

COVID-19: Call to action to protect vulnerable families and children in alternative care across Europe

The COVID-19 pandemic, and the accompanying measures put in place to control it, are having a dramatic impact on some of Europe's most vulnerable children, families and communities, compounding structural weaknesses in child protection and welfare systems.

In the long-term, the socio-economic impact of the crisis, coupled with strained government services, will test the capacity of vulnerable families to care for their children. Ultimately the number of children at risk of separation, in need of additional support, or in alternative care is likely to increase. As older adults are particularly at risk from the virus, grandparents will be less available to step in to care for their grandchildren. In some cases, parents and other primary caregivers may be able to rely on other family members and relatives to care for their children; in other cases, alternative care arrangements will be needed.

In this context, it is essential to pre-emptively scale up the capacity of quality family-based care and social protection systems to enhance family resilience and prevent unnecessary family separation and recourse to residential care.

We, undersigned, call on European governments and European Union institutions to reinforce actions to respond to the needs of the most vulnerable children and families.



1. What are the main challenges?

As highlighted in the [Technical Note on the protection of children during the COVID-19 pandemic: Children and Alternative Care¹](#), we call attention to the following issues:

Keeping families together

Vulnerable families, including foster families, fighting to stay together are facing loss of income, unemployment, pressure on food supplies and other basic necessities, and can no longer rely on vital support networks and services in their community (e.g. community support, schools and childcare facilities). Families who previously did not need social assistance might need support, but the system is unaware of them or they are unaware of how to access the system. These issues increase the risk of children losing parental care and being unnecessarily placed in alternative care settings, including institutions.

Protecting children and workers in institutions² and other residential care facilities

As observed in care homes for older people across the region, the congregated environment in care facilities exposes children and workers to a high risk of virus transmission. Children with disabilities and underlying health conditions are especially vulnerable. They are more likely to be in institutions and other residential care facilities, and in some cases at higher risk of developing complications after contracting the virus.

Protecting the social workforce and securing access to services

Critical social and child protection staff, including carers, are often excluded from COVID-19 essential services lists. Where the carers fall ill and have to self-isolate, it may lead to a reduction of carer-child ratio and thus of quality of care in residential settings. Also, in most countries the availability of supportive services such as day care/community centres, schools, and access to health-care facilities is reduced and/or entirely discontinued.

Safeguarding and monitoring of care placement

Key safeguarding procedures, including in-person monitoring visits to care placements, are not possible during the quarantine due to restricted movement and social distancing.

Increased child protection risks

Without effective services and monitoring, the child protection risks associated with the current situation (e.g. violence, abuse and neglect) may stay hidden both in families and alternative care placements. Children may be subject to a higher risk of facing exploitation and abuse including forced labour, prostitution, and trafficking. These risks are particularly high in institutional facilities.

Moving children to a different placement without preparation

Some children have been immediately removed from institutions to prevent the

spread of COVID-19, without the necessary steps of assessment, preparation, support and monitoring. Rushing or missing these steps may result in putting children in an even more harmful situation, even if they are moving back to their birth family. They may also risk the trauma of re-institutionalisation.

Supporting care leavers

Young people who have left care can be at heightened risk of isolation and separation from peers, and lacking access to cash, housing, and other forms of support for their daily needs. The lack of support makes them more vulnerable to homelessness, trafficking and exploitation.

Protecting unaccompanied migrant and refugee children

Their access to support and services will become even more challenging due to the physical distancing measures, lockdowns and closures of social and immigration services. Refugee, migrant and unaccompanied children in care may also be prevented from accessing essential services due to legal, documentation, linguistic or safety barriers, and may be exposed to potential traffickers. The risks are particularly high for children living in hotspots and reception centres, where overcrowding and lack of adequate sanitation services can make social distancing, proper hand hygiene and self-isolation impossible.



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Supporting undocumented children

Undocumented children in alternative care are at high risk of not having their status resolved before turning 18. They depend on social workers and facility staff to resolve their irregular status by applying for residence statuses, especially if the child no longer has contact with his/her parent(s). This means they risk ageing out of care as undocumented adults – a precarious situation that may be exacerbated by COVID-19 measures.

Supporting children with imprisoned parents

The suspension of physical visits in response to COVID-19 represents a traumatic loss of contact for prisoners, their children and families. Children face heightened anxiety about the well-being of their parent in a prison environment where the risk of contagion is very high.

Ensuring access to education

Guaranteeing continuation of education has been increasingly challenging. Residential facilities have not been prepared for home schooling; many do not have access to computers, and social workers who are staying with children are not trained to assist them with their schooling demands. Similarly, children in families of origin or in family-based care do not always have technological equipment to follow online courses.

2. What can European Governments do?

Significant progress has been achieved over the last few years to strengthen child protection and care systems across Europe.

It is critical to ensure that the pandemic does not become a stumbling block, and that countries do not revert to the harmful practice of placing children in institutions or separating children from their families when it's against their best interests. European governments should use this crisis to further accelerate reform and build more resilient families and communities.

Building on the [Technical Note](#), we call on European governments to:

1. Support families to prevent unnecessary separation

Families should be provided with emergency economic assistance and social protection measures, including those whose residence status is pending or irregular. Depending on the national context and need, this may include rent and mortgage payment freeze, moratorium on evictions, universal one-off cash, childcare support, waiver/postponement of utility and financial obligations, and increasing food assistance during the pandemic. It should be mandated that family support services continue to operate during the pandemic, including by putting in place virtual monitoring and outreach mechanisms. This includes identifying and approaching new families in

difficulty, to prevent any child safeguarding and protection risks and minimise the risk of family separation due to the socio-economic fall-out of the crisis.

2. Prioritise family-based care

In a context of paralysed or stretched social services, and given the need for social isolation measures, it is critical to prioritise support for family-based alternative care providers (kinship and foster care). New placements in quality, specialized residential care should be strictly limited, organized around the rights and needs of children in a setting as close as possible to a family, and used only as a temporary measure until family-based care can be developed. Emergency plans covering alternative care services should be developed by the child welfare authorities in partnership with service providers and community leaders.

3. Protect children in alternative care

Adequate personal protective equipment (PPE) should be provided to caregivers working with children who have chronic illnesses or an underlying health condition or who have been exposed to the virus, as well as in cases where there are other individuals at risk within the home or care setting. Residential care settings should have plans in place in case a child or a worker gets infected, to ensure the safety and well-being of all children and staff.

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4. Ensure safeguarding and monitoring

Given the restrictions placed on travel and social contact for child protection and social workers, it is critical to put in place new modalities of monitoring and case management (e.g. maintaining regular phone or virtual contact) for children, families and care settings. For high risk vulnerable families with no phone or internet connection, case workers with the appropriate protective measures should still continue to visit the family following agreed public health guidance and procedures. Children, including those of prisoners, should also be supported to maintain contact with their families.

5. Support care leavers

It is essential for governments to include care leavers in outreach initiatives, connect them with social services, make sure that the young person has a secure residence status and provide them with practical support, guidance and mentorship.

6. Support reintegration of children within their families

Where there is sufficient capacity in the system to safely plan, manage, support and monitor changes in care settings, those children in care who can return to their birth families or be placed in family-based care should be supported to do so, provided that this is in their best interest. Families should also receive support to care for the child.

7. Ensure access to education

Provide access to technological equipment for disadvantaged families and children in care. This is significant at a time when teaching is taking place in an online environment, but also in the aftermath of the COVID-19 crisis, when work will be continued on the modernization and digitization of the educational process.

8. Ensure child welfare, social and protection services are included in the list of essential services during the pandemic

Many countries have made a list of essential services (e.g. health, public safety and basic societal functioning) that continue to operate during the pandemic. A number of critical social and child protection workers (e.g. social workers, care workers, community workers and community volunteers) have often been excluded from COVID-19 essential services lists – thereby undermining national child protection and care provision. These services are critical to support families in need and prevent children from unnecessarily entering care, which in many countries effectively means preventing their (re) institutionalisation.

9. Prioritise support to families in need and child protection systems strengthening in the post-crisis recovery

As countries slowly lift confinement measures and plan for the post-crisis recovery, it is essential to take stock of the impact of the COVID-19 measures and plan long-term strategies to support the most affected sectors and groups. The challenges presented by the pandemic can be turned into an opportunity to build stronger and more resilient social and child protection systems. This should include:

- **Preparing an assessment on the impact of COVID-19** on child protection systems and the needs of families.
- **Preparing a national contingency plan for future crises:** This should include a strong focus on addressing the needs of the most vulnerable groups of children and families, without discrimination. It should also plan for staff training and shortages and highlight the importance of the social and care sector in the long-term, by promoting the development and provision of community-based services in line with needs for higher health protection.

- **Once adequate family support and family-based alternative care is in place, establish a moratorium that will put an end to the placement of children in institutions:** Where systems have reintegrated children into their families and communities, establish individual reviews and plans for each child to assess the safety and suitability of the placement. Prevent new placements of children in institutions and ensure that no new institutions are established as a response to the crisis.

- **Develop and resource a childcare reform strategy** and plan to strengthen support to children to create resilient families, communities, and services.

10. Ensure sufficient funding

Support services are meeting increased costs associated with this crisis (medicines, protective materials and staff costs). Service providers are also changing modalities of work (e.g. online support), which are not always recognised by their contracts. Some civil society organisations are stepping in to support marginalised communities, including undocumented children, whose needs are otherwise unmet. Additional funding should be provided to account for these changes.



Credit: Hope and Homes for Children

Left. Mihai and his sister, Amelia, were separated when their family had nowhere to live. Now they have a safe, permanent new home so they can continue to grow-up together.

Below. Georgi spent the first six months of his life alone in an orphanage cot. Hope and Homes for Children specialist team in Bulgaria helped to reunite him with his parents.



Credit: Hope and Homes for Children

3. What can the EU do?

Over the last few years, the EU has taken great strides to move away from institutions and support the development of family- and community-based care. It is key to ensure the progress made is not lost as a consequence of COVID-19.

We call on the EU to:

1. Coordinate the dialogue with Member States

The EU is running bodies in the context of policy coordination and EU funds coordination, such as the Social Protection Committee, the Council Working Party on Structural Measures, etc. These should be mobilised to strengthen the dialogue with Member States and promote a more coordinated approach, for instance by **setting up a task force to coordinate child protection responses in the context of the pandemic.**

2. Integrate the needs of vulnerable children and at-risk families in upcoming EU policies

Upcoming EU policies should be focused on enhancing the protection of vulnerable children and families during the phases of response and recovery. The rights and needs of children at risk of separation from their families, children in alternative care (including children in institutions), and young people who age out of the care system must be streamlined across the following policies:

- **Strategy on the Rights of the Child**
- **Proposal for a European Child Guarantee**
- **Action plan to implement the European Pillar of Social Rights**
- **Action Plan on Integration and Inclusion**
- **Strategy for Disability**
- **Initiative for Roma equality and inclusion**
- **The Conference on the Future of Europe**
- **New Pact on Migration and Asylum**

3. Use EU funds to strengthen child protection systems

From the Coronavirus Response Investment Initiative Plus³ to the EU global response package⁴, a number of funds are available to national governments to respond to **immediate needs linked to the COVID-19 pandemic**. Member States and partner countries should be encouraged to use these resources to strengthen the care system and address the immediate needs of the most vulnerable children and families. **Funds previously allocated for deinstitutionalisation should not be re-directed.**

Furthermore, the EU, Member States and partner countries should prioritise **child protection and care systems reform** in the EU funds programming for the 2021-2027 period. EU funds should be used to develop a wide range of family- and community-based care and services, as laid out in the Checklist developed by the European Expert Group on Deinstitutionalisation and Hope and Homes for Children⁵ and in line with the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, and the UN Guidelines for the Alternative Care of Children.



Credit: Lumos

Moreover, EU funds should be used to ensure unaccompanied migrant, asylum-seeking and refugee children have access to family and community-based care integrated in the national child protection systems. It is equally important to continue ensuring that **all EU funds exclude investments in the refurbishing, building, renovating, or extending of institutions.**

Above. Mama Maria met little Maria at a residential institution when she was just eight years old. She decided to become a foster carer for Maria, who has Cerebral palsy and is caring for her and educating her to ensure she can one day live independently. Photographs Copyright ©2019 by Home Box Office, Inc. Photo Credit: Brendan Bannon

The development of the Call to Action was coordinated by **Hope and Homes for Children** and **Lumos** and has been endorsed by the following organizations:



References

- 1 Prepared by an Inter-Agency Task Force coordinated by the Better Care Network, the Alliance for Child Protection in Humanitarian Action and UNICEF.
- 2 The Common European Guidelines on the Transition from Institutional to Community-based Care define institutions for children "as residential setting that are not built around the needs of the child nor close to a family situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.)".
- 3 https://ec.europa.eu/regional_policy/en/newsroom/news/2020/04/04-02-2020-coronavirus-response-investment-initiative-plus-new-actions-to-mobilise-essential-investments-and-resources
- 4 https://ec.europa.eu/commission/presscorner/detail/en/ip_20_604
- 5 Checklist to ensure EU-funded measures contribute to independent living by developing and ensuring access to family-based and community-based services, https://deinstitutionalisationdotcom.files.wordpress.com/2019/11/eeg_checklist_onlineoffice.pdf