

Residential Care Centers During the Covid-19 Pandemic: A Survey Of 13 Countries Who Are Members Of FICE-International

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Introduction

Out-of-home care, especially treatment residential care programs are often described in the media, and even in some professional studies, as obsolete social structures (Consensus Statement, 2014). *Residential care settings* are out-of-home facilities such as educational youth villages and educational, therapeutic, or rehabilitation residential treatment centers (Grupper, 2013). Their aim is to provide education, treatment, rehabilitation or protection for children and youth, including those at risk and others, to protect these young people and work toward making a positive change, one that would allow them successfully reintegrate into the community (Aharoni, 2018). *Therapeutic residential care* is "a structured, multidimensional living environment designed to promote or provide care, education, socialization and protection for children and youth with identified mental health or behavioral needs. The boarding school will be in partnership with families and in collaboration with a wide range of formal and informal professional factors" (Whittaker et al., 2016). *Out-of-home care* includes such settings and arrangements as

foster care, group homes, various models of family group-home living together with biological family of staff (Assouline & Attar-Schwartz, 2020).

Deinstitutionalization began in Europe after the 1989 Declaration on the Rights of the Child and was followed by the 2009 United Nations guidelines for alternative care (United Nations, 1989, 2009). The move resulted in the closing of many large residential care facilities, reforming the system to smaller, family-type institutions and at the same time building greater negative stigma against any kind of institutional care (Eurochild, 2016). However, residential care facilities and their staff members, may come to remember the 2020 Covid-19 pandemic as “their finest hour.” The lockdowns declared by many governments created a situation where caregivers and children were locked together in the residential facilities, and had to make the most of this great challenge that was imposed upon them.

FICE Israel decided to initiate a short survey to document and share information about the way different countries handled their policies and practices in residential care facilities during that period. As of this writing (June 2020), 13 countries have responded. Following are findings and some conclusions from this primary survey.

The information gathered in this survey

We decided on three categories – general information on the lockdown, policies, and residential-care staff functioning. Table 1 provides general information about level of lockdown in each country, data available and policy regarding children in out of home care. Notably, while policies in many countries were quite similar, there were also variations like "intelligent lockdown" in the Netherlands and night curfew in Kenya. The dates vary from one country to another, but in each country, when the decisions were made, the policy regarding children in residential care was quite similar. Welfare residential care centers were supposed to remain open and give full services to the children. However, only on-site services were provided. Even therapy that necessitated leaving the facility, had to be stopped. Because schools were closed, residential care staff were responsible for the children during what were normally school hours when they were with their teachers. This increased their workload and responsibilities. Much to our surprise, we found no data is available, across all 13 countries, about the number of cases of infected children or staff members in these treatment residential care centers.

Table 1: General Information on the Lockdown Period

Country	Lockdown level and duration	Number of children diagnosed as infected	Were children kept onsite or sent to family?
Austria	Modified lockdown, March 16 to time of writing (June 10, 2020)	No data	Most children remained onsite. A small minority were sent to their families if it was determined that the family system could handle the situation.
Brazil	Complete lockdown, April 1 to time of writing (June 10, 2020)	No data	All children remained in residential care by law.
France	Complete lockdown, March 17 to time of writing (June 10, 2020)	No data	All children remained in residential care. Children who were scheduled to go home were sent before the lockdown, with telephone follow up of the staff
Germany	Complete lockdown, until - April 27	No data	All children remained in residential care.
India	Complete lockdown, March 24 - April 14	No data	children continue to stay in residential care. Some children were ordered to return to their families make space available for children from overcrowded institutions.
Israel	Complete lockdown, March 15; partial easing end of April; open May 17 with the entire education system	No data	All children remained in welfare residential care, also in foster care and in family group homes. A few families took the children home with approval of welfare authorities. In educational youth villages, only youth without any family support (about 15%) remained in care.
Kenya	Nationwide curfew 5:00-19:00. Educational and religious institutions closed	No data	All children remained in in public residential centers. No new admissions allowed.
Netherlands	"Intelligent lockdown," * Dates not mentioned.	No data	All children stayed in care
Romania	Complete lockdown, end of March	No data	All children remained in residential care and continue to receive total care by the residential care system.
Serbia	Lockdown and state of emergency, March 15 – May 2020	No data	100% of children and young people remained in the residential centers and children's homes. No children were sent home. The same for children in foster care and homes for children with behavioral problems
South Africa	Complete lockdown from March 23 until April 16 2020.	No data	All children remained in residential care. No children may be released from the facilities
Spain	Complete lockdown, Dates not mentioned.	No data	All children remained in residential care.
UK	Complete lockdown, Dates not mentioned.	No data	All children remained in secured children's homes. Residential special schools closed, and children were sent home.

*The Dutch model called for only people at risk of being carriers to be secluded. Shops remained open and people could go out for a walk or visit others – as long as they are with no more than two persons together. No specific law or rules, only recommendations for the child and youth care field. As of June 1 – testing available for anyone with symptoms.

Contact of children in care with parents and family members during lockdown

Although children are mostly placed in out of home care facilities by decision of courts or welfare authorities, there is a tendency to keep relationships between children and their families as close as possible. The lockdown mandated by the COVID-19 pandemic, was quite challenging for children as well as for their families and caregiving staff. In all countries that had imposed a lockdown, children were not allowed to leave the premises and parents and families were not allowed to come for visits, at least for the first three weeks of lockdown. Only in the Netherlands they applied a policy that enabled one visitor per child, a policy that proved problematic. Elsewhere, for a relatively long period of more than three weeks, any face-to-face meetings between children and their families were not possible. After that, some countries started to enable few parent-children meetings in open air places like parks, gardens etc. Table 2 lists that various national policies in the countries that participated in this survey.

Table 2: Policies regarding Child - Family Meeting during Lockdown

Country	Were children allowed to go home for short vacations?	Were children able to attend school?	Did children run away? What happened to them?	Were parents allowed to visit children in care facilities?
Austria	No home visits allowed.	Schools were closed during lockdown.	Children who ran away and came back were sent into quarantine within the facility	No visits allowed initially. Later, parent-child meetings were sometimes arranged in open-air spaces.
Brazil	Residential care declared as essential service and by law cannot close its doors. Some residential homes collapse and staff members took children home.	All formal Education was stopped, and the time was declared to be the July break.	Runways are not allowed back in, and remain on the streets.	No visits of parents or family members allowed. Occasional online contact with family. In the State of Parana, the court enabled parents' visits. .
France	Children stay in residential homes. All home visits on weekends are suspended during the pandemic.	Schools are closed. Distance learning established.	Residential care facilities are obligated to take runaways back, despite the risk of contamination. No all facilities have quarantine space.	No visits allowed both for parents and siblings in residential care and in foster care. Other modes of online relationships will have to be put in place
Germany	No home visits allowed.	Schools closed during lockdown, gradually reopening starting April 27	Children who went out of the residential home without permission are not allowed to come back.	No family visits, except for extraordinary situations such as a child's illness or traumatic condition. .
India	No home visits allowed.	Schools are closed because of lockdown. All classes are distance learning. Younger children are engaged in educational activities taught by older children or supervisors residing at the home.	Each case dealt with on an individual basis.	No family visits allowed.
Israel	Children in therapeutic residential homes and foster care were in complete lockup for six weeks. Children in youth villages were sent home when lockdown was announced; about 15% who have no home remained onsite. For Passover holidays a few parents	School lockdown imposed nationwide in mid-March; distance learning began. Donations to care institutions ensured that each child would have a computer, laptop, or tablet for distance learning	No runaways reported.	No family visits. Contact maintained by phone and Zoom. After 6 weeks, visits were allowed, under restriction, in the residential home's open spaces.

	took their children home and when they came back, they had to go for 14 days of quarantine inside the institutions			
Kenya	No home visits, except in special cases.	Schools closed. Distance learning available to those who had access to the service, excluding many children.	Runways and those discharged home were not allowed to return.	Family visits only in emergency. Online communication encouraged where possible.
Netherlands	At the discretion of each institution. Some institutions enabled children to go home for weekends, depending on the situation and a risk estimation of the biological family (risk to get infected at home).	All schools were closed. Online education and equipment were provided.	Children who ran away or were discharged home, allowed to return to the institutions in most cases, if they are symptoms free. Children with Covid-19 were quarantined in the facility in a central location in the country	At the discretion of each institution. Some did not allow family visits, others allowed one visitor per child, a policy caused a lot of problems.
Romania	No home visits allowed.	Schools are closed. All children, including those in residential care, have distance learning – online and on TV.	Accepted back after onsite two-week quarantine.	No family visits allowed.
Serbia	No home visits allowed.	Schools will remain closed until September 2020. School and university students have online classes augmented by TV programs. Not all institutions have enough electronic devices for their students.	Several children ran away due to too much pressure. They were allowed to return, and were quarantined for two weeks in a special room.	No family visits allowed during the state of emergency and lockdown. Families communicated by Skype, smartphones and WhatsApp video calls. During that period sometimes Parents sent their children small gifts.
South Africa	No information	School are closed. Some schools use distance learning. Residential staff are doing wonderful work to support the children creatively with their studies.	Children who run away cannot return during lockdown, as they will compromise the care of all other children.	No family visits allowed. Communication via phone, WhatsApp, and video calls.
Spain	No information	No information	No information	No information
UK	No family visits allowed.	Children in care have been identified as a group that can continue to attend school. Otherwise used all other	Children who left the residential home are not allowed to come back.	No family visits allowed. When the child's emotional wellbeing was severely compromised by not seeing the family, children were taken to a public play area to meet with parents respecting social distancing rules. Other

		alternative ways of maintaining education		online electronic means like video calls, Skype, Zoom are being used.
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Questions regarding functioning of residential staff members during lockdown

The long period of lockdown imposed on the whole population in most countries represented an immense challenge on direct care workers and social workers in the residential-care facilities. Referring to one of FICE International's famous publications, *The Socialpedagogue in Europe - Living with Others as a Profession* (Courtioux et al., 1986), we can say that in this challenging period residential care workers literally lived up to the title. They were bound to living together with children in residential care – as professionals. Israel is unique in that residential workers live permanently, with their families, on the premises. In other countries only in family group homes staff is living with children in care, and for the most part, workers live off the residential campus, and are on campus only during their work hours (White et al., 2015). However, the reports show that residential workers remained in the facilities for long hours with the children during the lockdown, and quite often did not go home after their shifts were over. In many cases they preferred to stay in the residential facility together with the children for additional hours and even sometimes for full additional days.

Table 3: Residential Staff Functioning during Lockdown

Country	Do residential staff members usually live on the premises?	To what extent were staff members protected?	Did staff members go home after shifts?	Were there staff members who refused to come to work?
Austria	Staff members do not live on the premises	Face masks and gloves are available in every facility, as is disinfection liquid.	Yes.	Not reported.
Brazil	Conditions vary nationwide. Some care workers, who do not have families, have moved into the facilities and are living permanently within the facility. Others work extended, 48-hour shifts.	There is little or no protective clothing in Brazil and masks are difficult to obtain. Brazil has good access to hand sanitizer and 70% alcohol is readily available.	Shifts were changed from 8 hours every 24 hours to 24 hours shift with 48 hours rest at home.	Yes, however it is not very common.
France	Staff members do not live on the premises. They can sleep one or two nights and then go home.	Staff members are not protected, due to lack of masks and hydro-alcoholic gel. For a few days, staff members' children received childcare services so they can concentrate on working with children in care.	The staff can sleep one or two nights on the premises and then go home.	Not reported. For the most part, educators came and showed solidarity in caring for the children in care during this difficult period.
Germany	No staff members live on the premises.	Children will not be going shopping so the risk for contaminating others, including staff, is reduced. Hygiene standards are always a topic in the houses, there are pictures for the children; individual protection rules will be discussed for each risk group person in a personal conversation	Staff goes home unless there is a Covid-19 outbreak.	No, everybody wants to work in residential institutions.
India	The residential care workers are live on the premise and are not allowed out.	Hand sanitizers, masks and gloves are available in all residential homes.	Residential staff live on the premises.	No, the residential staff remain committed to their duties and keep that care of children in their priority.
Israel	In most residential care institutions direct care workers live on the premises, other professionals do not. In part of the treatment residential care facilities workers come for their shift only.	Children and staff closely followed the guidelines of the Ministry of Health, including following strict hygiene measures and wearing masks. Additionally, wherever possible, staff worked remotely.	Staff members who do live on the premises went home after work.	Generally, residential workers were very motivated to stay with the children. A very small number of reports of staff members who were scared because of their personal health situation.
Kenya	Varies. Some facilities have staff members who live on the premises, others have daily staff.	Constant sensitization through the community health workers. Access to PPEs such as masks, hand sanitizers, bedding etc.	Staff members who do not live on the premises go home after work and come back.	No
Netherlands	Staff members live on the premises of family group homes only. Staff members	Due to a nationwide shortage of protective masks, youth care professionals got their equipment at a late stage, meaning that they were	Staff members went in and out.	Not reported. Most workers were very motivated to contribute and the atmosphere among workers has been

	of all other care facilities live of premises.	working unprotected during the peak of the virus. Mainly hygiene measures were taken.		amazing. A very small number of older workers from risk-group child and youth care workers refused to go to work.
Romania	No staff members live on the premises.	Both staff and children have received special gloves and masks and have permanent access to antibacterial gel dispensers.	staff is allowed leave after working hours.	No
Serbia	Usually staff members do not live on the premises. Caregivers worked 12-hour shifts and had transportation. On weekends, they occasionally spent two or three days in the institutions. Entry and exit were very controlled.	Staff used all the recommended protective equipment, while the children were educated to respect social distancing and to wash their hands often.	Staff members went home after their 12-hour shift. On weekends they sometimes stayed for two or three days. Entry and exit from the institutions were very controlled.	No, but state has prescribed that people over 60, or people with chronic diseases cannot come to work, so some were absent from work due to Covid-19 regulations.
South Africa	Staff working on shift are encouraged to stay in the premises for the duration of their shift. Those who come in daily must adhere to strict precautions.	Regular handwash, regular cleaning and sanitizing and masks. Staff who are unwell are not allowed to come to work until they have recovered.	Staff working shifts are required to stay in the premises for the duration of their shift. Many facilities created a lockdown team who are on site for the full duration of the lockdown.	There were isolated cases of CYCWs who refused to work. After they received full information, they continued working.
Spain	No information	No information	No information	No information
UK	No staff members live on the premises.	Staff wear wherever available personal protective equipment and work to a heightened standard of personal hygiene when administering to the children's needs.	Staff members go home and come back.	No cases were reported.

The information in Table 3, which was provided by the different countries, shows that educators and residential staff professionals were highly committed to fulfil their responsibilities toward the children in care. Although the pandemic created great stress for the entire population, and in spite of their natural concern for their personal health, residential staff members did not hesitate to leave their own families and stay as long as

necessary in the institutions in order to provide children and young people in care with all their psychological, emotional and basic physical needs.

Conclusions

Many of us are only starting now to realize, grasp, and also reflect about our extraordinary experiences during the long first COVID-19 lockdown. Living in relatively developed countries, many have been used to trusting scientific solutions to medical problems and challenges. This was a rather new situation – we had to come to terms both with the limits of humankind and of modern science. The only solution scientists and medical authorities could propose was a complete lockdown and stay-at-home order.

Recent years have been a song of praise to globalization, with the "increased interconnectedness and interdependence of peoples and countries... generally understood to include two inter-related elements: the opening of international borders for increasingly fast flows of goods, services, finance, people and ideas; and the changes in institutions and policies at National and International levels that facilitate or promote such flow" (World Health Organization, 2020). Globalization has the potential for both positive and negative effects on development and health. This

worldwide pandemic exposed the downside of globalization. First, the spread of the pandemic was due to massive international travel. A disease that started in China very quickly spread to more than 200 countries. Second, while coping with the pandemic, mass media reported phenomena that are clearly demonstrated in the answers to our survey questionnaire. It is striking to see how quickly countries closed themselves, closed borders, fought over medical resources like ventilators and masks. Even in the European Union, the usual trend of cooperation and collaboration between neighboring countries vanished and gave place to a closing down of each one to cope alone with its own challenges.

This survey of 13 countries show that complete lockdown was declared in 11 out of the 13 countries. Out-of-home care that includes residential care facilities, youth villages, foster care, and family group homes are taking care of the most vulnerable children and youth populations in all the 13 countries surveyed. When lockdown was declared, there was no doubt that these children must stay in the institutions in order to guarantee their safety and wellbeing (Gonzalez-Carrasco, et. al., 2019). As the lockdown lasted a relatively long period of almost two months, this was a difficult and complex challenge for children, families, and caregiving staff. The information gathered here shows that the out-of-home facilities succeeded to fulfil their noble task of acting *in loco parentis* – as substitute parents – and supply all necessary needs to the children during this period. They also demonstrated that they are able to guarantee children's rights in such a complex and stressful situation. Let us remember that the challenge was intensified by the fact that in all 13 countries, the school system shut down the moment lockdown was declared. Therefore, residential staff had to take care of the children also in school hours, in weekends, holidays, days and nights. In this period there were major religious holidays – Easter, Ramadan, and Passover – which are customarily celebrated in family gatherings. Residential staff

members had to organize special activities for the children in these days to compensate for the absence of parents and family members in these special and emotional moments. The creativity and responsibility of directors of residential centers and their staff were the main resource for coping successfully with these challenges. In many countries, government agencies were occupied with issuing rapidly changing papers and regulations, a situation that seriously jeopardized securing the field workers in coping successfully with their complicated duties. The survey shows that almost no case of contamination happened in the children's homes, neither children nor staff, attesting to the fact that strict hygiene and other health care measures were effectively monitored by dedicated directors and staff members. The safety of children in care were successfully maintained.

We opened this paper by stating that we view the way that out-of-home care systems handled this unusual and complex challenge as the “finest hour” for residential care facilities and their staff members. There are scholars who claim (e.g., Consensus Statement, 2014), that in the 21th century this kind of social structures are obsolete and should be replaced by community-based programs. However, we have growing evidence (Zeira, et. al., 2019), for the important contribution of these residential programs to their graduates. Nowadays, after this experience of the last several months of the COVID-19 pandemic, we have new and updated proof of the necessity and effectiveness of residential child and youth care institutions in protecting children in care and operating essential services for vulnerable children and youth populations during severe crisis situations.

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