

Challenges Confronting Child and Youth Care Workers and Organisations in Their Work Milieu during the Covid-19 Pandemic in South Africa

Raisuyah Bhagwan

<https://orcid.org/0000-0002-1584-9432>

Durban University of Technology, South Africa

bhagwanr@dut.ac.za

Abstract

Child and youth care is devoted to protecting vulnerable children and youths and enhancing their well-being. Covid-19 brought many challenges to both child and youth care workers and centres in their work milieu in South Africa. Guided by a qualitative research design and the use of purposive sampling, the study sought to understand the experiences of practitioners working at different child and youth care centres. The data were collected using semi-structured interviews and a thematic analysis was used to guide the analysis. The article offers insights into the challenges faced by practitioners at these organisations during the Covid-19 pandemic. In summary, the children at these facilities presented with emotional distress and behavioural problems due to the protracted separation from their parents, family reunification was affected and the child and youth care workers themselves had to deal with increased personal fear and distress as their colleagues tested positive for Covid-19. More important were the new and diverse changes that had to be made to safeguard the well-being of the staff and children at these facilities.

Keywords: Covid-19; child and youth care workers, child and youth care centres

Introduction

The coronavirus disease (Covid-19) pandemic has been the largest threat the world has encountered this century (WHO 2020). It has transcended geographical, cultural and socio-economic divides leaving millions infected. One defining feature of this was the pervasive implementation of quarantines and lockdowns globally (McCutcheon, Grant, and Schulenberg 2020). The deep fear of grave illness, severe shortage of resources, social isolation, financial losses and increased uncertainty contributed to immense psychological distress (Pfefferbaum and North 2020). “While children are not the face



of this pandemic, its broader impacts on children risk being catastrophic and amongst the most lasting consequences for societies as a whole” (United Nations 2020, 4). Covid-19 has unleashed a relentless spread of psychosocial sequelae on children and families and other caregivers (Witt et al. 2020). Inevitably, those vulnerable and disadvantaged children have encountered the greatest impact (Gupta and Jawanda 2020). Those outside of parental care are considered most at risk, particularly those in institutional care, those who live on the streets and those who are separated from their parents.

Rosenthal et al. (2020) highlighted the plight of homeless children, saying that the pandemic would wreak devastating social, economic, health and educational consequences for them. It would be impossible to observe social distancing and self-isolation on the streets and in shelters owing to overcrowding and their abysmal living conditions which is a fertile space for greater exposure and transmission.

The children from developing countries such as South Africa, vulnerable communities and neighbourhoods are more susceptible to the coronavirus, health and survival issues, malnutrition and child maltreatment (Iqbal and Tayyab 2021). Moreover, vulnerable children and youths, especially those who are abused, in foster care or struggling with substance use disorders are deserving of greater consideration during the pandemic (Cohen and Bosk 2020). It is against this backdrop that this study aimed to describe the experiences of child and youth care workers (CYCWs) at child and youth care centres (CYCCs) during the Covid-19 pandemic in South Africa. The next subsections focus on the literature reviewed, the methodology and a discussion of the findings.

Literature Review

Bartlett, Griffin and Thomson (2020) wrote that research on natural disasters reflects that children are more vulnerable to the emotional impact of traumatic events that disrupt their daily life. According to Singh et al. (2020), the nature and extent of the impact on children are influenced by vulnerability factors such as the developmental age, current educational status, having special needs, pre-existing mental health conditions, being economically underprivileged and where the child or parent is quarantined due to infection or fear of infection. Children in institutional care are those who have a history of trauma or pre-existing mental or developmental problems and whose parents grapple with mental health problems, substance abuse or economic instability, and are more vulnerable to emotional disturbances during the pandemic (Bartlett, Griffin, and Thomson 2020).

UNESCO argued that widespread job losses and greater economic insecurity could lead to increased child exploitation and domestic violence. Child abuse and neglect has become a significant feature of the pandemic with parental stress a predictor (Buheji et al. 2020). Stay-at-home orders and financial stress will make it untenable and dangerous for children, meaning a greater number of children will require institutional care. The

challenge, however, is that protection agencies may experience difficulties reaching out to children during lockdown (Cohen and Bosk 2020). An increased number of children will also need care, as many will lose family members or be orphaned through the virus (Gupta and Jawanda 2020). These factors require greater prioritisation of the mental health problems of children to avoid negative outcomes (Golberstein and Miller 2020).

It is within this context that children welfare organisations and governments will have to work collaboratively to minimise the impact of the pandemic (Gupta and Jawanda 2020). CYCWs were deemed essential workers during the hardest lockdown phase in South Africa. Little literature exists, however, related to their experiences during the pandemic. Literature related to healthcare workers as essential workers reflects the genuine threats to their physical safety and indirectly to that of their families (Billings et al. 2020). Research on frontline staff indicate their risk for mental health problems particularly depression, anxiety and post-traumatic stress disorder (Rossi et al. 2020). Other studies have found traumatic stress, financial distress and stigma as known stressors during the pandemic (Shojaei and Masoumi 2020). It is against this backdrop that this study sought to understand the personal and work-related experiences of CYCWs in South Africa.

Methodology

Qualitative methodology with an exploratory, descriptive design was adopted to guide the study seeking to understand the participants' subjective life experiences and their views related to the way in which the pandemic affected children and the functioning of childcare organisations (Etemadifar et al. 2015). The study included eight participants who were CYCWs and who worked at CYCCs during the Covid-19 pandemic. Data collection stopped once saturation was achieved from the CYCWs across all the centres involved. Only those who were at work as essential workers during the period of lockdown, level 5, were selected. CYCWs undertake

work with children and youth, as whole persons, in order to promote their social competence and healthy development, by participating in and using their day-to-day environments and life experiences, and through the development of therapeutic relationships . . . with the particular child or youth. (Anglin 2001, 2)

The participants were selected from a group of Bachelor of Technology: Child and Youth Care students at the Durban University of Technology in South Africa. They worked at various CYCCs while studying part-time. Non-probability purposive sampling strategies were used to recruit the participants. Purposeful sampling targets highly selective, information-rich cases that can shed light on the research questions (Patton 2015).

Data were collected from practitioners working at places of safety, residential childcare homes, CYCCs and substance use treatment facilities. Semi-structured interviews were

deemed most appropriate to collect data. All ethical aspects were considered including seeking informed consent from the participants, maintaining confidentiality and anonymity of the participants and non-coercion of the students to participate despite being their lecturer. The participants were free to withdraw from the study at any point. After securing ethical approval from the Durban University of Technology (IREC 125/20), the researcher invited the participants to an interview which was conducted on the Microsoft Teams platform with the help of an interview guide. This was in accordance with social distance protocols in line with level 5 lockdown regulations. The interviews were audio-recorded and then transcribed verbatim.

Thematic analysis was used to analyse the data (Braun and Clarke 2006). A coding data scheme was constructed to explore the data and codes were developed after reading the transcripts several times. Open coding can be described as a process in which the researcher engaged in a line-by-line reading of the data to organise quotes that resonated with the research questions. These codes formed the potential themes so that they covered the research questions. The relevant concepts were identified in the data and the most descriptive quotes related to each theme selected in accordance with Padgett's (2016) suggestion.

Findings and Discussion

Six main themes emerged and in order to illuminate each theme, direct quotations from the participants are reported. The findings for each theme will be presented directly followed by the discussion of the findings.

Theme 1: Challenges facing Child and Youth Care Centres

The data reflected that CYCCs were affected during the lockdown phase. The most significant finding was the directive that they would remain open during the lockdown regulations. The directive stipulated that "there would be no admission and discharge during the lockdown even if the children [had] completed their programme, for protection of the staff and children" (P2).

The directive pertaining to the non-discharge of those who had completed their programme meant that the reunification process with family was delayed. The non-admission of children to certain centres also meant that those at risk could not be admitted to such facilities. This was evident in the following excerpt that "shelters, child and youth care centres and rehabilitation centres will remain functional and there should be no visitation, no admissions and release of anyone in the centres even if they have completed the programme" (P6).

Although the global shutdown orders meant that most children were able to spend more time with family members, it was the reverse for those in institutional care. One of the challenges for these centres related to funding. A participant said that "a concern was

that funding could potentially be affected, if the CYCCs were not able to enrol or admit the required numbers” (P1). Another issue confronting CYCWs was the newness of challenges related to Covid-19. One participant said, “CYCWs have been finding it difficult to manage child and youth care centres during this pandemic. Social distancing was not always possible for all CYCCs, especially centres that had really large numbers” (P1). Social distancing regulations meant that “we had to change the seating arrangement for group work, to allow for space in-between group participants. The same was done with beds in their sleeping quarters” (P2).

In addition to the challenge of “home” schooling, children were also deprived of sponsored meals. A participant said,

we were not allowed to receive any donations during the lockdown. This meant that they could not receive food from sponsors . . . who sponsor lunch and snacks but this became restricted during the lockdown. The children had to become accustomed to basic food. (P1)

The other challenge was schooling:

Children in residential care or child and youth care centres attend public schools and most have no access to online learning channels. With school being closed for most grades, the child and youth care workers had to put on the hat of being educators. (P1)

The difficulties with home schooling are evident in the literature with reports that most caregivers with school-going children had to deal with home schooling for the first time (O’Connor et al. 2020).

Van Lancker and Parolin (2020) asserted that school closures widened the learning chasm between children from low and high socio-economic backgrounds, as the effects were hugest in poor communities with no internet facilities. This was evident in the data as children in institutional care had no access to online channels of learning. Zhang et al. (2020) described the weaknesses in the online learning infrastructure, information gaps, complex learning environments and their effects on learning outcomes. The absence of normal school activities was noted to affect vulnerable groups more particularly socially disadvantaged children, those with special needs and those without adequate supervision of learning at home (Brown et al. 2020).

Covid-19 also exacerbated the digital divide and the differences among those without access to laptops, smartphones, TV and radio. The most marginalised populations do not have access to such devices making it challenging to accommodate the educational needs of children. This was evident as most CYCCs did not have the infrastructure for online learning. It is in this context that “the material, cultural-epistemic and geopolitical inequalities, that are now clearly visible through the lens of COVID-19 are not new phenomena but are exacerbations of deeply rooted pre-existing inequalities” (Bozkurt et al. 2020, 6). Moreover, families were disconnected from direct support systems such

as extended family, schools, religious and spiritual organisations and other community organisations (Buheji et al. 2020).

Theme 2: Child and Youth Care Workers Deemed Essential Workers

Subtheme 1: Role as Essential Workers

CYCWs were deemed essential workers in South Africa. Two participants explained:

As a child and youth care worker I fall under the criteria of essential worker . . . as we render services to children in need of immediate care and protection on a 24 hour service basis, therefore we have to be at work throughout the lockdown. (P5)

I had to be at work during lockdown for the best interest of children and youth in my facility. (P3)

As reflected, the participants understood their duty towards the children in their care during the lockdown.

The pandemic, however, brought changes to their working conditions, as many CYCW had to live at their organisations. One participant said:

Some CYCCs have a lot of children . . . the lockdown meant that CYCWs had to stay at the premises for the duration of their shifts, some 7 days and others up to 11 days. Being on an 11-day shift was not exactly easy for some of the CYCWs especially that the children were not even going to school. (P1)

These longer shifts and those children with diverse psychological, emotional and behavioural problems would have added to the stress of CYCWS working on protracted shifts without respite. Although they understood that they were essential staff they still experienced anxiety. One participant said, “staff members were anxious and didn’t know how to respond to the pandemic in the workplace and in their homes” (P3). Covid-19 was a new experience for them and hence they felt unprepared and anxious with regard to the way in which to cope with changes both at work and in their homes. A deeper exploration of this is discussed next.

Subtheme 2: Fear and Anxiety as an Essential Worker

Many of the fears confronting CYCWs related to personally contracting the virus. One CYCW said,

We had already had two positive cases of coronavirus of colleagues, other colleagues were in quarantine because they were in close contact with the two who were found positive . . . stress levels have been very high all the time not knowing if you are still safe and if your co-workers will not infect you . . . as numbers continue to rise and deaths. (P5)

This excerpt reflected their acute anxiety as they believed they were more susceptible to contracting the virus from their co-workers.

Their awareness of the escalation in numbers also led to heightened anxiety as they felt that being at work could make them vulnerable to contracting the virus and passing it on to family members. Wang et al. (2020) concurred saying that most frontline staff have heightened concerns that their loved ones would contract the virus. A participant said that

during level 5 of the lockdown, CYCCs provided the workers with transport to and from home. CYCWs were given the necessary personal protective equipment as a precaution, but even so . . . it has been difficult to protect staff's safety. (P1)

Despite being provisioned with transport and protective equipment, CYCWs still felt hugely vulnerable.

Theme 3: Effects of Covid-19 on Childcare Services

Subtheme 1: Family Reunification

The lockdown regulations had a significant impact on the services offered at CYCCs. Two participants said:

Family visits were not allowed . . . they end up by the gate and going back home without seeing their children. Security were asked to take the parcel that they brought for their children's and make sure that they sanitised all of them for protection. Other families were angry with us for not allowing them to see their children and they were coming from far away. (P2)

Guardians and host parents were not allowed to visit the children. Children started missing home, especially those whose guardians don't make it a habit to phone them. CYCWs found it challenging to help the children understand that they would not be able to receive visitors of family members or visit their host parents or family members during the holidays. (P1)

These excerpts reflect the anguish parents experienced at being physically separated from their children, as they were not permitted to see them. The data suggest that even the children were distressed due to this disconnect from their parents.

Owing to the enforced isolation of children, CYCWs had "to advocate for the children to have more telephone calls because there were no visitors allowed . . . to help the children not to lose contact with their families" (P2). Another said that to counter the distress children and parents experienced, "we now allowed the service user to make two phone calls a week" (P6).

As evidenced, the most distressing experience was that children were further isolated from their families, owing to their inability to see each other. Although there was

advocacy of more telephonic contact, it did not replace intimate contact for children already separated from their parents. Concern about the virus itself, associated with the lack of contact with people in the domestic environment, has been found to increase stress among children (Buheji et al. 2020). However, Wilke, Howard and Pop (2020) said, “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.” This should be encouraged in the absence of physical contact. Bartlett, Griffin and Thomson (2020) also suggested other activities to ensure connectedness, such as writing a letter or creating art for families who were affected.

Inevitably, the loss of personal contact affected reunification. One participant described their role as being to “reunite the child with his family” (P2). Another said that

the reunification programme is essential. It helps the child to rebuild the relationship with his or her family. That happens during the family conference that is organised by child and youth care workers. These did not take place during the lockdown. (P2)

The Children’s Act (South Africa 2005) stipulates that placement in alternative care is subject to the provision of reunification services to ensure that placements are for a limited period only, so reunification of children and their parents occur. One of the roles related to reunification includes the provision of counselling before and after reunification, which was inevitably disrupted during the lockdown, thereby leading to a longer period of time in institutional care. One participant expressed that “family workshops did not happen . . . [we] tried to do it telephonically but it was a challenge” (P2). The biggest impact, however, was on children due to be released to go home as follows:

service users wanted to be released back to their families especially those who had a week left with us at the centre. Service users were angry, frustrated, sad, disappointed and didn’t want to follow the designed programme and rules of the centre. (P6)

The children whose release was imminent hence faced a range of painful emotions. This created further challenges for CYCWs as they had to manage not only the children’s fears and anxieties related to the virus, but also the children’s emotions and distress related to being unable to go home. An exploration of the emotional and behavioural effects on the children is presented next.

Subtheme 2: Emotional and Behavioural Effects on the Children

The participants reported that the virus caused emotional and behavioural problems. One participant said that among the children “trust became hard because not everyone with the virus will show symptoms” (P4). They were afraid that they could personally contract the virus and were also afraid for the well-being of their family. Qiu et al. (2020) asserted that Covid-19 will likely leave psychological scars for many. This is

related to the heightened concern that loved ones would contract Covid-19 (Wang et al. 2020).

This was evidenced as follows: “most youth in our facility had fears that they might lose their family members because of the virus . . . some were worried about how their families would survive as many companies were shutting down” (P3). The children were hence not only faced with greater physical separation from family, but were also afraid they could lose their loved ones to the virus and were afraid about how their families would survive the financial distress resulting from business closures. “The fact that no visitors were allowed into the facility, made them feel like they were in prison and were denied some of their rights” (P3). This led to other behavioural changes among the children as follows:

The behaviour of children started to become challenging, when they see that they have stayed at facility centre more than expected. Their frustration made them moody, short tempered, confused, doing the behaviour that is not accepted like fighting, swearing, and breaking the rules. (P2)

Bartlett, Griffin and Thomson (2020) concurred, saying that children respond to stressful circumstances by becoming irritable, clingy, or more demanding, which warrants that caregivers show greater empathy and patience and calmly setting limits when required. In one of the few studies on Covid-19 with young people, Xie et al. (2020) identified increased levels of anxiety and depression among school-aged children who had to endure home confinement. In another study it was found that keeping young people indoors was challenging because of boredom and the difficulties in exercising social distancing in houses with small rooms (Mathew et al. 2020). Bozkurt et al. (2020) suggested other activities such as gardening and sport and prioritising issues of care, empathy, and emotional and psychological support.

Research has found that children are more vulnerable to the emotional impact of traumatic events that disrupt their daily lives and they struggle with adjustments to their routines including school closures, social distancing and home confinement (Bartlett, Griffin, and Thomson 2020). As stated by one participant:

During the lockdown children were not allowed to leave the residential care to go to parks or other places of leisure and entertainment. At some point they were not even allowed to play in the yard. This created a lot of frustration as children suddenly had to adjust to all the restrictions and changes in routine. (P1)

Gupta and Jawanda (2020, 2) wrote that “isolation, physical distance and loneliness are challenging situations for every human being”. They added that children are bound to miss interacting with their own peer groups, and that this could result in drastic behavioural changes such as frustration, anger, anxiety and irritability. This warrants greater psychosocial care and support from CYCWs working in the life space of these children. Another study in China found that the most common behavioural problems

among children between the ages of 3 and 18 included clinginess, irritability and an acute fear of the epidemic (Brooks et al. 2020). Orgilés et al. (2020) also investigated the emotional impact of quarantine on children in Italy and Spain. Perceived changes in children's emotions and behaviours showed that the most frequent symptoms were difficulty concentrating (76.6%), boredom (52%) irritability (39%) restlessness (38.8%), nervousness (38%) and feelings of loneliness (31.3%). These findings entrench the need for greater mental health support for children in institutional care. The pandemic has also affected physical activities with a study in South Korea revealing that 81 per cent of children's screen time had increased and 94 per cent of children's use of play and sports facilities had decreased (*Lancet* 2020).

Because children were unable to go home or go out, several absconded, increasing the risk for other children contracting Covid-19 when they were found and returned. One participant said,

The children began absconding from the centre, some children, went to sell their belongings in order to get drugs, such behaviour puts our lives at risk because when they abscond and come back to the centre. Such behaviour raised more anxiety and fear because as staff we follow all the safety precautions but with them in and out of the centre we don't know who they were socialising with outside and their status, if those people have the virus or not. (P6)

The change in norm, in the normal routines, the lack of peer contact, and the lack of contact from family members may have led to them absconding. The fact that they could be exposed to the virus meant that social isolation protocols and greater education regarding transmission of the virus had to be in place to protect other children and staff. The latter is particularly important for children who absconded to secure drugs and might have been in contact with those who have not been practicing social distancing. This type of risky behaviour puts both the children and staff at the centres at risk of contracting the virus.

In the light of the behavioural changes and frustration emanating from social distancing, CYCWS "had to create programmes and activities especially for the adolescents, to keep them distracted." (P6). A new programme had to be introduced to educate children about the virus. "We had to be creative in keeping children occupied. We did a Covid-19 programme with the children to educate them about the virus" (P2). Although little research has been done on CYCCs, Covid-19 related studies have found increased rates of symptoms for both depression and anxiety among school-aged children confined to their homes (O'Connor 2020, 2). Silver et al. (2020) said human connection is important and therapeutic relationships with those who are socially isolated are important during this uncertain and frightening time. Human connection is important to healing (Herman 2015) which indicates the importance of social connection in improving psychological and physical well-being (Murthy 2020; Seppala 2012). Even for those who are not fully isolated, maintaining ties to the "outside world" is important to one's "pre-pandemic" life and psychological mind (Silver et al. 2020, 4).

Theme 4: Distress Experienced by Child and Youth Care Workers

The fourth theme reflected the distress experienced by CYCWs. A participant said, “everyone at work has been very anxious and scared of contracting the virus at work and infecting family members at home” (P5). This fear was exacerbated when practitioners “learn that some people are in quarantine and self-isolation, [it] is difficult and worse when those people do not report. . . . I know they are afraid of being stigmatised because people are very scared of the virus” (P4). These excerpts highlight the personal fears practitioner’s experience with regard to contracting the virus at work and passing it on to their loved ones. As evidenced non-disclosure is related to stigma and fear of being ostracised at work. Covid-19 has been stigmatised owing to transmission (Haokip 2021). Bao et al. (2020) stated that Covid-19-induced stigma can plunge people into further isolation.

This intense fear that other colleagues were possibly positive and that CYCWs were working among those who were potentially positive, emanated from the following experience,

after being home for three days I received news of the passing of two colleagues . . . [this] has come as a shock to everyone because these were healthy people and just goes to show us how harsh this virus can be. It also shows us that it can happen to anyone because these are people we have been spending time with and now people need to look out for early symptoms in order to be tested for the virus. (P4)

The potential for asymptomatic individuals to be at work and the complexities surrounding symptoms, transmission and effects of the virus led to deep fear among the practitioners. The loss of colleagues who appeared healthy undeniably created greater fear among those who became aware of the invisible perils posed by the virus.

The literature highlights ways in which traumatic events arising from the Covid-19 can activate intense fears about mortality (Bell et al. 2021, 3). Anxiety has been linked to death, contamination, loss and estrangement from others (Sandage et al. 2020). Moreover, the pandemic has left almost everyone having to mourn the loss of someone close to them, which includes colleagues and reflects the need for organisations to support CYCWs during the grieving process. Social distancing also creates challenges as people have to work through their feelings of grief in new, socially distanced ways (Litam and Hipolito Delgado 2021, 6).

Theme 5: Safeguarding Child and Youth Care Centres

The fifth theme that emerged related to the need to protect CYCCs during the pandemic. The participants expressed that various measures were put in place to safeguard the practitioners and children.

For both staff and children it was compulsory to wear masks. Management provided us with personal protective equipment such as face masks, both cloth and surgical masks, gloves, sanitisers and wipes. (P6)

At the security gate you are permitted to enter if you have a mask on, your temperature checked. You are then screened for Covid-19 symptoms. If you have symptoms you are not granted entry. You are sanitised and only then can you enter to assume your duties at work. (P5)

Although most of these measures were mandatory at all workplaces, there were other changes at CYCCs. “Seating arrangements had to change at the dining hall, in order to follow the regulation of social distance regulations, social distance markings were made visible at the dining hall floor, group rooms and dormitories” (P6). They said “as CYCWS a lot of in-service training has been done to prepare us and equip us in working under lockdown during this pandemic. The way we work had to change . . . and our working shifts also had to change” (P5). Another participant said she was tasked to “facilitate an in-service training programme for child and youth care workers which is a response to Covid-19 pandemic . . . how we can serve the children best . . . and to help others deal better with anxiety through this time” (P5).

Although these training programmes were an important part of knowledge building, they also provided mental health support for CYCWs. Lu et al. (2020, 133) claimed that those who care for others during these crises are vulnerable not only to infection, but also to psychological distress. Despite the need for mental health support, professionals have received little of same. Health professionals have often asked for reassurance that their organisations will provide emotional and social support if they or their families become infected (Shanafelt, Ripp, and Trockel 2020).

Theme 6: Safeguarding the Children

The last theme reflected the changes that had to be effected to protect children at CYCCs. A participant said:

The children in our facility are always closely monitored for any Covid-19 symptoms . . . sections have been divided into smaller groups to allow social distancing and they all have to wear a mask, there are sanitisers in all the areas that the children occupy. We also do different awareness programs and educational activities to help the young people understand Covid-19 better. (P5)

UNICEF suggested the importance of comforting children during the pandemic by being honest, providing reassurance and explaining the practical measures to keep safe (Gupta and Jawanda 2020).

In addition, one participant said,

our facility receives children who need care and protection and youth awaiting trial . . . the children who were in our facility when the lockdown started could not be moved to other centres . . . and also all children that were admitted during lockdown had to be quarantined for 14 days, in isolation rooms before they could be moved to sections with larger groups of children within the facility to make sure that they do not spread the virus should they be found positive during their isolation. (P5)

This meant an increase in numbers and a mix of children, those in need of care and those who were juvenile offenders, who had to be housed together. Their different emotional and behavioural challenges meant that mechanisms had to be in place to protect emotionally vulnerable children from the offenders.

Those new admissions who had to be quarantined to protect those already in care, resulted in children not only adapting to a new environment, but also having to do so in isolation. Liu et al. (2020) highlighted that quarantined children run the risk of increased psychiatric disorders, post-traumatic stress, and separation anxiety, and are at a higher risk of developing mood disorders and even suicidal behaviour. This calls for greater emotional support for children in quarantine. A wellness programme for children can include physical activity, nutrition, and healthy and safe social interaction (Litam and Hipolito Delgado 2021, 7).

Conclusion

The study found that both children in institutional care and the CYCWs experienced fear, anxiety and distress with regard to themselves and their loved ones contracting the virus. There is a need to increase practices geared towards helping people feel connected and supported. Virtual training through webinars, seminars, and interventions will help CYCWs to better serve children and families during the pandemic (Wilke, Howard, and Pop 2020). Ripp, Peccoraro and Charney (2020) suggested mindfulness, music therapy, virtual-facilitated support groups, 24-hour mental health support and peer support hotlines.

Bartlett, Griffin and Thomson (2020) wrote that children should feel safe and positive and suggested that storytelling with a focus on the ways in which people come together and overcome adversity during the pandemic can be both reassuring and therapeutic for children. They should be taught safety guidelines such as sanitising their hands, and become involved in safe activities using, for example, music while engaging in play and other joyful experiences so as to distract from the fear of the epidemic.

In cases where children lost loved ones, a socially distanced grieving strategy can encourage them to memorialise their lost loved ones, using art to celebrate a loved one's life or by gathering virtually with family (Litam and Hipolito Delgado 2021).

Adolescents may experience a sense of loss through their inability to participate in important milestones, including birthdays, graduations, sporting events, and proms which require consideration of the ways in which they can commemorate meaningful achievements.

References

- Anglin, James. 2001. "Child and Youth Care: A Unique Profession." CYC-Net. Accessed 4 September 2021. <https://cyc-net.org/cyc-online/cycol-1201-anglin.html>.
- Bao, Yanping, Yankun Sun, Shiqiu Meng, Jie Shi, and Lin Lu. 2020. "2019-nCoV Epidemic: Address Mental Health Care to Empower Society." *Lancet* 395 (10224): e37–e38. [https://doi.org/10.1016/S0140-6736\(20\)30309-3](https://doi.org/10.1016/S0140-6736(20)30309-3).
- Bartlett, Jessica Dym, Jessica Griffin, and Dana Thomson. 2020. "Resources for Supporting Children's Emotional Well-Being during the COVID-19 Pandemic." *Child Trends* 12.
- Bell, Chance A., Sarah A. Crabtree, Eugene L. Hall, and Steven J. Sandage. 2021. "Research in Counselling and Psychotherapy Post-COVID-19." *Counselling and Psychotherapy Research* 21 (1): 3–7. <https://doi.org/10.1002/capr.12334>.
- Billings, Jo, Brian Chi Fung Ching, Vasiliki Gkofa, Talya Greene, and Michael Bloomfield. 2020. "Healthcare Workers Experiences of Working on the Frontline and Views about Support during COVID-19 and Comparable Pandemics: A Rapid Review and Meta-Synthesis." *MedRxiv*. <https://doi.org/10.1101/2020.06.21.20136705>.
- Bozkurt, Aras, Insung Jung, Junhong Xiao, Viviane Vladimirschi, Robert Schuwer, Gennady Egorov, Sarah Lambert et al. 2020. "A Global Outlook to the Interruption of Education due to COVID-19 Pandemic: Navigating in a Time of Uncertainty and Crisis." *Asian Journal of Distance Education* 15 (1): 1–126.
- Braun, Virginia, and Victoria Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Brooks, Samantha K., Rebecca K. Webster, Louise E. Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, and Gideon James Rubin. 2020. "Rapid Review." *Lancet* 395: 912–20. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).
- Brown, Natalie, Kitty Te Riele, Becky Shelley, and Jessica Woodroffe. 2020. "Learning at Home during COVID-19: Effects on Vulnerable Young Australians." *Peter Underwood Centre for Educational Attainment*.
- Buheji, Mohamed, Ashwaq Hassani, Ahmed Ebrahim, Katiane da Costa Cunha, Haitham Jahrami, Mohamed Baloshi, and Suad Hubail. 2020. "Children and Coping during COVID-19: A Scoping Review of Bio-Psycho-Social Factors." *International Journal of Applied Psychology* 10 (1): 8–15. <https://doi.org/10.5923/j.ijap.20201001.02>.

- Cohen, Rachel I. Silliman, and Emily Adlin Bosk. 2020. "Vulnerable Youth and the COVID-19 Pandemic." *Pediatrics* 146 (1). <https://doi.org/10.1542/peds.2020-1306>.
- Etemadifar, Shahram, Masoud Bahrami, Mohsen Shahriari, and Alireza Khosravi Farsani. 2015. "Family Caregivers' Experiences of Caring for Patients with Heart Failure: A Descriptive, Exploratory Qualitative Study." *Journal of Nursing Research* 23 (2): 153–61. <https://doi.org/10.1097/JNR.0000000000000076>.
- Golberstein, Ezra, Hefei Wen, and Benjamin F. Miller. 2020. "Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents." *JAMA Pediatrics* 174 (9): 819–20. <https://doi.org/10.1001/jamapediatrics.2020.1456>.
- Gupta, Sonia, and Manveen Kaur Jawanda. 2020. "The Impacts of COVID-19 on Children." *Acta Paediatrica* 109 (11): 2181–83. <https://doi.org/10.1111/apa.15484>.
- Haokip, Thongkholal. 2021. "From 'Chinky' to 'Coronavirus': Racism against Northeast Indians during the COVID-19 Pandemic." *Asian Ethnicity* 22 (2): 353–73. <https://doi.org/10.1080/14631369.2020.1763161>.
- Herman, Judith Lewis. 2015. *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*. London: Hachette.
- Iqbal, Saad Arslan, and Namra Tayyab. 2021. "COVID-19 and Children: The Mental and Physical Reverberations of the Pandemic." *Child: Care, Health and Development* 47 (1): 136–39. <https://doi.org/10.1111/cch.12822>.
- Lancet*. 2020. "Pandemic School Closures: Risks and Opportunities." *Lancet Child and Adolescent Health* 4 (5): 341. [https://doi.org/10.1016/S2352-4642\(20\)30105-X](https://doi.org/10.1016/S2352-4642(20)30105-X).
- Litam, Stacey Diane Arañez, and Carlos P. Hipolito Delgado. 2021. "When Being 'Essential' Illuminates Disparities: Counseling Clients Affected by COVID-19." *Journal of Counseling and Development* 99 (1): 3–10. <https://doi.org/10.1002/jcad.12349>.
- Liu, Jia Jia, Yanping Bao, Xiaolin Huang, Jie Shi, and Lin Lu. 2020. "Mental Health Considerations for Children Quarantined because of COVID-19." *Lancet Child and Adolescent Health* 4 (5): 347–49. [https://doi.org/10.1016/S2352-4642\(20\)30096-1](https://doi.org/10.1016/S2352-4642(20)30096-1).
- Lu, Wen, Hang Wang, Yuxing Lin, and Li Li. 2020. "Psychological Status of Medical Workforce during the COVID-19 Pandemic: A Cross-Sectional Study." *Psychiatry Research* 288: 112936. <https://doi.org/10.1016/j.psychres.2020.112936>.
- Mathew, Nyashanu, Ikhile Deborah, Thamary Karonga, and Chireshe Rumbidzai. 2020. "The Impact of COVID-19 Lockdown in a Developing Country: Narratives of Self-Employed Women in Ndola, Zambia." *Health Care for Women International* 1–14. <https://doi.org/10.1080/07399332.2020.1823983>.

- McCutcheon, Victoria E., Jailien B. Grant, and Stefan E. Schulenberg. 2020. "Answering the Call of COVID-19: An Integrated Mental Health Response Considering Education, Training, Research, and Service." *Psychological Trauma: Theory, Research, Practice, and Policy* 12 (S1): S284. <https://doi.org/10.1037/tra0000896>.
- Murthy, R. Srinivasa. 2020. "COVID-19 Pandemic and Emotional Health: Social Psychiatry Perspective." *Indian Journal of Social Psychiatry* 36 (5): 24. https://doi.org/10.4103/ijsp.ijsp_293_20.
- O'Connor, Matt. 2020. "School Counselling during COVID-19: An Initial Examination of School Counselling Use during a 5-Week Remote Learning Period." *Pastoral Care in Education* 1–11. <https://doi.org/10.1080/02643944.2020.1855674>.
- O'Connor, Daryl B., John P. Aggleton, Bhismadev Chakrabarti, Cary L. Cooper, Cathy Creswell, Sandra Dunsmuir, Susan T. Fiske et al. 2020. "Research Priorities for the COVID-19 Pandemic and Beyond: A Call to Action for Psychological Science." 603–29. <https://doi.org/10.1111/bjop.12468>.
- Orgilés, M., A. Morales, E. Delvecchio, C. Mazzeschi, and J. P. Espada. 2020. "Immediate Psychological Effects of the COVID-19 Quarantine in Youth from Italy and Spain." *PsyArXiv*. <https://doi.org/10.31234/osf.io/qaz9w>.
- Padgett, Deborah K. 2016. *Qualitative Methods in Social Work Research*. Thousand Oaks: Sage.
- Patton, Micheal Quinn. 2015. *Qualitative Research and Evaluation Methods Integrating Theory and Practice*. 4th ed. Thousand Oaks: Sage.
- Pfefferbaum, Betty, and Carol S. North. 2020. "Mental Health and the Covid-19 Pandemic." *New England Journal of Medicine* 383 (6): 510–12. <https://doi.org/10.1056/NEJMp2008017>.
- Qiu, Jianyin, Bin Shen, Min Zhao, Zhen Wang, Bin Xie, and Yifeng Xu. 2020. "A Nationwide Survey of Psychological Distress among Chinese People in the COVID-19 Epidemic: Implications and Policy Recommendations." *General Psychiatry* 33 (2). <https://doi.org/10.1136/gpsych-2020-100213>.
- Ripp, Jonathan, Lauren Peccoraro, and Dennis Charney. 2020. "Attending to the Emotional Well-Being of the Health Care Workforce in a New York City Health System during the COVID-19 Pandemic." *Academic Medicine*. <https://doi.org/10.1097/ACM.0000000000003414>.
- Rosenthal, Diana Margot, Marcella Ucci, Michelle Heys, Andrew Hayward, and Monica Lakhanpaul. 2020. "Impacts of COVID-19 on Vulnerable Children in Temporary Accommodation in the UK." *Lancet Public Health* 5 (5): e241–e242. [https://doi.org/10.1016/S2468-2667\(20\)30080-3](https://doi.org/10.1016/S2468-2667(20)30080-3).

- Rossi, Rodolfo, Valentina Socci, Francesca Pacitti, Giorgio Di Lorenzo, Antinisca Di Marco, Alberto Siracusano, and Alessandro Rossi. 2020. "Mental Health Outcomes among Frontline and Second-Line Health Care Workers during the Coronavirus Disease 2019 (COVID-19) Pandemic in Italy." *JAMA Network Open* 3 (5): e2010185–e2010185. <https://doi.org/10.1001/jamanetworkopen.2020.10185>.
- Sandage, Steven J., David Rupert, George Stavros, and Nancy G. Devor. 2020. *Relational Spirituality in Psychotherapy: Healing Suffering and Promoting Growth*. American Psychological Association. <https://doi.org/10.1037/0000174-000>.
- Seppala, E. 2012. *Connect to Thrive*. Psychology Today.
- Shanafelt, Tait, Jonathan Ripp, and Mickey Trockel. 2020. "Understanding and Addressing Sources of Anxiety among Health Care Professionals during the COVID-19 Pandemic." *Jama* 323 (21): 2133–34. <https://doi.org/10.1001/jama.2020.5893>.
- Shojaei, Seyedeh Fahimeh, and Roya Masoumi. 2020. "The Importance of Mental Health Training for Psychologists in COVID-19 Outbreak." *Middle East Journal of Rehabilitation and Health Studies* 7 (2). <https://doi.org/10.5812/mejrh.102846>.
- Silver, Zoe, Mikaela Coger, Sebastian Barr, and Rebecca Drill. 2020. "Psychotherapy at a Public Hospital in the Time of COVID-19: Telehealth and Implications for Practice." *Counselling Psychology Quarterly* 1–9. <https://doi.org/10.1080/09515070.2020.1777390>.
- Singh, Shweta, Deblina Roy, Kritika Sinha, Sheeba Parveen, Ginni Sharma, and Gunjan Joshi. 2020. "Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations." *Psychiatry Research* 113429. <https://doi.org/10.1016/j.psychres.2020.113429>.
- South Africa. 2005. *Children's Act, 2005 (Act No. 38 of 2005)*. Pretoria: Government Printers.
- United Nations. 2020. *The Impact of COVID-19 on Children*. New York: UN.
- Van Lancker, Wim, and Zachary Parolin. 2020. "COVID-19, School Closures, and Child Poverty: A Social Crisis in the Making." *Lancet Public Health* 5 (5): e243–e244. [https://doi.org/10.1016/S2468-2667\(20\)30084-0](https://doi.org/10.1016/S2468-2667(20)30084-0).
- Wang, Cuiyan, Riyu Pan, Xiaoyang Wan, Yilin Tan, Linkang Xu, Cyrus S. Ho, and Roger C. Ho. 2020. "Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China." *International Journal of Environmental Research and Public Health* 17 (5): 1729. <https://doi.org/10.3390/ijerph17051729>.
- Wilke, Nicole Gilbertson, Amanda Hiles Howard, and Delia Pop. 2020. "Data-Informed Recommendations for Services Providers Working with Vulnerable Children and Families during the COVID-19 Pandemic." *Child Abuse and Neglect* 110 (2): 104642. <https://doi.org/10.1016/j.chiabu.2020.104642>.

- Witt, Andreas, Anna Ordóñez, Andrés Martín, Benedetto Vitiello, and Jörg M. Fegert. 2020. "Child and Adolescent Mental Health Service Provision and Research during the Covid-19 Pandemic: Challenges, Opportunities, and a Call for Submissions." 1–4. <https://doi.org/10.1186/s13034-020-00324-8>.
- WHO (World Health Organization). 2020. "WHO Characterizes COVID-19 as a Pandemic." World Health Organization.
- Xie, Xinyan, Qi Xue, Yu Zhou, Kaiheng Zhu, Qi Liu, Jijia Zhang, and Ranran Song. 2020. "Mental Health Status among Children in Home Confinement during the Coronavirus Disease 2019 Outbreak in Hubei Province, China." *JAMA Pediatrics* 174 (9): 898–900. <https://doi.org/10.1001/jamapediatrics.2020.1619>.
- Zhang, Wunong, Yuxin Wang, Lili Yang, and Chuanyi Wang. 2020. "Suspending Classes without Stopping Learning: China's Education Emergency Management Policy in the COVID-19 Outbreak." 55. <https://doi.org/10.3390/jrfm13030055>.