voluntary transition.** Where principal fundraiser engagement efforts are unsuccessful or beyond reach, offering alternate funding sources to support transition may make engagement with RCI directors more feasible. It also suggests that within the context of national reforms and deinstitutionalisation strategies, resources need to be allocated to support privately run RCIs to transition. **Policy directives alone may produce sufficient pressure to force change, however, they may result in suboptimal reactive practices that have the potential to harm children.** Where enforcement is weak, they may result in a lack of stakeholder buy-in and resistance creating disparity between policy and practice. This likelihood is exacerbated in situations where principal fundraisers operate overseas and fall outside of the reach of government regulation.

Where governments have directed that children in RCIs be reintegrated, some RCIs were placed in the position of navigating reintegration of children on a practical level at the same time as communicating with donors regarding the reintegration. For some funders and RCIs who have consistently promoted institutional care as a preferred option (often by juxtaposing institutionalised life with a life of abject poverty), this posed significant issues. In those cases, it was found that RCIs intend to have children return to their centre as soon as possible. In some of these cases, it appears that there is less willingness of the RCI/funder to consider family support as a viable alternative because of a fundraising reliance on a narrative of children's care being compromised in the community. For these stakeholders, **government led care reform efforts that include enforceable gatekeeping mechanisms and assessment for appropriate placements will be critical** in driving change.

The findings indicated that where there were government or national care reform efforts in existence prior to COVID-19, RCIs were more likely to engage in reintegration processes that included appropriate assessment, due process, post-reunification support and monitoring. However, in the absence of government directives, it was found that it was children and families who initiated reintegration efforts on the basis of COVID-19, not the RCIs themselves. When this occurred, due process was not usually abided by and/or post-reunification support was usually not provided. Thus, where decision making power rests with RCIs, children may be more likely to reside in institutional care long-term irrespective of necessity or suitability. This highlights that **government led gatekeeping efforts and action plans to reduce the number of children in institutional care are critical for children's reintegration outcomes.**

Another finding was that all RCIs confirmed that where any staffing reductions occurred, caregiving staff were prioritised, and that the care of children who remained in the RCI throughout the pandemic was not compromised. However, other impacts to resident children were noted including to education, access to family and involvement in community life, as discussed above. An important finding was the cumulative toll these impacts had on the mental and emotional health of children who remained in care throughout the pandemic. The mental health implications of COVID-19 on children in RCIs requires

further analysis at the country level, however, this finding suggests that the degree of **mental health support required for each level of transition planning, from individual transition plans to national deinstitutionalisation plans, may need to be re-examined and potentially increased to adequately support children transitioning out of RCIs post COVID-19.**

All participants acknowledged that the closure of international borders had varying effects on RCIs they were involved in, however one of the largest impacts discussed was the cessation of orphanage tourism. The majority of RCIs stated that they were not reliant on international volunteers for caregiving or fundraising when asked directly. However, nearly all RCIs referred to a link between visitors, volunteers and funding when asked about COVID-19 impact on fundraising. Many RCIs alluded to the relationship between volunteers, visitors and the RCI as critical to fundraising, and that without the ability of volunteers and visitors to see the work firsthand, they would not provide funding. However, the lack of sustainability inherent in reliance on orphanage tourism as an income stream has not detracted RCIs from future involvement in orphanage tourism. In fact, one of the major findings in this regard was that **all 20 RCIs who accepted international volunteers/visitors pre-COVID-19, indicated that they were intending to resume accepting international volunteers and visitors as soon as possible.** The narrative surrounding orphanage tourism is usually predicated upon a need for caregivers for vulnerable children. However, all RCIs included in this study indicated that international volunteers and visitors were not required for this purpose. This finding may be useful for advocates engaged with encouraging volunteer sending organisations and travel companies to divest from orphanage tourism.

Some RCIs indicated that there was an increase in domestic volunteering and visiting throughout the pandemic and viewed this as positive. It was noted that domestic volunteers and visitors provided less funding but donated more in-kind goods (i.e. food, clothing, food supplies, material goods). This was often coupled with involvement in corporate social responsibility programs which provided both funding and visitors. Some RCIs indicated that the COVID-19 experience had led to them consider developing this as an ongoing income stream. In this respect, advocacy needs to ensure that it encounters local volunteering and visiting. A mechanism for this may be **the promotion of local development of ethical practices in civic engagement.** Such a discussion would expand beyond just domestic volunteering to broader civic engagements with RCIs including staffing, succession planning, donor involvement and corporate social responsibility. Indeed, the nexus between succession planning, national civic responsibility and corporate social responsibility and implications for orphanage funding and volunteering is an area that warrants further research and exploration and may have significant policy and advocacy implications.

Conclusion

This study explored the effect of COVID-19 on a small number of privately run and funded residential care institutions by interviewing founders, funders, and directors of residential care institutions. The interviews revealed the impact of COVID-19 on many aspects of the operations of privately run residential care institutions including funding, care for children, staffing, the presence of volunteers, impacts of public health measures and directives, reintegration of children and plans for the future. The outcomes of this study provide important insights to support ongoing advocacy, engagement and technical support for care reform targeting a range of stakeholders including RCI directors, donors, volunteers, and governments in a COVID-19 impacted world.

For RCI directors, the findings indicate that COVID-19 has caused them to reflect on how their centres run, how they are funded, and their purpose for being. Such reflection may provide an entry point for starting or progressing care reform/transition considerations. However, an important finding indicates that such considerations cannot happen in isolation of the reality of funding implications. These considerations need to be raised and progressed with both RCI founders/directors and principal fundraisers/donors either in tandem, or with principal funders/donors being fully cognisant and supportive of the consideration of transition. Without an assurance that either the principal fundraiser/donor is in support, RCI founders/directors are placed in a precarious position of advocating to their principal fundraiser/donor with a potential for disagreement and subsequent funding cuts or withdrawal. If the principal fundraiser/donor cannot be convinced, an alternative funding mechanism needs to be available to allow RCI founders/directors to consider transition.

The findings also have implications for the reliance on international volunteers by the privately run institutions in this study. It was somewhat surprising to find that despite wide acknowledgement of the lack of sustainability of reliance on international volunteers and visitors, particularly in relation to funding, all RCIs intend on resume accepting volunteers and visitors as soon as they are able to do so. It was noted that many participants gave responses which indicated low reliance on international volunteers and visitors for funding when asked directly but established a strong link between fundraising and volunteering/visiting in subsequent responses to other questions. More research on this particular issue may elucidate why RCIs did not wish to identify this link when specifically asked. It was also noted in some countries that domestic visiting and volunteering in RCIs was increasing, with some RCIs indicating that they planned to develop this as a potential income stream, which appeared more favourable than a reliance on international volunteers. Whether volunteers and visitors are domestic or international, their interaction via their presence and their funding perpetuates institutional modes of care.

Lastly, the findings highlight the integral role that governments must play in progressing care reform. Governments should also address the major drivers of child institutionalisation via strengthening access to social welfare support and education and ensuring enforceable gatekeeping and assessment mechanisms are present to ensure the principles of necessity and suitability are upheld. The most important finding in relation to government action in this study was that government involvement was a major determining factor in successful reintegration. Further research of a country, such as Kenya, where the implementation of COVID-19 public health measures were aligned with a national gatekeeping mechanism would enable a better understanding of this dynamic.

CASE STUDY 1: FUTURES CHILDREN'S CENTRE

Background

Futures Children's Centre was established as a privately run and government registered children's institution in 2011. It was founded by an expatriate woman Marie who also set up an international development project under the auspices of a large charitable organisation in her own country. This allowed her to raise funds in her home country to support the operating costs of the centre. As an accredited charity, the auspicing organisation provided Marie with accountability and governance oversight and aided her to recruit volunteers through their volunteer sending arm.

Marie had a background in education and commenced involvement in residential care institutions after first witnessing 'the huge amount of orphaned and street children' whilst on a holiday. Marie returned to volunteer in several children's homes in the region before opening her own. Prior to the pandemic, Future's Children's Centre was providing long-term care to 12 children who the founder asserted had been abandoned by their families.

Marie originally took on the role of the director of the children's centre, however after changes were introduced that required children's centres to be nationally run, Marie appointed a national director and transitioned into a fundraising role. As the sole fundraiser Marie was responsible for raising 100% of the operating costs of the children's centre. She did this through speaking engagements, fundraising events, setting up a child sponsorship program, contributing her own funds, setting up a social enterprise tourism business and farm in the country where the institution was running

and through recruiting groups of international volunteers who would donate funds, goods, and two weeks of their time to working on projects at the children's centre.

Volunteers were involved in a range of activities including construction, maintenance, activities with the children, teaching and training staff and children and taking children on outings. Tourists from different countries also visited the children's centre whilst on holidays and made donations as did wealthy locals travelling from the major urban centres. Despite the wide range of activities volunteers and visitors would get involved in, the primary benefit of volunteers/visitors was the role they played in fundraising. Volunteers would return to their home countries and promote the work of Futures Children's Centre, often holding fundraisers and/or recruiting new volunteers. The word-of-mouth power of former volunteers proved to be one of the organisation's most successful means of fundraising, with income from volunteers making up 40-50% of the organisation's annual income.

Whilst Future's Children's Centre did not actively promote or support family connection or reintegration, they had a social worker on staff who, per government regulations, had to periodically assess children for reintegration and provide reports to the child welfare department. Under regulations introduced in recent years all decisions about children's entry or exit from care were now made by a government gatekeeping body and not by Futures Children's Centre staff or management.

Situation during COVID-19 lockdowns

In March 2020, the government imposed a lockdown in the country where Futures Children's Centre was located. International borders were closed, domestic travel, even within communities was severely restricted and mask wearing became mandatory in all public spaces. Staff of the Children's Centre were no longer able to travel between the centre and their own homes, meaning that only staff who agreed to remain on site indefinitely could continue to work. Income generated from the farm was immediately affected as staff could no longer travel to deliver produce to regular customers. Overseas donations also dried up as donors and child sponsors lost their jobs and cut back their spending accordingly. Donations from events dried up overnight as restrictions in Marie's home country meant large scale social gatherings could not continue. Volunteering and voluntourism immediately ceased and several upcoming trips had to be cancelled. As a result of the loss of income from all streams and the restrictions on travel, 9 staff at Futures Children's Centre were laid off, most of whom worked on the farm, or in community facing roles. The social worker responsible for child and family assessments was also stood down during this period. Only 5 staff remained, most of whom were in caregiving roles. They self-isolated at the centre with the remaining children and worked for 6 months on end without days off or opportunities to see their own families and at 50% of their normal salary due to significant funding cuts. Marie, who had recently retired to focus full time on fundraising went back to work

and used her own salary to try to supplement the loss of income.

The government, who had introduced gatekeeping mechanisms a couple of years prior as part of care reform efforts, issued a directive for children's homes to return children who came from nearby communities back to their families for the duration of the lockdown. 6 out of the 12 children who lived at Futures Children's Centre were returned to live with their families. Despite living close to the centre, children had not been allowed to keep contact with their families and were therefore sent back to live with relatives they had no enduring relationships with. This was a reported as a source of stress for children who were rapidly reunified. Futures Children's Centre provided finance to children whilst living with their families, however due to the levels of poverty experienced by families, Marie questioned how much of this support would go towards the children's care. Children were remotely monitored with weekly calls made to check up on the children's wellbeing. Children were reported to be doing fine both emotionally and physically, however Marie was concerned about the amount of weight some of the children seemed to have lost when they returned to the centre to resume school. One child was returned before school resumed due to contracting malaria and requiring treatment their family could not afford.

Key COVID-19 Impacts

Of greatest concern to Marie were the financial impacts of COVID-19 that stemmed from the inability to recruit and send teams of volunteers and the inability to continue with speaking and fundraising events. This affected Marie's direct fundraising activities as well as those typically conducted by former volunteers. Bans on travel also affected Marie's ability to support the director and staff in a management and governance capacity as that was typically done in the context of overseas visits and with teams.

Marie did not see the rapid reunification of children by government as a positive measure and did not have confidence that families would provide adequate care to the children. She was highly dismissive and distrusting of families and expressed fear, albeit unevicenced, that some children had been abused or married off as minors whilst at home. Whilst it is the role of government social workers to assess children and decide which ones will return to the institutions and which ones will remain with their families, Marie hopes all the children will return to Futures Children's Centre. In principle she recognises that families are the

best place for children however, her overriding perspective was that extended families would not look out for the children's interests and that donors would not be interested in supporting children who remained with families. She purports donor disinterest in supporting children in their families to their perspectives of 'how things work in Africa' which had been shaped by their volunteering experience. Marie also believed that families would want to return children to the centre as it was their only means of ensuring the children could access private education.

For children who remained at the centre throughout COVID-19 lockdowns, Marie noted that whilst they had missed their school friends and had not had a chance to go beyond the walls of the centre, the lockdown had afforded them greater opportunities to develop life skills, such as cooking and cleaning and vocational skills on the farm. This was compared to 'sitting outside mud huts' which is what Marie believed would have been the experience of children who returned to their communities.

Reflections and plans for the future

Marie noted that COVID had caused her to spend much time reflecting on certain aspects of Futures Children's Centre operations, and to 'think outside of the box' when it came to their funding model. Whilst Marie believed they fared better than many children's homes due to having mixed income streams in place pre-covid, including from the farm and tourism businesses, Marie had still been heavily impacted. Her plan was to start new social enterprise activities in her home country and reduce the organisation's reliance on fundraising events. Marie also intends to resume with sending teams of volunteers as soon as borders re-open. She firmly believes people need to directly experience the project to commit to fundraising for it and therefore volunteering is indispensable to the fundraising strategy.

In terms of programs and activities, Marie has decided to maintain the organisation's current programs, however, has put any plans to expand on hold. This includes suspending plans to expand the residential care facility, build new infrastructure and launch new community-based prevent programs targeting at risk youth and young women.

When it comes to Future Children's Centre's model of care, Marie has no plans to make any significant changes and believes the family-like model employed had proven effective throughout COVID-19. Reflecting on whether Futures Children's Centre could support children to remain with their families in the community, Marie raised the logistical challenges of delivering food to the children's villages, some of which were quite a distance from the centre, and ultimately concluded that efforts to support children in their families do not work and would not be something she could see herself doing. Marie acknowledged that children who did remain with their families permanently after COVID-19 restrictions lifted would therefore have to sever their relationship with the organisation as no further support would be provided. At the end of the day Marie had no confidence that funds directed towards families would be used for the child's care and education, especially given the situation of poverty families found themselves in. There was no consideration of employing a family strengthening approach to address this issue.

CASE STUDY 2:

LU LU'S CHILDREN'S HOME

Background

Lu Lu's Children's Home was established in 2006 to support orphaned and vulnerable children in a low-middle income country. At its height, the children's home provided long-term institutional care for 20 school aged children. It was set up with a strong focus on supporting poor children to access education. Ling, who was a national and her expatriate husband Kane, founded the children's home along with several other programs including a foreign language school and sports sponsorship program. They also established a charity in Kane's home country, where they resided, to raise funds for the children's home and sports sponsorship program. Kane remotely managed many aspects of the children's home under this overseas charity, including the budgeting and finance for Lu Lu's Children's Home. He acted as the principal fundraiser liaising with individual donors and sponsors. Ling and Kane appointed a national director who was responsible for the day-to-day operations of the home. Another expatriate from Kane's home country was based in the same city as the children's home and was responsible for receiving and disbursing funds to Lu Lu's Children's Home on a monthly basis.

The overseas charity was also responsible for recruiting volunteers, who would spend between 7-9mths teaching at the foreign language school and also volunteering at the children's home. Voluntourists were also recruited who paid fees to visit the children's home whilst on holidays or in-country participating in sporting and cultural

events. Visitors and volunteers would conduct activities with the children, support them with their studies and help plant trees and vegetables in the centre's garden. As well as paying fees, voluntourists typically donated materials to the children's homes during their visit. Longer-term volunteers also helped with writing biannual child sponsor reports and with other basic administrative tasks. On average the children's home would accept around 100 visitors and volunteers per year, with visitors typically coming in groups of 10.

All of the children in care went to a local school as well as studied at the foreign language school. They also studied dance and English on site so that they could engage with visitors and perform traditional dances for visitors and volunteers that came to the centre. Most if not all of the children had family and would visit their family several times a year during major festival times. In accordance with government directives and the national care reform strategy, Lu Lu's Children's Home had a reintegration program in place and was in the process of progressively reintegrating children back into their families. Five children had already been reintegrated pre COVID and were being monitored and receiving support in their families according to their needs. Children whose families lived in proximity were also able to continue studying at the foreign language school post-reintegration.

Situation during COVID-19 lockdowns

The COVID-19 pandemic resulted in the government imposing lockdowns and restrictions in the country where Lu Lu's Children's home was located. Borders closed resulting in a rapid cessation of volunteers and visitors. The expatriate person responsible for disbursing the monthly budget also returned to his home country. Child sponsorships levels decreased dramatically within a few months as individual donors were affected by job losses and decreased incomes. These factors led to a 50-60% reduction in the monthly budget with a risk of further cuts or a complete cessation of funding should the situation deteriorate further. To manage the reduced funds, the director cut back on all non-essential expenditure, including on-site dance and English language classes. Staff and food costs were also reduced.

During the height of the pandemic, all schools were closed for a period of time and the older children at Lu Lu's Children's Home transitioned to online learning. Two iPad were provided by the donor to support children's online learning. No government organised online learning was arranged for primary school aged students. Staff tried to encourage and support all students to continue studying and reading in some capacity. Some staff were able to take on the role of teaching the foreign languages.

Throughout the lockdown period, children's

movement was highly restricted, and they were required to operate as a social bubble and isolate together with staff inside the home. This meant they were unable to engage in normal community activities, meet with friends or visit their families during holiday periods. These factors had a negative impact on the children's wellbeing.

Despite these negatives, the director did note that the improved hygiene measures implemented throughout COVID and social isolation had reduced instances of sickness amongst the children. This was a 'small positive' but paled in significance to the detrimental impacts of COVID-19 in the director's view.

Two children were reintegrated during the COVID-19 period; however, this was a part of the organisation's normal reintegration program and was not triggered by the pandemic. Children received support packages at the time of reintegration, and some received ongoing support from a third-party organisation providing technical support. The children continued to be monitored remotely and through biannual family visits conducted by social workers.

Key COVID-19 Impacts

The drop in funding was a source of considerable concern and stress for the director and staff and also cause worry amongst the children. The director was entirely reliant on the overseas charity and on voluntourists for income and material support and felt quite powerless to find other sources of funding.

The director felt that COVID had had an overwhelmingly negative impact on the children, in particular on their education and emotional and psychological wellbeing. Online learning was not of a sufficient standard and was only accessible to older children. Senior students struggled as learning was being delivered over social media apps primarily designed for messaging and staff were too unfamiliar with the materials and

concepts being taught to offer much support. The director noted a dramatic drop in the quality of education for all children as a result.

The requirement for children to self-isolate inside the children's home had also been a cause of detriment. Children's ability to understand why restrictions were necessary differed by age groups and some children responded with anger and frustration towards staff. The inability to visit their families was a particular hardship for the children, which the director tried to mitigate by increasing regular phone contact between children and their families. Despite his best efforts, the director noted that many children showed signs of being stressed, depressed, and withdrawn as a result of the isolation.

Reflections and plans for the future

Feeling quite powerless to change their current circumstances, and with the main decision-making power resting with the overseas donor and founder, the director had not reflected on changes or adaptations he could make to the centre's operations during COVID or beyond. Instead, the director had thought through how to respond to the worst-case scenario and put in place contingency plans should the funding from the overseas charity completely dry up. In the event funding ceased, the director had decided he would close the children's home and transfer all remaining children to the state-run orphanage in his city. The director had already made contact with the head of children's services in his city towards this end.

The director was clearly hoping the pandemic would come to a swift end and was anxious to resume activities that would position them to begin to receive volunteers and visitors as soon as borders opened. He was particularly anxious to see English and dance classes resume out of worry the children would regress in their dance and English skills and this would compromise their ability to engage with visitors and volunteers when they returned.

CASE STUDY 3: GRACE ORPHANAGE

Background

Grace orphanage is a large institution housing over 100 children and is one of the longest standing and well-known orphanages in the country. It was founded in 1993 by a foreign missionary who initially volunteered in a state-run institution. It was originally established to provide care for infants and children who were HIV+. The foreign founder remained in country and held the roles of director and primary fundraiser for around 25 years. Recently, Thiri was appointed as the national director as part of a succession plan. Whilst day to day managerial responsibilities have been fully transferred to Thiri, fundraising remains dependent on the founder's prominent profile and relationships with media and amongst donor communities. 90% of the orphanage's funding came from overseas donations from a range of countries. A small percentage of funding came from local sources including from long-term expats. Due to its high profile, the orphanage was also successful in securing in-kind support from a range of large local businesses.

Key to the organisation's fundraising strategy was facilitating volunteers and visitors. Grace Orphanage welcomed over 100 visitors and volunteers from various countries every year who came as a part of short-term mission teams, as individual volunteers or visited whilst on holidays in the country. Visitors and volunteers would typically

return to their home country and raise funds as well as recruit new visitors and volunteers. Many visitors and volunteers became long-term donors, and some would even return to visit the orphanage every year. Volunteers normally connected with the orphanage via Facebook, their website or through existing relationships with the founder. Local volunteers/visitors were also welcomed, with some connecting to the orphanage through their local church. Volunteers were involved in a range of activities including caregiving, especially with the infant children, teaching English, dance and other activities and maintenance and construction works. Local visitors/volunteers would often help organise special events around holidays or festivals or for birthday celebrations.

Whilst Grace Orphanage did not have a formal reintegration program in place prior to COVID, in recent years the organisation had become more open to children returning to their families. This had only occurred for a small number of children of older children and who requested to return to families. In these cases, social workers did a family assessment to ensure reintegration would be safe, however family strengthening, and post reintegration support services were not offered by the organisation.

Situation during COVID-19 lockdowns

When COVID-19 was declared a pandemic, the government acted swiftly to close the borders, restrict internal travel, and instituted a range of public health measures, including a requirement to social distance, wear masks in public, increase hygiene measures and stay at home orders. Schools were closed for a several months and children had to transition to online learning.

In line with stay-at-home orders and restrictions on movement, children in Grace Orphanage had to remain on-site at orphanage and were not allowed to go out or interact with other members of the community. Caregiving staff also had to self-isolate with the children, resulting in caregivers working for several months without days off or opportunities to go back to their own homes or visit their families. Grace Orphanage had a computer room onsite, which made the transition to online learning easier, however it was still a logistical challenge given the high number of children in care. Other staff, including the director Thiri, who were not involved in the day-to-day care of the children had to work remotely and stay at home.

To manage the logistics of caring for a large number of children during lockdown, and to create smaller 'social isolation bubbles' within the orphanage, children were split into 5 groups based on age and gender. This helped with managing care, education, and other activities.

Due to border closures, visiting and volunteering ceased, however 2 longer-term volunteers who were stranded in-country and unable to return home continued to engage the children in crafts and other activities throughout the lockdown. The loss of volunteers, teams and visitors caused a decline in donations. Due to fears of transmission the director was also initially cautious about allowing local visitors or volunteers on-site and of accepting donations of goods. Local visitors were encouraged to make monetary donations until the initial 3-month lockdown period ended. After this period when restrictions were lifted by the government, Grace Orphanage opened to local visitors and volunteers and in fact significantly increased engagement with local visitors in lieu of international ones.

Impacts of COVID-19

One of the biggest impacts of COVID-19 felt by Grace Orphanage was financial. By the end of 2020, the organisation had experienced a 40% drop in income. This was the joint impact of the financial pressures being experienced by donors, the principal fundraiser's inability to travel overseas to raise funds and the loss of visitors and volunteers. Whilst volunteers and visitors often engaged in caregiving, particularly for younger children, volunteers were not essential to the core functioning of the orphanage and no impact on caregiving was reported throughout COVID-19.

To manage the reduced budget, 7 staff who worked in community facing roles were retrenched, children's allowances were cut, non-essential spending was cut, and tighter budgeting and financial measures were put in place. Plans for other community programs were also put on hold. Local staff who previously had played no role in fundraising began promoting and advocating for Grace Orphanage in the community and with local businesses, which resulted in an increase in local support and in-kind donations.

The closure of schools and requirement for children to remain inside the orphanage was a cause of boredom and stress for many children. Children were also concerned about the financial situation of the organisation and were worried a reduction in funds would affect their care or education. A small number of children, who were particularly affected by COVID-19 stressors requested to return home to their families instead of staying at the orphanage. This was arranged for 4 older children.

Staff also reported feeling stressed and afraid throughout COVID-19, particular during the first lockdown period. They were initially most concerned about prevent transmission within the orphanage and managing that risk for any staff who had to go out into the community or interact with people from outside of the orphanage. For caregiving staff, the combination of school closures, stay at home orders and the considerable number of children in care created a situation of significant stress for caregiving staff. Despite management's efforts to support staff and manage their stress levels, Thiri recognised that this did eventually have an impact on the children and result in tension between children and caregiving staff.

Whilst most of the impacts reported were negative, Thiri also reported that there were positives in terms of how the staff came together and supported each other throughout a challenging time. COVID-19 struck at a time when the organisation was undergoing a succession transition and the challenges of COVID-19 caused staff to rise up and take more ownership of the orphanage and advocate more strongly for the organisation. This resulted in innovative ideas in terms of local engagement and fundraising strategies coming to the forefront, which are likely to influence how the organisations positions itself in the future.

Reflections and plans for the future

Reflecting on the experience throughout COVID-19 Thiri had identified several aspects of the organisation's operations that could be adapted in the future.

With respect to financial stability, Thiri believed the current dependence on foreign funding was unsustainable and new fundraising strategies would need to be employed. This was not only in light of COVID but also due to the succession plan that was being outworked and related transfer of fundraising responsibilities to the national team who did not have the same strength of relationships with the overseas donor communities as the founder. As such Thiri was considering a suite of measures to bring the organisation back to a place of financial stability including reducing the number of children in care, tapping into the local volunteering and civic engagement sectors to

reduce the running costs of the orphanage, and increasing domestic fundraising efforts.

Thiri was also considering changes to the model of care, including transitioning to provide family strengthening services in partnership with local churches, government agencies and other NGOs. Thiri came into the organisation with an existing awareness of the harms of institutional care and value of family-based care and family strengthening. Therefore, whilst she articulated transition as a long-term goal she held for the organisation, and one that was supported by most of the national team, she believed it would take some time to secure buy-in from all the key decision-makers, including the founder, before such a change could be implemented.

