

HONORING THE VOICES OF YOUTH IN OUT-OF-HOME CARE: INSIGHTS INTO RESTRICTIONS DURING THE COVID-19 PANDEMIC, AND FUTURE PERSPECTIVES

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Abstract: Recent studies focusing on children and youth in care have emphasized the increased challenges that emerged with the restrictions related to the COVID-19 pandemic. There is, however, not enough comprehensive research on how caregivers could have systematically improved the social participation of young people in care. Here we present initial results based on the qualitative part of a joint project, entitled “JuPa”, which focuses on the social participation of young people during and after the COVID-19 pandemic in Germany. Due to the relevance of young people’s voices in research and practice, the project includes participatory methods to involve youth in care systematically. In the qualitative part of JuPa, 40 interviews with youth in care were analyzed. Pandemic-related effects on youth in care, their coping strategies, and their concepts for the future are emphasized. The youth were optimistic about the future despite the impact the COVID-19 pandemic had had on their lives. The described challenges make clear the necessity of implementing youth-friendly children’s rights.

Keywords: out-of-home care, COVID-19 pandemic, coping strategies, social participation, children’s rights

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The term “participation” is closely linked to the implementation of children’s rights, especially the right of children and youth to express their views in all matters affecting them as their age and maturity permits, as outlined in Article 12 of the United Nations Convention on the Rights of the Child (1989). Participation rights also comprise freedom of expression (Art.13); freedom of thought, conscience, and religion (Art. 14); freedom of association and peaceful assembly (Art. 15); and access to information (Art.17; Tisdall, 2015). Participation plays a crucial role in exercising other rights, such as rights of protection and provision. Safeguarding the best interests of the child is thus explicitly linked to participation, a connection that is essential to make for those involved in child protection and substitute care. Participation seems to be a key facilitator for improving the outcomes of out-of-home care (Skauge et al., 2021; van Bijleveld et al., 2015). At the same time, implementing participation in child protection often appears to be challenging. Children and young people in residential care have reported being given limited or no opportunities to explain their views concerning their placement in substitute care (e.g., ten Brummelaar et al., 2018; Toros, 2020). Their health outcomes and access to health insurance are worse than those of their peers growing up in families, although good health and health care are important for social participation in society (Vinnerljung & Hjern, 2018). Children and youth in out-of-home care have also reported being excluded from decisions concerning matters of daily life (e.g., Cossar et al., 2016; ten Brummelaar et al., 2018), contact with family members, or extending care (e.g., Equit et al, 2022; Toros, 2020).

Although studies highlight the importance and positive impact of participation on children and youth in care, some authors have pointed out that participation is often not precisely defined in both research and in practice (Skauge et al., 2021). Different theoretical approaches address this problem and have developed models to conceptualize and define the participation of children and youth. These include Hart’s ladder of participation (Hart, 1992), Shier’s pathways to participation (Shier, 2001), Lundy’s model of implementing participation in organizations (Lundy, 2007), and the model of meaningful participation in child protection (Bouma, 2019; Middel et al., 2020). These models are oriented towards a more precise understanding of participation and ways of sustainably implementing participation in out-of-home care.

The term “social participation” has another meaning and focus apart from the relevance and impact of participation rights of children and young people in residential youth care, as it is associated with the processes of inclusion and exclusion of people with disabilities. The focus here is on enabling individuals with disabilities “to live independently and participate fully in all aspects of life” (Art. 9, United Nations Convention on the Rights of Persons with Disabilities, 2006). Gaining access to resources and important social institutions, along with independent living, are also pertinent to people with a history of migration, displaced persons, and people with chronic health conditions or mental health challenges. Nevertheless, the term “social participation” stresses the experience of individual involvement in society. In relation to children, social participation is explained by the meaningful engagement of children with others (Doove et al., 2022). The concept

of social participation in the JuPa-Quali subproject is based on Luhmann's (1997) systems theory approach (see also Scherr, 2017). From this perspective, life in modern society can be described as dependent on important services that are provided by organizations in various social areas — including dependence on gainful employment and income, school education and upbringing, access to health care, access to the legal system and legal conflict resolution, and access to political representation of interests and digital media — and social participation in these areas can be understood with regard to processes of inclusion and exclusion (Scherr, 2017).

In terms of youth development, involvement in different areas of life is a crucial basis for emerging adulthood (Arnett, 2000). Due to the growing independence of youth as they age, their participation in different areas plays a vital role in their individual development (Ruck et al., 2014). Risk-taking behavior is seen as typical of adolescence; however, studies have shown that youth are not generally inclined to make risk-taking decisions. For instance, Galván (2021) and Kabakçı and Stockton (2022) found that the propensity of adolescents to take risks is affected by their specific circumstances: individual bio-psychosocial development, living conditions, and high stress levels all tend to increase risk-taking decisions among young people. Furthermore, risky behavior cannot be assessed as a solely negative consequence of adolescence, as it is also associated with learning essential competencies for adulthood (Galván, 2021). Since making friends and prosocial contacts are highly relevant to youth, processes of exclusion are excruciating for them (Galván, 2021). Rejection and exclusion can be associated with depressive symptoms up to one year later (Masten et al., 2011). Arnett (2000) found that, in industrialized countries, school-leaving qualifications and the transition to working life play just as important a role for adolescents as the change in family ties does.

Due to the outlined aspects of adolescent development, it is essential to distinguish between applying children's rights for children and applying them for youth, whose development requires different strategies for safeguarding and implementing their rights (Kosher & Ben-Arieh, 2024; Ruck et al., 2014). The Committee on the Rights of the Child (2016) clearly states, in General Comment No. 20, that not enough states invest in youth-friendly strategies to implement children's rights. The difference between children's rights as applied to children and as applied to youth becomes apparent when one considers the right to fair treatment in the justice system. As deviant juvenile behavior is ubiquitous and temporary, fair treatment in the justice system is essential given the stigmatizing effects of involvement (Clinard & Meier, 2011). Unfortunately, youth from marginalized, disadvantaged, and vulnerable groups are overrepresented in the juvenile justice system (Ringrose, 2006; Ruck et al., 2014). Although participation rights for youth are linked to democratic communities and societies, studies have highlighted that non-democratic societies also recognize human rights and claim participation rights such as freedom of speech, religion, and association (Ruck et al., 2014).

Compared to peers growing up in families, youth in out-of-home care face multiple challenges. They must cope with the loss of family and home (Mann-Feder, 2018), loss of friends and peer contacts, and frequent school changes, as well as other problems (e.g., Köngeter et al., 2016). Care

placements, the burden of victimization, and challenging behavior or mental health concerns, as well as coping with new challenges due to new caregivers, schools, and peer contacts, make youth in out-of-home care vulnerable to social exclusion. It therefore seems to be of utmost importance to provide youth in out-of-home care with opportunities for social participation in support of their right to participate.

Studies focusing on children and youth in out-of-home care emphasize the increased challenges that emerged with the COVID-19 pandemic and the associated restrictions (e.g., Jenkel et al., 2021; Montserrat et al., 2021; Thomas, 2024; Thomas & Equit, 2024a). These restrictions included curfews, visiting bans, strict routines, contact restrictions (especially those allowing digital but not physical contact with others), and the requirement that schooling be conducted at home, which brought its own challenges (e.g., Jenkel et al., 2021). There were also further difficulties, such as a lack of familiar daily routines in school and everyday life (Murphy, 2020) or of sufficient digital equipment that restricted young people's already limited contact and learning opportunities even more (Feyer et al., 2020). These restrictions amplified the everyday concerns of children and young people in care regarding their future and the development of their relationships with their relatives.

The COVID-19 pandemic and the associated restrictions have been discussed as signaling a new order of public and private life (Andresen et al., 2024). The presented project places emphasis on the consequences of the pandemic for young people in out-of-home care and the coping strategies that enabled them to establish social participation independently. Additionally, the views of young people regarding their future and their transition into adulthood are outlined.

Method

JuPa (Enabling social participation of young people in out-of-home care in times of pandemic) is a joint project in Germany that uses a mixed-methods design. Scheduled to run from February 2023 to January 2026, it is funded by the German Ministry of Education and Research (BMBF).

A verified data protection concept was developed to provide for the secure storage and retention of the JuPa project data; the plan was approved by the University of Münster's data protection officers. The information provided to interviewees and how the interviews were conducted were based on the code of ethics of the German Society for Educational Science. In addition, the interviews were conducted in a trauma-informed manner. The interview questions and the interview situation were designed to provide a safe space for interviewees to talk about their experiences and allowed them to signal that they did not wish to continue. The researchers provided information about easily accessible counselling centres, psychologists, and contacts to ombudspersons. The interviewees were offered the opportunity to contact the interviewer at a later date to take advantage of counselling services or to contact the ombudsman if they had any complaints.

The qualitative part of the project (JuPa-Quali) is conducted by Claudia Equit (PI) and Elisabeth Thomas of the University of Münster, while the quantitative survey (JuPa-Quanti) is undertaken by Uwe Uhlendorff (PI) and Yasmin Belamkadem of the TU Dortmund University. This article focuses on the results of JuPa-Quali and presents the views and experiences of the young people who participated in the project. The project investigates the effects of the COVID-19 crisis on the social participation and development of young people living in different forms of out-of-home care settings in Germany during the pandemic, and the educational disadvantages they encountered. It focuses on four different fields of socialization of young people: school/vocational training, peers and friends, family, and substitute care (youth welfare). In addition, the facilitators of and barriers to youth participation in residential and foster care are examined.

Our overarching goal is to reduce the pandemic-related educational disadvantages of youth by implementing means to facilitate social participation in out-of-home care settings. Therefore, the project comprises three main steps. First, a qualitative and quantitative study examines the challenges to and facilitators of social participation in different out-of-home care settings during and after the pandemic. Second, based on the research results, concepts and guidelines for addressing existing disadvantages and preventing future ones will be developed by involving relevant stakeholders (care-experienced persons, care leavers, residential youth welfare professionals, and teachers). Third, the concepts will be disseminated and made easily accessible to professionals in out-of-home care.

The project analyzes three different out-of-home care settings in Germany: residential groups, assisted living, and foster care. In residential groups, which are the most common type of care placement in the German Child Welfare System, young people live in small groups, consisting, on average, of eight to 10 people aged 6 to 15. The children and youth typically have their own rooms and are cared for by professionals 24 hours a day.

Assisted living, which is part of residential care for older adolescents (16–21 years), aims to prepare them to live independently. It includes either apartments (with kitchens, etc.) near the residential group facility, or one-bedroom apartments in or outside the residential care unit. Professionals are available by telephone 24 hours a day. Personal contact with professionals depends on appointments being made by either the professionals or the youth. In this setting, young people have more tasks (such as grocery shopping, cleaning, cooking, and dealing with money) to help them prepare for an independent life after residential care.

Foster care is also a common form of care placement in Germany. It can be short-term or long-term, and can be in the home of a qualified professional if the young person has special needs. In each case, the young person lives with a foster family in their household. When the young person should return to their own family is part of a decision-making process that involves care-plan conferences. The age of young people in foster care ranges from birth to 21 years.

In the JuPa-Quanti subproject, various online questionnaires were used to survey professionals, managers, and foster parents. In the JuPa-Quali subproject, 40 interviews were conducted with young people from the three different forms of out-of-home care in Germany described above. These were analyzed using qualitative content analysis according to Kuckartz and Rädiker (2022). The individuals we interviewed had lived in youth welfare during the pandemic or had entered care because of the pandemic.

The interviews were guideline-based and semi-narrative in order to avoid narrated traumatized experiences and retraumatization effects during or after the interview. The interview guide started with a timeline that included five significant episodes of the pandemic in Germany (start of the pandemic, two lockdowns, start of vaccinations, end of restrictions) in order to give interviewees a framework for recalling daily life during that period. The guideline included topics covering the four fields of socialization (family, school, peers, youth welfare) and questions on health, well-being, future aspirations, and everyday life.

Of the 40 young people we interviewed, 24 lived in residential care groups during the pandemic, nine in forms of assisted living, and seven in foster families. Eight interviewees were care leavers, as they had already left child welfare services. The interviewees were between 14 and 22 years old, with 19 identifying as female, 16 as male, and five as diverse. Thirteen had a family migration history. The 40 interviewees lived in 27 different facilities or foster families with various providers, and in nine different federal states in northern, middle, and southern Germany. Thirty individuals lived in residential care or foster families in western Germany and 10 in eastern Germany. The interviews lasted between 20 and 85 minutes and were conducted in person, by telephone, or via video conference, depending on the preference of each interviewee. The interviewees were informed in detail and in youth-friendly language regarding their rights and the goal of the project, as well as data privacy protection. After the interview, they were given the contact details of the principal investigator as well as information regarding advice and ombudsperson services near their home.

The interviews were analyzed using content-structuring qualitative content analysis (Kuckartz & Rädiker, 2022). In this form of content analysis, specific criteria-based content is extracted from the collected material by developing and applying a category system. For this purpose, the interviews were first completely transcribed before summaries of the interviews were written down and the content was coded. According to Kuckartz and Rädiker (2022), this form of qualitative content analysis allows both inductive and deductive coding and procedures. An initial deductive category system based on the research questions was created before coding. During the first coding process, inductive coding was also carried out, and the codes were then combined into inductive categories. Key cases were identified based on the coding, the case summaries, and the categories; these were initially interpreted and compared in more detail.

The JuPa-project involves participatory research in both practice development and quality improvement. Children and youth in out-of-home care are essential stakeholders in their rights.

They are competent in giving insights into the crucial challenges and potentials of social welfare organizations and procedures. Participatory research is critical for addressing the gap between policymaking and policy delivery, a gap which emerges when interviewing children and youth in child welfare organizations (e.g., Calcaterra & Reineri, 2023; Equit, 2024). In addition, the voices of children and youth are crucial for conducting transdisciplinary research, which provides knowledge from different important stakeholders in social work to create rich and consistent findings that address the key issues and problems in social work and bridge the gap between research and practice (e.g., Jebaseelan & Fonceca, 2021).

Results

Pandemic Regulations and Violations of Children's Rights

The initial evaluations of the interviews clearly showed that the regulations to which the young people were exposed during the pandemic violated their rights and made social participation in the crucial areas of socialization — family, school, peers, and youth welfare — difficult or impossible. The restrictions in the numerous forms of out-of-home care described above differed significantly, which is why the young people faced different challenges and problems. These various regulations and associated difficulties had different effects on children's rights, social participation, and the spaces available to professionals to support young people.

The interviewees ($n = 24$) in residential group care reported that they were mostly not allowed to leave the residential care facility. This regulation affected individual leisure activities as well as trips home on weekends and holidays. Visits from people outside the facility were also prohibited. During Germany's first lockdown, between March and May 2020, school lessons mainly comprised digital class meetings and homework. Young people were therefore not allowed to leave their facility for weeks to months, nor were they allowed to meet people such as friends or relatives outside in person, as the following quote¹ illustrates:

We were not allowed to visit our parents or leave the facility. We had to keep our distance from each other and avoid contact, even with the professionals. Life only took place inside the residential group. (Interviewee in residential group)

The interviewees ($n = 9$) in assisted living faced harsher regulations than those in residential groups. During the pandemic, they were not allowed to have any personal contact with people outside their apartment, such as friends, romantic partners, or family members. They also had no personal contact with professionals. Personal contact stopped entirely for weeks and months. Arrangements were made by telephone, and money for food was given through the letterbox. After a while, some professionals met with young people sporadically for a walk outside with social distancing and masks. Even if the assisted living facility belonged to a residential group and was

¹ All interview quotes have been translated from German into English.

nearby, the young people were not allowed to visit others living there during the lockdowns. One young individual summarized this problematic situation as follows:

I wasn't allowed to see the others [from the residential group or assisted living nearby], or receive visits from friends or family. Even contact with the professionals was canceled. Our money was put in the letterbox. There was no more personal contact. (Interviewee in assisted living)

For foster and non-foster families, there were many fewer regulations. The seven interviewed respondents did not primarily describe intensive experiences of isolation. Instead, they reported that family members stuck together. Some respondents rated this as positive, as family cohesion became tighter from spending more time together. However, for the majority, the potential for conflict increased because they were not allowed to leave their rooms or apartments. The restrictions led to more arguments, and the young people had little privacy. Due to these experiences, some interviewees only moved from their families of origin to residential groups during the pandemic, while others switched from foster families to residential group care. One interviewee described the situation in the foster family as follows:

We were all in the same place from morning to night. My foster parents worked from home and the younger siblings' kindergarten was closed. The atmosphere was agitated because nobody really had any private space. (Interviewee in foster care)

The findings highlight that organizations such as residential group facilities and assisted living had to adapt to significantly harsher regulations than institutions such as foster families or non-foster families. Due to the regulations, young people were confronted with processes of strong social exclusion. These were evident in all four of the areas of socialization: family, school, peers, and youth welfare.

Coping Strategies and Dealing With Pandemic-Related Restrictions

Coping strategies were analyzed in order to reconstruct the different forms of self-initiated social participation employed by young residents. For this purpose, we used Lazarus and Folkman's (1984) stress model and concept of coping strategies. We examined how youth classified and dealt with stressful situations in out-of-home care during the pandemic. Lazarus and Folkman (1984) distinguished primarily between emotion-focused and problem-focused coping strategies. Emotion-focused coping strategies refer to the regulation of emotions that were, at least partly, caused by the stressful situation. These include trivialization, distancing, and distraction (e.g., through physical activity or the consumption of media, or addictive or stimulating substances), as well as emotional outbursts of anger and annoyance (Lazarus & Folkman, 1984). Problem-focused coping strategies are those used to change experienced burdens or to adapt one's behavior to a new situation (e.g., by establishing new routines, ways of acting, or new perspectives; Lazarus & Folkman, 1984). Both coping strategies were examined with regard to the four different fields of socialization. Selected results of youth coping strategies are briefly mentioned (for a more detailed discussion, see Thomas & Equit, 2024b).

Three aspects of problem-focused coping strategies were identified. First, we found that all respondents in all three care arrangements adapted their behavior, actions, or views to the COVID-19 regulations. For example, some of the interviewees changed leisure activities by meeting up with friends on the internet to play online games, or by trying out new hobbies at home, such as drawing or knitting. Some young people circumvented the restrictions by, for example, arranging to meet friends at the supermarket to make personal contact. Other young people actively sought help and support from professionals or the youth welfare office when they had personal problems (such as a worsening eating disorder), or when family conflicts escalated. Only a few interviewees reorganized their routines and created plans to structure their schooling at home in order to maintain learning. Problem-focused coping strategies were mainly focused on everyday life and leisure activities, or interactions with relatives, now primarily via digital devices. This links to our second finding, that digital media became of utmost importance for coping with restrictions and staying in touch with family and friends. Digital media, such as notebooks or tablets, and stable Wi-Fi were also essential for accessing and participating in school, but were not available to all young people. Some youth did not get access to learning tasks or digital conferences with teachers because of their lack of digital devices. As a result, they were clearly disadvantaged at school. However, the increased use of digital media also led to addiction-like behavior among some interviewees; for example, some of them played computer games all night long. The young people dealt with the regulations very differently depending on their care arrangement, but mostly adhered to them. Our third finding regarding problem-focused coping strategies is that only those young people in assisted living sometimes broke the rules in order to establish personal contact with friends and relatives, since personal contact was forbidden entirely. The following quotes vividly show how youth gained access to crucial personal contact and maintained their bonds with others, bonds that are of utmost importance in adolescence:

Yes, because nobody really had any control over what I was doing. I still met up with my boyfriend a lot. (Interviewee in assisted living)

I went to friends' houses anyway because I didn't want to give up my life just because of an illness. Since then, people have become really depressed because they just sat at home all the time and I didn't want it to be the same for me. (Interviewee in assisted living)

These young people found discretionary spaces to circumvent harsh regulations and improve their emotional well-being by avoiding social isolation and establishing personal contact. Nevertheless, these problem-focused coping strategies were risky and depended on evading the scrutiny of professionals and police. Most young people circumventing regulations received no sanctions or consequences because the police or social workers were unaware of their violation of rules and pandemic regulations, or because the police dissolved the meetings of youths without imposing sanctions. Only two interviewees reported having fines imposed (which they had yet to pay back at the time of the interview). The reconstructed problem-focused coping strategies helped young people have personal contact and social participation in crucial areas of their socialization,

such as peers, friends, and sometimes family members. Surprisingly, young people rarely used problem-focused strategies concerning school (which includes studies and training), but mainly used emotion-focused coping strategies when describing their experiences with school and digital learning. These coping strategies included, for example, ignoring emails and attempts at contact by teachers. At the same time, however, this also included stopping schoolwork at home if the respondents were unable to complete it on their own without support. The reconstruction of coping strategies showed that youth became active in the socialization areas of child welfare, peers, and sometimes family of origin. School was not seen by the respondents as an area where changes could be achieved; therefore, they mostly resorted to emotion-focused strategies.

Due to the restrictions related to the pandemic, young people were confronted with multiple processes of exclusion in various areas of socialization and in their care arrangements. They coped with these in different ways: for example, by accepting the rules and experiencing social isolation, or by actively looking for opportunities within and outside the legal requirements, as the examples above show. Respondents reported varying degrees of negative consequences and also that the consequent disadvantages had affected their lives for various lengths of time. As a way to understand the consequences, the focus below is on the voices and concepts of the youth and on their future plans. In biographical research, future wishes and perspectives are evaluated as a construct in which prospective future plans are developed based on past experiences and the present life situation (e.g., Schütze, 1996). The respondents' future prospects therefore provide information on how youth coped with the challenges of their lives after the COVID-19 pandemic.

A Positive Outlook on the Future Despite All Difficulties

The young people we interviewed each experienced and dealt with the regulations during the pandemic differently. Some found them restrictive, others less so; many youth managed to weather the period successfully despite the adverse circumstances. For example, there were some who, despite increasing conflicts in their foster families due to lack of privacy, were able to cope well with learning for school from home. They also reported spending more quality time together as a family as well as a rise in caring practices, such as their foster mother preparing meals while they did schoolwork from home. There were also young people in assisted living or residential groups who were able to cope with school learning at home independently. They organized digital devices like notebooks on their own in order to participate in online lessons or to complete schoolwork.

In contrast, some young people had to leave their families of origin due to the pandemic because they had experienced violence, and some did not graduate from school because they found it difficult to study at home without support. Others lost touch with school, missing out on learning and contact with classmates and teachers. Respondents also reported losing contact with family members and incurring debts during the pandemic, debts that were related to drug abuse and excessive online spending. In some cases, these experiences led to heavy drug use (an emotion-focused coping strategy), and other forms of suffering, including prostitution and short-term homelessness.

The interviews revealed differences in how the young people dealt with the pandemic restrictions and disadvantages, and how they developed agency. One interesting overlap, however, is that all the young people we interviewed — no matter how demanding their experiences during the pandemic had been — were looking to the future with confidence.

Living circumstances at the time of the interviews were challenging for some respondents: they had not finished school, were about to leave child welfare with no prospects, and meaningful relationships had broken down. Some of them were in drug withdrawal, or their mental health challenges had intensified or returned. They were already actively seeking help to find solutions, such as undergoing therapies, taking special courses to find an apprenticeship, or even carefully reestablishing contact with their family of origin. When asked what they imagined or wished for their future, they responded with both short-term and long-term goals and ideas relating to all four fields of socialization. Regardless of whether the respondents had graduated from school or not, they had a wide range of career aspirations and ideas. All wanted their own apartment or house, and many also mentioned the desire for good health and a cure for, or improvement in, mental health challenges. Starting a family was an ambition for many of those surveyed. In some cases, young people's ideas regarding their future involved making various plans with the intention of deciding amongst them depending on the situation. In the following, one interviewee shared their vision of the future:

Yes, of course, I have my goals and paths. But I also know that my paths change every time. But that's not a bad thing, the main thing is that my goal stays the same. So what do I want? First and foremost, realistic goals: I definitely want to complete my studies successfully and well. Then maybe in the future, in the next two to three years, I would like to get married. I'm thinking about working in child welfare, maybe even in the residential group I grew up in, and then running it at some point. Yes, apart from that I don't have any career goals because I would like to become a mother, because I want to have children. (Interviewee in assisted living)

This young individual had very clear ideas about her future life. She also distinguished “definite” goals from those that were desired but not certain. The quotation above outlines several important aspects of adult life: finishing studies, starting a family, and getting a job. Transition into adulthood includes a variety of goals and opportunities, but as Arnett (2000) pointed out, the transition of care leavers into adulthood is often challenging due to a lack of resources and support. Focusing on future goals might be a strategy for coping with demands in daily life and providing a sense of agency with regard to switching goals when the life situation changes.

Others did not plan far ahead but rather step by step. For example, one interviewee wanted to pay off debts first and therefore needed a job that would generate sufficient income before ultimately realizing their actual career aspirations:

So, of course, first and foremost, I would like to be debt-free and then definitely create a comfortable life situation for myself again, where I can simply say that I

am happy where I am now. Ultimately, that's the big overall goal. However, above all, I want to finish school and then go to university and then work in a job where I can say to myself ultimately that I want to stay here, even if it takes many more years. (Interviewee in assisted living)

This young individual was struggling with pandemic-related disadvantages at the time of the interview. Her everyday situation was characterized by a temporary loss of control over her life due to worsening problems that included deteriorating mental health, difficulty finding a job to pay off debts, and her longing for a degree that could lead to a satisfying job. She was using a step-by-step approach to arrange her future, although her life was constantly spinning out of control due to events in the present.

The regulations and disadvantages related to the pandemic had varying effects on the biographical potential of the respondents. Some youth reported that they had overcome the disadvantages to some degree and that they looked forward to the future. Others reported long-lasting processes of suffering and severe disadvantages that they continued to cope with, even while developing positive life plans. However, not all respondents described the pandemic as having had significant effects on their future, either negative or positive. Many reported that their path to their future had been slowed down and would now take a bit longer.

Discussion

The JuPa-Quali project clearly shows how important participation is for young people in out-of-home care. Focusing on participation is critical in light of the restrictions imposed by the COVID-19 pandemic and the associated long-term consequences that can occur when social participation is limited in the four critical areas of socialization for young people in out-of-home care: school, family, peers, and the youth welfare system in which they grow up.

The restrictions imposed by the COVID-19 pandemic engendered a reorganization of social life (Andresen et al., 2024) in which the supposed priority given to at-risk groups strongly impacted everyday life and opportunities for social participation. Many young people reported a cycle of pandemic-related restrictions and attempts to cope with them, which harmed their social participation in the areas of school, family, peer group, and child welfare. Even though the pandemic was declared over in Germany in April 2023, there is still a silent wave of repercussions in the country, with overcrowded child and adolescent psychiatric clinics, long waiting times for therapy places, a lack of capacity in out-of-home care, and so on. Studies suggest that the suffering of young people is closely linked to the disruptions and crises they experienced during the COVID-19 pandemic (Kamann et al., 2023). This especially applies to youth in residential care and assisted living, who were excluded in essential areas such as school, family contact, and friends. This social isolation violated their rights. For youth, children's rights play an important role in avoiding stigmatization and negative impacts on juvenile development (Kosher & Ben-Arieh, 2023; Ruck et al., 2014). The interviewees who circumvented the COVID-19 rules did so in order to avoid

social isolation. For them, circumventing regulations was an important strategy to increase their agency and well-being. However, those using this coping strategy not only risked catching Covid, but also risked being categorized as deviant and potentially delinquent by social workers, the police, and security officers. For example, some young people were fined for breaching the regulations. Others took more drugs in order to cope with loneliness and subsequently became addicted and part of the local drug scene. The changed societal order during and after the pandemic poses an increased risk of stigmatization for young people in out-of-home care. It is of utmost importance to strengthen the implementation of children's rights that address juvenile development and challenges in out-of-home care.

This article highlights how young people were affected in very different ways by the regulations related to the pandemic, and shows that persistent disadvantages were apparent for some but hardly noticeable for others. All interviewees were optimistic about the future, even though they were still confronted with the disadvantages brought about by the pandemic and the compensations required to deal with them. At the same time, it is noticeable that interviewees had taken to heart the social narrative of protecting "risk groups" and, in this respect, did not criticize or complain about the violations of children's rights that they had endured as youth in substitute care. Here, it is evident that there is a process of silencing the voices of those young individuals who clearly name the disadvantages and social isolation they have suffered but do not identify them as injustices or violations of their rights. This process of silencing in the face of violations of children's rights goes hand in hand with the high level of commitment and the comprehensive coping strategies with which young people have reorganized their lives under adverse living circumstances. Although the young people we interviewed had a critical attitude towards the pandemic regulations, their voices were not heard in the surrounding societal discourse.

Analysis of the interviews revealed that young people's apparent silence was often caused by reduced contact, and a deteriorated relationship, with professionals. Within the residential group, for example, there had been long periods of isolation due to extended quarantines (e.g., over four weeks of isolation in their rooms) and a lack of time for maintaining relationships. Young people in assisted living reported that there had been almost a complete loss of contact — the professionals had no personal contact with the young people for weeks at a time. In foster families, silence was also linked to social isolation, for example, through long periods of quarantine imposed by the foster carer and through bans on contact with peers outside the foster family.

The participatory development of guidelines with care-experienced young people is still pending in the JuPa-project. The knowledge and opinions of young people are valuable resources for conceptualizing guidelines that show how social isolation can be avoided in crises, such as pandemics and acute shortages of space or staff. The knowledge of young people is a prerequisite for research and practice in areas where their interests and rights are at issue.

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