Improving Services to Vulnerable Children in a Global Context: Bridging the Research-Practice Gap

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Abstract

This collection of research evaluates services to vulnerable children and families across multiple nations, and emphasizes the connection between research and practice. It focuses on three primary research questions: 1) How can residential service providers align their services with research recommendations to support children in families?, 2) How have services been adapted to meet the needs of children and families impacted by the COVID-19 pandemic?, and 3) How can data on current practice and research literature combine to form data-informed recommendations to service providers?

This thesis contains five distinct but related research papers organized into two themes. Theme one papers explore care reform practices in services to children separated from parental care (Papers 1A and 1B). Theme two papers investigate and inform services to children separated from parental care and families at risk of separation in light of the COVID-19 pandemic (Papers 2A, 2B, and 2C). This research was informed by the Pragmatic Paradigm and Systems Theory, and utilized a mixed methods approach. Significant contributions to academic knowledge included a focus on the relationship between research and practice, an exploration of new topics, inclusion of geographically diverse samples, and robust data-informed recommendations for service providers.

Declaration

Whilst registered as a candidate for the above degree, I have not been registered for any other research award. The results and conclusions embodied in this thesis are the work of the named candidate and have not been submitted for any other academic award.

Nicole Wilke

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demanding experiences of my life, and has informed much of my understanding of humanity and our role in it. To my amazing children: you are my greatest adventure. You inspire me to prioritize what matters, and remind me of the worth of this work even amidst the challenges. To my husband, Josh - this degree is as much yours as it is mine. I am grateful you believe the impossible. You are the water to my fire, and I could not imagine this life with anyone but you. And finally, I thank God for allowing me the privilege of joining in the work He is doing to see all children cared for with excellence. This is a cause worth fighting for.

List of Publications Included in this Thesis

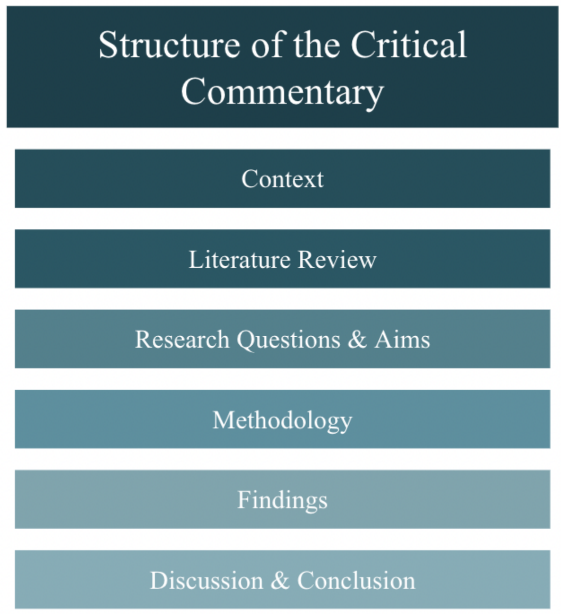
1A	Wilke, N. G. & Howard, M. H. (2021). Innovations in care for children separated from parents: Transitioning from residential to family models of service. *Children & Society*. https://doi.org/10.1111/chso.12486
1B	Wilke, N. G., Howard, A. H., King, D., & Carroll, B. (2021). Bringing donors along on the journey: A preliminary investigation of organisational strategies in transitioning from residential to family care for children. *Institutionalised Children Explorations and Beyond*, 23493003211047921. https://doi.org/10.1177/23493003211047921
2A	Wilke, N. G., Howard, A. H., & Pop, D. (2020). Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic. *Child Abuse & Neglect*, 104642. https://doi.org/10.1016/j.chiabu.2020.104642
2B	Wilke, N. G. & Howard, M. H. (2021). Data-informed recommendations for faith communities desiring to support vulnerable children and families during the COVID-19 pandemic. *Journal of Religion & Spirituality in Social Work: Social Thought.* https://doi.org/10.1080/15426432.2021.1895957
2C	Wilke, N. G., Howard, A. H., & Goldman, P. (2020). Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations. *Child Abuse & Neglect,* 104712. https://doi.org/10.1016/j.chiabu.2020.104712

Author Contribution

Paper	Roles
1A	Conceptualization of the project, leading and contributing to research design, sourcing and applying for funding, developing and sustaining interdisciplinary collaboration, project administration (e.g. ensuring timelines are met), developing and implementing methodology, undertaking data collection, developing and employing relevant coding to support qualitative analysis, discussion on the use of and suggestions of the relevant types of quantitative analysis, article writing- original draft preparation, writing - review & editing, engaging with peer review and making necessary edits, review and agree to proofs for publication, development and execution of dissemination strategy
1B	Conceptualization of the project, leading and contributing to research design, sourcing and applying for funding, developing and sustaining interdisciplinary collaboration, project administration (e.g. ensuring timelines are met), developing and implementing methodology, undertaking data collection, developing and employing relevant coding to support qualitative analysis, discussion on the use of and suggestions of the relevant types of quantitative analysis, article writing- original draft preparation, writing - review & editing, engaging with peer review and making necessary edits, review and agree to proofs for publication, development and execution of dissemination strategy
2A	Conceptualization of the project, leading and contributing to research design, sourcing and applying for funding, developing and sustaining interdisciplinary collaboration, project administration (e.g. ensuring timelines are met), developing and implementing methodology, undertaking data collection, developing and employing relevant coding to support qualitative analysis, discussion on the use of and suggestions of the relevant types of quantitative analysis, article writing- original draft preparation, writing - review & editing, engaging with peer review and making necessary edits, review and agree to proofs for publication, development and execution of dissemination strategy
2B	Conceptualization of the project, leading and contributing to research design, sourcing and applying for funding, developing and sustaining interdisciplinary collaboration, project administration (e.g. ensuring timelines are met), developing and implementing methodology, undertaking data collection, developing and employing relevant coding to support qualitative analysis, discussion on the use of and suggestions of the relevant types of quantitative analysis, article writing- original draft preparation, writing - review & editing, engaging with peer review and making necessary edits, review and agree to proofs for publication, development and

	execution of dissemination strategy
2C	Conceptualization of the project, leading and contributing to research design, sourcing and applying for funding, developing and sustaining interdisciplinary collaboration, project administration (e.g. ensuring timelines are met), developing and implementing methodology, undertaking data collection, developing and employing relevant coding to support qualitative analysis, discussion on the use of and suggestions of the relevant types of quantitative analysis article writing- original draft preparation, writing - review & editing, engaging with peer review and making necessary edits, review and agree to proofs for publication, development and execution of dissemination strategy

Improving Services to Vulnerable Children in a Global Context: Bridging the Research-Practice Gap



Context

Research (Dozier et al., 2014; Nelson et al., 2019) and global policy (United Nations, 2019) both affirm that children develop best in families**.** For most children, this will occur in the context of their biological family. However, millions of children around the world live separated from biological parental care, often in alternative care settings such as residential care centers (RCCs), kinship care, foster care, and adoption (Desmond et al., 2020; Martin & Zulaika, 2016). Although all children can be conceptualized as vulnerable, this population is particularly at risk for both short-term and long-term developmental challenges due to exposure to early adversity, both prior to parental separation and as a result of inadequate care (Bakermans-Kranenburg et al., 2011; Nelson et al., 2007; Zeanah et al., 2003). Although academic literature has offered broad recommendations for improving services (such as prioritizing family models of alternative care),

there is a paucity of data focused on precisely how individual services providers can align their programs with evidence.

I have been drawn to this topic by my lifelong work with children in alternative care, including providing clinical services, serving as a respite provider, working in residential care, and living in a foster and adoptive family. I currently serve as Director of the Center on Applied Research for Vulnerable Children and Families, an initiative of the Christian Alliance for Orphans (CAFO). Our 220+ member organizations serve millions of children and families in more than 130 nations around the world. In these collective experiences, I have consistently observed a tension between good intentions and the lack of capacity to digest and apply the best available research.

In my professional experience, service providers do desire to implement evidence-based practices. However, they are overwhelmed by urgent needs and competing priorities. Research recommendations must be made highly accessible or implementation will appear overwhelming and the idea will be disregarded. This collection of articles serves the dual purposes of contributing to academic literature about current practices in alternative care for children, and providing data-informed recommendations to practitioners for the improvement of their services to vulnerable children. It is informed by three primary research questions:

1) How can residential service providers align their services with research recommendations to support children in families?

2) How have services been adapted to meet the needs of children and families impacted by the COVID-19 pandemic?

3) How can data on current practice and research literature combine to form data-informed recommendations to service providers?

Further, this narrative seeks to communicate the critical contribution of this research in the context of related academic literature.

Literature Review

This section will build the foundation for why the research represented in this thesis is necessary and grounded in previous work.

Conceptualization of Child and Family

Childhood is a formative period that heavily influences one's future (Gagne & Nwadinobi, 2018; Gilmore et al., 2018). Childhood can be understood through a variety of lenses. From a developmental perspective, childhood is a period of growth and maturation, in which childhood experiences inform adult capacities (Garner et al., 2012; Shonkoff, 2017). A social constructionist perspective theorises the concept of childhood as situated, based on culture, social structures and beliefs (Jahoda & Lewis, 1988; Norozi & Moen, 2016). Post-colonial perspectives acknowledge the influences of colonization and colonial views on child development and how white Western discourse of colonialism influences ways in which children and families are conceptualized, oppressed, or misrepresented (Cannella & Viruru, 2004). The

research in this thesis is influenced by a systems perspective, which asserts that an individual's childhood is formed by multiple and interwoven layers, including individual characteristics, family and social relationships, education, and broader community, cultural elements, and geo-political and temporal factors (Bronfenbrenner, 1979; Cross, 2017). Beyond theoretical concepts, individuals from different cultures and contexts may understand child wellbeing and development distinctly. The perceived purpose and goals for childhood, the role of gender, sleep patterns, and discipline and punishment are just a few examples of how culture can influence the thinking and practice around childhood (Balagopalan, 2018; Berry et al., 1997; Harkness, 1979; Sepúlveda-Kattan, 2021; Son et al., 2017; Stearns, 2016; Super et al., 2021;). Despite these diverse viewpoints, there is at least some consensus on basic child rights, outlined in the United Nations Convention on the Rights of the Child (United Nations General Assembly, 1989). This document has been signed and ratified by 193 nations (Lee, 2010). Although there may be different views on evolving capacities and the level of competencies children have to demand and live out these rights, there is a clear thread related to the right to family (Tobin, 2019).

Although "family is a universal and necessary institution for human survival in all societies…" (Georgas et al., 2006, p. 4), conceptualization of family varies by community and individual (Treas et al., 2017). "The family sets the stage of intergenerational relations, of actual fertility, and of rights and obligations of socialization, support, and inheritance" (Treas et al., 2017, p. 4). Although some define family by blood, legal status, or residence, these parameters are not a fit for some cultures and contexts (Tam et al., 2017). Western theorists may see the term family as synonymous with the nuclear family, but most cultures throughout the world would also include extended kin (Georgas et al., 2006). The level of permeability of boundaries around whether or not an individual is considered family can differ from one family to the next,

or even between two individuals of the same family (Connidis, 2020). Families can be composed of diverse of structures and hierarchies, differing levels of interdependence and independence, varying levels of intergenerational connectivity, and a continuum of proximities (Fine & Fincham, 2013; Georgas et al., 2006; Umberson & Thomeer, 2020; Widmer & Jallinoja, 2008). Critical components of family seem to be difficult-to-measure elements such as affection (Park et al., 2009; Schrodt et al., 2007), caring (Laursen & Birmingham, 2003), social capital (Hoffmann & Dufur, 2018; Israel et al., 2001), and connectivity (Gwenzi, 2020). Family dynamics are not only influenced by the individuals and relationships within the family, but also by broader systemic influences such as cultural hierarchies and power structures, politics, religion, and economies (Connidis, 2020; Treas et al., 2017).

Systems Theory as a Lens for Child & Family Wellbeing

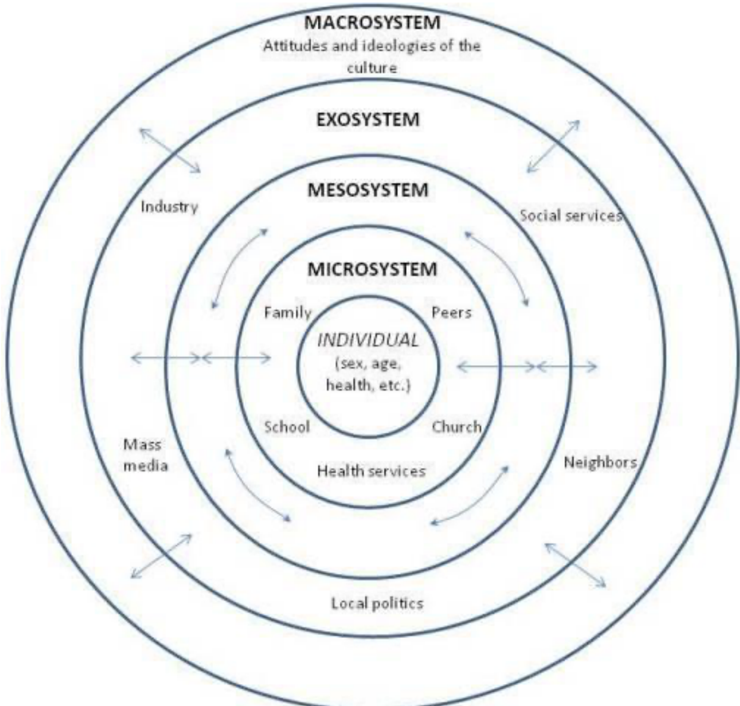
My professional and personal experience has repeatedly shown me that there are multiple layers to child and family welfare. Frequently, we attribute individual outcomes to personal character alone, when in fact much of advantages and disadvantages are determined for us. Children I have worked with have experienced the consequences of the choices of others, such as abuse and Fetal Alcohol Spectrum Disorder. Parents have encountered discrimination and lack of access to education. Families have experienced geopolitical conflict and genetic health conditions. My observations and experience are aligned with research that suggests the wellbeing of children and families is impacted not only by their own personal characteristics and experiences, but is influenced by factors beyond their control and person (Callaghan et al., 2019; Connidis, 2020). As this work was exploring questions around family wellbeing, separation, and the broader services and structures that influence them, it was critical to identify an approach that

looked beyond the individual. Systems Theory is a framework that accounts for and explains many of the inter-related relationships between variables affecting child and family wellbeing.

Systems Theory asserts that individuals and families are the product of dynamic elements, roles, and contextual factors that change over time (Walker, 2012). Development arises from the stability and changes that occur as an individual interacts with her environment (Bronfenbrenner, 1979). Characteristics of the individual, including those representing physical, cognitive, emotional, and social domains, can be both a result of and a shaping force for developmental outcomes (Yendork, 2020). Rather than attributing the majority of developmental outcomes to the inherent traits of the individual, it affirms the roles of multiple layers of the system around any individual, offering a theoretical model for how context influences the development of the individual (Cross, 2017). One model of Systems Theory is shown graphically in Figure 1.

Figure 1.

Ecological Systems Theory Model (Bronfenbrenner, 1979).



Systems Theory also offers a lens for understanding the changes in child and family vulnerability. The various levels of the system interact, and influence and impact are multi-directional in nature. Vulnerability often arises from the combination of multiple and interwoven variables (van IJzendoorn, 2020). Although some elements of vulnerability may be attributed to the child or family (such as disability or mental health), many influences will have broader systemic ties (such as cultural structures, geopolitical conflict, or a low-resource environment) (Yendork, 2020). Further, it could be argued that some individual level factors (such as poverty or substance abuse) are also heavily influenced by external structures (Haefner, 2014).

When considering separation from parental care, antecedents to separation can involve multiple levels of a system, from individual factors to family challenges to broader cultural or

societal circumstances (van IJzendoorn et al., 2020). A 2022 systematic review of 132 studies 14 categories of antecedents to separation, including abandonment, disability, family stress, crises, health, child left home, legal, maltreatment, parental death, parental relationship status, parenting, poverty, and substance abuse (Wilke et al., 2022). Frequently, the causes of separation vary by culture and context (Yendork, 2020). Just as antecedents to separation stem from multiple layers of the system, approaches to reducing risk for children should address multiple layers of a system (Lipscomb & Arkadie, 2020; Piel et al., 2017).

Reforming Alternative Care for Children

Preventing separation from parental care is ideal, but alternative care is sometimes necessary when parents are unable to care for their children (Huynh, 2014; LaBrenz et al., 2020; Liming et al., 2021). Currently, millions of children around the world are receiving alternative care services in the form of kinship care, adoption, foster care, residential care, and supported independent living (Kakkar, 2019; Martin & Zulaika, 2016; Selman, 2015). Broadly, children in care tend to have a higher likelihood of poorer outcomes. Adults who experienced alternative care as children are more likely to attempt suicide, abuse substances, engage in criminal behavior (Berlin et al., 2011), not receive post-secondary education, be unemployed or underemployed (Dickens, 2018), and experience poverty (Berejena Mhongera & Lombard, 2016; Diraditsile & Nyadza, 2018). Adults separated from parental care as children are also over-represented as biological parents of adopted children, perpetuating the cycle of separation from biological parental care (Roberts et al., 2017). These outcomes likely have multiple and interwoven precipitating factors, and we cannot attribute them only to alternative care experience (Bondi et al., 2020; McGuire et al., 2021). Further, not all individuals with care experience will have poor outcomes. However, although some vulnerable children experience positive outcomes through

tremendous ability to overcome obstacles and other protective factors, (Callaghan et al., 2017; McGee et al., 2020; Ross et al., 2020), this does not negate the need to prevent separation and improve alternative care services. Multiple researchers suggest maladaptive outcomes are at least in part due to limited services, and that further support is necessary (Bond, 2018; Dziro, 2020; Luwangula, 2017; Sims-Schouten & Hayden, 2017).

The type of alternative care setting experienced seems to play a prominent role in the short- and long-term outcomes of children separated from parental care. A meta-analysis of 308 studies of children in institutional care in 68 nations found an association with significant delays in physical growth, brain development, cognitive ability, and attention (van IJzendoorn et al., 2020). Current research literature has minimal discussion of what exactly is defined as "institutional;" however, we do see that even small group models can be linked to detrimental outcomes (van IJzendoorn, & Bakermans-Kranenburg, 2022). Although certain types of small group care may be helpful for some youth, recent history has seen an over-reliance on the institutional model for children separated from parental care and limited access to alternative family care options (Newton, 2017). When children have been moved from institutional to family models of care, studies show evidence of developmental catch-up (Judge, 2003; Rutter, 1998; van IJzendoorn et al., 2007). This aligns with other research demonstrating that alternative family care typically fosters positive developmental results to institutional care (van IJzendoorn, 2020). There is no one-size fits all solution, and it is important that service providers have access to a full continuum of care options, including reintegration support, kinship care, adoption, and foster care (Goldman et al., 2020a). Children should be placed in situations according to what best fits their needs and desires (Vis & Fossum, 2015). For the

majority of children, family care options are most likely to lead to better outcomes (Nelson et al., 2007; Nelson et al., 2019; van IJzendoorn, 2020).

Based on current literature, there is a clear need to reform the alternative care system for children separated from biological parents, with an emphasis on providing and supporting family care (Bindman et al., 2019; Goldman et al., 2020a; Frimpong-Manso, 2021). However, with millions of children living in institutional settings, the question of exactly how to reform the alternative care system remains. Although some research has called for the end of RCCs (Berens & Nelson, 2015; Knifton et al., 2013), it has failed to practically address how children currently being cared for in RCCs will be supported if these programs are closed. Failing to build a new care system prior to dismantling the old one can place children and youth at risk of harm, and they may encounter unsafe situations (Murphy & Fairtlough, 2014). Developing these systems requires time, capacity, and resources (Newton, 2017).

Programs providing residential care for children are a critical part of the solution to building family care systems for children. With millions of children receiving residential care services (Desmond et al., 2020), eliminating all current residential programs would create a vacuum of services in a field with already limited resources. A more productive solution is for the resources of willing and able programs currently providing residential care to be repurposed to support family care, minimizing the need for RCCs (Medefind & Wilke, 2017; Bradford et al., 2016). These programs often have the contacts, staff, funding, and material assets that can position them well to facilitate and support children in family care. However, the process of transitioning from residential to family care is complicated. It requires extensive changes across multiple levels of a program, including funding, partnerships, gatekeeping, volunteering, and more (Goldman et al., 2020a; Bradford et al., 2016). To date, little research has been done on the

process of care reform for individual programs in the global context desiring to transform their residential services to support children in families.

COVID 19 and Vulnerable Children

Care reform in child welfare focuses on how to make adjustments to services to better align with evidence of what leads to positive outcomes for vulnerable children and families (Burchell, 2021; Frimpong-Manso, 2021). The COVID-19 pandemic transformed from a remote possibility to a reality in a matter of months, impacting nearly the entire world (Thompson & Rasmussen, 2020). This created a new and urgent need for evidence regarding service provision to vulnerable children and families amidst new and changing circumstances.

As with many systemic crises, vulnerable populations were disproportionately impacted by the pandemic and associated restrictive measures (Guo et al., 2020; Sharma et al., 2020; Tummala & Muhammad, 2020; Xu et al., 2020b). Both the virus and the related restrictive measures posed additional risks to already vulnerable populations, including children separated from parental care and families at risk of separation (Desai, 2020; Wang et al., 2020). Overall, children have seemed to present with less severe symptoms of the virus (Mellis, 2020; Thompson & Rasmussen, 2020). However, factors such as poor nutrition (Butler & Barrientos, 2020), overcrowded living conditions (CDC COVID-19 Response Team, 2020), poor hygiene (Cavanaugh, 2020), and lack of access to medical care (Thompson & Rasmussen, 2020) may increase the likelihood of adverse outcomes in response to COVID. Children residing in RCCs may have a greater risk of contracting the virus due to close proximity to many others, and are at risk for rapid return (Goldman et al., 2020b). Family violence (Pereda & Díaz-Faes, 2020) and child maltreatment (Cappa, & Jijon, 2021; Katz & Fallon, 2020) have also seen an increase as a result of the pandemic.

At the onset of the pandemic, service providers to vulnerable children and families were left with important questions about how to transform or adjust services to support this population. Care systems, including components provided by both the public and private sector, experienced serious constraints such as lockdowns and limits on what services they could provide (Goldman et al., 2020b). Service providers were well-positioned to support vulnerable children and families though this time of challenge, but required clear guidance and support. Overall, the global pandemic has created gaps in knowledge about how best to support vulnerable populations and the entities that serve them. Most research on this topic has centered around higher income countries, with few studies in lower income nations. More research is needed to inform service providers of effective practices to support vulnerable children and families during this time of limited resources and extra constraints.

Bridging Research and Practice

Consistently, research suggests the need to improve care for children receiving alternative care, given that current outcomes tend to be poor (Goldman et al., 2020a; Nelson et al., 2019). In order to do so, research must involve, be disseminated to, and be implemented by service providers (Gopalan et al., 2020). There are many examples of excellent studies bridging this gap in the care of vulnerable children (Casado-Kehoe et al., 2020; Hurt et al., 2018; Lefevre, 2015; Lind et al., 2017; Watson et al., 2020). However, many of these studies occur in higher resource environments such as the United Kingdom and the United States. This is important in that high-income nations tend to have greater access to services and resources that might not be available in low-income nations, and may make it difficult to successfully implement similar interventions. Further, culture may influence use and conceptualization of alternative care. Less research has focused on the practicalities of how to realistically improve services and outcomes for children

receiving alternative care in low-resource environments. Thus, it is important to identify and evaluate easily accessible practices that are suitable for service providers in low-resource contexts.

The current body of literature focused on care for vulnerable children in a global context indicates substantial scope and consequences of this issue in a global context. There is a clear need for more research focused on 1) practically improving services for this population, 2) assessing transitions in service modality, especially concerning residential and family models of care, 3) the impact of COVID 19 on vulnerable children and families and effective interventions for service providers to support this population, 4) more non-western participants in this research, and 5) better connection between research and practice. These gaps informed the research questions and aims of this research, which sought to respond to these needs.

Research Questions & Aims

This section will outline the overarching research questions and aims that were the focus of this research. In response to the research gaps identified in the literature review section of this thesis, the following research questions guided the conceptualization, execution, and dissemination of the research included in this thesis:

1) How can residential service providers align their services with research recommendations to support children in families?

2) How have services been adapted to meet the needs of children and families impacted by the COVID-19 pandemic?

3) How can data on current practice and research literature combine to form data-informed recommendations to service providers?

In truth, there are many more gaps in the body of academic literature related to how to best serve vulnerable children. These three research questions were identified for a number of reasons. A dominant criteria of any research I have taken has been the potential to positively impact the lives of vulnerable children and families. Although there are countless questions of academic interest in this field, there are fewer that are likely to change lives. Each of these questions met that criteria. Further, there was a time sensitivity around beginning to answer each of these questions. Obviously, the unexpected nature of the global pandemic made this a pressing issue. However, the other questions addressed also possess a time-sensitivity as we consider that children are growing up without the best available care.

Part of this urgency was discerned in response to inquiries from service providers themselves. In working with CAFO's alliance of service providers, I interact regularly with dozens of organizational leaders, who are eager to provide excellent care for vulnerable children and families. When they are encountering a new challenge or desire to improve their care, they often contact the CAFO Research Center with questions or looking for resources. This experience allows me to informally understand which questions and challenges are common among service providers serving vulnerable children around the world, as CAFO members are located in more than 130 nations. These interactions have confirmed for me the urgency of the research questions addressed in the body of work presented in this thesis. These factors, along with the gaps in current literature, led to the selection of the current research questions.

In addition to the research questions stated above, a focus on bridging the gap between research and practice in the care of vulnerable children ran throughout this body of work. This was in alignment with a pragmatic ontology (Dieleman et al., 2017; Kaushik & Walsh, 2019), discussed further in the Methodology section. In particular, this research emphasized the

development of data-informed recommendations that would apply to service providers across geographical and cultural contexts, as well as a focus on strategic dissemination.

Methodology

This section will address how I approached answering this research questions from a methodological perspective, and the foundational philosophies that underpinned this approach.

Theoretical Framework

"Inquiry is an investigation to understand some part of reality and to create knowledge to change in that part of reality." - Kaushik & Walsh, 2019

After originating from a more positivist viewpoint, engaging in both research and practice in the field of child welfare has shown me the insufficiency of the approach in addressing the research questions I had. There were individual experiences informed by personality, culture, circumstance, and other factors that could not be adequately represented by a positivist approach. At the same time, I wanted an approach that still allowed for considering more objective or quantitative data, along with more nuanced and individualized information. The Pragmatic Paradigm was a fit, and has informed this research from conceptualization to dissemination. Epistemologically, Pragmatism assumes both the existence of one reality, as well as multiple perceptions of reality (Biesta, 2010; Maarouf, 2019). Reality is context-dependent, and changing or multiple contexts leads to changing or multiple realities (Maarouf, 2019). Perceptions are the confluence of experiencing phenomena and our reaction to them (Hildebrand, 2008). Put another way, experience relies on the relationship between two key questions: 1)

What is the source of our beliefs?, and 2) What is the meaning of our actions? (Dewey, 2008). Ontologically pragmatism contends that a person's actions (objective/quantitative) can never be separated from his or her experiences or beliefs (subjective/qualitative) (Hall, 2013; Kaushik & Walsh, 2019). Pragmatic scholarship is not limited to one approach or perspective (i.e. positivism, post-positivism), but rather is able to utilize an approach that best addresses research questions (Frankel Pratt, 2016).

The Pragmatic Paradigm is focused on what works in discovering knowledge, and asserts that there is no one way to access truth (Maarouf, 2019; Feilzer, 2010; Tashakkori et al., 1998). Theories are tools to be utilized as part of inquiry that is driven by problem-solving (Frankel Pratt, 2016). Pragmatism relies on abductive reasoning, or making a probable conclusion from what is known (Frankel Pratt, 2016). It is supported by analytic eclecticism, a stance of engaging and applying theoretical constructs to address complex problems of interest to research and practice (Sil & Katzenstein, 2010). The Pragmatic Paradigm often underpins inquiries addressing broad and complex problems with multiple layers of variables and messy data. This allows a researcher to include relationships and interactions between multiple actors and mechanisms in order to better reflect the complexity of reality (Sil & Katzenstein, 2010). The Pragmatic Paradigm as an ontological and epistemological framework linked well with the conceptualization of children, families, and alternative care via a Systems Theory lens. It supported considering levels of a system and the relationships between them that might result in a particular impact when developing research questions and design. It created space for including the roles of social, cultural, and contextual influences. Further, Systems Theory and the Pragmatic Paradigm share a focus on connecting research and practice (Hothersall, 2019; Popa et al., 2015). Inquiry outcomes are not definitive answers or solutions, but rather should be

applied to real life problems to ascertain whether they are effective (Hildebrand, 2008). Thus, the process of discovery is an iterative relationship between research and practice. This approach aligned well with my priority of connecting research to practice for maximum impact for children and families.

Research Design

Pragmatism allows for combining multiple methodological approaches for the purpose of a more complete picture of reality (Creswell, 2013; Hall, 2013), and is often associated with a mixed methods design (Biesta, 2010; Goles & Hirschheim, 2000; Morgan, 2014; Teddlie & Tashakkori, 2003). As reality is both objective and subjective, the research utilizes both objective and subjective methods of inquiry, not for the sake of constructing reality, but to discover reality that accounts for participant perceptions (Maarouf, 2019). The pragmatic researcher is positioned in the middle of the quantitative-qualitative spectrum, able to utilize both types of inquiry to address objective or subjective types of knowledge (Maarouf, 2019).

In this collection of research, a pragmatic orientation led to using a mixed-methods approach. In all studies represented in this thesis, neither quantitative nor qualitative approaches were sufficient to address the research questions. Due to the relatively new nature of the research questions in this work, it was helpful to use quantitative items (i.e. frequencies and descriptive statistics) to give an indication of scope and range of certain elements of a condition or experience. For example, there was no published data on the condition of COVID-related government-mandated rapid return prior to the study represented in paper 2B, and participants were able to quickly indicate general numbers and themes related to this phenomenon.

However, quantitative items were insufficient to uncover the level of depth about individual and collective social and cultural experiences that was desired for this work.

Including a small number of open-ended questions allowed for mining for themes and developing a richer understanding of individual experience using Interpretive Phenomenological Analysis (IPA) (Larkin, Watts, & Clifton, 2006; Smith et al., 1999). This work followed the IPA process of analysis: 1) significant quotes or phrases were noted, 2) themes were identified and labeled, 3) quotes were categorized into a table by theme, and 4) a narrative was developed based on the table (Willig, 2008). IPA was selected for the following reasons: 1) it aims to offer insights about an individual's context-dependent experience of a phenomenon, 2) it allows themes in the data to emerge, rather than using data to confirm or deny a previous hypothesis, 3) codes are generated from the data, rather than applying a theory to the data, 4) I had prior experience working with the IPA process. Interestingly, themes identified in qualitative analysis sometimes formed the basis of future studies. For example, one previously- unknown theme that emerged from paper 2A was the COVID-related government-mandated rapid return of children in residential care to family care. This phenomenon was explored in greater depth in paper 2C, and led to an ongoing longitudinal study.

Understanding how to improve service provision for children separated from parental care is a complex topic with numerous and interwoven variables. Systems Theory asserts that multiple layers of a system are involved, from individual factors and perceptions to family and community circumstances to social and cultural contexts. Further, beyond individual layers of a system, there is an interplay between the layers of a system, creating additional complexity. For example, paper 2C a global health crisis influenced a government policy which led to organizations sending individual children back to family systems. These four factors were tightly connected, with clear objective relationships in addition to more individual perception and experience. Although there are some objective realities (i.e., numbers of children receiving

alternative care services), there is also a tremendous influence of context, experience, and perception. In order to account for this, each study represented in this thesis utilized a fully mixed, equal status, concurrent design, in which qualitative and quantitative data were analyzed distinctly and combined at the stage of interpretation (Creswell and Clark, 2007).

Sampling

The desire to initiate discovery and develop data-informed recommendations that would apply to the greatest number of service providers led me to make specific sampling decisions related to participants, geography, and accessibility.

Participants.

As one of my primary aims in this research was to better equip service providers for improved practice, this group was the target sample. This decision is aligned with past research (Berejena Mhongera, 2018; Yoon et al., 2020) which learned from service providers as participants. Further, it allowed some significant benefits. As many service providers were already gathering data on the vulnerable children and families they served, they were able to share de-identified information on a large number of beneficiaries. This aligned with my goal of providing a broad snapshot of the phenomena represented in papers 1A, 1B, 2A, 2B, and 2C. Further, my positioning as Director of CAFO Research and previous relationships provided direct access to a large number of service providers, as well as the trust, relational capital, and previous knowledge to allow for convenience and chain referral sampling (2A, 2B, 2C), and purposive sampling (1A and 1B).

Geography

Most large-scale behavioural science research tends to occur in nations that are western, educated, industrialized, rich, and democratic (WEIRD) (Brady et al., 2018; Henrich et al., 2010; Nielsen et al., 2017;), and that trend can be seen in the study of vulnerable children and families, as well. The concern with this approach is that it cannot account for the role of culture, politics, geography, and other factors that may influence results, and limits the generalizability of findings to other locations. Positively, there is emerging precedent for large, multi-national samples (Emerson & Llewellyn, 2021; Lansford et al., 2020; Yildirim et al., 2020). It was a priority in this work to access samples that represented multiple regions and cultures, rather than focusing on one region alone in which cultural elements could heavily influence results (McPhatter, 2018; Sanjeevi et al., 2018). My aim in these works was to inform and equip as many service providers as possible, requiring sampling from a broad range of contexts (see Appendix B for included nations by paper). Study samples represented between 11 to 43 nations, including those from Africa, Asia, Australia, Europe, North America, and South America. In gathering data from service providers in diverse geographical contexts, the resulting data-informed recommendations were more likely to apply to service providers in diverse geographical contexts.

Accessibility

Sampling was multinational, and studies used an internet-based survey to maximize access. Participants needed to 1) speak English, and 2) have access to the internet. With the goals of 1) including participants from diverse geographical settings and 2) including qualitative methods, translating the measures into every possible language would have been cost prohibitive. Using English was a pragmatic choice, as it is the most popular official language in the world by

nation (worldatlas.com, 2017). Similarly, an internet-based survey excluded some, but allowed broad access to service providers, as most would require internet access to operate an organization serving vulnerable children and families. Although these choices are imperfect in nature, there is precedent for similar decisions in previous literature (Doyle & Miller, 2019; Oluyase et al., 2021; Sautenet et al., 2017).

Positionality & Reflexivity

A critical part of research is considering one's own positionality. Researchers and subjects are often co-participants in social science research (Chavez, 2008), leading to a co-creation between all those involved. Thus, the researcher must consider both how one's positionality may impact one's approach to inquiry and how one's positionality may influence the participant view of the researcher (Ellis, 2004). Despite the research-participant partnership, it must be noted that the position of the researcher brings with it privilege and power (Milligan, 2016; Parson, 2019). Vanner (2015) highlights that the "strategies, tactics, and procedures that characterize power dynamics in research include participant selection, privacy, disclosure, interviews, observations, analysis, and the (re)presentation of research participants and their communities" (p. 2).

Further, the researcher's characteristics, experiences, and belonging can lead to individual bias (Gergen & Gergen, 2003). Coming from a white, Western, female, Christian orientation may lead me to see themes and questions through a certain lens (for example, from an individualist perspective). When leading research investigations in the Global South, it is vital to be aware of possible power dynamics and inherited influences of my positioning (Parson, 2019). Although I have no intention of coercing participation or allowing my personal bias to influence research design or analysis, this is entirely possible. If not cautious and considerate in one's

approach, this cultural orientation may lead to inappropriate assumptions about meaning, or even imposing cultural values on participants (Falcon, 2016). Further, there are multiple and diverse perspectives on children and families that are socially and culturally situated that need to be considered. Learning more about these as part of my research and practice has contributed to my evolving awareness of my positionality, as well as reflexivity.

Adding an additional layer of complexity, my positionality in this work was both that of insider and outsider, or a "partial insider" (Ellis, 2004, p. 475). As a practitioner of many years in the space of caring for children separated from parental care, I was able to 1) have credibility in recruiting participants and 2) ask questions in ways that might not occur to an outsider. However, I was a cultural, educational, professional, and economic outsider to many participants in these studies. These factors could influence my research, as how we know is intimately tied to what we know and have experienced (Lincoln & Denzin, 2000).

One can address potential bias through awareness and consideration. "Reflexivity about our own social positioning is necessary as a means to invoke a critical reflection on the ways we bring to the research our own position of privilege, our vulnerabilities, and ideological commitments" (Daley, 2007, p. 201). Reflexivity involves not only acknowledging my own positionality, but also critically reflecting on assumptions, values, and conversations that influence one's understanding of knowledge (Suffla et al., 2015). Reflexivity can allow researchers to make strategic decisions to mitigate risks of one's positionality inappropriately influencing the process and results of research (Parson, 2019). In this research, in addition to internal reflection and consideration, there have been three primary tactics I have engaged in consideration of positionality and reflexivity. The first is working in interdisciplinary and cross-cultural teams to mitigate the risk of my own positionality inappropriately influencing the design

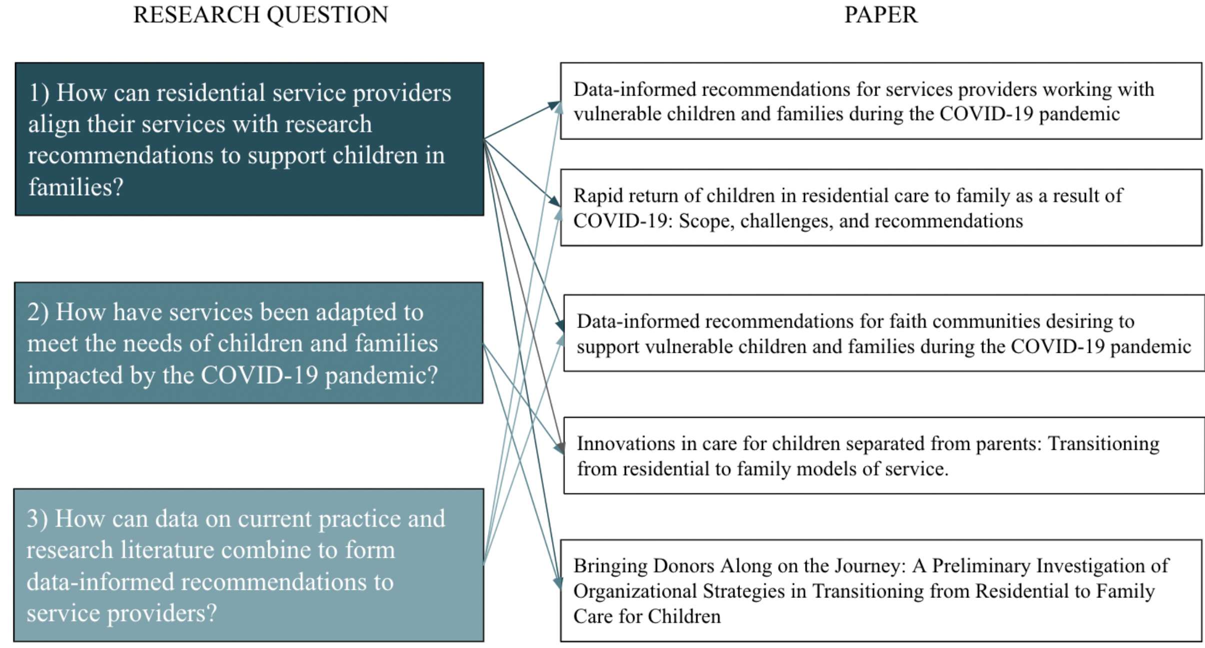
and outcomes of a study. In this way, I have invited the input of individuals representing backgrounds and perspectives different from my own to add depth, understanding, and nuance to the development and execution of these studies. Further, employing qualitative methods has created space for evoking more nuance related to cultural interpretations and practices related to family. Finally, adherence to the Research-Practice Cycle, that has invited and relied upon the input of service providers to inform research questions, and has focused on serving their needs and aims (Parson, 2019). Engagement in this process has facilitated a progressive and iterative learning process that continues to refine my conceptualization of and approach to research.

Findings

This section will address how the findings from this research answered the aforementioned research questions and aims. It will highlight both the findings of specific papers (highlighted in Appendix C), as well as the collective contribution of this body of research in relation to key questions.

Figure 2.

Relationship Between Overarching Research Questions and Papers



Although several papers contributed to answering multiple research questions, it may be helpful to address contributions to each of the three individual research questions:

1) How can residential service providers align their services with research recommendations to support children in families?

Papers 1A and 1B sought to answer this question. Results were mixed, with some alignment of research and practice, as well as room for growth.

Although the need to empower RCCs to transition to residential care was clear, no data existed on the process itself in a global context. Further, there was no data on which practices were more likely to lead to success in the transition to family care. Paper 1A reported the first original data of RCCs in the process of transition from residential to family care. These 39

organizations serving 12,325 children and 29,499 families in 22 countries were actively engaged in significant programmatic changes to better align their services with research, making them an ideal sample from which to learn when asking this research question. This paper reported baseline data about the antecedents, process, and outcomes of the transition process. Outcomes were overall positive, including benefits to child wellbeing, family empowerment, and increased program impact. Even this sample of organizations that are highly committed to seeing children in families showed mixed results in aligning their practices with research-based recommendations. This demonstrated that the process of transition may be complex and require substantial time. However, transition was clearly possible, and many former RCCs articulated their process for aligning their services to research via the transition to family care. This paper concluded with data-informed recommendations for RCCs in the process of transition to family care or desiring to transition to family care. These recommendations included 1) raising awareness, 2) assessing the current situation, 3) developing a strategy for growth, 4) engaging children and families, 5) learning from evidence, 6) securing resources, and 7) monitoring progress.

Paper 1B also contributed to knowledge about how service providers can better align their services to research via transitioning from residential to family models of care in a global context. In particular, this paper highlighted a mixed-methods study of donor engagement practices utilized by programs in transition, as well as financial outcomes during the process. The 22 NGOs involved in this study served 7,454 children and 27,888 families in 11 nations. Of the 11 countries represented, 5 were in Africa, 3 were in Latin America or the Caribbean, 2 were in Asia and the Pacific, and 1 was in Europe. This paper reported on the financial impact of transitioning to a family-based model of care, donor engagement practices used in this process,

and changes in donor support resulting from the transition. Data revealed an early increase in cost per child, but long-term the cost of services decreased. Further, findings suggested that involving donors early and using multiple methods and types of communication led to better long-term donor support. Five recommendations were made for organizations planning to transition their care model, including: 1) planning sufficient time for a transition, 2) developing a donor communication plan, 3) educating donors by highlighting diverse information, 4) making donors part of the story, and 5) sharing small victories.

Collectively, these papers provided a snapshot of how RCCs could align or were aligning with research recommendations to support children in families. Further, they offered data-informed recommendations for service providers to increase alignment with research on this topic.

2) How have services been adapted to meet the needs of children and families impacted by the COVID-19 pandemic?

Papers 2A, 2B, and 2C sought to answer this question. Data for these studies were some of the first published on this topic.

Data for paper 2A were collected at the beginning of the pandemic, from participants serving more than 450,000 vulnerable children and families in 43 nations. The objectives of the study were 1) to report on the impact of the pandemic on vulnerable children and families and the organizations that served them and 2) provide data-informed recommendations for non-government organizations (NGOs) and public service providers to better support this population. It was the first published data of its kind focused on international vulnerable children and families experiencing the pandemic. Most participants were reacting to the virus and associated

restrictive measures with very little information. Interestingly, many nations and regions represented had not yet experienced the COVID-19 virus, but only the restrictive measures intended to prevent its transmission. Data revealed that risk factors increased for vulnerable children and families as a result of the pandemic and restrictive measures. In part, this was explained by not having access to vital services. This study demonstrated 1) the needs of vulnerable children and families during the time of the pandemic, 2) the constraints on service providers, 3) adaptations to services that were effective for maintaining communication and providing support to children and families. This paper also included data-informed recommendations for service providers and governments. Recommendations for service providers included 1) revising strategy, 2) adapting approaches, 3) facilitating connection, and 4) empowering communities. Recommendations for governments included 1) developing an action plan for children in adversity, 2) mitigating restrictive measures, 3) coordinating with key stakeholders, and 4) ending rapid return of children to biological families.

Data for paper 2B were collected at the same time as paper 2A, but focused on the role of faith communities in supporting vulnerable children and families. Faith communities have a long history of supporting people in need (Hodge, 2019). Frequently, this is accomplished through partnerships with NGOs who specialize in serving vulnerable populations (Mitchell, 2017; Ridings, 2015). However, early in the COVID-19 pandemic there were many questions about how faith communities could support vulnerable populations in healthy and productive ways. This study surveyed service providers to vulnerable children and families about the role of faith-based support. As with direct service providers, faith communities desiring to support vulnerable children and families experienced restrictions due to the global pandemic. Most faith communities were reacting to this situation with very little information or guidance, and some

were paralyzed to inaction. At the time of submission, no literature addressed faith community support of entities serving vulnerable children and families during the COVID-19 pandemic. This paper filled gaps in knowledge by 1) exploring themes of faith community support for efforts to serve vulnerable populations, and 2) making data-informed recommendations to faith communities for effective engagement. This study demonstrated opportunities for faith communities to 1) provide material support, 2) offer spiritual nurture, 3) provide funds, and 4) disseminate information.

Paper 2C grew out of revealing data from the study represented in paper 2A, which indicated an emerging trend of government-mandated rapid return. In an effort to prevent the spread of the virus, some governments mandated the rapid return of children in residential care to their families of origin. Although well-intentioned, the mandates typically included truncated timelines, forcing programs with little expertise in family reintegration to quickly find and prepare families for children, many of whom had been in residential care for years. This paper outlined the scope and characteristics of rapid return, and provided data-informed recommendations for service providers working with this population and unprecedented circumstances. Study participants included 67 service providers serving 12,494 children in 14 nations. This paper gathered the first data of its kind related to this phenomenon, and is part of an ongoing four phase study. It not only reported on the characteristics of this circumstance, but also on how service providers adapted services to support children and families in these situations. This paper also offered data-informed recommendations for service providers, including 1) develop a support strategy, 2) invite child and family participation, 3) mitigate antecedents to separation, 4) care for children remaining in residential care, 5) encourage communication, 6) provide case management, 7) plan for economic resilience, 8) facilitate

alternative care when necessary, and 9) support continued family placement. It also recommended governments end the practice of mandated rapid return.

Together, these papers offer information about how the global pandemic and associated restrictive measures have impacted vulnerable children and families. Further, they offered data-informed recommendations for service providers to adapt and improve the services they provide to better meet the needs of this population in light of the pandemic.

3) How can data on current practice and research literature combine to form data-informed recommendations to service providers?

Papers 2A, 2B, 2C, 1B, and 1C contributed to answering this question. In an effort to directly impact practice, data-informed recommendations were included to translate research findings into actionable steps service providers could take to improve the quality of care they offered. Each set of recommendations is briefly outlined in the previous section. In each of these cases, the data presented was the first of its kind. Rather than waiting on future research or translation, it seemed prudent to offer immediate data-informed recommendations to service providers. This was primarily for the purpose of assisting with improving practice in response to new knowledge as soon as possible. Considering the research on how care setting can impact outcomes (see Literature Review), making improvements as soon as possible has the potential to impact lives.

Each data-informed recommendation was filtered through a review of the literature. This was to ensure that practices and processes highlighted as helpful by service providers were not contradicting clear recommendations from current research literature. When practices reported by many service providers to be helpful aligned with current research, data-informed

recommendations were developed and included as part of the paper and subsequent dissemination to service providers. This allowed service providers to receive data-informed recommendations and guidance as quickly as possible. This was especially vital in time-sensitive situations such as when responding to the challenges and restrictions of the global pandemic. Individual publications were able to contribute to academic and practical conversations about the care of vulnerable children in a variety of ways.

Each paper in this collection contributed to at least one of the research questions forming the basis of this thesis. Additionally, this section has shown that this research represented by these papers has addressed all three research questions from multiple angles.

Discussion and Conclusion

This section of the thesis will address the contribution of this collection of research, both to academic knowledge and to practice in caring for vulnerable children and families.

Contribution to Academic Knowledge

The current body of academic research literature served as the foundation for these works. A thorough review revealed some areas with a paucity of literature, including a lack of original data. Although there were some foundational layers available, such as research extolling the priority of family care for children separated from their parents, there were many gaps around how to move from the theory of what is helpful in caring for vulnerable children to the implementation of practices that align with evidence (Bindman et al., 2019; Goldman et al., 2020a; Frimpong-Manso, 2021). This collection began to address some of these gaps. This work was informed by Systems Theory, which allowed for exploring social, cultural, and geopolitical perspectives to inform inquiry (Walker, 2012). Additionally, the Pragmatic

Paradigm provided the ontological and epistemological framework to guide research conceptualization, design, and execution (Maarouf, 2019). The key academic contributions of this work will be highlighted in the categories of paper topics, methodology, sampling, and generation of further research questions.

Paper Topics

Each of the paper topics in this collection of research filled a gap in the academic literature. Prior to the publication of these papers, there were no published papers on interventions related to the transition from residential to family care in a multinational context (papers 1A, 1B). At the time of publication for papers 2A, 2B, and 2C, there were no published studies of the impact of COVID-19 and associated restrictive measures on vulnerable children and families, the role of faith communities in supporting this population, or the new government-mandated rapid return phenomenon. Addressing these new topics is a critical contribution to the academic conversation, as these initial publications can serve as a springboard for further related conversations (see Appendix D for academic citations and presentations).

Methodology

In order to address difficult-to-research questions, this research employed multiple methods. This was in keeping with the ontology and epistemology of the Pragmatic Paradigm underpinning this work. The dual nature (objective and subjective) of reality encouraged the use of a mixed methods approach to more fully understand multidimensional answers to the research questions (Morgan, 2014). Further, a mixed methods approach simultaneously explored multiple layers of a system, including the individual experience and broader structures such as organization, government, and culture. Currently, much of the research related to vulnerable

children and families in a global context is quantitative in nature. However, there is a growing body of research utilizing qualitative methods with this population and context. The diverse contexts represented in the large and multinational samples of this body of work required qualitative elements to begin to understand the nuances of personal experiences. Including qualitative questions in this work allowed for gaining a depth of understanding that would not have been possible with quantitative items alone. The methodology is an important contribution to academic literature as it 1) allowed the introduction of new and important topics to the research conversation, 2) provided new angles from which to explore key phenomena, and 3) adds to the precedent of utilizing diverse methods to address complex or difficult-to-research questions.

Sampling

Another key contribution to academic knowledge was related to sampling. Although there is existing precedent for service providers as participants (Berejena Mhongera, 2018; Yoon et al., 2020), use of this approach has been less widely used in research related to vulnerable children. Learning from service providers was in alignment with Systems Theory and the understanding that multiple layers of a system influence child development and outcomes (Bronfenbrenner, 1979). Inviting service providers as participants was an important contribution to the research conversation because it allows for learning about themes and trends related to vulnerable children that might not be easily or ethically learned from children themselves.

An additional limitation of current research is a tendency toward WEIRD samples, from Western, educated, industrialized, rich, and democratic cultures (Brady et al., 2018; Henrich et al., 2010; Jones, 2010; Nielsen et al., 2017). This is a limiting factor in research of vulnerable children and families, as most children separated from parental care reside in Global South

nations. Given that Global South countries tend to represent more low-resource environments and collectivist cultures, it is likely that findings from studies of WEIRD samples may not be entirely generalizable (Ceci et al., 2010; Cheon et al., 2020). Samples from the studies represented within these papers were more diverse than typical, including participants from low-to-middle income countries. Additionally, samples often represented many geographic and cultural orientations (i.e. paper 2A included representation from 43 nations), increasing the likelihood that study conclusions would be applicable across cultures and contexts. Again, Systems Theory informed the decision for diverse perspectives and socio-cultural backgrounds to be represented in the samples, as it asserts that culture and context can influence one's experience (Erdem & Safi, 2018). Including diverse samples in this research was an important contribution to academic knowledge in that it represented voices and perspectives of those not often seen in literature.

Generation of Further Research

Using Systems Theory and the Pragmatic Paradigm to underpin this research accounted for complexity in research design and execution. Using mixed methods allowed for listening to service providers about those issues that were of greatest concern and most relevant to practice. Answers to qualitative items led to generation of further research questions and further studies. Although I began each investigation with research questions in mind, there was much I could not anticipate about an individual's experience. Including open-ended questions allowed for communication about themes or trends of which I was not aware. For example, in paper 2A (focused on the impact of COVID-19 and associated restrictive measures on vulnerable children and families), I was not yet fully aware of the phenomenon of government-mandated rapid return. After reviewing responses, this theme became apparent. It inspired the development of a

second study, that led to the publication of paper 2C (focused on rapid return), as well as a longitudinal project that will result in multiple phases. Not only have the studies represented in this work inspired further research for my team and I (see Appendix E for generated research), but are intended to generate further research questions for other researchers, as well.

Contribution to Practice

Beyond contributions to academic knowledge, this research has made a contribution to practice, as well. An additional focus of this collection of works has been on ensuring new information can improve practices in the care of vulnerable children and families. This has fallen into the categories of data-informed recommendations and the Research-Practice Cycle.

Data-informed Recommendations

From decades of personal experience working with service providers in this area, I can confirm that they overwhelmingly desire to provide excellent care for the children and families they serve. However, they often operate with limited resources and within challenging environmental constraints, and often do not have the capacity to access, digest, and apply the most recent research. A key contribution of this work to practice in the care of vulnerable children was that of data-informed recommendations. These recommendations were gleaned from primary resulting themes, and were filtered through current research. Explicitly stated, highly practical recommendations (i.e. "Implement case management") are a contribution to practice in that they eliminate the need for service providers to translate research into reality. They clearly state how a service provider could implement new knowledge in the real world.

This increases the likelihood that research can create change in practice, thus changing lives of vulnerable children and families.

Research-Practice Cycle

As noted in the Research Question & Aims section, dissemination to practice was a driving motivation for this work, engaging fully in the research-practice cycle (Davidsson & Wiklund, 2007; Grima-Farrell, 2016; Martin et al., 2017). This followed four key phases for this work (see Figure 3). First, it focused on elements of practice, serving to inform research of what is happening in the field. These were identified when service providers asked about evidence-based practice on a certain topic, and a thorough literature search did not produce adequate results. Second, it collected data on these practices, allowing for greater knowledge about the motivations, processes, and outcomes of practices. This is vital, as service providers have the need and opportunity to innovate in response to the needs around them, and often generate fresh learning. Further, service providers were able to educate on many of the practical and contextual nuances and complexities influencing practice. Many of these innovations in practice were either not mentioned in academic literature, or only mentioned on a very small scale (for example, the transition from residential to family care or rapid return in response to COVID). Third, it connected those practices to published academic research. Combined with the data reported, this allowed for making data-informed recommendations to practitioners about how to improve care for vulnerable children. Finally, ebooks, infographics, presentations, webinars, and workshops served to support the translation and delivery of this information to practitioners, leading to greater uptake and implementation. Local service providers were engaged to translate and contextualize findings. The cycle continued when new knowledge led to new research questions.

Figure 3.

Approach to Research-Practice Cycle.

Question	Explore	Report	Disseminate
An exploration of peer-reviewed published literature is undertaken as service providers ask questions of the Research Center. When no directly related literature is available, move to the "explore" phase.	1. Collect data on how other service providers are experiencing and addressing similar questions. 2. Review related research for broader context	1. Report on data and trends 2. Provide data-informed recommendations for service providers 3. Publish	Ensure all research and recommendations are translated into language and formats to facilitate broad dissemination among service providers.

For example, the study in paper 2A was undertaken as a response to practitioner questions about how to alter and improve services to vulnerable children in light of the COVID-19 pandemic. Collecting data from a wide variety of subjects (87 participants in 43 nations) created a depiction of which themes were most common. This was vital as research had not yet identified good practice, but service providers had been forced to innovate quickly in response to an emergency. The themes revealed in the data were explored in the academic literature and findings from the study were evaluated against said literature, allowing for the development of practical and evidence-based recommendations for service providers. Findings were translated into multiple languages and delivery mechanisms, allowing for the greatest uptake possible by service providers (see Appendix F for dissemination tools). Thus, this research served the dual purposes of 1) informing research about practice and 2) translating and disseminating research to practitioners for ease of implementation. Additionally, practitioners often initiated using this research for their own training and advocacy efforts. In one example, an advocacy organization

used paper 2C as part of a campaign to halt large-scale rapid return of more than 100,000 children by the Indian government (see Appendix G).

Limitations and Implications for Future Research

Limitations have been outlined in individual papers, however there were several common limitations across papers.

Although sampling was more diverse than many previous studies, it was imperfect. Measures were offered in English only, and future research should utilize a translated version of these measures to include a more diverse sample. All participation required the internet. Although it is widely available, it most likely skewed the sampling of these studies as some potential participants likely did not have access due to limited signal or financial cost. Samples tended to be diverse, but were not necessarily geographically balanced by geopolitical region or population size. Further research could identify a more balanced sample to repeat these measures and see if results align with current findings. As sampling in these studies focused on service providers, vulnerable children and families needed to be receiving services to be represented. Undoubtedly, this has excluded the important group of vulnerable children and families who are not receiving services, and who may be experiencing situations differently. Research comparing these two groups could offer further insight. Sampling service providers offered benefits, but meant that the voice of children in care were absent from this work. Future research could ask similar questions directly to children. Each of the included studies was a snapshot in time, and does not represent longitudinal data. This could be another avenue for future research.

My positionality as a researcher has posed limitations. My physical location in a single country (Peru) has dictated that data be collected remotely. Future work could include more in-

person data collection. My positionality as a white, Western, female, Christian researcher may have influenced my understanding of nuances of individual experience that did not allow for the fullest representation of reality. However, leading cross-cultural and interdisciplinary research teams and engaging in the Research-Practice Cycle have been two tactics to mitigate the impact of my own experiences and bias on this research.

Systems are complex, and child and family wellbeing is influenced by multiple and interwoven layers of variables. Systems Theory clarifies the multiple and interwoven layers of development, which are unlikely to be fully untangled by any research, let alone a single study. Thus, this work does not represent a complete image of systems in their entirety, but rather some of the component parts that surround a child and family and make a partial contribution to health and wellbeing. In this way, this work contributes to individual building blocks that are part of a much larger collective process of discovery regarding what improves outcomes for vulnerable children and families.

Future Directions

Each of these articles has highlighted the first knowledge of its kind at the time of publication, and exists to 1) provide new knowledge, 2) stimulate further research and conversation around the topic, and 3) inform practitioners on how to improve care. Building the evidence basis to improve outcomes in this population will require intentionality and contribution from multiple researchers with different perspectives. Each is important to developing the broader body of literature that more accurately reflects what is real (Kaushik & Walsh, 2019). For my part, I am contributing new research representing diverse samples on topics related to vulnerable children that have not yet been addressed. The more I publish research, the more refined my focus has become. Increasingly, my focus is on 1) services to

vulnerable children and families, 2) international samples, 3) measuring and informing practices related to care reform for vulnerable children and 4) excellent translation of research to practice to ensure learning is implemented immediately.

Increasing knowledge about how best to care for vulnerable children and families may be one of the most impactful contributions research can make. Not only might it improve individual lives, but also the capacity of entire families, communities, and cultures. Countless pressing social issues, from poverty to human trafficking to early childhood development, are deeply connected to providing more secure and stable futures for children. Service providers have the positioning to wield substantial influence and support in the lives of this population, but we as researchers must be willing to engage effectively with them to build their capacity.

Researchers need the opportunity to learn from practitioners. Practitioners need the opportunity to learn from researchers. Engaging in the research-practice cycle is a vital contribution to both the research and practice fields, and ultimately can lead to knowledge changing lives, families, and societies, one study and one child at a time.

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Appendix A

Glossary

This glossary contains key terms used in both this thesis and the published articles it is based on.

Adoption- The legal and social process of a child of one set of parents becoming the child of another parent or set of parents (adapted from Ananthalakshmi et al., 2001).

Alternative care- Care for children who are "temporarily or permanently deprived of his or her family environment" (United Nations General Assembly, 1989, Article 20). Alternative care for children can include kinship care, domestic or international adoption, foster care, supported independent living services, and other temporary or long-term support services provided through the public or private sector. Care may be influenced by cultural and contextual nuances and preferences.

Care reform- the progressive transformation of alternative care providers and alternative care systems to increasingly align with research, cultural differences and perspectives, and global guidance, with a particular focus on a prioritizing family care for children

Data-informed recommendations- In the context of this research, this term referred to guiding principles or action steps distilled from data and ensconced in the broader body of related literature.

Global South- "economically disadvantaged nation-states and as a post–Cold War alternative to 'Third World.'" (Mahler, 2017, p. 1). The Global South is also known as the Global Majority.

Family-based care- "caregiving by extended family or foster, kafalah (the practice of guardianship of orphaned children in Islam), or adoptive family, preferably in close physical proximity to the biological family to facilitate the continued contact of children with important individuals in their life when this is in their best interest" (Goldman et al., 2020, p. 606)

Foster care- "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care" (United Nations General Assembly, 2010, p.6)

International- involving multiple geopolitical countries. (See Appendix C for more information.)

Kinship Care- "family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature" (United Nations General Assembly, 2010, p.6)

Low-resource environment- a context with limited access to public or private services to support vulnerable children and/or families, often located in low to middle income countries (LMICs)

Rapid return- government mandated reintegration of children in residential care to families under truncated timelines as a result of the COVID-19 pandemic

Research-practice cycle- a symbiotic, mutually-reinforcing, iterative process between research and practice of learning and implementation of knowledge

Residential care- "care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes" (United Nations General Assembly, 2010, p.6)

Residential care centers (RCCs)- facilities providing residential care

Service providers- In this collection of research, the term service providers was used to refer to practitioners providing placement or support services to vulnerable children and families.

Vulnerable children- In this collection of research, the term vulnerable children was used to refer to children (aged 0-17) who have been separated from their parents and were receiving alternative care. Alternative care could include formal (RCCs, foster care, adoption) or informal (kinship care) interventions, but all children were receiving services from a service provider to be included in this research. Thus, this research did not include children separated from parental care who were living on the streets, living independently in child-headed households, in transit due to displacement, trafficking, or other circumstances, or otherwise not receiving care.

Vulnerable families- Families at risk of having their children separated from parental care or who have previously had children separated from parental care.

Appendix B

Included Nations by Study

1A Transitioning Models	1B Transitioning Donors	2A COVID + Children at Risk	2B COVID + Faith	2C Rapid Return
Australia	Bulgaria	Albania	Albania	Burundi
Bulgaria	Colombia	Belarus	Belarus	Colombia
Cambodia	Ethiopia	Belize	Belize	Democratic Republic of Congo
Colombia	Haiti	Brazil	Brazil	Ethiopia
Ethiopia	India	Bulgaria	Bulgaria	Haiti
Haiti	Kenya	Burkina Faso	Burkina Faso	India
India	Nepal	Cambodia	Cambodia	Iraq
Kenya	Peru	China	China	Jordan
Lesotho	Sierra Leone	Congo, Democratic Republic of the Congo	Congo, Democratic Republic of the Congo	Kenya
Mozambique	Tanzania	Dominican Republic	Dominican Republic	Madagascar
Myanmar	Uganda	Ecuador	Ecuador	Mexico
Pakistan		Egypt	Egypt	Nepal
Peru		El Salvador	El Salvador	Nigeria
Sierra Leone		Ethiopia	Ethiopia	Uganda
South Africa		Guatemala	Guatemala	
Sri Lanka		Guinea	Guinea	
Tanzania		Haiti	Haiti	
Thailand		Honduras	Honduras	
Uganda		India	India	
USA		Jamaica	Jamaica	

Vietnam	Kenya	Kenya
	Liberia	Liberia
	Malawi	Malawi
	Mexico	Mexico
	Moldova	Moldova
	Mozambique	Mozambique
	Myanmar	Myanmar
	Nepal	Nepal
	Nicaragua	Nicaragua
	Nigeria	Nigeria
	Panama	Panama
	Peru	Peru
	Philippines	Philippines
	Romania	Romania
	Sierra Leone	Sierra Leone
	South Africa	South Africa
	Tanzania	Tanzania
	Thailand	Thailand
	Togo	Togo
	Uganda	Uganda
	Ukraine	Ukraine
	Zambia	Zambia
	Zimbabwe	Zimbabwe

Appendix C

Contents of Published Papers File

	Pages	**Citation**
1A	1-19	Wilke, N. G. & Howard, M. H. (2020). Innovations in care for children separated from parents: Transitioning from residential to family models of service. https://doi.org/10.1111/chso.12486
1B	20-48	Wilke, N. G., Howard, A. H., King, D., & Carroll, B. (2021). Bringing donors along on the journey: A preliminary investigation of organisational strategies in transitioning from residential to family care for children. *Institutionalised Children Explorations and Beyond*, 23493003211047921. https://doi.org/10.1177/23493003211047921
2A	49-59	Wilke, N. G., Howard, A. H., & Pop, D. (2020). Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic. *Child Abuse & Neglect*, 104642. https://doi.org/10.1016/j.chiabu.2020.104642
2B	60-76	Wilke, N. G. & Howard, M. H. (2020). Data-informed recommendations for faith communities desiring to support vulnerable children and families during the COVID-19 pandemic. *Journal of Religion & Spirituality in Social Work: Social Thought.* https://doi.org/10.1080/15426432.2021.1895957
2C	77-86	Wilke, N. G., Howard, A. H., & Goldman, P. (2020). Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations. *Child Abuse & Neglect,* 104712. https://doi.org/10.1016/j.chiabu.2020.104712

Appendix D

Contribution to Academic Conversation

One aim of this work has been to contribute to academic conversation on the topic of improving services for vulnerable children. This collection of research has contributed to conversation about these topics in academic literature, conferences, and beyond. [Citations accurate from Google Scholar as of May 5, 2022.]

Paper	Citations	Conference Poster or Presentation	Invited Presentation
1A	3	American Psychological Association, 2021	
1B	0		
2A	57	Society of Research in Child Development, 2021	Invited presentation to International Society for the Prevention of Child Abuse and Neglect
2B	3		
2C	26	Society of Research in Child Development, 2021 **Awarded "Strategic Poster" designation**	Joint Presentation with CERI, CAFO, Maestral, & Samford

Appendix E

Dissemination Approaches and Engagement

Paper	Dissemination Tool	Results
1A	Infographic	309 Reads
1B	Infographic	–
2A	English Infographic	353 Reads
	Spanish Infographic	155 Reads
2B	English Infographic	126 Reads
	Spanish Infographic	16 Reads
2C	English Infographic	731 Reads
	Spanish Infographic	64 Reads
	Webinar Series	473 Registrations

Appendix F

Advocacy Letter to the Indian Government

Date: 1st October 2020

To,
Mr Priyank Kanoongo,
Chairperson
National Commission for the Protection of Child Rights
5th Floor, Chandralok Building, 36-Janpath
New Delhi

Sub: Recommendation for phase-wise reintegration of children placed in child care homes.

Respected Sir,

India Alternative Care Network (IACN) is a collective that brings together an array of organisations, practitioners, policy advocates and academicians working on the protection and well-being of children in different care settings. IACN came into effect to fill the gap in information sharing and knowledge dissemination on issues related to children without parental care or at risk of separation, to advance policy and action. IACN Secretariat is hosted at Butterflies and is supported by UNICEF India.

We are writing to you with regard to the directions issued by NCPCR to eight states for repartition/restoration of children placed in child care homes. We appreciate the intention of the NCPCR in recognising the right of every child to grow up in their families and the reintegration of children in Child Care Institutions (CCIs) into their families. However, this deserves preparation and planning to ensure the safety and best interests of children. The care reform work in India stands at a critical juncture with increasing recognition of the long term adverse outcomes of institutionalisation of children. We hope that your efforts will also give impetus to strengthening family care, and community gatekeeping to prevent unnecessary separation of children in the first place, developing a range of appropriate care options that are family-based, and use of institutions for children in a limited manner and only when it is in the best interest of children.

We write to you to bring your attention to research and evidence on de-institutionalisation of children that throws caution on the rapid exit of children from CCIs and emphasises on a gradual, phase-wise approach where children and families are prepared for the transition to ensure that children are going back in caring and nurturing families. Our experiences also point out that the de-institutionalization process requires investment in and adherence to standards of care, planning, preparation of individual care plans in consultation with the child and family, developing a support and monitoring mechanism among others to ensure permanency and best interest of the child in families. Please find attached with this letter, guidance prepared by one of our member organisations, Miracle Foundation India, based on the experience and evidence from their work on the transition of children in CCIs into family-based care with CCIs in Maharashtra and a few other resources that may be useful.

The directions of the Commission for time-bound rapid transition from the institutions to the family may undermine these critical steps potentially jeopardising their long term well-being. The States through SCPCS, CWCs and DCPUs have the human resource to carry out this activity but deserve a period of capacity building to understand the good practices, risks and challenges being involved in the process. Therefore, we urgently urge for strengthening the process of

reintegration through capacity building of caseworkers, to reconsider the timelines and to work with the States to plan this. More importantly, CWCs and DCPUs have to be trained to be able to make the right decisions and ensure linkages for vulnerable families and children.

As the States prepare to put together a plan for the reintegration of children in accordance with the directions issued by NCPCR, we would like to invite you to a focused sharing virtual meeting with organisations and practitioners who have been engaged in similar work. The meeting will serve the following purpose:

1. The experiences and evidence may be helpful for the Commission and the States in management of the current situation in CCIs due to COVID-19 and to monitor and ensure that the reintegration process involves necessary preparation and planning with the social investigation report, individual care plan, participatory transition and provisions for post-reunification support for the child and family.
2. Explore ways in which IACN and other organisations can support NCPCR and the States in phase-wise reintegration of children placed in CCIs.

The date and time of the meeting will be decided and communicated to your office after receiving your acceptance.

Sincerely,

Sd/-
Richa Nagaich
National Coordinator (IACN)
on behalf of Reference Group, IACN

IACN Secretariat:
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Jaunpur, Jaunpur Post
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IACN REFERENCE GROUP MEMBERS:
Archana Dhar, SOS Children's Villages of India
Ian Anand Forber-Pratt, CERI
Kiran Modi, Udayan Care
Lina Kashyap, Retired Professor, TISS
Mathew Thomas, BOSCO
Nilima Mehta, Professor & Consultant, Child Protection and Adoption
Prabhat Kumar, Save the Children
Rajendra Meher, YCDA
Ranjan Kanti Panda, CINI
Rita Panicker, Butterflies
Sandhyaa Mishra, Miracle Foundation India
William Gali, Family for Every Child

Annexure

Annexure 1: Expedited Case Management Process for Permanent Placement in Families after COVID-19 Lockdown
http://www.iacn.in/images/resources/0014a6e546385dfdca1212ed25a42985.pdf

Annexure 2: Summary Report Mid-term Review (MTR) for Family Based Care (FBC) Pilot Project with Base Model CCIs by Miracle Foundation India
http://www.iacn.in/images/resources/0014a6e546385dfdca1212ed25a42985.pdf

Annexure 3: Rapid Return of Children in Residential Care to Family as a Result to COVID-19 by CAFO Research Center
https://issuu.com/christianalliancefororphans/docs/children_rapidly_returned_infographic?fr=sYjFhMDE5NTMwMDE

Annexure 4: Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations by Nicole Gilbertson Wilke, Amanda Hiles Howard, Philip Goldman
http://www.socialserviceworkforce.org/resources/rapid-return-children-residential-care-family-result-covid-19-scope-challenges-and

Appendix G

Commonalities to All Papers

Beyond the overarching research questions, certain themes played a significant role in this body of research. All research focused on elements or topics that relate to vulnerable children and families, moving beyond academic curiosity to implication for real-world outcomes. Although some topics had been previously addressed in popular, non-academic literature (Shellnut, 2020; Oswald, 2020; CAFO, n.d.b; Bradford et al., 2016;), each paper addressed a gap in research literature. Further, each study collected data on a new sample or conditions. Although concentrations varied across geographical context, this sampling allowed diverse representation, as well as the ability to identify themes that persisted across culture.

Commonalities to all papers.

Commonalities to all papers	**Focus on improving the wellbeing of vulnerable children and families**
	Important information to support service providers in improving services to vulnerable children
	Address services impacting vulnerable children
	Surveyed service providers as participants
	Address new concepts that are not yet present in research literature
	All samples are multinational
	Move beyond academic interest to informing practice related to the wellbeing of vulnerable children
	Utilize mixed methods to investigate difficult-to-research questions

FORM UPR16

Research Ethics Review Checklist

Please include this completed form as an appendix to your thesis (see the Research Degrees Operational Handbook for more information

UNIVERSITY OF PORTSMOUTH

Postgraduate Research Student (PGRS) Information			**Student ID:**	2051098		
PGRS Name:	Nicole Wilke					
Department:	EDSOC	**First Supervisor:**	Dr Nikki Fairchild			
Start Date: (or progression date for Prof Doc students)		**February 2021**				
Study Mode and Route:	Part-time ☐ Full-time ☐	MPhil ☐ PhD ☒	MD ☐ Professional Doctorate ☐			

Title of Thesis:	Improving Services to Vulnerable Children in a Global Context: Bridging the Research-Practice Gap
Thesis Word Count: (excluding ancillary data)	10,026

If you are unsure about any of the following, please contact the local representative on your Faculty Ethics Committee for advice. Please note that it is your responsibility to follow the University's Ethics Policy and any relevant University, academic or professional guidelines in the conduct of your study

Although the Ethics Committee may have given your study a favourable opinion, the final responsibility for the ethical conduct of this work lies with the researcher(s).

UKRIO Finished Research Checklist:
(If you would like to know more about the checklist, please see your Faculty or Departmental Ethics Committee rep or see the online version of the full checklist at: http://www.ukrio.org/what-we-do/code-of-practice-for-research/)

Question		
a) Have all of your research and findings been reported accurately, honestly and within a reasonable time frame?	YES NO	☒ ☐
b) Have all contributions to knowledge been acknowledged?	YES NO	☒ ☐
c) Have you complied with all agreements relating to intellectual property, publication and authorship?	YES NO	☒ ☐
d) Has your research data been retained in a secure and accessible form and will it remain so for the required duration?	YES NO	☒ ☐
e) Does your research comply with all legal, ethical, and contractual requirements?	YES NO	☒ ☐

Candidate Statement:

I have considered the ethical dimensions of the above named research project, and have successfully obtained the necessary ethical approval(s)

Ethical review number(s) from Faculty Ethics Committee (or from NRES/SCREC):	N/A PhD by Publication

If you have *not* submitted your work for ethical review, and/or you have answered 'No' to one or more of questions a) to e), please explain below why this is so:

This is a PhD by publication and ethical review has been considered indivdually for each publication.

Signed *(PGRS)*:		**Date:** 21.10.2021

Accepted: 4 July 2021
DOI: 10.1111/chso.12486

ORIGINAL ARTICLE

Innovations in care for children separated from parents: Transitioning from residential to family models of service

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Abstract
Research suggests that children develop best in families, but millions currently reside in residential care centers. Many residential care centers have transitioned their programmes from a to a family care model. Using a mixed methods design, the current study examined (1) antecedents to transition, (2) key elements in the process and (3) outcomes of transitioning models of care. Participants included 39 non-government organizations that had fully or partially transitioned to family care. Programmes collectively served 12 325 children and 29 499 families in 22 countries annually. Data revealed programmes perceived the change in the model was better for the families and children served.

KEYWORDS
child welfare, deinstitutionalization, NGOs, residential care, vulnerable children and families

INTRODUCTION

Research (Van IJzendoorn et al., 2020) and global policy (United Nations General Assembly, 2019) both affirm that children develop best in the context of a safe, nurturing family. Despite this evidence, millions of children currently live in group care settings, such as residential care centers (RCCs), which vary in quality (Desmond et al., 2020; Petrowski et al., 2017). The Alternative Care Guidelines (United Nations General Assembly, 2010) defined this type of care as 'care provided in any non-family-based group setting, such as places of

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safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.' Both public and private sector programmes providing residential care are often well-positioned to reshape their model of care to family solutions for children (Wilke et al., 2020), including reintegration, kinship care, adoption and foster care. However, this transition requires significant strategy, time, and resources (Wilke et al., 2020). Furthermore, there is little evidence of what practices lead to better outcomes for RCCs desiring to transition from a residential to a family model of care (Goldman et al., 2020). This study aimed to (1) better understand the process of transitioning models for non-government organizations (NGOs), (2) identify key elements of successful transitions and (3) provide data-informed recommendations for NGOs planning to transition their programmes.

Decades of research suggest residential care has the risk of harm to children, including delays in biological growth (Perry et al., 2019), cognitive development (van den Dries et al., 2010), social interactions (Naumova et al., 2019), attachment (Nsabimana et al., 2019), neural activity (Debnath et al., 2019), impulse control and decision-making (Herzberg et al., 2018). Moreover, research suggests that transitioning children previously in residential care into a family environment is associated with positive outcomes. These include improved social functioning (Bakermans-Kranenburg et al., 2011), physical growth (Palacios et al., 2011) and cognitive development (Beckett et al., 2010). Moving to family care has been shown to facilitate recovery of the development that has been delayed while separated from family care, a process termed developmental catch-up (Koss et al., 2019; Worku et al., 2017). Therefore, family care is usually an effective intervention for children who have lived in residential care, leading to positive outcomes and facilitating developmental recovery.

The movement toward family care

Although the need for deinstitutionalization is clear, the process is complex (Wilke, Pop, et al., 2020). In order to transition children from RCCs to families, it is important to develop alternative systems that include a continuum of care options available to meet the needs of children. Family care options can include supported family reintegration, kinship care and alternative family options (Goldman et al., 2020), such as adoption and foster care. Appropriate care options are context-dependent, but these options represent the primary categories for family care (United Nations General Assembly, 2019). Developing these options requires time, capacity and resources, but it is vital to establish a new system of care prior to dismantling the former system (Newton, 2017).

Programmes providing residential care for children are often cast in a negative light (Hermenau et al., 2015). However, they could be a key part of the solution to moving children toward family care. With millions of children being cared for in residential settings (Desmond et al., 2020), simply closing all RCCs would create a vacuum of services in a field that is already stretched thin. A more productive solution may be for the resources of programmes currently providing residential care to be repurposed to support family care, eventually minimizing the need for RCCs (Goldman et al., 2020). These programmes often have the contacts, staff, funding and material assets that can position them well to facilitate and support children in family care (Wilke, Pop, et al., 2020).

The present study

To the knowledge of the research team, no research to date has examined the transition process from residential to family models of care in multiple NGOs. The present study sought to examine the antecedents, process and outcomes of the transition from residential to family care for NGOs providing services for children separated from parental care. This knowledge could allow for more strategic transitions for RCCs wanting to change their models. Based on these findings, the current study also provides data-informed recommendations for RCCs desiring to transition their model from residential to family care.

METHODS

Participants

Representatives from 39 NGOs, which had transitioned or were in the process of transitioning from residential to family care, completed a brief survey regarding their transition process. Programmes collectively served 12 325 children and 29 499 families in 22 countries during the previous calendar year. The number of children served by an NGO ranged from 0 to 3004 ($M = 324.34$; $SD = 585.41$). The number of families served ranged from 0 to 10 000 ($M = 776.29$; $SD = 2063.81$). Programmes that served zero children had transitioned all of their services to family care. NGOs provided an assortment of direct and indirect services to support vulnerable children and families (see Table 1). The most commonly reported countries served were Kenya ($n = 7$), Haiti ($n = 4$), Mexico ($n = 4$), India ($n = 4$) and Uganda ($n = 3$). NGOs provided services in 1–12 countries ($M = 1.44$, $SD = 1.84$). Eighteen (46.2%) of the organizations had multiple sites within the countries they served. The number of years the NGO had been in existence ranged from 2 to 140 ($M = 21.53$; $SD = 23.30$). Sixteen participant NGOs self-identified as having fully transitioned, while 23 participant NGOs reported they were in the process of transitioning.

TABLE 1 Frequencies and percentages for types of services provided by organizations ($n = 39$)

Type of service	*n*	%
Family strengthening	35	89.7
Family reintegration	32	82.1
Kinship care	25	64.1
Institutional care	25	64.1
Foster care	22	56.4
Advocacy	21	53.8
Transition to adulthood	20	51.3
Supported independent living	20	51.3
Sponsorships	19	48.7
Mission/vision trips	8	20.5
Adoption	4	10.3

Measures

Demographic survey

Participants completed a short demographic survey, including services provided, countries served, and the annual number of children and families served.

Transition survey

A 54-item survey was developed to explore the transition from institutional to family care. Specific topics addressed included (1) factors that led to the decision to transition, (2) initial concerns from stakeholders about transitioning, (3) the process, (4) barriers and supports, (5) outcomes and (6) key learning about transitioning programmes. Items included 15 open-ended, 22 multiple choices and 17 'check all that apply' questions.

Procedure

Ethical approval was obtained from the author's Institutional Review Board. Recruitment notices were emailed to potential participants, shared on professional media pages, and further disseminated via snowball sampling. The survey was completed online and respondents provided informed consent before completing the survey. The completion rate was 86%.

Data analysis

In alignment with the Pragmatic Paradigm (Kaushik & Walsh, 2019), this study used a mixed, concurrent, equal status design, in which qualitative and quantitative data were analyzed distinctly and combined at the stage of interpretation (Creswell & Clark, 2007).

Qualitative analysis

The current study utilized thematic analysis. Using an iterative process, the data were manually coded by two researchers. Each of the 15 open-ended questions were analyzed independently. Themes were then clustered and a directory of phrases and operational definitions that supported the major themes was created. A description of the relationship between themes and the emergence of sub-themes was drafted and considered before the final write-up. Quotes, including sentence fragments, were included as supporting data.

Quantitative analysis

Quantitative data primarily consisted of frequencies and percentages. These analyses were used to support and supplement qualitative findings.

RESULTS

Qualitative responses were analyzed around three overarching themes based on the survey questions: (1) antecedents that led to the transition to family care, (2) the process of the transition to family care, and (3) outcomes and learning resulting from the transition to family care. Results are organized by these themes.

Antecedents to the transition to family care

One overarching theme encompassed antecedents to the transition to family care. Organizations reported learning about the need for family care through multiple sources. The most frequently reported were from a conference (46.2%) and an intergovernmental agency (41.0%). The initial suggestion for the transition typically originated from the NGO executive leadership (43.6%) or a government institution (20.5%). Frequencies and percentages for how organizations learned about the need for family care and from whom initial suggestions to transition originated can be found in Table 2.

Concerns about the transition to family care

Data suggested that learning about the reasons to transition to family care was not necessarily sufficient for a programme to act. Many concerns and barriers existed that could prevent taking action towards transitioning a programme. The three most frequently reported barriers

TABLE 2 Frequencies and percentages for how organizations learned about the need for family care and who suggested the organization transition their model ($n = 39$)

	n	%
How learned		
Conference	18	46.2
Intergovernmental Agency	16	41.0
National Government	15	38.5
Academic Research	14	35.9
Executive Leadership	13	33.3
Advocacy Materials	13	33.3
Local Government	7	17.9
Board of Directors	6	15.4
Donors	3	7.7
Who suggested		
Executive Leadership	17	43.6
Government Institution	8	20.5
Technical Staff	7	17.9
Board of Directors	2	5.1
Other	2	5.1

were related to (1) child safety, (2) funding and resources and (3) fearing resistance from key stakeholders. Survey respondents most frequently expressed concerns about child safety. They indicated many of the children in their care had experienced abuse, neglect, violence and exploitation prior to entering their programmes, often from family members. Respondents had concerns about the ability of the families to care well for the children. They often wondered if the children would be safer in RCCs. Example quotes related to concerns about child safety included:

- 'Child safety in the community, especially if the child was enrolled in residential care due to abuse.'
- 'Would the children not be neglected and abused?'
- 'Not being able to ensure safety & well-being of the children.'

Funding and resources were another major concern related to the transition. Many programmes were already struggling to meet the financial needs of the current residential programming. The prospect of raising additional funds during the initial phase of transition to support new programmes while temporarily maintaining the RCCs was viewed as overwhelming. Furthermore, the respondents reported fears related to possibly losing donors if they changed their model of care. The following quotes highlighted concerns around changes in funding and resources as a result of transitioning:

- 'Sustainability. Traditional orphan care still attracts far more interest and support. Haiti's government is a long way from being able to sustain these programmes on their own, so it will still require funds and efforts infused internationally. The international community believes in this direction, but has a much harder time engaging this model. This impacts continued support.'
- 'Losing support when we were to do it. We knew we needed to end the [short-term volunteer] team visits. We did not know how that would affect the donor giving. However apart from some very noisy givers complaining of not seeing their favourite child, most of the transition went smoothly.'
- 'Lack of resources from the government to fund family-based care as opposed to institutional care.'

The fear of resistance from key stakeholders was also a concern for survey respondents. In order to successfully accomplish the transition, multiple stakeholder perspectives needed to align. Board members, government officers, executive leadership, staff and caregivers, children, families, donors and others needed to commit to the process of change. Many respondents reported educating these groups seemed an intimidating task. This concern was demonstrated via the following concerns:

- 'Staff and caregiver tendency to resist change.'
- 'Resistance of the local community, resistance of the caregivers, influence on donors.'
- 'Majority of the children as well as their families greatly fought the process.'

Considered together, concerns about child safety, funding and resistance were major concerns programmes reported they needed to address prior to making the decision to transition from residential to family care.

Deciding to transition to family care

Multiple factors led programmes to make the decision to transition to family care. The three most frequent themes were (1) examining outcomes for children, (2) recognizing the insufficiency of the residential model and (3) an increased awareness of the need for children to be in families, often arising from new learning or testimonials. As programmes reviewed outcomes, they reported seeing the need for changes to their models. Sometimes, the challenges were evident while children were residing in their programme. Frequently, the concerns were not fully evident until children had left the programme, either via adoption or transitioning to adulthood. Example quotes highlighting the impact of examining outcomes for children included:

- 'It was the result of a long process of self-evaluation of child outcomes and researching broader outcomes and trends that were being seen globally. Many of the negative outcomes were clearly seen in children adopted internationally, which made us begin to dive deeper.'
- 'Reviewing outcomes for children cared for in our own institutional programme over the previous 20+ years.'
- 'Long-term adult outcomes.'

Involvement with residential care often arises from good intentions. Many NGOs reported that they were unaware of the risk of harm resulting from RCCs. Learning about those risks, as well as the potential for better outcomes related to family care, was a powerful determinant of the decision to transition. The following quotes highlighted the importance of recognizing the insufficiency of the residential model to meet the needs of children and families in the community:

- 'Times have changed hence approaches to care have also changed. There is a need internally to reach to many children and this can only be realized by embracing different options of child care to meet the increasing need in our country.'
- 'We serve children with HIV, and one of the characteristics was the permanent transformation of the care model to respond to their needs, because at the beginning we knew little about HIV and its management. We adapted the programme until we concluded that we could no longer continue to improve the quality of care from a residential programme, and we undertook a new challenge of inclusion and guaranteeing these children their right to live in a family and community environment. What moved us to do so was in the best interests of the child.'
- 'The need for children to reintegrate well when they finish the programme.'

Learning more about the options for family-based models of care was a key motivator in the decision to transition care models. Indeed, survey respondents frequently indicated they did not know several family care options existed for children. For example, they found many children in their RCCs had living parents or extended family members who might be able to care for them with appropriate support. Furthermore, hearing testimonials from care leavers, families, and staff on the importance of family-based placements was a powerful antecedent to change. Understanding the potential for increased impact through serving multiple members of a child's family, as opposed to a single child, was another significant motivator. An increased awareness of the need for children to be in families and how the NGO could meet those needs was demonstrated via the following quotes:

- ‘Through our experience with running an orphanage and finding out that many orphans have family and miss them, we did some small-scale re-unifications and these children thrive better within their family system.’
- ‘Realization of extended family options for reintegration.’
- ‘Understanding the impact of trauma, determining we could support many more children/families in family-based care.’

Taken together, examining outcomes for children, recognizing the insufficiency of the residential model, and gaining an increased awareness of the need for children to be in families and options for family care served as motivators in the decision to transition.

The process of transitioning to family care

A second theme focused on the transition process. Of the 16 programmes who had fully completed a transition from residential to family care, the process required between 1 and 14 years (M = 3.93; SD =3.26). Of the 23 programmes who were in the process of transitioning, they had been in process between 0 and 26 years (M = 3.89; SD = 5.40). Multisite and multinational NGOs reported longer transitioning timeframes. As can be seen in Table 3, executive leadership (82.1%), technical staff (64.1%) and government institutions (48.7%) were reported as being the most supportive of the transition from the beginning. The families of the children in care (33.3%), caregivers within the residential center (30.8%) and donors (28.2%) were more resistant.

The first step in transition

Transitioning from residential to family care requires a complex framework of changes, but three themes emerged related to how programmes initially engaged in the process. These themes included (1) revising strategy, (2) raising awareness and (3) engaging families.

Programmes that had been based around a residential model of care needed to revise their strategy for how to serve vulnerable children. Programmes reported that developing a new service model and creating a transition plan were critical to the transition process. Furthermore, the development of a new strategy served as an opportunity to communicate with key stakeholders and outline expectations. A need for revising strategy was demonstrated in the following quotes:

- ‘Changing the Mission & Vision and then re-educating our donor base.’
- ‘We developed a new strategy and action plan.’
- ‘Internal assessment, evaluation and brainstorming was key.’

Multiple stakeholders were involved in each programme's decision to transition. Stakeholders did not all have the same information or understanding about the benefits of family care. Establishing a basic knowledge of the need for family care, as well as an idea of how that would be accomplished, was essential in persuading stakeholders to support the change. Example quotes highlighting awareness raising include:

TABLE 3 Frequencies and percentages for stakeholders Who were most supportive and resistant to transitioning the model of care ($n = 39$)

	n	%
Most supportive		
Executive Leadership	32	82.1
Technical Staff	25	64.1
Board of Directors	21	53.8
Government	19	48.7
Children	16	41.0
Families	15	38.5
Caregivers	13	33.3
Community Members	11	28.1
Donors	11	28.1
Most Resistant		
Caregivers	12	30.8
Families	13	33.3
Donors	11	28.2
Children	9	23.1
Community Members	9	23.1
Government	8	20.5
Board of Directors	4	10.3
Technical Staff	4	10.3
Executive Leadership	2	5.1

- 'Creation of awareness on why the change, internally, to donors, workers, children and communities as well. For sure it has been a journey, internally we need to understand before approaching external stakeholders.'
- 'Understanding the primary causes of child separation and clearly communicating reasons for wanting to transition to family care to the stakeholders.'
- 'Talking to our board and making sure they were aligned.'

The level of family engagement for a child in an RCC varied. Some children received regular visits from family members and spent holidays with them. Other children had not seen any family members since they arrived. Prior to moving children to the family, it was important to make contact with the families to begin to establish a relationship between the parent or caregiver, children and the programme staff. A first step of engaging families was demonstrated via the following quotes:

- 'Becoming more intentional and proactive in supporting parents of children who were placed in our residential home to set them up for successful reintegration.'
- 'We actually started by taking children on a visit to their families with us for a few hours, then take them for a day by themselves, a week and so on.'

- ‘First off, we started investing in more family strengthening programmes in order to help prevent the need for residential care. At the time, there were very few intervention or support options for in-crisis families.’

Data suggested that revising strategy, raising awareness and engaging families were important and frequent first steps in the transition.

Funding and resources

Nearly three-fourths (74.3%) of NGOs reported they needed to hire additional staff as a result of their transition from residential to family care. Of those organizations, programmes needed to increase staff by 2–25 people (M = 9.40; SD =7.88). Of staff employed prior to transition, 88.6% of participant NGOs indicated that they needed to move current staff to new roles within the programme as a result of the transition. This typically occurred when a staff member's previous role was made obsolete by the transition of models, as in the example of house parents or caregivers. In these situations, staff were most commonly transitioned to roles related to family strengthening (53.8%), case management (46.2%) and administrative support (33.3%). Responses related to how programmes retrained staff for new roles were somewhat limited. Three common themes that were mentioned were online training, on-the-job training and mentorship.

Of programmes that had been in transition for at least one year, 66.7% reported they had seen an initial rise in costs, as they worked to develop family solutions alongside maintaining current ICC services. Initial cost increases ranged from 2% to 50% (M = 22.6%; SD =14.9%). Most NGOs (74.3%) indicated that they needed to repurpose programme assets such as buildings, land, vehicles or other property. Most commonly, physical assets were transferred to a family strengthening center (26.9%), school or day care programme (19.2%), or an after-school programme (11.5%).

Barriers and supports

Resistance from stakeholders (56.4%), funding (53.8%) and access to training on how to transition (38.5%) were the most commonly mentioned barriers to transition (see Table 4). Another major barrier was laws regarding the care of children. At the time they decided to transition, 25 NGOs (64.1%) reported the laws in the nation they served supported family-based models of care. However, for 14 programmes the nation where they served did not have the appropriate laws or legal frameworks to facilitate transitioning. As such, many of these NGOs needed to work with the government to change the laws to support family options for children outside of parental care. Although important, this process was a barrier to transitioning and programmes where laws were not in place took longer to transition.

The most common types of support reported related to the transition to family care were in person training (64.1%), written resources (51.3%) and online training (38.5%; see Table 4). Participants identified written resources, in-person training, funding and connection as the most helpful types of support they had received. When asked about the support they wished they had had during the transition process, the most frequently reported categories included (1) personal guidance, (2) funding and (3) networking. This is demonstrated in the following quotes:

TABLE 4 Frequencies and percentages for support and barriers to transitioning the model of care ($n = 39$)

	n	%
Barriers		
Resistance of Stakeholders	22	56.4
Funding	21	53.8
Access to Training	15	38.5
Lack of Staff	11	28.2
External Factors	10	25.6
Other	6	15.4
Laws	6	15.4
Supports		
In Person Training	25	64.1
Written Resources	20	51.3
Online Training	15	38.5
Coaching Support	14	35.9
Grants/Additional Funding	10	25.6
Other	6	15.4

- 'In depth case studies would be really helpful. Systems and approaches look so different in different countries, which means that a lot of broader statistics and overarching discussions of trends are not that helpful. It would be great to see long-term case studies (5+ years) of the long-term process and outcomes of particular organizations that have undertaken this process.'
- 'Coaching and someone to say here is a clear outline on how to do this. We largely used the Transitioning to Family Based Care Toolkit. This was helpful.'
- 'More financial support from donors and well wishers, as the processes are costly and very involving as the budgets are very high initially.'

Taken together, findings suggested programmes experienced a variety of barriers and supports in the process of transition. Additionally, programmes expressed a desire for further guidance, funding and networking opportunities.

Results and learning from the transition to family care

Programme results

The final theme focused on outcomes and key learning from the transition. Participant NGOs indicated that the most significant benefits of the transition to family care clustered around themes of (1) child well-being, (2) family empowerment and (3) increased impact.

Participants reported both short- and long-term improvements in child well-being. This was indicated across a variety of domains, including physical, cognitive, emotional and social.

Repeatedly, the concept of learning what it means to be in a family was mentioned as an asset to children. The benefit to child well-being was evidenced through the following quotes:

- ‘Children living in families—just the right thing to do. Reaching far more children and now more support for families too.’
- ‘The main benefit is that children and youth are better, and we were able to demonstrate that transitioning to a family programme model was possible, even in the case of especially vulnerable populations, such as children and young people with HIV’
- ‘Children are able to reunite with family members and be part of the community empowering families was frequently noted as a positive result of the transition.’

Participants communicated that working with parents to develop new skills was often fruitful. Example quotes related to empowering families included:

- ‘Family and community empowerment and child outcomes (especially relative to attachment and identity)’
- ‘The process created a sense of independence among family members’
- ‘Families stay together as stronger, safer, more nurturing families of origin.’

By supporting a family placement rather than an individual child, programmes were able to serve an entire family and multiply their impact. Furthermore, moving to a more cost-efficient model allowed some programmes to expand the reach of their services, resulting in many more individuals served. The benefit of increased impact was shown through the following quotes:

- ‘The impact we were able to have increased dramatically’
- ‘Children thrived. Not just one child supported but the whole family’
- ‘Increased capacity to help more children separated from families’

After transitioning a programme from residential to family care, some programmes found that their cost per child decreases. Of those participant NGOs that indicated they had completed a transition ($n = 16$), 100% reported they experienced a decrease in the cost per child. Of those that were in the process of transitioning ($n = 23$), 69.6% reported that they had seen a decrease in the price per child in their care. They reported a percentage decrease of 12%–80% ($M = 39.9\%$; $SD = 16.2\%$). Those that had not seen a decrease ($n = 7$) were in the first 2 years of the transition process.

Overall, the data suggest that the results of transitioning were positive, highlighted by themes of improvements in child well-being, additional family empowerment, decreased costs and increased impact.

DISCUSSION

Children raised in families tend to have better outcomes than those raised in residential settings (Van IJzendoorn et al., 2020). However, millions of children around the world are separated from family care (Desmond et al., 2020). Developing systems of alternative family care for those children who are not able to reside with their biological parents will in part rely on the transformation of current residential programmes to support children in families (Wilke, Pop, et al., 2020). Data from

this study of programmes that transitioned their service model from residential to family care suggested the process of transition was challenging at times, but the outcome of transitioning was largely positive.

Recommendations for programmes desiring to transition to family care

As understanding of the need for family care becomes more widespread, residential programmes are often well-suited to transition their services to providing care for children in families (Wilke, Pop, et al., 2020). As such, recommendations based on results from the current research were developed in conjunction with a review of global guidance documents (i.e. the UN Convention on the Rights of the Child; United Nations, 1989, Alternative Care Guidelines; United Nations General Assembly, 2010) and dozens of published academic articles. A draft of recommendations was reviewed by several experts in deinstitutionalization. Recommendations lead to the current seven recommendations for NGO exploring the possibility of transitioning from a residential to a family model of care.

Raise awareness

Data from this study indicated raising awareness was a foundational component of successful transitions to family care. The transition from residential to family care cannot happen without the investment of programme stakeholders. It is vital they understand both the need and opportunity for children to be in families (McArthur et al., 2011), as well as the insufficiency of the current RCC model. Prior to communicating about strategy or details of a change of model, it is critical that stakeholders understand the reason for the change (William, 2020). Results of this study suggested that written materials, testimonials and examining outcomes of current RCC programming were effective tools in gathering support for the transition.

Assess the current situation

Findings from this study also indicated that assessment was a critical part of beginning the process of transition from residential to family models of care for children. Assessment of both the programme and the broader system are important precursors to developing a transition strategy (UNICEF, 2010). The commitment and capacity to change are vital to the success of a transition, and some programmes may not be suited to making that transition. Assessment of programme commitment, capacity, and strengths and weaknesses is vital at the beginning of the transition process (Bradford et al., 2016). Using a tool like the Readiness for Change: Expanding to Family Care Index (Pop & Wilke, 2018) or the Transitioning Models of Care Assessment Tool (Nhep & Won, 2020) can offer a picture of a programme's readiness for transition. Gathering information about local, national, regional and global care reform efforts can assist a programme in understanding what examples and opportunities are available. Mapping services related to care for children and families using a tool such as Cerca de Mi (cerca-de-mi.org, 2020) can reveal resources for intended beneficiaries and avenues for potential partnerships. Assessment at both the programmatic and systemic levels will better prepare a child-serving agency to develop an effective strategy to support children in families.

Develop a strategy for growth

Results from this study indicated that developing a clear vision for how a programme would support children in families, as well as a concrete strategy for how to approach that process, was vital to successful implementation. Changing placements can pose a significant risk to children if not planned and executed with caution (Wilke, Howard, & Goldman, 2020). Furthermore, with numerous options for family models of care, a programme must decide the direction of its future services, as well as which services it will not provide. Stakeholders representing multiple roles and perspectives, including children and families served, should be involved in the strategy development process (van Bijleveld et al., 2015; Collins-Camargo et al., 2013).

Engage children and families

Data from this study suggested children and families were some of the most resistant stakeholder in the transition to family care. As a change in the service model will have a substantial impact on their lives and wellbeing, it is vital to work with them to develop a plan in which they are invested. Engaging children in care decisions at a developmentally appropriate level is a core tenet of global guidance in the care of children separated from parents (United Nations General Assembly, 2019). Furthermore, identifying and building relationships with families is a core component of supporting children in families (Dawson & Berry, 2002). Some families may be hesitant to receive a child in their home for a variety of reasons. Working with families to identify strengths and concerns, as well as viable, customized solutions to their concerns, is critical to long-term success of family placements (Goldman et al., 2020). Offering services that will assist in strengthening a family's ability to adequately and sustainably care for children will be necessary for most families (Holmes, 2014). Furthermore, when moving a child from an RCC to a family setting, it will be necessary to facilitate the formation of a relationship across time, which may include family tracing, calls, supervised and unsupervised visits, and case management (Kragulj & Pop, 2012).

Learn from evidence

As evidenced by the data from this study, programmes exist that have completed successful transitions from residential to family care. Participants in this study reported that learning from what has and has not worked was helpful during their process of transition. Written resources such as *Transitioning to Family Care for Children*: *A Guidance Manual* (Bradford et al., 2016) and *Replicable Models of Transition to Family Based Care* (Wilke & Medefind, 2015) can offer valuable examples of transition. Connecting with programmes in-country, via local child welfare networks, or global networks such as the Cerca de Mi map (Cerca de Mi, 2020), the Christian Alliance for Orphans Member Directory (CAFO, 2020), or the Organizations Working on Children's Care listing (Better Care Network, 2019), can lead to connection with and learning from local programmes that have made a transition.

Secure resources

As data from this study affirms, most programmes will have an initial increase in costs. This occurs as a result of building new programmes while needing to maintain prior RCC models until the new model is established (Carroll & Wilke, 2019). Thus, committing to raising more funds will be an important step in the early stages of transition. Furthermore, it is important to communicate with current donors and encourage them to support the transition. Programmes may need to restructure some of their donor engagement strategies, such as short-term volunteering and sponsorship, as a new model may not be suited to those options. Guidance related to transitioning donors and fundraising related to transitioning can be found in the *Transitioning Donors Guidebook* (Carroll & Wilke, 2019).

Monitor progress

Overall, participants in this study reported that the transition from residential to family care led to positive outcomes. However, in order to maintain positive outcomes, programmes need to prioritize monitoring and evaluation to ensure continued success. Programmes in the process of transitioning to family care will benefit from regular child and family case management, as well as program-level monitoring and evaluation (Bradford et al., 2016). Most families of children who have been in RCCs will require support in the months and years after family placement (Wedge et al., 2013).

Recommendations for governments desiring care reform

The recommendations above are targeted toward NGOs and individual programmes, but may apply more broadly to governments and other systems. Governments can support family care for children by (1) developing and implementing policies that facilitate the legal process of placing children separated from parental care in families and (2) transitioning government-facilitated programmes from a residential to a family model.

Limitations and implications for future research

The process of transitioning from a residential model of care to a family-based model of care is an emerging practice (Wilke, Pop, et al., 2020). The modest sample size of this study is a reflection of a small population, as relatively few programmes have completed successful transitions. It should be noted that this sample was not intended to be representative of all residential care providers, but rather of those residential care providers that have transitioned, or are in the process of transitioning, their programming model to family care. The survey targeted entire organizations, but a thorough evaluation of the data revealed some organizations may have multiple sites offering different programming, that may be indifferent stages of transition. Future research should explore site-specific experiences of transition. Furthermore, the small sample size limited the selection criteria, meaning the details of different types of programming were not part of this investigation. For example, at least one organization mentioned work with HIV-positive populations, but as this was not a focus of this study, data is not available to examine transition

practices and experiences in programmes serving this population alone. Future research should investigate the role of programme focus on transition experiences.

This sample did not include residential programmes that chose not to transition to family care, or were not able to engage in the process. Those programmes were not included who chose not to transition or that did not find success with the process, as the objective of this paper was to examine the antecedents, process and outcomes of the transition from residential to family care for NGOs providing services for children separated from parental care. An area for future research would be to explore how many programmes decide not to transition or begin the transition to family care and do not complete it, including what barriers impede the transition process.

Two other sampling limitations were related to language barriers and internet access, as the survey was only offered in English and online. This excluded any programmes that did not have an English-speaker on staff, and who did not have access to the internet. As this survey originated in the United States, most programmes had some level of connection to North American funding, staff or other influence. Future research should focus on broader sampling, region-specific samples and programmes that are locally-led.

It is worth noting that data were collected prior to the COVID-19 pandemic. Families are experiencing extra challenges due to the pandemic and associated restrictive measures (Wilke, Howard, & Pop, 2020). Thus, transitioning models should be undertaken with caution during this time, with a recognition that families may require more support than usual.

Implications for future policy and practice

Although research (Berens & Nelson, 2015; Van IJzendoorn et al., 2020) and global policy (United Nations General Assembly, 2019) are clear about the ideal of family for children, the realities are more complex. Developing sufficient support for biological families to prevent separation of children from parents, and supporting alternative family options for children necessarily separated from parental care requires substantial time and resources (Goldman et al., 2020). Reforming care systems, from individual organizations to nationwide programmes, is a process, rather than an event (Wilke, Howard, & Goldman, 2020). Looking forward, practitioners and policymakers should prioritize family care in any new systems or initiatives. A more complex challenge may be to transform existing systems that over-rely on residential care for children (Newton, 2017). Programmes will not be able to transition without funding, training, and other supports outlined in this article. Policymakers should be especially conscious of the support they will need to provide to see success in care transitions, including sufficient lead times to build appropriate alternatives prior to dismantling current systems (Goldman et al., 2020).

CONCLUSION

Research is clear that children develop better in families and global policy supports transitioning from residential to family-based model of care. However, this cannot be accomplished without the involvement of the programmes, leaders, staff, and other stakeholders who currently care for millions of children in residential settings. Learning from NGOs that have already made the transition from residential to family care offers valuable insights about what is most effective, and can underpin guidance for programmes who desire to change their model.

Nicole Wilke serves as Director of the Center on Applied Research for Vulnerable Children and Families at the Christian Alliance for Orphans. The focus of this work is to connect the best available evidence to frontline practice in the care of children and families at risk. Her research interest focus on improving services for children outside of parental care.

DATA AVAILABILITY STATEMENT

Select data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS

Amanda Hiles Howard is an Assistant Professor of Psychology at Samford University. Her research interests focus on understanding the impact of adversity on development and improving the quality of life of vulnerable children and families. She is also committed to translating research to practice via public policy, advocacy, and education.

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Bringing Donors Along on the Journey: A Preliminary Investigation of Organizational Strategies in Transitioning from Residential to Family Care for Children

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Abstract

Research suggests that children develop best in families. However, millions of children live in residential care centers worldwide. Many residential centers desire to transition their programs from a residential to a family-based model of care, but face barriers surrounding funding and donor support. Little research exists on how organizations address these concerns. The current paper investigated the financial impact of transitioning to a family-based model of care, donor engagement practices used in this process, and changes in donor support resulting from the transition. Twenty-six organizations that had fully or partially transitioned their model completed a brief survey. Data revealed an initial increase in cost per child, but long-term the cost of services decreased. Further, findings suggested that involving donors early and using multiple methods and types of communication led to better long-term donor support. Based on these findings, five recommendations were made for organizations planning to transition their care model.

Keywords: Care Reform, Residential Care, Child Welfare, Donors, Philanthropy

Decades of research suggest that children and youth develop best in the context of healthy family relationships (Dozier, et al., 2012; Van IJzendoorn et al., 2020; Van IJzendoorn et al., 2007). Despite this evidence, an estimated 5.37 million children worldwide reside in residential care settings, such as orphanages, children's homes, and group care (Desmond et al., 2020; Petrowski et al., 2017). To address this, policy makers and academics alike have called for a transition from residential to family-based models of care for children separated from biological parental care (Dozier et al., 2014; United Nations, 2019; United Nations, 1989; Van IJzendoorn, et al., 2020), sometimes referred to as deinstitutionalization. Non-government organizations (NGOs) currently providing residential care are often well-positioned to develop new programs, such as family strengthening services and foster care, that would support systems of family-based care (Tyagi, 2018). However, transitioning to new family-based services may impact donor support of the NGO (Wilke et al., 2020). Understanding how transitioning models will impact donor support is critical for NGOs to be successful in their transition (Pompa, 2013; Tjornbo & Westley, 2012). The current paper explores 1) the financial impact of transitioning from a residential model to a family model of care, 2) practices organizations utilized to engage donors in this process, and 3) the impact of the transition on donor support. Data-informed recommendations related to best practices for engaging donors when transitioning to a family model of care are included.

Transitioning Toward Family Care

Evidence suggests family models of care provide the best long term outcomes and should be the prefered care model whenever possible (Dozier, et al., 2014; Koss et al., 2019; Worku et al., 2017). However with millions of children being cared for in residential settings (Desmond et al., 2020), closing all residential programs would create a vacuum of services that could negatively impact children and youth currently in care (Wilke, Howard, & Pop,

2020). As such, new family-focused systems must be developed for supporting vulnerable children and families prior to deinstitutionalization (Goldman et al., 2020).

Recent work by Wilke and colleagues (Wilke et al., 2020) suggested that many NGOs that currently utilize a residential care model are well positioned to transition to family-based models. The authors note that organizations providing residential care are already embedded in the local community and often have a comprehensive understanding of the unique challenges that new programs would need to address within their context. Furthermore, the researchers found that the NGOs often had trained and competent staff, a committed donor base, established relationships in the local governments and communities in which they serve, and properties and other physical assets that can be repurposed for family-based services. In other words, NGOs providing residential care may be well equipped to reshape their current programs in order to establish new care options needed to support children in families (Cantwell, et al., 2014; Tyagi, 2018; Wilke, et al., 2020).

Barriers to Transition to Family Care

Though the published research available is limited, evidence suggests that organizations face significant barriers when transitioning from residential to family-based care (McCall & Groark, 2015; Tyagi, 2018). The barriers to transitioning models are diverse, but many stem from and can be resolved by adequate funding at the onset of the transition (Wilke & Howard, 2021). Research indicates that long term, alternative family care tends to have a lower cost-per-child than residential care (Østergaard & Meyrowitsch, 2008). However, NGOs that transition typically see an initial rise in costs as they begin to expand their programs (Wilke & Howard, 2021). This stems from the need to maintain current services while simultaneously building the infrastructure and capacity needed to establish new family programs. For example, programs may lack financial resources necessary to pay for training or coaching for a successful transition (McCall & Groark, 2015). Moreover, key

stakeholders, such as staff, partner organizations, and even the families served, may be resistant to change (Groark & McCall, 2011). As such, NGOs need to develop and finance a communication strategy to adequately engage these stakeholders in the transition process. Further, moving to a new model of care often requires hiring new staff and retraining existing staff, which requires an initial financial investment (Wilke et al., 2020). Therefore, programs require an increase in funding to help them overcome the initial costs of the transition process.

Engaging Donors in the Transition to Family Care

With the continuing decline in government and intergovernmental aid, adequate fundraising is imperative for NGOs to successfully transition their model of care (Eikenberry & Kluver, 2004). Fundraising consists of three primary processes: 1) retaining existing donors; 2) cultivating donor relationships over time for increased engagement with the organization, and; 3) finding new donors (Althoff & Leskovec, 2015; Beer & Cain, 2019; Sargeant, 2008). Generally speaking, NGOs maintain and deepen relationships with donors by ensuring donor satisfaction, as well as bolstering a sense of connection and loyalty between the donor and the organization and its values (Bekkers & Wiepking, 2011; Boenigk & Helmig, 2013; Khodakarami, et al., 2015; Naskrent & Siebelt, 2011). In this context, recognizing that donors are themselves key stakeholders that need to be actively engaged during the process of transitioning models, is vital to maintaining relationships and commitment from current donors (Wilke et al., 2020). To address the increased funding needs, NGOs must also expand the number of donors and deepen relationships with those donors with capacity to support the program through transition (Beer & Cain, 2019; Wilke & Howard, 2021). Taken together, effective donor engagement is a vital component to success in the transition from residential to family care.

Given the imperative role that donors play in a successful transition from residential to family-based care, it is important to understand how organizations transitioning their models are engaging donors and what strategies have been successful. The current study seeks to provide a preliminary understanding of 1) the financial impact of transitioning from residential to family care, 2) the impact of timing, methods of communication, and types of information shared with donors on the initial donor response, and 3) the long-term losses and gain in donor support resulting from the transition and how these relate to donor engagement strategies.

Methods

Participants

Leaders from 26 NGOs completed a brief survey regarding their transition processes from residential to family care. In the previous calendar year, programs reported collectively serving 7,454 children and 27,888 families in 11 nations. The number of children served by an NGO ranged from 16 to 1,601 (M = 286.69; SD = 441.09). Number of families served ranged from 5 to 7,000 (M = 1,072.62; SD = 2,448.06). NGOs offered a diverse array of services to vulnerable children and families (See Table I). Of the 11 countries represented, 5 were in Africa, 3 were in Latin America or the Caribbean, 2 were in Asia and the Pacific, and 1 was in Europe. The most commonly reported countries served were Kenya (n = 7), Haiti (n = 4), Uganda (n = 3), and India (n = 3). Twelve (46.2%) of the organizations had multiple sites within the countries they served. Number of years the NGO had been in existence ranged from 2 to 140 (M = 22.69; SD = 27.84). Eleven NGOs self-identified as having fully transitioned from residential to family care, while 15 NGOs reported they were in the process of transitioning from residential to family care.

Measures

Demographic Survey. A short demographic survey of the organizations was included. Items included services provided (i.e. family preservation, foster care, residential care, etc.), countries of service, years in existence, whether they were a multi-site organization, and the number of children and families served during the previous year.

Transitioning Donors Survey. A 19-item survey was developed to investigate donor responses to the transition from residential to family-based services for children separated from parental care. Specific topics addressed included financial impact of the transition, timing of involving donors in the transition process, initial donor response, methods of communication with the donors, types of information shared with donors, and gains and losses in donors resulting from the transition. Items included 3 open-ended, 14 multiple choice, and 2 'check all that apply' questions.

Procedure

This study was approved by the university Institutional Review Board. Convenience and chain referral sampling were used to recruit participants. Recruitment notices were emailed to potential participants and shared on social media pages for professional networks between May and July of 2020. The recruitment information was further disseminated via chain referral sampling. All respondents provided informed consent before completing the survey. The survey was completed online and all participants were invited to answer all questions. The completion rate was 86%.

Data Analysis

This study used a mixed, concurrent, equal-status design in which quantitative and qualitative data were analyzed distinctly and combined at the stage of interpretation (Creswell & Clark, 2007). The majority of the data were quantitative and primarily consisted of frequencies and percentages. In addition, relationships between variables were analyzed using Pearson's correlations, Pearson's chi-square, and Analysis of Variance (ANOVAs).

Qualitative data was analyzed using Interpretive Phenomenological Analysis. This method allows the researcher to examine the respondents' experiences as well as interpret the contextual aspects of the underlying meanings (Larkin, et al., 2006). Using an iterative process, each of the 3 open-ended questions were analyzed independently. Quotes, including sentence fragments, were included as supporting data for quantitative data.

Results

The results are organized around the four primary topics of the survey: 1) the financial impact of transitioning from residential to family care, 2) the timing of involving donors in the transition process, 3) communication with donors about the transition process, and 4) losing and gaining donors as a result of the transition to family care.

Descriptives

Of the 26 organizations that completed the survey, 11 had completely transitioned their program from a residential to a family model of care and 15 were in the process of transitioning. Twelve (46.2%) of the organizations had multiple sites. Of the 11 programs who had fully completed a transition from residential to family care, the process required between 1 and 14 years ($M = 3.52$; $SD = 2.76$). NGOs with multiple sites reported longer timeframes for completing the transition ($M = 4.83$; $SD = 4.67$) than those with only a single site ($M = 2.20$; $SD = .84$). Of the 15 programs who were in the process of transitioning, they had been in process between 1 and 10 years ($M = 3.33$; $SD = 2.70$). Organizations with multiple sites reported being in the transition process for longer ($M = 4.00$; $SD = 3.22$) than NGOs with only one site ($M = 2.67$; $SD = 2.18$). These findings suggest that transitioning takes a significant amount of time. Further, the transition process takes longer for NGOs with multiple sites.

Most programs (80.8%) reported they had an initial rise in costs, as they worked to develop family-based models of care while still maintaining their residential services. Initial

cost increases ranged from 2% to 50% (*M* = 19.2%; *SD* = 14.7%). In response to a question regarding the type of support they desired during the transition process, the most common theme related to the need for funding. This theme was highlighted by quotes such as "More financial support from donors and well wishers, as the processes are costly and very involved as the budgets are very high initially."

Notably, after the transition started and children began moving to family-based models, most programs reported their cost per child decreased. Of those NGOs that had completed the transition (n = 11), 100% reported they experienced a decrease in the cost per child. Of those that were in the process of transitioning (n = 15), 73.3% reported that they had seen a decrease in the cost per child in their care. NGOs that had not seen a decrease in cost per child (n = 4) were in the first two years of the transition process. Of the 22 NGOs that had seen a decrease in cost per child, percentage decreases ranged from 14% to 80% (*M* = 42.0%; *SD* = 17.2%). Taken together, these findings indicate that programs should expect an initial rise in cost while they implement their new family-based programs. However, the overall cost per child should decrease once the transitioning begins.

Timing of Involving Donors in the Transition Process

A primary area of interest was the timing by which programs involved donors in the transition process and how donors responded to the transition. Many organizations reported involving donors from the very beginning of the process (46.2%) or soon after they had made the decision to transition (19.2%). However, several did not involve donors until they had a plan for transitioning in place (23.1%) or after they had begun the transition process (11.5%). Organizations reported a range of initial reactions from donors in response to the transition, with 11.5% of donors responding enthusiastically, 30.8% favorably, 34.6% neutrally, and 23.0% of donors responding hesitantly. No organizations reported an explicitly negative response from donors when they initially learned of the transition to family care. A Pearson

correlation examining the relationship between when NGOs involved donors in the process and initial donor response was not significant, *p* = ns. Most organizations (84.6%) believed they had involved their donors in the process at the right time, while a minority (15.4%) of organizations believed they should have involved their donors sooner. No organizations reported that they believed they should have involved the donors later in the process.

Communication with Donors About the Transition Process

Another topic of interest was communication with donors. Specifically, this focused on the methods of communication the organizations used with donors regarding the process of transitioning from residential to family care and the types of information they shared in these communications (See Table II). The most popular methods of communication were a personal email (61.5%), individual meetings (53.8%), and a personal phone call (42.3%). The least frequently used method of communication was a social media announcement (15.4%). An ANOVA was conducted to determine if method of communication was associated with the initial donor response to the transition to family care. Methods of communication (ex. personal meeting: yes or no) were the independent variables, while initial donor response was the dependent variable. Results revealed that initial donor response did not vary by method of communication, *p* = ns. Organizations used between 1 and 7 methods of communication ($M = 2.81$; $SD = 1.96$). A Pearson correlation examined the relationship between total methods of communication and the initial donor response. Data revealed a moderate, positive correlation, suggesting that donors responded more positively when they received multiple methods of communication, $r(26) = .43$, $p < .05$. These data were supported by quotes exploring methods of communication, such as “Effective and consistent storytelling and program explanations. Best if done in person, either through a trip or at an event.” Overall, findings suggest that the amount of communication may be more important than the method of communication.

Organizations reported the types of information they shared with their donors and which of these were most helpful in communicating with donors. The most helpful types of information when communicating with donors were plans for transition (76.9%), stories from their own program (65.4%), and research (57.7%). They reported stories from other organizations (50%) were the least helpful. It should be noted that all types of information were perceived as helpful by at least 50% of the organizations. An ANOVA was conducted to determine whether type of information was associated with the initial donor response to the transition to family care. Types of information shared (ex. Transition plan: yes or no) were the independent variables, while initial donor response was the dependent variable. Results revealed that initial donor response did not vary by type of information shared, p = ns. Organizations shared between 1 and 5 types of information with their donors ($M = 3.04$; $SD = 1.21$). Pearson correlation examined the relationship between total types of information and initial donor response. Data revealed a moderate, positive correlation, suggesting that donors responded more positively when they received multiple types of information, $r(26) = .46$, $p < .05$. This data was supported by quotes about what types of information were helpful, such as “Focusing on telling the story of impact on whole families, reporting rising number of children in the program,” and “Sharing the basis for the decision to focus on family-based care, sharing the transition plan.” Taken together, these findings indicate that presenting donors with multiple types of information led to the most positive initial donor responses.

Losing and Gaining Donors as a Result of the Transition to Family Care

Loss of Donors. A fourth focus for the present study was related to the losing and gaining of donors as a result of the decision to transition from a residential to a family model of care. Eleven (42.3%) of the NGOs reported that they lost donors, while 15 (57.7%) did not lose donors. Of those organizations that lost donors, the percentage of funding lost ranged from 2% to 50% ($M = 20.4\%$; $SD = 16.1\%$). Nine of these organizations indicated it

took between one to six years to recover those funding losses (*M* = 2.91; *SD* = 1.81), while two NGOs indicated they had not yet recovered funding. Both of these organizations were in the first two years of the transition process. These findings suggest that funding losses were substantial, but organizations were able to regain funding relatively quickly. Crosstab analyses with Pearson's chi-square ($\chi 2$) tests were conducted to examine the relationship between when organizations involved donors (i.e. from the beginning (n = 12) vs. later in the process (n = 14)) and if the organization lost donors. Results revealed significant differences between groups ($\chi 2$ (1, 25) = 10.54, Cramer's $V = .64$, $p < .01$). Organizations who involved their donors later in the process were significantly more likely to lose donors than organizations that involved donors from the beginning. These themes were affirmed by quotes such as "Keeping them engaged as the transition unfolded over years." These findings suggest that involving donors from the beginning of the transition process may be beneficial in maintaining donors long term.

Gaining Donors. Many organizations (69.2%) reported that they gained donors as a result of the decision to transition services to family-based models of care. Crosstab analyses with Pearson's chi-square ($\chi 2$) tests were conducted to examine the relationship between when they involved donors (i.e. from the beginning (n = 12) vs. later in the process (n = 15)) and if the organization gained donors. Groups did not significantly differ, p = ns. These data indicate that transitioning to a family-based model of care may have opened new avenues for funding. Further, organizations reported what assisted in gaining new donors, focused on communication, storytelling, and networking. These themes were exemplified by quotes such as "Networking across the global sector opened up new grant opportunities" and "Networking towards new publications and social media awareness. Being highlighted in op-ed pieces, or being recipient of a CAFO grant." Taken together, these themes align with some of the findings on preventing donor loss and indicate that communication, storytelling,

and networking may contribute to the overall health of donor relationships during the transition from residential to family care.

Differences In Gains and Losses By Whether the Transition was Complete.

Crosstab analyses with Pearson's chi-square ($\chi 2$) tests were conducted to examine the relationship between whether the organization had fully transitioned (i.e. completely transitioned (n = 11) vs. in the process of transitioning (n = 15)) and if the organization lost donors. Results revealed marginally significant differences between groups ($\chi 2$ (1, 25) = 3.55, Cramer's $V = .37$, $p = .06$). Organizations who had fully transitioned were significantly more likely to report losing donors than organizations that were in the process of transitioning. This suggests that organizations may lose donors throughout the transitioning process.

The sample size was too small (n =11) to accurately assess if total methods of communication and total types of information shared were associated with the loss of donors for organizations that had fully transitioned. However, it is worth noting that completely transitioned organizations that did not lose donors used more methods of communication (M = 3.75; SD = 1.89) than those that lost donors (M = 3.14; SD = 1.57). Further, completely transitioned organizations that did not lose donors shared more types of information with their donors (M = 4.00; SD = 1.15) than those that lost donors (M = 3.42; SD = .97).

Crosstab analyses with Pearson's chi-square ($\chi 2$) tests were conducted to examine the relationship between whether the organization had fully transitioned (i.e. completely transitioned (n = 11) vs. in the process of transitioning (n = 15)) and if the organization had gained donors. Results revealed significant differences between groups ($\chi 2$ (1, 25) = 8.47, Cramer's $V = .37$, $p < .05$). Organizations who had fully transitioned were significantly more likely to report gaining donors than organizations that were in the process of transitioning. As with the losses section, the sample size was too small (n =11) to accurately

assess if total methods of communication and total types of information shared were associated with gaining donors for organizations that had fully transitioned. However, it is worth noting that completely transitioned organizations that gained donors used more methods of communication (M = 3.42; SD = 2.37) than those that did not gain donors (M = 2.25; SD = 1.49). Further, completely transitioned organizations that gained donors shared more types of information with their donors (M = 3.29; SD = .76) than those that did not gain donors (M = 2.13; SD = 1.13).

Discussion

Results from the current study provide a better understanding of the financial impact NGOs encounter during the transition from residential to family care and reveal several strategies associated with more effective donor engagement. Organizations reported experiencing an initial rise in cost during implementation of new family-based programs, followed by an overall decrease in cost per child over time. Though timing of involving donors was not related to initial donor response, data suggests that organizations were more likely to retain donors long-term if they involved donors at the beginning of the transition process. No specific method of communication or type of information shared with donors was associated with better donor outcomes. However, using multiple methods of communication, such as in-person conversations and email, was associated with a more positive initial response from donors, as well as long-term retention of donors. Further, sharing multiple types of information justifying the need to move to family care was related to better donor outcomes. Multiple methods and types of communication also seemed to be associated with gaining donors following the transition to a family-based model of care. In summary, organizations should consider involving their donors early, often, and using multiple methods and types of communication to ensure successful long-term donor engagement while they transition their programs.

Recommendations for NGOs

Based on these findings and an examination of the relevant literature, the researchers propose the following recommendations for organizations planning to transition from a residential to a family-based model of care.

1) **Plan Sufficient Time for a Transition**

Data from this study suggests that transitioning from residential care to family care requires substantial time and resources. In order to ensure continuity of care and better outcomes for children and families, the transition process should be planned carefully (Wilke, Howard, & Goldman, 2020). Organizations may be more successful if they allow sufficient time to adequately raise awareness, plan, and engage stakeholders. From a fundraising perspective, this will allow time to engage donors fully, help to alleviate their concerns, and include them in the transition prior to moving forward. Research indicates that efficacy and efficiency are leading mechanisms for giving (Beer & Cain, 2019; Bekkers & Wiepking, 2011). Further, research suggests that providing stakeholders more tangible information ("specific and concrete over abstract and general") may increase donations (Bachke et al., 2017; Cryder & Loewenstein, 2010). From a programmatic perspective, planning will allow sufficient time for assessing the true anticipated costs and fundraising needs in order to successfully complete the transition from residential to family care.

2) **Create a Donor Communication Plan**

Data from this study suggest that using multiple methods of communication and types of information are associated with better initial donor response, greater donor retention, and acquisition of new donors. This highlights the value of having a donor communication plan as part of the transition to family care. The donor communication plan is a combination of both messaging, channels of communication, and timing. The communication plan provides the who, what, where, when, and why for donor communications and fundraising campaigns

(Carroll & Wilke, 2019). Different donors prefer different forms of communication (Camber Collective, 2015). Utilizing multiple forms of communication makes it more likely donors will be able to receive information by the method of their preference (Beer & Cain, 2019). Further, due to changes in the way people consume information and advances in technology for disseminating this information, donors have begun to expect more personalized communications presented to them using a range of modalities (Penning, 2017). Additionally, positive donor relationships depend on consistent and ongoing communication (Carroll & Wilke, 2019). In other words, donor communication plans need to include regular communication with donors outside of appeals and fundraising campaigns (Carroll & Wilke, 2019).

3) Educate Donors by Highlighting Diverse Information

Educating donors about the process and purpose of the transition to family care using diverse information may lead to better donor outcomes (Carroll & Wilke, 2019). Donors may not have access to accurate information about evidence-based practice in services to children separated from parental care or may not have the background needed to interpret academic literature (Dozier et al., 2012). Further, although donors want to ensure their donations are contributing to a good cause, they dislike the process of searching out that information (Wong & Ortmann, 2016). This is one service NGOs can provide their donors. Sharing diverse, layering stories about reunification, kinship care, foster care, or adoption for their specific context may be useful. Carroll and Wilke (2019) found shifting the messaging and eliminating lingo and jargon may be helpful for clarity and comprehension. For example, some work has found that sharing stories that highlight the value of family care in their newsletter, blog, and social media posts made a significant impact. By using diverse information to educate donors, such using stories and plain language that donors will

understand, organizations may make information more accessible to donors (Carroll & Wilke, 2019).

4) Make Donors a Part of the Story

Recent research on high net worth donors demonstrates trends away from giving out of obligation or duty, and toward shared passion and purpose between donor and recipient organization (Degasperi & Mainardes, 2017). Therefore, reaffirming the donor's passion is fulfilled by the organization's purpose, despite changes in programming, is key to maintaining long-term donor relationships. Data from this study also supports the value of involving donors from the beginning of the transition process. Many donors desire to be an active participant in the life of a program, rather than simply a passive supplier of funds (Cooper & Bailey, 2020; Neumayr & Handy, 2019). This is particularly important for long-term repeat donors (Beldad, et al., 2015). Indeed, NGOs who do not speak to their donors prior to starting the transition and do not continue to communicate with them throughout the process, may later regret not investing enough time to achieve sufficient buy-in (Carroll & Wilke, 2019). Educating, informing, and soliciting feedback from donors from the beginning of a transition from residential to family care may strengthen donor commitment and participation. Not only are donors motivated to give based on an organization's efficacy, they are also motivated based on their levels of trust and relationship to the organization (Bachke et al., 2017; Bekkers & Wiepking, 2011; Degasperi & Mainardes, 2017; Naskrent & Siebelt, 2011). To this end, organizations should focus on helping donors feel excitement about the transition and the part they, as donors, play in helping move children to family care.

5) Share Small Victories

Although data from this study suggests that highlighting diverse types of information is important, success stories from a program itself may also be important. This data would align with general research on philanthropy and humanitarian action that individual, positive,

and personal stories are most persuasive. While an increasing number of donors are driven by efficiency and outcomes, a relational connection most often primed through stories increases levels of sympathy or empathy that often serves as an underlying psychological mechanism for positive giving behavior (Andreoni et al., 2017; Bekkers & Wiepking, 2011). In focusing on donors over their own internal operations, organizations are also using an empathy-based approach to focus communications on donor comfort and knowledge. For example, showing to donors how their gifts will make a positive difference or helping donors feel like they are a part of the NGO's story may increase giving (Carroll & Wilke, 2019). Although all forms of information shared were found helpful in this study, stories from other programs were the least valuable. Donors responded better to stories and examples directly from the program they were supporting. Sharing stories of children desiring families, family reintegrations, families strengthened by services, and other examples of positive program outcomes can help donors connect to the purpose of a transition (Carroll & Wilke, 2019).

Limitations and Implications for Future Research

This study had several major limitations that can serve as impetus for future work. The current sample offered an initial glance at the process of transitioning donors for programs that desire to move from residential to family care. It is worth noting that the world-wide population of organizations that have successfully transitioned their programs is quite small (Goldman, et al., 2020). To our knowledge, the current study provides the largest sample of organizations that have completed or are in the process of completing a transition to family-based care. Regardless, the sample size for the current study was a major limitation. Small cell sizes for some variables impeded ability to analyze trends. A larger sample size would allow for more robust data analysis and a better understanding of the phenomena being studied. In particular, evaluating a larger pool of programs that have completed the transition of their model would be valuable. Although programs in the sample

served vulnerable populations in diverse geographical locations, a majority were tied to leadership or funding in the United States and the survey itself was in English. Greater sampling of locally-led programs would also be valuable. Moreover, many participants were associated with a coalition of faith-based NGOs. As a result, organizations represented in the current sample were more likely to be faith-based. Future research should focus on recruiting a more representative group of NGOs.

Using a survey methodology was also a limitation in the current study. More in-depth methods, such as interviews or focus groups, that are able to tease out elements that may influence the success of programs transitioning donors are needed. For example, learning more about a program's relationship with donors prior to transition, including how many were regular givers, long-term givers, major donors, and engaged in non-financial support of the program, could provide additional insight. Further, data on each organization's initial transition and donor communication plan could be helpful in teasing out specific elements that lead to long-term success in donor engagement. Data on the quality of communication used would also prove useful. In addition, future work should consider longitudinal research that follows organizations from the beginning of the transition process until completion.

Data for this study was collected prior to and early in the COVID-19 global pandemic. The survey intentionally focused on the impact and strategies used prior to the pandemic, but pandemic-related information may have influenced responses. On a related note, the pandemic and associated restrictive measures have had far-reaching impacts for vulnerable populations, as well as for the NGOs serving them (Wilke, Howard, & Pop, 2020). Some organizations have experienced a marked decline in funding, which may hinder a programs ability to transition models. Others have had to quickly reunite children in their care to biological families and hastily develop family services for children as a result of government-mandated rapid return policies (Wilke, Howard, & Goldman, 2020). As the

pandemic progresses, there will be need for further research to understand the impact on programs desiring to transition their model of care from residential to family, including changes in funding.

Conclusion

As the field of child welfare becomes increasingly aware of the need for children to be in families, many residential care programs will be well-positioned to transition their services from residential care to support family-based models of care. Although the need for establishing family-based systems of care is clear, the process of transitioning models is complex (Wilke, Pop, Oswald, Howard, & Morgan, 2020). Maintaining and growing funding is a vital component of success in the transition to family care. Although most programs saw an eventual decrease in the cost of services per child, they also experienced an initial increase in expenses. Taken together, findings indicate early involvement and a robust, multifaceted, and multilayered communication strategy are imperative to long-term successful donor engagement for organizations that plan to transition their programs.

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Table I. Frequencies and Percentages for Types of Services Provided by Organizations (n = 26).

Type of Service	n	%
Family Reintegration	23	88.5
Family Strengthening	23	88.5
Residential Care	18	69.2
Foster Care	16	61.5
Kinship Care	16	61.5
Sponsorships	14	53.8
Supported Independent Living	14	53.8
Advocacy	12	46.2
Transition to Adulthood	12	46.2
Mission/Vision Trips	4	15.4
Adoption	2	7.7

Table II. Frequencies and Percentages for Method of Communication to Donors and Types of Information Shared (n = 26).

	n	%
Method of Communication		
Personal Email	16	61.5
Individual Meeting	14	53.8
Emailed Newsletter	11	42.3
Phone Call	11	42.3
In Person Event	10	38.5
Letter	7	26.9
Social Media Post	4	15.4
Types of Information Shared		
Plan for Transition	20	76.9
Stories from NGO	17	65.4
Research	15	57.7
Statistics	14	53.8

Stories from Other Programs	13	50.0

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Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic

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A R T I C L E I N F O

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A B S T R A C T

Background: The COVID-19 pandemic and associated response measures have led to unprecedented challenges for service providers working with vulnerable children and families around the world.
Objective: The goal of the present study was to better understand the impact of the pandemic and associated response measures on vulnerable children and families and provide data-informed recommendations for public and private service providers working with this population.
Participants and Setting: Representatives from 87 non-government organizations (NGOs) providing a variety of direct services (i.e. residential care, family preservation, foster care, etc.) to 454,637 vulnerable children and families in 43 countries completed a brief online survey.
Methods: Using a mixed methods design, results examined 1) ways in which children and families have been directly impacted by COVID-19, 2) the impact of the pandemic on services provided by NGOs, 3) government responses and gaps in services for this population during the pandemic, and 4) strategies that have been effective in filling these gaps.
Results: Data revealed that the pandemic and restrictive measures were associated with increased risk factors for vulnerable children and families, including not having access to vital services. The NGOs experienced government restrictions, decreased financial support, and inability to adequately provide services. Increased communication and supportive activities had a positive impact on both NGO staff and the families they serve.
Conclusions: Based on the findings, ten recommendations were made for service providers working with vulnerable children and families during the COVID-19 pandemic.

1. Introduction

Within a few months, the coronavirus disease 2019 (COVID-19) went from a remote threat to a global health, humanitarian, and socio-economic crisis that had real and immediate impact on daily life (Thompson & Rasmussen, 2020). In order to reduce disease transmission, many countries declared national emergencies, mandated lockdowns and other strict response measures, and implemented punitive consequences to ensure new policies were followed (Nay, 2020). As such, both the disease and the associated response measures heightened risk factors in already vulnerable populations, including families at risk for separation and children

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outside of parental care (Desai, 2020; Wang, Zhang, Zhao, Zhang, & Jiang, 2020). Moreover, public and private service providers who served vulnerable children and families struggled to adapt programs and adequately meet the evolving needs of this population during the pandemic. The present paper sought to 1) delineate the impact of the pandemic on vulnerable children and families and the organizations that served them and 2) provide data-informed recommendations for non-government organizations (NGOs) and public service providers to better support this population.

As with most systemic challenges, those who are most impacted by crises are those who are already the most vulnerable. Children outside of parental care and families at risk of separation are among this group. Research (Dozier et al., 2014; Nelson, Zeanah, & Fox, 2019; Van IJzendoorn et al., 2011) and global policy (United Nations, 2019) both suggest that children develop best in healthy families and that living outside family care has significant developmental and health consequences. Despite this, millions of children and youth continue to live in institutional forms of care, live on the streets, or are at risk of separation from parental care (Desmond, Watt, Saha, Huang, & Lu, 2020). For the purpose of this paper, vulnerable children and families will be defined as as 1) children who have been separated from their parents and 2) families who are at risk of separation (Atwoli et al., 2014; Johnson, Dovbnya, Morozova, Richards, & Bogdanova, 2014; Khoury-Kassabri & Attar-Schwartz, 2014). Vulnerable children and families represented in this study were receiving support services from non-government organizations (NGOs).

1.1. Vulnerable children and COVID-19

Children seem to be less likely to exhibit severe symptoms of COVID-19 (Mellis, 2020; Rasmussen & Thompson, 2020). However, vulnerable children may experience health risks that make them more likely to be impacted by the virus. In studies of children separated from parental care, poverty is often listed as an antecedent to separation (Ruiz-Casares & Phommavang, 2016; Hawk et al., 2018), which may lead to inadequate nutrition, cramped living spaces, and poor hygiene. Poor nutrition may lead to a compromised immune system (Butler & Barrientos, 2020). Overcrowded living quarters make the recommended social distancing unreasonable, and may make virus transmission more likely (CDC COVID-19 Response Team, 2020). Lack of access to water, soap, and sanitation make proper handwashing impossible, a serious concern when it is known to stop the spread of the virus (Cavanaugh, 2020). Limited access to medical treatment for pre-existing or co-occurring medical conditions may increase a child's susceptibility to the virus (Rasmussen & Thompson, 2020). These factors may make children at risk more likely to experience the effects of COVID-19 than their peers in more stable families.

Further, vulnerable children may live in multi-generational or skipped generation households (Ingersoll-Dayton, Punpuing, Tangchonlatip, & Yakas, 2018). For children outside of parental care, the most frequent placement setting is with extended family, often with older relatives (Martin & Zulaika, 2016). Research suggests older populations are at greater risk for more severe symptoms or even death from COVID-19 (Liu, Chen, Lin, & Han, 2020). This means situations with elderly caregivers may be less stable and secure for children.

1.2. The impact of COVID-19-Related response measures on vulnerable children and families

In an effort to combat the unprecedented spread of disease, global policy recommendations have included strict lockdowns (World Health Organization, 2020). This creates increased stress for many children and families who are already living under great economic strain. For the more than 700 million people globally who live in extreme poverty, an inability to work could mean no food, water, electricity, or other basic needs (World Bank, 2020). Although these stresses alone place children and families at risk, child maltreatment tends to increase during times of stress (Cluver et al., 2020; Galea, Merchant, & Lurie, 2020). Lack of access to support services, such as schools, medical care, childcare, and social networks, could have dire consequences for vulnerable children and families. It is reasonable to predict that many families who have been at risk of separation will be unable to care for their children during this time. As a result, more children may enter the alternative care system.

At the same time, many children who were previously in residential care or on the street have been rapidly reintegrated with their families and communities of origin (Goldman et al., 2020). Although moving children to family care is generally aligned with global recommendations (United Nations, 2019), appropriate reintegration protocol requires significant preparation that is not possible with compressed timelines. Risk of maltreatment is elevated as children return to unprepared and unsupported families. There is no time to assess needs and build capacity in the areas of concern that initially caused placement in alternative care. Case workers are unable to visit families and monitor child well-being due to lockdowns (Goldman et al., 2020). Very few of the supports needed to ensure a successful reintegration are available..

1.3. Systems of care for vulnerable children and families

Multiple care systems can support families during the COVID-19 pandemic, including public and private entities. Government regulations will impact both daily life and futures as they create consequences and complexities for at-risk children and families, even while trying to support them. NGOs and community-based organizations provide vital support (Portney & Cuttler, 2010; Schwartz & Yen, 2017), but may be unable to act due to enforced-lockdowns. Service providers are trying to innovate quickly, as no one knows for certain what can best support children and families given the current risks and restrictions. However, service providers often have simultaneous contact with multiple families and children, giving them a broader view of the impact of the pandemic. This perspective can inform the development of practices to serve this population.

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Table 1
Frequencies and Percentages for Types of Services Provided by Organizations (n = 87).

Type of Service	n	%
Adoption	21	24.1
Advocacy	50	57.7
Education	65	74.7
Family Reintegration	52	59.8
Family Strengthening	64	73.6
Foster Care	30	34.5
Kinship Care	38	43.7
Medical Care	44	59.6
Post Care Support	28	32.2
Residential Care	37	42.5
Sponsorships	42	48.3
Supported Independent Living	24	27.6

1.4. The present study

The goal of the present study was to provide data-informed guidance and recommendations for public and private service providers working with vulnerable children and families during the COVID-19 pandemic. To better understand the impact of the pandemic, the current study surveyed representatives from NGOs providing a variety of services (i.e. residential care, family preservation, foster care, etc.) to vulnerable children and families around the world. Specifically, respondents reported on 1) ways in which children and families have been impacted by COVID-19, 2) the impact of the pandemic on services provided by NGOs, 3) government responses and gaps in services for this population during the pandemic, and 4) strategies that have been effective in filling these gaps. This knowledge will allow better understanding of the impact of COVID-19 on vulnerable children and families and how service providers can best support them during this time.

2. Methods

2.1. Participants

A combination of convenience and chain referral sampling were used to collect data, beginning with inviting a global network of child-serving organizations to participate. Representatives from 87 NGOs serving vulnerable children and families completed a brief survey. NGOs reported directly serving 454,637 children in 43 countries during the 2019 fiscal year. They provided an assortment of direct and indirect services to support vulnerable children and families (See Table 1). Number of children directly served by an NGO ranged from 0 to 267,000 (M = 6,403.34; SD = 3537.90). Of the 43 countries represented, 17 were in Africa, 12 were in South/Latin America, 7 in Asia and the Pacific, 6 in Europe, and 1 in the Middle East. The majority of countries served were classified as being in the Global South (n = 38). Country Human Development Index (Anand and Sen, 1994) scores ranged from .817 to .434 (M = .613, SD = .122). Based on the Human Development Index Group Classification, 0 countries were classified as Very High Development, 12 were High Development, 12 were Medium Development, and 19 were Low Development. NGOs provided services in 1–5 countries (M = 2.18, SD = 1.12). The most commonly reported countries served were Haiti (n = 14), Uganda (n = 13), Kenya (n = 13), India (n = 10), and Mexico (n = 7). The majority of respondents (59.3 %) served in a leadership position within their NGO with the most common job titles being president, chief executive officer, and executive director.

2.2. Measures

2.2.1. Demographic survey

A short survey on demographic information for the respondent and the NGO she or he represented was included. For the respondent, items included his or her primary role and job title. For the NGO, items included services provided (i.e. family preservation, foster care, residential care, etc.), countries of service, and number of children served in 2019.

2.2.2. COVID-19 impact survey

A 25-item survey was developed to address how the COVID-19 pandemic had impacted vulnerable children and families served by the NGO. Specific topics addressed included 1) direct impact of the pandemic on vulnerable children and families, 2) the impact of the pandemic on the NGO's ability to operate and provide services, 3) the government response to the pandemic and gaps in services as related to vulnerable children and families, and 4) effective strategies and practices to fill these gaps. Items included 15 open-ended, 7 multiple choice, and 3 'check all that apply' questions.

2.3. Procedure

Ethical approval was obtained from the author's Institutional Review Board. Participants were recruited using a combination of

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convenience and snowball sampling. Between April 8, 2020 and May 8, 2020, recruitment notices were posted on the website of a coalition connecting more than 200 NGOs serving vulnerable children and families, distributed by email through relevant professional networks, and emailed to potential participants using organizational and professional networks' distribution lists. The recruitment information was further disseminated via snowball sampling. All respondents provided informed consent before completing the survey. The survey was completed online and all participants were invited to answer both qualitative and quantitative questions. Completion rate was 84.0 %.

2.4. Data analysis

This study used a mixed, concurrent, equal status design, in which qualitative and quantitative data were analyzed distinctly and combined at the stage of interpretation (Creswell & Clark, 2007).

2.4.1. Qualitative analysis

The current study utilized Interpretive Phenomenological Analysis, which allows the researcher to both examine the respondent's experience and interpret the contextual aspects of the underlying meanings (Larkin, Watts, & Clifton, 2006). Using an iterative process, the data was manually coded by two researchers. Each of the 15 open-ended questions were analyzed independently. Themes were then clustered and a directory of phrases and operational definitions that supported the major themes was created. A description of the relationship between themes and the emergence of sub-themes was drafted and considered before the final write-up. Quotes, including sentence fragments, were included as supporting data.

2.4.2. Quantitative analysis

Quantitative data primarily consisted of frequencies and percentages. These analyses were used to support and supplement qualitative findings.

3. Results

The responses to the 15 open-ended questions clustered into four themes corresponding to the survey: 1) Impact on Vulnerable Children and Families, 2) Impact on NGOs Serving Vulnerable Children and Families, 3) Government Responses and Gaps in Services to Support Vulnerable Children and Families, and 4) Effective Strategies for Supporting Vulnerable Children and Families. Results are organized by these themes. Within each theme, two primary sub-themes are presented. Discussion of each sub-theme consists of 1) a description of the theme, 2) quantitative data that supports the sub-theme, if available, 3) representative quotes that highlight the sub-theme, and 4) and a brief summary of the data and contextual details needed for interpretation.

The below results had two important caveats that were relevant for interpreting the results. First, surveys were collected in the early stages of the pandemic during a period of time when most countries were beginning restrictive response measures, such as lock downs, to prevent disease transmission. At the time of the survey, respondents reported that only a small percentage of the families they served (4.6 %) or their organizational staff (5.7 %) had actually contracted COVID-19. Thus, nearly all impacts reported in the current study were the result of response measures imposed by national governments rather than the virus itself. Second, the current sample represented a diverse set of NGOs that provided a variety of services in multiple contexts across 43 countries. As such, themes presented here represented primary findings across NGOs, but did not fully represent the experiences of every NGO. Specifically, the majority of NGOs were serving countries in the Global South that were categorized 'Low Development' on the Human Development Index (Anand, & Senas, 1994).

3.1. Theme 1: impact on vulnerable children and families

One overarching theme encompassed the direct impact of the pandemic on vulnerable children and families. The general finding was that the new restrictions put in place to avoid virus spread exacerbated pre-existing health and social disparities, which led to increased vulnerability in the highest risk children and families. Although subthemes varied based on context and severity of the response measures implemented, those that occurred most frequently were 1) lack of access to material goods and loss of income and 2) increased exposure to violence.

3.1.1. Lack of access material goods and income

The most frequently reported impact on vulnerable children and families was lack of access to material goods and financial income. A third of participants (31.0 %) reported that vulnerable children and families were unable to access adequate food and/or medical supplies. In addition, 73.6 % of NGOs reported that families in their programs had lost income due the pandemic and response measures. Further compounding the situation, over half (55.2 %) respondents reported an increase in the cost of goods in their area, while others reported food was not available in their communities. The following quotes highlight lack of access to material goods and income:

- "We have a staff member whose husband lost his job when the quarantine began; she shared with us this week that she has been going to the market after her shift to dig through the trash to look for food to feed her own children."
- "People are literally going extended periods with no food. People are being robbed of food that they might have."

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- "The limited income that families were receiving (if any) does not stretch as far as the currency inflates."
- "So many families in our program are losing their daily income and wondering where their next meal will come from."

Taken together, these findings suggested that response measures decreased access to income and basic necessities for this population.

3.1.2. Increased exposure to violence

Increased exposure to violence was a recurring theme. Concerns centered around increased risk of abuse inside the home (i.e. child abuse, domestic violence, etc.), as well as concerns about higher rates of community violence (i.e. police brutality, violent crime, etc.). Abuse inside the home was linked to social isolation. As children spent more time socially isolated, sometimes in the same home as perpetrators of their physical, emotional, or sexual abuse, there were likely to be more incidents of abuse. Additionally, there were reports of increased domestic abuse between adults. For some, increased exposure to violence occurred outside the home, at the hands of police, military, or others trying to enforce strict curfews and social distancing. For many families-at-risk, especially those who were day laborers or informal workers, this created a difficult decision. If they chose to obey the curfew and not work, they would have no income to feed their families. If they chose to break curfew or lockdown to work, they could be fined, jailed, or assaulted.

The following quotes highlight increased exposure to violence:

- "Violence is one of the main problems in the communities we serve. During these weeks of quarantine, being trapped with your aggressor is a terrible but common thing that is happening. One of the ladies that comes to the program had a physical abuse situation and the husband didn't want to leave the house. The police are not willing to go to that area because of the lack of protection equipment."
- "Sad to see police beat people mercilessly and some have lost lives in the name of curfew."

Considered collectively, findings suggested vulnerable children and families were more likely to be exposed to violence inside and outside the home as a result of response measures.

3.2. Theme 2: impact on NGOs serving vulnerable children and families

A second overall theme centered on the impact of the pandemic on NGOs serving vulnerable children and families. NGOs typically serve a vital role in supporting this population. The general findings from this theme were that the pandemic has led to an interruption in many vital services and that NGOs were unable to adapt services to fully meet the needs of all constituents. The primary sub-themes for this section were 1) limited ability to provide adequate services and 2) rapid rehoming.

3.2.1. Inability to provide adequate services

The most frequently reported concern among NGOs was that their ability to provide services to vulnerable children and families was impaired by the pandemic. Few (24.1 %) had an action plan in place to ensure continuity of services during a pandemic. Two major factors that appeared to contribute to this were 1) limitations to service delivery resulting from response measures and 2) changes in funding.

In terms of service delivery, many NGOs were deemed 'non-essential' and all (1.0 %) reported that they were unable to deliver typical services to the children and families they serve. Over half (60.9 %) stated that they were no longer allowed to provide services that required travel including transporting children, home visits, and wellness checks. When possible, supportive services such as home visits, case management, mentoring, and family monitoring were transitioned online, but there were concerns surrounding the efficacy of these activities in a virtual format. Moreover, for families that lacked access to technology, little to no supportive services could be provided at all. For children and families who were already at risk of maltreatment or separation, not having support services could be detrimental, particularly in light of new stresses and restrictions as a result of the pandemic.

In terms of funding, many NGOs reported changes in funding since the onset of the pandemic (61.0 %), but nearly all were concerned about funding as the pandemic continued. A few organizations (18.6 %), mainly those that provided medical care, saw a small (less than 10 %) increase in funding. However, 42.4 % reported a large decrease in funds (more than 20 %) since the onset of the pandemic. This sudden and significant drop in funding limited NGOs ability to rapidly adapt services to meet the immediate needs of families. They also predicted that this drop in funding would impair their long-term ability to support families.

The following quotes highlight inability to provide adequate services:

- "Children are being sent out of care without any case management or support/preparation."
- "Almost all work of our organisation in the field is suspended…"
- "We have high concerns about funding. The team there has needs that are new and different from what we'd anticipated, and our funding future is uncertain with the world and US economy in such a state. We're a shoestring organization in the best circumstances - this could be catastrophic"

Data suggested that, due to COVID-19 and response measures, vulnerable children and families had access to fewer services, that those available were not adequate, and that decreases in NGO funding impacted ability to deliver services.

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3.2.2. Children returned to biological families

One concerning trend seen among NGOs in response to the pandemic was children sent rapidly to biological families for the purpose of limiting the spread of COVID-19. Of the 37 NGOs providing residential care, 24 were required to send children to their family or village of origin within a few days. Only 11 of those residential care providers reported that the government had a plan in place to ensure the safe return of the children to the program following the pandemic. Similarly, 13 NGOs that provided family reintegration were ordered to immediately reunify. Respondents reported this phenomenon in a variety of contexts, but the general trend was the same.

Although a movement from institutional to family-based care remains a global priority (United Nations, 2019; Van Bavel et al., 2020), the general findings in the current data was that these placements were being made without appropriate assessment, preparation, and support to ensure child safety or family stability. All organizations stated that moving to a new placement was a process that should include a great deal of family preparation, strengthening, and monitoring. Further, NGOs highlighted that responsible transitions to a new placement required time and could not be accomplished responsibly in this manner..

Example quotes regarding rapidly returning children to biological family:

- “Mandating that children return to family immediately in order to prevent the spread of the virus.”
- “Street children are either being brought into institutional settings, or reintegrated into families, but with little to no support.”
- “Government insisting on returning children to the dangerous environments they were rescued from with no local or national government oversight or support.”

In conclusion, the data suggested that sending children to biological families without adequate preparation and support does not serve the best interest of children and families.

3.3. Theme 3: government responses and gaps in services to support vulnerable children and families

Another theme throughout the data focused on government response to the pandemic. National, regional, and local governments often possessed tremendous influence in the response to the pandemic, having the ability to create laws and policies around response measures and health strategies. This theme concentrated on action and lack of action from government entities in response to the global pandemic from the perspective of NGOs. This category had two primary subthemes: 1) government actions taken and 2) areas of need.

3.3.1. Government responses

Disseminating health-related information was the most common government action mentioned by study participants. The format and content of information varied, from messages around the virus itself, to hand-washing and hygiene instructions, to lockdowns and other response measures. Many survey respondents noted governments had mandated social distancing measures and lockdown to prevent spread of the virus. In some situations, lockdown simply meant not allowing groups to gather. In others, it limited transportation, business, education, and work. At the time of data collection, most lockdowns were in the initial few weeks of implementation. Responses suggested that governments were disseminating information about the virus and response measures.

Actions specifically geared towards vulnerable children and families were less robust. At the time of the survey, NGOs reported that over half (55.6 %) of the nations in which they served did not have a public action plan for caring for vulnerable children and families in light of the COVID-19 pandemic. Of the governments that had a plan in place, some were only partially acting on the plan (48.5 %) or were not acting on the plan at all (9.1 %). Some respondents noted government guidance related specifically to children outside parental care, while others mentioned desire for the government to develop guidance. In some nations, there has been specific guidance for residential care centers, including instructions to shelter in place, and the need for caregivers to stay on site full-time for the duration of the lockdown to minimize risk of exposure. Although this likely decreased risk of the virus, it increased risk for burnout or even child maltreatment.

Example quotes regarding government actions:

- “They've sent out health and safety guidelines, psychological recommendations, and

  activities.”

- “Policies on children in care, moratoriums on new residential care, social protection programs for families.”
- “Called on all residential care centers to shelter in place.”

Taken together, this information indicated government responses centered around sharing information and social distancing measures, but the availability of guidance specific to vulnerable children and families varied widely.

3.3.2. Gaps in government services

Many governments announced their intentions to offer material support for families at risk, but execution of these plans were mixed. In fact, only 16.9 % of NGOs reported that governments provided support to children or families. Type of commitments were varied, including food, financial support, and hygiene supplies. Many respondents reported actions to implement commitments had

not yet begun, were inadequate, or were only serving a fraction of those in need. In countries who had not committed to material support for their citizens, survey respondents desired those measures. Not surprisingly, the most commonly mentioned desire was financial support for low-income families. However, there was also a strong theme that NGOs desired permission to perform their typical functions and be considered “essential services”. They also expressed their desire to work with the government to achieve this.

Survey respondents also had the opportunity to report what they would like to see their government do differently in response to COVID-19.

- “Allow us to deliver food to impoverished children.”
- “Cash transfer for the families we work with, medical supplies such as masks, consistent flow of water, electricity, learning resources for children in poor communities, hand sanitizers, etc.”
- “income for day wage earners. if people in our program dont work, they don't eat. We are doing the best we can with little resources.”
- “Standards of care for group homes. Food assistance.”
- “Provide mobility pass for emergency movements as we work directly with children.”
- “PPE for community health workers.”
- “Food security urgently to vulnerable communities/ access for NGOs on the ground to deliver needed services to vulnerable communities.”
- “Deem social workers essential.”
- “Directly engage the children in their residence and provide learning materials because not all can access the media due to lack of electricity and internet.”
- “Government needs to partner with NGOs.”

Considered together, responses suggested that although NGOs had many requests of governments, they were also eager to support government efforts to serve vulnerable children and families.

3.4. Theme 4: effective strategies for supporting vulnerable children and families

A final overarching theme highlighted effective strategies for supporting vulnerable children and families. Although the impact of pandemic and associated response measures were devastating in many contexts, subjects were able to identify practices that were making a positive difference in caring for children and families at risk. The subthemes that occurred most frequently were 1) increased communication and 2) supportive practices.

3.4.1. Increased communication

Increasing communication allowed organizations to both share information and cultivate a sense of community amidst pervasive isolation. Subjects reported increasing the number of calls, text messages, social media posts, radio clips, and video chat as assets. This included increasing communication between 1) the program staff and beneficiaries (i.e. staff member to family), 2) staff members (i.e. supervisor to case manager), 3) beneficiaries (i.e. between families receiving services), 4) staff to key partners such as government social workers (i.e. program director to local government officials), and 5) staff to donors (i.e. grant manager to donors). Where possible, in-person meetings satisfying social distancing requirements were cited as helpful, but the majority of communication was conducted virtually.

Example quotes regarding increased communication:

- “We have seen parents in the process of family reconciliation reaching out by phone to connect with their children in our care as physical visits have been postponed.”
- “Ministry has increased as we work to broadcast our prevention guides on local radio as well as offering parenting support clips on radio.”
- “We keep calling the families to remind them of the required practices and how we can support each of them.”
- “Some of my program staff identified that the girls are at greater risk of becoming pregnant during this time, so they are meeting with them specifically in small (socially distanced) groups.”

Taken together, this information suggested that innovative, varied, and consistent communication was an effective strategy for adapting and improving services for vulnerable populations during the pandemic.

3.4.2. Supportive practices

Another theme was increasing practices geared towards helping people feel connected, competent, and supported. This included supporting increased training, supporting self-care, and creating predictable routines. Virtual training was named as useful by many. In particular, subjects mentioned webinars, seminars, and interventions that helped them to better serve families during the pandemic. Not only was knowledge transfer appreciated, but training was considered a valuable way to pass the time, especially in situations where staff were unable to do their typical duties. Several subjects reported retooling staff or family training into a virtual format, even offering parenting training, workshops, or continuing education in virtual formats. Some subjects reported using technology to create small video or audio lessons for children, both to teach and entertain. There seemed to be a particular

appreciation for webinars and resources that were highly practical and actionable.

Multiple types of self-care were mentioned as important, both for program staff and families at risk. Routines, including adhering to previously developed routines and creating new ones, were helpful to some subjects. Without the anchors of school, community events, work, and other typical routines that were not available, creating a pattern of expected activity was helpful for children, families, and staff. Play and games were seen as important for both families who were isolated, as well as for children confined to a residential care setting. Specific spiritual practices like mediation, prayer, worship services, and reading scripture were mentioned frequently.

- "Caregivers are more keen on attending online sessions supporting them psychologically and giving them tips on how to cope with the crisis and support the children effectively."
- "We are doing remote work and the families of our Strengthening Families program are responding very well. One of the activities is called "floreciendo" and it's for little kids from 2 to 5 years old. During this quarantine we are sending videos on whatsApp to them and it's been beautiful to see the family together doing the activities, playing together in spite of the really difficult times they are facing."
- "Our team prays for 15 min each morning– really grounding and centering…"
- "Developing clear routines for our caregivers and families during the quarantine that will be helpful during future school breaks, etc."
- "Kids have good time together during lock down and many are learning cooking, new art, and have quality time with kids.

Considered collectively, the data indicated NGOs found supportive practices, including virtual training and self care, to be an effective strategy for supporting vulnerable populations through the pandemic and response measures.

4. Discussion

Building on the data, and in alignment with current literature, the following recommendations were developed by the research team. Although the findings of this research related specifically to the COVID-19 pandemic, some recommendations are relevant to broader contexts and situations.

4.1. Suggestions for NGOS

NGOs and other serviced-based organizations have a vital role to play in supporting vulnerable children and families in situations of distress (Schwartz & Yen, 2017). However, those situations may also impact the NGOs themselves, requiring a nimble and proactive response.

1 ***Revise Strategy.*** Data from this study suggested many NGOs are no longer able to provide services to vulnerable children and families as they once did. NGOs will need to revise their strategies for service delivery. The activities, timeline, resources, and constraints may shift as a result of the pandemic and associated restrictive measures. Viewing this as an opportunity for innovation, rather than a hindrance, can help an NGO identify effective solutions.
2 ***Adapt Approaches.*** Adapting strategies to fit new constraints is another important step to maintaining effectiveness. Most participants in this study indicated they were no longer able to visit beneficiaries in person. However, using remote methods to monitor and support vulnerable families virtually has been found by many to be useful, including participants in the present study (Wong, Ming, Maslow, & Gifford, 2020). Further, transforming training or support groups into a digital format has allowed programs to continue to provide services (Wong et al., 2020). Adhering to standards, while adjusting expectations, is critical when experiencing unexpected constraints.
3 ***Facilitate Connection.*** Given the challenges and constraints facing vulnerable children and families, service providers can provide a key supporting role by facilitating connection. Although study participants indicated they could not communicate in person, they may have access to other forms of contact. Some of the most effective support may be emotional or social in nature (Van Bavel et al., 2020). Conveying hope, creating avenues for connection, and normalizing struggles can be key to limiting the negative consequences of the pandemic and restrictive measures (Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020; Li, 2020; Usher, Bhullar, & Jackson, 2020). Helping families to understand potential positive consequences of the situation, such as greater resilience and family bonding, can be encouraging (Prime, Wade, & Browne, 2020).
4 ***Empower Communities***. Communities are the mechanism that can care for children and families long-term (West et al., 2020). As NGOs are limited in what services they can provide, strengthening community resources and networks to enhance response to the pandemic and associated restrictions encourages a framework that can safeguard children and support families now and in the future. Particularly in cases where NGOs typically serve a large geographical area, social distancing mandates may require them to expand their network of partners to continue to meet the needs of beneficiaries. For example, partnering with local faith communities or schools may allow dissemination of information or goods that would not otherwise be possible. Choosing to engage, learn from, and trust community stakeholders can expand the network of care for children and families at risk.

NGOs and other community service providers are well-positioned to support vulnerable children and families through this challenging time. Although some adjustments may be necessary, NGOs can provide vulnerable children and families with the

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materials, social services, and human resources necessary in overcoming adversity (Schwartz & Yen, 2017). Further, NGOs can serve as a liaison between government entities and vulnerable populations (Portney & Cuttler, 2010).

4.2. Suggestions for governments

Governments also have a vital role to play in supporting vulnerable children and families in situations of distress. Amidst the many demands on their resources during this time, the following will support vulnerable children and families in their jurisdictions.

1 ***Develop an Action Plan for Children in Adversity.*** Preparedness begins with a public action plan for vulnerable children and families, developed with the input of stakeholders from multiple sectors. Including representatives from health, economic, child protection, education, and private sectors during development will lead to a plan that represents the perspectives of multiple sectors. As part of the action plan, ensure the social workforce, as well as child protection and care service providers, are considered essential workers (Guerrero, Avgar, Phillips, & Sterling, 2020). Clarify measures for children in residential care or living on the street (Goldman, 2020). Also ensure that the plan is fully implemented. Many participants reported their governments had action plans, but had not followed through on commitments.
2 ***Mitigate Restrictive Measures.*** As this study was completed early in the pandemic, most regions represented had not yet experienced significant incidence of the virus. Thus, much of the impact reported was related to associated restrictive measures. The research team suggests governments mitigate restrictive measures to ensure vulnerable children and families are being adequately supported. Some practical guidelines for considerations when determining response measures:

- Limit strict lockdown to places in which it is most necessary, and only for limited periods of time. Lockdown can have significant psychological and economic challenges, and should not be prolonged unnecessarily (Bausch, 2020). It is reasonable that different regions of a nation would have different response measures in place.
- Consider how the government will replace lost income for the most vulnerable families. Families may be at greater risk of separation as a result of the pandemic, and may need more financial and material support to remain intact (Goldman, 2020). The stricter the restrictive measures, the more a government will need to intervene to help its citizens survive (Brewer & Gardiner, 2020).
  - Be aware of risks to family stability during this time, including no school or childcare, and little access to needed services. Allowing families the opportunity and authority to problem-solve in the face of adversity is one way governments can support innovative solutions. Treat children, youth, and family members as active participants in the process of support rather than passive recipients (Bijleveld, Bunders-Aelen, & Dedding, 2019).
  - Develop a plan for education for children in areas where traditional school is not possible due to social distancing measures. Keep in mind that children may not have access to the internet, or even to electricity. Data from this study indicated that some families lacked access to virtual means of communication. This finding was persistent across regions and even Human Development Index Group Classification. Encourage schools to learn what options are available, considering text, radio, Whatsapp, local community groups, or paper resources. It may be necessary to subsidize solar radios or motion-powered radios, books, or simple phones to continue a child's education.

All response measures should be weighed against the mental, physical, social, and economic needs of the population (Bausch, 2020). Further, the rigor of response measures should be reflective of the severity of the outbreak.

3 ***Coordinate with Key Stakeholders.*** Data from this study suggests there has been a significant lack of coordination between governments and NGOs, leading to a sharp decrease in the accessibility of necessary services. Ideally, families can be identified for additional support by any stakeholder at the earliest sign of crisis. Members of the network can be mobilized and collaborate to assist the family in sourcing the help they need from the appropriate agencies. Schools, faith communities, and other social networks can become hubs for disseminating information and supplies. Social service NGOs can provide assessment, monitoring, and connection to community services. Working together, stakeholders can provide a full spectrum of services for children and families at risk.
4 ***End Rapid Return of Children to Biological Families.*** Participants in this study reported government-mandated rapid return of children to biological families. Although it may seem to support families, rapid return is not recommended (Goldman et al., 2020). Changes in child placement requires significant preparation and monitoring, and placement decisions should be based on readiness to transition, as opposed to reaction to crisis (Schrader-McMillan & Herrera, 2016). Once a child and family have been appropriately prepared, and the child has been returned to family care, families will require support and monitoring to ensure the safety and suitability of the placement (Trout, Lambert, Thompson, Hurley, & Tyler, 2019).

4.3. Limitations and implications for future research

The current study has several major limitations that can serve as catalysts for future work. As the COVID-19 continues to unfold, further research is needed to better understand the impact on vulnerable children and families as well as how service providers can better support this at risk population. The data was collected early in the COVID-19 pandemic and therefore only explores the short-term effects of the early pandemic and response measures. As the pandemic progresses it is likely that responses to some questions would differ. For example, 31 % of survey respondents reported the children and families they served lacked access to food, but that

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number is likely to increase as lockdown measures persist. Follow-up data collection is essential to capture the impact of rapid policy changes, response measures, and economic recovery resulting from the pandemic. Moreover, as organizations continue to adapt and learn more about the efficacy and application of various interventions, they will be better able to provide insight into effective practices. Future work should also directly survey impacted children and families if possible. This will enable more targeted recommendations for practice.

The current sample provided an adequate initial snapshot of how the pandemic was impacting vulnerable children and families and the programs that serve them, but it is limited in several ways. The sample size is small and diverse in both types of services provided and location, but largely represents organizations serving nations in the Global South that are classified as 'Low Development' on the Human Development Index. The current findings and the associated recommendations should be viewed with this in mind. Larger service-specific (i.e. family preservation, etc.) and regionally-based samples would provide better insight on how certain areas and contexts were impacted. Moreover, many participants were associated with an alliance for faith-based NGOs. As such, organizations represented in the current sample were more likely to be faith-based. Future work should focus on recruiting a more balanced and representative group on NGOs.

Further work should also measure the efficacy of interventions and policy measures being implemented. Measuring outcomes based on specific interventions from service providers could be valuable in identifying effective practices that could be implemented in other child and family serving agencies. Further, examining the costs and benefits of various policies on this population will allow governments and NGOs to more efficiently target resources. Understanding how to better support this population in times of distress will be important not only for this current situation, but also in preparation for any future global crises.

4.4. Concluding thoughts

A global pandemic and associated restrictive measures were associated with increased risk factors in the lives of vulnerable children and families. In addition to obvious challenges, such as decreased income or fewer schooling and child care options, many did not have access to vital services typically provided by NGOs and other community service providers. The NGOs themselves experienced government restrictions, decreased financial support, and inability to adequately provide services, especially to the most vulnerable who lacked access to technology. Although some governments created action plans, implementation was challenging for most. However, increased communication and supportive activities appeared to have a positive impact on both NGO staff and the families they serve. As the pandemic continues to unfold and the needs of vulnerable families evolve in response, researchers should focus on strategic data collection and analysis geared towards refining recommendations for service providers.

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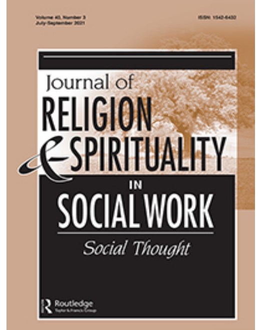

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Data-informed recommendations for faith communities desiring to support vulnerable children and families during the COVID-19 pandemic

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ABSTRACT
The COVID-19 pandemic has heightened risk factors in vulnerable families. Historically, faith communities have provided support crises but may lack clear direction on how to best aid during the pandemic. The current study provides data-informed recommendations for faith communities to support vulnerable families during the pandemic. Eighty-seven non-government organizations serving 454,637 vulnerable families completed a questionnaire. Results examined (1) the needs of families and NGOs during the pandemic and (2) opportunities for faith communities to engage this population. Data revealed areas of need were material support, spiritual nurture, funding, and disseminating information. Based on these findings, seven recommendations were made.

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COVID-19; vulnerable children and families; child welfare; NGOs; faith communities

Within months, the coronavirus disease 2019 (COVID-19) became the largest worldwide health, humanitarian, and economic threat in recent history (Thompson & Rasmussen, 2020). As a result, many countries have implemented restrictive measures to prevent disease transmission, leading to a pervasive impact on daily life (Grills et al., 2020; Nay, 2020). Frequently, those who are most impacted are those who are already most vulnerable, including families at risk for separation and children outside of parental care (Desai, 2020; Wang et al., 2020). Further, the service providers who typically offer support to this population have struggled to adapt to constraints to continue to meet the evolving needs of their beneficiaries. Historically, faith-based communities have been able to provide the necessary support to this population in times of crisis (Cascio, 2003). The pandemic provides a unique opportunity for faith-based communities to provide the vital support needed to support vulnerable children and families. The present paper sought to highlight needs and opportunities for faith-based communities desiring to benefit vulnerable children and families, with the goal of helping these communities target their support.

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Characteristics of vulnerable populations

Children outside of parental care and families at risk of separation are considered vulnerable populations. Beyond separation or risk of separation as a defining characteristic, this population tends to experience many other challenges and risk factors that precede separation or risk of separation, including poverty (Muros et al., 2019), mental and physical health concerns (Águila-Otero et al., 2018; Dziro et al., 2013), abuse (Ayaz et al., 2011), and instability (Kaur et al., 2018). Decades of research clearly demonstrate that children need healthy families to develop optimally (Dozier et al., 2014; Nelson et al., 2019; Van Ijzendoorn et al., 2011). However, millions of children continue to be separated from family care, often living in institutional settings or on the street (Desmond et al., 2020). For this present study, vulnerable populations will be defined as (1) children separated from biological parental care and (2) families with a high risk of separation (Atwoli et al., 2014; Johnson et al., 2014; Khoury-Kassabri & Attar-Schwartz, 2014). The sample for this study was also accessing services from non-government organizations (NGOs).

Vulnerable populations and COVID-19

Although research is still emerging, early evidence suggests children tend to experience less severe presentations of COVID-19 (Mellis, 2020; Thompson & Rasmussen, 2020). Despite this, vulnerable children may experience situations or risk factors that increase their risk of exposure to the virus. Poverty is often a precursor to separation from parental care (Hawk et al., 2018; Ruiz-Casares & Phommavong, 2016) and may increase the likelihood of poor nutrition, restricted or overcrowded living quarters, and limited hygiene. Nutrition is a key factor in building immunity, and inadequate nutrition may leave a child more at risk for COVID-19 and a host of other conditions (Butler & Barrientos, 2020). Living in slums or favelas means a very high population density, making recommended social distancing impossible (CDC COVID-19 Response Team, 2020). Proper hand washing and hygiene are a primary recommendation from medical professionals, but lack of soap or running water makes this practice unreasonable (Cavanaugh, 2020). These and other risk factors may increase vulnerability to COVID-19.

Further, the recommended restrictive measures associated with the prevention of COVID-19 transmission have placed tremendous strain on vulnerable populations. Strict lockdowns and quarantines have limited access to income (Wilke et al., 2020), which is especially detrimental to a population that already experiences economic barriers (Hussain et al., 2017). For economically disadvantaged individuals and families, lack of income can lead to reduced access to even the most basic resources, such as food, water, and shelter (World Bank,

2020). In addition to these stressors, research suggests child maltreatment increases in times of stress (Cluver et al., 2020; Galea et al., 2020), adding to the strains on vulnerable populations. Finally, not being able to access typical support services, such as school and childcare, due to social distancing mandates may place children and families further at risk. As a result of these and other factors, it is likely that some intact families will become separated, and that more children will enter the alternative care system.

Faith communities and vulnerable populations

Faith communities have a long history of supporting people in need (Hodge, 2019). Frequently, this is accomplished through partnerships with NGOs who specialize in serving vulnerable populations (Mitchell, 2017; Ridings, 2015). Currently, many NGOs are struggling to operate as usual due to lockdowns and decreased funding (Wilke et al., 2020), even though their services may be needed now more than ever. Honoring and augmenting partnerships with NGOs is one-way faith communities can efficiently and effectively serve vulnerable children and families, whether they are located across the world or across town. Learning from service providers about needs and opportunities can inform competent engagement.

The present study

Listening to and learning from NGO leaders about what they and the vulnerable populations they serve need most can ensure support is from faith communities targeted. The objectives of the current study are to (1) outline the needs of NGOs serving vulnerable children during the pandemic and (2) provide data-informed guidance and recommendations for faith communities desiring to support NGOs serving vulnerable children and families during the COVID-19 pandemic. To better understand the needs and opportunities facing this population, the current sample included representatives from NGOs serving vulnerable children and families across diverse contexts around the world. Participants reported on (1) types of support received from the faith-based community and (2) support they wish faith communities would provide. This knowledge will facilitate a better understanding of how faith-based communities can effectively support vulnerable children and families and the NGOs that serve them.

Materials & methods

Participants

Participants representing 87 NGOs supporting vulnerable children and families completed a short online questionnaire. Organizations served

Table 1. Frequencies and percentages for types of services provided by organizations (n = 87).

Type of Service	n	%
Adoption	21	24.1
Advocacy	50	57.7
Education	65	74.7
Family Reintegration	52	59.8
Family Strengthening	64	73.6
Foster Care	30	34.5
Kinship Care	38	43.7
Medical Care	44	59.6
Post Care Support	28	32.2
Residential Care	37	42.5
Sponsorships	42	48.3
Supported Independent Living	24	27.6

a collective total of 454,637 children with individual organizations providing direct services to 0–267,000 (M = 6403.34; SD = 3537.90) children. A summary of direct and indirect services provided by NGOs can be found in Table 1. Services were provided in 43 countries with the most frequently reported countries being Haiti (n = 14), Uganda (n = 13), Kenya (n = 13), India (n = 10), and Mexico (n = 7). The majority of participants (59.3%) served in a leadership position (i.e. CEO, president, and executive director) within their organization.

Measures

Demographic survey

A brief questionnaire regarding demographic information for the respondent and the organization she or he represented was included. Participant-focused items included primary role and job title. NGO-focused items included services provided (i.e. medical services, residential care, family preservation, etc.), countries served, and the number of children served in 2019.

COVID-19 impact survey

Data presented here were collected as part of a larger study focused on the overall impact of COVID-19 on vulnerable children and families and the organizations that serve them. Findings from that study are reported elsewhere (see Wilke et al., 2020). The original study included a 25-item survey. Five of these items related to the role of faith communities in supporting vulnerable children and families by assisting the NGOs that serve them. Questions included (1) "Has the local faith-based community provided any support to your program?", (2) "What is your program's greatest need during this time?", (3) "What type of support has the faith-based community provided?", (4) "What type of support do you wish they (faith community) would provide?", and (5) "Is there anything else you think we should know?"

Procedure

This study was approved by the University Institutional Review Board. All respondents provided informed consent before completing the survey by checking a box. Participants were recruited between April 8, 2020 and May 8, 2020 using both snowball and convenience sampling. Study notices were posted on relevant websites and sent via e-mail to the distribution lists of relevant professional and organizational networks. Surveys were completed online and participants were invited to answer qualitative and quantitative questions. The rate of completion was 84.0%.

Data analysis

This study used a mixed, concurrent, equal status design, in which qualitative and quantitative data were analyzed distinctly and combined at the stage of interpretation (Creswell & Clark, 2007).

Qualitative analysis

Qualitative analysis was completed using Qualitative Content Analysis. Data was coded by two researchers using an iterative process. Open-ended questions were analyzed independently, and themes were then clustered. Researchers created a directory of phrases and operational definitions which supported the primary themes. Prior to the final write-up, descriptions of the relationship between themes were drafted and considered in the context of the overarching document. Quotes, including full sentences and sentence fragments, were included to support themes.

Quantitative analysis

Some quantitative data, primarily frequencies and percentages, were also collected. It was used to support and supplement qualitative findings.

Results

The overall findings suggested the pandemic led to additional and unmet needs for vulnerable populations. Most of the organizations (70.1%; n = 61) reported that the faith-based community had already provided some additional support since the onset of the pandemic. However, all of the organizations (100%) believed that additional support would be necessary as the pandemic continued to unfold and the needs of vulnerable families evolved in response. When analyzing survey responses, four opportunities of support that faith communities could provide to vulnerable children and families were identified: (1) providing material support, (2) offering spiritual nurture, (3) providing funds, and (4) disseminating information. Discussion of each theme

is composed of: (1) a description of the theme, (2) data that supports the theme, (3) representative quotes that highlight the theme, and (4) and a brief summary of the data and contextual details needed for interpretation.

Two important caveats are worth noting when interpreting results for the current study. Foremost, NGOs in the current sample provided a range of services in multiple contexts across 43 countries. As a result, the presented themes represented major findings across organizations, but did not fully capture the experiences of every organization. Second, relationships with faith communities varied across the NGOs. Some NGOs had local church partners, some had international church partners, and some had both. This dynamic may have influenced the types of faith community support or engagement that were possible.

Theme 1: providing material support

One overarching theme that emerged encompassed efforts of faith communities to provide material support to vulnerable children and families and the need for further support. Types of material support needed depended on context, but included clothing, food, shelter, personal protective equipment, and educational materials. Many vulnerable children and families were experiencing inadequate access to material goods (31.0%) and loss of income (73.6%) due to the pandemic. Several organizations indicated that food programs that typically supported vulnerable children and families (i.e. school lunch program, government feeding program, etc.) had been halted. Further, half (55.2%) of the respondents reported an increase in the cost of food in the region, while others (17.1%) reported food was not available in their communities. Although some churches were already providing food and other sources of material support, most organizations (82.1%) expressed a need for increased food assistance. The following quotes highlight material support provided and needed:

- "They gave homes for shelter for a number of kids."
- "At the moment, two of our local churches are making face masks, and putting together food parcels."
- "Donations like assorted foods and clothes."
- "We need to develop a plan for how our children will survive if this goes on longer than a month. How will they eat? How will they access medical supplies?"
- "Food for our families whose children would be receiving nutritious food while in our school. School is closed, prices on food have skyrocketed and families are struggling to eat."
- "Local support like food for the families in their church"

- "The impact of 'lockdown' is very different in Africa where most people earn a daily wage. We already had an estimated 4 million people who would need food security in 2020, that number is going to go through the roof very soon. We are totally unprepared and certainly without the capacity to deal with a pandemic effectively."
- "Food boxes for pick up weekly."

Taken together, these findings suggested that additional material support, particularly food assistance, was an area of further need that faith communities may be able to fulfill.

Theme 2: offering spiritual nurture

Spiritual nurture provided by the church was a reoccurring theme. Mentions of prayer, pastoral care, counseling, and worship were present in many responses. While some spiritual nurture was focused toward vulnerable children and families directly, most was geared toward NGOs. This was especially prevalent where churches and NGOs had established partnerships. Respondents expressed appreciation for the encouragement churches had provided. Some also communicated a desire for more spiritual support from the surrounding faith communities. The following quotes highlight the importance of spiritual nurture from faith communities:

- "The local faith community in country is providing pastoral and community support."
- "The best thing they can do is pray. As they are sheltering in place there really isn't much they can do."
- "We partner with a local church in our community and work with the pastor and families in the church."
- "Spiritual guidance and local support."
- "Online Devotion or staff devotional times."
- "Let's continue to pray for all vulnerable children at this point. Pray for a solution to the pandemic."

Considered collectively, findings suggested many faith communities were providing spiritual nurture both to the NGOs and vulnerable children and families, but continued support in this area was desired.

Theme 3: providing funds

The most frequently reported concern among NGOs was that their ability to provide services to vulnerable children and families was impaired by lack of funding. Many communicated a decrease in funding at the time of the survey

(61.0%), and all organizations (100%) anticipated short- and long-term decreases in giving would impact their ability to operate and provide adequate services. Respondents indicated that the broader economic implications of the pandemic would impact (1) the economic capacity of vulnerable families and (2) NGOs and other community service providers who offer vital support to this population. The following quotes highlight the need for further funding:

- "We have high concerns about funding. The team there has needs that are new and different from what we'd anticipated, and our funding future is uncertain with the world and US economy in such a state. We're a shoestring organization in the best circumstances – this could be catastrophic, but we're trusting in God to provide, and not slowing down on our mission."
- "In some of our partner organizations, employees are affected financially, some are on half pay. I think it's right to consider all people during this time especially those taking care of children."
- "Finance. But not just immediate finance, cause we are actually fine for the next month or 2, but rather financial security for the months to come . . . cause we know that the economy is taking a huge knock, which will leave us in a fairly vulnerable position later in this year."
- "Additional funds to meet intensified needs among our alumni, families being supported through our program, and replacing lost funds from donors affected by job loss themselves."

This suggested continued or increased financial support for NGOs was a major area of need.

Theme 4: disseminating information

One common opportunity mentioned by study participants was the role of faith communities in disseminating information. With many NGOs being deemed "non-essential", they were unable to communicate effectively with program beneficiaries. Vulnerable children and families required access to information, but lacked the necessary technology (i.e. internet, electricity, etc.) which greatly limited communication. As trusted and respected members of the community, churches were uniquely positioned to step in and share messaging related to COVID-19 and associated restrictive measures. They have established relationships that make them a credible source of information. Additionally, they often have established infrastructure for the dissemination of information with their congregants. Example quotes regarding faith communities as a source of information include:

- “Help educate the community and stop fear-inducing rumors.”
- “Awareness and sensitization because they can be listened to.”
- “Resources on how to support our beneficiaries.”
- “Create awareness of the pandemic.”
- “Strong messaging that is factual and helpful. NOT falsehoods of faith being able to keep people safe from Coronavirus. This is dangerous.”

In conclusion, the data suggested that more dissemination of information to vulnerable children and families was needed and faith communities were well positioned to fulfill this role.

Discussion

The objectives of this study were to (1) outline the needs of NGOs serving vulnerable children during the pandemic and (2) provide data-informed guidance and recommendations for faith communities desiring to support NGOs serving vulnerable children and families during the COVID-19 pandemic. NGOs shared about their needs during the COVID-19 pandemic.

Some of the themes that emerged in the data were expectedeven able to even them. For example, the outpouring of material support by faith communities to help organizations provide for the physical needs (i.e. food, personal protective equipment, etc.) of vulnerable children and families was anticipated. Indeed, faith communities have a long and robust history of serving vulnerable populations by partnering with NGOs in this way (Hodge, 2019; Mitchell, 2017; Ridings, 2015). Further, it was not surprising that organizations reported needing further financial and material support from faith communities to continue to effectively provide services to vulnerable families as the pandemic continued to unfold. However, it was surprising just how pronounced and recurrent the theme of continuing support was among the NGOs. Nearly every organizations had experienced an increase in costs when transitioning their services in light of government mandates and pandemic restrictions. These “cost-spikes” meant that the NGOs not only required continuing support from faith communities, but also additional support that went above and beyond regular giving.

An unexpected theme that emerged was the importance of faith communities for disseminating information and as a hub of communication during the pandemic. For example, several NGOs stated that churches in their region were able to make announcements on the NGOs behalf on their social media and other platforms. Moreover, several NGOs reported that the faith communities were able to even them to families that were in need of support that the organization was not serving prior to the pandemic. Perhaps that most prevalent and hopeful theme was the emphasis on the value and need for spiritual nurture provided by the church for both the NGOs and the families they serve.

NGOs expressed the importance for all types of support provided by the faith communities. However, gratitude for the spiritual nurture that had already been provided and the continued need for prayer, spiritual counseling, pastoral care, and opportunities to worship were embedded in nearly every response.

Building on this evidence, and supported by current literature, the following recommendations for faith communities were developed by the research team. Each recommendation mirrors a theme identified in the data. Although the data in this research related specifically to the COVID-19 pandemic and faith communities, some recommendations were relevant to broader contexts and situations.

Recommendations for faith communities

The global pandemic and associated restrictive measures may have long-lasting effects on vulnerable populations, including mental health (Gautam et al., 2020), development (Yoshikawa et al., 2020), and resilience (Masten & Motti-Stefanidi, 2020). Faith communities have a long history of playing an important role in supporting vulnerable populations in times of hardship (Cascio, 2003; Hodge, 2019). Faith communities should be strategic in how they serve vulnerable populations, requiring communication, information, and a long-term perspective. Recommendations for faith communities include:

(1) *Provide Material Support*

Times of crises can multiply challenges for those in need. The global pandemic has left many children and families without the provision of basic material goods. Survey participants noted a need for clothing, food, shelter, personal protective equipment, and educational materials. Meeting these needs can be one way faith communities can serve vulnerable populations. As opposed to counseling or other direct care services, providing material goods offers an opportunity to serve, even for those who are untrained. Further, it can allow those with little money to share what they have, whether it be food from their garden or a room in their home.

(2) *Offer Spiritual Nurture*

Along with meeting physical and financial needs, churches are ideal to provide spiritual support and encouragement to partners serving vulnerable populations. Prayer, counseling, encouragement, and Scripture were all noted by study participants as valued supports during this time of stress. Times of crises can lead to a greater risk of secondary trauma and compassion fatigue

(Noullet et al., 2018), and faith communities can connect partners with necessary resources to support their wellbeing. Although support may not be in person, verbal or written encouragement, access to written resources, or connection to local individuals may provide encouragement (Just, 2020).

(3) *Provide Funds*

As a result of the pandemic, economies around the world are struggling, leading to decreased funding for NGOs (Wilke et al., 2020). As funding decreases, so do the services supporting vulnerable children and families. Even as faith communities see a decrease in giving, it may be necessary to consider creative fundraising solutions to not only maintain, but increase financial support to organizations. Faith communities are well suited to advocate for the needs of children and families on behalf of NGOs, and encouraging able congregants to become partners is one way they can serve vulnerable populations.

(4) *Disseminate Information*

During this unprecedented global crisis, recommendations, laws, and policies are regularly being implemented, revised, and changed. Faith communities are well prepared to disseminate updated information as it becomes available. NGOs and other service providers may struggle to communicate with vulnerable children and families, especially those that do not have internet access or electricity (Wilke et al., 2020). They may serve large geographic areas, making in-person or written communication difficult, particularly in light of social distancing mandates and limited postal service. Partnering with local churches to provide needed information for their neighbors can be a mutual benefit to churches and NGOs. International church partners of NGOs can advocate for the needs of their partner to their congregations. They can share their financial and prayer needs, connecting congregants to action steps that benefit the children and families served by their NGO partner. Not only does this benefit the NGO, but it informs their congregants of a practical opportunity to make a difference in a sea of need that can overwhelm to the point of decision paralysis.

Previous international responses to crises have created dependencies on foreign aid (Qayyum & Anjum, 2019; Wroe, 2012). Prior to giving money or material goods, consider the long-term implications. If giving a financial gift, ask what the program will do when the money has been spent and how any remaining funds will be used. If providing food or other material goods, ask what contingencies are in place when these materials have been depleted. Consider ways to provide sustainable support, such as connecting partners to training or learning networks and investing in communities. Faith

communities may have skills in assisting NGO partners to develop strategic plans for responding to the pandemic and future crises. One study participant stated, "Yes. If COVID-19 should finish today, the impact it will have on vulnerable families will be greater than we could imagine. Planning for the future could start now to avoid the mistakes of yesterday."

Cultivating open, honest relationships across time is a key principle to any partnership (Clausen et al., 2017), and times of crisis may test the strength of the relationship. Although opportunities for in-person conversation are limited, research suggests much of communication, especially cross-cultural communication, is non-verbal (Purnell, 2018; Sauter et al., 2010). Asking about organizational needs will provide information about what actions will be most effective. Regular communication will demonstrate greater support and provide insight into areas of evolving need than a one-time interaction. Listening and learning to an NGO partner will allow faith communities to revise their partnership strategies to be most effective during this time.

Limitations and implications for future research

Limitations of the current study can serve to stimulate future research. Data for the current study was collected early on in the pandemic and only captures the short-term impact. As the COVID-19 and associated restrictive measures continue to grow and develop, further research is necessary to fully understand the needs of vulnerable populations and the role of faith communities in meeting those needs. Continuing data collection is needed to assess the long-term impact of response measures, policy changes, and economic recovery on vulnerable children and families, and NGOs. Moreover, as NGOs continue to adapt and learn more about the immediate needs of families, they will be better able to provide insight into the role faith communities can play. If possible, future research should directly survey impacted families, which could allow for more targeted recommendations.

The diversity of the respondents in the current study provided an adequate snapshot of needs and opportunities for faith community engagement in general, but did not delineate responses based on some important variables. For example, appropriate ways for local and international churches to engage may differ substantially, based on contexts, constraints, and resources. Further, more granular analysis by types of services provided by NGOs would also allow researchers to identify context-specific needs (i.e. residential care, family preservation, etc.) and highlight ways faith communities could support them. Qualitative study of examples of effective practice could offer potential solutions to NGOs and their partners, catalyzing innovative responses to unprecedented situations.

This sample consisted only of service providers to vulnerable populations, and did not address faith communities themselves. Understanding their

motivations, resources, and objectives could lead toward an understanding of mutually beneficial partnerships in this current context and could inform recommendations for further practice. Understanding how faith communities can support vulnerable populations and the NGOs that serve them will be valuable not only during the COVID-19 pandemic, but will benefit practice in future crises, as well.

Concluding thoughts

Around the world, vulnerable children and families, and the NGOs that serve them, are in great need of support. A global pandemic and associated restrictive measures have removed some of the minimal and much-needed supports that have helped them survive until now. Lack of ability to provide for basic needs has increased their vulnerability and risk of separation substantially.

Historically, faith communities have been a support to vulnerable populations and the NGOs that care for them. The present situation is an excellent opportunity to continue with and even augment that relationship. Listening to and learning from NGO leaders about what they and the vulnerable populations they serve need most can ensure support is targeted. Rather than making assumptions about needs and risking ineffectiveness, faith communities can steward resources to serving in the most needed ways. Further, they can serve from their substantial strengths, multiplying the impact of their efforts. In times of crisis, vulnerable populations need faith communities to be both faithful and strategic, leading to a symbiotic relationship for all involved.

Disclosure statement

No potential conflict of interest was reported by the authors.

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Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations

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ABSTRACT

Background: As a result of the COVID-19 pandemic, some governments have mandated that residential care providers rapidly return children and youth to family.
Objective: The goal of the present study was to better understand the scope and characteristics of rapid return, and to provide data-informed recommendations for service providers working with this population.
Participants and setting: Representatives from 67 non-government organizations (NGOs) providing residential care that were government-mandated to rapidly return children and youth to family completed a brief online survey. They collectively serve 12,494 children in 14 nations.
Methods: Using a mixed methods design, results examined 1) characteristics of the rapid return mandate, 2) preparation received by children and families, 3) support services provided since the return, and 4) primary concerns for children and families.
Results: Data revealed that rapid return was characterized by compressed timelines that did not allow for adequate child and family assessment and preparation. However, all respondents indicated they believed at least some families would be able to remain intact safely with appropriate support. Primary concerns for children and families related to unresolved antecedents to separation, lack of economic capacity, limited monitoring, and lack of access to education.
Conclusions: Based on the findings, 9 recommendations were made for service providers working with children and families that have been rapidly reunified as a result of the COVID-19 pandemic.

1. Introduction

The coronavirus disease 2019 (COVID-19) pandemic has arguably become one of the largest global health, economic, and humanitarian threats in recent history (Thompson & Rasmussen, 2020). While health issues resulting from the virus are a major concern, the pandemic has had other profound and far-reaching effects related to restrictive measures intended to reduce the spread of the virus. Restrictive measures have included lockdowns, limits on group meetings, and other social distancing mandates which have significantly affected daily life (Grills, Larson, & O'Neill, 2020; Nay, 2020). Effective social distancing has proven challenging in areas with high population density, such as group care settings (Wang et al., 2020). Some governments have accordingly chosen to return children living in residential care centers (i.e. orphanages, children's homes, shelters) to their biological families or extended kin (Lancet

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Institutional Care Reform Commission Group, 2020). Our research seeks to 1) delineate the process and impact of rapidly returning children and youth to their biological families and 2) provide data-informed recommendations for public and private service providers working in nations in which children and youth outside of parental care have been rapidly returned to families because of COVID-19.

1.1. Rapid return of children to family

Research suggests that children and youth develop best in the context of safe and healthy family relationships (Dozier et al., 2014; Van IJzendoorn et al., 2020). Further, policy makers and academics alike have called for the progressive deinstitutionalization of residential care settings (United Nations, 1989; United Nations, 2019; Van IJzendoorn et al., 2020). However, transitioning children out of institutions and into households is a complex process with significant risk of harm if not performed carefully. All deinstitutionalization efforts should be supported by practice standards, adequate resources, support and monitoring, and sufficient time to ensure the safety and wellbeing of each child involved (Goldman et al., 2020).

When safe and supported, reintegrating a child with his or her biological parents is a preferred placement solution for children who have been separated from parental care (Van IJzendoorn, Bakermans-Kranenburg, Duschinsky, & Skinner, 2019). When that is not possible or in the best interests of the child, safe and nurturing alternatives such as kinship care, foster care, kafalah, or adoption should be made available (United Nations, 2019). Through thorough assessment, support professionals can identify the strengths, needs, and desires of the child and family. A period of capacity building can serve to alleviate or mitigate the challenges that precipitated the need for separation (Schrader-McMillan & Herrera, 2016). Depending on the length of separation, severity of the antecedent to separation, and many other factors, a properly executed reintegration can require months or years to complete (Martín, González-Navasa, & Betancort, 2020). Children and parents need the opportunity to communicate, bond, and develop their relationship prior to reintegration. If the reintegration process is not properly implemented, there can be significant consequences, including re-entry into alternative care, including residential care (Font, Sattler, & Gershoff, 2018).

Superficially, the mandates enacted by governments requiring the rapid placement of children out of institutions and into households may seem to align with the global movement toward deinstitutionalization. However, there are significant concerns that rapidly returning children and youth to their biological families may not be in their best interests (Lancet Institutional Care Reform Commission Group, 2020). Published research on the practice of rapidly returning children and youth to biological family as a result of COVID-19 is sparse (Lancet Institutional Care Reform Commission Group, 2020; Wilke, Howard et al., 2020), but the limited data available on this phenomenon suggests that these rapid placements were made without appropriate assessment, preparation, support, and monitoring to ensure child safety or family stability. Children, many of whom have experienced significant adversity and require support, are being returned when families are experiencing extreme vulnerability due to unemployment and loss of income (Wilke, Howard et al., 2020). Condensed timelines do not facilitate the appropriate conditions to prepare children and families adequately prior to return. Most children lack the typical support of school, which can also serve as an avenue for child protection (Roje Đapić, Buljan Flander, & Prijatelj, 2020). Lockdown measures may mean that caseworkers are unable to make in-person visits to monitor the wellbeing of the child (Wilke, Howard et al., 2020). In short, it appears children and youth are being rapidly returned to households without many of the typical supports that would increase the likelihood of a safe and long-term reintegration.

Public and private service providers alike are struggling to comply with rapid return mandates while adapting their programs to meet the evolving needs of reintegrated families during the height of a global pandemic (Wilke, Howard et al., 2020). As such, service providers are in a unique position to provide insight into the process and impact of rapidly placing children out of institutions and into households. This perspective can inform the development of practices to serve children and youth rapidly returned to households.

1.2. The present study

The goal of the study was to provide data-informed guidance and recommendations for public and private service providers working in nations in which children outside of parental care, especially those in residential care, have been rapidly returned to households due to COVID-19. To better understand the impact of the pandemic, the current study surveyed representatives from non-governmental organizations (NGOs) providing residential care that were mandated by the government to rapidly return children previously in their care. Specifically, respondents reported on 1) the rapid return mandate, 2) preparation received by children and families, 3) support services provided since the return, and 4) primary concerns for children and families. This knowledge will allow for a better understanding of the situation of the rapid return of children due to COVID-19, its impact on children and families, and how service providers can best support them following this transition.

2. Methods

2.1. Participants

Representatives from 67 NGOs serving vulnerable children and families completed a brief survey. NGOs reported directly serving 75,483 children in 14 countries during the 2019 fiscal year. They provided an assortment of direct services to support vulnerable children and families (See Table 1). The number of children directly served by an NGO ranged from 23 to 22,000 ($M = 1{,}126.61$; $SD = 3{,}968.80$). Although not all children served were in residential care, all NGOs had residential care programs. Information on countries being served by NGOs can be found in Table 2. The most commonly reported countries served were Kenya ($n = 28$), India ($n = 12$), and Uganda ($n = 9$). Country Human Development Index (Anand & Sen, 1994) scores ranged from .767 to .423 ($M = .585$, $SD = .109$), with

the majority of counties (n = 9) being classified as Low Development. NGOs reported that they had been operating within the countries between 1–78 years ($M = 17.00$; $SD = 16.05$).

2.2. Measures

2.2.1. Demographic survey

A brief survey on demographic information for each participating NGO was included. Items included services provided (i.e. family preservation, foster care, residential care, etc.), years of operation, country of service, length of time operating in that country, and number of children and families served in 2019.

2.2.2. Rapid return survey

A 20-item survey was developed to address the prevalence and conditions of government-mandated rapid return of children to family. Topics addressed included 1) the number of children in their care who were rapidly returned, 2) who mandated the rapid return, 3) preparation received by children and families, 4) support services provided since the return, and 5) primary concerns for children and families. Items included open-ended, multiple choice, and 'check all that apply' questions.

2.3. Procedure

Ethical approval was obtained from the authors' Institutional Review Board. Data was collected as part of an application for a challenge fund available to NGOs who had residential care programs (i.e. children's home, group care, etc.) that were governmentally mandated to rapidly return children to biological caregivers or kin as a result of the COVID-19 pandemic. The challenge fund offered financial support to programs to improve services and increase placement stability for children and families that were affected. Between June 22, 2020 and July 17, 2020, notices were posted on the website and shared via a listserv of a global coalition connecting more than 200 NGOs serving vulnerable children and families. The study information was further disseminated via snowball sampling. The survey was completed online, and all participants were invited to answer both qualitative and quantitative questions.

Only data from the applications are reported here. Organizations were informed at the beginning of the application that participation in the research component was voluntary and would not impact the application process or likelihood of receiving funds. Of the 77 applicants, 2 elected to not participate in the research, 4 organizations were not providing residential care services, and 4 organizations were reintegrating children as a result of a previous government mandate for deinstitutionalization, but were not required to return children rapidly as a result of the pandemic. As such, 67 NGOs were included in the current study.

2.4. Data analysis

This study utilized a mixed-methods, concurrent, equal status design, in which qualitative and quantitative data were analyzed separately and combined at the stage of interpretation (Creswell & Clark, 2007).

2.4.1. Qualitative analysis

Open-ended items were analyzed using Interpretive Phenomenological Analysis, allowing integration of the participant's experience and interpretation of context (Larkin, Watts, & Clifton, 2006). Two researchers coded data using an iterative process, with each open-ended question analyzed separately. A directory of phrases and operational definitions was developed related to major themes. Quotes, including sentence fragments, were included as supporting data.

2.4.2. Quantitative analysis

Quantitative data primarily consisted of frequencies and percentages. These analyses were used to support and supplement qualitative findings.

3. Results

Survey responses clustered into 4 themes corresponding to the survey: 1) mandated rapid return, 2) child and family preparation prior to the rapid return, 3) support for children and families after the rapid return, and 4) respondent concerns resulting from rapidly returned children and families. Results are organized by these themes.

3.1. Mandated rapid return

All NGOs represented in this sample were mandated by the government to rapidly return children to family care. Of those, 50 mandates originated from national governments and 17 were from local or regional governments. The earliest mandate went into effect on March 1, 2020, with the most recent mandate in the sample taking effect on July 3, 2020. Collectively, participating NGOs were required to rapidly return 12,494 children to households, with the individual organizations returning between from 15 to 3000 ($M = 186.48$; $SD = 390.21$).

3.2. Child and family preparation prior to reunification

On average, NGOs had 13.51 days ($SD = 9.87$) to prepare children and families for rapid return, with the shortest amount of time being 1 day and the longest being 3 months. Of the 67 NGOs included, 35 indicated they were able to prepare children for rapid return, while 27 were not able to prepare children, and 5 reported they were only partially able to prepare children. Twenty-nine organizations were able to prepare families for rapid return, while 34 were not able to prepare families, and 4 indicated they were only partially able to prepare families. Of those who were able to prepare children and families, the most common types of preparation were psychosocial support, case management, economic provision or training, testing and treating health conditions (including COVID-19), provision of basic needs such as food and bedding, and an in-person visit to connect the child to the caregiver prior to rapid return. All organizations reported that preparations for both children and families were inadequate for a stable transition. An independent sample *t*-test was conducted to compare the number of days organizations were given to prepare children and families for rapid return by timing of the mandate (March/April mandate vs. May/June/July mandate). Data revealed that the number of days given to prepare children and families did not significantly differ by timing of the mandate (i.e. issued in March/April vs. May/June/July), $p =$ ns.

3.3. Support for children and families after rapid return

When asked about the ability of children to remain in their families, 100 % of respondents reported they believed that at least some children would be able to remain safely with their families long-term if the families were given adequate support services. Two sub-themes emerged regarding support for children and families after rapid return: 1) support that originated from the government, and 2) support that originated from the participant NGO.

3.3.1. Government support

A major theme throughout the data focused on government support for the families. Both national and local governments possessed the ability to support rapidly returned children and their families. Fifty-eight NGOs indicated that the national, regional, or local government in their region of service had provided support for families of rapidly returned children. The most common types of support noted were hygiene supplies ($n = 14$), food support ($n = 14$), psychoeducation ($n = 12$; including abuse prevention and parenting skills training), health care ($n = 12$; testing, preventing, and responding to health conditions including COVID-19), case management ($n = 11$), educational services ($n = 10$), and economic assistance ($n = 7$). Nine NGOs reported their government had provided no support. In some cases, governments had promised support but not yet delivered: “The government has made commitments to provide food and masks, but none of our families have received anything.”

3.3.2. NGO support

Another theme explored support being provided by the NGOs following the return of children to their biological families. Of the 12,494 children returned to their biological families, NGOs reported currently having contact with 9092 children. On average, NGOs had contact with 86.7 % ($SD = 25.1$ %; range 8.6 %–100 %) of the children that were returned. Forty-three organizations reported having contact with all the returned children, while 10 NGOs reported having contact with less than half of the children. All NGOs reported they were engaged in supporting children and families after rapid return. The most frequently mentioned type of support was monitoring, with 28 NGOs indicating they were performing home visits, and 16 using remote monitoring. Further, 5 NGOs that did not report using home visits or remote monitoring indicated they were engaged in case management, which would require some level of monitoring. Other types of support services included basic needs with a particular emphasis on food security, financial provision, hygiene supplies, psychoeducation and parenting training, and spiritual help. Most NGOs were engaged in multiple types of support services to support children and families after rapid return. However, NGOs also reported that returned children and their families had access to fewer services than needed for successful reintegration, that services available were not adequate, and that the pandemic and nature of the rapid return process impacted the NGOs ability to deliver services.

3.4. Concerns for reunified children and families

The most frequently emerging theme addressed concerns regarding child safety or long-term family stability following rapid return. Despite services provided by both governments and NGOs, all respondents expressed major concerns about the process and impact of rapidly returning children and youth to their biological families. Several respondents highlighted that moving to a new placement should be a strategic process that includes significant preparation for the children and caregivers, family strengthening, and long-term monitoring. Four sub-themes emerged regarding concerns for children and families after rapid return: 1) unresolved antecedents to placement, 2) lack of pre-placement preparation, 3) poverty and unemployment, and 4) education for children and caregivers. Discussion of each sub-theme consists of 1) a description of the theme, 2) representative quotes that highlight the sub-theme, and 3) a brief summary of the data and contextual details needed for interpretation.

3.4.1. Unresolved antecedents to placement

Participants in the present study frequently noted concerns that antecedents to the original placement into residential care were not resolved prior to rapid return. For example, if a child was originally placed in residential care due to neglect, it was unlikely that the underlying reason for placement (i.e. neglect) was adequately addressed prior to the child being returned to parental care. Respondents specifically mentioned complex antecedents to placement such as parental mental or physical illness, poverty, abuse, exploitation, and

neglect. In a typical family reintegration, antecedents to placement would be assessed and addressed prior to change of placement. Given the truncated timeline of rapid return, there was not time to systematically evaluate, treat, mitigate, or resolve the challenges that initially led to separation. NGOs were concerned this could lead to further harm to the child or youth.

Example quotes regarding increased antecedents to placement being unresolved include:

- "The situation within families that led to rescue was not adequately addressed before reintegration."
- "Whatever family members they actually have, have many problems (alcohol, extreme poverty, single parents struggling, sicknesses…). Thus the families are often dysfunctional."
- "We are also concerned about sexual abuse and gender-based violence. The incidence of this has skyrocketed in the country lately due to the lockdown occasioned by the COVID19 pandemic."
- "Children may also experience further abuse from their families or their immediate environment."

Taken together, this information suggested that one risk for children rapidly returned was continued exposure to the challenges that led to initial separation from parental care.

3.4.2. Lack of pre-placement preparation

Participants noted concerns about the relationships between children and caregivers involved in the rapid return process. NGOs frequently expressed that the existing relationships or connections between the children and the caregivers they were returned to were fragile and sometimes nonexistent. Some children who were rapidly returned had been separated from their biological parents for years with limited contact. Where return to biological parents was not an option, children were sent to extended relatives with whom they had little or no prior relationship. In a planned reintegration process, the child and potential caregiver would have a series of visits across time with progressively less supervision and more time together. NGOs expressed concern that this would complicate the child-caregiver relationship and decrease the likelihood of long-term placement success.

Example quotes regarding lack of pre-placement preparation include:

- "The reintegration was done hastily by the government because of the Supreme Court order. Little time was devoted to planning, preparing the child and the family before the reintegration. This, along with poor follow up/tracking mechanisms within the government system increases the risk of these reintegration failing and the child again landing up into the institution in a situation worse-off than before."
- "We have children who were rushed into families because we didn't have time to prepare them for entry."
- "Children were not well prepared before reintegration thus all the gains made during rescue could be lost."

This information suggests that time constraints lead to lack of adequate preparation prior to rapid return. This, in turn, increases the risk of placement instability.

3.4.3. Poverty and unemployment

Another theme that emerges was concern that families would have difficulty financially supporting the children returned to their care due to poverty and/or unemployment. Many families were living in poverty and struggling prior to the pandemic. Restrictive measures, such as lockdowns, led to job loss or decreased income for many families. The combination of pre-existing poverty and high unemployment rates led many NGOs to be concerned that it would not be financially sustainable for families to care for their returned children long-term.

Example quotes regarding poverty and unemployment as concerns for rapidly returned children and families include:

- "Families are impoverished and the job loss is overwhelming. According to the government Bureau of Statistics, the country's labor force participation fell by 1.5 %–68.7 % with 30 % of people being unable to pay house rent."
- "Many parents have lost their jobs during the pandemic and do not have the necessary resources to provide quality meals for their children once the Children's Home doesn't provide food supplies."
- "Due to the high spreading potential of the disease, most country leaders are passing 'stay at home' law [sic], and this is believed to significantly affect the household income of several families. In communities where we serve, most families are dependent on their daily income. When companies are closed or when their street side businesses are no more there, families will certainly struggle for their survival."

Considered collectively, this information suggests that current COVID-19 mitigation measures are leading to less income for many families, decreasing their ability to care effectively for children who have been rapidly returned.

3.4.4. Access to education

Two areas of concern that intersected were lack of access to educational resources and how this was amplified by lack of access to technology. Many residential care centers that were surveyed not only serve as schools for the children and youth in their care, but often provide education and training for parents and caregivers. In the current sample, 21 NGOs provided education for the children and youth in their care, while 20 organizations provided education and training for caregivers. Due to social distancing mandates, service providers were not able to provide formal schooling for the children or training for the caregivers in a face-to-face format.

Educational concerns were further exacerbated by lack of access to technology. Due to the pandemic, many schools moved online. Moreover, many organizations transitioned their supportive services online, including case management, family monitoring, and caregiver training. Families who lacked access to electricity, the internet, or electronic devices could not access formal education for their children or other resources provided by organizations to support placement stability. As many children and youth were moved to remote regions with few face-to-face educational options and limited access to technology, there was also concern about their ability to continue their education long-term. Several service providers suggested a program priority should be to ensure every family possesses either a smartphone or computer for this purpose.

Example quotes regarding education for children and caregivers as a concern for rapidly returned children and families include:

- “After COVID-19 there will be a lack of access to good education as some families stay far from good schools.”
- “Children mostly loose {sic} out on their education after restorations and get pushed to child labor or even child marriages.”
- “Many guardians cannot afford phones or computers to participate with online training.”

Considered together, this information suggests lack of access to education is a risk for children and families rapidly returned.

4. Discussion

Building on the data from the current study and other available literature, the research team developed the following recommendations. Please note that, though these recommendations are specific to the rapid return of children and youth as a result of the COVID-19 pandemic, some recommendations may have broader implications to reintegration and deinstitutionalization.

4.1. Recommendations for NGOs

When the rapid return of children and youth to families is mandated by the government, NGOs are required to comply. Although the situation of rapid return is not ideal, there are actions programs can take to protect children, prepare families, and increase the likelihood of placement safety and stability.

4.1.1. Develop a support strategy

Programs transitioning their services will need to adapt their strategy (Wilke, Howard et al., 2020). NGOs who have previously served children through residential care may be unprepared to support them in family settings. Further, they may have little experience working with families. However, residential care programs often have skilled staff, community relationships, and funding that make them well-positioned to transition their services to family support (Wilke, Pop, Oswald, Morgan, & Howard, 2020). Rather than trying to learn from practice alone, programs should access transition support materials, such as from the Faith to Action Initiative (2016). Further, connecting with local, national, or global networks of service providers, such as the Christian Alliance for Orphans, Better Care Network, or World Without Orphans, can offer opportunities for learning from other programs that have made similar transitions or provide similar services. These actions can offer examples of good practice and minimize preventable mistakes.

As child and family needs in the era of a global pandemic are significant and varied, each NGO should determine which activities and services it is best suited to provide. Having a predetermined plan can assist programs in avoiding mission drift (Klein, Schneider, & Spieth, 2020). Considering mandated changes in the nature of services provided, all residential programs that have been mandated to rapidly return children to family should revise their strategy. As no program can offer all services necessary for supporting newly reintegrated children and families, working in partnership with other service providers is critical. Mapping public and private service providers in the local community can offer an indication of 1) what services are provided, 2) what services are not available, and 3) possible partnerships (Trocmé, Akesson, & Jud, 2016).

4.1.2. Invite child and family participation

All children and families should have the opportunity to freely communicate their desires during and after the placement process (Mateos Inchaurrondo, Fuentes-Peláez, Pastor Vicente, & Mundet Bolós, 2018). Children should be engaged at a developmentally appropriate level. Save the Children has compiled a resource center on child participation, with many materials specific to COVID-19 (Save the Children, 2020). When children are involved in the process of defining needs, services are shown to be more effective (Heimer, Näsman, & Palme, 2018). Children and families should be given access to all necessary information to make informed decisions about planning, implementation, and evaluation of services in which they participate (Coalition on Children Without Parental Care, 2019). If a child or family is not supportive of a reintegration situation, it is unlikely that placement will succeed long-term (Mateos Inchaurrondo et al., 2018).

4.1.3. Mitigate antecedents to separation

Antecedents to placement in alternative care can vary widely, from child maltreatment (Morantz, Cole, Ayaya, Ayuku, & Braitstein, 2013) to poverty (Van Breda, 2015) to parental death (Kaur, Vinnakota, Panigrahi, & Manasa, 2018). When returning a child to family, it is vital to ensure antecedents are accessed. Given that all participants in this study indicated families were not adequately prepared for return, it is unlikely that antecedents were adequately addressed. Further, providing support to remove or mitigate antecedents to separation is critical to ensuring the wellbeing of the child and preventing future separation. The large majority of families will need support services to remain successfully intact and addressing antecedents to separation should be part of services provided. Further,

frequent monitoring is necessary to ensure families are not experiencing previous circumstances or behaviors that led to previous separation (Lancet Institutional Care Reform Commission Group, 2020).

4.1.4. *Children remaining in residential care*

Those NGOs that have children remaining in residential care should strictly follow public health guidance on COVID-19, as individuals in these settings are particularly vulnerable. This typically will include measures to prevent the transmission and spread of the disease including social isolation. A human resources plan focused on essential staff should be prepared and followed, and visits by volunteers and others prohibited (Goldman et al., 2020). Staff should work together with public health authorities to plan for when children and/or staff become infected.

4.1.5. *Encourage communication*

Communication may be one of the most important components of placement stability. Particularly during times of mandated social distancing, families may face additional stress from isolation (Abel & McQueen, 2020). NGOs can be part of providing human interaction, which can decrease some of the negative consequences of social isolation. If possible, in-person home visits are ideal, as they allow the greatest transparency. If restrictive measures do not allow in-person visits, then video chats or phone calls can be valuable (Wilke, Howard et al., 2020). Developing trust with the caregivers is important to maintaining the relationship with the child and family. If the family does not have access to technology, supplying a phone and data specifically for contact may be a worthwhile investment.

4.1.6. *Provide case management*

Working with children and families to identify their needs and goals can further support the likelihood of the child being well-cared for in the family. According to Zlotnick, Tam, & Zerger (2012), case management is a process of designing and coordinating services to support children and families to identify and address their needs. It can be used to address antecedents to separation or strengthen the family by connecting them with necessary services that may or may not originate from an NGOs program (Andrews, 2017; Arega, Bradford, Long, Philbrick, & Roby, 2017). Developing a case plan with the child and family can ensure appropriate expectations are established and communicated. As part of case management, programs should also monitor child and family wellbeing, offering support as challenges arise. Comprehensive case management following rapid return is especially important for children and youth with disabilities, whose caregivers may not have the knowledge or resources needed to support them adequately.

4.1.7. *Plan for economic resilience*

NGOs will want to think of both intended and unintended consequences of any services provided to ensure economic resilience. COVID-19 and associated restrictive measures have had significant economic impacts (Ashraf, 2020). It is likely that many vulnerable families that have previously experienced separation may require economic or material assistance (Wilke, Howard et al., 2020). Without adequate funding for basic needs, it will not be possible for families to care for children who have been rapidly returned. NGOs may be in a position to support those needs for a period of time, but few will have the budget to meet all the material needs around them. Therefore, it is important to consider sustainable economic and material solutions, such as vocational training, small agricultural projects, or microfinance (Lachman et al., in press; Matjasko, D'Inverno, Marshall, & Kearns, 2020). These types of projects can maximize the economic security of a family during the pandemic and beyond.

4.1.8. *Facilitate alternative care when necessary*

Not all rapid returns will lead children to be in safe families, and it may be necessary to find alternative placements for some children. If it becomes clear that a placement is unsafe for a child or unsustainable for the family, NGOs can inform local authorities and be part of identifying a suitable alternative placement, such as kinship care, foster care, kafalah or adoption. Providing family tracing support to identify extended relatives and fictive kin who may be willing and able to provide care is a valuable first step that NGOs can provide. Further, programs can gather key stakeholders to facilitate family group conferences, identifying creative and bespoke solutions to the needs of the child and family (Fox, 2018). Although foster care and adoption are certainly valid alternative family care options, these placement options may be difficult to secure in a timely manner in some regions given the COVID-19 crisis. Once an alternative family setting is identified, an NGO can support the preparation of the child and family, case management, provision of services, and monitoring support to ensure the safety and stability of the placement.

4.1.9. *Supporting continued family placement*

While this study has raised concerns about the rapid placement of children out of residential care, there may be opportunities to keep many of those children in families and to prevent their re-entry into residential settings. Moving a child in and out of care settings, and particularly out of family, can be traumatic and is associated with maladaptive development (Almas et al., 2020; Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; McGuire et al., 2018). Each case plan should focus on the extent to which the provision of family support may facilitate the long-term reintegration of that child into a safe and nurturing family. Those supports should be prioritized and made available wherever possible. NGOs should work with governments and other partners to discuss and agree on what measures to strengthen the child welfare and protection systems are needed to support families and communities. These systems can only operate effectively if there is a high level of collaboration between organizations working on the ground, especially if those organizations can find ways to identify and leverage their individual and collective strengths.

4.2. Recommendation for governments

Governments are under a great deal of pressure to devise solutions to the unprecedented situation of a global pandemic. There is a delicate balance between protecting the population from a highly contagious virus and enacting unnecessarily restrictive measures (Kluge et al., 2020). Based on the current data, it is the recommendation of the research team that governments should not mandate the rapid return of children to family. Although family care is ideal and should be the goal for children, it is imperative to engage in appropriate child and family preparation to ensure the safety and best interest of children (Balsells Bailón, Mateos Inchaurrondo, Urrea Monclús, & Vaquero Tió, 2018; Lancet Institutional Care Reform Commission Group, 2020). In situations where governments have mandated the rapid return of children to family, the research team makes the following recommendations.

In situations where governments have mandated rapid return of children, it is recommended that governments facilitate a case management process with all children and families. Every child and family should be assigned a caseworker, each child should have a case file, and every child and family should be part of making a case plan based on a thorough assessment (Goldman et al., 2020). Monitoring should be frequent, especially in the early stages of placement, and the wishes of the child need to be taken into account (Mateos Inchaurrondo et al., 2018). In placements where it becomes clear there is maltreatment, an alternative placement must be found for the child. Although governments are responsible for the wellbeing of their citizens, they can work with other service providers, such as NGOs and faith communities, to create a robust network of support for children and families who have been rapidly returned (Wilke, Howard et al., 2020).

4.3. Limitations and implications for future research

There are several major limitations with the current research that may serve as an opportunity for future work. Further research is needed to fully understand the process and impact of rapidly returning children and youth to their biological families and how this will change throughout the course of the pandemic. It is important to note that data in the current study were collected relatively early during the pandemic and therefore only explores the short-term effects of rapidly returning children and youth. Although findings suggest rapid return poses significant risks to children and families, long-term outcomes are not available yet. Longitudinal research is imperative to fully understanding the impact of rapidly returning children and families to their biological families.

The current sample provided an initial understanding of the process and impact of rapid returning children to biological families, but it is limited in several ways. First, the current sample represented a diverse set of NGOs that provided residential services in multiple contexts across 14 countries. The sample size is small and diverse in both types of services provided and location, but primarily consists of NGOs serving countries in the Global South that were classified as 'Low Development' on the Human Development Index. As such, themes presented here represent primary findings across service providers, but do not fully represent the experiences of every service provider. Findings from the current research and the corresponding recommendations should be considered within this context. Larger and region-based samples may provide more robust understanding how this practice has impacted children, families, and communities. It is also worth noting that all NGOs represented in the current sample were actively applying for funds to improve services and support families following the rapid return of children and youth. It is possible, even likely, that NGOs in the current sample may not be representative of all NGOs in terms of preparation and follow up support provided to families. Furthermore, most NGOs who participated in the current study were associated with an alliance for faith-based organizations. As a result, organizations in the current study were more likely to be faith-based. Future research should recruit a more diverse set of service providers. Moreover, insight from NGOs alone does not provide a complete picture of rapid return. Future work should include other key stakeholders in the rapid return process, such as government decision makers and the children and families impacted. Information from these sources would enable more targeted recommendations for practice.

Future work should also measure the effectiveness of specific practices and policy measures being implemented. Measuring outcomes based on specific practices from NGOs could provide valuable insight into effective intervention that could be implemented by service providers. Moreover, by determining the costs and benefits of various government policies on reintegrated families, governments and NGOs may be able to more effectively allocate resources.

Further, investigating what types of supports lead to better outcomes for children rapidly returned may provide insights about how to support children and families in the future.

4.4. Concluding thoughts

As a result of the COVID-19 pandemic, some governments have mandated residential care providers rapidly return children and youth to their families. In many situations, compressed timelines mean proper assessment and preparation for placement change was not possible. Other primary concerns related to the practice included unresolved antecedents to original separation from family, poverty and lack of income generation, and lack of access to education. Due to the risk to child and family wellbeing, this practice is not recommended by the research team. However, when rapid return has already occurred, service providers can support children and families via inviting their participation in case decisions, providing support to mitigate antecedents to separation, facilitating sustainable economic support, initiating communication, case management and monitoring, and aiding in the process of identifying alternative family solutions if a child's placement becomes unsafe. As the pandemic evolves and the needs of children and families involved in rapid return become clearer, researchers should prioritize collecting data on long-term outcomes, as well as interventions that support children and families in this situation.

Declaration of Competing Interest

The authors report no declarations of interest.

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