Gatekeeping Considerations

DURING THE COVID-19 PANDEMIC

As the world continues to face the multiple impacts of COVID-19, children are inevitably impacted. In many countries COVID-19 has resulted in economic turmoil and stretched health and social welfare to the limit. Whilst the impact has been felt by everyone, the full brunt of the pandemic is most felt by children and families already marked by poverty and social exclusion, whose situations are at risk of being overshadowed by the public health response. The silent victims are children who might not be as susceptible to the direct effects of COVID-19 on their health, but who are made even more vulnerable by the insidious effects of COVID-19 which is exacerbating violence, social isolation, and physical and mental wellbeing.

Disruptions to families, friendships, daily routines, schooling and the wider community can have negative consequences on children's well-being, development and protection. Measures used to contain the spread of COVID-19 can expose children to new protection risks or intensify already existing ones. Because of this, children are at heightened risk of becoming separated from their families during the pandemic. Additionally, spontaneous closure of residential care institutions can result in mass and poorly planned reunifications, often into unprepared families, without monitoring, putting children at great risk for protection violations and re-separation.

The below tips should be considered to ensure gatekeeping procedures continue to remain effective or in some cases are strengthened during the COVID-19 pandemic. **The end goal is to prevent the unnecessary separation of children from their families, to ensure the child is safe if separation does occur, and that temporary alternative care options utilised are those which best responds to the unique needs and situation of each child.**
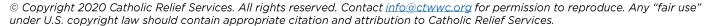
- It is critically important that where gatekeeping mechanisms do exist, they are supported to function virtually while physical distancing is being observed. Gatekeeping mechanisms should be supported with data, hardware (i.e. smart phones) and software (i.e. Zoom, skype, or similar) which enable those responsible for decision-making to meet virtually to review cases and make recommendations.[1]

- Where gatekeeping mechanisms have not yet been established, it is critical that local-level statutory actors with a child protection mandate lead decision-making processes informed by recognized standards, the principles of alternative care and safe practice. That is, a government officer with statutory authority must be responsible for approving the removal of any child from their family and all placements into alternative care. Authority should not be delegated to non-statutory authorities.

- Gatekeeping mechanisms should place children into care options where they will have their needs met, prioritizing the safety and protection of the child, and their health and nutrition needs. Other basic needs, such as education, may be temporarily disrupted due to government physical distancing requirements. However, where possible children should be supported with education materials for home-based learning

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[1] Better Care Network, Alliance for Child Protection in Humanitarian Action and UNICEF (April 2020). Protection of Children During the COVID-19 Pandemic: Children and Alternative Care. Retrieved from: https://alliancecpha.org/en/series-of-child-protection-materials/protection-children-during-covid-19-pandemic.

- Restrictions or prohibitions should be placed upon the irregular admission of children into residential care facilities during the emergency. Service providers should be required to immediately notify authorities if a child is brought to their facility and not through formal gatekeeping mechanisms.[2]

- Child welfare authorities should issue a moratorium on the establishment of new residential care facilities which should be widely communicated along with directives and messages that reinforce existing or modified gatekeeping mechanisms for new referrals to existing facilities. [3]

- Where children may be moving rapidly or at short notice, and where a majority of placements are likely to be temporary, documentation will be increasingly important. Efforts should be made to ensure documentation is accurate and detailed. This will support monitoring efforts once containment measures are eased.

- Gatekeeping mechanisms / statutory authorities should ensure virtual monitoring is conducted for all new placements. See guidance here.

- Service provision and availability may change rapidly during the evolving pandemic. It is critical that gatekeeping mechanisms and statutory authorities maintain an up-to-date service directory, including new health and other family strengthening services which are developed throughout the pandemic.

- Where a child's caregiver becomes ill, kinship care should be prioritised while the caregiver is temporarily incapacitated and requiring quarantine. Relatives may fear caring for a child who comes from a household where a family member was exposed to the virus, so targeted messaging around how the family can protect themselves whilst caring for the child should be shared and ongoing support should be provided to the kinship household via virtual monitoring (see link to guidance above).

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[2] Better Care Network, Alliance for Child Protection in Humanitarian Action and UNICEF (April 2020). Op Cit.

[3] Ibid.