‘The Pandemic Affected My Life in a Negative Way’: The Experiences of Estonian Children in Child Protective Services During the Coronavirus Disease 2019 Pandemic

Karmen Toros

School of Governance, Law and Society, Tallinn University, Tallinn, Estonia

Abstract

This study investigates children’s experiences concerning the effect of the containment measures associated with coronavirus disease 2019 (COVID-19) on their daily lives. A small-scale study using in-depth, semi-structured interviews was conducted in Estonia with 10 children registered with Child Protective Services (CPS) as in need of assistance. The COVID-19 pandemic generally negatively affected the children, who struggled with e-schooling, social relationships and emotional well-being. Most of the children reported struggling with their emotional well-being, using words such as anxiety, tension, fear, sadness, and depressing. Not all of the children received the necessary support or assistance from the CPS. The children reported a few positive experiences during the COVID-19 pandemic, such as attaining a more personalised method and schedule for studying and receiving parental support during e-schooling.

KEYWORDS
child participation, Child Protective Services, COVID-19, Estonia, qualitative study
INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic severely disrupted society and people’s daily lives (Byars, 2020). This effect was felt even more strongly by vulnerable children and families due to school closures, the loss of access to social safety nets and impacts on Child Protective Services (CPS) (Cuevas-Parra, 2021; Katz et al., 2021; Kelly & Hansel, 2020; Usher et al., 2020). Families already experiencing disadvantages may be most at risk of negative social, economic and health outcomes (Fogarty et al., 2021, p. 2). Scholars have highlighted that children and families in CPS are the most vulnerable groups (Bolborici, 2020; Peet & Teh, 2020). The vulnerability of families in CPS is related to the resource-constrained nature of their physical, social and service ecologies (Fouché et al., 2020). Furthermore, their vulnerability is due to the disruption of child welfare, educational and early care systems (Fickler, 2020).

Toros and Falch-Eriksen (2020) argued that these families face increased vulnerabilities and higher risks not necessarily because of coronavirus itself, but because of the societal consequences of the pandemic. The pandemic’s disruption of children’s psychosocial environment and its negative effects on families, communities and daily routines harm children’s well-being, development and potential for protection (Dalton et al., 2020; The Alliance for Child Protection in Humanitarian Action, 2019, 2020). Therefore, children require more protection than normal during the crisis (Toros & Falch-Eriksen, 2020). Moreover, shutdowns, isolation and quarantines limit CPS’s ability to protect at-risk children (Fegert & Schulze, 2020). During previous epidemics, at-risk children faced an increased risk of violence, neglect, abuse and exploitation and suffered from the interruption or breakdown of public services, including systems of protection (Metzler et al., 2021, p. 42). COVID-19-related studies report similar concerns, including mental health issues (e.g. fear and anxiety) in children and parents (Baldwin & De Young, 2021; Bolborici, 2020; Browne et al., 2021; Caldwell et al., 2020; Davidson et al., 2020; De Young et al., 2020; Franic & Dodig-Curkovic, 2020; Katz & Cohen, 2021; Manickam & Slingsby, 2020; Ramaswamy & Seshadri, 2020; Roy, 2021), educational and social domain consequences (De Winter et al., 2020; Janssen et al., 2020), reduced community support (Jones et al., 2020) and increased vulnerability to abuse and neglect (Brown et al., 2021; Ramaswamy & Seshadri, 2020; Samboma, 2020).

Schools in Estonia were closed in spring 2020, making CPS the only link between children and a formal support system during the pandemic. A primary task of CPS is to identify children and families in need. This became particularly important during the pandemic, when schools and many nursery schools were closed, resulting in a decrease in referrals from the formal network. During the pandemic, CPS workers in Estonia complained of a general lack of ability to act on referrals and conduct child protection assessments (Toros & Falch-Eriksen, 2020). Davidson et al. (2020) suggested that the indirect effects of COVID-19 on children in CPS are poorly understood. As COVID-19 continues to raise serious obstacles to supporting children and families in CPS, it is important to understand how the system can be improved. This study sought to address this need by interviewing children about the effect of the containment measures associated with COVID-19 on their daily lives.

METHODS

This article reports some findings of an ongoing qualitative study with CPS workers and families (children and parents) registered with CPS as in need of assistance. The larger study explores effective participatory discourses (specifically, experiences of engagement) in the context of child
protection assessment practices. The findings reported in this article focus on children’s daily life experiences related to COVID-19.

**Participants**

The study was conducted in two of Estonia’s five regions. Local district authorities were contacted by phone to invite CPS workers to identify families with children subjected to a child protection assessment. To be included in the study, a child in need of assistance had to be registered with the CPS and have had a case plan initiated. CPS workers were informed about the study (goals and description) and asked to approach families who met the inclusion criteria. Sixteen families were contacted and invited to participate in the study, of which ten families agreed to participate. CPS workers gave the families consent forms that explained the purpose of the study. After obtaining consent, one of the researchers contacted the families to provide further information about the study, reconfirm consent and schedule an appropriate time for an interview. All of the families reconfirmed their consent and ten children (seven boys and three girls) between 9 and 15 years of age (mean age: 13.1 years) were included in the study (Table 1). All the children lived at home with their biological parents and, on average, had been involved in their current case plan for one year. Cases included allegations of child neglect, truancy, and parental alcohol abuse. The children were not compensated for their participation.

**Interview design and data collection**

Perspectives and experiences were gathered through in-depth, semi-structured interviews. Demographic information was collected at the beginning of each interview. The interview guide contained questions such as ‘Tell me about your daily life during the pandemic’, ‘Please describe your contact/communication with CPS workers during the pandemic’ and ‘What became more challenging during the pandemic?’.

As the participants were children, it was essential for the interviewers to have specific skills and professional backgrounds enabling them to interview children of different ages and those registered with CPS (vulnerable children). The children were interviewed by three researchers

| Participants (pseudonyms) | Sex | Age |
|---------------------------|-----|-----|
| Henri                     | Boy | 13  |
| Oliver                    | Boy | 12  |
| Noah                      | Boy |  9  |
| Lucas                     | Boy | 15  |
| Olivia                    | Girl| 15  |
| Jacob                     | Boy | 10  |
| Emma                      | Girl| 15  |
| Samuel                    | Boy | 15  |
| Andrew                    | Boy | 13  |
| Zoe                       | Girl| 15  |
with appropriate backgrounds: a psychologist, a CPS worker and a graduate student experienced in CPS field practice. Two of the researchers are published qualitative researchers with expertise in researching children in need. The third researcher is trained in research methods and has experience in working with children in need. Prior to and during the interviews, a seminar was held to discuss the interview framework and process and research ethics. The interviews were conducted from October to December 2020, with only the child and the interviewer present and participating in each interview. Based on the children’s preferences, the interviews were held at the children’s homes or via Zoom. None of the children terminated the interview early. The interviews were tape-recorded and fully transcribed, after which the recorded files were deleted.

ETHICAL CONSIDERATIONS

The study has been granted approval by the Research Ethics Committee of the University of (295T-19). Written informed consent was obtained from parents and children and included details on the purpose of the study, the interview process and confidentiality/anonymity. The language in the children’s consent form was simple and child-friendly. Informed consent was verbally explained and signed prior to the interview. The children were informed that their participation in the research process was voluntary and that they could choose not to answer any question or withdraw from the study at any point without an explanation. The children were also assured that the information shared during the interview would be kept anonymous. The interviewer ensured that the children were comfortable during the interviews by observing their body language and emotions. CPS workers gave the children the contact numbers of the interviewer and principal investigator (author) so that they could reach out if they had further questions or concerns regarding the study or interview prior to or after the interview.

Data analysis

The data were analysed using a thematic analysis model described by Terry et al. (2017). The interviews were transcribed and read multiple times to gain familiarity with the data. Initial codes and themes were identified and then verified by further analysis or merged with corresponding themes and labels (Table 2). As there were few participants, the transcripts were manually coded using word processing software. The four main themes identified in the data are presented in the following section, supported by quotes illustrating their relationship with the raw data. The interviews and data analysis were conducted in Estonian and subsequently translated into English.

FINDINGS

E-schooling: Educational domain concerns and consequences

The indirect effects of the COVID-19 pandemic were generally perceived to be detrimental: ‘The pandemic affected my life in a negative way’ (Lucas). A primary theme discussed by the children was e-schooling. All 10 children participated in remote schooling during the spring (national emergency situation) and autumn of 2020 and generally found the experience to be negative: ‘The hardest was e-schooling …’ (Samuel) and ‘E-schooling was difficult ... very complicated’
Negative experiences stemmed from various sources (Table 1), with a lack of guidance and instruction from teachers mentioned most frequently. The long duration of e-schooling made it particularly difficult: ‘Studying at home away from school was hard, and it lasted 2–3 months at a time. We had limited contact with teachers and thus received little help from them; they only gave us new tasks without much explanation’ (Lucas). Emma expressed the view that teachers had no clear expectations of their students. Moreover, Emma and Zoe questioned teachers’ skills with an e-diary, as assignments regularly lacked dates, explanations or links for submission. The children elaborated that studying without teachers created additional challenges, particularly concerning a learning lag:

We had little online contact with the teachers, so we basically had to learn by ourselves. If you have no teacher to explain how a math formula works or how to solve an assignment, you won’t understand it and it will affect your learning performance ...

(Emma)

While some of the children were initially excited not to attend school and wake up later in the morning, confusion over what was expected of them quickly led them to change their minds, as Jacob explained: ‘In the beginning it was nice to sleep in and wake up late, but soon it was not that nice anymore, as schoolwork started to pile up.’ Therefore, flexible ‘school hours’, perceived positively at first, turned out to be negative in terms of studying and schoolwork. For example, Samuel’s grades were significantly affected by e-schooling: ‘I had a huge change in my grades during the pandemic from good grades to unbelievably bad ones’. Samuel attributed this to the lack of fixed hours for classes and studying: ‘At school, classes started and finished, but my experience with e-schooling was a free schedule’.

The children also reflected on unpleasant assignments, such as having to send photographs to teachers as evidence of having completed activities during physical exercises, art classes and so on. These types of demands were associated with teachers’ distrustful attitudes. Furthermore, studying at home without teachers increased the children’s volume of work, which, combined with the learning lag, deteriorated academic performance. This was displayed by a change in learning routines and significantly worse grades during e-schooling. 

---

**TABLE 2** Children’s experiences during the COVID-19 pandemic: main themes and labels

| E-schooling: educational domain concerns and consequences |
|----------------------------------------------------------|
| Negative experiences: lack of guidance and instruction from teachers; studying without teachers: learning lag and increased study volume; unpleasant assignments: teachers’ distrustful attitude; deteriorated academic performance; flexible ‘school hours’; and technical issues related to internet connection |
| Positive experiences: personalised study schedule and availability of parental support for studying |

| Social well-being and limitations |
|-----------------------------------|
| Daily routines and activities: limited time to spend with friends and play outdoors and engaging in hobbies |
| Relationships: relationships with parents or siblings worsened and altercations with neighbours |

| Emotional well-being: struggles |
|---------------------------------|
| Anxiety; parental distress; depressing thoughts; tension, fear and sadness; and self-care |

| The need for CPS services and the opportunities to receive them |
|---------------------------------------------------------------|
| No contact with the CPS; need and wish for communication with CPS workers; and positive and negative interactions with CPS workers: accusatory attitude, pushing people around and understanding |
Several children experienced technical issues related to their internet connection. These issues were generally due to slow internet connections among poorer students, as high-speed internet is expensive. Andrew remarked that slow internet impeded e-schooling, causing issues while taking timed online tests, for example. Although e-schooling was more complicated for those with a slow internet connection, Andrew understood that this could not be rectified: ‘... my mother cannot afford to upgrade it ...’.

There were a few examples of positive experiences with e-schooling, primarily linked to a personalised study schedule and the availability of parental support for studying. For Zoe, regular schooling was more difficult than e-schooling as she needs more time to focus and perform than that provided in a traditional classroom. E-schooling enabled her to devote more time to learning new material and completing assignments: ‘I prefer e-schooling. It is easier for me as, at home, I can take more time and concentrate on what I am doing without a strict time schedule...’. Andrew’s study habits and grades improved due to additional help from his mother, who explained unclear concepts to him on a one-on-one basis.

Social well-being and limitations

The thematic analysis identified the children’s social needs that were affected by the pandemic, including their ability to maintain familiar daily routines and activities. All of the children experienced limited time to spend with friends and play outdoors. This affected some of them emotionally, which is discussed in the next theme. Staying at home was frequently referred to as ‘boring’ by the children.

Children’s engagement in hobbies was also constrained, owing to the suspension of youth’s recreational activities. Children with specialised hobbies, such as Samuel’s freestyle bicycling, faced additional issues with obtaining speciality parts and accessing training facilities. Oliver and Henri repeatedly voiced the view that life before the pandemic was more interesting and diverse. Most of the children followed the guidelines during the pandemic (e.g. staying indoors, restricting contact); however, one child refused to stay at home and let the pandemic take over his life:

... Hanging out with friends outside was not permitted, but we did it anyway. The police chased us away, but it did not stop us from meeting again. As soon as the police left, we were hanging out with friends again. This two plus two rule is nonsense ...

(Andrew)

The pandemic also affected the children’s relationships with their families and neighbours and decreased their ability to socialise with their friends and classmates. Three children reported that their relationships with their parents or siblings worsened during the pandemic. This was primarily due to families spending excessive time together at home, as children e-schooled and parents worked remotely. In some cases, the children had to share a computer with their siblings and take turns studying, which created disagreements: ‘... she was a nuisance, disturbing me and announcing that she needed to study right away. We fought a lot ... I didn’t like that my mother and father were constantly nagging me ...’ (Jacob). Fighting over computer access ended when the CPS distributed additional computers for e-schooling. However, families continued to fight about other matters. Emma reported more frequent family arguments than before the pandemic.

Two children reported altercations with their neighbours, as playing at home caused more noise than usual. Jacob suggested that this stemmed from continuous ‘interactions’ with neighbours:
'And this old woman came and called us names, asking what kind of children we were and where were our parents?' He elaborated that, at some point, his parents had returned to work while the school had continued remotely. Several children had the same situation, which sometimes created additional problems with self-discipline.

**Emotional well-being: Struggles**

The children also discussed the effects of the pandemic on their emotional well-being: ‘The pandemic took a toll on my mental health’ (Emma). Most of the children experienced some struggles, using words such as ‘anxiety,’ ‘tension,’ ‘fear,’ ‘sadness’ and ‘depressing’. The COVID-19 pandemic caused most of the children to experience anxiety due to: (i) lockdown restrictions on socialising outside the home; (ii) school and studying (as exemplified by Lucas: ‘... I was anxious as I thought I would fail classes...’); and (iii) confusion concerning the expectations of families and teachers. The children also reported an increase in parental distress due to the disruption of daily life.

Emma and Samuel experienced depressing thoughts due to the restrictions imposed on them. Emma felt lonely as she could not be with her friends, which decreased her motivation to complete her schoolwork and chores at home. While Zoe did not experience depressing thoughts, she understood how these could arise: ‘If you cannot communicate and socialise you feel lonely, and this can cause depression’. Tension was primarily used to describe relationships with family members at home. This was associated with sharing the same space for a long period of time and sharing a computer for e-schooling and remote working. Furthermore, some of the children feared being infected with COVID-19: ‘During this pandemic, I was constantly scared of getting infected every time I left home ...’ (Zoe). She elaborated that, although COVID-19 was not considered dangerous to children, she was afraid for her younger sister’s life: ‘What if she got it, what then?’ (Zoe). Olivia tended to be sadder than usual, reflecting on the time before and during the pandemic and the number of deaths from COVID-19 caused by people not taking the pandemic seriously.

Samuel, Andrew and Zoe noted an increase in self-care as a result of the pandemic, which benefitted their mental well-being. Self-care was discussed in the context of taking time for themselves. More specifically, the children discussed how the pandemic had enabled them to spend more time studying in their own space, resting at home and not rushing: ‘I had more time for myself and more time to go into things more deeply ... into things I am doing. There is [usually] never time, [it is] always a rush ...’ (Samuel). Andrew and Zoe similarly expressed the need for more time, especially concerning studying and homework, and how this was obtained during the pandemic.

**The need for CPS services and the opportunities to receive them**

The children’s needs regarding support or assistance differed during the pandemic, as did their opportunities to receive either. Seven of the children reported having no contact with the CPS during the COVID-19 pandemic, although three expressed the need and wish for communication with CPS workers. Emma shared how she wanted her CPS worker’s supervision and emotional support:
CPS workers didn’t take any interest in me during this time [the COVID-19 pandemic]. Maybe they [CPS] had too much work and had no time for me ... I wish they would have contacted me, as it was a difficult time for me. Well, I don’t have a good, trusting relationship with them [CPS], and what could they have done anyway with all of the confusion? But still ...

Of the three children who did have contact with CPS workers, two of them had negative experiences associated with the CPS workers’ accusatory attitude. Jacob recalled a CPS worker home visit and phone calls in which the CPS worker appeared to blame him for teasing his sister. During one of these incidents, he felt that the CPS worker was angry with him. Andrew similarly experienced being blamed for his behaviour, including pushing people around and not attending e-schooling regularly. He suggested that if CPS workers would have had a more positive attitude, he would have been willing to talk to them and have meaningful conversations. Samuel described his contact with CPS workers as ‘annoying’; nevertheless, he was generally pleased with their attitude, as they seemed to be understanding towards him: ‘Well, I had to report on what I was planning to do with my life ... At least they were normal about it and understanding of what I want...’

DISCUSSION AND CONCLUDING THOUGHTS

The COVID-19 pandemic has created numerous challenges throughout the world. Social work and child welfare are not immune to these effects. However, the impact of the pandemic on children registered with CPS is poorly understood (Caldwell et al., 2020). To understand how the pandemic has affected children’s daily lives and well-being, their opinions must be heard. In crisis settings, formal and non-formal systems of learning and support can break down, leading to the interruption of reliable child services (Campbell, 2020). This has occurred worldwide during the COVID-19 pandemic, including in Estonia.

All of the children in this study participated in remote e-schooling, which they generally found difficult due to teacher- and teaching-related factors, particularly the lack of guidance and clear instructions. Studying on their own, without teachers, created further challenges, including emotional struggles. Social isolation and the inability to use familiar coping mechanisms can exacerbate negative effects (Imran et al., 2020). Walters (2020) discussed the COVID-19 pandemic’s potential to damage mental health. For vulnerable children, whose well-being already suffers, these impacts are amplified (Bolborici, 2020; Franic & Dodig-Curkovic, 2020). Children reported struggles with emotional well-being due to distress caused by e-schooling, unfamiliar routines and deteriorating relationships, indicating COVID-19’s direct impact on their emotional health.

During the COVID-19 pandemic, social workers and CPS workers have the essential role of enforcing a child’s right to protection. A well-supported, appropriately equipped and empowered social service workforce is essential to mitigate the damaging effects of the pandemic (Samboma, 2020). Child protection during the lockdown was particularly important for some of the children in this study, which is concerning as it was unavailable to many of them. Self-isolation limited their access to regular support systems typically available through school, recreation and friends, decreasing their ability to attain help and support during the early phases of risk-related situations. This can lead to children being subjected to a type of neglect that in regular times could have been avoided (Toros & Falch-Eriksen, 2020). Although child protection referrals are reported to have decreased internationally, children are still at risk of neglect and abuse (Bolborici, 2020; Caldwell et al., 2020). The pandemic is considered to cause greater distress and risks of
child abuse and neglect (Baldwin & De Young, 2021; Brown et al., 2021; Giannotti et al., 2021; Teo & Griffiths, 2020). Several scholars have raised arguments that victims of neglect, abuse and domestic violence have severely limited contact with the outside world during the pandemic, compromising their access to support and help (Campbell, 2020; Fogarty et al., 2021; Usher et al., 2020). Vogel et al. (2021) found that psychological and physical well-being decreased during the lockdown compared to before COVID-19. Social isolation and lockdown can negatively impact resilience, as children experience substantial changes to their daily routines and familiar coping mechanisms, which ordinarily foster resilience to challenging events (Dalton et al., 2020; Imran et al., 2020; Jiao et al., 2020; Katz et al., 2021). Cuevas-Parra (2021, p. 81) described responses to COVID-19 in terms of children’s right to participation as retrogressive. Of the ten children interviewed in the current study, seven reported having no contact or communication with CPS workers during the COVID-19 pandemic despite being registered as children in need with CPS and having active child protection assessments. Therefore, it can be argued that children’s wishes and views concerning the pandemic and their future have been ignored. Children have the fundamental human right to participate in decisions affecting their lives, which can also enhance decision-making processes and outcomes by ensuring that decisions are more inclusive, responsive and tailored to their specific needs, including in crises (McCafferty, 2017; Schmidt et al., 2020; Vis et al., 2011). As the pandemic continues to impede children’s participation rights, it is important to re-evaluate and strengthen systems supporting and protecting children in need (Cuevas-Parra, 2021; Herrenkohl et al., 2021, p. 13). De Winter et al. (2020) emphasised that every disaster has its learning opportunities. Similarly, Jones et al. (2020) suggested that the pandemic would enable the reshaping of CPS to include children as part of the solution. Although listening to children’s experiences enables stakeholders to better understand and respond to their needs and support their well-being, international CPS practices lack children’s voices or take a tokenistic approach to listen to children’s views (Kosher & Ben-Arieh, 2020; Toros, 2021; Falch-Eriksen et al., 2021; van Bijleveld et al., 2020). In general, children’s participation is believed to benefit both children and society (Björnsdóttir & Einarsdóttir, 2017), including in times of crisis. Therefore, it is essential to design CPS practices in such a way that children are engaged in the helping process in times of crisis (Toros & Falch-Eriksen, 2020). An example of such a crisis is the COVID-19 pandemic. The latter has disrupted the continuity of care, posing risks to children in need of the protective measures of CPS. Therefore, in times of crisis, it is essential to have a system of emergency response in child welfare (Weiner, 2020). In this context, Sistovaris et al. (2020) demonstrated the importance of creating a crisis management plan to minimise the negative effects on vulnerable populations, effectively implementing the plan during crises and then evaluating the plan after crises. These steps must include interdisciplinary coordination with health and educational services and collaboration with the community to assist with the enforcement of the rights of the child (Toros & Falch-Eriksen, 2020). Heimann et al. (2021) outlined the need to identify which support systems are most needed for children; Feinberg et al. (2021, p. 12) highlighted the need for widespread family support and intervention to prevent potential family “scarring”—long-term mental health and family relationship difficulties.

Based on the findings of this study, the educational system must be improved to support children during e-schooling. Giving assignments is not equivalent to teaching, which requires online classes in conjunction with clear guidelines, one-on-one consultations and so on. In addition, a national emergency response system must be created and implemented by local governments to provide assistance to children already registered with CPS and to refer and prevent new cases. One challenge during epidemics is gaining access to children and families in need during lockdowns (Campbell, 2020). Home visits, whether they are physical or
virtual, must be regulated. Cabiati (2021) used the term ‘creativity’ to emphasise the need for creative solutions in social work. This concept also applies to finding ways to communicate with children and explore their needs during crises, such as the COVID-19 pandemic. Several CPS workers from an Estonian study in 2020 expressed similar thoughts, emphasising ‘creativity’ and ‘creativity as the key’ during the pandemic (Toros & Falch-Eriksen, 2020). Despite the nationwide emergency lockdown, some of the CPS workers in that study were able to reach the children and provide assistance.

CPS practices, referrals, responses and child participation in different countries during the pandemic should be explored for potentially useful best practices concerning a child’s right to protection. This can include determining how the latter is effectively enforced in times of crisis in various settings; innovating new methods for referrals and case assessments; exploring how technology can provide continuing support; and discovering how to engage children and families in need of services in co-constructing solutions. For example, in Germany, a Medical Child Protection Hotline was established to evaluate problems concerning child maltreatment during the pandemic (Heimann et al., 2021). Exploring effective practices and comparing and learning from each other will help improve services that protect children affected by the pandemic (Katz et al., 2021). Therefore, further research (e.g., systematic research studies) is required on practices initiated to respond to the needs of vulnerable children and families affected by the COVID-19. Future studies should incorporate both CPS’s perspective and children’s and families’ experiences of the pandemic.

Limitations

These findings are drawn from a small number of children; therefore, they cannot be generalised. A greater number of children could have provided deeper insights into this topic. Nevertheless, the children in the study openly shared their pandemic experiences, increasing the awareness of how to support vulnerable children in times of crisis. Notably, despite attending different schools, the children reported similar e-schooling experiences.

ACKNOWLEDGEMENTS

The study is informed by the ‘Effective Participatory Discourse: Experiences of Participants’ Engagement in the Context of Child Protection Assessment Practices’ project, funded by the Estonian Research Council, grant number PSG305.

CONFLICTS OF INTEREST

The author reports no declarations of interest.

DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

ORCID

Karmen Toros https://orcid.org/0000-0002-1968-5818

REFERENCES

Baldwin, A., & De Young, A. (2021). Birdie’s Tree: Supporting social emotional wellbeing of babies and young children in a changing world. International Journal of Birth and Parent Education, 8(3), 34–37.
Björnsdóttir, P., & Einarsdóttir, J. (2017). Child participation in Ghana: Responsibilities and rights. In E. Oinas, H. Onodera, & L. Suurpää (Eds.), What politics? Youth and political engagement in Africa (pp. 285–299). Brill.

Bolborici, A.-M. (2020). Child protection in the context of COVID-19. A Journal of Social and Legal Studies, 7(IXXI), 71–78.

Brown, S. M., Orsi, R., Chen, P. C. B., Everson, C. L., & Fluke, J. (2021). The Impact of the COVID-19 Pandemic on Child Protection System Referrals and Responses in Colorado, USA. Child Maltreatment. https://doi.org/10.1177/10775595211012476

Browne, D. T., & Smith, J. A. & De Dieu Basabose, J. (2021). Refugee children and families during the covid-19 crisis: A resilience framework for mental health. Journal of Refugee Studies, 34, 1138–1149. https://doi.org/10.1093/jrs/fetaa113

Byars, K. (2020). Coronavirus, caregivers and child custody a pragmatic solution for parents who seek to protect their children during the COVID-19 crisis. Tennessee Bar Journal, 56(5). Retrieved from https://www.tba.org/?pg=TennesseeBarJournal&pubAction=viewIssue&pubIssueID=7591&pubIssueItemID=3966

Cabiati, E. (2021). Social workers helping each other during the COVID-19 pandemic: Online mutual support groups. International Social Work, 64(5), 676–688. https://doi.org/10.1177/10775595211012476

Caldwell, J., Delaye, A., Esposito, T., Petti, T., Black, T., Fallon, B., & Trocmé, N. (2020). “Essential” services, risk, and child protection in the time of COVID-19: An opportunity to prioritize chronic need. Developmental Child Welfare, 2(3), 208–223. https://doi.org/10.1177/2516103220968842

Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. Forensic Science International: Reports, 2, 100089. https://doi.org/10.1016/j/fsir.2020.100089

Cuevas-Parra, P. (2021). Thirty years after the UNCRC: Children and young people’s participation continues to struggle in a COVID-19 world. Journal of Social Welfare and Family Law, 43(1), 81–98. https://doi.org/10.1080/09649069.2021.1876309

Dalton, L., Rapa, E., & Stein, A. (2020). Protecting the psychological health of children through effective communication about COVID-19. The Lancet Child & Adolescent Health, 4(5), 346–347. https://doi.org/10.1016/S2352-4642(20)30097-3

Davidson, B., Schmidt, E., Mallar, C., Mahmoud, F., Rothenberg, W., Hernandez, J., Berkovits, M., Jent, J., Delamater, A., & Natale, R. (2020). Risk and resilience of well-being in caregivers of young children in response to the COVID-19 pandemic. Translational Behavioral Medicine, 11, 305–313. https://doi.org/10.1093/tbm/ibaa124

De Winter, J. P., De Winter, D., Bollati, V., & Milani, G. P. (2020). A safe flight for children through COVID-19 disaster: Keeping our mind open! European Journal of Pediatrics, 179, 1175–1177. https://doi.org/10.1007/s00431-020-03668-7

De Young, A., Paterson, R., March, S., Hoehn, E., Alisic, E., Cobham, V., Donovan, C., Middeldorp, C., Gash, T., & Vasileva, M. (2020). COVID-19 Unmasked Young Children – Report 1: Early findings and recommendations. Queensland Centre for Perinatal and Infant Mental Health, Children’s Health Queensland Hospital and Health Service.

Falch-Eriksen, A., Toros, K., Sindi, I., & Lehtme, R. (2021). Children expressing their views in child protection casework: Current research and their rights going forward. Child & Family Social Work, 26(3), 485–497. https://doi.org/10.1111/cfs.12831

Fegert, J. M., & Schulze, U. M. (2020). Covid-19 and its impact on child and adolescent psychiatry–A German and personal perspective. Irish Journal of Psychological Medicine, 37(3), 243–245. https://doi.org/10.1017/ipm.2020.43

Feinberg, M. E., Mogle, J., Lee, J.-K., Tornello, S. L., Hostetler, M. L., Cifelli, J. A., Bai, S., & Hotez, E. (2021). Impact of the COVID-19 pandemic on parent, child, and family functioning. Family Process. https://doi.org/10.1111/famp.12649

Fickler, W. (2020). Housing and human services: Vulnerable populations face heightened risk. State Legislatures, 46(3), 32.

Fogarty, A., Jones, A., Evans, K., O’Brien, J., & Giallo, R. (2021). The experience of the COVID-19 pandemic for families of infants involved with Child Protection Services for maltreatment concerns. Health and Social Care in the Community. https://doi.org/10.1111/hsc.13555
Fouché, A., Fouché, D. F., & Theron, L. C. (2020). Child protection and resilience in the face of COVID-19 in South Africa: A rapid review of C-19 Legislation. Child Abuse & Neglect, 110, 104710. https://doi.org/10.1016/j.chiabu.2020.104710

Franic, T., & Dodig-Curkovic, K. (2020). Covid-19, child and adolescent mental health – Croatian (in)experience. Irish Journal of Psychological Medicine, 37, 214–217. https://doi.org/10.1017/ipm.2020.55

Giannotti, M., Mazzoni, N., Bentenuto, A., Venuti, P., & Falco, S. (2021). Family adjustment to COVID-19 lockdown in Italy: Parental stress, coparenting, and child externalizing behavior. Family Process. https://doi.org/10.1111/famp.12686

Heimann, T., Berthold, O., Clemens, V., Witt, A., & Fegert, J. M. (2021). Child abuse and neglect and the burden of the COVID-19 pandemic on families: A series of cases consulted at the German medical child protection hotline. Child Abuse Review. https://doi.org/10.1002/car.2714

Herrenkohl, T. I., Scott, D., Higgins, D. J., Klika, J. B., & Lonne, B. (2021). How COVID-19 is placing vulnerable children at risk and why we need a different approach to child welfare. Child Maltreatment, 26(1), 9–16. https://doi.org/10.1177/1077559520963916

Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 Pandemic. Pakistan Journal of Medical Sciences, 36, 1–6. https://doi.org/10.12669/pjms.36.COVID19-S4.2759

Janssen, L. H. C., Kullberg, M.-L.-J., Verkuil, B., van Zwieten, N., Wever, M. C. M., van Houtum, L. A. E. M., Wentholt, W. G. M., & Elzinga, B. M. (2020). Does the COVID-19 pandemic impact parents’ and adolescents’ well-being? An EMA-study on daily affect and parenting. PLoS One, 15(10), e0240962. https://doi.org/10.1371/journal.pone.0240962

Jiao, W. Y., Wang, L. N., Liu, J., Fang, S. F., Jiao, F. Y., Pettoello-Mantovani, M., & Somekh, E. (2020). Behavioural and emotional disorders in children during the COVID-19 epidemic. The Journal of Pediatrics, 221, 264–266. e1. https://doi.org/10.1016/j.jpeds.2020.03.013

Jones, B., Woolfenden, S., Pengilly, S., Breen, C., Cohn, R., Biviano, A. J., Worth, A., Lamb, R., Lingam, R., Silove, N., Marks, S., Tzioumi, D., & Zwi, K. (2020). COVID-19 pandemic: The impact on vulnerable children and young people in Australia. Journal of Paediatrics and Child Health, 56, 1851–1855. https://doi.org/10.1111/jpc.15169.

Katz, C., & Cohen, N. (2021). Invisible children and non-essential workers: Child protection during COVID-19 in Israel according to policy documents and media coverage. Child Abuse & Neglect, 116, 104770. https://doi.org/10.1016/j.chiabu.2020.104770

Katz, I., Katz, C., Andresen, S., Bérubé, A., Collin-Vezina, D., Fallon, B., Fouché, A., Haffjee, S., Masrawa, N., Muñoz, P., Priolo-Filho, S. R., Tarabulsy, G., Truter, E., Varela, N., & Wekerle, C. (2021). Child maltreatment reports and child protection service responses during COVID-19: Knowledge exchange among Australia, Brazil, Canada, Colombia, Germany, Israel, and South Africa. Child Abuse & Neglect, 116, 105078.

Kelly, J., & Hansel, K. (2020). Coronavirus: What Child Welfare Systems Need to Think About. The Chronicle of Social Change, March 11. Retrieved from https://chronicleofsocialchange.org/child-welfare-2/coronavirus-what-child-welfare-systems-need-to-think-about/41220

Kosher, H., & Ben-Arie, A. (2020). Social workers' perceptions of children's right to participation. Child & Family Social Work, 25(2), 294–303. https://doi.org/10.1111/cfs.12685

Manickam, S., & Slingsby, B. (2020). Child protection: A guide for navigating a disclosure of sexual abuse in Rhode Island amid the COVID-19 Pandemic. Rhode Island Medical Journal, 103(9), 47–51.

McCafferty, P. (2017). Implementing Article 12 of the United Nations Convention on the Rights of the Child in child protection decision-making: A critical analysis of the challenges and opportunities for social work. Child Care in Practice, 23, 327–341. https://doi.org/10.1080/13575279.2016.1264368

Metzler, J., Gabriel, A., Mwebe, F., & Savage, K. (2021). From place to space: Field insights on adapting child-friendly spaces during COVID-19. Forced Migration Review: Mental Health and Psychosocial Support, 66, 40–43.

Peet, H., & Teh, C. (2020). The impact of the Covid-19 pandemic on children who become looked after in Derby City. Adoption & Fostering, 44(4), 426–432. https://doi.org/10.1177/0308579920978902

Ramawamy, S., & Seshadri, S. (2020). Children on the brink: Risks for child protection, sexual abuse, and related mental health problems in the COVID-19 pandemic. Indian Journal of Psychiatry, 62, S404–S413. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1032_20
Roy, S. (2021). Restructuring institutional care: Challenges and coping measures for children and caregivers in post-COVID-19 Era. *Institutionalised Children Explorations and Beyond, 8*(1), 65–78. https://doi.org/10.1177/2349300320973825

Samboma, T. A. (2020). Vulnerability of children in Botswana during COVID-19. *International Social Work, 63*(6), 807–810. https://doi.org/10.1177/0020872820949904

Schmidt, J., Niemeijer, A., Leget, C., Trappenburg, M., & Tonkens, E. (2020). The dignity circle: How to promote dignity in social work practice and policy? *European Journal of Social Work, 23*(6), 945–957. https://doi.org/10.1080/13691457.2020.1804332

Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M., & Stewart, S. (2020). *Child welfare and pandemics*. Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto.

Teo, S. S. S., & Griffiths, G. (2020). Child protection in the time of COVID-19. *Journal of Pediatrics and Child Health, 56*, 838–840. https://doi.org/10.1111/jpc.14916

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig, & W. S. Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 17–36). SAGE Publications Ltd.

The Alliance for Child Protection in Humanitarian Action (2019). Minimum standards for child protection in humanitarian action. Retrieved from https://spherestandards.org/resources/minimum-standards-for-child-protection-in-humanitarian-action-cpms/

The Alliance for Child Protection in Humanitarian Action (2020). Technical note: Protection of children during the coronavirus pandemic. Retrieved from https://alliancecpha.org/en/COVID19

Toros, K. (2021). A systematic review of children's participation in child protection decision-making: Tokenistic presence or not? *Children & Society, 35*(3), 395–411. https://doi.org/10.1111/chso.12418

Toros, K., & Falch-Eriksen, A. (2020). A child’s right to protection during the covid-19 crisis: An exploratory study of the child protective services of Estonia. *Children and Youth Services Review, 119*, 105568. https://doi.org/10.1016/j.childyouth.2020.105568

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing, 29*(4), 549–553. https://doi.org/10.1111/imn.12735

van Bijleveld, G. G., Bunders-Aelen, J. F. G., & Deddinger, C. W. M. (2020). Exploring the essence of enabling child participation within child protection services. *Child & Family Social Work, 25*(2), 286–293. https://doi.org/10.1111/cfs.12684

Vis, S. A., Strandbu, A., Holtan, A., & Thomas, N. (2011). Participation and health – A research review of child participation in planning and decision-making. *Child and Family Social Work, 16*, 325–335. https://doi.org/10.1111/j.1365-2206.2010.00743.x

Vogel, M., Meigen, C., Sobek, C., Ober, P., Igel, U., Körner, A., Kiess, W., & Poulain, T. (2021). Well-being and COVID-19-related worries of German children and adolescents: A longitudinal study from pre-COVID to the end of lockdown in spring 2020. *JCPP Advances, 1*(1), 12004. https://doi.org/10.1111/jcppa.12004

Walters, A. (2020). Supporting youth and families during COVID-19. *The Brown University Child and Adolescent Behavior Letter, 36*(6), 8. https://doi.org/10.1002/cbl.30472

Weiner, D. (2020). Achieving improved child and family well-being through prevention. A call for system adaptation. *Policy & Practice, 78*(5), 20–23.

**How to cite this article:** Toros, K. (2021). ‘The Pandemic Affected My Life in a Negative Way’: The Experiences of Estonian Children in Child Protective Services During the Coronavirus Disease 2019 Pandemic. *Children & Society, 00*, e12517. https://doi.org/10.1111/chso.12517