

**The Impact study of the COVID-19 outbreak and long-term consequences on children and youth in various
Alternative Care**

SOS Children Villages Sri Lanka

Study Duration 4 months

**Submitted to:
SOS Children's Villages
Sri Lanka**

Submitted by
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Affirmation

“Except as acknowledged in this research report, by the references to other authors and publications, the research processes, findings, and recommendations related to the SOS Children Village, Sri Lanka are contributions by the research team.

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Abbreviations

CCI	Child Care Institutions
CBO	Community-Based Organization
DO	Development Officer
DS	Divisional Secretariat
FGD	Focus Group Discussion
G.C.E O/L	General Certificate Examination (Ordinary Level)
GN	Grama Niladhari
INGO	International Non-Governmental Organization
KII	Key Informant Interview
NCPA	National Child Protection Authority
NGO	Non-Governmental Organization
LPI	Local Process Initiative
FSP	Family Strengthening Program
GCE A/L	General Certificate Examination (Advanced Level)
DPCCS	Department of Probation and Child Care Services

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Executive Summary

The government began lockdown as a measure to contain the spread of the novel coronavirus (COVID19) from the second week of March 2020. It continues to impact social life in various ways. The impact study focused on children in voluntary homes specially focused on children in family-like care model (1) and institutional care model(2). The objectives of the survey are to distinguish the impact of COVID-19 outbreak on children in Family-like care model and Institutional care model of Voluntary homes, identify the impact on child developmental needs and determine the use of coping strategies used by children and capture suggestions from children and other stakeholders.

A mixed methodology was adopted and Factors (9 items) that influence children during the pandemic are identified basis on the developmental needs of children and youth in the care system. Health indicators hygienic practices of COVID 19, Physical health, Education, Managing the day during the COVID 19 Pandemic, Psychological Social-emotional Development, Social connections, Coping Strategy, Child participation, and Children's suggestions were included in the survey for measuring the impact of COVID 19. A self-administrated questionnaire was used to collect survey data from children ages 15 to 18 years old and 08 districts were selected to draw a total of 602 of 80% from Institutional care and 20 % from Family-like care. Collected data were analyzed using the micro soft excel and Minitab. Further, qualitative data was collected using eight focused group discussions with children(10) in 12 to 14 and 15 to 18, caregivers, and service providers of local processing initiatives(LPI), and qualitative data was analyzed using content analysis.

The main findings revealed that physical health is likely to be better in institutional care than family-like care setup as statistically significant differences were found. Education and hygienic practices where statistically relationship exists but no significant differences between types of care. Children are aware on COVID19 and how to respond to it. Children in bigger institutions did not have facilities and facilitation to participate in online education as the immediate responses to shifting from physical school to online school whereas institutions with a small number of children and family-like care model were able to respond to the arising needs of

children. The findings revealed that institutions with a small number of children and family-like care could manage their children's time by formulating appropriate programs to manage the idle time. The study found that children engage in various activities and develop skills during the lockdown. This study proved that the psychological, social, and emotional developmental needs of children can be fulfilled by their own family environment and the best microsystem for children to fulfil their developmental needs. Social connectedness was entirely disrupted and caused stress due to the COVID19 pandemic lockdown. A positive impact is being developed to use information technology and mass media for public educational programs and Skills in Self-directed learning.

The impact study recommends fulfilling the additional needs created by pandemic situations and responding to immediate child developmental needs and systemic change are dire needs of policy practice in alternative care.

The Impact of the COVID-19 outbreaks and Long-term Consequences on Children and Youth in various Alternative Care

1. Contextual background

Children had to undergo many changes and have experienced positive and negative feelings that adults have, such as uncertainty and complexity during the COVID 19 pandemic. Although each child is unique and they had been affected in different ways, some ways of changes that children experienced namely prolonged separation from family and friends, conflict and stress within the family-like and institutional care, alternative educational platforms due to closure of schools, and resulting increased screen time, limitations to health services, chronic worries about family, education and own health and boredom due to confinement to the same dwelling for a longer duration have touched every aspect of their social lives.

The protection of children and access to educational facilities is particularly important. Precautions are necessary to prevent the potential spread of COVID-19 in Alternative Care settings; however, care must also be taken to avoid stigmatizing children, care workers, and staff who may have been exposed to the virus. It is important to learn that COVID-19 does not differentiate between borders, ethnicities, disability status, age, or gender. Education settings should continue to be welcoming, respectful, inclusive, and supportive environments to all. Measures taken by the Department of Probation and Alternative care settings management can prevent the entry and spread of COVID-19 by children and care workers who may have been exposed to the virus while minimizing disruption and protecting them from discrimination.

Infectious diseases like COVID-19 threaten to disrupt the environment in which children grow and develop. It can be expected that the number of children at risk of separation and in need of alternative care will increase – both during and aftermath of the crisis, where containment measures may lead to separation of children from

families, and because of the long-term socio-economic impact of the COVID-19 crisis on families' capacity to care.

The Socio-economic impact of COVID-19 affects the most vulnerable children of Sri Lanka. The measure imposed will risk plunging them further into hardship and potentially bringing millions of children into poverty. Children without or at risk of losing parental care are particularly exposed to these mounting challenges, compounding these conditions of vulnerability to situations of fragile family environments, or living in various alternative care placements.

The sample survey focused on Voluntary Children's Homes (331) which have been established under the orphanages Ordinances/ Children Development Charter to provide protection and care to orphaned, abandoned and destitute children. They are run by volunteer organizations, and all matters from admission to social reintegration of children are processed by the Provincial Departments of Probation and Child Care Services. These institutions are maintained under the direct supervision of the Provincial Commissioners of Probation and Probation Officers. These institutions provide care for children from 0-18 years of age. Children are admitted to these homes for a period of 03 years and are expected to be reintegrated into the society before the completion of this period, and the decision for reintegration is made by the Placement Committee.

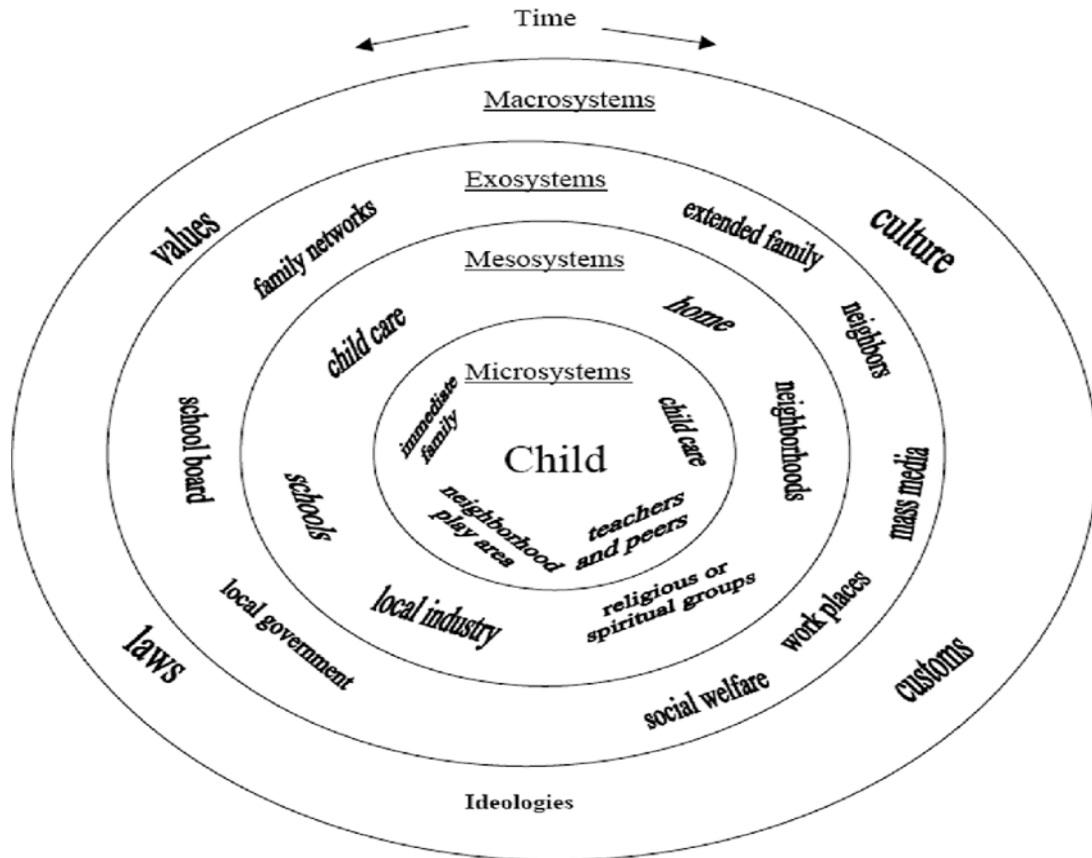
Children already in alternative care placements are having additional challenges in this context too. Restricting or eliminating visits of families of origin, reduction of access to social workers and specialized experts, will have a long-term negative impact on attachment and child development. Some children may have been sent back from their care placement to families of origin who are not able to care for them and guarantee their protection, exposing them to potential neglect and abuse. Besides these, young people aging out of care (care leavers) and transitioning into independent living are facing extremely fragile situations. Some of them are facing the uncertainty of retention/getting a job, some are unable to connect remotely to continue their education, lack of support to overcome the anxiety and uncertainty due to COVID-19. Thus, considering all these negative impacts, it is important to listen to children, youth, care leavers, and caregivers to explore risk and vulnerability towards children

and youth in various alternative Care to support them in a coordinated and integrated way.

This impact study builds the theoretical framework that underpins the ecological system theory. The review of literature guided the research study to conduct the survey and qualitative data collection in a better and more extensive manner. This study summarizes the current literature on COVID 19 impact on children using ecological system framework, role of Department of Probation and Child Care Services, Alternative care arrangements in Sri Lanka that influence impact on COVID19 on children in alternative care

1.1 Ecological System Framework

Ecological system theory states the importance of the many environmental and societal influences that play a role in a child's life. The systems identified in ecological theory include the microsystem, the mesosystem, the ecosystem, the macrosystem, and the chronosystem. Using the framework as a lens for identifying the impact of the COVID19 on children at every level in alternative care systems namely family-like care and institutional care of a type of voluntary homes in Sri Lanka.



Source: Bronfenbrenner's Ecological Systems Theory (1979) cited from L. cross & Frazer, 2010.

Community Environment for children contributes to positive and negative of educational, developmental needs, Protection, Health, Social Welfare, Physical health, Mental health in the children and youth of various alternative care. This study draws on Bronfenbrenner's ecological systems theory, beginning first with a child's immediate surroundings and expanding to the larger environment:

1. Micro-level factors that may arise in a child's own family, or in various alternative care (family-like care, and institutionalized care)
2. Meso-level factors resulting from changes to broader systems and structures that the child and youth interact with, such as schools and healthcare, tuition classes, and social clubs.
3. Exo- level factors that result from **Service delivery and Policy changes** within the system of the Department of Probation and Child Care Services, Governmental support services at Provincial, District, Zonal levels. The

impact on Livelihood, employability, social welfare, health services, and spiritual services.

4. Macro-level factors that indirectly impact child and youth but permeate our laws, policies, communal **beliefs, values, and culture, and drive social functioning**.
5. Chronosystem factors that indirectly impact children and youth on time. Human technological evolution is affecting young people in day-to-day life. Whether it is **screen-time, open-access information, young people's development** is intrinsically linked to evolutionary time (Young, 2011). Time affects all of the systems above in varying ways

1.2 Role of Department of Probation and Child Care Services

The Department of Probation and Child Care Services, functioning under the Central Government, provides funds for the 09 Provincial Departments of Probation and Child Care Services to protect orphaned, abandoned, and destitute children and bring about a sound mental development of such children. Accordingly, the Department of Probation and Child Care Services spends around Rs. 15 million annually for the upgrading of the physical and human resources of children's homes. In addition, various projects are carried out in relation to upgrading of children's homes from the financial assistance received from non-governmental organizations. These funds are provided after prioritizing the requests received by the Provincial Probation Officers and are monitored regularly. Every year, the Department of Probation and Child Care Services takes measures such as fixing CCTV cameras, putting up fences, gates, and walls to enhance the protection of children in children's homes, and also upgrading basic facilities such as building up water tanks, lavatories, etc. In addition to upgrading the children's homes in the 9 provinces, steps are taken annually to uplift the resources of the National Center for Counseling and Training of Children which is under the supervision of the Department of Probation and Child Care Services.

The Department also takes action to develop the skills of the children in the children's homes who have completed 18 years. Under this, leadership

development programmes, entertainment programs children's camps, trips, sports competitions, "Sil" campaigns, "sharamadhana" campaigns are conducted. Training on painting, handcraft swing, bakery product preparation, shoe and bag sewing are given to develop the vocational skills of the children. Providing necessary equipment for the children's homes and identifying issues about improving the output of these centers are done under the supervision of children's homes. Moreover, training is conducted to the staff since regular training of the human resource working with these children is a necessity.

1.3 The COVID 19 impact on children in alternative care settings

According to UNICEF (2020) how does COVID19 impact on children in alternative care settings, it is usual to feel sad, worried, confused, scared or angry. Children keep in mind that " you are not alone and talk to someone you trust, like your parent or teacher so that you can help keep yourself and your school safe and healthy". Hygienic practices are important to protect "yourself and others, wash your hands frequently, always with soap and water for at least 20 seconds, not to touch face, Do not share cups, eating utensils, food, or drinks with others". Children are also expected to be an active participant, protect school, family and community healthy for making each other awareness for preventing COVID 19 in their family and friends, especially with younger children and adopting hygienic good practices such as sneezing or coughing into your elbow and washing your hands, especially for younger family members

Children and others in their environment have also been expected not to stigmatize peers or tease anyone about being sick; remember that the virus doesn't follow geographical boundaries, ethnicities, age or ability, or gender and tell your parents, another family member, or a caregiver if you feel sick, and ask to stay home.

1.4 Alternative Care Arrangements in Sri Lanka

Domestic Legislation - out of home Care found that there was an absence of an effective and organized family support mechanism for those families whose children received one of three types of alternative care services managed by the Provincial Department of Probation and Child Care Services (PCCS), namely

1. Legal Fostering
2. Institutional care; and

3. Adoption

The decision-making processes relating to them are governed respectively by the Children and Young Persons Ordinance 1939, Orphanages Ordinance 1941, and Adoption of Children Ordinance 1941.

Legal Fostering and Adoption are based on judicial orders made on Social Reports submitted by Probation Officers while institutional enables admission of children to Orphanages subject to the administrative supervision of the Provincial Probation Commissioner.

1.5 Type of care in the study

Family-like Care

The goal of family-like care should be to provide care in autonomous small groups under conditions that resemble a family environment. The survey focuses on the impact of the COVID19 pandemic on voluntary homes in family-like care/institutional care settings in children in Sri Lanka. As per the National Policy on Alternative care in Sri Lanka (2019), Family-like care refers to alternative care settings, which are outside of a child's biological, or extended family environments. All institutional care settings are considered 'family-like' care. However, family like care model is significantly differ from total institutional care. The policy acknowledges that some children may require institutional care temporarily, as it may be the most suitable option in certain situations. The study focuses the SOS children's village model which differs from total institutional care and is built on four pillars of a family-like care (SOS children' village model)

1. Emphasize children should live together with their siblings and relatives
2. Receive care and support from a full- time by a professionally trained single parent in a household
3. Grow up in a single-family home
4. The children's village is surrounded by a community of support

Institutional care / Childcare Institutions (CCI)

Residential /Institutional care is a type of Volunteer home in which children typically over 5 years of age need accommodation for various reasons such as poverty, abuse, neglect, orphanhood, and family discord. Volunteer homes comprise most of the Children's Care Institutions in Sri Lanka and are managed by non-governmental stakeholders and monitored by the Department of Probation and Child Care Services. As per the National Policy on Alternative care (2019) most volunteer homes in Sri Lanka are not family-like due to overcrowding and understaffing issues. Restructuring these is also an essential task in the deinstitutionalization process.

Goffman (1961) explored the process of institutionalization as experienced by inmates; he focused on the total institution, which has regular routines and a structure. He argued that the removal of normal patterns of activities and identities provided a cultural and social context within which individuals became depersonalized. He developed the concept of institutionalization as a model of the total institution with four key features: All aspects of life occur in the same place, controlled by one authority; Each aspect of daily activity is carried out by others who are all treated the same; All aspects are rigidly programmed; The separation of staff and inmates is often maintained and the concept of institutionalization remains with shifts and changes of various service deliveries and the provision of a homely environment for children. What is lacking, is the homely and emotional bonds of love and affection as occur in families. It is a result of more formal and distant relationships between adult carers and children (V.Vasudevan 2014). Moreover, Global and national evidence show that without individual attention and a secure, continuous relationship with a caregiver, a child most likely will grow up with multiple challenges, including attachment disorders, anti-social behaviour, and other deprivations. Family-based care provides a child with emotional, social, and physical support as well as a sense of belonging to grow to his or her full potential(National Policy on Alternative in Sri Lanka,2019). Therefore, the study's overall objective is to distinguish the impact of the COVID 19 outbreak and its long-term consequences on family-like care and institutional care of Voluntary homes in Sri Lanka.

1.6 Objectives of the Impact Assessment

1. To distinguish the impact of COVID-19 outbreak and long-term consequences on children in Family-like care and Institutional care
2. To identify the impact on child developmental needs (Education, physical health, psychosocial-emotional development)
3. To determine the coping strategies used by children
4. To capture suggestions from children, caregivers, and service providers

1.7 Significance of the Study

The impact study is expected to conduct an impact assessment during the COVID 19 pandemic on children and youth, especially in alternative care settings and care leavers of Sri Lanka to deepen understanding of the prevailing conditions regarding the selected developmental areas. This is about the total development of children and youth for their lifespan development while focusing COVID 19 responses and alternatives for their better care and children and youth responses about adjustments and adaptation to new normal. The findings are also beneficial for policymakers so that recognition and formal classification of children without or at risk of parental care are prioritized during and after any pandemic like COVID-19. Appropriate sections from this research will also be used as research articles in both international and Sri Lankan publications on public management, social work, and social policy. The outcomes will also be disseminated through appropriate training and development of the DPCCs and management of alternative care. Appropriate sections for the citizens and their responsibility will be disseminated among the local people via print and social media, street drama, public awareness programs, and media discussions. The purpose is to make both citizens and service providers responsible for providing quality care for children who need care and protection for promoting their well-being. The DPCCS, therefore, will be in a better position to identify and have a hands-on approach in evolving alternative care arrangements for better care and will be better geared to design program development, refine and address the impact of COVID19 on children in alternative care.

02. 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. An attempt was made to assess the COVID19 pandemic impact on children of Voluntary homes special focus on family like care and institutional care. The data for the impact assessment was obtained from the i.e. both models of children in voluntary homes, caregivers, and key informants from eight Districts. The qualitative method such as focused group discussion (FGD) with children ages 12 to 14 and 15 to 18, caregivers, and service providers. Key informant interviews with managers and administrators were also conducted. A strength-based approach was used throughout the impact assessment without using stigmatized words.

2.1 Conceptualization of Developmental needs of Children

The questionnaire for the quantitative analysis was designed starting from the children’s demographic data (District, age, gender, ethnicity, religion). The following is for the base of the statistical, quantitative analysis.

Table: 2.1.1 Identified Factors of Child Developmental Needs

SN	Factors	Categories
1	Health indicators hygienic practices of COVID 19 <ul style="list-style-type: none">➤ Awareness of COVID19 infection➤ Able to write symptoms of COVID 19➤ How to protect themselves and others➤ COVID19 preventive practices adopted by children	Family-like care
2	Physical health <ul style="list-style-type: none">➤ Satisfaction of food (taste/quantity/varieties)➤ Daily play and sports activities➤ Health and medical care facilities	

3	Education <ul style="list-style-type: none"> ➤ Satisfaction on online education ➤ Completion of homework and schoolwork ➤ Improved skills in the use of IT ➤ Missed my school and friends 	Institutional care
4	Managing the day during the COVID 19 Pandemic <ul style="list-style-type: none"> ➤ Engage in multiple activities during the lockdown ➤ Develop my life skills ➤ Spent more time with friends and caregivers 	
5	Psychological Social-emotional Development <ul style="list-style-type: none"> ➤ Feeling happy and safe ➤ Good night's sleep ➤ Caregivers gave me their love and affection ➤ Cope with changes in my lifestyle 	
6	Social connections <ul style="list-style-type: none"> ➤ Social connections ➤ Missed activities 	
7	Coping strategy Sleeping, Prayer, writing, talking to friends, home gardening, exercise, and indoor games, playing instruments, listening to music, and watching movies	
8	Trustworthy person Caregiver, siblings, manager of the care institution, staff, probation officer, friends, counselor, others specify	
9	Child participation The overall feeling of your participation in care	
10	Children's suggestions	

2.2 Study Location

The sample was selected from 8 districts in Sri Lanka. As per census data of the Department of Census and Statistics in 2019, there are 10,632 children in Child Care

Institutions out of which 6,615 (62.2%) are female and 4,017 (37.8%) are male. More than 88% of these children are reported to be in Voluntary Children’s Homes and also there are 379 Child Care Institutions in Sri Lanka, out of which 331 (87.3%) are Voluntary Children’s Homes. The methodology for the survey focused on a sample of 602 children from a total selected population of 4112 children in the age group of Fifteen (15) to Eighteen plus (18+) in voluntary homes (Dept. of census and statistics). Table 2.2.1 depicts the selection of care homes and the number of respondents from the two categories of Voluntary Children Homes.

Table 2.2.1 Sample section by Districts

	Districts	No. of Voluntary Children Home	No. of Participants from Family-like care	No. of Participants from Institutional care	Total No. of Participants
1	Colombo	13	20	206	226
2	Nuwara Eliya	5	20	40	60
3	Galle	5	20	27	47
4	Matara	2		32	32
5	Jaffna	5	20	86	106
6	Mullaitivu	2		40	40
7	Anuradhapura	3	20	41	61
8	Monaragala	1	20	10	30
		36	120	482	602

2.3 Description of the Population and the Sample

This study used a 14.6% sample population (602) with a total of 4112 children ages 15 to 18 plus drawn from eight districts. The sample selection is as follows

Sample: 602

Total children population: 4112

Sample section : $602/4112 \times 100 = 14.6\%$

Data for the qualitative analysis was gathered through FGD & KII drawn

2.4 Profile of Research participants

The profile of the research participants plays an important role in determining the impact of the COVID19 Pandemic. Profiling of participants was carried out by determining factors, such as respondent's age, district, gender, ethnicity, and religion.

2.5 Data Collection

Basis of the study location (Section 2.2) and Sample Section by Districts (Table 2.2.1), along with the assistance of The DPCS, SOS Children Village technical teams identified the voluntary homes for participating in the survey. The chosen voluntary homes were then approached to obtain their consent to survey their respective locations at a time convenient for the home management and the participants.

Twenty Eight (28) enumerators, staff members of SOS Children's Villages from Eight (8) Districts across Sri Lanka, were trained to collect data using a self-administrated questionnaire (Annexure A01) among the children in the Institutions. The self-developed questionnaire was used to measure the response on a 5- point Likert scale 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. The self-developed questionnaire consists of 32 questions before the distribution of the questionnaire, a pilot test was done in Dec 2021 to determine the efficacy of the questionnaire and on approval by the research team and technical team, the formal collection of data was carried out from Dec 2021 till Feb 2022. The most convenient mode for the KII and FGD was online as per COVID19 health guidelines. Voluntary home management chose the date and time for conducting the survey and FGD with the help of enumerators.

2.6 Focused group discussion (FGD) with children and caregivers and Key informant interviews (KII)

Table 2.6.1 Distribution of samples chosen for Qualitative Data Collection.

		No Children 12 to 14 15 to 18	Care Givers	Service Providers LPI*
1	Colombo	10	5	5
2	Nuwara Eliya	10	5	5
3	Galle	10	5	5
4	Matara	10	5	5
5	Jaffna	10	5	5
6	Mullaitivu	10	5	5
7	Anuradhapura	10	5	5
8	Monaragala	10	5	5
	TOTAL	100	45	45

* LPI Service providers selected for the survey are Government officers, Probation Officers, Child Rights Protection Officers, NCPA Officers, Policewomen Desk, Educational authorities.

The Dependent and Independent themes Identified in Table 2.1.1 are the themes used for the Focused Group Discussion (FGD) and key informant interviews (KII) with Children, Care Givers, LPI Circles, and Key Informants. Semi-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 in the LPI of the eight (8) districts. LPI circles members are Government service providers in local process initiative (LPI) circles.

2.7 Ethical consideration

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. 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. A sample format of the Acceptance Form is attached in the annexure (A02) as a reference.

The personal information of the participants is protected and anonymous in all study processes (in collecting data, research output, and academic reports). Each member within the focus discussion groups was also asked to maintain confidentiality regarding the discussions within their group. All the data collected are kept for study processes (December 2021 to February 2020).

2.8 Fieldwork experiences

During the data collection, the researchers and enumerators had experienced incidents where some of the Institutional care were not readily accessible due to the restriction imposed by provincial probation departments and reluctance shown by some chosen care home management to allow enumerators. This is due to the pandemic situations in the respective districts. Some of the selected institutions did not give consent to research and enumerators had to choose other voluntary homes in the same district.

During the survey, some data were checked for internal validity. For example, few children were unaware of their year of birth. Field Observation was used to understand the children's hygienic practices and adopting of COVID19 guidelines by the institutions. While facilitators could identify children and caregivers' facial expressions, physical health, and happiness, several of them started regretting while narrating their memories of lockdown and felt emotional in missing the normal contact they had with their biological families before the pandemic. In the process of gathering information, a particular concern was raised about the right of children in institutional

care to free speech and the need to listen to them. This is because, in discussions with children of different ages in various institutions, the children again appealed to them to speak freely with them. The implication is the need to fill them in and listen without being judged. It also allows them to express their trapped thoughts and desires, through which they get a great deal of peace of mind.

By the end of FGD, they felt quite free to express their thoughts. Almost all children and caregivers narrated their gratefulness towards the department of probation and childcare services and INGO, other civil society organizations, and philanthropists for support during the COVID 19 lockdown. These real-life experiences were used to supplement the survey data for research findings.

2.9 Data analysis

After the completion of data collection, all the completed questionnaires were edited and coded on code sheets. The self-developed questionnaire was used to measure the response on a 5- point Likert scale 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. The codebook was prepared based on questionnaires and data collection experiences. The data was analyzed on the computer by using a micro-Soft Excel and Minitab. When appropriate, inferential analysis, such as the Chi-Square test and T-test was used to assess statistically significant differences, between models of family-like care (1) and institutional care (2). Graphs were mostly used to describe demographic variables and indicators that were influencing care systems during the COVID19 Pandemic. Qualitative data was analyzed in-depth by using content analysis based on child developmental needs for eliciting further detail of quantitative analysis.

2.10 Limitations of the study

The sample was derived from the data of the department of statistics and census in 2019, Some Provincial Probation staff claimed that the number of voluntary homes, given in the National level statistics 2019 are inaccurate and outdated as validity of the number of homes to be re-verified. Since the survey was to impact the assessment of COVID 19 Pandemic among the children in alternative care, there was limited access to a direct meeting with children and collecting data. Time was very limited to receive administrative formalities and procedures to reach out. As there is a dearth of secondary data and research on alternative care in the country, the researcher had to depend more on primary data. Thus, the survey had limitations to focus only on the impact of the COVID 19 pandemic on children in family-like care and institutional care as both were in one category name as residential care at the National level. One of the major obstacles to data collection is the lack of access to the institutions. Some enumerators were not allowed to go inside the institutes; hence, concerning that difficulty, it was determined that the children could not be instructed to fill out the questionnaire. Some of the children did not answer some of the questions in the research questionnaire because they could not clarify the problems that arose when they were filling it out.

3. Analysis of Demographic data

The profile of the children and youth plays an important role in reflecting the impact of the COVID19 Pandemic. It's been studied through factors, such as respondent's age, district, gender, ethnicity, and religion.

Figure 3.1 District Level Profile of the Participants

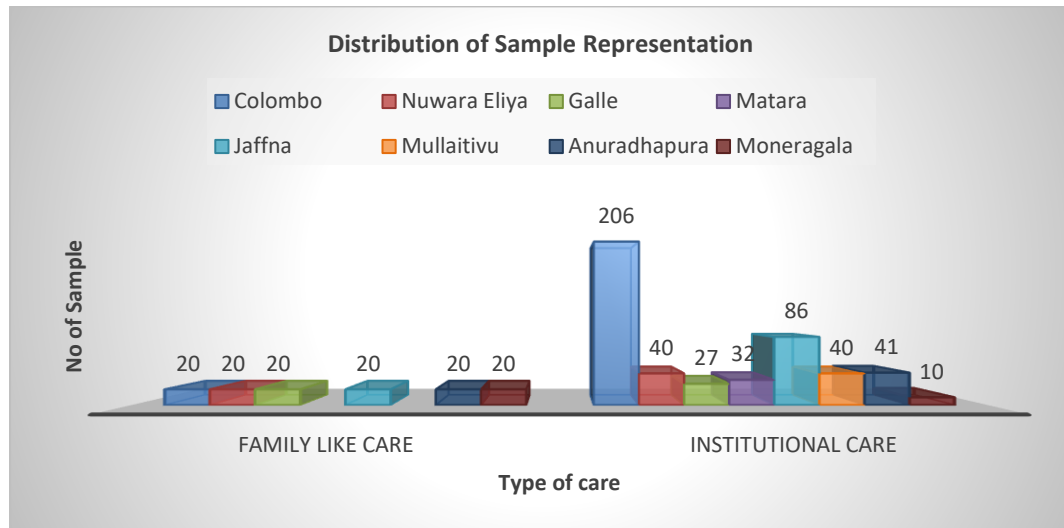


Figure 3.1 Indicate the profile of participants in the survey. According to the Department of Census and Statistics, the western province has the highest number of Child Care Institutions (121) with Gampaha, Colombo, and Kalutara districts reporting 55, 44, and 22 institutions respectively. To this survey, the Colombo district was selected from the western province. Apart from Colombo, 06 more Districts in Sri Lanka were selected and a total of 602 samples were collected for the study. 482 (80%) of the samples represent children from Institutional care and the rest 20% from Family-like care.

Age & Gender

Age & Gender is important demographic variable to reflect on the developmental needs of a person. The importance of care varies depending on the age and gender of a child. As age increases, the need for the reintegration of youth based on their gender with their family becomes significant for better care.

Figure 3.2: Distribution of respondents by Age

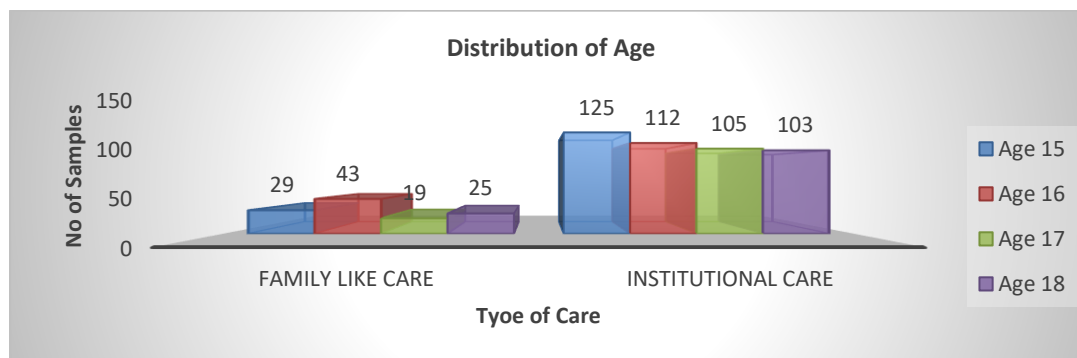
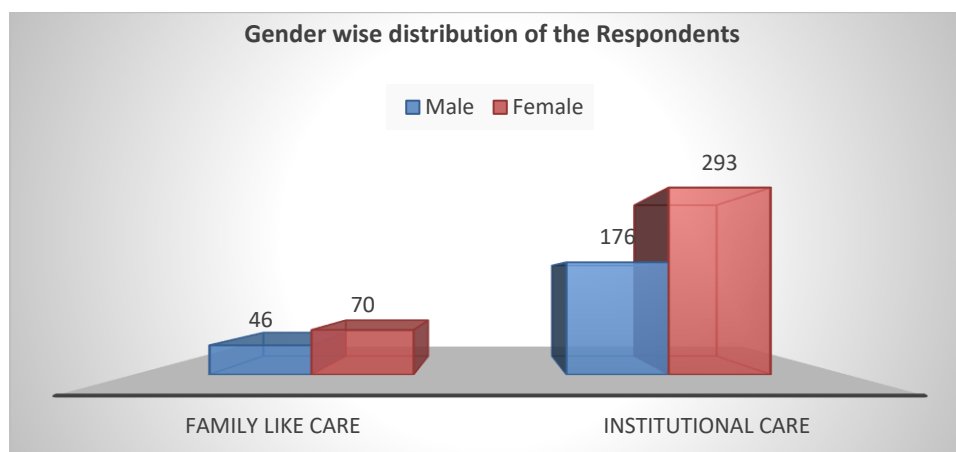


Figure 3.2 shows the age distribution among the respondents. For the quantitative study, the participants were selected from the age group of 15 to 18 years.

Figure 3.3: Distribution of respondents by Gender



As per the Department of Census and Statistics, In Sri Lanka, there are 10,632 children in Child Care Institutions out of which 6,615 (62.2%) are Female. The sample survey of Female representation in this study is 62.05 %. There is a non-response rate of 2.82 % (15 Respondents).

Ethnicity and Religion

Ethnic and religious background are also two other variables to explain the access to services in a particular society.

Figure 3.4: Distribution of respondents by Ethnicity

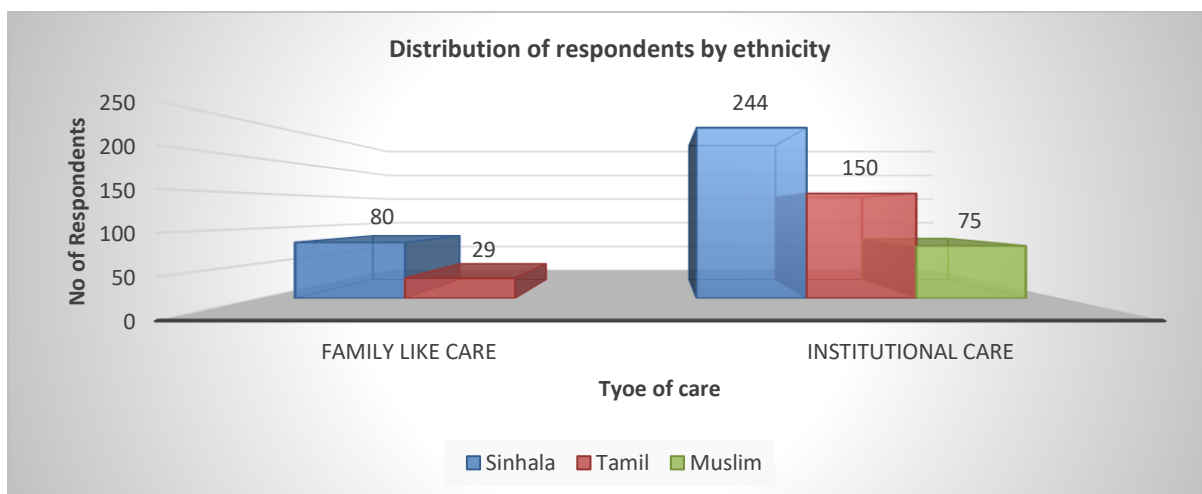
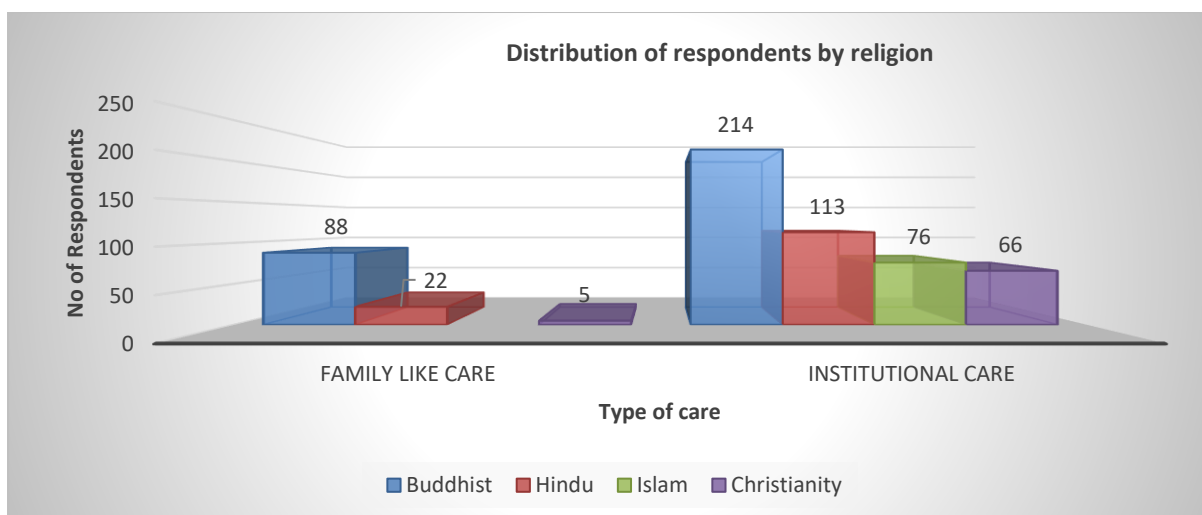


Figure 3.5: Distribution of respondents by Religion



4. Analysis on Impacting Factors

4.1 COVID19 Pandemic impact on Health hygienic practices

In the second week of March 2020, the government began shutting down schools temporarily, as a measure, to contain the spread of the novel coronavirus. As of December 2021, there were intermittent closures of schools and other academic institutions based on the pandemic situation prevalent in the country. To combat the spread of the virus, new norms in health and hygienic practices were introduced and citizens were asked to adhere to the guidelines issued by the health authorities. Children have started to learn COVID-19 symptoms and self-safety measures to prevent the spread of the virus.

Figure 4.1.1: Percentage distribution by awareness on COVID 19

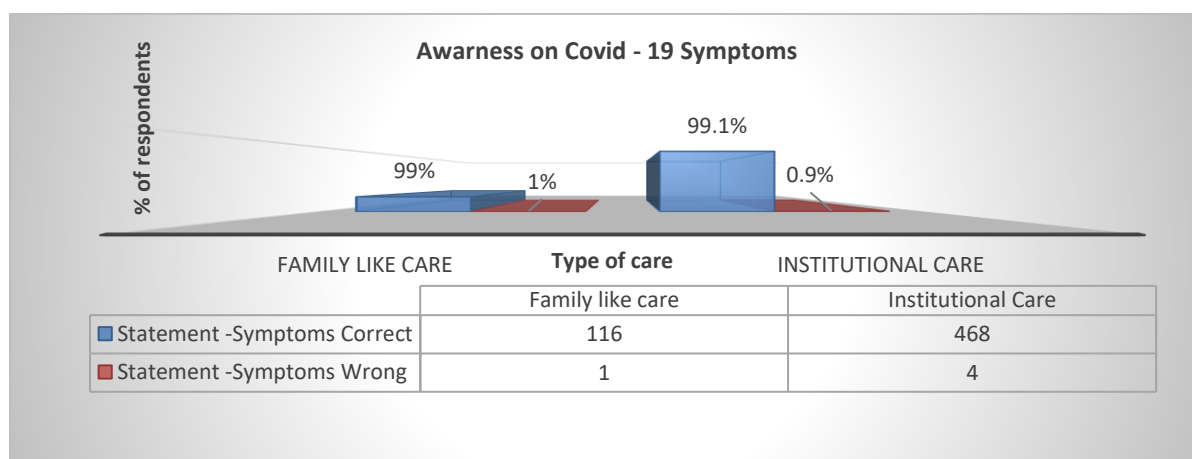


Figure 4.1.1 shows that 99% of the children who participated in this survey were aware of the virus and its symptoms. Regarding the country's situation, institutions have taken up the responsibility of educating children and following the COVID-19 rules and regulations imposed by the government. Also, media outlets played a vital role in educating the public on the preventive measures to avoid an infection.

Figure 4.1.2: Percentage distribution for knowledge on preventive measures from COVID 19

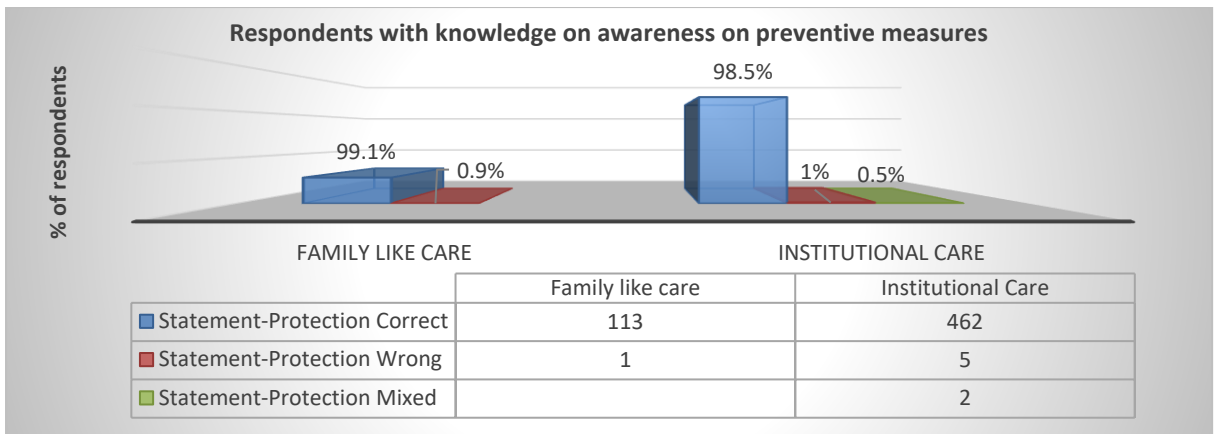
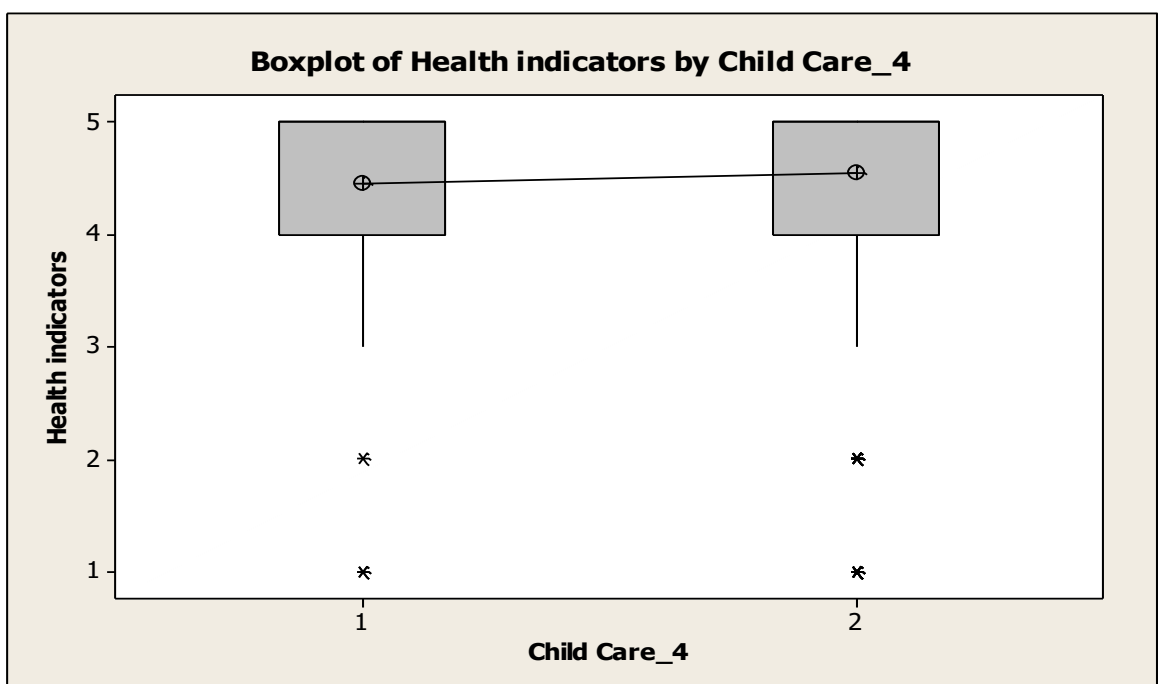


Figure 4.1.2 indicates that 99 % and 98.5 % of the participants in both types of care were able to write correct answers about how to protect themselves from Coronavirus transmission. Children were aware of the symptoms and how to take preventive measures to protect themselves and others.

Figure 4.1.3 Boxplot of Health indicators by Child Care



As per the health indicators hygienic practices of COVID 19, no statistical relationship exists among the two types of childcare as the P-value of the Chi-square test is 0.529. That is, in terms of the health indicators there is no difference between the two types of childcare. Further, we did a t-test to test the mean difference in health indicators on hygienic practices among the two types of childcare as the p-value of the T-test is 0.261. As per health indicators, there is no significant difference between the two-child care. Moreover, Figure 4.1.3 box plot clearly illustrates the no difference between the two types of childcare.

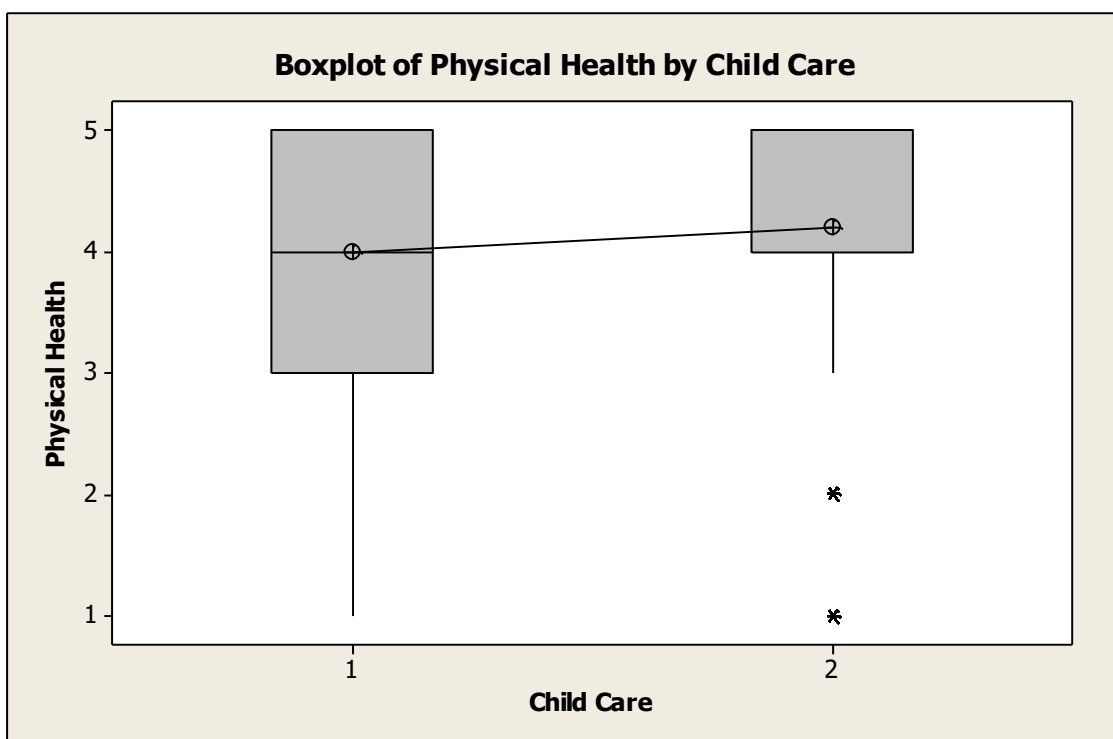
Therefore, the study proves that children in both types of voluntary homes are aware of COVID 19 awareness and preventive measures.

During the Focus Group Discussion (FGD) with children, it was noted that they are well informed about COVID 19 related information and expressed freely about COVID19 symptoms and the preventive measures that need to be taken to avoid spreading to others. Both types of care systems got affected by COVID and children and caregivers were isolated within the same system.

4.2 Impact on Physical health of children

Healthy development is an indicator that takes children through stages, whereby they obtain an increasing number of physical, mental, and emotional skills to become independent adults. The physical needs of children are in a critical period of development during which personal lifestyles choices and behavior patterns establish, including the choice to be physically active during the lockdown and pandemic period. The average of children's responses was 3.99 and 4.20 for family-like care and institutional care respectively.

Figure:4.2.1 Boxplot of Physical Health by Type of Child Care



As per physical health, a statistically significant relationship exists among the two types of child cares as the P-value of the Chi-Square test is 0.006. That is, in terms of the physical health difference exists among the two types of childcare. Moreover, Figure 4.2.1 box plot clearly illustrates the difference between the two types of childcare. Further, we did a t-test to assess the mean difference in physical health indicators among the two types of childcares, Institutional care is significantly better than Family-like care with a p-value of the t-test is 0.002.

It is evident from qualitative data eliciting the fact that institutional care was given much more attention and provided humanitarian services by the civil society organizations, community, philanthropies than family-like care during the COVID19 lockdown. As children of institutional care freely expressed that

“Food was not a problem as we had enough and more varieties” “We cooked our food, so it was ok to us” “we received donations, almsgiving from known people even though we didn’t receive like we used to get.” “We spent our time by studying and making handicrafts and by planting” “we were able to get the harvest from what we planted, we planted beans, manioc, radish, long beans, etc.”

Children in family-like care also freely expressed their satisfaction towards food given and their physical activities that *“We are happy with the food and varieties, and we were able to eat the food which we like” “we did a lot of gardening with the help of our mother in our home yard and the best part is we were able to get the harvest of it”. “From YouTube, we got a lot of new recipes and we tried out many new recipes, that was so enjoyable”. “During this period, I learned to sew and cook, I think this lockdown was a blessing to me because otherwise, I would never get a chance to do something like that”. “When we get sick, we visit hospital or doctor visits us”.*

Children also missed sports activities in school and expressed that *“What I missed a lot was the sports activities, if I was schooling, I would have participated to the sports meet too”*

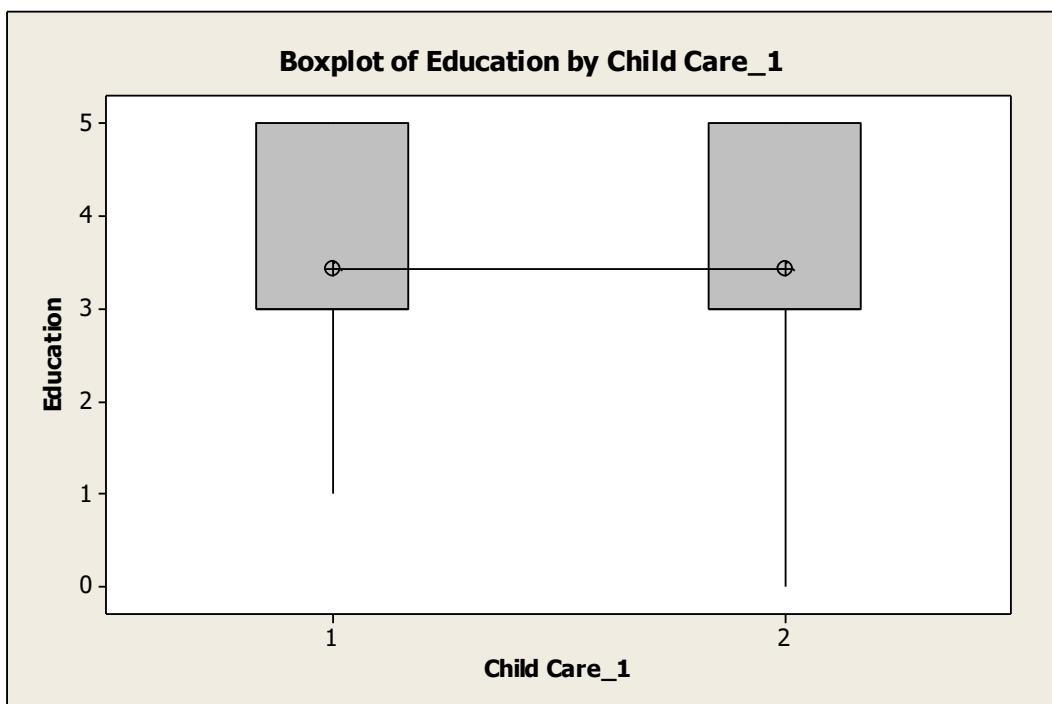
A Medical doctor, who was involved in treating children during the lockdown period, observed that the care system received much more attendance and physical health was good. Children were given enough medical care, food, play activities. Both groups of children have been given enough care for their physical health, however, children in institutional care are much more likely to receive more donations and material support than family-like care. During FGD with caregivers at family-like care, it was told that they were able to manage the expenses with the budget they receive and to keep the children happy they did spend from their money to prepare various types of food, which the children learned from cooking recipes available in youtube.

4.3 Impact on Education of Children

The education of children through the traditional system of attending schools shifted to online on an untested and unprecedented scale due to the pandemic. School children

who were not properly assessed are also moving online, with a lot of trial and error and uncertainty for everyone. These nationwide closures are impacting almost 70% of the world's student population (Pawana Devi 2021). Childcare institutions struggled to cope with the change and struggled to facilitate children to learn by providing the required devices and data connectivity. A limited number of mobile phones, tabs, and computers were not sufficient to cater to the online requirements as children in care homes do attend multiple schools and grades. Thus, all children in a neutral level of agreement (Mean 3.42) in their responses.

Figure 4.3.1 Boxplot of Education by Child Care



As per education, a statistically significant no relationship exists among the two types of childcare as the P-value of the Chi-Square test is 0.841. That is, in terms of education no difference exists between the two types of childcare. Moreover, Figure 4.3.1 box plot clearly illustrates there is no difference between the two types of childcare. Further, we did a t-test to test the mean difference in education indicators among the two types of childcare with a p-value of 0.962. There is no statistically significant difference between the two-child cares.

As per qualitative data, both groups expressed their mixed feeling towards online education. Children missed their school and school friends. They did receive assistance from caregivers and peers to complete homework. Children were able to learn and utilize TV channels of national educational programmes, E- thaksala, Gurugethara, and private initiatives on DP education during the COVID 19 Pandemic.

Children's voices on COVID 19 impact on education – Institutional care

"We couldn't participate online schooling because our institution didn't have facilities but still, we were provided our tuition classes for three subjects which were helpful", "We had only one phone to the institution and there are 26 children, so we missed the online education", "we couldn't understand what teachers taught us from online because we were unable to ask questions", "Now what we are doing at the school is completing our school notes books", "we missed a lot during the lockdown period because we didn't have computer facilities", "we got 6 computers very recently but they were also not fixed yet", "we did not get enough time to watch TV", "now we are back to the school, they have passed so many lessons, as we didn't participate to the online classes, we missed many, I simply cannot understand the lessons now".

Through school education, children do not simply acquire book knowledge. Going beyond that, the whole developmental process of children takes place through it. It is important to note that children in some institutional care have missed out on much of their education because they did not have access to online education. Regarding that, children are now in a more difficult situation compared to the current one. Because now they are going back to school months later, the school has covered most of the curriculum, so children have to go through the current curriculum and also cover the missed curriculum. Due to this, education has become a burden for some children.

Caregivers stated that *"We wonder what our O/L and A/L children would do because they seriously saying miss their education" "children miss not only education but the social interaction too, with that, they became so rigid sometimes" "online education didn't work at all due to lack of facilities we have and lack of internet facilities"*

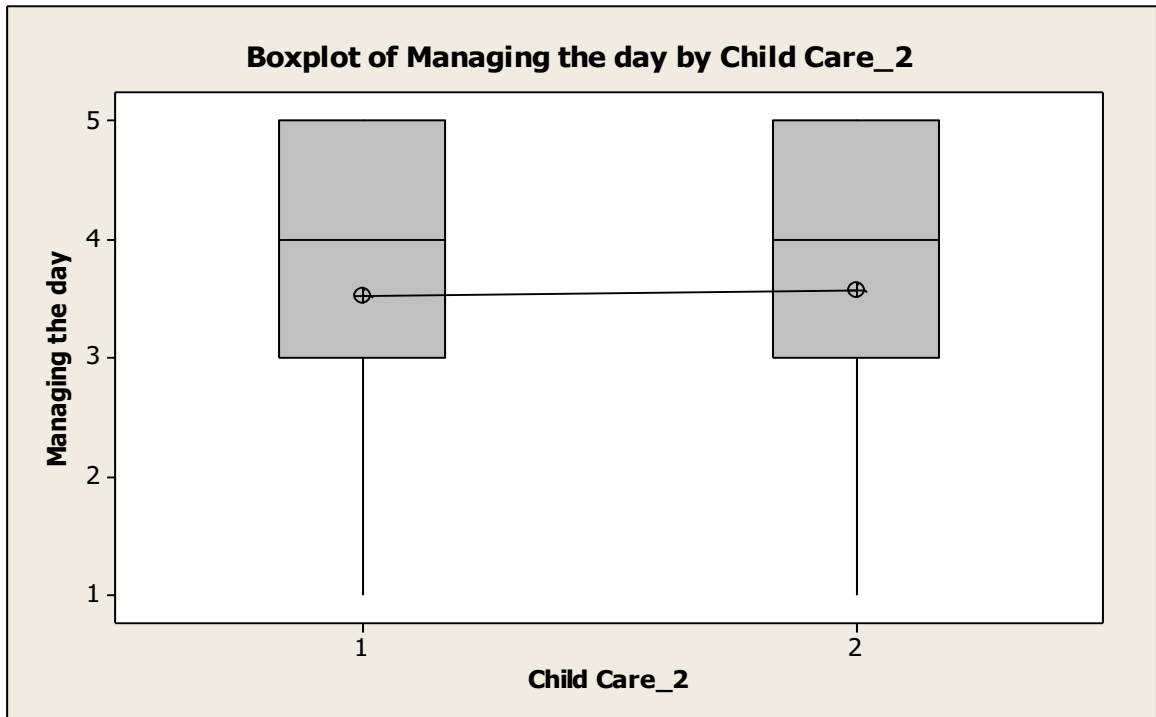
Children’s voices on COVID 19 impact on education – Family-like care

Family-like care expressed that *“We had enough computer facilities and were able to participate to the school online classes forming class wise small groups”*. Moreover, children were satisfied with immediate responses given to access devices as early as possible. children stated that *“Online education was not a problem for us as we had computer facilities and lab hours were allocated to us, so we didn’t have any rush to log into the online sessions”*. Therefore, COVID 19 responses were much more effective and were able to respond to children’s immediate needs by the family-like care outweigh institutional care.

4.4 Managing the day during the lockdown and pandemic period

Managing a day and idle time during the COVID 19 lockdown becomes critical for children in their adolescence stage. Children in both types of care homes were able to narrate how they manage a typical day during the lockdown with the planned routine of activities. There were no significant differences found among the groups. Teenagers can certainly learn time management skills in performing day-to-day activities. All respondents were at an agreed level of the mean value of 3.52 and 3.57 among both groups.

Figure 4.4.1: Boxplot of Managing the day by Child Care



As per managing the day, a statistically significant relationship exists among the two types of childcare as the P-value of the Chi-Square test is 0.003. Moreover, Figure 4.4.1 box plot clearly illustrates the no difference between the two types of childcare. Further, we did a t-test to test the mean difference in managing day indicators among the two types of childcare as per managing their day, there are no statistically significant differences between the two types of child care with a p-value of the t-test is 0.469.

As qualitative data reflects that both groups were having fun while managing time, voluntary homes adjusted in their day-to-day activities, for instance, children were allowed to sleep more time and get up a little later as caregivers understood that they cannot overschedule their children during the lockdown, and children were given time off from the schedule, allowed to watch films and movies of their choice.

Department of Probation and Child Care services along with voluntary homes facilitated children to involve in various activities and manage their time in a productive way such as being involved in gardening, craft making, artwork, group dance, watching TV, and group competitions.

It is worthwhile to note that family-like care children were facilitated to take part in online programmes with other family-like care homes at national levels. children were also happy as they were allowed to participate in competitions organized with the help of sponsors.

Children's voices on COVID 19 impact on Managing day– Family-like care

“We wake up at 06.00 a.m and we follow the daily routine like Washing, Cleaning, Studying, Cooking, Home gardening, Playing, Worshipping, Watching TV, Getting back to studies and Sleeping”. “We like the lockdown period because we had a lot of online programs and we were engaged in some kind of activities”, “we did group dramas, we get to gather, divided ourselves into groups and performed dramas and it was so enjoyable”, “we did a fire camp, sang songs and staged dramas too”, “our elder sisters taught us several handcrafts and we were able to do our innovations”, “we did a lot of gardening with the help of our mother in our home yard and the best part is we were able to get the harvest of it”. “From the youtube, we got a lot of new recipes and we tried out many new recipes, that was so enjoyable.”, “During this period I learned to sew and cook, I think this lockdown was a blessing to me because otherwise, I would never get a chance to do something like that”, “we participated in many arts, essay competitions and got the certificates too”.

Mass media also had influences on children as they expressed that *“We watch Hiru and Derana TV, From Sirasa we watch Lakshapathi”, “we often watch cartoons and Tamil movies, soap dramas”, “we watch Gurugedara, sometimes”.* This implies that caregivers have taken various actions in caring for children in such care centers, like family-like care. They manage their time in such a way that children do not feel bored and do not waste their time. It also engages children not only in education and sports but also in other activities such as home gardening, cooking, sewing, drama, and drawing. It helps to maintain the mental balance of children in a family-like care system.

Voices of caregivers on managing day - Family-like care

“Probation department also organized various competitions and we were able to participate in them.” , “It was sometimes difficult to us but somehow we were able to

manage as we were able to make calls to our home and also the management allowed us to go for a 1-week vacation to a different center which runs under the institute”, “Time period was difficult but we were able to manage it by being with children and trying out different activities such as cooking, handcraft and helping in their studies”, “we were provided with various programmes, film watching for mothers”, “ Many handcrafts from natural things, papers and waste papers; Decorating the house; Planting and managing home garden; Sewing; Group performance such as Group singing, dancing, drama, campfire, and children led programmes were well organized”

In discussions with caregivers of the family-like care, it was realized that those who care for children in such care centers have a better understanding of how to care for rare children. It is clear from what they said that those caregivers go beyond mere care, providing food and attention to the balanced personality development of the children. They commented on the importance of getting children involved in sports, the benefits of getting involved in the arts, and the way children interact and get socialized through various associations.

Children’s voices on managing day - Institutional care

“We liked it for some extent as we were able to stay at home and play with others”, “We enjoyed the period by trying out new recipes which were taught by our headmistress.”, “We spent our time by studying and making handicrafts and by planting”, “we were able to get the harvest from what we planted, we planted beans, manioc, radish, long beans, etc.”.

Mass media influence on Children *“we usually watch Tamil movies”* Only two institutions mentioned they watch educational programs.

Caregivers’ voices on managing day – Institutional Care

“Children were given activities to involve making handicrafts, Home gardening, Cooking, sewing, and other activities facilitated by the department of probation and childcare services. Children follow the given institute’s flexible schedule which has leisure time activities such as playing, making creative things, Gardening, singing

with friends, talking with friends, watching TV educational programs, reading books, etc.

Managing time was likely better in family-like care than institutional care as one caregiver cares for 10 children. Institutional care has a dearth of caregivers who were unable to give their quality time in bigger institutions in comparison to the smaller size institutions where the ratio of caregiver to children allows more quality time for children. Also, the home environment prevalent in Family Like care provides the children with more access to devices and equipment to better manage their daily routine than in Institutional care.

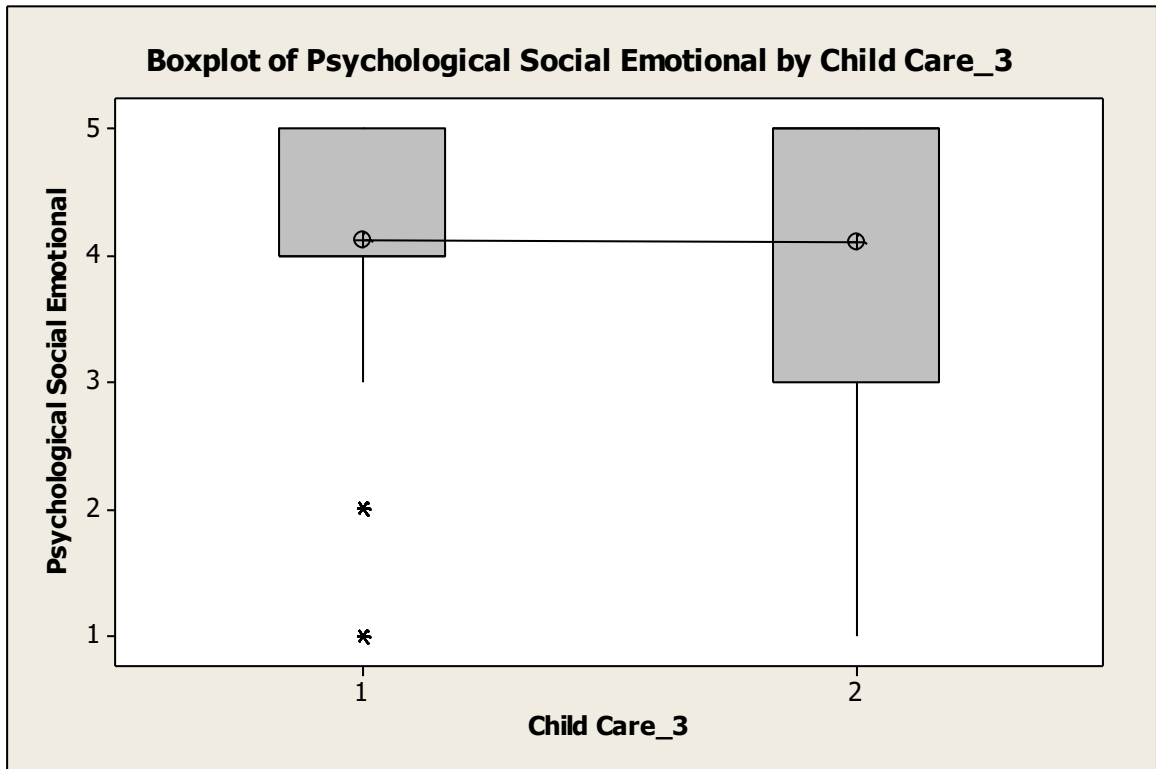
LPI circle reported that Few programs (art, essay competitions) were arranged by probation for the children for making them active and engage in activities during the COVID19 pandemic.

It is also important to note that institutions with a small number of children could manage their children's time effectively, and caregivers and other staff members have the time to participate in formulating appropriate programs to manage the idle time.

4.5 Impact on Psychological Behavior and Social-emotional development and Use of Coping strategies

COVID19 did impact children's psychological behavior, social-emotional development, and learning during the pandemic. Lockdowns, limitations on movements, inability to be with parents and relatives, new learning platforms are some of them. The survey endeavored to measure this through their state of happiness, safety, and wellbeing and the coping mechanism used to adapt to the changes. All respondents were at an average agreed level as the mean value of both groups indicates 4.12 and 4.11 respectively.

Figure 4.5.1 Boxplot of Psychological social-emotional development by Child Care



As per psychological, social, and emotional development, a statistically significant relationship exists among the two types of child care as the P-value of the Chi-Square test is 0.000. That is, in terms of psychological, social, and emotional development difference exists among the two types of childcare. Moreover, Figure 4.5.1 box plot clearly illustrates the difference between the two types of childcare. Further, we did a t-test to test the mean difference in psychological behavioral social, and emotional indicators among the two types of childcare, there are no statistically significant differences among the two-child cares with a p-value of the t-test being 0.785.

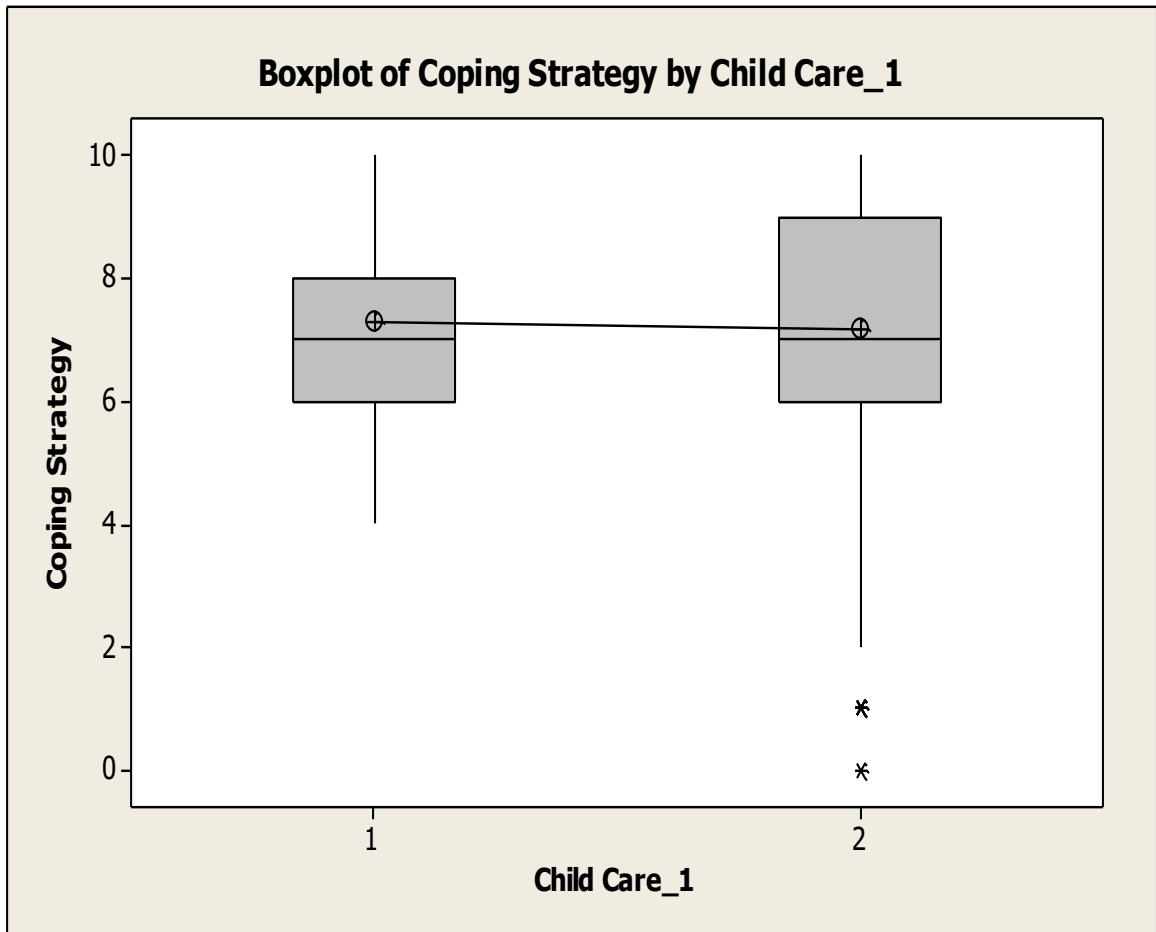
The Five Core social-emotional learning (SEL) Competencies (CASEL framework: 2017), Self-awareness: The capacity to reflect on one's feelings, values, and behaviors. Social awareness: The ability to view situations from another perspective, respect the social and cultural norms of others, and celebrate diversity. Relationship skills: The ability to initiate and sustain positive connections with peers, teachers, families, and other groups Self-management: The set of skills that includes self-motivation, goal setting, personal organization, self-discipline, impulse control, and use of strategies for coping with stress. Responsible decision-making: The ability to make choices that consider the well-being of oneself and others Each of the core

competencies is developed throughout the life span and is vital to successful children in their environment.

As per qualitative data gathered children in both types of voluntary homes manage their social-emotional learning behavior involving meditation, yoga, sathi (mindfulness) programs, gardening, Handcrafts, Cooking, Poya day programs, and Other spiritual programs. When angry they resorted to coping strategies such as; going to sleep, singing alone, sitting alone, writing a diary, isolating themselves, hitting or punching objects, shouting and when sad; to sleep, listening to music, writing a diary, Talking to friends, talk to mother, Talk to parents/relatives and when they were happy; dance, listen to music, spend time with friends and involve in activities.

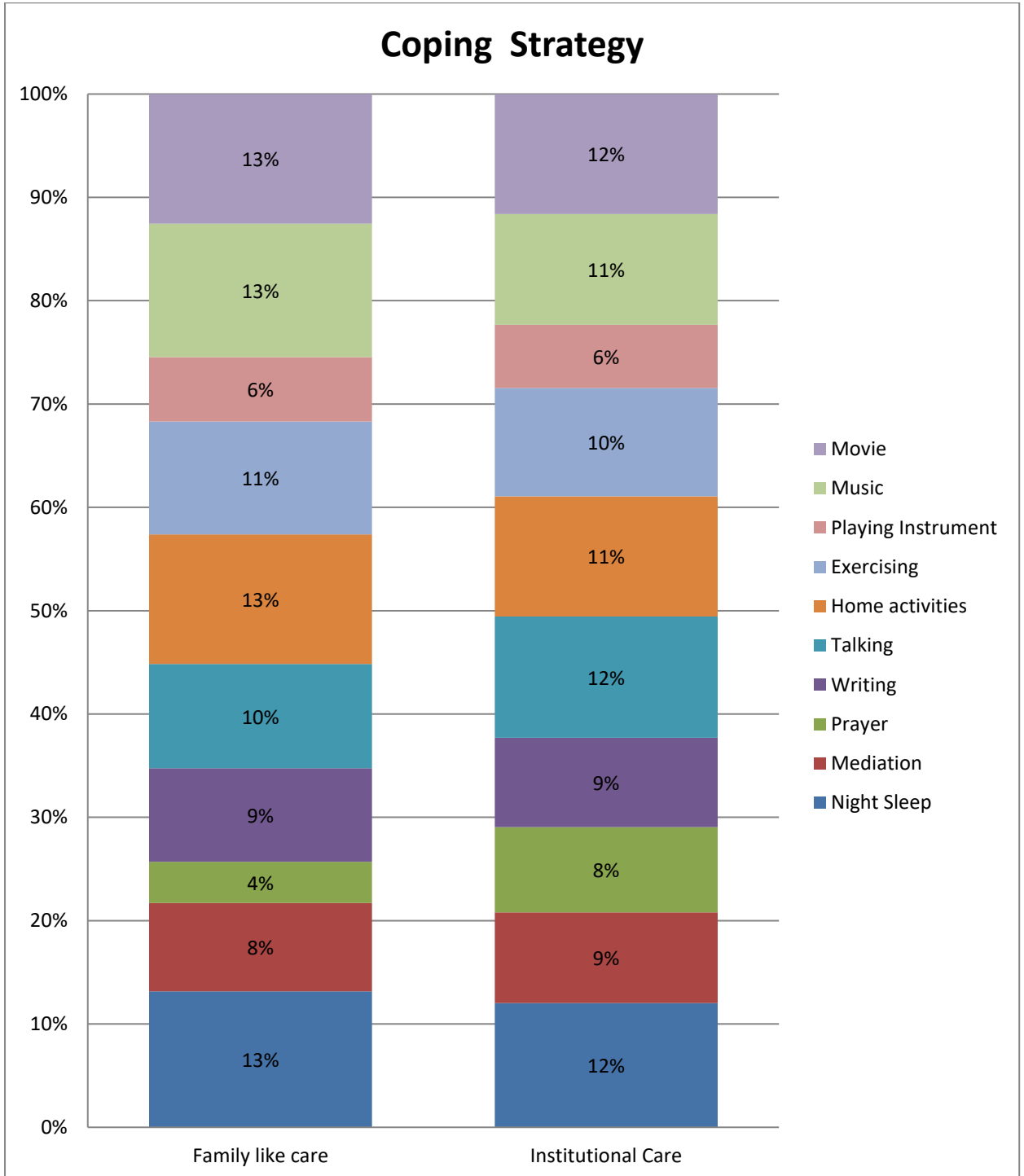
Children in family like care were provided with various opportunities to participate in skill development programmes, such as group drama, art and craft exhibitions, essay competitions, etc., which enhanced the social emotional capacities of the children. But when compared to children at institutional care. Children in institutional care were not provided with enough programmes to develop themselves for various reasons, such as lack of staff in the institutional care management, overcrowded children, lack of awareness of the institution etc. It could have adverse effects on the child's reintegration, and once they move into society after age 18, children intend to be more vulnerable to long term consequences.

Figure 4.5.2: Boxplot of Coping Strategy by Child Care



As per coping strategy, a difference exists between the two types of childcare, Figure 4.6.1 box plot clearly illustrates the difference between the two types of childcare. Further, we did a t-test to test the mean difference in coping strategies indicators among the two types of childcare, there are no statistically significant differences among the two-child cares with a p-value of the t-test being 0.470.

Figure 4.5.3: Percentage distribution of Coping strategies by the children in the care system



According to figure 4.5.3, During the pandemic children got used to adopting various coping strategies for managing their day, idle time, and balancing their psychological emotional development. In both care systems the most commonly used coping strategies are; good night sleep (13% and 12%), Watching movies (13% and 12%), listening to music (13% and 11%), Home activities such as cooking/home gardening

(13% and 11%) respectively and least adopted strategies play an instrument (6%) and prayer (4% and 8%).

Overall, the significance is that the children did adopt various coping strategies depending on their personality traits instead of only adopting to few of them as shown in Figures 4.5.1, 4.5.2 and 4.5.3

Care Givers' voices from Family-like care

“It was sometimes difficult to us but somehow we were able to manage as we were able to make calls to our home and also the management allowed us to go for a 1-week vacation to a different center which runs under the institute”. “Period was difficult, but we were able to manage it by being with children and trying out different activities such as cooking, handcraft and helping to their studies”. “Children involved in indoor sports activities as it helps to balance their mental health”, “We were provided with various programs, film watching for us”, “We continuously monitored the children when they were in the online classes. We always stayed with them and the computer at home is placed in the sitting hall, so everybody could see what each other are doing”, “Children were able to learn many activities from the internet. We also could learn new recipes from them”, “It was amazed to see, how children quickly grasp the technology, they are fast learners”, “Children used to cook new food items by following YouTube recipes, it was a good activity to break the monotonous lifestyle”, “Children used to make different creative handcrafts from the internet, in such way they were able to break the idle time”, “Many of them actively participated with us to do gardening, it helped to calm their and our mind too”, “somehow we were able to make the children occupied, we did not allow them to just idle when the children do not have any work, we encouraged them to get their help in hand to household work”, “We provide children passed exam papers, so with that, they were able to manage their work”

Care Givers' voices from Institutional care

“We cook in the institute, and we look after the children too”, “We have few staff here, and we have to look after them, cook them and do all the work, in such case we cannot spend some quality time with them, if the number of children is less, we can easily look after them but this way not helpful for them and to us too”.

LPI circle consciously agreed that *“we need more staff help to do the caregiving duty on time for the best interest of children in institutional care”*

Care givers in the family like care were provided with some opportunities to break their monotonous lifestyle. More than that, as there were fewer children to look after and the set up itself provided a home environment, care givers were able to manage their time by engaging in different types of activities. On the other hand, care givers at institutional care were in a rush to manage the time and other overloaded work, hence they were unable to provide more quality time with the children. This situation creates adverse effects on both the children and the care givers because there is a high possibility of releasing the care givers' stress through the children and the children's stress through them. This situation could create conflicts among the management and children, and it directly affects the psychosocial well-being of the children.

Figure 4.5.4: The most trustworthy Persons in Care systems

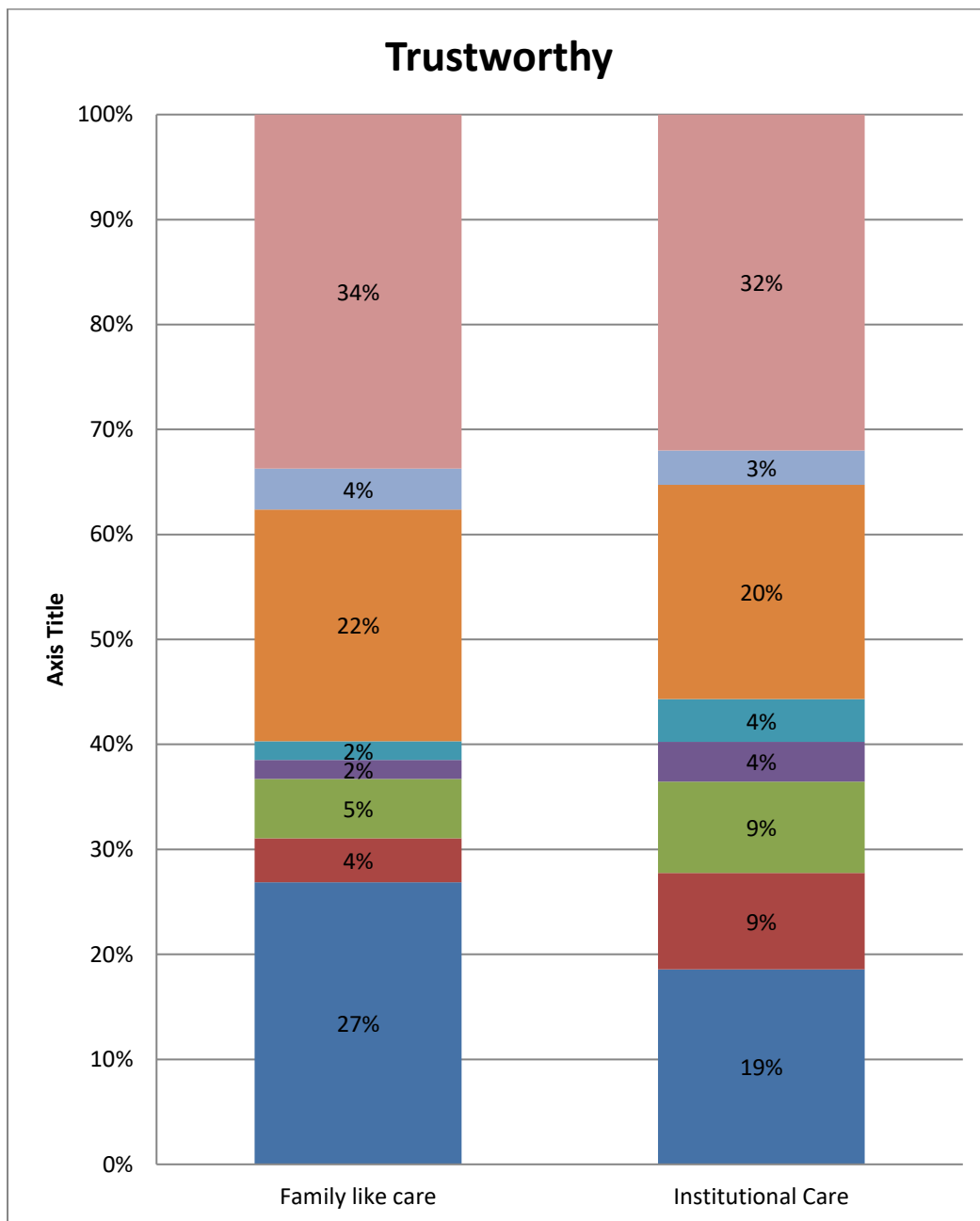
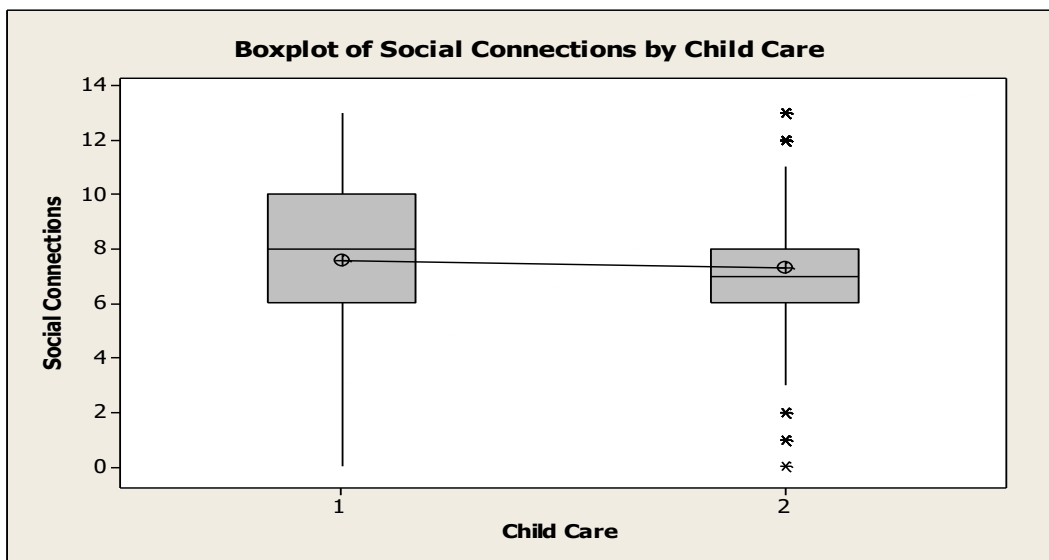


Figure 4.5.4 shows children’s most trustworthy persons in both types of care systems are mothers (34 & 32%), followed by caregivers (27 & 19%), and friends (22 & 20%). The set of persons with whom they are comfortable talking and sharing their grievances are from the microenvironment. This study proves that the psychological, social, and emotional developmental needs of children can be fulfilled by their family environment and is the best microsystem for children to fulfill their developmental needs.

4.6 Impact on Social connections

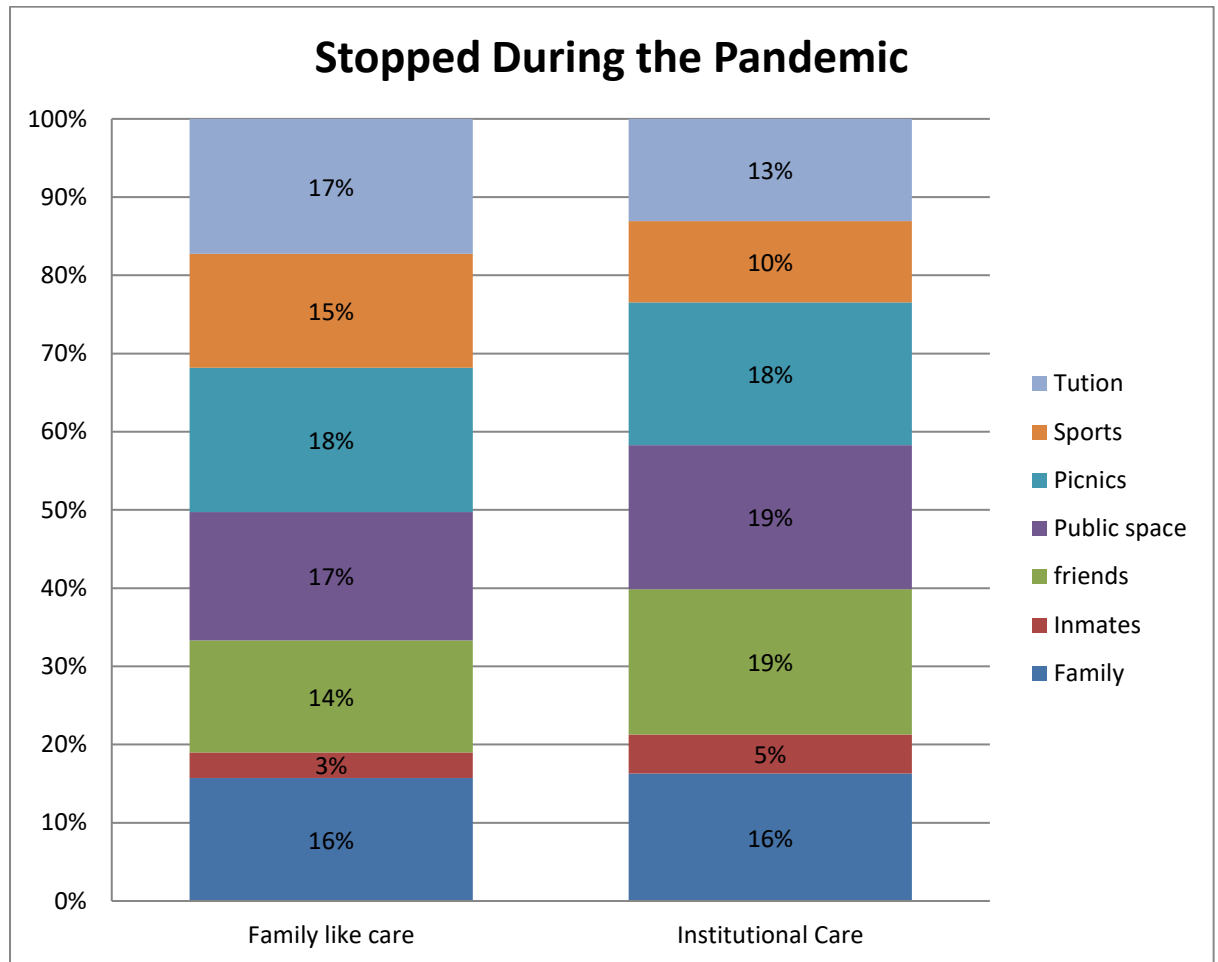
The COVID-19 pandemic has particularly impacted our social connections. While social distancing is an act of self-care for the best interest of public health, it is expected and normal to feel isolated and less connected with others around us. Children missed family and school friends, people in the neighborhood, outings in public places, and so on. All of these activities were entirely disrupted due to the COVID19 pandemic lockdown. children and their family members were disconnected and the only way to reach out was a telephone call. Children in out-of-home care were disconnected from their family members who usually visited them, and children needed more resilience. How did they stay hopeful while missing social connections were surveyed?

Figure 4.6.1 Boxplot of Social Connections by Child Care



As per social connections, Figure 4.6.1 box plot illustrates the is difference between the two types of childcare. Further, we did a t-test to test the mean difference in managing day indicators among the two types of childcare as per social connections, there are no significant differences between the two types of child care with a p- the value of the t-test is 0.299.

Figure 4.6.2: Percentage distribution of activities stopped during the COVID19 pandemic.



According to figure 4.6.2 children stopped social connections and their activities related to connectedness as per COVID 19 health guidelines. 16 % of them felt that they were stopped visiting their families.18% of children felts annual picnics were stopped and 17% from Family Like care and 19% from Institutional care felt that they were unable to visit public places to interact with others.

Only 3% and 5% of them stopped interacting with peers as inmates due to social isolation from COVID19 infections. During the FGD children and caregivers mention that infected persons reported among staff and children were isolated as per health guidelines.

Figure 4.6.3: Percentage distribution of activities missed during the COVID19 pandemic.

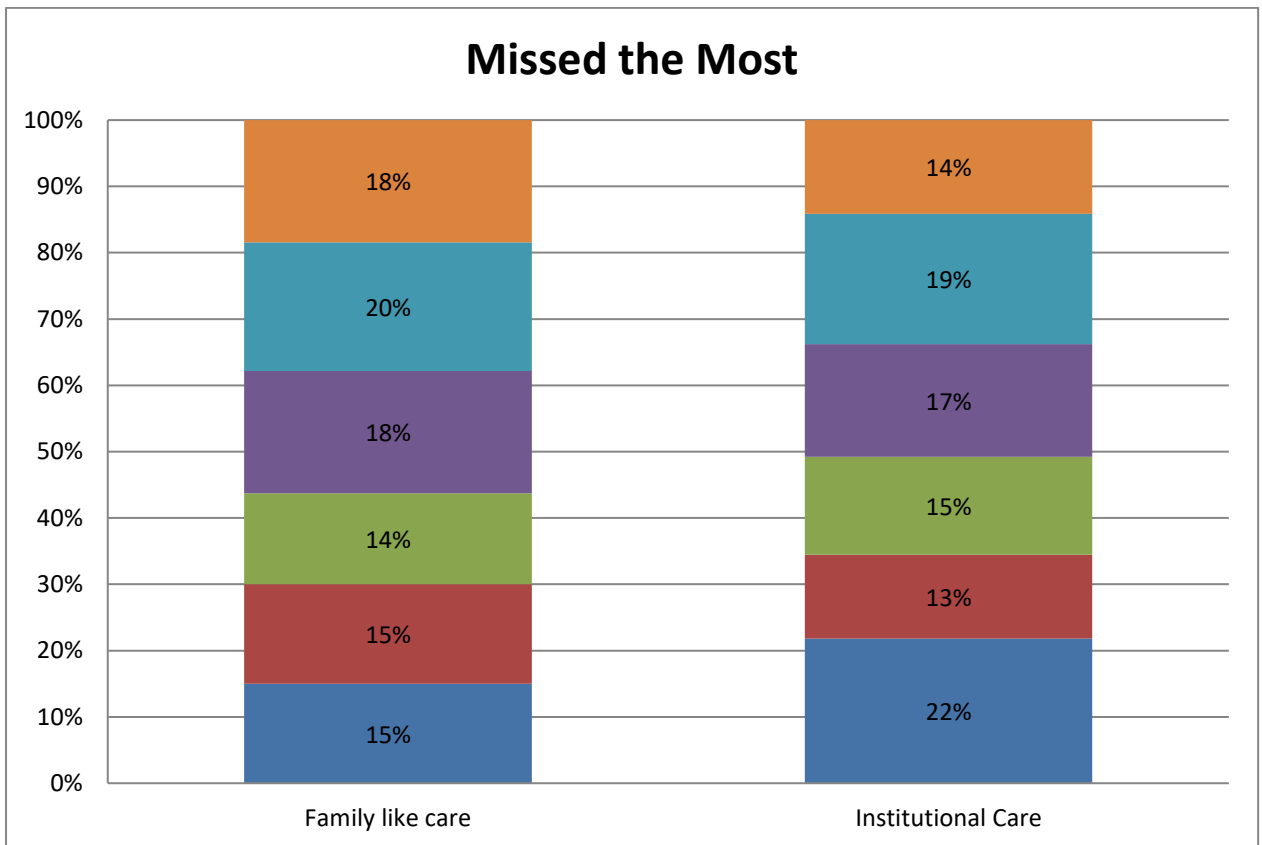


Figure 4.6.3 shows the missed social connections during the pandemic. The most missed activity by the children of Family Like Care was the picnics while the children in institutional care said it was their Family.

Qualitative data revealed that children miss a lot of their schooling, tuition classes, and visiting family members. The data shows that they highly depend on these activities in order to break up their monotonous lifestyle. Going to school, tuition classes provide them a chance to get out of society and be with the other members of society. Interaction with society is highly needed for their well-being. They achieve psychosocial balance as a result of this, but during this pandemic period, they have missed that opportunity.

Voices of children on the social connection in the family- Care

“We missed our school a lot and school friends too”, “sometimes it was boring to stay at home and do the same work over and over”, “it was such a monotonous life pattern”, “we were not allowed to go out of the institute, there was a period we were not allowed to visit our neighbor houses also”, “when we were playing also, we had to maintain the distance”, “What I missed a lot was the sports activities, if I was schooling, I would have participated to the sports meet too”, “Probation department also organized various competitions and we were able to participate to them.”

Voices of children on the social connection in Institutional care

During the COVID19lockdown, *“It was such a hard time and we didn’t like it at all”, “we couldn’t talk to our parents, there should be a chance for us to talk to them as we cannot visit them”, “I don’t like this period because it was so bored”, “we slept a lot as we didn’t have any work to do”, “There were some conflicts among us but we were able to settle them on our own”*

Voices of caregivers on the social connection in the family- Care

“It was sometimes difficult to us but somehow we were able to manage as we were able to make calls to our home and also the management allowed us to go for a 1-week vacation to a different center which runs under the institute”, “Time period was difficult, but we were able to manage it by being with children and trying out different activities such as cooking, handcraft and helping to their studies”, “we were provided with various programs, film watching for children and mothers”

Voices of caregivers on the social connection in the institutional care

Caregivers also disconnected from their family *“we were not allowed to go outside”, “Donations were not allowed”, “No outsiders were allowed to come inside”, “There should be a way to meet our family members because we miss them due to COVID 19 restrictions”.*

LPI circle impression

LPI circle said that Few cases reported about children who were trying to escape and incidents of parents having conflicts with the care management to visit the children

during the lockdown. *“We always got the guidelines on time, and we were able to follow them the only problem is when the staff got infected, we were at risk to do the job”* In many cases, *“guidelines were confusing to the public, even though we get the guidelines, parents are not aware of them therefore in most of the cases they tend to have conflicts with the officers and the voluntary home management too.”*

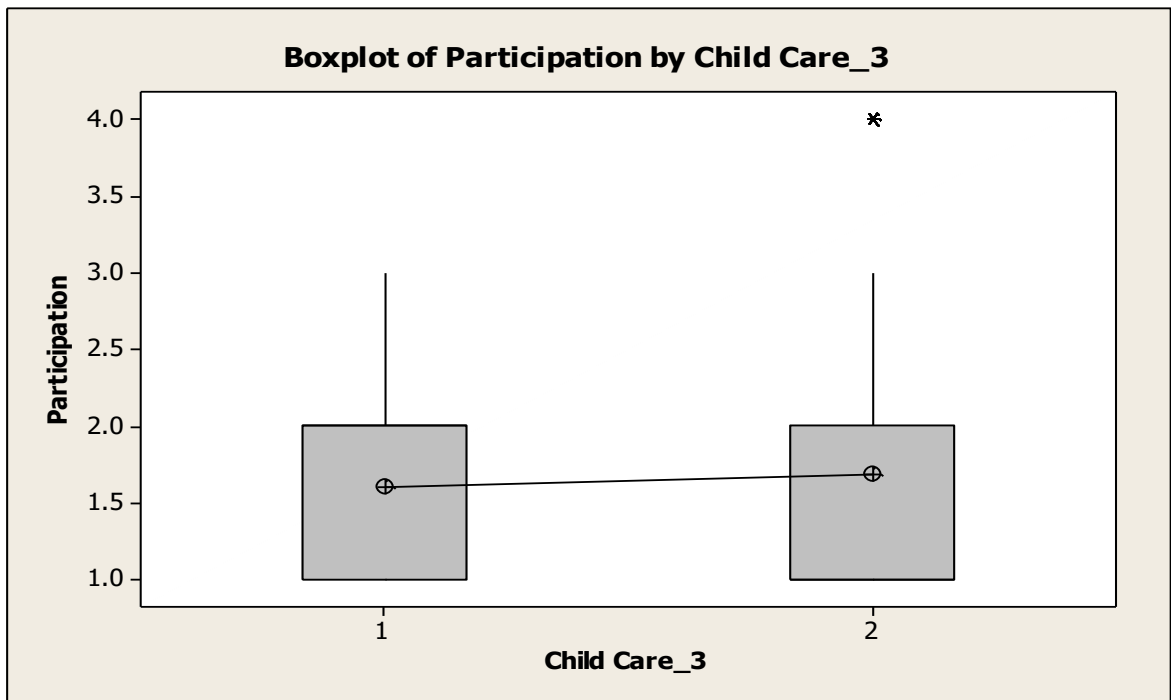
During this period, very few incidents were reported of children who tried to escape from the institute. *“Re-admission of the children were reduced during lockdown but many parents requested to put the motion and take the children”, “Some parents understood the situation when we did not allow them to visit the children but some parents argued a lot”*.

“We had to face many issues with traveling during the curfew period, of course, we had official identity cards, that was not an issue but still at every checkpoint we have to stop and answer which makes our journey longer than usual”.

“During lockdown period we had to face issues with transportation, sometimes we couldn’t report to the institutes on time when they asked for help with the transportation facilities”.

“As I am mainly working with SOS children, I could say they are fit enough and they consume healthy nutritious food but concerning their psychology, here, of course, I cannot see many psychological issues apart from periodical stress and anxiety because the institution has a lot of programs to keep the children active and engaged and also, they try their best to solve problems within the institution before sending it to me” - Psychiatrist

Figure 4.6.4 Boxplot of Participation by Child Care_3



As per children's participation, a statistically significant relationship exists among the two types of childcare as the P-value of the Chi-Square test is 0.001. That is, in terms of participation difference exists among the two types of childcare. Moreover, Figure 4.6.4 box plot illustrates there is a difference between the two types of childcare. Further, we did a t-test to test the mean difference in children's participation among the two types of childcare, there are no significant differences between the two types of child care with a p-value of the t-test being 0.261.

5. Impact on Use of information technology (IT) and Mass media

Positive impact

Type of information, Facility, Accessibility, Adaptation, Level of usage was discussed during the FGD and there was a positive impact on the use of information technology and mass media for updating COVID19 pandemic-related health information, school notices, online education, and public educational programs.

Self-directed and peer support learning was reported and care giver's knowledge on information technology has been increased due to the addressing immediate needs of online education and support to their children in both types of care. Another important

point that arises here is the ability of children to absorb something very quickly. This is because caregivers in both types of institutions reported that children learn to use technology first and foremost. Therefore, another implication here is that through the use of innovative methods that go beyond traditional teaching methods, more productive opportunities for child development can be created.

Voices of children from a family-like- care

“We had enough computer facilities and were able to participate in the school online classes”, “Online education was not a problem for us as we had computer facilities and lab hours were allocated to us, so we didn’t have any rush to log into the online sessions”, “We were able to learn many new technological methods due to the online education, earlier we were not aware of zoom, Google meet but now we know how to operate them.”

Voices of children from institutional care

“We couldn’t participate in online schooling because our institute didn’t have facilities”. Children from small institutions expressed that they were given mobile phones by caregivers and managed to learn online education. “We were able to learn many activities from the internet. We also could learn new recipes from them”

Caregivers’ voices on use of IT – Family-like care

Most of the children at Family-like care are aware of technology, to operate computers, browse sites which they want, and they have enough computer facilities too. Caregivers mentioned that unnecessary sites and some social media were banned from their machines to avoid issues that can be occurred in the future. Children were provided with time slots to use the computer lounge and it was monitored by the caregivers. Children had made handcrafts and tried out new recipes, yoga, exercises, dancing by browsing the internet,

“We continuously monitored the children when they were in the online classes. We always stayed with them and the computer at home is placed in the sitting hall, so everybody could see what each other are doing”.

“It was amazed to see, how children quickly grasp the technology, they are fast learners”, “Children used to cook new food items by following youtube recipes, it was a good activity to break the monotonous lifestyle”,

“Children used to make different creative handcrafts from the internet, in such way they were able to break the idle time”

On the other hand, there were opinions that *“Our institute arranged many online programmes for children and ultimately it became too much as per my understanding because the end of the day children did not have any free time, they always engaged in these online activities due to overloaded online competitions, activities children’s freedom was limited”.*

Caregivers voices on use of IT – Institutional care

There was very little evidence to prove that the children from other institutes have enough facilities to improve their technical knowledge. Many children had only phones and due to that they have missed their education

6. Suggestions from children, caregivers, and service providers

The study also aims to capture suggestions from children, caregivers, and service providers for promoting an inclusive, participatory approach to a collective response to COVID19 pandemic which creates complex and uncertain situations in alternative care systems.

Table 7.1: Percentage distribution of Suggestions from Children on both types of care

SN	Suggestions from Children	Total	
		Frequency Responses	Percentage
1	Team Sports and Facilities for those good in sports	49	9.06%
2	Picnic & Educational Tours	19	3.51%
3	Venture Out to spend time	6	1.11%
4	No more lockdown	6	1.11%
5	Want to attend school for studies / conduct physical classes including tuition	25	4.62%
6	Reduce prices of essential items	1	0.18%
7	Follow Covid precautions take vaccine & educate & help covid affected people	173	31.98%
8	Desire to meet friends & be able to go and spend time/live with family/relatives	24	4.44%
9	Focus on Studies & More Educational Opportunity & Tuition Class (O/L & A/L)	95	17.56%
10	Maintain good Friendships and respect others	12	2.22%
11	More Facilities for online education including a request for study equipment	14	2.59%
12	Job Opportunity for those who stop at O/L & continue with A/L	3	0.55%
13	Better facility for rural children in education/sports	3	0.55%
14	Coping strategy for stress-related issues / Meditation / prayers	42	7.76%
15	Extracurricular activities required	15	2.77%
16	Future ambition/goals including higher education at the University	12	2.22%
17	Self-Reliance once complete studies	5	0.92%
18	Awareness programs on harmful content in digital platforms	2	0.37%
19	Security, Fear, Not trusting others/ scariness due to pandemic	5	0.92%
20	Need counseling sessions regularly to avoid issues related to mental health	11	2.03%
21	Look forward to peaceful life/wellbeing & Good Habits / Deeds	10	1.85%
22	Require good food / non-veg food	4	0.74%
23	Anti-vaccine sentiments / covid 19	5	0.92%

	541	100.00%
No Response	246	40.86%

Table No 6.1 reflects various suggestions from children in both care systems, more than half of the suggestions are related to COVID 19 pandemic such as prevention (31.98%), picnic and educational tours (3.51%), venture out to spend time and no more lockdown (1.11%), physical class and tuition class (4.62%), desire to meets and live with family (4.44%), more educational facility tuition class(17.56%), request for study equipment (2.59%), coping strategy related to stress (7.76%), awareness related digital flatform and pandemic (0.92%) and Anti-vaccine sentiment COVID19 (0.92%)

Children from institutional care requested more Computers, tablets, and Internet facilities as the pandemic are yet to subside. They don't want their education to be affected due to the lack of such items. They also requested new books for the library. Some of the children requested extra tuition classes, Sports Equipment, coaching sessions, counseling facilities, and computing classes. Some more voices, *“What we need is love, affection, kindness, “ “They often scold us, we don't like it, we need the freedom”*.

Caregivers – Family-like care

“There will be educational hardships for the children even though online education and tuition were provided because some children's grasping capacity differs from others”, “ institution needs Computer, tablet, and Internet facilities, new books to the library, Extra time to play Netball, Volleyball court, and More sports activities as it helps to balance their mental health”.

Caregivers - Institutional care

“Many educational barriers are there for the children even though some of them got the opportunities to participate in the online education”, “children need computer facilities to maximise learning from online education”. “There should be a more systematic approach to look after the institutional care children during such complex and uncertain situations because children get overstressed when they have a monotonous lifestyle specifically without visiting parents, therefore, there should be

specific psychosocial support programs to make children occupied and also not to miss their education”, “Sports could be taken as one of the best practices to have a balanced mindset, I believe these institutes need more sports equipment and children need sports instructors who visit the institutes at least once a week”. “Counselors’ services also should be arranged to provide services to needy children”.

As suggestions to stakeholders, the impact of the COVID19 pandemic created a complex situation and several additional needs and services vital for the children in both care systems.

7. Conclusion

Covid -19 did affect the humanity globally and children are not spared from getting infected. However, compared with the Senior citizens and middle-aged adults, children and young adults were able to combat the infection and shown milder or no symptoms. This could be due to a better innate immune response in children and young adults but as the virus mutates it may possess unknown threats. The above findings reveal that children in both care system did have a direct impact on their lifestyle due to the pandemic.

The study on factors, considered to have direct impact, shows there is not many striking differences between the two care systems in responding to the Covid-19. The Physical health evident that children from Institutional care perceived more satisfaction. qualitative data further eliciting the fact that institutional care was given much more attention and provided humanitarian services by the civil society organizations, community, and philanthropists than family-like care during the COVID19 lockdown.

It is alarming the risk of children in school dropouts as children and youth missed out on online lessons that lead to long-term consequences on their lifespan. There were shortcomings due to lack of computers, tabs of mobile phones for all the children to attend online classes. Mostly in Institutional care, Caregivers had to prioritise the allocation of available devices to students who need to sit for public exams leaving the other children with no devices to attend classes prompting the need for catch-up classes. Caregivers and peers helped children to complete homework. Access to educational programmes in TV channels was well-utilized by children at Family-like care than in Institutional care. The study also found that the care system needs technical know-how services and access to internet facilities to enhance more comprehensive responses to online education. Due to the shortcomings, education has become a burden for some children who are at risk of school dropouts. COVID 19 responses were much more effective and were able to respond to children's

immediate needs by the family-like care and small size institutions outweigh big size institutional care.

The study also found that both groups had flexible activities and programmes beneficial to children's wellbeing while managing their day-to-day activities. Statutory support was well extended during the lockdown by promoting various activities and manage their day without idling. It is worthwhile to note that family-like care children were facilitated well and responded immediately for organizing online programmes. During the closure of schools, children were able to develop various life skills of their choices such as poetry, artwork, culinary skills, etc.

It was also evident from the qualitative study that there was a dearth of caregivers to help to do the caregiving duty on time for the best interest of children in institutional care during the pandemic lockdown. COVID19 pandemic affected both children and caregivers of their psychological, social, and emotional development and created a much more complexity on the care system.

This study proved that the psychological, social, and emotional developmental needs of children can be fulfilled by their family environment and is the best microsystem for children to fulfill their developmental needs.

Children missed school friends and family, people in the neighborhood, outings in public places, and so on. All these activities were entirely disrupted due to the COVID19 pandemic lockdown and children, and their family members were disconnected.

Health guidelines of social isolation and restrictions also impact children and cause conflict between family and service providers. Social connectedness was distributed, and children were resilient to bear it. Thus, the psychological and social-emotional impact may lead to long-term consequences on children and the care system. Further study is needed for measuring their psychological impact on their lifespan.

The study also revealed that re-admission of the children was reduced during lockdown and parents requested to get their children back to their family. Service providers also faced complex situations to reach out to children in voluntary homes.

Children were active and children's participation was appreciated by caregivers and service providers about how children quickly grasp the technology and children become fast learners.

It is noted that Children were able to adapt to rapid changes and connected with a larger system of influences during the Pandemic. The level of adaptation and usage was very rapid with the shifting of school education online. There were limitations in using the information technology due to the lack of facility and accessibility for all stakeholders. Skills in Self-directed and peer support learning were developed with the use of information technology.

The majority of the children's suggestions were related to COVID 19 pandemic precautions and responses that reflected a grim needs of collective efforts for addressing immediate and long-term consequences of children in alternative care systems.

8. Recommendations

The following measures are recommended in response to the COVID 19 pandemic and better care for children in an alternative care system

1. Continue COVID 19 pandemic health hygienic practices for the best interest of children and caregivers who would be prioritized groups.
2. Continue the best practices of family-like care and institutional care on transition for adopting flexibility and adaptability in managing a day of children and youth and promoting various life skills in a family like environment.
3. Schools need resources for adopting the COVID19 guidelines and health-related practices
4. School closures in response to the COVID-19 pandemic have shed a light on numerous issues (fear of missed out learnings and exams, learning interests, accessibility of devices, fear of public exams and performances) affecting access to education for children and youth in alternative care systems. Educational planning is recommended for missed schools that will have long-term consequences that need immediate attention.
5. Online learning has become integrated to care systems which to be developed its potential for accessibility and children to access specialized materials well beyond addressing learning styles of children and youth in multiple formats and in ways that can bridge time and child friendly spaces in a creative way.
6. The technological development needed a framework to guide an education response to the COVID-19 Pandemic for distance/ online learning for school children in the care system.
7. Ensure internet accessibility and good connectivity for minimizing the disruption of online learning when shifting the mode of learning.
8. An advocacy for schools to specialized service plans and timetables for assessing children in different levels and facilitating individualized or small group catch-up classes in collaboration with alternative care systems for building gatekeeping mechanisms for school dropouts.

9. Advocacy is needed to ensure children are regularly connected to the family using a different mode of communication as children miss their own family and especially trustworthy people like their mothers.
10. Create opportunities for caregivers symposium/ discussion for sharing and learning best practices
11. Advocate Collective responses to de-institutionalization of children who need care and protection based on a scientific assessment for ensuring 'suitability' of an alternative care solution and effective implementation of National Policy on Alternative Care.
12. An advocacy needed that the care system deems to be restructured for enhancing the maximum use of learning opportunities as evident that family-like care systems and smaller size voluntary homes were able to respond to the rapid transition of distance learning. It is suggested that a bigger voluntary home for children can be restructured to different community-based care models. For instance, the family-like care model and the Uthayan Care model in Delhi in India
13. Community advocacy for open access and open education such as library resources for children in various classes to access a website including new online resources as well as the library in each care system. Call for the open community for resource sharing and support mechanisms and creative and innovative ways to include vulnerable children and youth.
14. Through the use of innovative methods that go beyond traditional teaching methods, more productive opportunities for child development can be created. Hence, considering the various capacities that children have, new learning methodologies should be provided for child development.
15. Ensure to create a participatory, holistic, and well-coordinated individualized development plan for each child in the alternative care system and integrate parental/ kith and kin/ guardian responsibility of caring for children in alternative care. A service of a family support social worker is recommended in the alternative care systems.
16. Advocacy is needed for sustaining and recruiting an adequate number of caregivers and training them on working with children and families for better care

17. Monitoring officers must ensure a child-friendly environment is in place in voluntary homes and impart necessary child developmental knowledge and focus on more soft skills and interaction with children and youth.
18. Advocate innovating a child-focused psycho, social, emotional learning model of practice for bridging the secure relationship between adults and children in the environment.
19. Strengthening families and parental responsibility for promoting childcare and protection with family and community-based initiatives

Reference

Alexa Weidinger. 2021. The COVID-19 Pandemic: What Has Been Difficult for Children and How They Are Adapting to Change., DOI <http://growingmindspsych.com/blog/2021/04/12/the-covid-19-pandemic-what-has-been-difficult-for-children-and-how-they-are-adapting-to-change/>

Annie Snyder.,2016. Building Social and Emotional Learning, The School Day: Seven Guiding Principles, McGraw-Hill Education, USA. <https://s3.amazonaws.com/ecommerceprod.mheducation.com/unitas/school/explore/blog/building-socialand-emotional-learning-into-the-school-day-7-guiding-principles.pdf>

Ball, Annahita; Joyce, Hillary D & Anderson-Butcher Dawn. (2016). "Exploring 21st Century Skills and Learning Environments for Middle School Youth," International Journal of School Social Work , 1 (1) <https://doi.org/10.4148/2161-4148.1012>

Bronfenbrenner.U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.

Cross, Tracy, and Frazier, Andrea. 2010. Guiding the Psychosocial Development of Gifted Students Attending Specialized Residential STEM Schools https://www.researchgate.net/figure/Bronfenbrenners-ecological-model-Bronfenbrenner-1979_fig1_233368229

Department of Census and Statistics & Department of Probation and Child Care Services. 2019.Census of Children in Child Care Institutions. www.statistic.gov.lk

Leeb RT, BitskoRH, Radhakrishnan L, Martinez P, Njai R, Holland KM, Mental Health-Related Emergency Department Visits among Children aged <18 Years during the COVID-19 Pandemic- United States, January 1-October 17,2020. DOI: [http://dx.doi.org/10.15585/mmwr.mm6945a3external icon](http://dx.doi.org/10.15585/mmwr.mm6945a3external%20icon)

Ministry of Woman and Child Affairs and Dry Zone Development Department of Probation and Child Care Services. 2019. The National Alternative Care Policy for Children in Sri Lanka

Nada, M. (2022). Promoting Secure Attachment in Children without Parental Care in Egypt [Master's Thesis, the American University in Cairo]. AUC Knowledge Fountain. <https://fount.aucegypt.edu/etds/1893>

National Institute of Social Development. 2013. The study on the current status of the Child Care Institutions and the institutionalized children in Sri Lanka, Department of Probation and Child Care Services, Sri Lanka

Nirekha De Silva and Asitha G. Punchihewa (2011), Push and Pull factors of Institutionalization of children ; A study based in the Eastern Province of Sri Lanka, Save the Children, Sri Lanka.

Pawana.Davi. 2021, Impact of COVID-19on Children's Education, Volume 2 Issue 4 2582-5534, burnishedlawjournal.in, <file:///F:/New%20folder/IMPACT-OF-COVID-19-ON-CHILDRENS-EDUCATION.pdf>

Save the Children International (2016). Investing in children in Sri Lanka - Child centric

SOS Children' villages in Sri Lanka 2020., Annual Report.

SOS Children' villages. 2020.International Annual Report, 2020,<file:///F:/New%20folder/data/AnnualReport-2020-EN.pdf>

Tracy L. Cross and Andrea Dawn Frazier. (2010), Guiding the Psychosocial Development of Gifted Students Attending Specialized Residential STEM Schools, January 2010 Roeper Review, 32:32–41, The Roeper Institute, Routledge Taylor & Francis Group. ISSN: 0278-3193 print / 1940-865X online DOI: 10.1080/02783190903386868 <https://www.researchgate.net/publication/233368229>

Vasudevan.V. (2018) Child Welfare Management and Residential Child and Youth Care in Sri Lanka., Residential Child and Youth Care In A Developing World Middle East And Asia Perspectives Tuhinul Islam and Leon Fulcher – editors ISBN 978-1- 928212-37-9 Copyright © 2018 The CYC-Net Press All maps courtesy of Google Earth Published June 2018, PP 252-266

Vasudevan. V. Osamu. K, Kazue. K, Deepthi.N, and Subodini.H, 2020., Practice of School Social Worker with Children for Facilitating Social Needs in Sri Lanka, Asian Review of Social Sciences ISSN: 2249-6319 Vol. 9 No.2, pp. 1-7 © The Research Publication, www.trp.org.in

Williamson, J & Greenberg, A, 2010, Families, Not orphan ages Better Care Network Working Paper September 2010

Annexure A01 : Questionnaire

The Impact study of the COVID-19 outbreak and long-term consequences on Children and Youth in various Alternative Care

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

1	District.	Colombo	Nuwar Eliya	Gal le	Matar a	Jaffna	Mullaitivu	Anuradhapura	Moneragala	
2	Age :	15	16	17	18					
3	Gender :	Male	Female	Transgender Male			Transgender Female			
4	Ethnicity :	Sinhala	Tamil	Muslim						
5	Religion :	Buddhist	Hindu	Islam	Christianity					
6	Are You aware of Covid 19 Infection :				Yes			No		
7	If Yes, What are the symptoms (Pls Write) :									
8	How do you protect yourself and others (Pls Write) :									

Children's opinion on covid impact

QN	Opinion	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9	I am satisfied with the education I received through online education received during the Covid 19 period	1	2	3	4	5
10	I complete and submit my school assignments and homework in a timely manner.					
11	My skills in information technology such as using computers and related applications improved in the past one & half years.	1	2	3	4	5
12	I missed my school and friends due to the pandemic	1	2	3	4	5
13	Food I received was satisfactory during the	1	2	3	4	5

	pandemic (Taste /Quantity/Variety)					
14	I got opportunity to spend time to engage in play / sports activity on daily basis during pandemic	1	2	3	4	5
15	During pandemic I got all support facilities from care givers for my health and medical care.	1	2	3	4	5
16	I was able to engage in multiple activities during the lock down period without being bored.	1	2	3	4	5
17	I was able to develop my skills (life skills, vocational skills and Gardening skills and talents (self-learning, creativity) during the pandemic.	1	2	3	4	5
18	During Pandemic I was able to spend more time with friends and care givers.	1	2	3	4	5
19	I am happy & safe with the social surrounding in my home during Pandemic.	1	2	3	4	5
20	I am getting good night sleep.	1	2	3	4	5
21	My caregivers gave me their love and affection during the pandemic.	1	2	3	4	5
22	Since the pandemic, I was able to cope with the changes in my lifestyle.	1	2	3	4	5
23	I followed 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

24	Was there any examination conducted by the school you studied during the pandemic either by online or physical (Since 2020 March) ? Pls tick below as appropriate. Online _____ Physical _____ No Examination _____
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25	Which of the following things your home / Institution stopped during the pandemic? (Pls Tick as appropriate)	Stopped	Not Stopped
	1. Contact with family or guardian who live outside the home.		
	2. Contact with Inmates.		
	3. Contact with friends who lives outside the home.		
	4. Visiting public spaces (Temple/Beach/Park/Shopping etc)		
	5. Picnics and outing.		
	6. Team Sports.		
	7. Tuition Class.		
	8. Other Please Specify : _____		
26	How are you coping or dealing with stress / anxiety related to covid 19 outbreak? (pls tick as appropriate)	Yes	No
	1. Getting a good night sleep		
	2. Meditation and mindfulness practice.		
	3. Prayer		
	4. Writing (poetry / short stories etc)		
	5. Talking with friends		
	6. Engage in home activities (Home gardening, cleaning etc)		
	7. Exercising and indoor games.		
	8. Playing Instrument		
	9. Listening to Music		
	10. Watching a movie		
	11. Others Specify _____		
27	Which two activities do you missed the most? (Circle or tick as appropriate)		
	1. Contact with family or guardian who live outside the home.		
	2. Contact with friends in home / institution.		
	3. Contact with friends who lives outside the home / institution.		

Annexure 02 : Guide line for FGD with Children

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

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.

1. COVID 19 impact on Children in Alternative care (Positive and Negative general observations)
2. Education , online education . learning achievements , views from children
3. Identification of Strengths and needs during the COVID and after COVID
4. Day to day activities, play, managing idle time, Creativity and innovation, Decision making and Conflict management
5. What are practices in Self-care, Social skills and emotional skills develop during the pandemic?
6. What are the recommendations for your wellbeing?

FGD and KII

The followings are the themes identified for the Focused Group Discussion (FGD) and Key Informant interviews (KII) with

1. **Children, (8)**
2. **Care Givers, (8)**
3. **LPI Circles (8)**
4. **Care Leavers (1)**
5. **Key Informants (3)**

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

Identified list of key informants one of each of the following categories

1. Senior Probation officers from each district and Central Department of Probation and Child Care Services
2. Managers of Family like home, residential home, Child Development Centre(Voluntary homes)
3. School principals /Teachers

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 passworded 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 and broken into pieces.

1. COVID 19 impact on Children in Alternative care (Positive and Negative general observations)
2. Education , online education . learning achievements , views from children ,care givers ,managers and Key Informants
3. Identification of Strengths, needs and concerns of children during the COVID and after COVID
4. Economic Status/ strengths of Family like care, Residential and Voluntary homes
5. Opinion and suggestions of provided welfare services / service delivery plans, human resource, content of the package and positive influences
6. Day to day activities, play, managing idle time, Creativity and innovation, Decision making and Conflict management
7. Views and observations on Psychological health and development of children
8. Views and observation on mental health and development of children
9. Views and observation of Self-care, Socio and emotional skills
10. Views and observations on Childcare and Protection issues
11. Views and observation on social contact, bonding among children, care givers, quality of time

12. Views and observation of adhering and impact on social distance (COVID 19 Guideline) Peers , parents / relatives , Care givers, Managers , Monitoring officers , Well wishers
13. Observation of Use of information technology (Type of information , Facility , Accessibility, Adaptation and Level of usage
14. Impact of Mass Media influences on children, Spending time on watching TV/ programmes/ events COVID awareness
15. Overall suggestions and expected long term impact
16. What are the recommendations to alternative care for children and best practices?