

The Impact Study of the COVID – 19 Outbreak and Long-term Consequences on Care Leavers

Abstract

The socio-economic impact of COVID-19 affects the most vulnerable people, like care leavers in Sri Lanka. The impact survey of the COVID–19 outbreak focused on its impact and long-term consequences on care leavers, especially care leavers from residential care. The study examined the profile of care leavers, employment, education, physical health, hygienic practices, the relationship between psychosocial and emotional health, coping strategies used by care leavers, and their recommendations. The ecological system framework was adopted as a lens for identifying the impact of COVID-19 on care leavers at every level of their environment in Sri Lanka. It could be recommended to incorporate a planned and properly managed preparation process for leaving care. In addition, the establishment of a network of social support for youths leaving the care system is necessary. The methodology was adopted using both quantitative and qualitative methods.

The Data Collection was mainly a quantitative survey with in-depth qualitative data collected for eliciting the survey findings. After the completion of online data collection, all the completed 76 responses were analyzed. The care leaver profile highlights that 69% of them were female and 67% of the respondents were youth between 16 to 28 years of age which is one of the reasons the majority (61%) of the respondents are unmarried. The majority (80%) of care leavers are in the family system and live with their own, extended, or joint family and only 20% of them live as single members.

COVID-19 impact on care leavers has shed light on various social and economic issues, including care leaver debt, lack of access to digital learning, food insecurity, and homelessness, as well as access to a continuum of care, and mental health services. The impact was more severe for disadvantaged care leavers and their families, causing interruption to care leavers' employment and educational opportunities that lead to long-term consequences on their life cycle. The absence of income maintenance or social protection net could be further affected the care leavers on a long-term consequence.

The study findings highlight that care leavers were well adapted to the precautionary measures to prevent COVID 19. They also engaged in multiple activities during the lockdown period. Lack of access to technology and the cost of data prompts them to discontinue learning. It is also noted that they adopt multiple coping strategies for Self-care and psychosocial status. It is interesting to note that Brotherhood or sisterhood bond among children during their stay in

the childcare institutions continues naturally even after leaving the institutions. Care leavers enjoyed their quality time with family members and loved ones and engaged in sports to keep them occupied during the lockdown. To manage stress or anxiety related to covid 19, they engaged in multiple activities such as chatting with friends, Engaging in domestic chores, etc. The study recommends that Care leavers as a prioritized target group in service delivery and policy practice.

1. Contextual background of Care Leavers

Diseases like COVID-19 outbreaks threaten to disrupt the environment in which everyone grows and develops. It can be expected that the number of people at risk and in vulnerable situations will increase – both during and after the crisis, where containment measures may lead to the vulnerability of family situations and because of the long-term socio-economic impact of the COVID-19 crisis on families' capacity to develop. The socio-economic impact of COVID-19 affects the most vulnerable people, like care leavers in Sri Lanka. The sample online impact survey of the COVID-19 Outbreak and Long-term Consequences on Care Leavers, especially care leavers from residential care, has been established under the orphanages' ordinances/Child Development Charter to provide protection and care to orphaned, abandoned, and destitute children in Sri Lanka.

They are run by government departments and volunteer organizations, and all matters ranging from admission to social reintegration of children are processed by the Provincial Departments of Probation and Child Care Services in Sri Lanka. These institutions provide care for children till 18 years old and reintegrate them into society. A literature review shows that these young people leaving care (care leavers) and transitioning into independent living are facing extremely fragile situations. Some of them are facing the uncertainty of retention or getting a job. Some are unable to connect remotely to continue their education and lack support to overcome the anxiety and uncertainty due to COVID-19. Thus, considering all these negative impacts, it is important to listen to youth, care leavers, and caregivers to explore risk and vulnerability towards youth in various alternative care settings to support them in a coordinated and integrated way to better cope with various life situations in their environment.

SOS children's villages in Sri Lanka were involved in responding to care leavers' needs during the COVID 19 lockdown and experienced. In fact, one of the biggest issues care leavers faced during the first COVID wave was that they were not allowed to come home for any emergency. Also, youth in Colombo were stuck in boarding homes and they had limited access

to food or basic needs. Also, COVID -19 positive youth had to leave boarding places and had not to place to stay. Therefore, the study objectives focused to identify the impact of the COVID-19 outbreak on care leavers' profile, employment, education, physical health, hygienic practices, psychosocial–emotional health, and coping strategies adopted by care leavers, and seize their suggestions for better changes. The sample online impact survey of the COVID – 19 Outbreaks and Long-term Consequences on Care Leavers especially care leavers from residential care.

Care Leaver is any adult who spent time in care as a child (i.e. under the age of 18). This care would have been approved by the state through a court order or on a voluntary basis. It can range from as little as a few months to as long as one's whole childhood (18 years). Such care could be in foster care, residential care (mainly in children's homes) or other arrangements outside the immediate or extended family. The care could have been provided directly by the state (mainly through local authority social services departments) or by the voluntary or private sector (e.g. Barnardos, The Children's Society and many others). It also includes a wide range of accommodation. For example, it would include secure units, approved schools, industrial schools and other institutions that have a more punitive element than mainstream foster or residential care (The Care Leaver Association 2014, UK).

2. Ecological System Framework

This impact study builds the theoretical framework of Bronfenbrenner's Ecological Systems Theory (1979) that underpins the ecological systems, which states the importance of the many environmental and societal influences that play a role in a careleaver's life. The systems identified in ecological theory include the microsystem (Factors of care leaver own family system) the mesosystem (factors of the neighborhood and its support system) the ecosystem (factors at district level services and resources for Livelihood opportunities and employability, social welfare, health services, and spiritual services) and the macrosystem (Macro-level factors that indirectly impact care youth but permeate our laws, policies, communal beliefs, values, and culture, and drive social functioning of care leaver in the environment) and the chronosystem factors are intrinsically linked to evolutionary time (Young, 2011). Using the framework as a lens for identifying the impact of COVID19 on care leavers at every level in their environment in Sri Lanka.

The transition of youths into adulthood varies significantly in different social contexts, reflecting variances in livelihood pathways and outcomes (Harrison, 2019 Charity. P, Elizabeth .S, Shernaaz. C, 2022). After leaving care, care leavers are at increased risk of low educational attainment, unemployment, early pregnancy, substance abuse, crime, imprisonment, and

homelessness (Charity. P, Elizabeth. S, Shernaaz. C, 2022). As a result, the adequate preparation of youths and the strengthening of their social networks are of paramount importance before they return to family members or are reintegrated into the community to live independently. Social support networks in the context of this study refer to formal and informal resources and services available for care leavers for their common interests or activities that share and exchange information and provide and receive support (Rosenberg, 2019. Charity. P, Elizabeth .S, Shernaaz. C, 2022).

In the Sri Lankan context, there are many systems placed by the State for children who leave the care of Child Care Institutions such as national level pieces of training, NVQ training, work, and training in the Garment industry, and so on. Although there are many such opportunities available for care-leavers, there is an issue as to the proper streamlining of such opportunities, where it is not coordinated accordingly (Dept. of Census and Statistics, 2019). It is important to identify children's talents while residing in the Child Care Institutions and thereafter connect them to the relevant field of interest. Life skills are a matter for care leavers in their environment to adapt to various situations and tackle uncertainty during the COVID 19 pandemic. It is mandatory that systems are in place to follow up on the safety and reintegration of care leavers (Dept. of Census and Statistics, 2019). Access to mental health assistance should also be available for all care leavers who are reintegrated into society to minimize the emotional damage caused to them through institutionalization. Thus, the continuum of care arrangements to be placed for a developing person in a family life cycle.

Social support networks are often incorporated into after-care support programmes to ensure improved outcomes for youths' post-residential care (Nurcombe-Thorne, Nadesan & Van Breda, 2018). Bond and Van Breda (2018) suggest that a planned and properly managed preparation process for leaving care is necessary, thus incorporating a network of social support for youths leaving out the care system. However, in the Sri Lankan context, there are lack of uniform guidelines or practices on how this transition is to be implemented, and social re-integration and post-residential care. They lose most of the economic, social, and emotional support previously provided to them by the care institutions and must deal with major changes in their lives at a far younger age than youth in families. Care leavers intended to find employment and often new homes on their own (Charity. P, Elizabeth. S, Shernaaz. C, 2022). Even with the extension of support, youths transitioning out of residential care experience difficulties in completing and attaining higher education and training, finding and maintaining employment, securing stable housing, and building and maintaining healthy relationships

(Bond, 2020; Campos et al. Sekibo, 2020 Charity. P, Elizabeth. S, Shernaaz. C, 2022). Studies also reflected that care leavers also struggle to meet basic needs.

Generation Never Give Up (GNG), a care leavers network exists in Sri Lanka. The GNG Network could support the care leavers as they had some sort of a database of care leavers. Mr. Divakar Ratnadurai, National Director of SOS Children's Villages Sri Lanka and one of the panellists, said governments could support care leavers more effectively if they collect information about them in a database. "There should be a formal government initiative to collectivise the care leavers to address the core challenges of employment, education, health care and legal support for care leavers," said Mr Ratnadurai. "Recognition of CLNs with access to bank accounts and other facilities will go a long way in bringing the care leavers to the mainstream." (November 2020).

3. Methodology

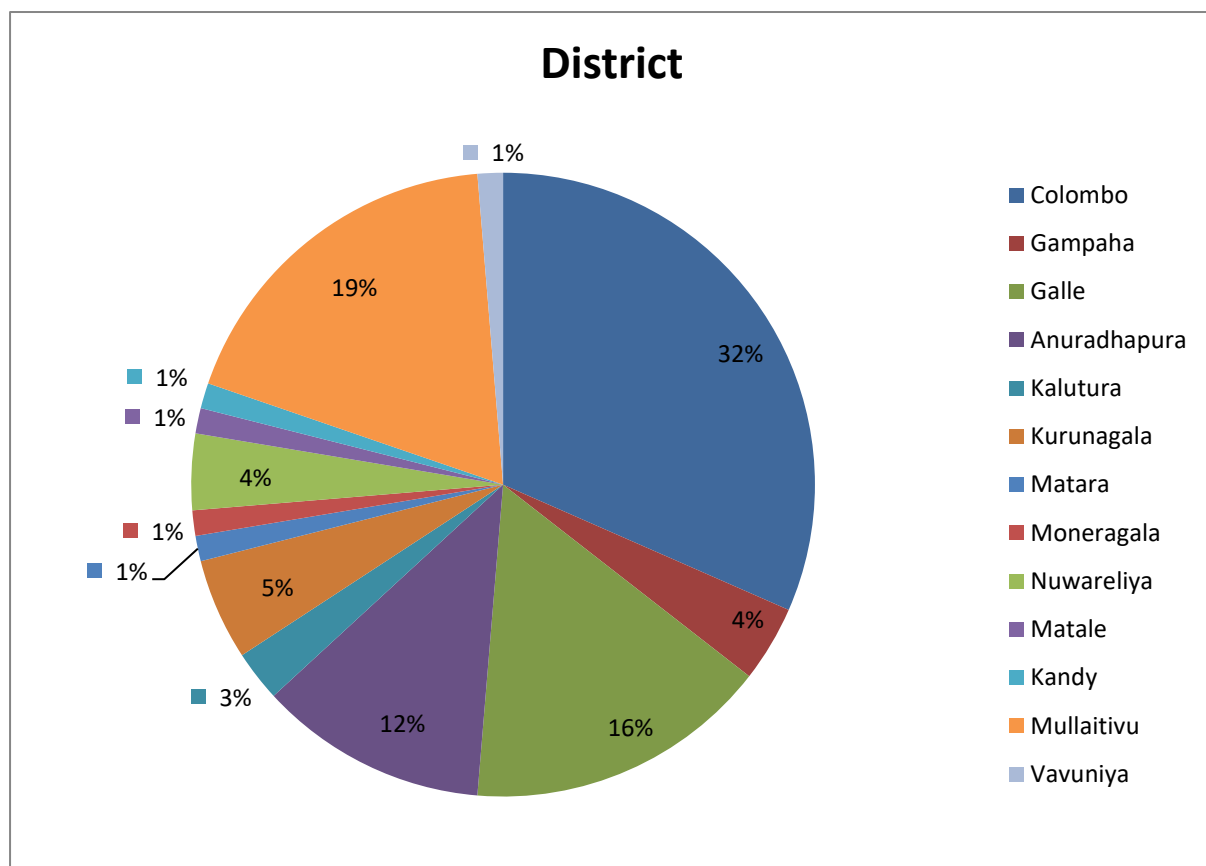
The methodology was adopted both mixed with quantitative and qualitative methods. The Data Collection was mainly a quantitative survey with in-depth qualitative data collected for eliciting the survey findings. This methodology was discussed and further developed in consultation with the SOS Children's Village technical team. Qualitative data for the impact assessment was obtained from their former caregivers and managers as key informants from eight Districts.

The qualitative method such as two focused group discussions (FGD) with NetWork for care leavers. Positivism was used throughout the impact assessment using positive words and their strengths. The self-developed questionnaire was used to measure the response on a 5- point Likert scale with values ranging from strongly agreed (5), agree (4), neutral (3), disagree (2), and strongly disagree (1). The response scale is ordinal and the scale 1 to 5 was used for analysis purposes only. Therefore, the attributes were measured on an interval or scale(15 questions) and the open-ended questions of the self-developed questionnaire consisted of 33 questions; before the distribution of the questionnaire, an online pilot test was done in Dec 2021 to determine the efficacy of the questionnaire and on approval by the research technical team. The online google format collection key informant interviews and focused group discussion were carried out from Dec 2021 till the first week of March 2022.

The research team adhered to ethical standards of international SOS children's villages and administrative permission was received from the Department of Probation and childcare services at the national and provincial levels to collect data from caregivers. All participants in the quantitative and qualitative survey were given an acceptance form clearly explaining the purpose of the survey and the conditions under which it is undertaken.

The self-developed questionnaire was used to measure the response on a 5- point Likert scale with values ranging from strongly agreed (5), agree (4), neutral (3), disagree (2), and strongly disagree (1). The response scale is ordinal and the scale 1 to 5 was used for analysis purposes only. After the completion of online data collection, all the completed 76 responses were edited and re-coded on code sheets. 32 % of Responses were received from Colombo out of 13 districts, followed by Mullaitivu, Galle, and Anuradhapura respectively 19%,16%, and 12%.

Figure 3.1 Percentage distribution of Respondents by Districts



The data were analysed on the computer by using micro-Soft Excel and Minitab. Descriptive statistics were used to describe demographic factors that were influencing care leavers and their interactive systems during the COVID19 Pandemic. Qualitative data were analyzed using content analysis based on identified factors affecting the care leavers.

There were a number of study limitations encountered by the researcher during the course of data collection. There was limited access to a direct meeting with the respondents. As there is a dearth of secondary data and research on care leavers in the country, the researcher had to depend more on primary data. Thus, the survey had limitations in focussing on online access

to care leavers because there were only 76 responses received due to a lack of contact among the care leavers.

4. Findings: Profile of Care Leavers

Profile of care leavers reflects that representation from 13 districts and their age, gender, ethnicity, religion, marital status, educational level, occupational status, and Job title (list). family type, income, and expenditure pattern.

Figure 4.1: Percentage Distribution of Respondents by Gender, Ethnicity, and Religion

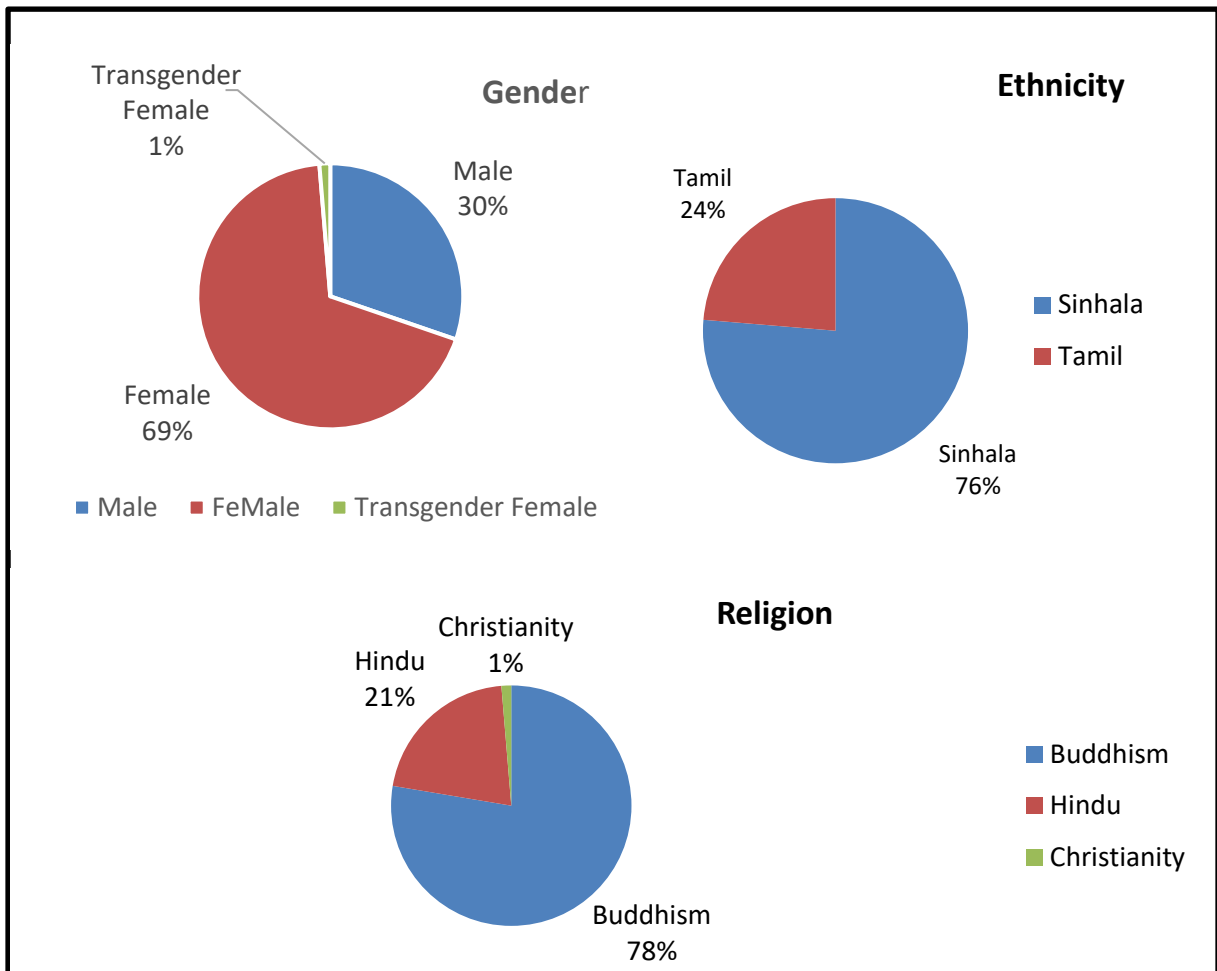


Figure 4.1 displays the Gender, Ethnicity, and religious distribution of the sample respondents. The gender distribution shows a majority of Female participants (69%) as the care systems accommodate more females than males (The department of censors and statistics 2019). The ethnicity ratio of the respondents shows a closer ratio as per the national statistics. The religious distribution shows a majority (78%) of Buddhist respondents.

Figure 4.2: Percentage Distribution of Respondents by Marital status

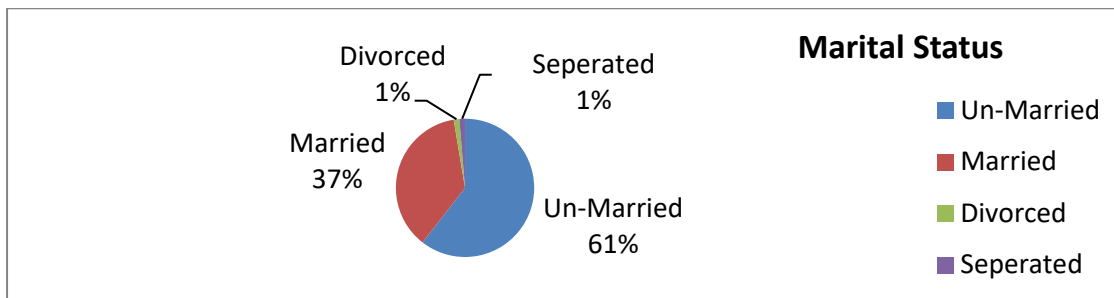
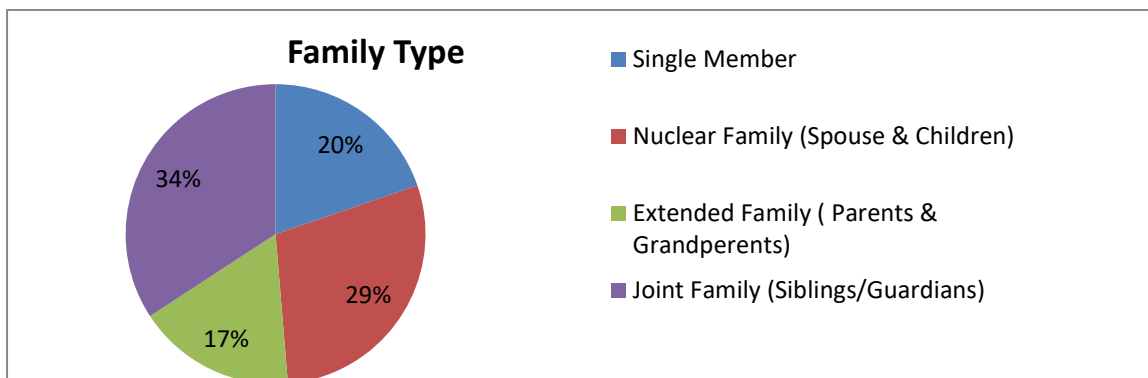


Figure 4.2 depicts the marital status of the respondents. 67 % of the respondents are between 16 to 28 years of age which is one of the reasons the majority (61%) of the respondents are unmarried. 39% are either married, including 2% of divorced and separated. It is also noted that 33% of the respondents are middle-aged respondents with an age of 31 to 48 years.

Figure 4.3: Percentage Distribution of Respondents by Type of family



Finding: Impact on Housing

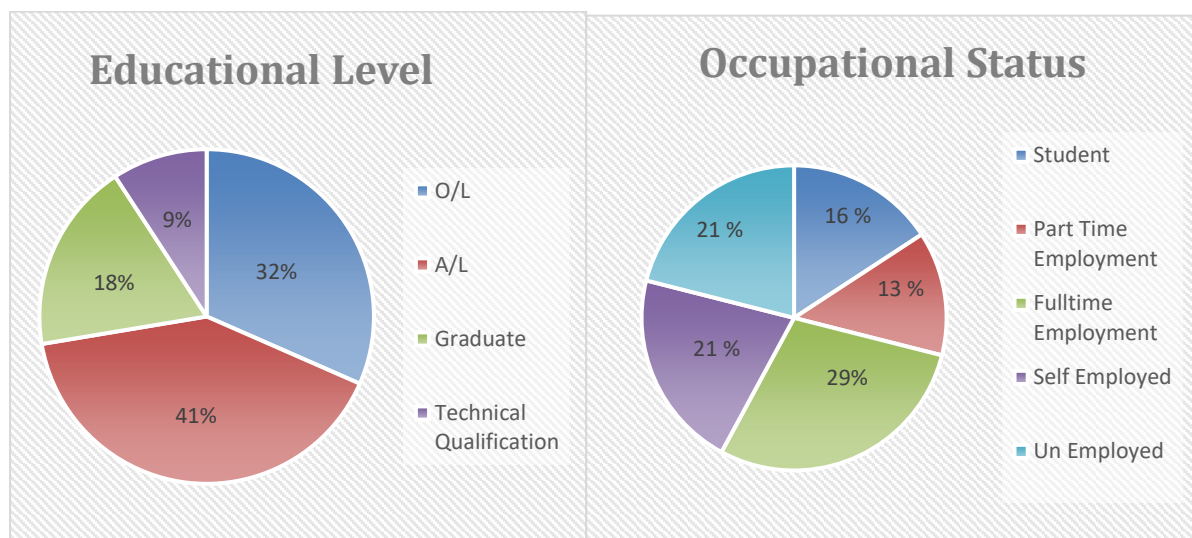
Many of them (80 %) are living with their own, extended, or joint family and 20% of them live as single members. The data show that care leavers were not isolated in a family and community environment but their identity and rights to a relationship with family and relatives during their stay in childcare institutions were not built up in an effective manner for a continuum of care that to be paramount of an individual family life cycle. Since their identity was related to childcare institutions, the social stigma attached to them as their permanent address was not considered during the registration of the person for the first time. This could be done through a system of registration within the Department of Probation and Child Care Services working together with the Department of Social Services. One of the largest backfalls for care leavers is the fact that the National Identity Card residential address always refers to the Child Care Institution where they were residing. This has caused care leavers to be stigmatized when applying for jobs, other vocational training programs, and even finding residential accommodation. Measures must be undertaken for care leavers to be registered in

places of their own residence, permanent address, or guardian address while they are being cared for by childcare institutions or an after leaving Care Institutions.

Housing is an issue for care leavers as they expressed that Some relatives, and parents used to abandon care leavers after leaving the institution and their status as guardians. Care leaver has no land or housing on other own. During the pandemic, care leavers had to face many difficulties related to their residence, and some of them were left out by boarding places due to the fear of infection and inter-relationship issues. *“I live in a boarding house. Insufficient income is an issue and now we’re able to adjust ourselves to live with these conditions by limiting our expenses.”* “One care leaver was accommodated with another care leaver family. *“Due to the house owner’s objection to keeping an additional head (another care leaver who had to no dwelling), had to find another house and shift.”*

There is no system or service for them to link, and care continuously for their better independent living after they leave childcare institutions. For instance, A careleaver affected by war in the north, who had no parents, expressed that when he returned to his own hometown there was no one to recognize him, and was not able to identify his parental property. Due to no land deed available to claim the ownership, the care leaver had to find alternate means to make a living. The system failed to find a solution to locate the parental property and such issues need to be addressed in a proper framework so care leavers will not have an issue reclaiming their rightful ownership.

Figure 4.4: Percentage distribution of Respondents by Educational level and Occupational Status



Based on Figure 4.4, 59% of the care leaver respondents have completed senior secondary education of which 18% have continued with an undergraduate level of education. 63 % of the respondents are occupied and can generate some kind of income. The occupational category of

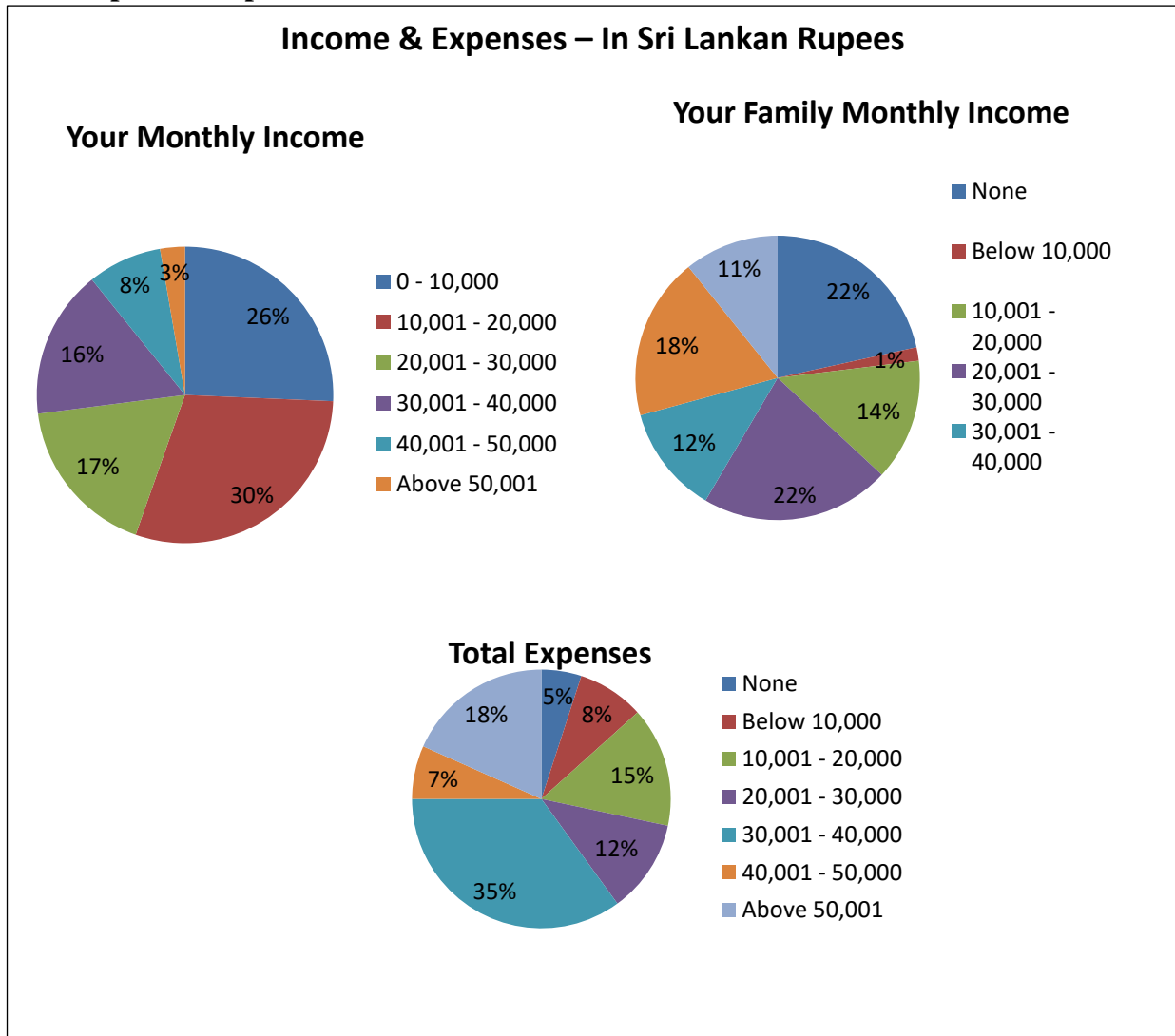
respondents includes Farmers, Managers, Officers, bankers, Dental, Nursing, Teacher, Beautician, own business, driver, cooks, etc. Apart from 16% of students, there are also around 21% of respondents were unemployed. During the qualitative discussions, it was revealed that some of the care leavers lost their jobs during the Covid-19 pandemic. Loss of employment during a pandemic is a major impacting factor due to scale down or closure of businesses and employers laying off their cadre. In the face of that situation, they had to resort to debt, selling property, mortgages, and lending money, which has long-term consequences.

Findings: Impact on education and employment

During qualitative discussions, the participants voiced issues related to education and employment during the covid-19. A Pre-School Teacher, who experienced economic issues said *“I was distressed due to the difficulties faced, and the careleaver network, Neighbours, and friends helped me during the time I was infected. Now I am applying for new jobs as the income I get from the present job is not sufficient”*. *“No work during corona period as I was studying and doing graphic designing. I had to discontinue the study due to corona. Got support from the GNG for Living in a boarding house,”* said another participant.

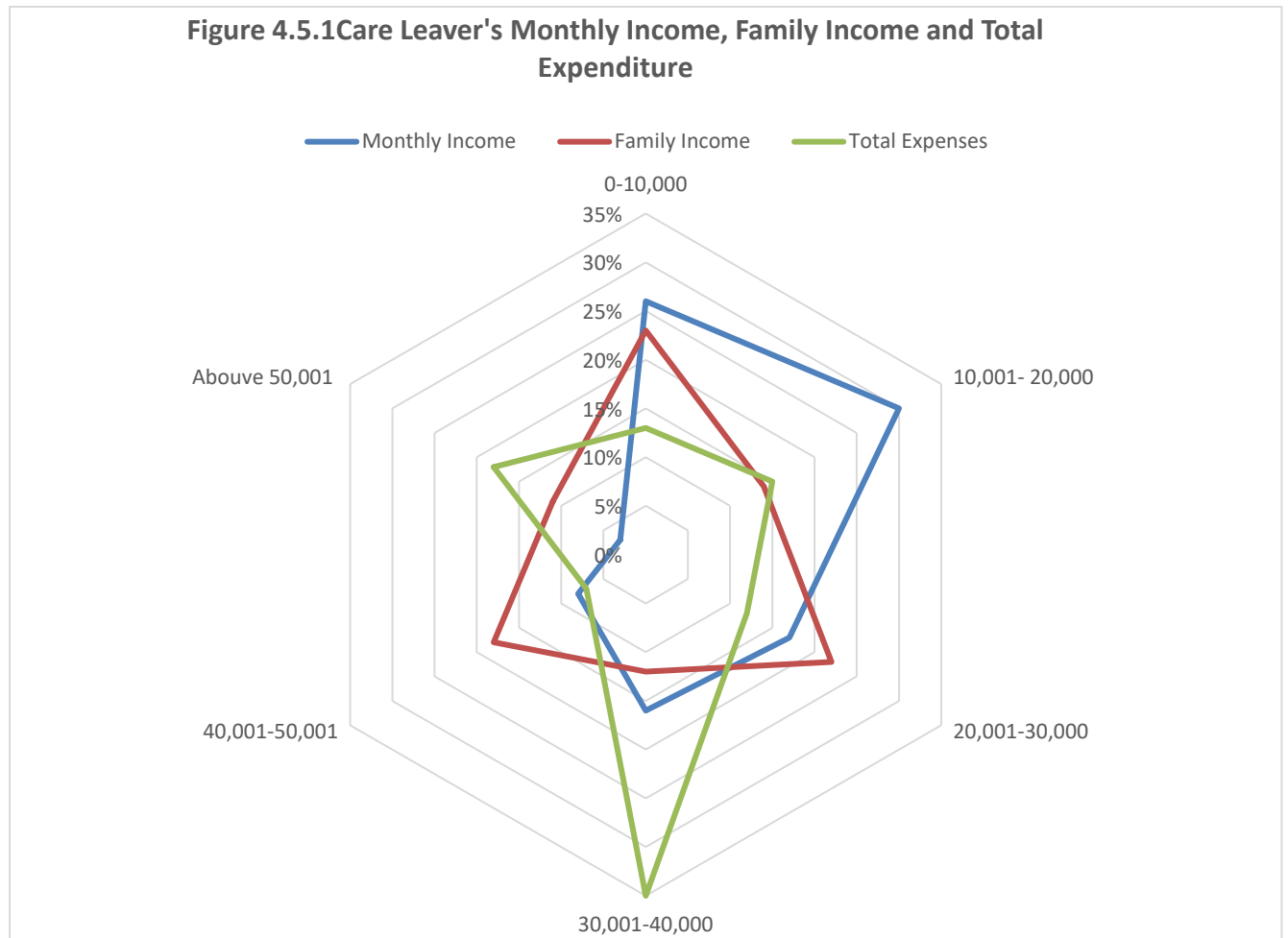
Those careleaver participants who are students had to shift from physical class to online education and faced issues regard to access to devices and some had to discontinue education due to loss of income from a regular job. More Caregiver voices raised their concern about work and study becoming challenges, *“I was a preschool teacher. I am doing a degree at an open university but due to COVID19 the classes have also been postponed which is affecting my career development.”*. Another participant said, *“I didn’t have a job and got assistance from the Network. I have got the job on a project During the 2nd wave”*. According to the research impact of COVID 19 on children’s education (Devi. 2021) that reflected the long-term consequences of School closures impact not only students, teachers, and families but have far-reaching economic and societal consequences. School closures in response to COVID-19 have shed light on various social and economic issues, including student debt, digital learning, food insecurity, and homelessness, as well as access to childcare, health care, housing, internet, and disability services. The impact was more severe for disadvantaged children and their families, causing interrupted learning, compromised nutrition, childcare problems, and consequent economic cost to families who could not work. Similarly, the study found that care leavers missed employment and educational opportunities that would impact on long-term consequences on their socio-economic status.

Figure 4.5: Percentage Distribution of Respondents by Monthly income, family income, and expenditure pattern



The majority (56 %) of the respondents earn an individual monthly income of less than Rupees 20,000 or do not have any earnings, which can be termed the ‘lower-income category’. Only 11% generate a monthly income of more than Rupees 40,000. The family monthly income chart shows 37% of the respondents had an income of lesser than 20,000 Rupees of which 22% had no income or do not want to reveal their family income. It could also be noted from figure 4.3 that 16% of the respondents are students and has no income generation opportunity. A care leaver expressed that *“No work during corona as I was studying and doing graphic designing. I had to discontinue the study due to corona”*. Loss of job and reduction in earnings due to pandemic are also attributing factors for below-average earnings in both individual and family income as per qualitative discussions. The expenses are more than the earnings with the deficit being managed mostly through credit facilities, pawning, sale of assets, etc. Figure 4.5.1 depicts

that 35% of their expenditure is between Rs. 30,001 to 40,000. This data demonstrates that when they reintegrate into society, they are more vulnerable in the socio-psychological and economic spheres as they do not have a strong foundation for protection or a systematic follow-up program.



Findings: Impact on Socio-Economic status

During the FGD, care leavers explained that most of our GNG members work in the hotels and tourism trade and as beauticians. Since COVID 19 most of them lost their earning opportunities and from the GNG, we were able to support them to some extent. Issues with repayment of loans, marital issues, alcohol issues, and stress further affect the care leavers. Importantly, these data show that unmarried individuals are more likely to be economically disadvantaged than married individuals in the face of economic and psychological factors. As some of the respondents have declared, they have had to mortgage their gold jewellery during this period, borrow money, sell their hard-earned built homes, and move out of rented homes. During FGD an unfortunate incidence of a young male care leaver committing suicide due to non-acceptance at home and was not able to pay boarding fees was also brought to the research team’s attention.

The care leaver network was not made aware of the hardships the youth faced as he was not connected to the network. Another care leaver told the researcher that *“I was having my own Salon and had to face an economic downturn. I was infected with COVID19 twice. Had to stay at a friend’s house. Bank demanded repayment of the loan I obtained to run the salon and I was under severe stress. I had to sell my house to pay off the loan. Faced issues with rental. Due to lockdowns, the business had to be kept close and no income”*. Care leavers those who work with commission-based income, were not able to generate income as movements were restricted and employers try to reduce salaries as no income. Economical support was extended by SOS children’s Villages in Sri Lanka, the care leaver network, siblings, relatives, and friends were able to support some extent in coping with the economic needs. A leaver felt the significance of their network and expressed that *“Care leaver network helped me with my boarding fee, and they never allowed the members to fall out due to economic or stress issues.”* Care leaver network was also felt that strengthening the financial capacity of individuals and network would be an advantage for future unforeseen situations in which they could be extended their mutual aid. Macro-level factors the absence of social policies such as income maintenance or social protection net could be further affected the care leavers on a long-term consequence. Regarding that socio-economic deprivation at micro to macro levels, care leavers are most vulnerable in receiving help from family, neighbourhood, organisational, and policy level service delivery. When other people in the community encounter such difficult situations, they can seek help from their families, but the helplessness of this community is exacerbated by the fact that they do not have similar kinds of support to assist them during such a challenging environment. The social care net the care leavers have formed consists of care leavers and the group can assist those in need only to a certain extent as most of the members are also economically not in a strong level to assist others, even if they wish to do so.

Findings: Impact of Physical Health and hygienic practices, Psychosocial and emotional factors on care leavers

Risks may also stem from remaining in care leavers’ physical health and their hygienic practices with group environments in Boarding houses and hostels more prone to cluster infections. care leaver faces within them being at higher risk for infection as well as abuse, neglect, and exploitation at group residential places as a result of COVID 19 infections and related fear to accommodate others in their houses.

Care leavers who were singles are more likely to be in boarding houses and in some cases accommodated the other care leavers who were at risk of contracting COVID-19 and being more severely affected by it. On the other hand, Care leavers in independent living

arrangements may be at heightened risk of isolation and separation from peers, and lack access to cash and other forms of support for their daily needs. Some care leavers are unhappy in their isolated place and only had telephonic contact with other care leavers and care leavers' networks.

However, care leavers who have just transitioned out of alternative care face extreme social isolation and no access to financial and practical support in this particularly vulnerable environment. Some care leavers were well adopted with rapid changes and adversity in their environment as expressed by a care leaver that *“When I was detected with covid the network helped me. Had issues with the boarding house during infection. I had covid twice and the network helped me. Although I didn't lose my job during COVID, my salary was not Paid. I started making birthday cards and got additional income. Also, I can make artificial flowers.”*

Table 4.1: Mean and SD Distribution of Respondents' Opinions on satisfactory life

QN	Care Leaver's Opinion	N	Mean	S D
13	Satisfied with my personal life and managed my life independently	76	3.434	1.087
14	Satisfied with my work life	76	3.658	1.195
15	Skills in information technology improved in the past one & half years.	76	3.789	1.087
16	I miss my friends due to the pandemic.	76	3.816	1.197
17	Daily food requirements are satisfactory	76	3.316	1.086
18	Spent quality time with my family	76	3.697	1.178
19	Received support facilities from my network/ previous home.	76	3.039	1.341
20	Engaged in multiple activities during the lockdown period without being bored.	76	3.658	0.917
21	Developed my skills and talents during the pandemic.	76	3.737	1.038
22	Spent more time with my family members.	76	3.316	1.329
23	Happy & safe with the social surrounding in my home during the Pandemic.	76	3.855	0.976
24	Had a good night's sleep.	76	3.921	1.105
25	Contact my former caregiver for guidance	76	3.513	1.137
26	Cope with the changes in my lifestyle	76	3.618	1.070
27	The COVID19 precautionary measures are being followed	76	4.5395	0.7906

Table 4.1 indicates that care leavers were on a neutral level of their opinion as per mean values 3 to 4. This neutral stand was explained by the care leavers who faced life challenges that were enormous in their independent living without a proper system connected to them.

They were well adapted to the precautionary measures to prevent COVID 19. They also engaged in multiple activities during the lockdown period without boring. It is noted that they made their existence happy and safe with their family and social surrounding during the pandemic.

Lack of access to technology or fast, reliable internet access can prevent students in rural areas or from disadvantaged families. Lack of access to technology or good internet connectivity is an obstacle to continued employment and learning, especially for care leavers and their children disadvantaged in response to the lockdown caused by COVID-19. The data revealed that many of them lost their jobs or reduced their income, but they were able to find an alternative way to come out of it. It shows their resilience power is higher compared to others, and they are not easily willing to give up. It was identified that some of them have started online and batik clothing businesses to cover up their day-to-day income. Research data shows that they had to put in a lot of effort to spend productive time with their family during this time. This is because these people are facing a huge life struggle due to losing their jobs and becoming financially inactive. Those who were not able to manage the situations became alcoholics and had family problems too.

Care Leaver's support network

Care leavers were able to establish their own care leavers forum to address their concerns and to care for them once they were reintegrated into society. The appreciable fact was that the majority of the respondents mentioned that they were able to receive support from their care leavers' association during this period as well as in other difficult times as well. Furthermore, it was proved that their strength is in their own known people whom they have met during their stay at the childcare institutions and develop interrelationships like siblings who were able to support each other. For instance, when they were asked to leave the rented lodgings when they were short on money, or in any crisis they encountered, their first contact person was any known person from their institution. Self-care and psychosocial status. Brotherhood or sisterhood bond among children during their stay in the childcare institutions continues naturally even after leaving the institutions. They were able to care for each to a certain extent during the COVID 19.

Figure 4.6: Percentage Distribution of Stopped or reduced activities during the COVID 19.

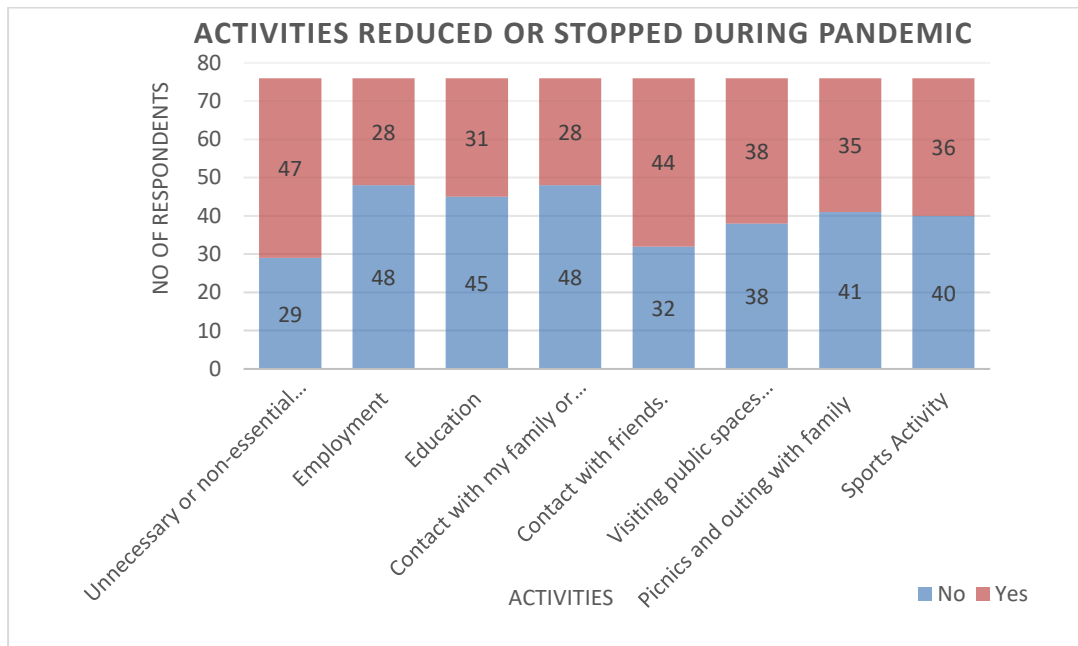


Figure 4.6 reflected that 60% of care leavers' employment, education, and social contact were continued more than the other social and habitual activities. care leaver During the discussions with them, it was revealed that 62% of them had come to realize that they had to spend money only on the essentials. This is because, in the face of this situation, the economic productivity of many people has become inactive. 59% of them were not able to contact their friends and 50% of them stopped visiting public places during the COVID 19.

Figure 4.7: Percentage Distribution of Missed activities during the COVID 19.

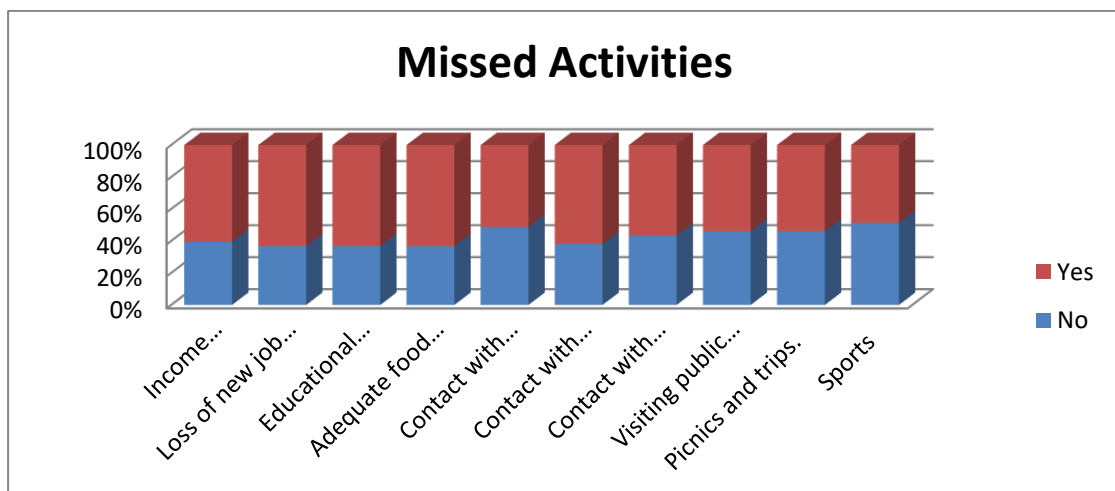


Figure 4.7 clearly indicates that more than half of them missed day-to-day activities mentioned and more than 63% of them felt that they missed new opportunities for

income generation, employment, education, adequate food/shelter, and contact with friends. Evidence shows that loss of income generation has affected the majority and they are in a constant struggle due to that. The less common missed activity for them during this period, as identified, was contact with family members and loved ones and sports.

Figure 4.8: Percentage Distribution of coping strategies adopted by Care Leavers

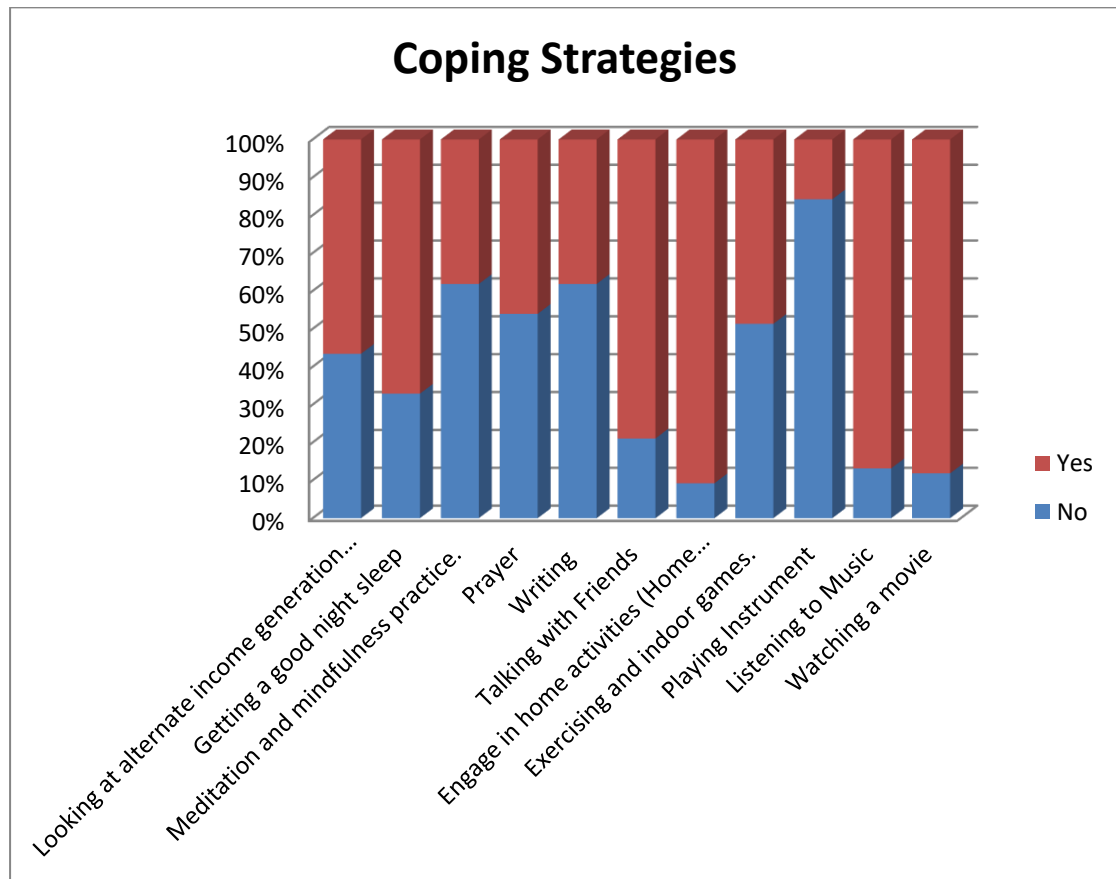


Figure 4.8 clearly indicates that 90% of them adopted coping strategies such as talking with friends, engaging in-home activities, listening to music, and watching a movie. From the qualitative discussions, it can be understood that care leavers do go through breakdowns in psychosocial and economic matters more quickly than other people in society because they do not have a strong support group in front of them. But the most important thing that emerges here is that they adopt the appropriate adaptations and actions to live in harmony with society by engaging in multiple activities. They developed multiple skills such as *“Due to lockdown were able to learn farming techniques, coping strategies, self-assessment of life, develop English language skills, identify and help other’s issues and learned new ways of coping my life”* as stated during FGD. Further, most of them admitted that they understood the importance of saving

money to tackle any similar situation in the future. Data show that care leaver and their relatives have fewer interpersonal relationships as evidenced by “*Neighbors, SOS children’s villages and churches helped us, but Relatives didn’t help much*”.

It is a matter of appreciation that they have used action methods to stay on their own every time they have fallen financially and mentally. Care leavers expressed that when they were in childcare institutions, they should prepare to continuously keep relationships with their own family members and kith and kin for enhancing their relationships in a continuum of care in their life.

Figure 4.9: Percentage Distribution of trustworthy persons

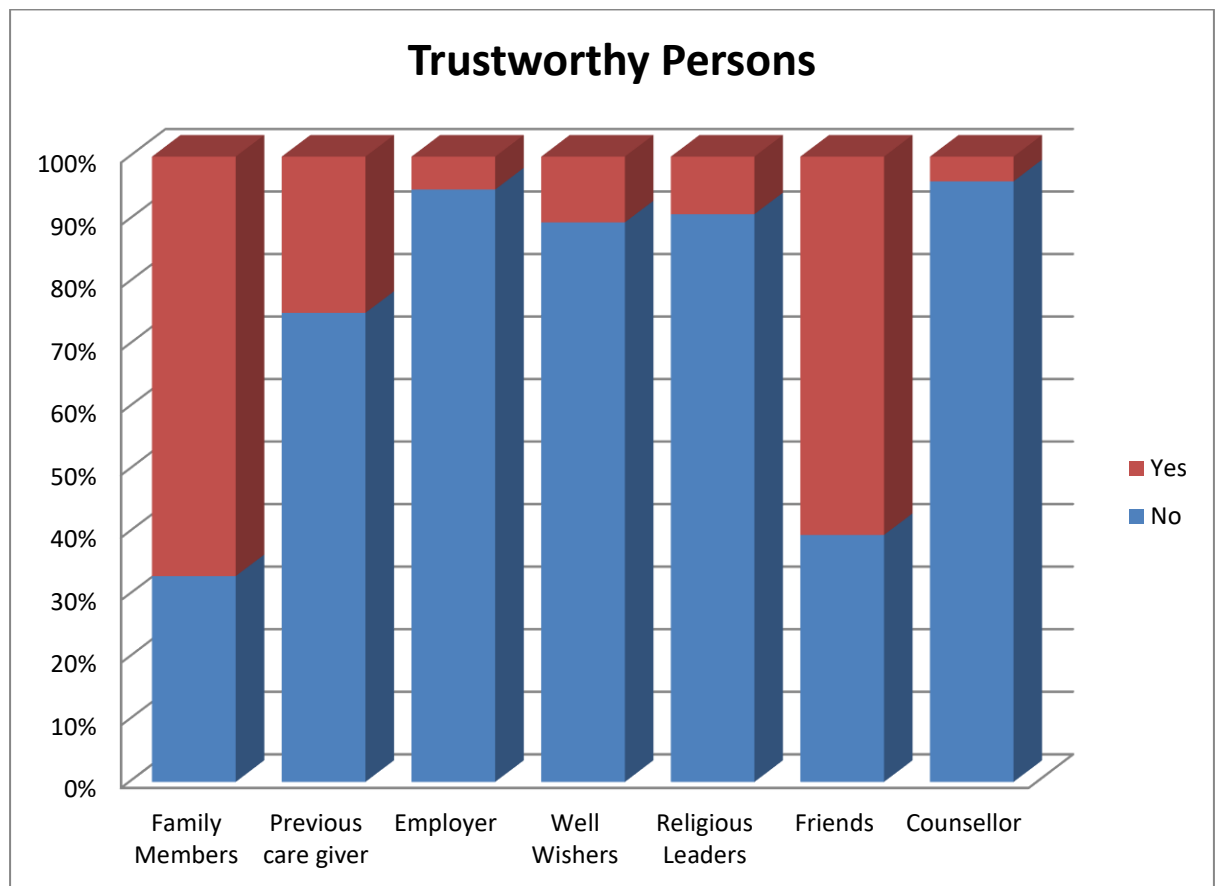


Figure 4.9 clearly reflected that care leavers’ trustworthy persons are family members (67%) and friends (61%). 25 % of them still feel that the former caregiver was a trustworthy person for them. It could be identified that being in a caregiving centre over a long period, the respondents still tend to rely on their known people in their close circle. As evident from the study, whenever they encounter any mental, social, or

economic hardship, their first contact person is always their friends in the care leaver network.

It is noted that the employer was not a trustworthy person for care leavers as they expressed during the FGD, they experienced negativity in employment-related affairs as evident as “we didn’t get a full salary, no bonus, no salary increments during the lockdown”

Figure 4.10: Percentage Distribution of their participation during the COVID 19 prevention

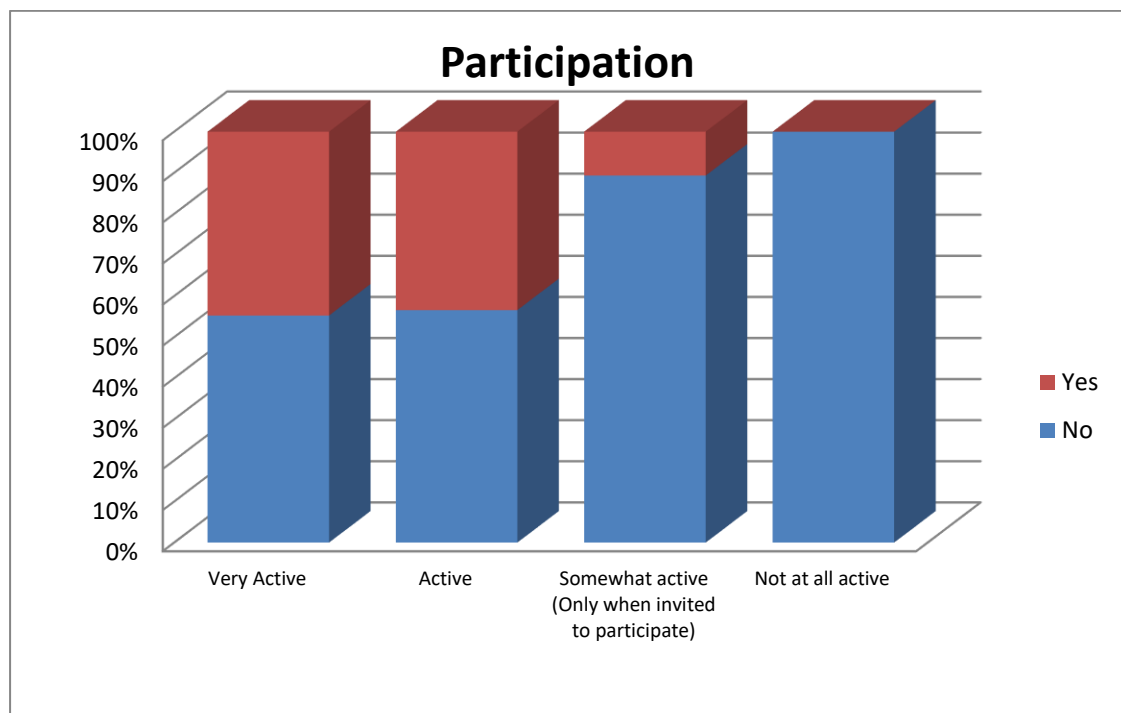


Figure 4.10 shows that 60% of them were very active in preventing the community spread of COVID 19 disease and they were able to contribute their participation in prevention and they were able to follow precautionary measures as well as prevent COVID19 spread.

Care leavers’ Suggestions

All the respondents emphasize the importance of having a strong care leavers association/network because, through that, they can be supported in their micro to macro environment and raise their voice against any form of misconduct or right violation in their environment. Furthermore, they stated that there are people in society who are unaware of the association, and it is very important to get their participation. They recommended that not only family members like care leavers, but also other care leavers too must take part in this association because there should be a strong voice for their protection and promotion and also

to advocate for the policymakers in the country to implement more fruitful policies and implementation of alternative care and promote a continuum of care. The following are some of the suggestions

1. Encourage care leavers who are not in the network to learn how to join. So initiative to be taken to get care leavers to join the network for promoting the care leaver right and responsibilities.
2. Guardians and relatives caring relationship to be continued. The caregiver relationship is to be continued. Continuum of care to be enhanced
3. The bond among children in the SOS children's villages comes as naturally and it continues even after leaving the villages.
4. The educated leavers need to do advocacy on behalf of others
5. The network had to promote to the national level as some of the care leavers live in remote villages that are not accessible for network activities,
6. To obtain government assistance the birth, identity, and residency certificates need to address children in their place of origin. So, the government should make a policy to do all required documentation for the children living in the homes or institutions.
7. Advocacy to be done providing higher education, land, job opportunity, and monitoring once children leave in their alternative care settings.
8. De stigmatization for care leavers needs to be addressed.
9. Housing and land issues are of importance for them as they were not able to identify their own lands due to the many years, they spent in the care institutions.
10. Currently there is no information on care leavers when they leave CCIs and during such a pandemic's updated database is important to track them.

Conclusion and recommendation

Continuum of care to be streamlined in a formal manner through formulating of policies by state initiatives for a better independent life for the care leavers. The online sample survey was based on 76 responses and focused on group discussion and KII. More Female participation (69%) was noted as the care systems accommodate more females than males. The sample study concludes that the demographic profile of care leavers is in alignment with national statistics. The ethnicity ratio of the respondents shows a closer ratio as per the national statistics. 67% of the respondents were youth between 16 to 28 years of age which is one of the reasons the majority (61%) of the respondents are unmarried. 39% are either married, divorced or separated. It can be concluded that the majority (80%) of care leavers are in the family system

and live with their own, extended, or joint family and only 20% of them live as single members. Although they are integrated into the family and community environment, the continuum of care is grim in need. Outcomes show that care leavers do not own their own land or houses. With regard to the pandemic, care leavers had to face many difficulties related to their residence, and some of them were left out by boarding places due to the fear of infection and inter-relationship issues. It demonstrates that the system has failed to provide solutions for relocating the parental property and could be considered as one of the major factors that need to be addressed to make them less vulnerable to reclaiming their own property.

COVID-19 impact on care leavers has shed light on various social and economic issues, including care leaver debt, lack of access to digital learning, food insecurity, and homelessness, as well as access to a continuum of care, housing and mental health services. The impact was more severe for disadvantaged care leavers and their families, causing interrupted care leavers' employment and educational opportunities that lead to long-term consequences on their life cycle. Loss of employment during a pandemic is a major impacting factor due to scale down or closure of businesses and employers laying off their cadre. Macro-level factors that as the absence of income maintenance or social protection net could be further affected the care leavers on a long-term consequence. However, care leavers were well adapted to the precautionary measures to prevent COVID 19. They also engaged in multiple activities during the lockdown period without boredom in their family and neighbourhood. Further data shows that lack of access to technology and the high cost of data created a situation for parents to avoid online learning and their children had to face adverse effects as a result of the COVID-19 lockdown.

It is worth their coping strategies for Self-care and psychosocial status. It is interesting to note that Brotherhood or sisterhood bond among children during their stay in the childcare institutions continues naturally even after leaving the institutions. Care leavers enjoyed their quality time with family members and loved ones keep them active through sports. Care leavers coped with situations by talking with friends and engaging in home-based productive and leisure time activities. However, they were adversely affected by COVID 19. Their family members and friend are being trustworthy. Care leavers to be proactive to have a strong network integrating care leavers from alternative care settings.

Recommendation.

The evidence from the study showed that the impact of COVID-19 posed significant risks and had long-term consequences on their life cycle. They are likely to be among those most affected by its longer-term impact as they already face significant challenges in accessing educational and livelihood opportunities as well as widespread marginalization and stigmatization. Therefore, care leavers are identified as one of the most vulnerable groups in Sri Lanka. This study recommends the following for supporting youth leaving alternative care settings and enhancing their dignity through independent living.

1. Enhance care leaver self-identity, socioeconomic status, protect them to live independently
2. Deinstitutionalization to be promoted and family-based alternative care options need to be practiced.
3. Reintegration process of children from care systems to society needs to be strengthened and streamlined with the involvement of the state.
4. Role of the social worker is essential in integrating care leavers into the community and promoting self-help groups, and support groups for building mutual aid system.
5. Enable access to mental health and career guidance and counseling.
6. Service delivery organizations prioritize care leavers as one of their target groups
7. Role of the multidisciplinary team at the community level is vital for integrating care leavers and gatekeeping children's entry to alternative care is vital.
8. Care leavers as a prioritized target group in any policy implementation.

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Anneture 01 :

The Impact Study of the COVID – 19 Outbreak and Long-term Consequences on Care Leavers

(Confidentiality will be maintained. Information shall be used only for research purpose)

1.	District.					
2.	Age					
3.	Gender	Male	Female	Transgender Male	Transgender female	
4.	Ethnicity	Sinhala	Tamil	Muslim		
5.	Religion	Buddhist	Hindu	Islam	Christianity	
6.	Marital Status	Un-Married	Married	Divorced	Separated	Widow/ Widower
7.	Educational Level	Primary	O/L	A/L	Graduate	Technical Qualification
8.	Occupational Status	Student	Part Time Employment	Full Time Employment	Self – Employed	Un- Employed
9	Job Title (Pls Specify)	_____				
10	Your monthly Income (In Rupees)					

- 11. Family Type:** 1. Single member 2. Nuclear family (your Spouse and your children)
3. Extended family (with grandparents) 4. Joint with sibling or guardian

12. Your Family monthly Income(in Rupees)

Economic Conditions / Expenditure

Items	Expenditure during last Month (Rs.) /Calculate Average
12.1. Food	
12.2. Cloths – shoes, dress	
12.3. Health – Doctors, medicines & other medicals	
12.4. Education	
12.5. Transportation	
12.6. Electricity bill / Water	
12.7. Communication/ tel. bill	
12.8 If habits of Cigarette/ tobacco/ beedi/ betel/ alcohol	
12.9 Incidental (eg. Religious, Weddings, funerals etc.)	
12.10 Leisure & recreation	
12.11. Donations/ Assisting others/ given to religious places	
12.12. Other (specify):.....	
Total Expenditure	

Care Leaver’s Opinion on COVID Impact. (Please circle as appropriate)

QN	Opinion	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13	I am satisfied with my personal life, and able to manage my life independently during the COVID 19.	1	2	3	4	5
14	I am satisfied with my work life at present and have hope for future.	1	2	2	2	2

15	My skills in information technology such as using computers, Smart phone and related applications improved in the past one & half years.	1	2	3	4	5
16	I miss my friends and unable to visit them due to the pandemic.	1	2	3	4	5
17	My daily food requirements are satisfactory during the pandemic (Taste /Quantity/Variety).	1	2	3	4	5
18	I got opportunity to spend quality time with my family during pandemic.	1	2	3	4	5
19	During pandemic I got all support facilities from my network/ previous home.	1	2	3	4	5
20	I was able to engage in multiple activities during the lock down period without being bored.	1	2	3	4	5
21	I was able to develop my skills and talents during the pandemic.	1	2	3	4	5
22	During Pandemic I was able to spend more time with my family members.	1	2	3	4	5
23	I am happy & safe with the social surrounding in my home during Pandemic.	1	2	3	4	5
24	I am getting good night sleep.	1	2	3	4	5
25	I do contact my care giver for guidance during the pandemic.	1	2	3	4	5
26	Since the pandemic, I was able to cope with the changes in my lifestyle.	1	2	3	4	5

27	I am following the COVID19 precautionary measures such as wearing Masks, Washing Hands with Soap, Maintaining Social Distance, covering my nose and mouth while sneezing/coughing etc.	1	2	3	4	5	
28	Which of the following things you have reduced or stopped during the pandemic? (Tick as appropriate)	Yes	No				
1. Unnecessary Spending or non-essential purchases.							
2. Employment.							
3. Education.							
4. Contact with my family or guardian who live away from me.							
5. Contact with friends.							
6. Visiting public spaces (Temple/Beach/Park/Shopping etc)							
7. Picnics and outing with family							
8. Sports Activity							
9. Other Please Specify : _____							
29	Which activities did you miss during pandemic? (Pls Tick as Appropriate)	Yes	No				
1. Income generation Opportunities.							
2. Loss of new job opportunities.							
3. Educational opportunities.							
4. Adequate food and shelter requirement.							
5. Contact with family or guardian, who live away from me.							
6. Contact with friends							
7. Contact with friends, who lives outside the districts.							
8. Visiting public spaces (Temple/Beach/Park/Shopping etc)							
9. Picnics and trips.							
10. Sports.							
11. Other pls specify : _____							

30	<p>Which are the below activities you have practiced in order to deal with stress / anxiety related to covid 19 outbreak? (pls tick as appropriate)</p> <ol style="list-style-type: none"> 1. Looking at alternate income generation opportunities. 2. Getting a good night sleep 3. Meditation and mindfulness practice. 4. Prayer 5. Writing (poetry / short stories etc) 6. Talking with friends 7. Engage in home activities (Home gardening, cleaning etc) 8. Exercising and indoor games. 9. Playing Instrument 10. Listening to Music 11. Watching a movie 12. Others Specify _____ 	Yes	No
31	<p>Name the two people to whom you feel comfortable or trust to talk when you feel sad.</p> <ol style="list-style-type: none"> 1. Family members. 2. Previous care giver. 3. Employer. 4. Well Wishers. 5. Religious Leaders. 6. Friends 7. Counsellor 8. Others Specify _____ 		

Suggestions and recommendation

- 32 Overall, how would you feel your participation in preventing community spread?
1. Very active
 2. Active

3. Somewhat active (Only when invited to participate)
4. Not at all active, state reasons

33 Any suggestions/ recommendation for your wellbeing.

Annexure 02 : Guide line for FGD with Care leavers

The followings are the themes identified for the Focused Group Discussion (FGD)

Assurance of Confidentiality

The personal information of the participants must be protected in all study processes (in collecting data, research output, and academic report). In these processes, your personal information will be treated as an anonymous one. And you may cancel your agreement even after all the research processes have been finished. Each member within the focus discussion groups will be asked to maintain confidentiality regarding the discussions having occurred within their group. All the data collected are kept for all study process (until 3rd week of January 2022). All data will be anonymized.

Semi-Structured Interviewing/ Key Informant Interviews

Key Informants Interviews (KII) will be another qualitative data collection method in this study. This method is used to gather information from key individuals under conditions where a formal questionnaire may not be appropriate and used to finalize the formal questionnaire. Key informant interviews sought out data from individuals having special knowledge on a topic of

interest. The list of key informants was selected based on their involvement in the field level activities

1. Care leavers, Caregivers and managers of child care institutions.

Assurance of Confidentiality

The personal information of the participants must be protected in all study processes (in collecting data, research output, and academic report). In these processes, your personal information will be treated as an anonymous one. And you may cancel your agreement even after all the research processes have been finished. Each member within the focus discussion groups will be asked to maintain confidentiality regarding the discussions having occurred within their group. All the data collected are kept for all study process (until 1st week of January 2022). The whole data and documents will be disposed and broken into pieces at the end of the research.

1) Voice and data of group discussion will be kept in the locked cabinet or pass worded in the safe

2) All data will be anonymized. The documents containing personal information, like the acceptance form to participate in this study will be kept in locked cabinets. After all study processes finish, the entire voice and data will be disposed of and broken into pieces.

1. COVID 19 impact on Children in Alternative care (Positive and Negative general observations)
2. Employment and livelihood
3. Education, online education . learning achievements , views
4. Identification of Strengths, needs and concerns of care leavers during the COVID and after COVID
5. Economic Status/ strengths of care leaver
6. Day to day activities, play, managing idle time, Creativity and innovation, Decision making
7. Views and observations on Psychological health of care leaver
8. Views and observation on mental health and development
9. Views and observation of Self-care, Socio and emotional skills
10. Views and observations on Protection issues
11. Views and observation on social contact, bonding among care leavers and quality of time

12. Observation of Use of information technology (Type of information , Facility , Accessibility, Adaptation and Level of usage
13. Impact of Mass Media influences on children, Spending time on watching TV/ programmes/ events COVID awareness
14. Overall suggestions and expected long term impact
15. What are the recommendations for best practices?