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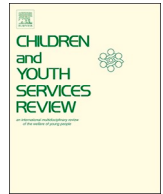
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A child's right to protection during the COVID-19 crisis: An exploratory study of the child protective services of Estonia

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ABSTRACT

In 2019 the novel Coronavirus COVID-19 was discovered, and the following year the World Health Organization declared a pandemic. This pandemic is unprecedented in human history and affects all aspects of life. In this article, we explore the pandemic's impact on child protective services in Estonia and survey a representative sample of child protection workers (n = 81), asking three open-ended questions designed to explore child protection practice. These questions concern the impact on organisational design, the workers' ability to conduct a diagnosis of a child's care context, and what knowledge they could draw upon, as well as the decision itself. The overall findings indicate that the organisational design left practice unprepared; there was a general lack of ability to act upon referrals and also to conduct investigations to evaluate care contexts. Furthermore, there is a general lack of knowledge of how to deal with protective practices and conduct decision-making during crisis situations.

1. Introduction

The pandemic caused by the novel Coronavirus disease of 2019, known as COVID-19, is arguably the most significant single global event to occur in peacetime. The outbreak of COVID-19 was declared a pandemic by the World Health organization (WHO) on 12 March 2020 (Imran, Zeshan, & Pervaiz, 2020; Williamson, Murphy, & Greenberg, 2020). Based on statistics from 24 September 2020, 31,798,308 people have been infected with COVID-19 in 235 countries, areas or territories, and 973,653 have been reported dead (WHO, 2020). The globalisation of risk this pandemic has unveiled and will continue to unveil has shaken up the established world order, how we organise ourselves and how we conduct our way of life. Child welfare and protection services are not immune to the effects of this pandemic (Kelly & Hansel, 2020). Campbell (2020) argued that one of the challenges of the pandemic might be the struggle of practitioners to find ways to reach children and families in need during the lockdown. He noted that although child welfare organisations have detected a decrease in reported cases of child abuse and neglect, this may be due to the diminished opportunities to identify and report rather than an actual decrease in cases.

During the crisis, public services still have a duty to uphold and enforce the rights of the child for protection. Rights are supposed to be enforced, albeit tailored to fit the new crisis context, and new enforcement must be conditioned to accommodate and answer the

challenges caused by the crisis. What does this entail? Are earlier practices still effective? Are earlier practices feasible? Are they redundant? Did the crisis affect the enforcement of the child's right to protection? In this article we address these questions using an exploratory design, whereby we investigate and discuss the different challenges caused by the COVID-19 pandemic that have affected how child protection workers (CPWs) enforce the child's right to protection. We do so by investigating survey data from CPWs within Estonian Child Protective Services (CPS). We aim to answer the following question: What are the principal challenges regarding the child's right to protection during the COVID-19 pandemic? The CPWs surveyed are mediators between children and families and the state, and are delegated with the authority to protect children according to the child's right to protection. They are caught between legal regulations and policy aims on the one hand, and the reality of everyday life within families on the other.

CPS, therefore, is dependent upon the discretion of the CPW to navigate the care contexts of each child and family, and reach decisions on what to do that are specific to the particular child and family. Hence, CPWs possess valuable insights into the potential of enforcing the right to protection during the crisis, as they know more about the pre-conditioning for practicing child protection within the structural conditions where they work and also possess professional knowledge (Brodkin, 2012). Therefore, this article provides a glimpse into how the

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COVID-19 pandemic has affected CPS and its professional practices and aims to unveil the particular challenges to rights-based protection as well as beginning a discussion on how to perform CPS and professional practice during the crisis.

2. The pandemic crisis and child protective services

The COVID-19 pandemic crisis has had a global and multi-layered impact, with far-reaching physical and mental health implications (De Sousa, Mohandas, & Javed, 2020; Ghosh, Dubey, Chatterjee, & Dubey, 2020; Jiao et al., 2020) which have severely damaged all types of public services. The crisis has restricted everyday life through the shutdown of schools and nurseries, day care centres, general healthcare, public communication, and contact with extended family and friends, and those from existing support networks (Campbell, 2020; Fegert & Schulze, 2020; Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020). In short, it can be argued that the pandemic crisis has vast adverse effects on societies and their citizens (Duan & Zhu, 2020).

Sistovaris et al. (2020) explained that in such crises, the CPS system must have the capacity to respond to the vulnerabilities of children in need and their families. For example, during the crisis, CPS can experience particular problems with shut down, isolation and quarantine, whereby the protection of children at risk is limited to the best abilities and support of those in nearest proximity to the family (Fegert & Schulze, 2020). Vilar-Compte, Pérez, Teruel, Alonso, and Pérez-Escamilla (2020) also emphasised the negative effects of social isolation on the children's well-being. Others have raised similar arguments, namely that victims of neglect and abuse, and of domestic violence have severely limited contact with the outside world during isolation (Campbell, 2020; Jiao et al., 2020; Sistovaris et al., 2020; Usher et al., 2020; Witt, Ordóñez, Martín, Vitiello, & Fegert, 2020). Therefore, it can be argued that a global pandemic crisis poses severe risks to children, who are typically in need of the protective measures of CPS. They face increased vulnerabilities, and higher and more risks. This is not necessarily due to the virus itself but rather the societal consequences of the pandemic. Both their physical and emotional well-being become threatened, as the status quo societal order is set aside, or put on "pause" (Ager, Stark, Akesson, & Boothby, 2010). Hence, CPS face a challenge not only from the virus but also the societal threat such a public service must deal with. A crisis, then, if not dealt with coherently and in a manner that enforces the child's right to protection, can lead to children being subjected to a type of detriment that in regular times could have been avoided.

The Alliance for Child Protection in Humanitarian Action provided early insights into how the pandemic crisis was affecting CPS practices. It warned that inaction and a failure to solve the challenges it posed would lead to long-lasting effects on children's lives, well-being and development (The Alliance for Child Protection in Humanitarian Action, 2019, 2020). Whereas in typical situations a challenge to daily life would usually promote resilience (Dalton, Rapa, & Stein, 2020), a crisis that changes the children's psychosocial environment is too abrupt, too broad and too deep for such resilience to develop (Dalton et al., 2020; Witt et al., 2020). Hence, in all likelihood, children become more in need of protection during a crisis and at the beginning of one compared to normal times.

The crisis raises challenges for all levels of CPS and becomes a learning moment for how to prepare for a crisis that has yet to occur. This includes how to equally protect all children; how continuity of care can prevail when social distancing, quarantine and shutdowns are in effect; how innovative new methods of referrals, assessment, investigation and follow-up can be devised; how the local level of CPS can engage with the community at large to assist in the enforcement of children's rights; and finally how to ensure mitigating factors are in place that reduce the factors which lead to detrimental care. At present, parents, carers and immediate family members are generally functioning as the primary support for children in many countries (Walters,

2020) in a situation in which existing services are limited or not operating at all, similar to Estonia. Imran et al. (2020, p. S2) emphasised that social isolation and the inability to use familiar coping mechanisms may increase the negative consequences of the crisis. Although Estonia was affected by fewer cases of COVID-19 compared to other countries in Europe, it reacted to the crisis in the same manner as most others. The Estonian government declared an emergency beginning on 12 March 2020, with several restrictions including closing schools. The emergency was ended on 18 May 2020, with the restrictions gradually eased. Schools had the option of whether to open for a small number of children (up to 10) in one group or to continue with online schooling. The health care emergency remained in force in Estonia in May 2020 (Crisis, 2020). CPWs in Estonia became the sole link between the family and official support during the pandemic and emergency situation. According to the Estonian Child Protection Act (2014), the CPW in Estonia is an official of a local authority who performs the functions provided for in this Act or other legislation (§18). The same act defines child protection as 'the aggregate of activities, supports, services and other assistance following the principles provided for in the Act to ensure the rights and well-being of children' (§10).

2.1. Child protective services and the rights of the child during the crisis

In the context of CPS, CPWs have the critical role of enforcing the child's right to protection. This includes identifying, investigating and implementing measures according to children's needs and facilitating support to help children and ensure their families' well-being whenever in need (Kosher & Ben-Arieh, 2020; Zeijlmans, López, Grietens, & Knorth, 2019). Frontline workers, including CPWs, are considered to be vulnerable themselves in the pandemic due to the lack of resources and possibilities to provide required services (Williamson et al., 2020). Therefore, this study explores Estonian CPWs' experiences during the pandemic, specifically the operative street-level.

Although the right to protection is an abstract legal-principle, to be enforced it must nevertheless be applied through operative street-level practice, in face-to-face relations with children and families. Hence, the right to protection befalls on an CPS office and its workforce no matter how or where this type of service is located within any given country. The field of practice that CPWs operate in requires the judgement of each individual in each particular case and is not regulated in any detailed manner (Lipsky, 2010). Consequently, the child's right to protection depends upon each CPW within the CPS, and how their so-called decisional autonomy, or discretion, functions as professional practice within the structural parameters set by the government. As Lipsky (2010) argued, "Street-level bureaucrats have some claims to professional status, but they also have a bureaucratic status that requires compliance with superiors' directives" (p. 18).

To understand the challenges to rights-based professional practice within CPS during a pandemic crisis, we aim to better understand the structural environment of discretion, i.e. the different components of decision-making. For this purpose, we draw upon Lipsky (2010) outline of discretionary practices within the structural conditions set by bureaucracies and Goodin (1986) outline of discretion as a method of reaching decisions in specific client contexts and based upon certain standards. We distinguish between four components of decision-making: (1) the structural conditions, (2) the ability to evaluate the care-context, (3) access to appropriate knowledge and (4) the ability to perform decision-making. By *structural conditions*, we refer to the organisational design of CPS that sets certain local preconditions to how services are provided. This can include management, budget-restrictions, authorisations, emergency preparedness, extraordinary routines or guidelines. The structural conditions also include formal restrictions on decisional autonomy, namely the law itself, as well as national guidelines and policies. In short, this is the complete organisational context the CPW is inserted into and is a precondition for them to enforce the child's right to protection. *Evaluating the care-context* refers to

the diagnostic component of professional decision-making in CPS and the CPW's ability to establish the quality of care and whether the child is at risk, or if the child has any protections needs that CPS should address. In the evaluation of the care-context, it simultaneously concerns how the CPW decides if and how the child's right to protection is to be enforced. Meanwhile, regarding *access to appropriate knowledge*, a crisis calls upon a different approach to CPS practices, as preconditions for work change, and in many cases they make work harder. A crisis can call for extraordinary measures to ensure that the rights of the child are enforced. In such scenarios, the knowledge tailored for CPS practices during a crisis is called upon to ensure the practitioner knows how to evaluate care-contexts and mend the issues caused by detrimental care that a child can face, or ensure children avoid facing such challenges altogether. The last component, *performing decision-making*, is the ability to perform decision-making and should be seen as the ability to use (3) in light of (2). In the discussion, we use these components to reflect the findings in the framework of rights-based professional practice during the COVID-19 crisis.

In the practice of discretion, there are many expectations that CPWs must act on to enforce the child's right to protection (Falch-Eriksen, 2018), and although we know extensively of the regular challenges they face, we know very little about the challenges caused by a pandemic. Therefore, uncovering these challenges will enable a better understanding of the shortcomings of the system in general as well as how the system itself responds to a crisis.

3. Method

We undertook this study to establish the provisional knowledge necessary to trigger a steadier approach to knowledge development on the topics of crisis and CPS. CPS is an essential public service which will be subjected to crisis again, and initial reports on the lack of preparedness among services suggest the importance of specifically harvesting data during the crisis itself. We also made the ethical choice to avoid overloading the CPWs with too much inquiry in an explorative phase. We therefore chose as our methodological approach a survey-design combined with open-ended questions, allowing case-worker narratives to unfold for qualitative interpretation.

Our choice of exploratory study was mainly to ensure we were open-minded to discovery, and allowed us to develop theoretical insights regarding theories on professional rights-based practice in CPS (Stebbins, 2001). Social inquiry in this article thereby has an inductive character, involving searching the data-material for patterns, which can be used to gain insights into how rights-based protection can work and cannot work during a crisis.

3.1. Data collection and participants

The survey asked three open-ended questions, which we analysed inductively in line with the exploratory character of the study to organise data patterns. To better understand CPWs' ability to perform rights-based professional practice, we asked the following three questions: (1) What challenges did CPWs encounter during the pandemic? (2) How has child protection work changed during the pandemic? and (3) What is the essence of child protection work during the pandemic?

We designed the three questions to make each respondent contemplate the different components to their discretionary practices. The *first* question enables us to map out the challenges specific to the pandemic itself which makes work harder or even impossible. The *second* question provides data to help us understand what has changed from the status quo to the crisis, as well as the CPWs' reflections on it. The *third* question aims to uncover whether or not CPWs perceive their work differently during a crisis rather than during the status quo. Our three open-ended questions served to gently focus and direct the respondents. In summary, the three questions provided written data on the professional challenges to decision-making processes when faced with the

pandemic, how the field of practice has changed in general, and what it is like working within CPS during a crisis. This is a focus on the professional practitioner, the crisis event and CPS during the crisis.

We used a quantitative format, but with open-ended questions for qualitative analysis. This approach elicited maximum relevant written data, which was not bracketed. In this way, we could harvest a broad range of textual data fit for exploratory purposes. Hence, the usual weakness with open-ended questions, namely that the answers vary, is instead a strength when coupled with a purely exploratory design. We wanted a wide range of topics, complexity and length.

The survey was sent by e-mail to all CPWs working for frontline CPS in Estonia (n = 253). In total, 81 submitted their answers via online software, representing a response rate of 32% (n = 81). This study includes respondents from all five regions in Estonia, with the most significant proportion of respondents from northern Estonia (43%). Based on statistics from 2015, 52% of total registered children in need of assistance reside in that region (Statistics Estonia, 2020). Participants ranged in age from 23 to 70 years, with a mean age of 46 years (SD = 12.04). Most of the CPWs participating in the study were women; 96.3% (n = 78).

The first invitation to participate in the study was sent on 29 April 2020 to the list of all 253 CPWs. This invitation resulted in 31 responses. Two weeks later, a second invitation was sent to all 253 CPWs individually, using their names. This more individual approach increased the total responses from the respondents to 81. Responses varied from five sentences to half a page; the first two questions were answered by all the respondents, whereas the third question resulted in seven missing answers. Several respondents pointed out that they had already covered the topic questioned in the third question while answering one of the previous questions.

3.2. Data analysis

To gain an overview of the findings, we conducted a thematic analysis (Terry, Hayfield, Clarke, & Braun, 2017). We began by transcribing the survey-material which allowed us to begin reading the data (47 pages in a single line spacing and font 10) multiple times to gain an overall understanding of it via familiarisation. We then identified initial codes and themes (open coding) which were either supported and verified by further analysis or merged with similar themes and codes, see Table 1. Transcripts were manually coded using word processing software. We introduce the main themes in the following section, including quoted data extracts to illustrate the connections between the raw data and the thematic analysis. As participants provided their responses in the Estonian language, we conducted our data analysis in Estonian and subsequently translated it into English.

This study was conducted based on the guidelines of the Ethics Committee at the first author's university. The invitation letter to participate in the study emphasised the voluntary character of the participation in the study and assured the participant that all the data provided would be anonymised and kept confidential.

4. Findings

4.1. Organisational constraints to responding to children in need

4.1.1. Limited interaction and prohibited home visits

Most of the CPWs argued that limitations to home visits to children-at-risk and families in need, both announced as unannounced visits, became an immediate and significant organisational constraint on their work. They argued that these types of visits were imperative for protective purposes, and a central node to practice when CPS respond to children in need. In particular, cases leading to emergency care-orders dropped significantly. The respondents also indicated that although home visits were restricted, there were some cases they visits were allowed, as the **child was in danger**. However, they explained that the

Table 1
Child protection work during COVID-19 pandemic: main themes and labels.

<p><i>Organisational constraints to responding to children in need</i></p> <p>Limited or unauthorised home visits: for the case of a child in danger; in all cases</p> <p>Remote work and non-contact communication: methods—e-mail, telephone, conference calls (virtual home visits, virtual court hearings, virtual round tables); challenges related to the assessment of children and families in need regarding (i) assessment process: understand immediate emotions, evaluate family's coping, build rapport and trust (new cases), urgent solutions and intervention-related decisions, motivate (young) children and parents, identify families in crisis (miscommunication, families withholding information, in crisis due to pandemic); (ii) children: ask child's opinion, parental anxiety, children on the run (substitute care); (iii) parental support: struggles with the lockdown (digital home-schooling, the balance of personal and work life, hidden violence, mental health issues, alcohol abuse) → diversity of the CPWs' roles; joint custody disputes; (iv) workload: increased workload (working 24/7; long hours on the phone or online)</p> <p><i>External challenges to facilitating children's protection</i></p> <p>Issues related to digital home-schooling: non-participation, identification of reasons for non-participation, parental lack of knowledge or capability to assist children</p> <p>Barriers for referrals from the formal network: decrease in referrals from the formal network: closing of social and educational institutions, perception of overload of the work by the networking partners</p> <p>Interruption or limitation of services: family therapy, child psychiatry, psychology</p> <p><i>Individual constraints to responding to children in need</i></p> <p>Personal hardships: being in a risk group for COVID-19, work–life balance</p> <p><i>The nature of the work during a pandemic</i></p> <p>Increased vs decreased communication with colleagues; quiet time at work vs increased workload; implementation of new services/tasks: food delivery for children and families in need and persons infected with COVID-19, patrol on the streets, looking for runaway children</p> <p><i>The focus of CP work during the pandemic</i></p> <p>Change of focus: protection and well-being of children vs basic needs and individual protection; the role of the CPW: CPW as a friend, counsellor, psychologist (parental fear, anxiety, mental exhaustion, heightened conflict); change in the values: an appraisal of immediate contact with families, creativity: searching for new solutions</p>

Key: CPW, child protection worker.

threshold for visits due to emergencies had dropped, *'During the pandemic within the emergency, we only visit families in the last resort, if and only if the child is in danger'* (CPW1); *'Limitation[s] on meetings with families or banning visiting homes is a serious restraint to work[ing] with children'* (CPW19).

Some respondents emphasised the absolute prohibition of any physical contact with families, no matter the character of the risk the child was subjected to. However, some of the respondents found a way to conduct home visits during the emergency situation **in all cases** and, in the case of the prohibition of physical contact and lockdown, by meeting children and their parents outside their home. This enabled them to ensure a certain level of investigation of the care-context across risk-types, *'In the case of paramount necessity, we visit families. It takes place not inside the home, but outside within [a] safe distance from each other'* (CPW27). This kind of home visit was possible irrespective of the situation the child was in, not only for investigatory purposes but also as a replacement for inviting clients to the CPS office, as all the offices were closed. This occurred despite the weather sometimes being an issue, *'We cannot invite people to the parish house, but we find ways, for example, meeting children outside their home despite the weather ...'* (CPW65).

4.1.2. Remote work and non-contact communication

As inviting clients to the CPS office and home visits were restricted during the crisis, non-contact communication and the challenges accompanying this were one of the primary observations made by the respondents. First, various means of **communication methods** were reported, including **e-mail; telephone, conference calls** via Zoom, Skype and Facetime, of which the telephone was mentioned as the most common means of communication, *'Most of the work is being done on the*

phone' (CPW3), *'The time spent on the phone has increased considerably ...'* (CPW39); *'Talking on the phone throughout the day is giving me an earache'* (CPW53). Although CPWs referred to using internet-based methods in their personal life, in CPS practice, non-contact communication led them to also use these methods with clients and co-workers as part of their professional practice. For instance, respondents discussed virtual home visits, court hearings and round tables, as the following quotes demonstrate, *'During the pandemic, I had to find new ways of communicating with families, such as conference calls, even virtual home visits'* (CPW37); *'... virtual hearings are quite a challenge'* (CPW72); *'I have managed to arrange everything so that I am available as an official; this entails using different communication tools, such as e-mail, conference calls, text messaging, messenger'* (CPW73). Not only have respondents coped with the **challenges** of using technology for communication but, for the most part, their reflections suggest that they tried hard to reorganise their work to make them available for children and families in need.

Second, we identified numerous challenges from the data analysis related to the difficulties of non-contact communication in terms of **the assessment of children and families in need**, and thereby the entire effort of care diagnostics. Most CPWs expressed concerns regarding the hardship of *understanding immediate emotions* without actually seeing the child or family in person, *'Communication with the phone is complicated as you cannot see people's emotions'* (CPW9); *'More emphasis in my work is on making phone calls, including families – [the] disadvantage of this is that I cannot assess individuals' body language, non-verbal reactions to my questions – true emotions'* (CPW27). The same need for home visits and office communication can also be extended to the *evaluation of families' coping skills*, the development of trust and mutual understanding, and something as concrete as developing *the CPS report*, and especially to new cases with no previous information about the families or child. Conversations on the phone or video failed to provide the extended non-verbal information; the insights into inter-familial interaction, emotional connections and reactions; and the collective functioning concerning the care context of the family. The participants emphasised that information and communication technology cannot in these respects replace their personal interactions.

Furthermore, CPS practices frequently require *urgent or emergency solutions, and intervention-related decision-making*, which is complicated to achieve over telephone, text or video. The lack of interaction with the families was also referred to as a reason why the CPWs made incorrect and unjustified decisions, as they could not understand the complexities of the care context, or the needs of the child and family. Furthermore, *motivating children and parents for change*, for the improvement of care, was considered even more complicated or impossible. For instance, motivation was discussed repeatedly in the context of education following the school shutdown and education becoming digital. The participants remarked that motivating a child over the phone, especially if the child was not attending school regularly before the pandemic or not interested in school at all, was practically impossible. As one of the CPWs pointed out, *'There have been cases where the child just did not want to do anything, and how do you motivate a child in such circumstances by the phone?'* (CPW8). Equally, how do you *'...motivate a child who is not used to ask for help or is confused about what kind of help is needed with schoolwork?'* (CPW53). These cases were referred to as challenging, even in normal pre-pandemic circumstances.

One of the critical tasks acknowledged in CPS practice was identifying children and families in need, which is problematic in general, not to mention during a crisis (in this case, the COVID-19 pandemic). The CPWs discussed this issue primarily through three casework challenges: (1) locating undiscovered details about the family due to miscommunication, *'During the pandemic, we are communicating through the web, e-mail or phone, which may not reveal all the details about the family because of the miscommunication'* (CPW41); (2) difficulties in assessing how well a family is coping because they intentionally hide the reality, *'It is quite hard to identify whether the family is coping or not and [they]*

withhold the information for different reasons' (CPW1); and (3) the ability to identify new families and children at risk, or children subjected to detriment due to the pandemic crisis, '... to identify those children and families who have become in need due to the pandemic and require instant daily support' (CPW37). Identifying children at risk and families in need during the pandemic was one of the hardest tasks for CPWs during the lockdown situation, which led them to question their ability to firmly reach reliable decisions as to who required support. A further severe case was children on the run, in the sense of children running away from substitute care. Locating the children, building their trust and safeguarding their care context was already considered complicated before the pandemic, but during it, this group received no adequate protective measures.

Another crucial topic, especially concerning the rights of the child, was the lack of ability to hear the *child's opinion* on central matters regarding CPS practice. This became challenging for several reasons: (1) parental refusal to allow communication with the child via telephone or Internet, '... if the parent for various reasons does not agree for the child protection worker to talk to a child by phone or using conference call' (CPW6); (2) when meeting the (younger) child the first time on the telephone or over the Internet, and not in person, 'Building a relationship with younger children happens with creativity, through games and this is complicated with the phone' (CPW27); and (3) when there is a lack of trust between the CPW and child (especially in custody disputes), 'Not knowing the child makes asking opinions even more complicated, as there is no possibility to build a rapport and develop a trusting relationship' (CPW36).

Furthermore, *parental anxiety*, which CPWs encounter fairly frequently, was mentioned as influencing the child's well-being and something that was hard to cope with on telephone, text or video. For instance, CPWs discussed issues that parents were concerned with, and that were referred to as 'unknowns' about the novel virus: parents' prospects, including keeping their job, which are expected to also have an impact on children.

CPWs shared their concerns related to the lack of *parental support* during the pandemic and then with issues on the crisis itself. In this context, in the main, *digital home-schooling*, the *balance of personal and work life*, *hidden violence*, *mental health issues* and *alcohol abuse* were mentioned as factors that had escalated during the pandemic. CPWs explained challenges with digital schooling based on their own and their clients' experiences, which affected families with school-aged children during the pandemic. The strain of simultaneously contributing with remote working while taking care of their home, other children and everyday chores became too much. Furthermore, in families who struggled before the pandemic, these matters have only grown worse. The lack of coping during the crisis also caused stress and a feeling of being overwhelmed and tired, especially for the single parent, which in turn caused illness, substance abuse or other forms of detrimental behaviour. Respondents were concerned as to how they could help parents in such situations from over the phone or Internet.

The respondents also raised concerns regarding how to support parents in the time of crisis and the CPW's role in that process, specifically the diversity of roles the CPW had to play during the pandemic. The respondents reported that they had to "take over" roles from psychologists, family therapists, teachers, family and friends as the lockdown 'closed down' access to public services and expertise as well as informal support from the parents.

The theme of *joint custody disputes* arouse numerous times, evoking concerns over how to act in the best interest of the child in such cases. Respondents voiced the need to be more prepared and guide parents in such situations, especially given that direct contact to discuss joint custody was not a possibility for most CPWs,

... one of the examples I had was that parents were not able to come in terms of visitations of the child. Both parents used the emergency situation for their interest and child protection had no answer, how would it

be right during the lockdown, whether arrange meetings or the child should stay with at home with one parent (CPW8).

As reflected by this quote, CPWs believed that parents were using the emergency situation for their self-interest, not allowing the other parent to see the child or the child to visit them. Furthermore, during the pandemic, CPWs noticed an increase in new child custody disputes.

CPWs reported an increase in their *workload* due to a rise in telephone and conference calls. Working hours were extended from the usual week days and working hours to all days of the week until late at night, 'Long working days, which have lasted for the past few weeks until the midnight, as after the phone calls, phone counselling, you have to save the information to the database and submit daily reports of the activities to the employer' (CPW29). Some even described the work as being round the clock. We observed the theme of increased workload throughout responses, suggesting not only that families registered in the CPS system were overwhelmed according to the CPWs but also that some of the CPWs themselves were in a similar condition. Furthermore, respondents stated that local governments were and are not prepared to cope efficiently in a crisis.

4.2. External challenges to facilitating children's protection

4.2.1. Issues related to digital home-schooling

Although CPWs discussed various organisational constraints which complicated working with children and families during COVID-19 and the state of emergency, they also referred to external factors, namely issues related to digital home-schooling, barriers for referrals from the formal network, and the interruption or limitation of services.

The data suggest that issues concerning digital home-schooling were the most common topic. For instance, children's *non-participation* in digital schooling was reported daily, 'Every day, schools are contacting us and addressing the concern regarding children who are not attending digital schooling by doing their homework and attending consultations' (CPW48). This CPW elaborated on the unequal circumstances for children, as not all have access to a computer and Internet connection. They argued that this issue was left unresolved, forcing the CPWs to attempt to solve it, 'No one was thinking, how in the emergency situation all children can attend digital schooling ...'. CPWs felt the pressure to 'make' children study at home, as one respondent explained, '... problems with children not attending digital schooling... It is assumed that child protection workers manage to force children to study at home if the school is not able to do that' (CPW66).

Digital schooling, submitting homework, taking an active part of classes and the expectations of solving issues that accompanied this were viewed as new challenges in child protection work. CPWs outlined that, in this context, it is not easy to motivate children over the phone to participate in digital schooling, especially children with behavioural issues. *Identifying reasons for non-participation* was not an easy task, including the particular need for support; on the one hand due to lockdown and non-contact communication, on the other hand due to fewer opportunities to discuss children's cases in the round table, as this quote reflects, '... most of the problems have been caused mainly because of the communication issues; also, teachers are not showing many initiatives...' (CPW50).

Furthermore, respondents emphasised the *parental lack of knowledge or capability to assist children* in matters of digital schooling, including the lack of availability of computers and skills to use software to assist children in digital schooling (e.g. through Zoom or Microsoft Teams). This caused more tension for some families and required help from CPWs to support the children.

4.2.2. Barriers for referrals from the formal network

In general, CPS practice is not 'individual work' but rather collaboration across public sectors and with families and other private entities. The main networking partners are schools and kindergartens. In

the crisis situation, where most children attend neither of these, this has resulted in a **decrease in referrals from the formal network**. Nevertheless, not all the teachers have been staying away from such collaboration during the pandemic, as this respondent mentioned, *'There are some inquiries from the school to check up on families, with the question if the child is still alive?'* (CPW66).

Another barrier pointed out by the CPWs was a **perception of overload of the work by the networking partners**, the workers believing that there are children in need who are not being reported due to this kind of thinking, *'There are more cases, where networking partners have not notified us about the child in need, because they think that the emergency situation during pandemic has increased our workload and we have so much to do'* (CPW6). In this context, CPWs highlighted the need for more effective collaboration and the clear understanding of networking partners regarding who they have to act with, what they have to do and how they have to act in this kind of crisis, as well as the necessity for everyone's tasks to be well considered and written down.

4.2.3. Interruption or limitation of services

Reading and analysing the data, it became clear that CPWs were deeply worried about services provided for the families in need, specifically their interruption, especially *family therapy, psychology and child psychiatry*. Most of the services were ended for the duration of the emergency, even though, as the following quote suggests, respondents emphasised that the social and health care system promised the continuity of services via phone or Internet,

Most negatively I was affected of the child psychiatrists' terminating their services, even though it was said this would not happen, at least specialists will be available with other forms of communication, such as telephone or Skype. Nevertheless, still, most children, whose assessment was in an active phase, have confirmed that they were not able to get a hold with a doctor or counsellor (CPW54).

We discovered these kinds of statements throughout the data. The data include several examples of such services being continued online; nevertheless, CPWs shared the negative experiences of families, suggesting that this kind of non-contact communication did not provide the desired outcome.

4.3. Individual constraints to responding to children in need

4.3.1. Personal hardships

Although the average age of the respondents was 46 years, the youngest CPW was 23 and the oldest 70, meaning that the oldest respondents **are in a risk group for COVID-19**. Some of the CPWs indicated their age and belonging to a risk group as a reason for remotely working with families and children, and for not visiting families even with the protective measures. This made it harder to get a comprehensive understanding of the families' situation and identify children in need, as the following quote indicates, *'As I am in the risk group, I have not been able to make home visits. Most of the counselling is taking place by the phone, but this makes it very complicated to identify the real conditions at home'* (CPW20).

One of the workers stated that despite the protective equipment, she was infected with COVID-19. Another restraint outlined was related to the **work-life balance** in the case of remote work, as workers with school-aged children had various responsibilities besides working from home, including home-schooling their children and, in the case of kindergarten-aged children, taking care of them at the same time, *'Time is limited while working from home with children being at home, requiring their needs met as well'* (CPW34); *'Working at the home office is complicated for me as I have small children ...'* (CPW61). For some, working hours extended to late at night after the children went to bed.

4.4. The nature of the work during the pandemic-crisis

4.4.1. Increased vs decreased communication with colleagues

As indicated in earlier sections, the emergency situation led to various challenges to CPS practice, but the nature of the work during the pandemic crisis was also indicated to have changed. CPWs pointed to the importance of teamwork; nevertheless, due to remote working, not everyone had the opportunity to communicate with their colleagues in the same manner as before the pandemic due to the reduction in communication. Others stated the opposite – communication with colleagues had increased.

4.4.2. Quiet time at work vs increased workload

Although most of the respondents reported an increase in the workload (see Section 4.1.2), some claimed that the period of the emergency was a quiet time, as on the one hand, the children stayed at home, with no calls about truancy from schools; whereas on the other hand, networking partners were engaged with various activities to cope with the challenges raised by the pandemic. The following quotes reflect their thoughts about this quiet time, *'Pandemic has created a sort of standstill. Also, our partners are oriented on tackling [the] pandemic'* (CPW31); *'There is a downshift at work due to the pandemic, and the workload is decreased ... the work was much tenser before the pandemic'* (CPW47).

4.4.3. Implementation of new services/tasks

Throughout the data, the CPWs' urgency to contribute to their clients' basic needs was evident, for instance, *'The priority during pandemic has been meeting clients' basic needs, as they are concerned for [their] daily coping due to the fear of unknown [about the novel virus and its effect to future]'* (CPW21). This resulted in the provision of new services, of which **food delivery** was mentioned the most. Identifying those in need for food, making food packages and delivering to *children and families in need* as well as *people infected with COVID-19* were required, as the following CPWs noted, *'The nature of the work has changed considerably; we are dealing with tasks that we haven't done before – emergency food'* (CPW59);

The biggest challenge has been delivering warm food for all children in need seven days a week, including holidays. This is replacing the school lunch. We have targeted children in need, whose both parents are working or families with a poor economic situation. As it is the issue of child protective services, we are doing the delivery ourselves (CPW17). CPWs highlighted that the pandemic crisis resulted in new tasks which completely unrelated to CPS. Nevertheless, they were expected to perform them, such as **patrolling the streets** with police and **looking for runaway children**. One of the CPWs was astonished by the states' expectations of CPS in such matters,

On the state level, we [child protective services] received unreasonable requests. For instance, the Estonian Police and Border Guard Board considers [it is the job of the] child protection worker in the local government to go search for the runaway children. The chancellor from the Ministry of the Interior shares a similar opinion (CPW66).

4.5. The focus of CPS work during a pandemic

4.5.1. Change of the focus

Although approximately half of the CPWs experienced no change in their work content, some respondents considered that CPS practice during the pandemic had indeed changed: **child well-being and protection became a secondary consideration, and families' basic food needs became the priority**, as the following respondent suggested, *'Protecting children seems to be not the first priority during pandemic, but solving daily issues ... I have the feeling that child protection work is not based on child well-being* (CPW10); *'Other current liabilities have become more crucial, child protection is secondary'* (CPW47). Furthermore, some

shared their perceptions of CPS practice in general, noting that it had moved from *protection from detrimental care to individual protection from the virus*. The promotion and protection of child well-being were considered less prioritised due to the pandemic crisis and emergency situation.

4.5.2. The role of the child protection worker

During the pandemic crisis, and due to the intimate character of CPS work, CPWs reported a shift in the perception of their roles to those of a *friend, counsellor or psychologist*. The reason for such perceptions emanates mainly from *parental fear, anxiety and mental exhaustion* and are not based in families and children's beliefs that the CPWs *de facto* can take on such a role, '*Currently, child protection workers must be a friend rather than an assistance provider, as parents are mentally exhausted and overwhelmed*' (CPW5).

Respondents' reported parents' need to talk at length and be listened to, especially their worries about coping with the challenges of the pandemic (children's digital schooling, fear of losing a job, managing everything at home). Such phone calls were estimated at approximately 45–60 min long. Parents were also observed to suffer from *heightened conflict* with children and between parents themselves. Furthermore, CPWs identified families who managed to cope well before the pandemic but became families in need of CPS measures during it, mostly due to reports of increasing anxiety.

4.5.3. Change in the values: an appraisal of immediate contact with families

Some of the respondents discussed the possibility of self-reflecting on their work, including the aim of child protection work, which resulted in the change of values – the realisation of the immediate contact with the family as the basis for supporting and helping children. As the following CPW reflected, '*... I value my work much more ... After the pandemic, I will try to have more direct contact with families to understand their situation and needs better*' (CPW36). Although few respondents reported this kind of change in thinking, it is nonetheless of significant value.

4.5.4. Creativity

Due to limitations and restrictions on meeting with families, respondents emphasised the terms "creativity" and "creativity as the key" in the current situation. This is important for searching for new solutions and new insights into working with children and families, as CPWs must find ways to do their work, '*You need to be creative to see the bigger picture ... if virtual meetings don't work, we need to find new ways to develop the contact*' (CPW20). Some of the CPWs took an officious stance – if home visits and meetings were not allowed, they put them on hold; but others seemed to think in the best interest of the child and found ways to do the best they could to protect children, even in an emergency situation.

5. Discussion – Children's right to protection during the crisis

Understanding the challenges the CPWs face during a crisis is critical to understanding the distinct form of the political–legal aim of granting each child a right to protection. Although COVID-19 is a pandemic, other crises are highly likely in the future. They could include anything – environmental, economic, migration or security crises – and they all have the ability to paralyse the status quo and threaten the fundamental rights of each child. In the following, we discuss our findings in light of our theoretical approach. The discussion is divided into four parts: structural conditions, evaluating the care context, access to relevant knowledge and performing decision-making.

5.1. Structural conditions: Unprepared service designs

A precondition for the rights-based protection of children is that the CPWs can access children and their families in-home or in the CPS

offices, even just to begin to evaluate their care contexts. When the crisis set in, the CPS offices were immediately struck by the inability to observe children and families as they were used to, through limited interaction and prohibited home visits. At the outset, this implies that a child cannot be protected and their rights will not be enforced. A child subjected to detriment during an unspecified time-period risks harm that lasts a lifetime, and so interventions are not only formally demanded but are highly necessary for safeguarding their health and development.

Many of the respondents changed their method of communication, and even conducted virtual home-visits, where parents were instructed on how to provide video. Although there are solutions that each CPW chose for themselves, there are pitfalls to these. First, the CPS offices are not similarly designed and funded. Hence, some have better capabilities than others, and are thereby more proactive in safeguarding children's well-being than others. This is a breach of the principle of equality that is fundamental to any rights-based practice, namely that rights must be enforced equally for all children. Second, prior to the pandemic, CPS practice was supposed to uphold the child's right to be heard during CPS casework, as a structural demand that was guiding decision-making. When the crisis struck, this demand was not revoked, but the shutdown made it challenging or impossible to enact such a right. The children could not come to the CPS office, nor could the CPWs approach them in the normal manner. Lacking any coherent and functional method to communicate with the children, the CPWs could not coherently include their views. [Jentsch and Schnock \(2020\)](#) described similar findings from a German child welfare study – COVID-19 opened up the potential of digitalising work processes in child welfare and demonstrated the resilience of workers in adapting to the challenges of COVID-19, but face-to-face contact between CPWs and families cannot be replaced. The design of how CPS practice is conducted has been made entirely without a view towards crisis-situations, whether they be pandemic, economic, environmental or conflict-related. During the crisis, the status quo designs became constraints and liabilities for CPS practices and made the casework proceed much more slowly. Although costlier, it has become evident that designs must ensure that CPWs are enabled, and possess the correct mandate, to intervene whenever they deem it necessary to enforce the right to protection.

Regarding CPS clients, CPWs frequently know them well, and know them in a private–professional manner. This implies that CPWs are confronted by multiple challenges that are not only CPS-related. For instance, most respondents in the study underlined the struggle that children in the CPS system had with home-schooling. Although this is a separate argument concerning the children's right to education, for matters pertaining to the CPS system, the school is equally obligated to ensure that a child is protected. Becoming socially excluded and having their ability to cope questioned can have spillover effects for the child's context of care. The management of the CPS office in the current study had the challenge of securing a workforce that could enforce the rights of the child. Not only there were CPWs in an age-group considered to be at high-risk of severe illness or death from COVID-19, but the younger parts of the workforce became affected by closed schools and kindergartens. Consequently, if the CPS office is unprepared to secure sufficient active personnel and personnel that can visit the homes of families, then they risk becoming over-burdened.

5.2. Evaluating the care context: Lack of access

As the CPWs were excluded from going to the homes of children and families, or having them come to the CPS-office, their ability to conduct care diagnostics became very limited. The need for protection is always evaluated against the risk of detriment or factual detriment, and if neither can be evaluated, the CPWs have no reasons available for implementing protective measures.

As evaluating care contexts is necessary to reach decisions within CPS, most CPWs had to resort to alternative communication to conduct

care diagnostics. Although virtual home-visits and telephone or video calls were available, they did not provide them with sufficient information, especially in new cases, as social work implies also investigating interaction, social functioning, cooperation etc., things which are much harder to accomplish when you cannot meet the family or child.

CPWs' formal jurisdiction is to enforce the right to protection, but during the crisis, they frequently became the only access point for families in need of public services. Hence, CPWs were asked to assist in matters of both education and medicine, which are matters they are not qualified for. This lack of in-home services from other public services leaves families at risk in a very solitary environment, which can lead to higher risks of detrimental care for children.

COVID-19 is believed to have put the vulnerable children in the child protection system at heightened risk; Fickler (2020) highlighted "children" as the most harmed group due to the disruption of child welfare, educational and early care systems. During the crisis, parents that required support from the CPS frequently required other types of public services (e.g. school, health- and social services). Fegert and Schulze (2020) referred to families being at home "at each other's mercy", posing a risk under the strained circumstances of the pandemic (p. 2). As their level of functioning degraded during the crisis, it became crucial for the CPW to know the exact causes of the lack of quality of care. If it was, for example, due to the lack of specific health- and social services, then a reaction from CPS would have been inappropriate, although the lack of other measures had consequences for the child's context of care.

The CPWs were not provided with a strong mandate to secure communication with children and there were cases where the child was even prohibited from communication. The lack of hearing the voice of the child can push decision-making in directions contrary to their will, and the child will have the experience of not being protected. Sistovaris et al. (2020) emphasised that during the pandemic, it is crucial for CPS to have resources to respond to the needs of children and their families to minimise the potential harm.

5.3. Access to relevant knowledge: The lack of knowing what to do

The pandemic crisis has unveiled the need to develop new knowledge of practices that can reveal detrimental care or the risk thereof. As neither CPWs, their offices or centralised policies devised any alternatives, the enforcement of the right to protection was very much left to the imagination of each CPW, and they could only work within the limited space due to limited interactions and prohibited home-visits. For CPWs, knowledge-based practice during CPS work depends upon seeing the child or the family in question. The lack of research in this field is a clear finding of our study and presents a clear threat to the goal of protecting each child as a matter of right.

Kelly and Hansel (2020) outlined the need for a plan to ensure that there are "eyes on" children. The lack of knowledge regarding what to do with parents who are experiencing a personal crisis that would not have occurred without the general crisis, and would not affect the context of care if it were not for the crisis, implies that the cooperation across public services must be intensified during a crisis to ensure that the child's right to protection is enforced. Continuity and long-term treatments are essential to secure a change in either parents or children. Frequently, such long-term measures are very costly. During the crisis, several of these reported measures were adapted ad hoc to the lockdown situation. Hence, many of the CPS practices aimed at change were disrupted, which not only placed the aim of the practice in jeopardy but also the child's context of care.

5.4. Performing decision-making: Deciding with a blindfold

Immediately after the crisis occurred, the CPWs were unable to reach formal decisions on protective measures. Consequently, it is most

likely that some children did not have their rights enforced during the crisis. Although many CPWs did resort to alternative means of communication, the quality of decision-making became weakened. When children are limited or omitted from contributing to decision-making, or the child simply does not have sufficient trust in the CPW, then the worker risks reaching decisions which are contrary to the will of the child. Although the will of the child is not a directive for decision-making, reaching decisions that the child would agree to or would want is imperative in CPS matters. If a child dislikes a decision, the child can easily be opposed to CPS practice.

During the crisis, the CPWs' workload was reported as overloaded due to the need to work with alternative communication and the overall confusion. This caused the CPWs to be less confident in their final decisions, regardless of the level on which these were taken. A significant drop in the number of referrals was reported, which again led to a lack of CPS cases; this runs counter to the assumption that the strain of the crisis would lead to an increase in the need for protective measures from parents. Across public sectors, as they were shut down, children who would otherwise be identified as subject to a detriment no longer had these services. Consequently, CPS dependence on such services suffered. For our purposes, the lack of a robust and reliable system of referrals means an inability to locate those children who require enforcement of their right to protection.

Although most CPWs reported that the strain of work made them work more to achieve the same outcomes as before, many also reported what was referred to as "quiet time" during the crisis lockdown. Only some CPWs considered the new means of virtual communication to be an opportunity for more effective collaboration during the pandemic but also afterwards. This meant that many CPWs experienced no referrals and no possibility of implementing measures, and thereby their activity came to a standstill. This is contrary to what we would expect from a crisis, namely that the care-contexts of children-in-need become increasingly at risk of becoming detrimental. Quiet time is most likely indicative only of the lack of CPS activity and not reflective of children being less in need of having their right to protection enforced.

5.5. Recommendations for practice: The road ahead

Although COVID-19 is a disastrous pandemic-crisis, other crises are highly likely to occur in the future. In the following, we draw some recommendations for CPS practice which arise from the challenges of the pandemic crisis, directed to policy-makers (PM), local government (LG), CPWs and other practitioners/specialists working in collaboration with CPWs and families, including educational settings (P/S):

1. CPWs can and should become qualified as health-care personnel during a crisis, and carry out their duty to enforce the rights of the child while adhering to infection control (PM).
2. CPWs must be granted sufficient access to conduct care-diagnostics, especially when they deem the risks too high or when they have direct suspicion of detrimental care (PM).
3. CPWs must have access to all different platforms of communication: Internet and telephone; video, sound and text. Moreover, this must include automated archiving of the communication data (PM, LG).
4. CPWs must treat referrals on new children differently to those they already know, and home-visits should be more frequently called upon (CPW).
5. As CPWs have the family home as a central work jurisdiction, they cannot end up as the single source of public support during a crisis. Additional services must also be directed to the homes of those most in need (PM, LG).
6. It should be illegal for the CPW not to enforce the child's right to be heard, especially during a crisis where access to the child becomes imperative. In this manner, the CPW can use the letter of the law to access the child and hear their opinions (PM, LG).
7. Many parents that are known to need support from CPS before a

pandemic crisis most likely have a lower level of functioning during it. They are therefore in need of different measures to compensate for the deficiencies in their ability to cope across all sectors (including school, health- and social services) (LG).

8. Local authorities must have a system of emergency response during times of crisis, with the precise aim of securing those who are in most need of assistance (LG).
9. The workload on CPWs cannot become so high that it overloads the CPS office at a time when everything takes longer (PM, LG).
10. Children who are either placed out-of-home or receive measures in-home have been proven to be in a vulnerable position. As a crisis can lead to home-schooling, the situations of these children can deteriorate rapidly. Schools and CPS offices therefore need to coordinate their efforts better (CPW, P/S).
11. Systems of referral should be designed and implemented to work in times of crisis, and designed to ensure that CPS can receive cases from children in need of protection from across public sectors, families and other private entities (PM, LG, P/S).
12. In order to have the desired effect, CPS measures, or measures instigated by CPS (psychiatry, psychotherapy, etc.), must be able to continue during a crisis. If such measures are not implemented optimally, their continuity can at least be secured as well as ensuring that the quality of care for the child is not lowered (PM, LG).
13. During the crisis, CPS must be allowed to recruit social work students to temporarily secure a sufficient workforce that can take care of lower-level practices within the CPS portfolio (LG).
14. CPS must have a focused aim on children in need of protection and not be distracted by having to carry out police work or the work of social services (PM, LG).

Although these implications are based on a study with Estonian CPWs, they are potentially useful for CPS practices in other countries in terms of how to provide protection to children who are subjected to detrimental care and in need of having their right to protection enforced despite ongoing crisis. Furthermore, we need to further consider how to prepare for the shocks that will most likely accompany this crisis (e.g. the unemployment and economic crisis), which will further exacerbate the vulnerabilities for families, especially for children and families in need.

6. Conclusion

In conclusion, our findings offer strong evidence that CPS practices in Estonia were ill-equipped to enforce the rights of the child coherently in the face of a pandemic. Although CPS offices and practitioners attempted to optimise their practices, the fact that no coherent national effort was implemented and children's rights were enforced differently meant that the right to protection was not guaranteed. Although these are lessons learned from Estonian CPS, they represent reactions to challenges from the pandemic that are transferrable to other countries as well. Namely, that CPS practices are not designed in a manner capable of enforcing the rights of the child during a crisis.

CRedit authorship contribution statement

Karmen Toros: Conceptualization, Methodology. **Asgeir Falch-Eriksen:** Conceptualization, Methodology.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary material

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