

The implications of COVID-19 for the care of children living in residential institutions

Around the world reports are emerging of numerous residential institutions for children being closed as a result of the novel coronavirus disease 2019 (COVID-19) pandemic. Children appear to be being sent back to their communities without proper consideration of where they will reside, how their transition will be supported, and whether their safety will be monitored. Our view as international experts on institutional care reform is that although overall a shift from institutional to family-based care is a priority, these transitions need to be carefully planned and managed, with effective and sustained family preparation, strengthening, monitoring, and other support provided to ensure the best interests of the child are maintained. We are gravely concerned that the best interests of children might not be met by releasing them en masse back to households and communities. We are especially concerned for children's physical, emotional, and social vulnerabilities, with immunodeficiencies that make them susceptible to COVID-19, and those returning to households without the knowledge or resources to support children with disabilities or those susceptible to COVID-19. We fear that this process of abrupt unplanned relocation will lead to unanticipated emotional stress, exacerbated health issues, and lack of education, as well as an increased risk of abuse and being trafficked.

We urge authorities to undertake carefully planned measures with respect to deinstitutionalisation in light of the COVID-19 pandemic. First, institutions that remain operational should follow public health guidelines and have the guidance and support they need to ensure the safety and

protection of the children and the caregivers. This support includes the education of staff, parents, guardians, and children on the use and importance of physical distancing measures, on signs of infection, and on proper hygiene measures. Only essential staff should be permitted to enter the institutions and visitors (including volunteers) should be prohibited. Measures to isolate and treat children who become sick should be developed and implemented and the potential for fellow institution members and staff to become infected mitigated. When possible and in a child's best interest, contact with extended family members should be continued remotely because such contact is especially important during times of stress.

Second, records must be maintained on children who have left institutions and on where children have been placed, as well as on those who remain institutionalised. Ideally, guidance will have been prepared for families receiving the children on why children have left their institution, what measures will be needed to support the children, and what families can expect after distancing measures have been lifted. Systems for monitoring placements should be put in place. When necessary, the use of prescribed therapies and medications should be continued in the receiving household. For reasons of safeguarding, children should not be deinstitutionalised if they cannot be monitored regularly, at least by phone.

Finally, planning should begin immediately on the care and protection of these children after public health measures are lifted. Best practice would be an assessment of the needs of each child, whether in or out of an institution, and the development of a case plan for the child and, where relevant, family or other caregiver. We hope that many of those who have been deinstitutionalised because of COVID-19 will be able to stay successfully in a household with the right services, support, and monitoring.

We are concerned that many children will be abandoned or separated from their families as a result of COVID-19 and increased poverty, mortality, poor health, family stress, domestic violence, and other reasons. As the pandemic eases, we urge donors to focus on supporting family-based and community-based programmes and services for children, including those who find themselves orphaned or homeless after the pandemic. By doing so, we can strengthen families and communities, prevent family separation, and the establishment of new institutions. Institutions are costly and can be harmful to children's wellbeing. Children can be best served through family reintegration, adoption, kinship care, foster care, kafalah, and other family-based care models. Support should be offered to those who are already offering family-based care, including for older or vulnerable adults, as well as those offering family-based care from emergency deinstitutionalisation to prevent increases in the numbers of children who are institutionalised during and after the pandemic. An opportunity exists to help institutions close properly or to support the transition to community-based services aimed at strengthening families.

The Better Care Network has compiled a list of useful and comprehensive recommendations from various organisations on COVID-19 and children's care.

We declare no competing interests. Group members listed in the appendix.

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See Online for appendix