Supporting the safe and effective reintegration of separated children during the COVID-19 crisis

Written by Emily Delap and Gillian Mann, Child Frontiers for Family for Every Child   August 2020

Summary

This paper is based on a review of the literature and on interviews and surveys with 15 civil society organisations (CSOs). It shows that:

- Reintegration can and must continue during the COVID-19 crisis as returning children to a safe and caring family environment has become an urgent priority for separated children made more vulnerable by the pandemic.
- Despite the severity of the crisis, basic principles of good practice must be adhered to, and reintegration must involve proper preparation and follow-up support. Without this, children will be placed at risk.

It is recommended that governments immediately cease poorly planned and supported measures to return children to families, and instead ensure the following during the crisis.

- Proper assessments of children and families before reintegration, including maximum efforts to carry out face-to-face assessments.
- Careful decisions about whether or not a child should return to his or her family, taking into account factors such as: whether follow-up monitoring and support can be offered; the risk of COVID-19 infection to child and caregiver; additional challenges faced as a result of COVID-19; and the risks of reintegration compared to risks as a result of the continued separation of children.

- The preparation of families and children for reintegration, including helping families to protect themselves from COVID-19; addressing the additional stigma and discrimination separated children face as a result of COVID-19; meeting children's material needs in the light of higher rates of poverty during the pandemic; ensuring children receive an education and can maintain social networks despite school closures; meeting mental health needs; and protecting children from rising rates of abuse and violence in homes.
- Establishing and maintaining links between children and their families before reunification, remotely if necessary and face to face if possible.
- Providing children and social workers with the necessary support to travel safely back to families, avoiding overcrowded public transport where the risk of infection is high.
- Extensive monitoring and follow-up support that addresses the heightened risks faced as a result of COVID-19. Children who have spontaneously reintegrated without agency support must be identified and assisted, and those that are directly affected by COVID-19 need particular support.
- Keyworker status for frontline workers engaged in reintegration processes, with permission to travel and extra support to carry out work safely and effectively.

Introduction

It is widely recognised that growing up in a safe and caring family environment is essential for child development and well-being,[1] and that maximum efforts must be made to reintegrate the millions of separated children globally with their families and communities.[2] The reintegration of children is already difficult, often requiring extensive interventions to address the original causes of separation and re-establish broken relationships.[3] COVID-19 is exacerbating these challenges.[4] This short paper draws on a review of the literature, surveys with nine civil society organisations (CSOs) from Family for Every Child and the RISE Learning Network,[5] and in-depth interviews with six of Family for Every Child's members: Forum for Sustainable Child Empowerment in Ethiopia; JUCONI in Mexico; Praajak in India; METAdrasi in Greece; Uyisenga Ni Imanzi in Rwanda; and Voice of Children in Nepal.

It builds on the interagency global Guidelines on Children's Reintegration,[6] suggesting factors that need to be considered in their implementation during the crisis.[7] The paper touches on the reintegration of separated children in a range of different circumstances, including those returning to families and communities from the streets, alternative care, refugee camps, and detention. It covers reintegration within countries and across borders, including the reintegration of refugees, asylum seekers and migrants.

The importance of supporting safe and effective reintegration during COVID-19

Returning children to families becomes even more of a priority during COVID-19

The risks faced by children living apart from their families have been greatly enhanced by COVID-19. Children in detention, residential care, and refugee camps often face crowded, unhygienic conditions, ripe for enabling the spread of the virus.[8] Many children who live alone on the streets have been rounded up and placed in detention or institutional care, often with limited consultation or proper procedures.[9] As borders closed, child migrants separated from their families have often become trapped, unable to travel to family members and instead living in unsafe environments.[10] In many countries, both street-connected and refugee children have been blamed for the spread of the virus, often suffering verbal abuse and even violent attacks.[11] In some cases, boys and girls on the street have experienced grave abuses. For example, in the Philippines, those who break strict curfews have been locked in coffins and dog cages.[12] Similarly, in India during 'lockdown',[13] there has been a surge in calls from street-connected children to child helplines, with many calls relating to violence and abuse.[14] Illness amongst frontline workers, social distancing measures, and the closure of services mean that these already highly vulnerable children are receiving less supervision and support than usual.[15] Furthermore, separated children have reduced contact with their families, which can be distressing and can also result in minimal opportunities to report abuse.[16]

Demands for reintegration to continue

All of these factors suggest that finding ways to safely reintegrate children is of even greater importance during the COVID-19 crisis, and numerous agencies are demanding that reintegration must continue, providing this is in children's best interest. These calls have been made by those working with children: in detention;[17] associated with armed forces and groups;[18] with migrant and refugee children including those crossing borders;[19] and with children in alternative care including institutional care.[20]

Poorly planned and supported reintegration carries risk

Despite the heightened risks faced by separated children, some policymakers and practitioners are injecting a note of caution into recommendations for ongoing reintegration during the crisis. This reticence reflects a recognition that reintegration is not always in children's best interest, and that mass, rapid, poorly supported reintegration can do more harm than good.[21] As noted in the global Guidelines on Children's Reintegration, children often leave families to escape abuse and violence and can be understandably reluctant to return.[22] Evidence shows that even when children do want to go back home, if they or their families are not properly prepared or supported, the risk of re-separation is high.[23] Failed reintegration efforts can be devastating for children and families, and diminish the chances of eventual successful reintegration even further.[24]

Worrying reintegration trends

The survey, interviews and literature review reveal an emerging pattern of global reintegration trends during the COVID-19 crisis: rushed, poorly supported, mass reintegration is increasing, whilst more careful processes are being put on hold. Writing in the Lancet about the reintegration of children from residential care, Goldman, Ijzendoorn, and Sonuga-Barke state that: "Children appear to be being sent back to their communities without proper consideration of where they will reside, how their transition will be supported, and whether their safety will be monitored."[25]

In Bangladesh, many residential care facilities closed overnight, and in India, children have been sent home from institutions without proper assessment of their families or the provision of follow-up support.[26] In Kenya, 19,200 children have been rapidly returned to their families and communities from institutions.[27] Those interviewed for this paper note similar trends, with the roundup and rapid reintegration of street-connected children across several contexts.

There is also evidence of children spontaneously reintegrating with no support. In Uganda, lockdown measures in March 2020 created panic amongst street-connected children, some of whom chose to walk over 200 kilometres back to their homes.[28] In Nepal, strict lockdown made life so precarious for street-connected children that they returned to families, despite the risk of re-exposure to extreme poverty or abuse.[29]

In contrast, many agencies who usually carry out more considered and planned processes have paused or reduced reintegration during lockdown, mainly because they could not follow proper procedures, such as carrying out face-to-face assessments, or ensuring that reintegration would not place the child or family at risk of infection.[30] In some cases, reintegration has stalled as legal systems have slowed down as a result of lockdowns, and this is likely to have particularly affected reintegration across borders and of children in detention.[31]

Addressing the challenges associated with reintegration during the COVID-19 crisis

Reintegration is hard. Children may have been separated for many years, and have lived independent lives alien to their families and communities.[32] They have frequently experienced extensive trauma whilst apart from caregivers.[33] They are often returning to homes with high levels of poverty or histories of abuse, and families and communities may have changed significantly in their absence.[34] The Guidelines for Children's Reintegration state that effective and safe reintegration requires several steps to be followed including family tracing and assessment, careful decision making, preparation of children and families, support at the point of reunification and follow-up monitoring and support. Evidence shows that COVID-19 has created numerous additional challenges at each step of the process, requiring significant adjustments to ensure reintegration benefits and does not harm children.

1

Family tracing and assessment

Much family tracing and assessment has moved to virtual processes, though concerns have been raised that this threatens the depth and accuracy of assessments.[35] This suggests that maximum efforts must be made to facilitate assessment visits. If travel is not safe, this could be achieved by working through CSOs or social work departments located in the child's home community, or through the involvement of community leaders and teachers, providing they have the skills and capacity to do this.

Ideally, testing for COVID-19 or at least screening for symptoms should be part of the assessment process. In Ethiopia, it has been found that a testing and screening regime both reduces risk to the child and family and diminishes the fear of infection in the family and community, which in turn minimises the discrimination that children face on return.[36]

2

Decision making about reintegration
### Factors to take into consideration in determining if a child should be reintegrated

The literature, survey and interviews suggest that, in addition to the criteria listed in the Guidelines for the Reintegration of Children,[37] consideration of the following factors is important in decision making about reintegration during the COVID-19 crisis.

- **The capacity of key workers to support children through reintegration and monitor them carefully.** Children should only be reintegrated if they can be followed up, at least by phone.[38]
- **The risk of COVID-19 infection to both the child and their caregiver, especially if caregivers are elderly or have underlying health conditions.** It is vital to balance the risk of infection against the risk of separation, considering both child and caregiver health and well-being. For the child, the choice may be relatively straightforward, given the low mortality rates of COVID-19 among children and the benefits of a family environment.[39] When caregiver health is also taken into consideration, the decision may become more complex, especially given the mortality rates of older

and more vulnerable household members, and the likelihood of children coming from high-risk urban areas to more rural, generally less exposed regions. Testing, a period of quarantine, and safe transport home could minimise risk. Here it should be recognised that quarantining returning children from other family members can be impossible in overcrowded homes and that quarantine may be better undertaken before children go back to communities.
- **The challenges that children may face in their home communities, and the potential for these challenges to be mitigated.** As discussed in further detail below, these difficulties include heightened poverty, stigma and discrimination, anxiety and stress, and diminished services.
- **The benefits of reintegration compared to the risks in children's current situation and the other options available to them.** This assessment also involves consideration of the heightened risk children face in detention, on the streets, or in care, and the available care choices.

If children cannot be safely returned to families, they should be placed in interim care that is family-based or as family-like as possible and meets global standards,[40] though evidence from around the world shows that such care is not always available.[41] Currently, decision-makers are often having to choose between two less than ideal options: leaving separated children in increasingly risky situations or pushing them through rushed, uncertain and ineffective reintegration processes. Whilst efforts are being made to urgently improve the pathways available to separated children, it is recognised that social workers, legal professionals, families and children are often facing unenviable dilemmas about what is best for children.
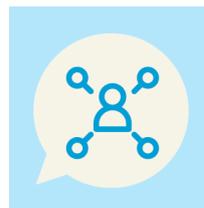
3

Decision-making processes and case management

In many countries, there is potential for decision making about children's reintegration to move to virtual processes, providing additional support to children and families where necessary.[42] The rushed reintegration processes instigated as a result of COVID-19 also mean that children need more help to participate effectively.[43]

An increased need to engage community-based actors in assessment shows how the COVID-19 crisis is making coordination and collaboration in reintegration even more important. Proper record-keeping is always necessary but becomes even more crucial when children's cases are being managed by multiple agencies and individuals.[44]

4 Preparing children and families

Preparing children and families during COVID-19 requires consideration of the following.

- **Ensuring a safe and caring environment pre-reintegration.** Whilst decisions are being made about whether or not children should be reintegrated, and whilst children and families are being prepared for reunification, children must be kept safe. Guidance for stopping the spread of the virus in interim care shelters or other forms of alternative care should be followed.[45]
- **Helping families to protect themselves from COVID-19.** Many families of reintegrating children struggle with a lack of sanitation and overcrowded homes, making it impossible to instigate measures to stem the spread of COVID-19.[46] Families and communities also lack accurate information about the virus.[47] Time in interim shelters can be used to provide children with accurate information on COVID-19, which can then benefit families and communities if the children are encouraged to share this knowledge when they return home.[48] Evidence from the Ebola outbreak in West Africa suggests that supporting the community in such ways can enhance children's acceptance, and support their eventual reintegration.[49]
- **Addressing stigma and discrimination.** Reintegrating children are already widely stigmatised,[50] and this is increasing as a result of COVID-19. There is evidence of both returning migrant and street-connected children being discriminated against as communities fear they are spreading the virus, including the fear that migrants are bringing the virus across borders.[51] Effective work to address stigma includes building strong connections with community leaders and groups.[52]
- **Meeting children's material needs.** The World Food Programme estimates that there will be an additional 130 million people in acute hunger in 2020 as a result of lockdowns and economic recession, almost doubling the 2019 rates of hunger globally.[53] CSOs around the world are having to provide additional economic support to the families of reintegrating children.[54] It is vital that governments are also encouraged to direct social protection assistance to the most vulnerable households.
- **Higher levels of violence and abuse.** The stress associated with the COVID-19 crisis is leading to more domestic violence and child abuse within the home,[55] and this is directly impacting on reintegrating children.[56] Efforts must be made to assess and attempt to address risk before children return home. This may include, for example, recruiting and training health workers, community members or teachers to support reintegrating and other vulnerable children in the community.[57]
- **Dealing with school closures.** Schools can be used in numerous ways to support reintegration, including providing catch-up education, and monitoring and supporting reintegrating children.[58] Schooling can be used during the preparation phase to provide vital structure and sense of purpose, and this is even more important during lockdowns when children can easily become bored and distracted.[59] If schools are closed then alternative means of educating and occupying children should be found, including accessing distance learning.

- **Maintaining social networks.** Establishing friendship groups can be crucial for ensuring that reintegrating children remain in their home communities, and school closures and social distancing are making these groups harder to establish. The preparation phase should be used to establish other networks, including virtual networks,[60] though given the rise in online abuse during COVID-19 measures will need to be put in place to ensure that these networks are safe.[61]
- **Responding to anxiety over COVID-19 and providing ongoing emotional support.** There is much evidence to suggest that reintegrating children need additional mental health services due to the stress of the COVID-19 crisis.[62] Many agencies are providing counselling during the preparation phase, and are setting up mechanisms for remote counselling when children return home. Issues with privacy and challenges connecting with very withdrawn children or adults can make this remote support challenging, and this may be an area where trying to find ways to continue to provide face-to-face assistance is important.

5 Initial contact with families and reunification

Gradually re-establishing connections between children and families is vital for successful reintegration. Evidence suggests that this process should ideally involve initial virtual contact, followed by visits and short stays before children finally return home.[63] Care homes around the world have been placed in lockdown to prevent the spread of COVID-19,[64] and this reality, combined with travel restrictions, means children have to rely on virtual meetings to try and rebuild relationships with families. Virtual contact may be especially important for children who are trying to reintegrate across closed-borders, making visits home impossible.[65] In many contexts, families lack the resources to connect remotely, and savings from not being able to make face-to-face visits can be used to invest in phone credit, phones or tablets.[66] Investing in such devices can also help with other aspects of the reintegration process, including the provision of remote schooling or counselling, which would otherwise be inaccessible to impoverished families.

Travel restrictions or quarantine arrangements also make it logistically difficult to get children back to their families,[67] especially as many CSO staff supporting reintegration processes are not recognised as key workers by governments and do not have permission to travel.[68] Even when travel is allowed, journeys on packed public transport can be risky as social distancing cannot be maintained, and this can increase community and family fears about children spreading the virus.[69] It is important to work with authorities to lift travel restrictions to allow family reunification, including across borders,[70] and to lobby government for CSO staff to be recognised as key workers. Investing in safer and less crowded means of transport is also crucial at this time. Children who are returning home without agency support are particularly vulnerable as they travel, and the enforcement of strict travel restrictions could result in the enhanced use of traffickers or smugglers to facilitate movement, especially if children are crossing borders.[71]

In many countries, ceremonies to welcome children home form an important part of their reintegration, signalling acceptance by the community.[72] Given the heightened stigma and discrimination that children are currently facing, it is likely that, as was the case during Ebola outbreaks,[73] these ceremonies will take on a particular significance during the COVID-19 crisis. Innovative ways may have to be found to enable these rituals to continue with social distancing measures in place.

6

Post-reunification support

The Guidelines for the Reintegration of Children show how monitoring and support are vital for ensuring that reintegration is sustainable and children are protected and well cared for.[74] Travel restrictions and social distancing have made it hard for social workers to continue with face-to-face follow-up visits, and many are relying on phone calls instead. Although this distance monitoring has been smoother and easier than expected for some, it is felt to be less than ideal.[75] As with assessments, relying on trained and supported local partners and community members becomes particularly important at this time, especially for more high-risk cases.

Families and children need a range of follow-up support, and at all times, including during the COVID-19 crisis, it is likely that this support will need to continue for several months, if not years, after children have returned home. Many of the measures described above during the preparation phase to address rising levels of poverty, enhance access to services, and respond to stigma and discrimination require continued investment for effective reintegration.

Some groups of reintegrating children need particular post-reunification support, including children who have returned home without the support of agencies and children who have themselves been infected by COVID-19 or who have seen family members suffer from the illness. Efforts must be made to identify self-reintegrating children through community monitoring and to provide them with access to similar services and support as children who have been reunified as a result of NGO or government intervention.[76] For those that have been directly affected by COVID-19, evidence is increasingly emerging of longer-term health complications that may affect caregivers, and of mental health issues that affect both children and adults, that need to be considered in reintegration processes.[77]

7

Supporting frontline workers involved in reintegration processes

Social workers and others involved in reintegration processes need extra support to be able to do their job well. As argued above, such frontline workers should be given key worker status, enabling them to have freedom of movement to support reintegration processes. Staff also need practical assistance, including hand sanitiser, personal protective equipment, extra airtime for their phones, and additional resources to travel on safer forms of transport.[78] Context specific guidance and standard operating procedures on effective reintegration during COVID-19 may also be helpful.[79] Where efforts to return children to families have increased dramatically, more frontline workers will need to be recruited and trained. Working through COVID-19 can be highly stressful for frontline workers, who may fear that they might bring the virus home with them. Additional counselling and other support may be necessary.[80]

Conclusion

Whilst the COVID-19 crisis has undoubtedly presented governments and CSOs engaged in the reintegration of children with major challenges, it has also provided huge learning opportunities. Those interviewed for this paper had to rapidly re-examine their reintegration processes, identifying which core activities could be continued and which could be paused or done differently through the crisis.

Reintegration can and must continue during a global pandemic. However, despite the severity of the crisis, basic principles of good practice must still be adhered to or children will be put at further risk. Reintegration cannot be viewed as a quick, one-off event, but as an ongoing process requiring careful preparation and follow-up support. Some activities, and indeed more than many CSOs had anticipated, can be done safely from a distance, especially if local partners are engaged. Others, particularly assessments and the provision of emotional support, are much more challenging to do remotely. Frontline workers engaged in reintegration are performing an essential service and should be recognised and supported as key workers. They should not be put in the almost impossible position of choosing between a child remaining in a situation of harm or going through a rushed reintegration process likely to be highly damaging to their well-being. Governments the world over must prioritise proper, well-supported reintegration programmes to ensure that the most vulnerable children can get back to the safety of a caring and protective family.

1 UN (1989) *The Convention on the Rights of the Child.* New York: The United Nations; UN General Assembly (2010) Guidelines for the alternative care of children, GA Res 142, UNGAOR 64th session, Supplement no. 49, Vol 1 (A/64/49 (2010)). New York: The United Nations.

2 UN General Assembly 2010.

3 Better Care Network, CPC Network, Child Recovery and Reintegration Network, Family for Every Child, International Rescue Committee, Maestral International, Retrak, Save the Children, War Child Holland, and Women's Refugee Commission (2013) *Reaching for home: Global learning on family reintegration in low and middle income contexts.* London: Family for Every Child.

4 See for example: Goldman, P., Ijzendoorn, M. and Sonuga-Barke, E. (2020) The implications of COVID-19 for the care of children living in residential institutions. Letter, *The Lancet Child and Adolescent Health,* 4(6), 21 April 2020; CSC (2020a) *Consortium for Street Children Note to the Special Rapporteur on the right to adequate housing. Street children's right to access to adequate housing and COVID-19,* 27 April 2020. London: Consortium for Street Children.

5 Nine online surveys were completed by national NGOs working in Colombia, Egypt, Ethiopia, Guyana, Kenya, Uganda, and Zimbabwe.

6 The Inter-agency Group on Children's Reintegration (2016) *Guidelines on children's reintegration.* London: Family for Every Child.

7 These guidelines use the following definition of reintegration (p.1): "The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life."

8 The Alliance for Child Protection in Humanitarian Action and UNICEF (2020) *Technical note: COVID-19 and children deprived of their liberty.* Geneva: The Alliance for Child Protection in Humanitarian Action; Better Care Network, the Alliance for Child Protection in Humanitarian Action and UNICEF (2020) *Protection of children during the COVID-19 pandemic. Children and alternative care. Immediate response measures.* New York: Better Care Network; Goldman, Ijzendoorn and Sonuga-Barke 2020; UNICEF (2020) Children in detention are at heightened risk of contracting COVID-19 and should be released. Statement by UNICEF Executive Director Henrietta Fore, 13 April 2020. New York: UNICEF.

9 Interviews with Family for Every Child members in Nepal, Ethiopia and Rwanda. Better Care Network et al. 2020; CSC (2020b) *Response to request for input into the SG briefing on children and COVID-19.* London: Consortium for Street Children. CSC (2020c) *Submission to the International Development Committee inquiry into humanitarian crises monitoring: Impact of coronavirus.* London: Consortium for Street Children.

10 UN (2020a) *Policy brief: Covid-19 and people on the move.* New York: United Nations; evidence from interviews.

11 Interviews with Family for Every Child members in Ethiopia and Nepal. CSC 2020b/2020c; UNICEF (2020a) *Quick tips on COVID-19 and migrant, refugee and internally displaced children (Children on the Move).* New York: UNICEF; Better Care Network et al. 2020; CSC (2020b)

12 CSC 2020c.

13 'Lockdown' in this paper refers to the shutdown of parts of the economy due to the COVID-19 pandemic, and the confinement of individuals and families in their homes, or other place of residence. This is also sometimes referred to as 'quarantine' or 'curfews'. Lockdowns are of varying degrees of severity, with individuals usually allowed to leave the home at some point to shop, seek medical help, or, in some cases, exercise.

14 CSC 2020b.

15 Interviews with Family for Every Child members in India, Ethiopia, and Nepal; CSC (2020a) *Consortium for Street Children note to the Special Rapporteur on the right to adequate housing. Street children's right to access to adequate housing and COVID-19.* London: Consortium for Street Children.

16 CSC 2020a.

17 The Supreme Court has ruled that steps should be taken to release children in conflict with the law who are on bail unless there is a clear and valid reason. SCC Online (2020) COVID-19: SC issues extensive directions to protect children in protection homes from spread of coronavirus. *SCC Online,* 4 April 2020. https://www.scconline.com/blog/post/2020/04/04/covid-19-sc-issues-extensive-directions-to-protect-children-in-protection-homes-from-spread-of-coronavirus/

18 The Alliance for Child Protection in Humanitarian Action (2020) *Key messages and considerations for programming for children associated with armed forces of groups during the COVID-19 pandemic.* Geneva: The Alliance for Child Protection in Humanitarian Action.

19 UNICEF 2020a; Save the Children (2020) COVID-19: *Operational guidance for migrant and displaced children.* Geneva: Save the Children.

20 Better Care Network et al. 2020; SCC Online 2020; Singh, S. S. (2020) Coronavirus: Calcutta HC issues directives on curbing the spread of disease in children protection homes. *The Hindu,* 9 April 2020. https://www.thehindu.com/news/national/other-states/coronavirus-calcutta-hc-issues-directives-on-curbing-spread-of-disease-in-children-protection-homes/article31297799.ece

21 Goldman, Ijzendoorn and Sonuga-Barke 2020; Better Care Network et al. 2020; Lumos and Hope and Homes for Children (2020) *COVID-19: Call to action to protect vulnerable children and families in alternative care across Europe.* UK: Lumos and Hope and Homes for Children; SOS Children's Villages International (2020) *A call to action: Protecting children without or at risk of losing parental care.* Austria: SOS Children's Villages.

22 Inter-Agency Group on Children's Reintegration 2016.

23 Better Care Network et al. 2013.

24 As highlighted by Family for Every Child member Uyisenga Ni Imanzi in Rwanda.

25 Goldman, Ijzendoorn and Sonuga-Barke 2020.

26 CRIN (2020) *Children in out of home care: Lessons from the pandemic.* UK: Child Rights Information Network.

27 Ibid.

28 CSC 2020b.

29 Sharma, N. and Macleod, S. (2020) 'In the Covid pandemic how do children who work in the streets survive?' UK: Institute of Development Studies.

30 CSC 2020a; interviews and survey carried out for this paper.

31 UN 2020a; evidence from interviews and survey.

32 Better Care Network et al. 2013; Inter-agency Group on Children's Reintegration 2016.

34 Ibid.

34 Ibid.

35 From the interviews carried out for this report.

36 From interviews with CSO FSCE in Ethiopia.

37 Inter-agency Group on Reintegration 2016.

38 Goldman, Ijzendoorn and Sonuga-Barke 2020.

39 The Alliance for Child Protection in Humanitarian Action 2020.

40 UN General Assembly 2010.

41 See examples from: https://bettercarenetwork.org/international-framework/country-care-reviews

42 See: Changing the way we care (2020) Gatekeeping considerations during the COVID-19 pandemic. USA: Changing the way we care; SCC Online 2020; UNICEF (2020b) Virtual courts expedite the release of the children awaiting trial amid COVID-19 pandemic. Press release, 14 May 2020. UNICEF: New York. https://www.unicef.org/bangladesh/en/press-releases/unicef-welcomes-release-children-detention

43 From interviews with CSOs in Nepal, India and Ethiopia.

44 Goldman, Ijzendoorn and Sonuga-Barke 2020.

45 Better Care Network et al. 2020; The Alliance for Child Protection in Humanitarian Action 2020.

46 From the survey and interviews.

47 Changing the way we care 2020; CSC 2020b

48 CSC 2020b.

49 Mohammed, J. (2020) The role of community peacebuilders in a pandemic: What we learnt from the Ebola crisis. *Conciliation Resources.* http://www.c-r.org/news-and-insight/role-community-peacebuilders-pandemic-what-we-learnt-ebola-crisis

50 Inter-agency Group on Children's Reintegration 2016.

51 Evidence from interviews and UNICEF (2020c) Dangers mount for migrant children forcibly returned to northern Central America and Mexico during pandemic. Press release, 21 May 2020. UNICEF: New York. https://www.unicef.org/press-releases/covid-19-dangers-mount-migrant-children-forcibly-returned-northern-central-america

52 The Inter-agency Group on Children's Reintegration 2016; The Alliance for Child Protection in Humanitarian Action 2020; Better Care Network et al. 2020.

53 World Food Programme (2020) COVID-19 L3 emergency – external situation report number 6, 22 April 2020. Rome: WFP, p.1.

54 Evidence from interviews and survey.

55 Lockdown presents an opportunity for abusers to act with impunity as children have limited access to teachers and social workers and cannot report abuse (UN (2020b) *Policy brief. The impact of COVID-19 on children.* USA: United Nations). In China, police reports show domestic violence has tripled during the epidemic (Fraser, E. (2020) *Impact of COVID-19 pandemic on violence against women and girls.* VAWG helpdesk research report No. 284. UK: DFID, p.2). The United Nations population fund predict that for every six months that lockdown continues there will be an additional 31 million cases of gender-based violence (United Nations Fund for Population Activities (UNFPA) (2020) *Impact of the COVID-19 pandemic on family planning and ending gender-based violence, genital mutilation and child marriage.* USA: UNFPA, p.2).

56 Evidence from interviews and surveys.

57 Better Care Network et al. 2020.

58 Inter-agency Group on Reintegration 2016.

59 Evidence from the interviews and survey.

60 Evidence from the interviews.

61 Europol (2020) Exploiting isolation: sexual predators increasingly targeting children during COVID pandemic. Press release, 19 June 2020. https://www.europol.europa.eu/newsroom/news/exploiting-isolation-sexual-predators-increasingly-targeting-children-during-covid-pandemic

62 The Alliance for Child Protection in Humanitarian Action 2020; The Alliance for Child Protection in Humanitarian Action and UNICEF 2020. This issue was also raised repeatedly by interview and survey respondents.

63 UN General Assembly 2010.

64 See for example: *Times of India* (2020) Orphanages running out of stocks due to lockdown. *Times of India*, 15 April 2020. https://timesofindia.indiatimes.com/city/ludhiana/orphanages-running-out-of-stocks-due-to-lockdown/articleshow/75149885.cms

65 Save the Children 2020.

66 Evidence from the interviews and survey.

67 Raised during the survey and interviews by NGO workers in Uganda, Ethiopia, and Nepal.

68 Evidence from the survey.

69 Evidence from the interviews.

70 Save the Children 2020.

71 Save the Children 2020; UN 2020a.

72 Better Care Network et al. 2013; Inter-agency Group on Reintegration 2016.

73 Centers for Disease Control and Prevention (2014) Reintegration of Ebola survivors into their communities — Firestone District, Liberia, 2014. USA: CDC.

74 Inter-agency Group on Children's Reintegration 2016.

75 Evidence from the survey and interviews.

76 The Inter-agency Group on Reintegration 2016.

77 Surveys and interviews highlighted mental health issues associated with being affected by COVID-19. Campbell, D. (2020) Screen survivors of COVID-19 for PTSD, say mental health experts. *The Guardian*, 28 June 2020. https://www.theguardian.com/world/2020/jun/28/screen-survivors-of-covid-19-for-ptsd-say-mental-health-experts

Lovett, S. (2020) Coronavirus: What are the long-term health implications of COVID-19? *The Independent*, 3 June 2020. https://www.independent.co.uk/news/health/coronavirus-long-term-health-disease-covid-19-lungs-heart-brain-a9546671.html

78 Evidence from the survey and interviews.

79 Better Care Network et al. 2020.

80 Highlighted in the interviews and survey.