

Strategy to Turn Rapid Reunion of Children into Reintegration

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Family-Based Solutions

Introduction

The COVID-19 pandemic has caused tens of thousands of children worldwide to be moved out of institutions and returned to their families with little or no preparation or support. This happened because of a government mandate, because people running ‘orphanages’ for profit no longer found it profitable when income from visiting volunteers and donors dried up. In some cases, although the institution provided year-round care for the children, it called itself a school and schools were closed as part of lockdown restrictions. Whatever the reason for the rapid return of children to their families, it poses significant risks to the children. In certain situations, children were told to pack their things and dropped off at the home of their family with whom they had not been in contact for years.

Moving children from an institution back to their own family or into alternative family-based care is a very complex process that requires knowledge and understanding of what it involves. It also takes considerable time to be done properly. If not done properly, the risks to the children are high. Without thorough assessment, planning, preparation of children and the families they go to, and putting in place support and ongoing monitoring, the family is likely to be unable to cope. This can—and often does—lead to the child being sent back to the (or another) institution. The child experiences this as another abandonment, which is very traumatising. Or it can lead to the child being married off, forced to do heavy or dangerous work, being trafficked, or living in the street. The child can also end up being stuck in an unsafe or abusive situation within the family.

A lot of work is being done to prevent having children moved out of institutions very quickly, and to raise awareness about the dangers connected to rapid returns. Hopefully, this will be effective in preventing more of them, however, this does not improve the situation of children who have already returned to their family. The strategy in this document provides guidance on what is necessary to give chil-

dren who have been returned to their families with little or no preparation or support a chance of properly reintegrating into their family and finding their happily ever after there.

This strategy should only be used to help children who have already returned to their families. It is NOT a way to skip the stages involved in the responsible handling of the transition to family-based care and to speed things up. Moving a child into a family (their own or an alternative one) without the preparations explained in ‘Model for Alternative Care Reform’ puts a child at serious risk. While using the strategy laid out in this document will mitigate this risk to a certain extent, it will not completely remove it.

It is important to be aware of the difference between reuniting a child with his family and reintegrating a child into his family. Reuniting a child, or taking a child from an institution and dropping him off at his family home, will not give the child or the family much chance of success. The situation will often not be sustainable. The chances of problems arising out of stress, fear, and challenging behaviour leading to a placement breakdown are high. The aim needs to be reintegration. This means the preparation, planning, training, guidance, support and monitoring needed are there to help the child really find his place inside the family again. And also to help the family cope with having the child in their midst again.

When the child has already returned to his family, the steps usually taken before a child is moved and needed to give the placement a chance of success have to take place with the child already in the family.

Create and Train a Team

If your organisation is going to be involved in helping formerly institutionalised children reintegrate into their families, you will need to put together a team. The team should include members with knowledge and experience in child protection, casework, and psychology. It needs to be big enough to handle the workload of supporting the relevant number of children and families in your area. So, you will need to start by gathering data from your area or district to find out how

many children were moved out of institutions and returned to their families with little or no preparation. This will give you an indication of the workload that you will be dealing with and how much staff you need to handle it.

All staff will need to receive training, particularly to help them understand the specific risks involved in the rapid return of children to their families. They will need training on:

- Individual assessment of children
- Assessing families
- Identifying strengths and needs
- Writing a care plan
- Child development
- Trauma-informed care (understanding the effects of growing up in an institution, the psychological and behavioural problems it causes. and how to deal with this)
- The risks that children face when moved back to their family without assessment and preparation
- The support services available to which they can refer families to help them cope better
- Safety measures to prevent infection or spreading of COVID-19 because numerous house visits will have to be made; this is a serious concern and staff members should be provided with protective equipment
- Protocols for
 - Making house visits
 - Doing assessments
 - Writing care plans
 - Providing counselling
 - Providing training

- Reporting
- Monitoring and review

Trace Children

The first step in the work will be finding the children. This starts with requesting information or records from an institution that sent its children home, or from the authorities that issued the order for the move for each child. This sounds straight forward enough but may already form a significant challenge. If it is not possible to get information from these sources, you can try finding out more from the school the child attended. You can also try to get information from people living near the institution who might have interacted with the children there.

Once you have received or gathered information about the probable location of the child, you will need to check whether he is actually there. Because sometimes, that will not be the case. If the child is not where he was expected to be, try to gather more information from the people there—family, neighbours and other community members. Ask whether the child has been there and where the child might be now.

As mentioned before, the child may have been trafficked, married off, sent to earn money somewhere. He may also have been thrown out of the house or have run away and now be living in the streets. In these cases, it can be very hard to find the child again, but you must make every effort to find out where each and every child is. It can be useful to seek the help of local anti-trafficking organisations, or organisations working with street children if you are unable to find certain children.

Assess

Both the child and the family should be assessed before you write a care plan, which should happen before a child is moved out of the institution. However, in the case of rapid returns, this was usually skipped and still needs to happen.

There has to be an Individual Assessment of the child. The assessment includes all his likes and dislikes, his strengths and challenges, and his thoughts and opinions on what it is like to live with his family again. And there also has to be a detailed assessment of the family, their living conditions, family structure, ability to cope with raising their children and any other strengths and challenges. They too should be encouraged to be open about what it has been like to have the child back in their midst and whether they feel they need any support.

If the assessment of the child indicates that he needs urgent medical care—because the family had not been properly informed of the child’s needs or because they cannot afford the medical care required—you should give this top priority. Before doing anything else—including continuing the assessment—the child should be taken to a doctor and provided with the care he needs.

It is essential to find out what the original reason was for the child ending up in the institution. That reason needs to be addressed, whether through financial support, counselling or training, or connecting the family with available services and support. If you do not address the original reason for institutionalisation, it will almost always still be a problem. Even if things seem to go well initially, it is almost certain to lead to a placement breakdown.

It is important to be aware that most of the families of children in institutions will be worse off now than they were when they placed their child in an institution because they felt unable to raise him themselves, because of the COVID-19 pandemic or the restrictions put in place to prevent its spread. If you do not acknowledge and address this, the chance of successful reintegration of the child into the family is very small.

As explained in ‘Model for Alternative Care Reform’, the work does not end with gathering answers to a long list of questions and documenting them. This information needs to be analysed, discussed by a group of people with expertise in casework and psychology. Then, you need to write a detailed care plan. You cannot skip this step or only do it partially. Without a proper care plan, you put the child at serious risk.

While assessment of children and their families can lead to a list of actions for providing support and guidance to enable the integration of the child into the family, this is not always the outcome. Sometimes the assessment will make it clear that it is not safe or in the child's best interest for him to stay with his family—or, in the case of children found in other locations, for them to return to their family. In these cases, you should skip ahead to 'Organising Alternative Care if the Family Situation Is Not Safe'.

Retroactive 'Preparation'

Even though preparation should happen before a child is moved, the fact that it is too late for that, does not mean you can skip the things mentioned here. They are essential in improving the chances of successful reintegration.

Counselling

Usually, there is a considerable period of preparation involved in moving children out of an institution. This gives both the child and the family the chance to get used to the idea of this big change and allows them to become more familiar with each other before they live together again. Skipping this preparation stage can have very serious effects on the emotional well-being of both the child and the family. It can make the adjustment to the new situation very challenging.

Because of this, the child and the other family members should be offered counselling separately—and possibly together as a group as well—to help everyone process and deal with what has happened. Allowing the different family members and the child to express their fears, frustrations, hopes, dreams and possibly even anger at what is happening can help them all relate to each other much more positively and make it easier to adapt to the new situation.

Depending on the background and experiences of the children, they may require counselling for quite some time.

A word of caution: while it is entirely possible to move children with severe physical and intellectual handicaps into families (their own or alternative ones), this is a process you CANNOT rush. Rapid return is

very dangerous for these groups of children. Especially if they have been spending all their time in the same room—or even in their bed—for years. In these cases, you need a very slow and careful preparation period. Without this period, children like this have died from psychological shock. If you encounter a child like this who has suddenly been returned to his family, you will need to provide very intensive counselling by a psychologist with extensive experience working with children with developmental delays experiencing extreme trauma. This expert will have to work with the child to try to relieve the trauma and the shock before it becomes so overwhelming that the child loses the will to live. The child's family will also need counselling to help them understand what the child is going through, and possibly to help break down stigma or misconceptions about why the child is behaving the way he is.

Training Parents

It may be hard to persuade families of the need for training to take care of their own children. However, the children returning to the family are not the same as they were when they left. The children have been institutionalised, and this has profound effects on their development and their behaviour. If their family does not get help to understand and be prepared for this, and has not learned how to deal with it, the child will probably not be safe living with the family. They may also end up being kicked out of the house, which is an extremely traumatic experience for the child. This risk exists because the trauma and improper brain development experience by the child are very likely to lead to challenging behaviour, which without understanding is often seen as badness, disobedience, ungratefulness, or even as possession by evil spirits.

Part of the training given to parents should include explaining to family members the need to agree to continued monitoring—and also support where necessary. Otherwise, it is not possible to ensure that the child is safe and well there.

Training of family members should include:

- Positive parenting and disciplining techniques
- Understanding the effect of institutionalisation on the child, the

behaviour that this is likely to cause, and how to deal with this effectively

- Any special care needs of the children, like HIV management, understanding developmental delays and how to handle them, understanding treatments and therapies needed by the child and being able to support them
- Awareness of services/support available and how to access them

How and whom to ask for help when needed

Providing Support and Services

Just expecting the family to take care of the child, when previously they felt unable to, to the point of sending the child to an institution, is not realistic. Most families will need significant support services. The services they need will depend on the local situation, the family situation, what the children need, and what is already provided for. However, it is important to realise that the range of services that need to be in place is extremely wide. It ranges from general things like schools and healthcare that are accessible, to specialised services like community-based rehabilitation, support for HIV management, income support. It also includes various forms of support for parents who struggle to care for their children without it, such as treatment for addiction or counselling to overcome trauma.

Again, usually an overview would have been made long before children are moved out of what services are available in the community and which ones are not available yet, but are necessary for families to be able to successfully care for their children. Since this did not happen before it will need to happen now. Get in contact with organisations providing relevant services to see if you can form partnerships. And investigate ways of designing and setting up new services either by yourself or in cooperation with other organisations.

When designing services, you need to take the necessary services as the basis for the planning, not what is already there or most convenient to provide. When something is already available, that is great and very helpful. But if the child or family needs something that is not

available, you will have to make sure that it will be arranged, or the placement of the child is likely to break down.

Services need to be designed in a way that is inclusive and accessible to everyone in the community. Children with and without disabilities or other special needs should be able to make use of the services provided without discrimination or segregation.

Organise Alternative Care if the Family Situation Is Not Safe

With the support outlined in this strategy, most children will be able to stay with their family. However, that does not mean that this is possible for or in the best interest of all children. After the individual assessments, an overview needs to be made of how many and which children cannot safely stay with their family. And for children in a situation outside of their family, you need to assess whether it is possible and safe for them to return to their family. If living with their family is not an option, different placements can be considered. For example:

- Supported living (children aged 16 and over living in small groups within the community, with a mentor who helps them develop the skills needed to live independently)
- Adoption
- Foster care

Again, you will need to see whether these alternative care placements are already available, or whether you—or another organisation—could and should set them up to make sure that all children can grow up safely in a family or within the community.

Awareness-Raising & Advocacy

Raising awareness in the community to reduce misconceptions about stigma and discrimination of certain groups of children needs to start immediately and on as large a scale as can be managed. This is because the dangers of not eliminating stigma and misconceptions out-

lined in ‘Model for Alternative Care Reform’ will all still play a big role. They are likely to cause placement breakdown or put children at risk in other ways, even when the children have already returned to their families. Raising awareness in the community is also necessary for the dangers of child marriage, and the vulnerability of certain children to being trafficked—and the life this often leads to.

Advocacy is needed particularly to help Government departments understand the essential need for policies of family strengthening and community services to make the return of children to their families sustainable.

Establish Monitoring & Review

Monitoring, review, and continued support of children returned to their families—and children moved to alternative placements if relevant—cannot, under any circumstances, be left out. This is an essential part of making sure that children are safe and finding their place in their family. It’s also essential to make sure the family is coping with having the child back in their midst—a situation that can change over time. Along the way, you need to regularly assess and review whether the child is safe and thriving, whether needs are changing, and whether more or different support is needed to give the reintegration of the child a chance of success. Anytime you discover that this is the case, you must write and agree on a new care plan with the family, and the support provided needs to be adjusted.

Monitoring and review should continue until the family and the child have needed no support or intervention through your organisation for at least 6-12 months and are doing well.

Strategy to Turn Rapid Reunion of Children into Reintegration¹

- ¹ Document 2 for use with 'Model of Alternative Care Reform'
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