

A solution-focused project to address the challenges of COVID-19 restrictions on children and young people

Apart from the severe health complications, the Coronavirus pandemic has posed other significant challenges to our society: loss of economic stability, social isolation, and deterioration of mental health are among some of them. Arguably one of the most affected demographics are the vulnerable and the young. Children and young people (CYP) living with physical and mental disabilities, especially in low- and middle-income countries, are suffering to a great extent. Dr Darren Sharpe and collaborators from the Institute for Connected Communities (ICC) at the University of East London studied the offline and online challenges of COVID-19 restrictions on CYP. Their study outlines several key points depicting the impact of the pandemic on the vulnerable and the young.

The novel Coronavirus originating in Wuhan, the capital of China's Hubei province, began to spread across numerous countries in late December 2019, causing a global panic. After reaching Asian and European countries, the COVID-19 pandemic expanded to Africa on 14 February 2020, with Egypt reporting the first confirmed case. Many African countries with less developed healthcare systems, including Zambia, Sierra Leone, and Rwanda, are assumed to have significant under-reporting of COVID-19 cases. Apart from health concerns, the pandemic led to numerous severe social problems, especially for lower socioeconomic groups. The pandemic has resulted in severe loss of life, social isolation, and aggravated health inequities, not to mention major mental health consequences. Mental illness has a more significant impact on less affluent individuals who do not have access to the required assistance and resources.

IMPACT OF COVID-19 RESTRICTIONS ON CHILDREN AND YOUNG PEOPLE

To stop the COVID-19 outbreak and the virus's rapid spread in communities, governments around the world implemented social distancing measures, such as nationwide or localised lockdowns. As a result, many schools and universities closed. Internet teaching and home-based learning initiatives were implemented to keep students engaged in educational institutions and classrooms.

Children and young people (CYP) are the most vulnerable to the drastic and unprecedented impact of the pandemic.

They are forced to study remotely and stay at home for extended periods due to COVID-19-related measures and school closures. This led to the fewest possible interpersonal interactions with classmates, as well as changes in sleeping patterns, unhealthy diets, excessive screen exposure, and insufficient physical activity. Yet, limited data is available about the coping strategies and emotional wellbeing of children with any form of disability or disadvantage in populations from low- and middle-income countries. The prolonged pandemic and its constraints have been widely reported to have short- and long-term physical, psychological, educational, and mental health consequences for children and young people.

Because of their noticeable mental and physical health multimorbidity, vulnerable paediatric populations (including those struggling with homelessness, pre-existing psychiatric conditions, developmental disabilities, special educational needs (SENs), substance use and abuse, and domestic violence) require more support from their families and healthcare providers. In addition, a variety of vulnerability factors, such as social and 'racial' inequality, lack of access to health facilities and personal protective equipment, poverty level and being from economically disadvantaged backgrounds, SENs and learning disabilities, and pre-existing mental health conditions, may all play a role in determining the magnitude and scope of the pandemic's disproportionate effects on this population.



SOLUTION-FOCUSED PROJECT: ADDRESSING CHALLENGES OF COVID-19 RESTRICTIONS

The impact of the pandemic and quarantining on the mental health of CYP in low- and middle-income countries (LMICs) has yet to be fully understood. COVID-19-related restrictions and social distancing protocols put CYP in LMICs at risk, leading to restricted access to school-based assistance for nutritional and mental health requirements. Dr Sharpe and his collaborators from the Institute for Connected Communities at the University of East London have developed a research study to learn about the online and offline challenges to mental health and wellbeing caused and/or worsened by COVID-19 restrictions on the lives of disadvantaged and vulnerable CYP. The first phase of the study mainly focused on the population of two countries: Zambia and Sierra Leone.

The study involved 468 participants, ranging in age from 12 to 25, from the Northern and North West provinces of Sierra Leone, and the Central, Copperbelt, Eastern, Lusaka, and Southern provinces of Zambia. Males made up 57.9% of the sample, while females made up 42.1%, with 44.3% aged 12 to 17 years old.

The study has approval from the Research Ethics Committee, University of East London, and it was launched on 21 June 2020 in both countries. Individuals and families eligible for emergency relief were evaluated by community coaches. Recipients were requested to complete the planning tool based on a convenience sample following the provision of aid (food, detergent, and masks). Participants consented to participate and submit their



CYP are concerned about their job prospects.



In phase 1 of the study, individuals and families were provided with aid, including food and masks.

CYP are the most vulnerable to the drastic and unprecedented impact of the pandemic.

data after reading an information leaflet and learning about the research goal. Sex, age (in five groups), nationality, education level (primary schooling, secondary schooling, college, university, other), type of disability (physical, visual, hearing, mental health, intellectual, learning, two or more disabilities), and household occupation/monthly income were among the demographic data collected.

STUDY OUTCOMES

Although the majority of the participants (72%) were self-isolating to protect family members with medical issues and/or to avoid spreading the virus, many expressed concern and anxiety about the long-term effects of COVID-19 and lockdown on their education, training, and work. 91% of the participants expressed the need for help and support to deal with the challenges of COVID-19. Further study revealed that the majority of the participants (78%) would want to receive health and wellbeing training, support groups, or seminars from professionals to combat the isolation during and after the pandemic. To improve their self-care competencies, they would like to have access to online material about managing emotions and behaviour (12%), radio and television programmes (11%), and individualised online support from a professional or a charity (7%). COVID-19 limits have worsened participants' fragile educational trajectories, according to their experiences. The stories of the participants also show how financial, food, and educational issues overlap and

serve as primary risk factors impeding their ability to reach mental health and wellbeing stability.

The UK Global Challenge Research Fund (GCRF), the funding body behind this project, also designed a youth empowerment and community capacity-building project. The project was eventually repurposed as a Kick Out COVID-19 campaign to aid CYP during the pandemic, particularly disabled and disadvantaged CYP. The Kick Out study focused on inspiring better customer-care environments in health facilities for CYP living with disabilities. In all ten provinces of Zambia, short training courses were devised and delivered to chosen healthcare providers. The COVID-19 pandemic has impacted the weaker aspects of customer-service environments in public health facilities. This has resulted in worsened experiences for people who were already dealing with difficult customer service prior to the pandemic, with some CYP living with disabilities being completely excluded from the healthcare they deserved. Through this, the GCRF distributed around 17,000 items of COVID-19 personal protective equipment (PPE) in Zambia and Sierra Leone. It provided direct support to over 5,000 vulnerable, underprivileged children, young people and their families. The UK GCRF is also responsible for educating over 428,000 citizens on COVID-19 health literacy by co-producing public-health messages on social media platforms.



In Zambia, the YSN intervention included COVID-19 risk behaviour sensitisation and education.

YOUTH SAFEGUARDING NETWORK (YSN)

The second phase of the programme was community based, with an aim to build a Youth Safeguarding Network (YSN) for a better understanding of the impact of the pandemic on the disabled and disadvantaged CYP residing in South Africa, Rwanda, Sierra Leone and Zambia.

The intervention in Zambia includes COVID-19 risk behaviour sensitisation and education, as well as the creation and distribution of communication materials on social and mainstream media and in-person messaging using megaphones during handouts and health-screening events. Based on focus group research with CYP and child online protection stakeholders, the approach in Rwanda intends to co-design a 'digital self-defence' training toolkit. In Sierra Leone, the intervention provides commercial products to business-oriented CYP and artisanal equipment in tailoring and carpentry to CYP with these talents, as well as referrals to educational institutions for CYP who wanted to return to school or college. The network will provide long-term support (capacity development and teaching modules) to disabled or underprivileged children and youth in order to help them better manage disasters and health emergencies. In South Africa, additional peer mentors

were educated and put in certain communities to provide mental health first aid to their peers.

Among the total of 1,675 participants, 87% were worried about the long-term impact of the pandemic on job prospects, economy, and missing school/university. 57% of the participants were not completely satisfied with their lives during the pandemic, and 53% exhibited social, emotional, and mental health difficulties.

The implications of the social research had several weaknesses and strengths.

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Conditions like physical restrictions, social unrest, COVID-19 in the research team, power cuts and poor rural WiFi were among the weaknesses. The major strength of the study included the support from the local community, national press exposure, and the multi-national team of experts.

REDUCTION IN GENDER INEQUALITY

When making decisions and allocating resources, the researchers attempted to consider the needs, wants, and ambitions of boys and girls at all stages of the project. They made sure that duties weren't rigorously segregated by gender

or enforced by legislation, allowing women's activities to extend into male-only domains. Their project's goal was to improve not only CYP's mental health and wellness, but also to prioritise young women's reproductive and productive capacities and facilities through mental health protection/promotion and better access to treatment, which can benefit the community's physical wellbeing. They incorporated measures to recognise and reward young women's efforts as caregivers, so that their contributions to the community become more apparent and recognised, and women's status rises overall.

The team focused on the influence of gender division of labour in general and how it affects young women's mental health and access to treatment in the research sites, by identifying and assessing gender needs and opportunities. Additionally, they looked into the elevation of needs and existing opportunities in the mental healthcare sector for both young men and women.

FUTURE PERSPECTIVE

During COVID-19, addressing the unmet requirements of CYP with complex health needs has clear benefits for the person and the community, and doing nothing would have major consequences for Zambia's and Sierra Leone's future development. A community-wide rationalised and planned mental health support approach that unlocks and leverages access

to high-quality COVID support as well as educational packages is desperately needed. More research is required to improve our knowledge and understanding of community health and education resources to help vulnerable and disadvantaged CYP as soon as feasible.

Dr Sharpe and his team aim to secure funding for Phase 3, a community-based feasibility study that builds on Phase 1's design and prototyping of discrete interventions and Phase 2's testing. Phase 3's multi-component community-based intervention will be scaled out in each of the four participating countries.



Behind the Research

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Research Objectives

Dr Sharpe and his collaborators study the online and offline challenges to mental health and well-being caused by and/or exacerbated by COVID-19 restrictions on the lives of vulnerable and disadvantaged children and young people (CYP) living in Zambia, Rwanda, South Africa and Sierra Leone.

Detail

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Bio

Darren Sharpe is Deputy Director of the ICC and Senior Research Fellow at UEL. He is highly experienced and knowledgeable in participatory research with, by and for children and young people, illustrated by his roles of National Participation Officer at the National Youth Agency, Senior Consultant at the Institute of Public Care at Oxford Brookes, and Senior Research Fellow with the NIHR ARC

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Funding

UKRI Global Challenge Research Fund

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References

Sharpe, D, Rajabi, M, Chileshe, C, et al, (2021) Mental health and well-being implications of the COVID-19 quarantine for disabled and disadvantaged children and young people: evidence from a cross-cultural study in Zambia and Sierra Leone. *BMC psychology*, 9(1), 1–15. doi.org/10.1186/s40359-021-00583-w



Personal Response

What are you hoping to achieve in Phase 3 of your project?

/// The overall aim of Phase 3 is to respond to the current health and welfare emergency by building a Sub-Saharan Africa partnership to help maintain and/or improve the health and welfare of primarily vulnerable and disadvantaged groups of CYP in the participating sites. By extending our network and through collective action, we aim to increase access to community-based health and welfare provisions and information. This will involve translational work by applying the social prescribing model developed in the UK as a means to map and unlock community assets to help strengthen the weak healthcare services and better direct limited resources to reach those who need them most. We will also provide customer-care training for healthcare professionals on person-centred planning, to ensure that the voices of disabled and disadvantaged CYP are heard and they are able to partner professionals in their own care and treatment. //