



Experiences and needs of adolescents in residential care during times of COVID-19 pandemic in Portugal

Luiza Nobre-Lima¹ · Bárbara Esculcas² · Rita Miguel Ramos¹

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Abstract

The COVID-19 pandemic had a significant impact in Residential Care Homes (RCH), with dramatic changes in the lives of children and adolescents in out-of-home care. This qualitative study aimed to give voice to adolescents in Residential Rare (RC), exploring their perception about the impact of the pandemic and lockdown on their lives, regarding their routines and relationships in and out the RCH, schoolwork and contact with their families. Interviews were conducted with nine adolescents ($M=15$ years old; $SD=1.42$) living in RCH for an average of 3 years and 5 months. Data were analyzed according to the grounded theory methodology and led to the understanding that the pandemic has been perceived by the adolescents as a survival lesson. Two moments were identified, the "Beginning" and the "New Normal", through which the predominant feelings were fear, anguish, horror and fatigue and finally, reassurance and hope. Lessons were drawn from this experience. The restrictions imposed by the pandemic decreased their contact with families, introduced chaos in the RCH dynamics, and forced adolescents to remote learning, which was particularly difficult. The collected narratives contributed to the identification of areas of greater vulnerability among adolescents in RC that require urgent intervention but also shed light to the participatory role that they can have in the RCH dynamics.

Keywords COVID-19 pandemic · Quarantine · Adolescents · Residential care · Grounded theory

Introduction

During the COVID-19 pandemic, restrictions on human interaction and the resulting social isolation affected the health and well-being of adolescents, even though they have not been considered at particular risk of severe COVID-19 physical illness (Tsouros, 2020). In adolescence, social isolation intrinsic to lockdown tends to provoke feelings of

anxiety, frustration, nostalgia, and a sense of being cut-off from the world (Imra et al., 2020). With the pandemic, adolescents were forced to replace face-to-face education with distance learning (Imran et al., 2020), saw their extra-curricular activities suspended, and stopped practicing sports freely and socializing with their friends (Freeston et al., 2020). Watching television, playing computer games and, mainly, being on social networks became the most practiced activities (Orgilés et al., 2020). Related to lockdown, some adolescents experienced greater psychological distress and expressed negative emotions (Saurabh & Ranjan, 2020) and reported having weight problems, difficulties concerning sleep, and expressed frustration, fear of leaving home and fear of the future (Ezpeleta et al., 2020).

Long before COVID-19 pandemic, young people living in Residential Care (RC) were already considered a vulnerable group. They exhibit a higher pooled prevalence for any mental disorder (49%) (Bronsard et al., 2016) comparing to the general children and adolescent population (13.4%) (Polanczyk et al., 2015). Young people living in RC also experience significantly lower school integration, lower social support, more externalizing and internalizing

✉ Luiza Nobre-Lima
luizabelima@fpce.uc.pt

Bárbara Esculcas
esculcas20487@gmail.com

Rita Miguel Ramos
ritaramosmiguel@gmail.com

¹ Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC), Faculty of Psychology and Educational Sciences, University of Coimbra, Rua Do Colégio Novo, 3000-115 Coimbra, Portugal

² Agrupamento de Escolas Professor Arménio Lança, Alvalade do Sado, Beja, Portugal

difficulties, as well as poor interpersonal relationships (Heflinger et al., 2000; Moreno et al., 2011; Singstad et al., 2019). While in care, they experience additional stressors and emotional distress. Out-of-home placement frequently represents the loss of attachment figures, repeated placements, a less home-like environment and less individualized caregiving (Li et al., 2017). Besides, RC characteristics such as large number of youngsters, peer violence, lower after-school activities (e.g., leisure-time activities and academic tutoring), less quantity and variety of food served and the suitability of the physical environment to children's needs (e.g., less personal space and privacy) are associated with poorer youths' outcomes (Attar-Schwartz, 2008; Bailey, 2002;). Although adolescents in Residential Care (RC) have undergone the same policies enforced to control the COVID-19 health crisis, such restrain strategies may disproportionately have affected their lives. Aside from school shutdown, disruptions in daily life and reduction on social contacts, youths in RC were also exposed to the interruption of visits from parents and/or relatives (replaced by online visits when possible) and delays in court assessment or other services (Carvalho et al., 2022; Galvin & Kaltner, 2020).

Combining all the above unfavourable contributions, we may presume that youths in RC are in a particularly vulnerable position. Although research has been prolific on topics related to COVID-19 pandemic, its impact on adolescents living in RC is still not clear. Vallejo-Slocker and colleagues (2020) have studied the potential impact of COVID-19 lockdowns among this populations using the Strengths and Difficulties Questionnaire (Goodman, 2001) to measure internalizing and externalizing difficulties. Findings showed worse psychological wellbeing when compared with assessments before COVID-19 outbreak. In addition to the research being scarce, results are also inconsistent. Montserrat and colleagues (2021) have questioned how youths in-care perceive COVID-19 lockdowns and mobility restrictions. Most youths considered that interpersonal relations remained the same, despite girls showing a tendency to be more pessimistic than boys. Moreover, 40.5% of these young people claimed to have felt lonely during lockdown and 37.5% felt they did not have anyone to confide in when they had a problem. Opinions regarding relationship with the biological family were polarized. A significantly higher level of subjective well-being was shown in adolescents who considered that the relationship with staff had improved, and a significantly lower level was found among those who reported having no one to explain their problems to. Finally, Haffejee and Levine (2020) conducted a qualitative study where it was intended to explore the experiences and impact underlying COVID-19 health crisis.

Youths' emotions ranged from well-being to anger, and frustration and they also displayed ambivalent feelings, oscillating between feeling safe within residential setting and, concomitantly, being affected by reduced contact with their family and concerns about their health.

Contrary to the trend around the world of closing RCHs and sending children and young people back to their communities without planning or monitoring (Goldman et al., 2020), Portugal has declared the temporary suspension of all kinds of visits and exits to children and adolescents living in residential care (Cabral et al., 2021). The outcomes of this decision revealed to be negative, with children and adolescents presenting signs of stress and anxiety, sadness, and home and family sickness (Barbosa-Ducharne et al., 2021).

The present study

Vulnerable youth cannot wait for the COVID-19 pandemic to subside to have their increased risks addressed and their needs for emotional and physical safety met (Cohen & Bosk, 2020). In a context such as the pandemic, where the perception of threat is high, it is justifiable that young people's needs are recognised, from the physiological ones (e.g., homeostasis and appetite) to those of self-actualisation (e.g., learning, education, leisure), as well as those of safety (e.g., protection, trust, predictability), love or belongingness (e.g., relationship with others, attachment and permanency) and esteem or psychological (e.g., self-esteem, mental health, autonomy) (Maslow, 1943; Steenbakkers et al., 2018). Thus, the present study was conceived to give voice to adolescents in RC, aiming to explore how they were experiencing the pandemic of COVID-19. Particular attention was given to lockdown and its impact on their daily lives, regarding their routines and relationships in and out the Residential Care Home (RCH), schoolwork and contact with their families.

Living in RC brings, in itself, numerous challenges. The descriptions of young people in RC about their experiences are narratives where ambivalence is evident, through feelings of protection but also of abandonment, of integration but also of betrayal of their families, of support but also of the imposition of many restrictions (Berridge et al., 2012). Balances are difficult, especially in view of the vulnerability of many of these young people. To explore how adolescents live and respond to a circumstance such as the pandemic, with characteristics to increase stress levels in an organization such as a RCH, can be very revealing of the strengths and weaknesses of its way of functioning and of the needs and resources of the young people who live there, particularly in crisis situations. The present study aims to contribute to the identification of the needs of a vulnerable population such as young people living in RC.

Method

An exploratory qualitative study based on theoretical sampling (Conlon et al., 2020; Foley et al., 2021) and Grounded Theory methodology (Charmaz, 2014) was conducted.

Participants

Participated in the study nine adolescents (3 girls and 6 boys) that lived in two gender mixed RCH. They were aged between 13 and 17 years old ($M = 15$; $SD = 1.42$) and their education level ranged between 6 and 12th grade. They were living in residential care for an average of 3 years and 5 months ($SD = 30.80$ months), ranging from 5 months to 7 years, due to adverse life situations, particularly parental maltreatment. Seven of them maintained contact with the biological family, one was orphan, and the parents of the other were in jail. Regarding the pandemic, six of them had already been infected by COVID-19 coronavirus, but none of them was infected at the time of the interview.

Measure

The qualitative interview is a particularly useful research method for accessing interviewees' views, interpretation of events, understanding experiences and opinions (Silverman, 2006). A semi-structured interview was specifically elaborated for the present study. The interview protocol included initial questions aimed to collect demographic information (age, education, placement history and if they had been infected with COVID-19) that allowed for a contextualization and the establishment of rapport.

The questions were as follows: 1) How has it been for you to live in times of a pandemic? (To explore fears, worries, motives of anxiety and how they dealt with them.); 2) Did the pandemic bring changes into your life? (What changed in the RCH and in their relationship with staff, other adolescents, and their families.); 3) How has it been the experience of lockdown? (Dominant feelings, major difficulties, perception of support, changes.); 4) How has it been the experience of home schooling? (Routines, schedules, use of conferencing digital platforms, learning process, relationships with teachers and colleagues.); 5) Did the pandemic and lockdown affect the relationship with your family? (Visits, going home, feelings.); 6) Tell me something positive and negative that the pandemic brought into your life; 7) Please describe the pandemic in one word; 8) How are you living the pandemic one year after its beginning? and 9) How are you dealing with this second lockdown?

Procedures

Data collection

This study was approved by the Commission on Research Ethics and Deontology of the Faculty of Psychology and Educational Sciences of the University of Coimbra and was conducted in permanent compliance with the ethical considerations for evidence generation involving children on the COVID-19 pandemic (Berman, 2020). Data collection faced several constraints due to the pandemic and a second lockdown that was being experienced at the time. Only five out of the twelve RCH in the centre region of Portugal that had been reached-out by phone and email to participate in this study, answered to these contacts. The goals of the study and a request for participation in the study was presented to the Managing Board and the Technical Teams of the five RCHs, but only two agreed to participate, on the condition that the interview would be conducted remotely. The adolescents available to voluntarily collaborate in the interviews were identified by a member of the Technical Team, considering the exclusion criteria of not including adolescents with cognitive difficulties and that were in care for less than one year. There is no information on the number of adolescents who were invited to participate in the study, nor from those how many refused, apart from the nine who accepted to participate. An informed consent from the correspondent legal guardian was sought, and the adolescents signed an informed consent form and authorized the recording of the interviews that were held for 30 to 60 min. The interviews were performed online via Zoom or Skype. The researcher who was going to conduct the interviews articulated with the Director of the Technical Staff to ensure that the adolescents would have appropriate conditions of privacy, equipped with a computer and a webcam. The interviews took place in the RCH, in a private room so the adolescents could feel comfortable during the interviews, and with access to the Internet via the appropriate bandwidth to support synchronous communication technologies. The researcher was also alone while conducting the interview. In the beginning of the interview, the goals of study were presented to the adolescents, and they were asked, once again, for their assent to participate and were told they could stop their collaboration at any time, without any kind of consequences to themselves. It was also explained that they would never be identified, nor the RCH where they were living. They were as well informed that only the researcher and her coordinator would have access to the interview recording, which was supposed to be destroyed once finished the study. During the interview, the researcher constantly monitored the interviewee and was prepared to offer support if the interview elicited emotional activation. The interviews proceeded smoothly,

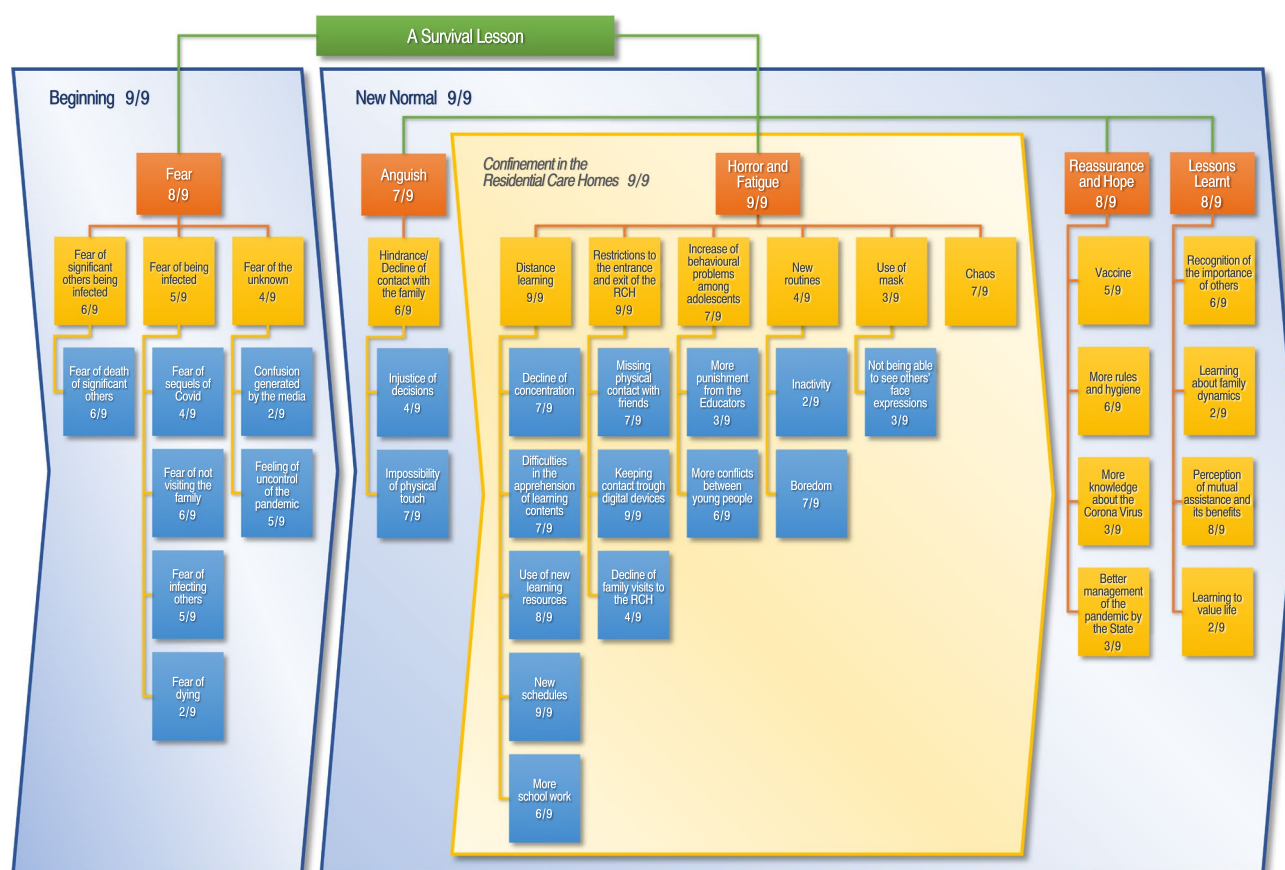


Fig. 1 Perceived impact of COVID-19 pandemic on the lives of adolescents in residential care

with no disruptive events of note. The *verbatim* transcription was completed by the interviewer and the adolescents' identification was anonymized, ensuring the confidentiality.

Data analysis

Adolescents' narratives elicited from the interviews were analysed according to the grounded theory. This methodology is based on a discovery-oriented approach, which allows generating theory from information through inductive processes (Rennie, 1998). The process of elaborating a theory characterizes itself by being iterative and circular and it is permanently anchored in data (Charmaz, 2014). The information that emerges from the analysis is organized in categories, which are validated by a method of questioning and constant comparison with data. After a first step of open categorization, the researcher looks for relations between the existent categories, in an effort of axial coding, leading to the identification of a central category. The saturation of categories will give consistency to the interpretation process that is undertaken and adds meaning to the narrative that is generated (Charmaz, 2014).

The transcriptions of the interviews were read by two researchers. One of them was responsible by a first moment of data analysis, coding the transcriptions and memoing the categories proposed. Later, a second researcher actively participated in the open and axial bottom-up coding process, questioning and discussing each category and correspondent memos. The exercise of constant comparison of the categories with data was jointly repeated. Different interpretations of meanings were discussed and agreement was reached, so that the diagram represented in Fig. 1 translate a unique theory grounded on data. In the diagram, categories saturation is indicated by the number of adolescents out of nine who expressed the idea contained in it.

Figure 1 seeks to translate the interpretative and axial coding process that led to the understanding that adolescents in residential care perceived the pandemic of COVID-19 as a survival lesson. Each colour used in this figure depicts each level of interpretation of data. The categories in blue relate to the experiences lived by the adolescents and described in the interviews. The categories in yellow classify these experiences. Moving upwards, the categories in orange represent the dominant feelings that adolescents successively experienced over time during the pandemic of

COVID-19. Instances of these three types of categories are grouped in two larger categories aimed at representing the two well identified and consecutive time periods or phases of the pandemic as perceived by the adolescents, depicted as two large blue boxes with a shape of an arrow. Finally, the green category at the top represents what most characterizes the impact of the pandemic in the lives of the adolescents in RC.

Results

Through the process of bottom-up analysis of the narratives, it was possible to understand that the adolescents' adaptation to the pandemic was a survival lesson. In the process of adaptation to the pandemic, two distinct phases depict the experiences lived by the adolescents during the pandemic. Both phases have included difficult and demanding experiences, even though they have also promoted some learnings. Each of these phases were dominated by emotions determined by the events that strongly altered the dynamics of their lives at school and in the RCH, challenging their capacity to adapt and forcing them to find new balances. The Beginning represented the pandemic onset phase in which the virus arrived at the young people's daily life ([A1] *"Out of nowhere came a virus (...)"*), that was dominated by an emotion of Fear ([A2] *"I was afraid, yes, at the beginning"*).

As the pandemic progressed, a new phase was perceived—New Normal— that reflected the emotional impact resulting from the adjustments adolescents were forced to make to a life with a pandemic and which translated in the various emotions and feelings that succeeded each other over time. The New Normal, started with anguish, followed by horror and fatigue during a period of confinement (depicted in Fig. 1 by a yellow box with a shape of an arrow), later replaced by feelings of reassurance and hope. At the end, emerged a feeling of lessons learnt. The comprehensive framework illustrated in Fig. 1. will be explained in detail below, focusing of the progressive emotions experiences lived by the adolescents in RC. In the following explanation, each interviewee is anonymously identified by a number ranging from 1 to 9. To identify the origin of each quote, a label was formed using the letter 'A' (standing for *Adolescent*) plus the number corresponding to the interviewee, enclosing both in square brackets (e.g., [A1], [A2], etc.).

Fear

The emotion of fear took different forms. Adolescents feared that significant others would be infected,

especially their family, ([A2] *"(...) I was afraid that my family would catch the virus"*) and ended up dying due to COVID-19 ([A3] *"(...) I'm afraid that my parents will pass away, and I won't be there for them"*). They also revealed the fear of being infected themselves ([A1] *"my fear is... to catch the virus"*; [A4] *"It will always scare me... it's not because there are fewer cases that I can't get infected"*). They feared to: a) get sequelae after being infected ([A1] *"it can cause permanent damage to our body (...)"*; [A5] *"You have two sides: either you live and get sick, or you die"*); b) not being able to go home for some weekends and vacations if they tested positive for COVID-19, being deprived of contact with family members ([A6] *"I'm afraid of being in lockdown again and not seeing the people I like the most"*; [A3] *"(...) having [COVID] and not being able to be with my family"*); c) be responsible for transmitting it to others, putting other's and their own health at risk ([A7] *"every day at night I kept thinking: 'do I have it, do I not have it, am I infecting others? especially my family'"*; [A5] *"(...) my brother has... asthma and heart problems. So, if I am infected, he gets it too because... I'm in the same house. So, I'm afraid because of that"*); and d) dye ([A1] *"Because of the dead and everything that has already happened. Yeah, I'm really afraid of that"*).

Adolescents also manifested fear of the unknown related to the uncertainty about the future and the unpredictability resulting from the pandemic. Before the pandemic they were able to idealize what their lives would be like in the short to medium term. With COVID-19, their lives were interrupted, and the uncertainty of the future became a constant ([A1] *"They say this is very bad... so I get that fear..."*; [A5] *"(...) I'm afraid this will never go away"*; [A7] *"I don't know where this is going... Yeah, it scares me to think about it"*). This fear was reinforced by some general confusion in the population, with moments of collective hysteria, which had a big repercussion in the media that constantly passed images that showed an uncontrolled global population ([A8] *"(...) I don't know if people saw a news report that I happened to see, people were like 'Aiiiiii...! The overcrowded supermarkets... people grabbing things into bags like there's no tomorrow'"*; [A7] *"I saw the crazy people on TV (...)"*). A feeling of lack of control of the pandemic, related to the constant changes of measures by the Portuguese government and the apparent disorganization that this conveyed also contributed to the fear of the unknown ([A6] *"I was scared (...) everything was crazy you never knew what you could do or not"*; [A4] *"(...) every day there were different things and rules"*).

Anguish

The New Normal was initially marked by a feeling of anguish arising from the decreased contact of the adolescents with their families, whether through visits at the RCH or home visits, which young people were entitled to in non-pandemic times. However, during the two periods of quarantine and whenever a family member tested positive for COVID-19, home visits and visits to the RCH were suspended. This constant uncertainty translated into a generalized feeling of distress ([A2] “(...) *I never knew if I could go home (...)*”; [A9] “*Every week was different*”). The impediment and decrease of contact with family members were experienced with distress ([A3] “*It was my family, there’s no way I wouldn’t miss it*”), described as being “horrible”. During the pandemic, some young people were prevented by court to go to their families’ homes. This measure caused anger and feelings of injustice, mainly because it was not a general measure for all the young people in the RCH. The fact that some were not allowed to go home ([A1] “*Out of nowhere they didn’t let us go home (...) because of the pandemic*”), when others could, emphasized the feeling of injustice ([A4] “*At the beginning it was very difficult. I couldn’t... but there were colleagues of mine here, going home. And I rebelled, I talked to the doctors that this wasn’t fair because I also had possibility to go home...*”). When asked why this happened, one adolescent said [A1] “*I’ve been told that each person has its own process. And the process is totally different. Although sometimes they may have similarities, but it’s totally different.*” One of the adolescents said that he ran away from the institution because he didn’t think it was fair and he thought he also had the right to go home.

When they were allowed to go home or when they received visits from their families, the adolescents revealed that they missed physical contact. They mentioned wanting to be physically close, but at the same time they felt they couldn’t do it. Adolescents who spent more time without being face-to-face with their relatives, keeping only virtual contact, said it was a difficult period in which they missed the physical touch ([A4] “(...) *I felt a little sad to only see my family on a camera... not being able to interact with them*”; [A1] “(...) *my mom came here... once or twice or more... and I could see her, but with a lot of distance, so it was a little difficult. I couldn’t go forward and say hello*”; [A3] “(...) *even when I went home, I couldn’t hug.*”).

Horror and fatigue

The feelings of horror and fatigue were the most verbalized by the adolescents over the course of the interviews to describe what they felt throughout the period of quarantine.

Most of them used the expression “horrible” to describe the initial period of quarantine. Throughout the interview they also used the expression “boring” ([A9] “*I was sick of always being with the same people, always in the same place, we couldn’t go out*”; [A1] “*It was horrible. I really don’t like being locked up at home. I like to go out more. It was hell for me to be in lockdown.*”; [A6] “*It was terrible, it was terrible...we all had to be in the house, locked up*”; [A5] “*we couldn’t go out... nobody could go out and nobody could come in here. So... it was difficult.*”). These feelings of horror and fatigue are associated with experiences arising from the circumstance of quarantine in the RCH, as follows.

‘Distance learning’ was mentioned by all the young people interviewed, as an inevitable consequence of quarantine and one that had a major impact on their lives ([A8] “(...) *I wasn’t really used to taking online classes at all... it was a very big shock*”). With the obligation of being at home imposed by the quarantine, these young people’s day was reduced to online classes, something that was seen by them as “boring” ([A6] “*Having classes at home is boring*” and [A9] “*I didn’t want to go to online classes (...) because it’s boring...*”).

All the adolescents pointed out negative aspects of the new teaching methods. The level of concentration during online classes was perceived by the adolescents as much lower than before COVID-19 outbreak ([A6] “*Concentration is different... I concentrate much better in face-to-face classes.*”). They also revealed that during the whole period attending remote classes, they were unable to pay attention ([A9] “*I can’t pay attention that much*”). The environment where online classes are attended and the greater accessibility to smartphones accounted as relevant factors to decrease concentration ([A8] “*‘ahhh let’s watch social networks, let’s watch videos’ so... everybody does that (...)*”). Due to lack of resources in the RCH, online classes took place in rooms where more young people from different school grades were at presence. It ended up creating a confusing environment ([A1] “*At the beginning it was complicated. Sometimes I had to leave in the middle of the classes because of the kids who didn’t want to go to class and so on. And because of the noise*”).

Young people reported it was proving harder to learn in online classes than face-to-face ([A5] “*In the online class you couldn’t understand... you couldn’t understand what the teachers were explaining. It was... very difficult.*”; [A3] “*I like going to school more because... we have more help from the teachers... in lockdown not so much it’s more complicated*”; [A1] “*I preferred the face-to-face classes (...) teacher explained better*”; [A9] “(...) *it’s something that doesn’t work for me. Online classes are no good.*”).

Online classes demanded mastery with new learning resources, such as digital communication platforms.

Homework and online assignments became recurrent, demanding young people to use computer programs more frequently (e.g., Word and PowerPoint). Such computer-based workload was previously sporadic. ([A6] *"It was very different because I'm not used to being on computers and doing PowerPoint and presenting assignments. That's not my thing at all!"*).

Most of the youths revealed that they felt a significant increase in homework load. This increased workload caused an increase in stress and a prolonged feeling of distress ([A2] *"It was horrible. (...) in face-to-face classes we didn't take almost anything to home"*; [A5] *"(...) we got a lot of work (...)"*). This workload is explained by one adolescent as being a way that teachers have to compensate the perceived lower effectiveness of online classes, which, according to him, were weaker ([A7] *"Since the online classes were weak, they started to give us a lot of work"*).

Distance learning brought new schedules and routines. Young people had more and shorter classes in a row. This change in schedule meant that young people had more afternoons and free days and, consequently, more time off ([A4] *"We were used to wake-up early. I'd wake up like nine o'clock in the morning and... I knew I had to take online classes on the tablets. Sometimes I'd be late for classes and... I didn't get used to it very much"*; [A1] *"It changed the schedule"*).

With quarantine, RCHs had to place restrictions on the entry and exit of children and non-essential people to prevent possible COVID-19 outbreaks. This period was again perceived by the adolescents as having been *"horrible"*.

During the time that the lockdown rules prevailed, young people reported missing the physical contact of their friends and family ([A3] *"We can't greet each other like we used to. Hugging and stuff. We can't do that anymore... now it's just like that [makes movement with the elbow]"*; [A9] *"It's not that there's a lot of distancing in my school, but... there are those things... 'don't touch me... stay away'"*).

Although there were some limitations in physical contact with friends and family, the nine adolescents reported that at no point did they feel more isolated and distant from others. Social networks (Instagram, Facebook, etc....) and digital platforms (Zoom, WhatsApp, etc....) were indispensable for keeping in touch with their family and friends, although they recognize that it is not the same as being face-to face ([A7] *"I have a group on Instagram where we can talk"*; [A5] *"I talked to them by video call and so on"*; [A3] *"I saw them every day by phone. (...) it's not the same thing, but, ok..."*).

Another inherent aspect of lockdown was the decrease in visits from the biological family, something that was felt as painful ([A1] *"it was hard (...) not being able to see my*

family for three months"; [A3] *"There were some visits (...) But it wasn't so frequent..."*).

During their lockdown at the RCH, adolescents perceived an increase in behavioural problems among themselves. They justified it by the fatigue of being locked ([A8] *"maybe they were already tired of being locked at home. They wouldn't go out and started messing up"*; [A4] *"because we were always here at home, we... we weren't doing anything. We were already stepping out of line (...)"*).

The increase in *"bad"* behaviour led to an increase in the number of punishments applied by the staff ([A2] *"(...) they were already a little more stressed (...)"*; [A9] *"I think it got a little bit worse because they [other housemates] were misbehaving, so the staff got more upset."*; [A6] *"Sometimes they [the staff] got upset"*). When questioned about the relationship with the house mates, adolescents reported the existence of an increase of conflicts among them, essentially during the period of mandatory lockdown. According to the youngsters, these conflicts were mild and easily solved ([A4] *"There were many more conflicts. A bit wilder [laughter] let's say..."*; [A5] *"In general, there are more conflicts"*; [A3] *"(...) we have confusions and that is temporary. After 5, 10 min, or a day at most, we are friends again"*).

In addition to the new schedules that emerged with online classes, the RCHs themselves had new rules and routines. For example, to give more responsibilities regarding house maintenance and cleaning ([A7] *"[Before the pandemic] We spent our whole life in our rooms. With this pandemic we started coming outside more, playing together, and taking care of the house."*). However, young people also had an increase in free time which in turn brought sedentarism and boredom. Sedentarism because the increase in free time led to a decrease in physical activity. Along with the decrease in physical activity also came a decrease in motivation. Two young people reported having gained weight during that period ([A1] *"(...) I gained more weight"*; [A6] *"I stopped practicing sports and ended up getting fatter"*). The lack of activities to do inside the house and the impossibility of going out made these young people experience moments of boredom ([A2] *"(...) it was boring."* and [A4] *"You didn't do anything, it was horrible"*).

The use of mask became also mandatory inside the residential home, except for meals and sleeping time. Three adolescents showed discomfort in using mask and in seeing others wearing it ([A9] *"One bad thing is that we have to wear a mask."*, [A6] *"Everyone had to wear a mask here, although sometimes we disrespect this rule..."*).

Some adolescents struggle with the use of mask. The impossibility of seeing the totality of the other's face prevented them from perceiving their emotions ([A1] *"(...) We don't see the face or the reaction... facial expression of the*

other person... it's a little bit difficult"; [A8] "(...)With a mask you can only see the eyes"; [A3] "(...) our faces were made to be seen...").

Overall, the lockdown proved to be a chaotic time for the young people in RC. All children at home, sharing the same spaces didn't usually happen in non-pandemic times. Before, youngsters were at school and in extracurricular activities, which made them all meet only at the end of the day. On the weekends, most of them went to their biological families. This means that all the youths were never in the house at the same time, as it happened during the compulsory lockdown ([A8] *"It was a little wild (...)";* [A9] *"(...) At the beginning of the lockdown, there was a lot of confusion here."*).

Reassurance and hope

After the period of adaptation to the pandemic and the two mandatory quarantines, young people reported feeling calmer and hopeful of gradually returning to normality and recovering the freedom they had before the pandemic.

The emergence of a vaccine was a major contribution to the reduction of fear for these young people. It gave them a feeling of more security for themselves and their families. The vaccine was perceived as a sign of hope for the return to normalcy ([A6] *"Today I don't think about that anymore [fear]";* [A9] *"Oh, now with the vaccine everything is better"*).

Another factor that contributed to a decrease in fear was the existence of more rules and hygiene care, not only in the RCH but also in the general population. All public spaces, such as schools, became more demanding in terms of cleanliness and disinfection, bringing a sense of greater security ([A2] *"I know that one day the situation will be overcome. It has to be calm, and we have to prevent it. We must prevent ourselves. That's the main thing";* [A5] *"One good thing is that we learned to wash our hands";* [A8] *"So people can wash their hands more often...at least that's the goal"*).

Research conducted by the scientific community brought greater knowledge about the Corona Virus and helped to ease the fear that initially came up ([A8] *"Since it is no longer something new and we already know what it is, I am not so afraid";* [A6] *"Now, with this and the way the situation is unfolding, I don't feel so afraid.";* [A7] *"Over time this has calmed down and now we're all fine."*).

Adolescents' perceptions that the COVID-19 pandemic was being better managed by the State, with clearer rules and measures, contributed to decrease their fear ([A6] *"Now at least we know what we can and cannot do.";* [A8] *"(...) it's a little more controlled (...)";* [A1] *"Everything is not so confusing anymore (...)"*).

Lessons learnt

Adolescents in RC revealed that besides all the negative things brought by the pandemic, it also has been a learning opportunity.

The pandemic made teenagers reflect about the importance of others in their lives. The decrease of home visits and the deprivation of physical contact with family and friends made them feel more the absence of certain people and to give more importance to the role they play in their lives ([A1] *"It made me... remember how important people are... friends and family...";* [A3] *"(...) I realized that I am nothing without the others";* [A6] *"(...) I started to miss people more than before"*).

With the lockdown, the adolescents had an important role in helping to organize and clean the spaces in the RCHs. Although living in RC for some time, they considered that pandemic brought them together and changed their vision of the RCH. These adolescents began to see the residential home environment less as an institution and more as a family ([A9] *"I learned a little bit about what a real family home is like... I got to know how you really live at home... and... I learned a lot of things, how to clean the house, how to make food...";* [A7] *"I got the older kids to start helping with what the house needs, cleaning... and even time to take care of the younger ones, like a family";* [A9] *"We lived more as a family"*).

Also, with the reduced number of staff working during the lockdown, adolescents felt the need to collaborate in the integration of the younger ones, which did not usually happen before. They perceived the benefits of mutual assistance and verbalized the pleasure they felt in helping others ([A1] *"We were able to help the younger ones that entered the house. It was good";* [A7] *"The older ones helped the younger ones more with their work and played with them more (...) That was kind of cool";* [A4] *"I think we were just able to spend more time together... to live as a family";* [A9] *"(...) we were more united (...) we got along better. We took care of each other..."*).

The pandemic brought an increase in the death rate. Even though these teenagers did not belong to the risk group and the probability of dying was reduced, they were afraid of dying. The perception of the ephemerality of life was underlined by one boy ([A1] *"I learned to value life (...) We don't know how long we're going to last (...) So we have to take some precautions to last a little longer, right? (...)";* [A5] *"Our life is very important (...) and tomorrow I may die"*).

Discussion

This exploratory study aimed to understand how the COVID-19 pandemic interfered in the lives of adolescents placed in RC. It also intended to better understand how the experiences during this time, marked by periods of quarantine, were understood and felt by them. The bottom-up codification process of the grounded theory led to a better understanding about the emotional impact of the pandemic on the youth of this sample and how it evolved over time. The outbreak of the pandemic sparked fear. The immediate impact of restrictions, namely reducing or preventing adolescents' contact with their families, caused anguish. The lockdowns forced the reorganization of the RCHs, leading to some chaos, increased conflicts, and changes in the previously established dynamics. All these changes made these adolescents perceive these periods as “horrible” and “boring”. Nevertheless, it was also observed that the progressive sense of control, offered by having received the vaccines, the greater scientific knowledge and the more widely practiced rules and standards of hygiene, has helped them to restore hope. Despite the perception of chaos and the fatigue of being confined, adolescents recognized the opportunity that an undesirable circumstance also could bring. They also experienced an environment of mutual help, in which everyone worked for the well-being of others and the common good and, thus, felt more like a family. Recognizing the importance of others and the value of life were important lessons learnt from the pandemic.

Adolescents verbalized having felt fear at an early stage of the pandemic. For some adolescents, that fear was related to the possibility of contracting the virus and putting their own physical integrity at risk. However, for others, the main fear was the physical integrity of family and friends. In the study by Vallejo-Slocker and colleagues (2020), 74% of young interviewees said their main concern during the pandemic was the health of those closest to them. This fear most likely stems from the uncertainty about the future (Ezpeleta et al., 2020).

Fortunately, the arrival of vaccines and the increasing perception of control was reassuring and gave them hope of a return to more predictable living conditions, thus answering to safety needs (Maslow, 1943) of these adolescents. Surveys conducted in 2020 showed that 93% of the portuguese felt that vaccines are both safe and effective (Vaccine Confidence Project, s.d.). Since then, however, confidence in vaccines has declined around the world, Portugal included, in particular in under 35 s, the most important demographic group for the uptake of routine childhood immunisations. Consequently, growing hesitancy among younger age groups should be investigated as a public health priority to better understand confidence among parents (Wiegand et

al., 2023). For young people in and leaving care that show increased vulnerability to early pregnancy and parenthood after leaving care (Chase et al., 2006; Eastman et al., 2019), this can be a critical issue. Although care-experienced parents are often motivated to do the best for their children and want them to have better parenting experiences than they themselves had, their wishes are hampered by inadequate resources including informal support, housing and finances (Roberts et al., 2019) and limited parenting skills (Schelbe & Geiger, 2017). In addition, engagement with professionals can be problematic for care-experienced parents who perceive risks associated with such action including unhelpful intrusion and scrutiny (Roberts et al., 2019).

The anguish about the impediment of contact with the family and the fear that the COVID-19 infection could threaten the lives of family members, points out to the importance of maintenance of family relationships for adolescents placed in RC. This is not surprising, since the connection to the family has been pointed out as a source of social support (Ferreira et al., 2020), as well as a protective factor for their resilience levels (Pinheiro et al., 2021). Over half of young people in RC surveyed were concerned they would not be able to be reunited with their family again (Vallejo-Slocker et al., 2020), and they had truly missed their relatives (Barbosa-Ducharme et al., 2021). The interruption of contact with the biological family has been found to be stressful both for adolescents and family members (Haffjee & Levine, 2020), which may constitute an example of the love (Maslow, 1943) or belongingness needs (Steenbakkers et al., 2018) of adolescents in RC. This result has important implications since the International Work Group for Therapeutic Residential Care (TRC) proposed key principles for TRC programs serving high-risk youth, including the use of a “multidimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioral needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources (Whittaker et al. 2015, p. 24). Herbel and collaborators (2024) emphasize family partnership as a key component of this definition.

The interpersonal relationships established in RCHs were challenged by the lockdowns. The limitations of space and the absence of material and human resources made it demanding to reinvent the management of relationships and planning of daily activities. These constraints may have contributed to the experience of boredom and the increasing of conflict among adolescents and between them and their caregivers. Nevertheless, most of the adolescents highlighted the atmosphere of mutual help. For those adolescents who did not have contact with their families, even before the

pandemic, this atmosphere of cooperation in which everyone worked to ensure common needs, represented what they imagined to be a family environment. This experience might play an important role in counteracting the general negative view of residential care workers towards the skills of the children they work with and that can negatively affect children's self-image and self-esteem (Gallardo-Masa et al., 2024). Additionally, this perception of family environment in RC settings, reinforces the importance of the establishment of secure relationships with care workers known to be a key ingredient to youth satisfaction with the caregiving environment (Morais et al., 2024). Intervention programs like Compassionate Mind Training program for Caregivers of children and youth living in RC proved to be effective in promoting safe relationships and affiliative environments in RCHs (Santos et al., 2023).

A study carried out in Portugal that sought to analyse the way professionals from RCHs experienced and managed the first lockdown revealed that: (i) this was an experience that caused extreme stress in the dynamics of the RCHs; (ii) professionals were not always prepared to respond congruently to the additional emotional challenges that young people were facing; (iii) the effort to find solutions and a sense of normality in the midst of so much adversity, required the involvement of professionals and adolescents in decision-making, which proved crucial to deal with emotional distress and to increase an extrafamilial social climate (Carvalho et al., 2022). Also, during the pandemic, the perception of cohesion within RCHs mitigated the deterioration of adolescents' psychological maladjustment (Costa et al., 2021). Both the perceived cohesion and its role on psychological adjustment are consistent answers to the belongingness and psychological needs (Steenbakkers et al., 2018) of the adolescents in RC.

One difficulty reported by adolescents was related to distance learning. It emerged from their narratives how difficult it was to manage the new class timetables, to use new learning resources (videoconferencing platforms or digital tools to do schoolwork), to stay focused during online classes and to understand the subjects. They also perceived an increase in the workload required by teachers in comparison with previous face-to-face teaching. The pandemic and especially the lockdowns have further exposed the educational weaknesses of young people in RC, even augmenting them. It is a known fact that children and adolescents in RC have special educational needs and that a substantial number of them has, at least, one problem related to their school functioning (Attar-Schwartz, 2009). Lack of motivation, low expectations of the professionals at the RCHs regarding youths' success, low or no participation at all of parents in their educational path, the withdrawal of these students from classrooms by teachers, high rate of absenteeism, multiple

changes of school and the poor articulation between RCHs' professionals and teachers are identified constraints to the involvement of these students with school (Marion & Mann-Feder, 2020). Such difficulties, possibly amplified by the pandemic, require from RCHs and schools the necessary collaboration to find solutions that prevent the increase of disadvantages that adolescents in RC show in their school path. These specific results highlight education as an important domain of the self-actualization needs (Maslow, 1943; Steenbakkers et al., 2018) of these adolescents.

The current study has recognized limitations, such as the small sample size and the limited representation of different RCHs. Although the pandemic was a fundamental reason for carrying out this study, the circumstance itself posed difficulties and barriers to data collection. Under normal circumstances, the RCHs already face numerous challenges to fulfil their function of protecting and promoting the development of the children and adolescents they accommodate. With the pandemic, the challenges were even greater and there was not enough time to find the best responses to the pressing needs that the pandemic brought to children and young people in RC. In such a difficult scenario, collaborating with the research could represent a source of additional stress, which might explain the low rate of adherence to the study, resulting in the collaboration of only two RCHs, and even then with restrictions in the access to adolescents, since the condition was to remotely conduct the interviews.

Even knowing that in qualitative inquiry the goal of sampling is to represent the phenomenon of interest rather than represent the population (Morse & Clark, 2019), we are aware that the sample of the study is limited in size. Assuming the exploratory nature of the study, the comprehensive framework that was built about the experiences of adolescents in RC during the pandemic of COVID-19 may explain a very particular reality within the universe of the experiences of adolescents in RC during the pandemic of COVID-19. Nevertheless, the convergences that have been found with the descriptions of the experiences of adolescents in RC during the pandemic obtained through national (Barbosa-Ducharme et al., 2021; Carvalho et al., 2022; Costa et al., 2021) and international studies (Ezpeleta et al., 2020; Haffejee & Levine, 2020; Marion & Mann-Feder, 2020; Monserrate et al., 2021; Vallejo-Slocker et al., 2020) reinforce the results of our study and give rise to the possibility that the experiences described are common to those of other adolescents living in RC.

Related to data collection, it would be preferable to conduct face-to-face interviews, but the circumstance that was intended to be better understood was itself the impediment to do so. Despite the researcher's effort to keep adolescents involved in the dialogue and in their narratives, the digital space does not give the same opportunity to explore what

was being shared. We do not rule out the possibility that fatigue and being overwhelmed by the quarantine were not favourable conditions to a longer interview. If such had been possible, it would allow the identification of additional themes and maybe get to know better the ones that emerged.

The exploratory nature of this study enabled the identification of emotional, interpersonal, and educational perceptions of adolescents living in RC during the pandemic. It placed adolescents at the centre of these experiences, giving them the opportunity not only to be the authors of their narratives, but also to have an agentic perspective of themselves.

The effort to protect and address the needs of vulnerable children and adolescents has highlighted the importance of giving them voice. The right of children and adolescents to speak out on matters that concern them is advocated by many reports. Giving children and adolescents the opportunity to speak out on family matters that affect their lives constitutes a protective factor (Kosher & Ben-Arieh, 2020). Furthermore, a systematic review of the educational experiences of children in care evidenced their need to have their opinions acknowledged in the decision-making process (Townsend et al., 2020). This rights should be guaranteed to children in vulnerable situations such as those in RC, ensuring they are heard and their point of views are considered (Bessell, 2015).

Conclusion

The experiences of adolescents in RC during the COVID-19 pandemic reinforced some of the shortcomings already identified in the functioning of the RCHs and that pose serious constraints to the work of their professionals. If school success of these adolescents was already a concern, this was compounded by the visible lack of material and technological resources, currently essential to promote the adaptation and inclusion of this population in an irreversibly digital world. The difficulties perceived in terms of interpersonal relationship management accentuated other shortcomings of the RCHs, particularly in terms of infrastructure, materials, human resources, and professional training, which are essential to provide therapeutic care.

Findings achieved on this study also provide clues to the recent debate about children's participation in the child protection system (Latsch et al., 2023). Regarding RC, the adolescents' recognition of the benefits of mutual assistance and the interdependence generated during the periods of confinement may be a source of motivation to assign them a more participatory and collaborative role in the institutional dynamics. The adolescents' participation in the decision-making processes regarding the management, organization

and use of the RCHs may result in a better place attachment (Magalhães & Calheiros, 2020), thus favouring the adaptation to their life. In addition, the collaboration in the activities that ensure the functioning of the RCHs can give a sense of greater normality to the experiences of adolescents and constitute a more natural and consistent way of implementing training programs in daily living skills, which are essential for those who are being prepared to become autonomous in the short, medium, or long term. By imposing sudden reorganizations that inevitably mobilized the involvement of both the carers and the children and young people in their care, the pandemic constituted a real-life opportunity that allowed professionals from the RCHs to assess the capacity and potential for children and young people's participation in the institutional dynamics.

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Declarations

Ethical This study was approved by the Commission on Research Ethics and Deontology of the Faculty of Psychology and Educational Sciences of the University of Coimbra, Portugal and was conducted in permanent compliance with the ethical considerations for evidence generation involving children on the COVID-19 pandemic. An informed consent from the correspondent legal guardian was sought, and the adolescents signed an informed consent form and authorized the recording of the interviews.

Data availability The interviews transcriptions analysed during the current study are not publicly available due to privacy issues related to the participants but are available from the corresponding author on reasonable request.

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