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Working with Youth During the COVID-19 Pandemic: Adaptations and Insights from Youth Workers

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Abstract

In 2020, the COVID-19 pandemic thrust the world's population into a crisis. Social workers and other professionals working with youth have been front-line witnesses to the accentuated negative impact of this public health emergency on youth and their families as well as to the creative adaptive strategies of youth and their families. **Purpose:** Because youth workers are often the first to identify and respond to the needs and desires of children and youth, it is critical to better understand the ways in which youth workers adapted, coped, and intervened within the context of this global health, social, and economic crisis. Youth workers play a central role in the lives of children and youth. Their perspective is key to recognizing both practice innovation and organizational impediments. **Method:** 31 youth workers in mental health, housing, primary care, and child protection participated in focus groups discussing the impact of the pandemic during waves 1 and 2 on the youth and families they work with and, consequently, on their own practice. **Results:** include two central domains that organize findings around adapting professional practice to crisis situations: (1) the first-person experience of working with youth during the pandemic; (2) the changing needs and risks faced by youth and their families. **Discussion:** These domains include discussions around participant emotions and feelings of isolation, helplessness, and fear as well as adaptability. The article concludes with recommendations to support youth workers and adapt organizational structures to help protect youth from increased risk and vulnerability during a pandemic or other crises.

Keywords Youth · Youth workers · Front line experience · COVID-19 pandemic · Professional practice · Social work intervention · Québec · Canada

In March 2020, the COVID-19 pandemic revealed structural deficiencies in Québec's publicly funded health and social services network. These challenges forced health and social service institutions, and the professionals within these institutions, to adapt quickly. Social workers and other professionals working with youth (hereby, youth workers) were faced with specific difficulties in accomplishing their work due to shelter-in-place orders and lack of Personal Protective Equipment (PPE) (Guillette et al., 2020; OTSTCFQ, n.d.). These were world-wide concerns and changes, but each jurisdiction adapted in a way specific to their social, legal, demographic, health, and political context. Working during a crisis, specifically a pandemic, requires adjustments to practice as youths' needs, and those of their families, change. However, little is known on the problematic real-world situations encountered by youth workers in the context of the pandemic or on their collective adaptation, innovation, or resistance strategies. One multidisciplinary study in the USA describ the experiences of youth workers in the context of the pandemic, focusing on child protective services (Renov et al., 2022). Greeson et al.(2022) also used a phenomenological perspective to explore the impact of the pandemic on vulnerable youth, specifically those aging out of foster care, from the perspective of those youth. However, there are limited studies on the experiences and the impact of youth workers from a cross-section of youth services. The complexity of the global changes that are still in place three years after the onset of the COVID-19 pandemic on youth services and youth workers requires a range

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of investigations from several jurisdictions, perspectives, and time periods, otherwise, we risk simply scratching the surface of the impact of this catastrophe and over-simplifying the consequences and the solutions developed by youth workers. Using rapid, practice-near research to capture a context-specific understanding of the impact of the pandemic crisis on practice with youth, the present study highlights not only barriers and adaptations, but also practice innovations through the first-person experiences of youth workers in two regional Health and Social Services authorities in Montréal, Québec, Canada. It is relevant to note that all health and social services in Québec (and in Canada) are universal and publicly funded services, available to all.

This project is situated within a larger research program by co-author Goyette's *Chaire-réseau de recherche sur la jeunesse du Québec* (Québec Research Chair Network on Youth, hereafter, CRJ) investigating the effects of the pandemic and of shelter-in-place orders on the overall health, mental health, and well-being of youth in vulnerable situations. This research programme on the pandemic was financially supported by the Québec government through the Québec Research Funds – society and culture (20-CP-00326). The CRJ's health and well-being axis targets research on healthy lifestyles and the development of safe environments in a global health perspective that integrates the socio-environmental determinants of health (CRJ, n.d.). The pandemic research program of the CRJ also explored the challenges faced by professionals in offering care and services to youth during a global health crisis. The specific project detailed in this article explored the ways in which professional practice adapted to respond to youth's needs during waves 1 and 2 of the COVID-19 pandemic.

This article presents findings from a qualitative, practice-near project during waves 1 and 2 of the pandemic. Thirty-one youth workers, working in services ranging from child protection to mental health, participated in nine focus groups using the Zoom platform. Participants came from a range of professions, from social work and psychology to nursing and special education. After a summary of relevant background information, this article will present the research and discuss two central domains that organize findings about adapting professional practice to crises situations: (1) the subjective, professional experience of working with youth and (2) the changing needs, strengths, and risks faced by youth and their families. These domains include discussions around participant emotions and feelings of isolation, helplessness, and fear as well as adaptability. Concluding with policy and practice recommendations to support youth workers and create organizational structures that can protect youth from increased risk and vulnerability during a pandemic or other crises, this article offers recommendations for youth-friendly and youth-driven care.

Global Health Crisis

The COVID-19 pandemic thrust the world into an unprecedented crisis as social workers and other youth workers remained on the frontlines responding to the distress and isolation of youth and their families. The pandemic particularly affected vulnerable and marginalized peoples (Amadasun, 2020) and exacerbated already existing inequalities (Banks et al., 2020). The health care and social consequences of the pandemic resulted in an increase in risk, vulnerability, and inequity, particularly for marginalized or disempowered groups (Weinberg, 2020), such as children and youth.

On March 13, 2020, the government of Québec declared a state of emergency due to a significant increase in diagnosed COVID-19 cases in the territory. The province of Québec is the 2nd largest territory in Canada, both in terms of geographical size and of population. Canada is a confederacy: federal, provincial, and territorial powers are divided, with provinces and territories having jurisdiction over the delivery of health and social services. However, all provinces and territories are subject to the provisions under the Canada Health Act which stipulates that health care must be universal and publicly funded. Public health measures such as shelter-in-place, including school closures, work from home orders, and social distancing were mandated in what is now known as wave 1 and wave 2 of the COVID-19 pandemic. The impact of these measures was felt throughout society, however in social services, and particularly in youth work, practice modality changes that can often take years to implement, were effective in a matter of days. For example, public health measures and a lack of human resources in the health sector in Québec resulted in the sudden removal of childcare workers and other social workers from their roles to place them in first line medical or long-term care settings. The specificity of the Québec experience in wave 1 (between April and May 2020) of the pandemic is in its crisis response to the long-standing structural and systemic deficiencies in old age and long-term care facilities. The shift of human resources to these residential facilities forced health and social services professionals, including social workers, into shortages in all other sectors (Guillette et al., 2020). Professionals remaining in their regular service sector were requested to develop ad-hoc triage and re-prioritization scales to continue to meet demand and provide care. The COVID-19 pandemic accelerated the use of telehealth and other digital social work practices when PPE was not readily available (Bourque & Avenel, 2020) and work-from-home orders were in place. The result was a deficit in services and inadequate resources being available to youth in care. The ethical responsibility of youth workers to remain connected and interact regularly with youth and their families despite the public health measures, redeployment to other

healthcare sectors, and the lack of PPE begs the question as to how practice with children and youth must be adapted and prioritized in crisis situations to respond to the needs and the well-being of youth and their families.

Impact of the Pandemic on Youth

A meta-analysis on the impact of the pandemic on young people reveals an increase in anxiety, depression, and stress as well as more frequent consumption of alcohol and cannabis during this period (Jones et al., 2021). A deterioration in the mental health of Canadians aged 14 to 28 has also been observed in a cohort of young people who may or may not have previously received mental health or addiction services (Hawke et al., 2020). A significant proportion of the young people in Hawke et al.'s investigation, including nearly half of the young people followed by the mental health and addiction services, also reported service disruptions and unmet needs during the pandemic. At the same time, in Quebec, health and social services workers found themselves understaffed and at risk on not responding to the established and emerging needs of youth in their jurisdictions. As such, they had to quickly develop new strategies to meet the needs of youth and other service users while respecting public health directives (Bourque & Avenel, 2020; Guillette et al., 2020). Nevertheless, the impact of the pandemic on practices in youth services and on the relationship between workers and youth in Québec and elsewhere remains poorly documented.

Perspectives of Social Workers and Other Youth Workers

Researchers have sought to describe the ethical challenges for social workers during the COVID-19 pandemic (Banks et al., 2020; Weinberg 2020) or the general practice adaptations social workers have had to make to continue to advocate for the most marginalized and vulnerable groups in our societies (Truell & Cromptom, 2020) and take the lead in sharing knowledge and strategies to address inequities exacerbated by the pandemic (Golightley & Holloway, 2020).

A key voice in understanding changing needs, strengths, and risks faced by youth and their families during the COVID-19 pandemic is that of those whose professional practice includes accompanying youth and promoting their well-being – child and youth workers. As discussed by Wesley et al., 2020, there is evidence that workers' actions have a direct effect on outcomes for the child or youth. However, the specific role of social workers and other professionals who worked with youth during the pandemic to address these issues is absent from the literature. Youth workers are often involved in home visits which, during the first waves of the pandemic, were abruptly transformed into virtual home visits in England (Cook & Zschomler, 2020), in Québec (Ziani et al., 2022) and elsewhere, with very little preparation and no training. Drawing on the work of community social workers engaged in macro-level policy work, Itzhaki-Braun (2021) also discusses social workers' first-person accounts of challenges and opportunities presented by the crisis situation of a global pandemic and the subsequent public health measures in Israel. As essential workers in most jurisdictions, social workers had to practice in extreme and novel situations in the face of increased needs and risks and socio-economic inequities arising from the global health crisis. A phenomenological account of social work practice during the early stages of the pandemic in Spain explored Spanish social workers' sense of safety and 'death anxiety' (Martínez-López et al., 2021). Results indicate that social workers' fear of others dying was significant and predicated by the lack of PPE and psychological support. Other authors focused on social services as essential services and the ways in which the pandemic has underscored not only the value of social work, but also the ways in which social work has risen to the challenge of providing care without adequate PPE, with insufficient training in digital pathways to care, and with limited professional support.

Despite the current, limited literature investigating the impact of the COVID-19 pandemic on social workers and social work practice and training, the first-person experience of child and youth care workers remains an underarticulated yet critical perspective to understanding how to develop frameworks for practice for child and youth well-being before, during, and after a global crisis.

Purpose

The main objective of this study was to document the first-person experience of being a youth worker during a global health pandemic. This included documenting adaptions, resistances, and innovative practices developed to respond to the needs of youth. Specifically, the study was guided by the following questions:

- What were the changes in youths' needs during waves 1 and 2 of the pandemic, according to youth workers.
- What lessons can be learned from the first-person experiences of youth workers in Montréal, Québec to better adapt youth services and transform practices to meet the needs of youth and their families in times of crisis or catastrophe?
- What are youth workers' needs in terms of organizational support and training to better respond to the changing landscape?

The rationale for this study is strong. Crisis situations are not conducive to in situ reflection. The present study sought to explicate, retrospectively, the effects of the pandemic and shelter-in-place orders on youth work. Because the province of Québec is undergoing a complete rehaul of its youth health and social services system with the introduction of an integrated youth services network, the study specifically aimed to better understand the ways services and care should be adapted in the context of COVID-19, from the perspectives of child and youth workers. This paper addresses a gap in the current literature as it relates to first-person professional experiences working with youth during a pandemic. Since the beginning of the pandemic, children, families, and youth have been particularly affected by public health measures (Ontario Agency for Health Protection and Promotion, 2021). Faced with this ongoing health crisis, it is urgent to shed light on the ways in which youth care and services must adapt and respond to continue to meet the needs of youth and their families. This study expands our understanding of the ways in which youth workers adapted, coped, and intervened within the context of a global health, social, and economic crisis. This is important because youth workers play a central role in the lives of children and youth in their care; thus, their perspective is key to highlighting both practice innovation and organizational impediments during crisis. Findings from this study can inform responses to support youth workers in attending to the needs of children and youth during crisis situations as well as better understanding the adaptations necessary to ensure sustainable, responsive youth services.

Method

Participants

Using a qualitative, interpretative framework to shed light on first-person professional experiences working with youth during the first two waves of the COVID-19 pandemic (wave 1 - March 2020 to May 2020 and early wave 2 - October 2020 to December 2020), we met with 31 youth workers in nine focus group sessions using the Zoom platform. The participants worked in four different services in two regional health and social services authorities in Montréal, Québec, Canada (child protective services, youth mental health services, youth at risk, and primary care). The bulk of participants were social workers or social service agents from youth protection services. In total, participants' professional backgrounds mirrored the interdisciplinary nature of youth services in Québec and included social workers (n = 15); human relations agents (background in criminology or other social science) (n = 3); educators (n = 7); psychoeducators (n = 1); clinical psychologists (n = 3); and nurses (n = 2). Of the 15 participants that were professional social workers, 11 worked in Youth Protection Services and four in youth in difficulty/crisis services. See Tables 1 and 2 for further details on the breakdown of the professionals that participated by profession and by service.

Table 1 Profession of Study Participants

Profession	Number of participants
Social worker	15
Human relations agent	3
Educator	7
Psychoeducator	1
Psychologist	3
Nurse	2

Table 2 Service location of Study Participants

Service	Number of participants
Mental health (primary care)	3
Youth protection services	19
Youth in difficulty or crisis	6
Primary care services (nursing or social integration)	3

Table 3 List of pseudonyms and corresponding profession and service location

Pseudonym	Profession	Service
Lucas	Social Work	Youth protection services
Paul	Social Work	Youth in difficulty or crisis
Rose	Social Work	Youth in difficulty or crisis
Amine	Social Work	Youth protection services
Mia	Social Work	Youth protection services
Charlotte	Human relations agent	Youth protection services
Zoe	Human relations agent	Mental health (primary care)
Madeline	Educator	Youth in difficulty or crisis
Esther	Educator	Youth protection services
Emma	Psychoeducator	Youth in difficulty or crisis
Mary	Psychologist	Youth in difficulty or crisis
Evelyn	Psychologist	Mental health (primary care)
Meredith	Psychologist	Mental health (primary care)
Elena	Nurse	Primary care services

Recruitment and Data Collection

Data for this study were collected in the summer and fall of 2020 as part of a rapid and collaborative research program with partners including CRJ, CREVAJ (*Chaire de recherche sur l'évaluation des actions publiques à l'égard des jeunes et des populations vulnérables*, Canada Research Chair on the evaluation of public action on youth and vulnerable populations), EDJeP (*Étude longitudinale sur le devenir des jeunes placés au Québec et en France*, Longitudinal study on the outcomes for youth in care in Québec and France) and

two health authorities in the administrative region of Montréal in Québec, Canada. The data collection was designed to capture the impacts of the pandemic on health and social services targeting youth aged 14–25 in this region. It was part of a larger research program funded by the Ministry of Health and Social Services and the Quebec Research Funds that aimed to better understand the ways services and care should be adapted in the context of COVID-19, from the perspectives of child and youth workers.

Data collection with youth workers was collected in two phases using snowball sampling with key informants (managers): (1) focus groups with youth workers exploring their motivations, ethical dilemmas, and adaptations, as they navigate the daily challenges and successes in their interactions with youth and their families during the COVID-19 pandemic, and (2) an online quantitative questionnaire which was disseminated to youth workers both in the public and community health and social services sector throughout the province of Québec. Although the research program design is a mixed-methods approach, this paper focuses on the first phase of data collection, the qualitative focus groups. This is because there was limited uptake for the quantitative questionnaire, with a total of 33 youth workers responding to the questionnaire. The low response rate is likely due to a combination of factors including high solicitation of workers for research projects during the pandemic and their increased workload due to shifts of human resources in response to a shortage of professionals.

Focus groups were organized, as much as possible, by health authority, service sector, and language. The official language of the province of Québec is French, however, many workers and service users are from English-language or other linguistic minority groups. As such, focus groups were offered in French and English. Three focus groups were conducted in both languages (bilingual) to accommodate participants. Six focus groups were held with youth workers at health authority A: three for Youth Protection workers, one for youth crisis workers, one for mental health workers, and one mixed service location group. Three focus groups were held with youth workers at health authority B: one with youth crisis workers and primary care workers, one with Youth Protection workers, and a third mixed group with workers from mental health, YouthProtection services and primary care services. In this study, the use of focus groups was deemed appropriate for several reasons. Firstly, the focus group offers a space for workers to share their lived professional experiences in a group, highlighting similarities and distinctions with their own professional practice. This opened up the opportunity for more spontaneous responses and deeper discussions wherein participants were able to build upon or challenge each other's perception since peer-to-peer interactions add nuance to each participant's point of view, which could otherwise have been missed (Flowers et al., 2001; Wilkinson, 2003). Secondly, focus group discussions are described as useful at generating more spontaneous emotional responses through the lively interaction among participants (Krueger & Casey, 2000). Finally, in response to the already documented pressure that the global pandemic added to the healthcare system, we wanted to place this particular study in an empowering context, creating a space where participants could support one another and exchange on their best practices and collectivise their experiences.

From August 2020 to November 2020, nine focus groups, lasting 60 min each, were conducted using the Zoom platform. The focus groups were audio recorded for the purpose of transcription. Participants were assured that their information would remain confidential through anonymization. No financial compensation was provided for participation, as the health authorities agreed to allow the youth workers to participate in the project during their regular work hours. The data collection question guide included discussion prompts regarding participant's experience working during the pandemic; changes to their practice during wave 1 (March 2020 to May 2020) and early wave 2 (October 2020 to December 2020) of the pandemic; their perceptions of changes in the needs of youth and families; and their needs or interest in training or support. The principal researchers and the research assistant who led the focus groups are former front-line social workers. This common social work background, as well as the long standing professional and research ties the research team has with the two health authorities, likely contributed to the capacity to quickly negotiate access to the research site during a time of turmoil.

Ethics

Approval from the Research Ethics Board of the École nationale d'administration publique (CER-ENAP-2020-01) and the Université de Montréal (CERSC-2020-071-R) was obtained prior to the study. Permission was also obtained from program management of youth services at both health authorities. To ensure that participants were able to provide free and informed consent prior to the start of the data collection process, the research team emailed each participant the consent form, and any questions or concerns were addressed via email or telephone prior to the focus group. The consent was re-obtained verbally at the beginning of the focus group during a round table where participants were prompted a second time to ask any questions related to the consent form or the project.

Data Analysis

The focus group recordings were transcribed by three research assistants and then read and validated by the principal researcher and primary research assistant. The focus groups were held in French, English, and three groups were bilingual. All participants in the bilingual groups spoke and understood both of Canada's official languages. This linguistic variation is a particularity of the context in the city of Montréal. All members of the research team are fluently bilingual in English and French. As such, the transcripts were produced verbatim, that is, in French, English, and three transcripts were in English and French. Initial analysis was completed by the primary research assistant who also facilitated five focus groups along with the other research assistant. Inter-coder consistency was ensured through "independent researcher identification of themes … followed by group discussion of overlaps and divergences" (O'Connor & Joffe, 2020). Thus, the data analysis was collaborative, with regular discussions and cross-validation of categories and codes (Mayer et al., 2000) among the research assistants and the principal investigator. The inductive and iterative analytical process was guided by Braun and Clarke's thematic analysis (Braun et al., 2016, 2019; Braun & Clarke, 2006) which suggests that transcription represents a first step in becoming familiar with the data collected. Once all the interviews were transcribed in the language of the participant (French or English), the bilingual research team read through them carefully, arranging meaningful units into categories. These categories were developed in French, with accuracy ensured through inter-coder validation. The coding team included one full professor (francophone-bilingual), one assistant professor who was the research lead (anglophone – bilingual), and the primary research assistant (francophone -bilingual). The primary research assistant is also the research coordinator for the CRJ and has accrued extensive experience with several projects within our youth research chair network. In line with the framework offered by Braun and Clarke (2006), coding was an open and iterative process. Codes were not determined in advance and the coding process did not necessarily use data collection questions as themes. As such, the codes emerged as we embarked on the analysis. Each interview transcript was reviewed, and initial line-by-line coding was initiated by a research assistant. The set of codes aimed to offer a rich description, useful for constructing the central and significant themes in the subsequent stages. During analysis, a close emphasis was placed on the language used by participants and amongst participants leading to a thematic table created for each transcript. This process was repeated with each focus group, and then cross-analyzed between groups to identify salient and resonating themes, leading to the identification of transversal themes overarching multiple transcripts. At the end of this stage, the research team organized preliminary themes by associating the different codes around common ideas or concepts, eventually leading to the creation of a series of themes and sub-themes. A review of the consistency of the coding ensured the exclusive, but interrelated character of each theme. Finally, the principal research assistant reread all the transcripts to integrate the professional context of the different participants (for example, working with voluntary or involuntary youth) in relation to the various themes that emerged subsequently. This final stage of analysis helped identify important but less recurrent themes.

Results

Below, we first explain the first-person experience of working with youth during the pandemic, that is, the impact of the pandemic on practice. This includes both challenges and adaptations. We then present results of youth workers' assessment of the changing needs and risks faced by youth and their families during waves 1 and 2 of the COVID-19 pandemic, with attention to rising inequalities and the impact of shelter-at-home orders. These domains also include discussions around participant emotions and feelings of isolation, helplessness, fear as well as commitment and adaptability. Pseudonyms were assigned by the research team to each youth worker in order to de-identify participants.

The First-Person Experience of Practice with Youth

The immediate impacts of the COVID-19 pandemic for youth workers centred around public health measures such as shelter-at-home orders, the lack of PPE, the transfer of human resources to long-term care and emergency medical sectors (Guillette et al., 2020), and the requirement for professionals remaining in their regular service sector to develop ad hoc triage and prioritization scales to continue to provide care.

Shelter-At-Home Orders: Balancing the Requirement of Physical Distancing and the Need for Social Connection

Social and health measures such as physical distancing, school closures, and telecommuting orders were implemented to reduce the number of COVID-19 infections. With those measures in effect, the main challenge that emerged from the perspective of youth workers is the difficulty in creating and maintaining a therapeutic alliance or relationship with youth and their families using digital technologies

or while wearing PPE. Participants agreed that the absence of non-verbal communication created a cognitive and affective gap; interpreting silences, gestures, and emotions virtually or by phone was difficult and directly impacted the development of a relationship and the construction of practice. One participant, Emma, deplored that *"the mask is a barrier in working with youth".* Numerous participants experienced the mask and social distancing as a hinderance in their ability to create meaningful contact with youth. Mia, a youth protection worker, explained:

> *"young children need physical and emotional closeness with us".*

While one participant shared the convenience and time efficiency of doing a summary meeting over the phone rather than in person, it must be noted that both youth workers and youth themselves *do not* prefer telehealth over in-person encounters, but concede to phone, text, or video calling as desired options under certain circumstances (Ziani et al., 2022). As such, participants mostly discussed the constraints they experienced in their capacity to intervene as they typically would with virtual or socially distanced contact. Youth workers whose clinical evaluation work included family and home assessments within a youth protection mandate were particularly impacted by this. Although one participant described their capacity to intervene appropriately as "limited", most described fundamental adaptations to their work. This youth worker explained:

> *I saw people on their lawn, in the alley behind their apartment, on the street, in the backyard. (Lucas)*

Another Youth Protection worker, Charlotte, added

> *I stay in my car, and [the mother] stays in her car, and then I can see the children. For sure the interventions are done… I can't say they are less effective, just different.*

Participants working exclusively with adolescents explained that the changes in practice modality did impact their relationship with adolescents. For example, Lucas shared:

> *I can't go out with the teens anymore, like go for a coffee or for a hot chocolate.*

Finally, the reliance on technology highlighted the unpreparedness of the health and social services system for this modality. Participants described having to pay for their own over usage on their phones as platforms such as Zoom or Microsoft TEAMS were not yet available through the agency across the board. Moreover, many youth and families were not prepared or equipped to proceed with telehealth modalities, either because they had old cellphones, could not afford the data overcharges or were unfamiliar with the technology. Some workers explained that they found themselves in a new role of training families to use these platforms and of explaining/teaching about public health measures such as social distancing and mask use. As with the use of technology for virtual interventions, the use of PPE was paradoxical for most participants. Although it was a new requirement under the pandemic public health measures, it was not readily available. Even when it was available, some participants described feeling worried about using it, feeling they did not have adequate training or knowledge to properly put it on and take it off. Many participants described their experience as conflicting, full of tensions in balancing the needs of the youth they worked with and the need to protect themselves.

Professional and Organizational Support: Changing Work Demands and Roles

The daily life of youth changed dramatically in March 2020 when schools closed for the remainder of the school year. Community centres, after school programs, and other community-based initiatives were also put on hold. Suddenly, children and youth were not in school; educators and community workers were no longer an available resource for either youth or youth workers. Youth workers in health and social services system had to create other ways to ensure safety, protection of children and youth, and ensure follow up. This was coupled with what participants in our study described as lack of clarity on rapidly changing directives and public health protocols. They deplored the difficulty they experienced in connecting with their line managers or team leads in wave 1. As one participant stated:

> *Everybody is going by their own initiative to try to accommodate clients. Really, not everyone is doing it the same way….* (Zoe)

Amine elaborated, saying "*we had to learn on the go".* These statements during the focus group discussion belied a sense of confusion and feeling of helplessness; the challenge for youth workers in waves 1 and 2 of the pandemic was in prioritizing the rapidly changing needs and demands from youth and their families, whilst resources were unavailable. Participants also deplored the maintenance of organizational performance outcome measures (such as recording statistics) during a crisis period characterized by lack of human resources, new work modalities, and lack of intersectoral supports. Some participants described feeling angry, disempowered, and dissatisfied by the lack of clinical

support and the overall confusion that reigned during the first wave of the pandemic. Paul, a nurse, shared:

> *It must be said that at that time we were putting out fires, really, we didn't want people to move around so we managed almost everything by telephone, we sent prescriptions by fax… it was like, Ok, you have chlamydia you think, ok I'll send you a prescription… That was not a satisfying practice there. Then in addition, you have no clinical support, and it's all the more difficult to manage that.*

The impact of the shelter-at-home measures was felt even after they were lifted following wave 1 (June 2020). As Charlotte explained :

> *when the deconfinement was announced…it was like we went from 50 to 100% Right away. But there were families where the parents did not want to see me in person yet. So we tried to respect that and if we didn't have anything urgent…we did the follow up by Zoom or FaceTime or Skype.*

This demonstrates another tension experienced by youth workers, that is, balancing the rights, needs, and new risks faced by youth and their families with the personal health risks faced by workers. As Lucas stated during the focus group exchange :

> *Me too, I'm scared to go into people's homes because I also need to protect myself.*

Professionals also discussed the imposition of a diversification of their tasks, taking on educational roles with respect to informing, educating, and reassuring families about the COVID-19 virus and respective public health measures without adequate support. One participant suggested that by paying attention to the expert knowledge of professionals on the field, fast, more efficient solutions could be found:

> *[there is] a lack of recognition of our expertise. You know…[they] don't listen to the folks on the ground. Us, the folks on the ground. They aren't listening to us…they aren't listening to us.(Mary)*

The emotions and sentiments in the above citation were echoed by several other participants who discussed their feelings of burnout and their worry that their psychological distress was not being recognized, as these colleagues shared:

> *Um, well, I see a psychologist in connection with all this! It was extremely difficult, I had no information, we got thrown into environments... in red zones where I was the head nurse of a COVID patient unit in a CHSLD [old age home] until I got infected! So it's been a little bit of a nightmare.(Elena)*
> *I see everyone exhausted, at the end of their rops… I love working in the schools…but this pandemic, I don't know what direction we are going in and it worries me a lot. (Paul)*

The Changing Needs, Strengths, and Risks Faced by Youth and Their Families

Although the specific services offered by the regional health and social service authorities did not change during the first two waves of the pandemic, the specific needs of youth and their families did. Adding to the complexity of respecting public health measures, ensuring competent and relational professional practice, and managing decreased organizational supports, was the challenge of adapting to the rapidly changing needs of youth.

Increase in Demand and in Needs

During the first wave of the COVID-19 pandemic in March 2020, youth workers found themselves without a way to properly assess youth and family needs. This was partly due to the fact that they were restricted in accessing clients in their homes, but also due to the sudden loss of community-based partners and key contacts such as teachers, community centre workers, and afterschool program staff. Youth lost their community safety net and participants in this study agreed that many families and youth needed a more intensive follow up as a consequence.

For example, several youth workers observed a decline in the mental health of young people over time. However, during the first months of lockdown, some youth living with social anxiety or school-related problems reported feeling better, as Rose shared:

> *For young people who were experiencing difficulties such as social anxiety, bullying [at school]…because they were no longer in school…that anxiety…is no longer there.*

Other participants were surprised to see that the youth they were working with, particularly those followed by the school social services team were adapting better than expected:

I was surprised, you know, when I would do checking in sessions, they would be like: "Oh, it is ok. You know, just doing my schoolwork." Still chatting with their friends. Yeah, maybe that speaks to, you know, the generation that are all using the computer a lot more and relying on it a lot more as well.(Evelyn).

Nonetheless, the participants in this study mostly agreed that they observed an increase or exacerbation of mental health difficulties in youth overtime, as shelter-at-home orders restricted them to their homes for several months:

I think when you think about youth with mental health and anxiety, or just anxiety in general. [People] try to avoid things that trigger their anxiety, right? So, [shelter-in-place] is a temporary relief. But, to confront anxiety you need to sort of get out there. So, disadvantages are definitely the isolation, the lack of social interactions.(Evelyn)
Isolation is terrible. In isolation, people are really depressed…I have an adolescent that is 17, no 16 years old, and before he rarely left his room. Now, he is always in his room. All day. He doesn't go out at all. (Lucas)

Consequently, for those already living with mental health issues, especially anxiety and depression, some youth workers noted that after the initial temporary relief, to resume school and daily routine was a very taxing transition.

The stress on parents, coupled with a lack of resources and structure to support them adequately, was observed by several youth workers who deplore the impact of isolation and increased stress on parent's mental health and youth mental health:

One thing I find, the parents that have mental health problems, now it's more, the parents also who didn't drink a lot, now they are drinking more. So there are a lot of arguments…(Lucas)
In what I have lived… I experienced not guilt, but deep indignation and anger. And it still lives in me. In this sense, the issue of youth health and the mental health of the general population and young people has been completely forgotten and sidelined for months. (Mary)

The tension for participants is that the approach to service delivery shifted in response to the pandemic in a way that did not respond to the needs of youth and families. Instead of seeing youth in their homes and because youth were no longer attending community-based programs such as drop-in centres, it became difficult to maintain connection and to properly conduct professional assessments.

Inequities are Exacerbated

As a result of these shifts, connecting with youth and families became more challenging for youth workers. This was exacerbated by social and economic inequalities that resulted in the further exclusion of already vulnerable families. These include inequalities in access to a social network, experiencing loneliness, and unequal access to vital public health information (due to language barriers or technological barriers). Another negative impact of the pandemic and the public health measures in Québec was the sudden period of financial insecurity for many people. Many youth found themselves cut off from their pre-employability trainings which caused increased stress and isolation. As this youth worker explains, financial precarity caused by the sudden job loss for many youth and their parents alike led to an increase in risky situations within families:

People are very nervous, During the month of March [2020] to the beginning of May [2020], all of my clients who had a job, no longer had one. So people were receiving aid from the federal government. But now it's causing some fear, not having a job. (Lucas)

Participants in this study pointed out that with the closure of schools in Québec from March 2020 to June 2020, youth not only lost access to education, but also to socializing with friends, to their peer support networks and to the professional teams on site who could come to their aid.

Lucas also described the impact of schools being in distance learning mode from March to June 2020:

I find…the impact is on adolescents 13 to 18 years old. I find at that age there is anger…because people are confined. The youth, for example, they don't have a routine. They just stay at home. They stay to play video games, everyday, for a long time, they go to sleep very late, at midnight, 1 am, 2 am. They wake up late. There is no routine…school provided a routine for young people.

Moreover, some schools, particularly public schools in socioeconomically disadvantaged neighborhoods, were unprepared for distance education. For example, many schools, and students, did not have reliable access to internet or to hardware (laptop, ipad, smart phone) resulting in a high variation in staying connected to school and learning.

The inequities were particularly acute for certain groups, such as youth living in group homes, which are part of youth protection services. For example, youth living in their group homes were not allowed to leave, even to see their families.

As such, with the exception of the workers in the homes, they were also unable to see their agency youth worker.

> *Due to COVID, all of the youth had to stay in their group home. One youth had been staying at the group home part time and part time with his mother. He was told to stay at the group home full time and we thought 'It is going to be hell'. But this youth went to court, before a judge, to request to stay with his mother. As so for him, I was able to continue my work because he wasn't in a group home. (Madeline)*

Participants were particularly worried about the impact that school closures had on youth in care (group homes). School closures led to an increase in school dropout rates. For example, one participant shared that they didn't know if their clients would be allowed to stay in group home given that one of the pre-conditions is to be in school:

> *I have three youth that I follow and I don't know where they will be in three weeks because they need to continue their education to stay in their group home! (Meredith)*

Workers in the group homes had the particular challenge of helping youth with feelings of boredom, anxiety, fear, and separation from their families (e.g. Visits were not allowed). Participants described different activities that they initiated in group homes:

> *Then just at the group home, we did a little program here with the young people: they wrote letters, they made cards, they did that to send to the elderly in [old age homes]. So it's a good deed done…we were very proud of them. So we encouraged them and they didn't give up. (Esther)*

Discussion

Qualitative research into the experience of working with youth during the COVID-19 pandemic is scarce. This study explored the lived experience of youth workers in primary care, mental health, crisis, and Youth Protection service in two major health authorities in Montréal, Québec. The tensions surrounding respecting public health measures on staying connected with youth, the changes in the demands and roles of the job, the changes in the needs, strengths and risks of youth and their families, and the increase in social and economic inequities faced by youth and their families were the main themes that emerged from the discussion with youth workers. The first theme, that is, the tensions that arose from the public health measures, including shelter-at-home orders, were characterized by feelings of frustration but also a strong capacity to adapt and adjust in order to maintain connection with youth and their families. The youth workers in this study are at the forefront of youth care and bore the brunt of continuing their mandate during a major global crisis. Several professionals noted that they adapted their practice and their perspective over time with the progression of the pandemic and with the stabilization of organizational directives. This included the incorporation of telehealth interventions and using youth-friendly technologies (e.g. texting) to reach youth, integrating flexibility regarding scheduling appointments, and adapting to the changing and unclear organizational directives. The workplace hardships faced by youth workers during the pandemic and the creative solutions to continue their mandates and care suggest that they are vital actors in future crisis planning so that youth services can continue to function in a manner that is optimal for both youth and their workers. The second theme, changing work demands and roles, follows the application of public health measures and school closures. Shelter-at-home directives also led to isolation from colleagues, a reduction in clinical support, which participants linked with their feelings of exhaustion. Participants expressed feelings of helplessness, anger, frustration, and worry in the face of the rapid and often murky organizational changes, such as moving to a telehealth or virtual practice and having to adapt their practice without clinical support, as well as the increase in needs and risks faced by the families and youth with whom they work. Perhaps the most significant demonstration of the adaptability of youth workers is that the second wave was reported as being less stressful than the first. The third theme is also linked to public health measures and the immediacy of the early days of the global crisis. Given the shelter-at-home measures, school closures, and reduction in youth services during the first wave of the pandemic, many participants reported that by the second wave, families and youth had more complex and urgent needs. One of the key challenges mentioned by participants was in reaching out to isolated youth and families. School closures, employment instability, and rupture of social connections, especially with schools and community organizations, created unprecedented disruptions for families and youth. It also disrupted and interrupted the capacity for youth workers to remain connected with families and youth, proceed with their professional evaluations, including risk evaluations, and engage in work in an ethical manner. Finally, the fourth theme pertained to increased social and economic inequalities in the youth and families served by the workers in this study. This is particularly concerning as these inequalities are not easily balanced as the crisis

stabilizes. As described by youth workers, the lengthy shelter-at-home measures resulted in new dynamics between workers and youth and also contributed to an exacerbation of needs and inequities. Coupled with the diversification of their work tasks, particularly concerning the shift from clinical psychosocial interventions to education about the virus and public health measures, workers felt professionally isolated and helpless. Participants expressed their need for support in amplifying public health messaging to youth and families and in quickly and effectively responding to the changing needs of youth and families during public health crisis.

In the current paper, we provide an overview of the ways in which waves 1 and 2 of the COVID-19 pandemic were experienced by interdisciplinary youth workers in Montréal, Québec and present the key challenges faced by these professionals. Due to the public health measures in place and the lack of personal protective equipment (PPE), social workers across all sectors were instructed to prioritize telephone interventions over in-person encounters (Bourque & Avenel, 2020; Guillette et al., 2020; OTSTCFQ, n.d.). One positive change, and perhaps the most noteworthy and sustainable, is the introduction of telehealth services (phone, text or videocall) as an optional modality to reaching out to youth and their families. The central challenge or tension in this sphere is balancing the needs of youth for intimacy and emotional connection with workers or safe adults and the opportunities that new virtual modalities offer to improve and diversify access to services for youth and their families.

The results of this study can offer insights into the first-person experience of psychosocial first line workers with youth and inform service delivery and practice approaches for youth services during the ongoing COVID-19 pandemic as well as potential future crises. As the crisis of the COVID-19 pandemic evolves and enters its fourth year in March 2023, it is vital that we include the practical know-how and the professional knowledge of youth workers in the development of ongoing crisis and pandemic planning. Québec is developing new integrated youth service networks (Bentayeb et al., 2022) that would be remiss to exclude the practical wisdom and creative solutions developed by direct practice youth workers during the first waves of the COVID-19 pandemic. The results also demonstrated that detailed, practice-near research on youth care is necessary across contexts to make sense of the complexity of the impacts of the current global pandemic. As such, continuous qualitative and quantitative research in youth services, which are mostly staffed by social workers and social services workers, can prepare the field and the profession for future pandemics

Recommendations

First, recommendations to support workers in reaching out to isolated families and youth include ensuring that organizations define roles and responsibilities since uncertainty regarding the diversification of tasks can lead to delayed or uneven action. This includes establishing clear criteria for the use of telehealth interventions which respond to workers' concerns about telehealth and confidentiality (Ziani et al., 2022). Organizations can also proactively identify trainings and workshops to offer a coherent plan for responding to emerging needs that are exacerbated or created by a public health crisis situation. This includes complex trauma training, evaluating suicidal and homicidal risk during shelter-at-home orders; suicide prevention; identifying and intervening with increase substance.

Second, recommendations include anticipating the emerging needs of families and youth, particularly with respect to using technology to remain connected. In order to respond to inequities regarding access to computer equipment or other hardware, public health authorities must ensure distribution of equipment, including access to data or WiFi spots. However, providing equipment and internet access is not sufficient. Parents and families require training and information on how to use certain applications, such as Zoom or Microsoft TEAMS, and could also benefit from support in engaging in virtual meetings with youth workers.

Third, recommendations include a rapid-response community of practice (Wenger, 1998) for workers during times of crisis in order to have a space to share and learn from each other, even in a virtual setting (Wenger et al., 2002). Literature has shown that a community of practice model applied to a health and social services learning system supports members in developing good practices (Elias et al., 2022). At the heart of the concept there is the idea of learning while in interaction (Arcand, 2017). Participants suggested that during the first two waves of the pandemic, even while they were over worked and under resourced, a space to exchange with colleagues and stay professionally connected would have been supportive. This space can be a formal community of practice model, which is typically self-directed (Arcand, 2017), to discuss critical incidents or specific case situations. It can also serve as a space to mobilise professional networking and emotional support amongst colleagues who, in the first waves of the pandemic, were deprived of the informal yet vital "water-cooler" talk that often leads to problem solving (Khoury, 2019).

Limits and Strengths

This project captured a snapshot of the first-person experiences of 31 youth workers in the summer and fall of 2020.

Although we used a rigorous qualitative approach (Mayer et al., 2000), this rapid research study exploring the practice narratives of interdisciplinary youth workers was limited in its sample size from two health and social services authorities in Montréal, Québec. Moreover, as this is a qualitative study in the particular context of the Québec health and social services landscape during the pandemic, it is necessary to note the limited external validity of this study outside of the Québec or Canadian scene. That is, it may be difficult to generalize these findings to other situations and settings. However, we believe that the methodology of this study is transferable within the Québec context. This method of this study is appropriate for a more substantial research project with several other health authorities in Québec in initial study. The data collection and analytical method are being used by the research teams for a larger study in Québec that will explore youth workers experiences with the pandemic from a longitudinal perspective. From a practice-near perspective, it is vital to develop an aggregate of youth worker responses to the pandemic through an iterative process of compiling the first-person experiences of workers. This can be done in future studies through a multi-site project with participants from urban, semi-urban, and regional health and social services authorities as well as workers from both the public/institutional and community organisation sectors.

Conclusion

The COVID-19 pandemic resulted in widespread reorganisation of work for professionals across the health and social services sector. Youth workers were particularly impacted by the diversification of their tasks, the public health measures requiring social and physical distancing, as well as the exacerbation of vulnerabilities and social inequities. In the current rapid research study, we sought to capture a portrait of the first-person experiences of psychosocial and other front line youth workers during waves one and two of the pandemic. Although the daily work routine and the organizational structure was modified in response to the pandemic, creating a sense of helplessness and anger amongst some youth workers, participants shared their capacity for adaptation. Their practice adaptations, emerging practices in a time of crisis, suggest that direct social interventions change faster that the organization can adapt. The lack of clear organizational directives and support can impact workers' ability to continue to meet the diverse needs of youth and families. Organization-wide responses are required to adequately respond to youths' diverse and changing needs and mitigate widening health and social inequities. By learning from the challenges and recommendations discussed through the practice narrative of youth workers at two health and social services authorities in Montréal, Québec, other organizations may prepare for future crises and continuously improve their current pandemic response by developing a coherent, bottom-up pandemic response plan.

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