LUBELSKI ROCZNIK PEDAGOGICZNY
T. XLIV, z. 2 – 2025

DOI: 10.17951/lrp.2025.44.2.153-173

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PSYCHOSOCIAL FUNCTIONING OF PUPILS IN RESIDENTIAL SETTINGS DURING THE COVID-19 PANDEMIC AND ITS IMPLICATIONS FOR POST-PANDEMIC YOUTH CARE*

Introduction: Although nearly five years have passed since the COVID-19 pandemic, data on the significance of this event for the development and functioning of various population groups, particularly children and young people, continue to be collected and analyzed. The present article focuses on youths who resided in educational institutions in Poland during this period.
Research Aim: The research problem was formulated as follows: What is psycho-social functioning of students residing in youth educational centers during the COVID-19 pandemic like, and what factors does it depend on? It can be inferred that the situation of social isolation of students with behavioral and emotional disorders affects them negatively in many ways.
Research Method: This paper presents the results of a quantitative study conducted using an on-line questionnaire on a group of 202 adolescents, housed in residential child care institutions.
Results: In the study group, all indicated at least one symptom of poorer psychosocial functioning that they associate with the pandemic situation. In addition, it was noted that the situation of social isolation affects girls significantly more negatively than boys.
Conclusion: The presented study constitutes a prelude to further analysis and research explorations, and thus to developing a model of effective educational work with adolescents in institutional settings. Building interpersonal relationships between pedagogical staff and pupils is crucial to the effectiveness of residential child care practice and serves as a foundation for young people's developmental progress.

Keywords: behavioral and emotional disorders, adolescents, youth education centers, psychosocial functioning, residential settings

* Suggested citation: Siemionow, J. (2025). Psychosocial Functioning of Pupils in Residential Settings During the COVID-19 Pandemic and its Implications for Post-Pandemic Youth Care. *Lubelski Rocznik Pedagogiczny*, *44*(2), 153–173. http://dx.doi.org/10.17951/lrp.2025.44.2.153-173

INTRODUCTION

The challenges of today's world provide the foundation upon which the developing young person, builds his or her own development path. The changing reality offers adolescents a spectrum of different experiences from which they derive certain beliefs about themselves, others, and the relationship between themselves and the world. The COVID-19 pandemic fits into the dilemmas of today and the challenges to the people who are currently living and growing up. Numerous researchers around the world point out that the consequence of this situation and the social isolation it entails is the deterioration of the mental health experienced by people at different stages of their development (Qiu et al., 2020; Sher, 2020; Xiong et al., 2020), especially children and adolescents, completing developmental tasks crucial for their process of entering adulthood (Loades et al., 2020; Magson et al., 2021). Adolescents are a group particularly vulnerable to the negative consequences of the pandemic, due to the fact that the essence of this period of human development is the process of forming one's own identity, completed on two levels: personal and social. For an adolescent, defining personal identity means choosing goals, values, interests, needs, mindsets, etc. that the adolescent can show to the world as his or her own. Adolescence is a difficult but crucial period in an individual's life. This developmental stage is essential for the formation of one's emerging personality, particularly in relation to self-concept. Both self-concept and self-care are integral components of optimal functioning across physical, mental and social domains, not only for working individuals but also adolescents and others. Extensive research studies indicate not only that aspect but the connection between self-concept, self-care in relation to risk behaviour (Lichner et al., 2021; Negru-Subtirica et al., 2021).

The way adolescents think about themselves and whether they find and what answer to this fundamental question about their identity thus depends not only on their cognitive performance, but also on their experiences and social interactions (Feldman, 2018), which took place under different circumstances than usual during the COVID-19 pandemic.

International research on adolescent psychosocial functioning during lockdown clearly indicates that the COVID-19 pandemic has significant consequences for their psychological development all over the world (Orgilés et al., 2021; Thorell et al., 2020). The psychophysical condition of some pupils in schools and children in preschools has deteriorated, which means that it is necessary to reassess the goals of education in educational institutions – shifting the focus from making up for curriculum gaps to restoring the psychophysical well-being of children (Brudzińska & Godawa, 2021, p. 141; Pyżalski, 2021). Among other things, it was found that the negative consequences of this situation are most severe for those who were already in a disadvantaged position compared to their peers before the pandemic started, namely children with disabilities, traumatic life expe-

riences, and mental health problems or special needs, from migrant backgrounds or poor families (Fegert et al., 2020), including children and young people with behavioral and emotional disorders. Students in this group who are staying in educational and care-providing institutions, could potentially be most affected by the pandemic and its associated social isolation for one following reason. The lack of social support from pupils' parents has a crucial influence on their psychological growth and comfort as well as on their perception of themselves. Majewicz and Sikorski have drawn attention to the particular difficulties faced by pupils with disabilities, recognizing this group as especially vulnerable and at risk of experiencing the consequences of the COVID-19 pandemic (Majewicz & Sikorski, 2023). Therefore, it is important not only to monitor the material situation of these individuals, but also to detect factors that can also potentially have a positive effect on psychosocial functioning in this difficult situation. Learning through experience, building conclusions based on knowledge gained under new circumstances – can be positive aspects of the COVID-19 pandemic. The obtained study findings can bring a new quality to working with pupils suffering from behavioral and emotional disorders, which is more challenging for educational staff today than ever before.

Psychosocial needs during adolescence – literature review

The maturation process takes place simultaneously in three spheres: *soma – polis – psyche*, the changes that occur as a result of this process are closely interrelated. The first, early adolescence period, is dominated by changes of a biological nature, while the second period is characterized by psychological changes, associated, among others, with the affective-motivational and cognitive sphere, and – as a consequence of these psychological transformations – changes in social relations (Feldman, 2018). Adolescents' psychosocial needs are directly related to the developmental changes that are necessary for adolescents to prepare to enter adulthood (Shaffer & Kipp, 2013). The examples of psychosocial needs during the adolescence explored in literature look as follows:

- social interaction and peer interactions (LaFontana & Cillessen, 2010);
- identity formation (Branje et al., 2021);
- emotional well-being) (Spinrad & Eisenberg, 2017).

From the research studies provided, several key findings can be derived regarding psychosocial needs during the adolescence. The first one highlights that low level of social acceptance may pose risk for later personal adjustment. The second – the identity development – is a complex process influenced by various factors. Finally, psychosocial development plays a significant role in promoting emotional well-being during the adolescence.

In the upbringing process of students with behavioral and emotional disorders requiring special educational needs, actions are planned and implemented

based on an individual diagnosis to eliminate cognitive, emotional, and social deficits, which is inextricably linked to supporting student development. Youth in educational and care-providing institutions have the opportunity to learn about their own resources, as well as learning how to use the resources of the environment, how to analyze their weaknesses, and how to identify external threats. When searching for answers to key questions in this development phase: Who am I? What do I want and can I do in the future? Where do I belong?, the pupils need the support of the teaching staff and specialized, individually tailored measures. Maslow points to five essential human needs. These include the need for security, self-actualization, recognition, belonging, and the most basic physiological needs (Hall et al., 1998). The biographies of persons supported by educational and care-providing institutions seem to indicate that these needs were not adequately met by their family environments. This fact, underlies the difficulties in psychosocial functioning revealed by them. As soon as a student with behavioral and emotional disorders enters an institution, he or she is provided with constant, individual and specialized care by the educational staff, including psychologists and therapists. From the perspective of the purpose of the presented study, as well as the concept of needs adopted in the theoretical assumptions of Maslow's concept of needs (Heylighen, 1992), in the process of upbringing students with behavioral and emotional disorders, contact with the family environment, provided through systematic trips to their homes, as well as visits of people close to them in the center, is the key for them. These activities were impossible or very limited due to the sanitation regime in place during the COVID-19 pandemic.

An example of an educational and care-providing institution for students with behavioral and emotional disorders

In Poland, there are several types of educational and care-providing institutions in which students with behavioral and emotional disorders receive professional support. They include youth education centers (YEC). These centers are educational and therapeutic institutions for socially maladjusted students, whose placement in such institutions is decided by the court. They are open to the environment, which means completing some tasks outside the institution, in the local environment, as well as systematic, inscribed in the entirety of educational activities, contacts of minors with people from outside: peers as well as adults. Social maladjustment means a spectrum of abnormal behaviors that violate accepted socio-legal norms, conditioned by multiple factors. Socially maladjusted students exhibit multifactorial behavioral and emotional disorders, although not every student with a behavioral disorder is a socially maladjusted person (Gaoni et al., 1998).

At the moment in Poland (as of 15 May 2023) there are 89 YEC, including: 27 for girls, 52 for boys, and 10 co-educational facilities (data: Center for Education

Development). These institutions are under the authority of the Ministry of Education and Science. Over the last twenty years, these centers have undergone major changes, a transformation from restrictive institutions based on the assumptions of behavioral theory to institutions open to the external environment, focused on the development of pupils and orienting to their individual needs, basing their activities on the achievements of cognitive theory and partly humanistic psychology. Socially maladjusted youth aged 12–18, with special educational needs, requiring specialized interventions and therapy, exhibiting behavioral and emotional disorders, stay in YEC. These institutions play a key role in the process of social readaptation of juveniles. Students and their families receive professional help here, which prevents the development of the so-called "criminal career" in case of students whose life experiences and deprivation of basic psychological needs are important risk factors for entering the path of crime. The institutions in question employ carers, teachers (the centers have their own school), psychologists, therapists, and social workers.

The main tasks of these institutions are: elimination of all causes and manifestations of social maladjustment, which are harmful both to the juveniles themselves, as well as their environments; preparation of juveniles for professional work and undertaking social activity in an open environment, and above all: preparation for life in accordance with social and legal norms. In other words, it is most important to support the pupils' psychosocial development. A key task is to organize and provide individual and group therapy, therapy through art, sports, etc., with the aim of organizing the leisure time of the residents. This type of re-socialization institutions for adolescents with behavioral and emotional disorders present quite a diverse range of activities and programs, they are also different in terms of the number and quality of tasks posed and their placement in the organization of work for the YEC. It is worth noting that the implementation of innovative forms of educational activities depends on the creativity of the management and educational staff working in a given center.

RESEARCH METHOD AND SAMPLE CHARACTERISTIC

The study involved 202 students with behavioral and emotional disorders, residing in YEC all over Poland. Girls comprised 56.4% of the subjects (114 persons), while boys constituted slightly less than half, with 88 subjects (43.6%). The arithmetic mean age of the subjects was 15.86 years (SD = 1.36), with a median age of 16 years and a dominant age of 17 years. The youngest of the subjects was 12 years old, while the oldest was 18 years old. The average length of respondents' stay at the center was 13.72 months (SD = 11.16), the median was 12 months, and the dominant was two months. The subjects had been in the center from one month to 4 years (48 months to be exact).

STATISTICAL DATA ANALYSIS PROCEDURE

Due to the ongoing COVID-19 pandemic and its associated constraints, the study was conducted using an on-line questionnaire. The items for the final version of the questionnaire were selected based on the indications of 15 competent judges, out of 30 items proposed in the original version. The final version of the questionnaire contained 19 questions, five of which were related to the psychosocial functioning of students with behavioral and emotional disorders, six questions concerned the social support they received, two questions were related to the annoyances associated with the limitations of the center, and three questions were related to the changes in functioning at the center. Respondents also answered three questions concerning the personal data (sex, age, and length of stay at the center). Details of the questionnaire are provided in Table 1.

Table 1.
Aspects of student functioning during the pandemic and corresponding indicators used in the author's questionnaire

Aspects	Indicators
Psychosocial functioning of pupils	Self-assessment of one's knowledge about the SARS-CoV-2 virus and the current situation in the country (Question 1)
	Self-observed complaints related to mental functioning (Question 9)
	Viewing the opportunity to go home for Christmas as a motivator for good behavior and helping survive the epidemic (Question 13)
	Deterioration of school grades (Question 14)
	Fear of coronavirus infection (concerning the pupil himself/herself or his/her loved ones)
Receiving social support	Interviews with carers/teachers about the virus situation (Question 2)
	Facility staff who can be approached by the pupil when in need of information about the current situation related to COVID-19? (Question 3)
	Receiving support (via phone call) from parents/relatives/caregivers (Question 4)
	Receiving support (via phone call) from peers/colleagues (Question 5)
	Most frequent form of support/assistance received (Question 10)
	Improved group integration at the center (Question 12)
Nuisances associated with restrictions on the center operation	Perceived inconvenience of reduced or no trips back to the family home (Question 6)
	Nuisance of various types of changes made to the center (Question 16)
Changes in the operation of the center	Emergence of new classes to replace classes that cannot be held (Question 7)
	Changes that occurred at the center as a result of the COVID-19 situation (Question 8)
	The emergence of new rewards for good behavior (instead of trips back home and passes) (Question 11)

Source: Author's own study.

Respondents used a link, ensuring complete respondent anonymity. The study sample was specifically selected to allow the study to include the experiences of youth of different ages, both girls and boys, those who stayed in the centers for both short and long time. Participation in the study was voluntary, pupils did not receive any gratuities, and they were informed of the purpose and process of the study before taking it (including on-line). The study problems were formulated as two questions:

1. What is psycho-social functioning of students residing in youth educational centers during the COVID-19 pandemic like, and what factors does it depend on?

2. What significant implications, based on the presented study, can be identified for practice?

The IBM SPSS Statistics 26.0 software was used in this study. The strength of statistical associations between students' psychosocial functioning were calculated, as well as the social support received, the nuisance of institutional constraints in the pandemic, and changes in institutional functioning. The phi coefficient, Spearman's rank correlation coefficient, biserial correlation coefficient, point-biserial correlation coefficient, and rank-biserial correlation coefficient were used to calculate the strength of the relationship between the variables. The statistical analysis was divided into the following steps:

1. A comparison was conducted between two groups of participants: boys and girls, regarding several selected variables related to their psycho-social functioning.

2. The measurement scale (nominal, ordinal, interval or ratio) on which these variables were compared was established. It was found that all variables were measured on a nominal or ordinal scale. Step no. 2 was necessary to determine the appropriate statistical procedure to be chosen.

3. The selection of an appropriate statistical test was performed by addressing the questions: how many groups will be compared? and on what scale of measurement are the variables comparing the groups measured? Since two groups were compared, the chi-square test (for nominal variables) was chosen and the Mann–Whitney *U* test (for ordinal variables).

4. The statistical calculations were conducted using the SPSS software program.

5. In addition to performing statistical tests (chi-square test and Mann–Whitney *U* test) using the SPSS software program, effect size measure was also calculated.

RESULTS

The main changes that the studied students identified in themselves are shown in Tables 2 and 3. It is worth noting that the problem of emotion control that characterizes students with such disorders is clearly evident. This issue is worsen in difficult situations. Correlation coefficients: Age correlated positively with greater

feelings of fatigue (r_{pb} = 0.14, $p \leq 0.05$). Length of stay in the center was positively correlated with increased use of verbal aggression (r_{pb} = 0.15, $p \leq 0.05$). Assessment of own knowledge of the pandemic situation correlated positively with physical aggression (r_{pb} = 0.16, $p \leq 0.05$). Anxiety correlated negatively with stronger feelings of hunger (r_{φ} = -0.15, $p \leq 0.05$). Physical aggression correlated negatively with fatigue (r_{φ} = -0.24, $p \leq 0.01$) and motivation to behave well in order to go home on holidays (r_{rb} = -0.16, $p \leq 0.05$). Verbal aggression correlated negatively with stronger feelings of hunger (r_{φ} = -0.15, $p \leq 0.05$). The motivation to behave well in order to go on holiday correlated negatively with poorer grades (*rho* = -0.22, $p \leq 0.05$) (Table 2).

The juveniles' conversations with carers/teachers about the COVID situation correlated positively with the juveniles' assessment of their own knowledge on the topic (*rho* = 0.24, $p \leq 0.01$). Teachers as informants about COVID-19, this factor correlated positively with the ability to go on holiday as a source of motivation to behave appropriately (r_{rb} = 0.17, $p \leq 0.05$) and with fear of COVID (r_{rb} =0.21 , $p \leq 0.01$). The nurse working at the center as the person providing information about COVID – this correlated positively with the self-assessed knowledge of the pandemic situation (r_{rb} = 0.20, $p \leq 0.01$). Receiving support from the institution's director correlated positively with self-assessed knowledge of the COVID situation (r_{rb} = 0.16, $p \leq 0.05$). Furthermore, receiving support from other adults (parents, loved ones, or caregivers) correlated negatively with poorer school grades (*rho* = -0.19, $p \leq 0.01$). The results of the statistical analyses are presented in Table 3.

It is worth noting the importance and role of teaching staff in terms of the presented main research problem. Students' treatment of individuals as an important source of information presents itself as follows: educator as a person providing information about COVID-19 – positive correlation with fatigue (r_{φ} = 0.14, $p \leq 0.05$), social worker – positive correlation with fatigue (r_{φ} = 0.17, $p \leq 0.05$), nurse – positive correlation with physical aggression (r_{φ} = 0.17, $p \leq 0.05$). Carer as information provider COVID-19 negatively correlated with the use of physical aggression (r_{φ} = -0.15, $p \leq 0.05$) and verbal aggression (r_{φ} = -0.17, $p \leq 0.05$). Adult support correlated negatively with irritability (r_{rb} = -0.25, $p \leq 0.01$), peer support correlated negatively with fatigue (r_{rb} = -0.19, $p \leq 0.01$) and with irritability (r_{rb} = -0.14, $p \leq 0.05$). Support from a carer, directly working in the group, correlated negatively with physical aggression (r_{φ} = -0.16, $p \leq 0.05$). Lack of support, on the other hand – correlated positively with physical aggression (r_{φ} = 0.21, $p \leq 0.01$). Group integration correlated negatively with irritability (r_{rb} = -0.24, $p \leq 0.01$). Detailed results of statistical analysis on these factors are presented in Table 4.

Table 2.
Spearman rank correlation coefficients of age and length of center stay with various dimensions of psychosocial functioning

Variable	AoOK	Concern	Anxiety	Phys. aggr.	Verbal aggr.	Sleep	Hunger	Fatigue	Irritability	Departure	Poorer grades	Fear
Age[ab]	-0.01	-0.12	0.04	-0.11	0.03	0.07	0.02	0.14*	0.05	0.09	0.09	0.11
Length of stay[ab]	-0.01	-0.08	-0.04	0.06	0.15*	-0.07	0.03	0.04	0.10	-0.04	0.11	0.03
AoOK[ac]		0.14	0.10	0.16*	-0.05	-0.04	-0.09	-0.08	-0.01	-0.05	0.07	-0.04
Concern[cd]			0.06	0.002	0.06	-0.13	-0.08	-0.08	-0.05	-0.08	-0.01	-0.06
Anxiety[cd]				-0.09	-0.09	0.01	-0.15*	0.09	-0.14	0.01	0.07	0.05
Phys. aggr.[cd]					-0.04	0.04	-0.08	-0.24**	0.01	-0.16*	0.11	-0.08
Verbal aggr.[cd]						-0.06	-0.15*	-0.04	0.02	-0.10	0.13	-0.06
Sleep[cd]							0.01	-0.03	-0.12	-0.07	0.01	-0.01
Hunger[cd]								-0.07	-0.09	-0.07	-0.06	-0.03
Fatigue[cd]									-0.09	0.08	-0.01	-0.02
Irritability[c]										-0.06	0.02	0.01
Departure[a]											–0.22**	0.05
Poorer grades[a]												0.05

Age – age of respondents (in years), *Length of stay* – length of stay in the center (in months), *AoOK* – assessment of own knowledge about the pandemic situation (1 – very poor, 2 – poor, 3 – good, 4 – very good), *Concern* – being more concerned (0 – no, 1 – yes), *Anxiety* – feeling anxious and unspecified fear more often (0 – no, 1 – yes), *Phys. aggr.* – using physical aggression more often (0 – no, 1 – yes), *Verbal aggr.* – using verbal aggression more often (0 – no, 1 – yes), *Sleep* – having difficulties sleeping/staying asleep at night (0 – no, 1 – yes), *Hunger* – feeling hunger more strongly (0 – no, 1 – yes), *Fatigue* – feeling constantly tired (0 – no, 1 – yes), *Irritability* – feeling upset about other pupils (0 – no, 1 – yes), *Departure* – being able to go on holiday as a motivating factor, *Poorer grades* – deterioration of grades (1 – definitely no, 2 – rather no, 3 – rather yes, 4 – definitely yes), *Fear* – fear of being infected with COVID (in terms of oneself or loved one) (1 – definitely no, 2 – rather no, 3 – hard to say, 4 – rather yes, 5 – definitely yes).

[a] Spearman rank correlation; [b] point-biserial correlation; [c] rank-biserial correlation; [d] phi coefficient; $^{*}p \leq 0.05$; $^{**}p \leq 0.01$

Source: Author's own study.

Table 3.
Spearman rank correlation coefficients of age, length of stay in the center and different types of social support received, with different dimensions of psychosocial functioning

Variable	Age	Length of stay	AoOK	Departure	Poorer grades	Fear
Discussions about COVID[a]	-0.09	0.03	0.24**	0.03	0.01	-0.02
Carer – PPIAC[bc]	-0.01	-0.02	-0.05	0.02	-0.10	0.07
Teacher – PPIAC[bc]	0.02	0.02	0.03	0.17*	-0.07	0.21**
Director of YEC – PPIAC[bc]	0.05	0.06	-0.01	0.13	-0.13	0.01
Psychologist – PPIAC[bc]	0.01	0.07	-0.02	0.10	0.09	0.02
Educator – PPIAC[bc]	0.08	0.11	-0.04	0.11	0.09	0.03
Social worker – PPIAC[bc]	0.02	-0.04	-0.02	-0.05	0.03	-0.11
Nurse – PPIAC[bc]	-0.04	-0.03	0.20**	-0.05	-0.04	-0.09
Adult support[a]	-0.05	0.10	0.06	0.03	-0.19**	0.04
Peer support[a]	0.07	0.12	0.11	-0.02	-0.07	0.02
Carer's support[bc]	-0.06	0.04	0.07	0.09	-0.11	0.07
Psychologist's support[bc]	-0.04	-0.03	-0.02	-0.02	-0.02	0.04
Educator support[bc]	0.09	-0.04	-0.05	-0.03	0.11	0.03
Support from the Director of YEC[bc]	0.05	0.05	0.16*	-0.12	-0.11	-0.12
I'm not getting any support[bc]	0.02	-0.02	-0.06	-0.05	0.11	-0.12
Group integration[ae]	-0.04	0.06	0.14	0.08	0.04	0.07

Age – age of respondents (in years), *Length of stay* – length of stay in the center (in months), *AoOK* – assessment of one's own knowledge of the pandemic situation (1 – very poor, 2 – poor, 3 – good, 4 – very good), *Departure* – ability to go on holiday as a motivating factor, *Poorer grades* – deterioration of grades (1 – definitely no, 2 – rather no, 3 – rather yes, 4 – definitely yes), *Fear* – fear of being infected with COVID (concerning oneself or a loved one) (1 – definitely no, 2 – rather no, 3 – hard to say, 4 – rather yes, 5 – definitely yes), *Discussions about COVID* – talking to carers/teachers about the virus situation (1 – no, 2 – rather no, 3 – no opinion, hard to say, 4 – rather yes, 5 – yes), *PPIAC* – people providing information about COVID (0 – no, 1 – yes), *Adult support* – receiving support from close adults (parents, guardians) (1 – no, 2 – rather no, 3 – hard to say, 4 – rather yes, 5 – definitely yes), *Peer support* – receiving support from peers (1 – no, 2 – rather no, 3 – hard to say, 4 – rather yes, 5 – definitely yes), *Group integration* – better group integration during the pandemic (1 – definitely no, 2 – rather no, 3 – rather yes, 4 – yes)

[a] Spearman's rank correlation; [b] spot-biserial correlation; [c] rank-biserial correlation; [e] biserial correlation; $^{*}p \leq 0.05$; $^{**}p \leq 0.01$

Source: Author's own study.

Table 4.
Spearman rank correlation coefficients of different types of received social support with different dimensions of psychosocial functioning

Variable	Concern	Anxiety	Phys. aggr.	Verbal aggr.	Sleep	Hunger	Fatigue	Irritability
Discussions about COVID[c]	0.08	-0.01	0.07	-0.07	-0.09	0.13	-0.14	-0.12
Carer – PPIAC[d]	-0.10	0.03	-0.15*	-0.17*	0.06	0.07	0.04	0.12
Teacher – PPIAC[d]	-0.08	0.02	-0.11	-0.08	0.01	0.02	0.00	0.00
Director of YEC – PPIAC[d]	0.03	-0.02	0.02	0.05	-0.02	0.13	-0.07	-0.09
Psychologist – PPIAC[d]	0.07	-0.08	-0.10	-0.02	-0.10	0.00	0.04	0.07
Educator – PPIAC[d]	0.02	-0.12	-0.01	0.05	-0.02	0.01	0.14*	0.07
Social worker – PPIAC[d]	-0.08	0.05	-0.10	0.01	0.09	-0.07	0.17*	0.06
Nurse – PPIAC[d]	0.02	0.01	0.17*	0.05	0.06	0.02	0.00	-0.01
Adult support[c]	0.07	-0.10	-0.07	-0.10	-0.01	-0.01	0.01	-0.25**
Peer support[c]	-0.02	-0.06	0.09	-0.06	0.10	0.13	-0.19**	-0.14*
Carer's support[d]	0.01	0.09	-0.16*	0.03	0.03	0.07	0.05	-0.07
Psychologist's support[d]	-0.01	0.00	0.06	0.05	-0.05	0.01	-0.06	-0.04
Educator's support[d]	0.07	-0.06	-0.07	0.00	0.08	0.06	0.06	0.01
Director's support[d]	0.02	-0.05	-0.03	-0.05	-0.08	-0.05	0.02	0.11
Not receiving support[d]	-0.04	-0.06	0.21**	-0.06	-0.04	-0.12	-0.04	0.07
Group integration[c]	-0.03	-0.03	-0.06	0.12	-0.07	-0.02	-0.08	-0.24**

Concern – being more concerned (0 – no, 1 – yes), *Anxiety* – feeling anxious and unspecified fear more often (0 – no, 1 – yes), *Phys. aggr.* – using physical aggression more often (0 – no, 1 – yes), *Verbal aggr.* – using verbal aggression more often (0 – no, 1 – yes), *Sleep* – having trouble sleeping/sleeping at night (0 – no, 1 yes), *Hunger* – feeling hunger more strongly (0 – no, 1 – yes), *Fatigue* – feeling constantly tired (0 – no, 1 – yes), *Irritability* – feeling upset about other pupils (0 – no, 1 – yes), *Discussions about COVID* – talking to carers/teachers about the virus situation (1 – no, 2 – rather no, 3 – no opinion, hard to say, 4 – rather yes, 5 – yes), PPIAC – people providing information about COVID (0 – no, 1 – yes), *Adult support* – receiving support from close adults (parents, caregivers) (1 – no, 2 – rather no, 3 – hard to say, 4 – rather yes, 5 – definitely yes), *Peer support* – receiving support from peers (1 – no, 2 – rather no, 3 – hard to say, 4 – rather yes, 5 – definitely yes), *Group integration* – better group integration during the pandemic (1 – definitely no, 2 – rather no, 3 – rather yes, 4 – yes)

[a] Spearman rank correlation; [b] point-biserial correlation; [c] rank-biserial correlation; [d] phi coefficient; $^{*}p \leq 0.05$; $^{**}p \leq 0.01$

Source: Author's own study.

Table 5 includes the results of the statistical analysis on the correlation of the variables: age, length of the student's stay at the center with the support provided and the negative consequences of the sanitation restrictions in place during the COVID-19 pandemic. Reducing trips home as a nuisance correlated positively with fear of COVID (*rho* = 0.16, $p \leq 0.05$), lack of visits at the center – correlated positively with fear of COVID ($r_{rb} = 0.15$, $p \leq 0.05$). More frequent phone use ($r_{rb} = 0.17$, $p \leq 0.05$) and conversations with a carer ($r_{rb} = 0.16$, $p \leq 0.05$) correlated positively analogously, in the former case with length of stay in the center, in the latter case with self-assessed knowledge of COVID. The appearance of new rewards at the center correlated positively with the length of stay at the center ($r_b = 0.16$, $p \leq 0.05$).

The lack of center visits treated as a nuisance by the subjects correlated positively with feelings of anxiety ($r_\varphi = 0.16$, $p \leq 0.05$). No passes – correlated positively with fatigue ($r_\varphi = 0.16$, $p \leq 0.05$). The more time for relaxation that occurred as a consequence of spending leisure time only at the center, rather than away from the center as was the case before the COVID-19 pandemic, correlated positively with verbal aggression ($r_\varphi = 0.21$, $p \leq 0.01$). More frequent conversations with a psychologist correlated positively with feelings of concern ($r_\varphi = 0.14$, $p \leq 0.05$). More frequent phone use correlated negatively with irritability ($r_\varphi = -0.17$, $p \leq 0.05$), while more frequent gym use correlated negatively with anxiety ($r_\varphi = -0.17$, $p \leq 0.05$). The appearance of new rewards at the center correlated negatively with irritability ($r_{rb} = -0.15$, $p \leq 0.05$). Detailed results of the statistical analyses are shown in Table 6.

DISCUSSION

Based on the results of the study, it can be concluded that the social support received by YEC pupils has a definite positive effect on their psychosocial functioning. Respondents who reported receiving social support were less likely to indicate a deterioration in school grade point average, were less irritable, as well as less likely to feel fatigue, and they displayed physical aggression occasionally. They were also more positive about their knowledge of the situation related to COVID-19. Respondents who said their group became more integrated during the pandemic were less irritable. In contrast, respondents who indicated that they did not receive social support from YEC staff were more likely to report displaying physical aggression. These results demonstrate a positive effect of social support on functioning in a psychologically difficult situation, which is generally consistent with previous findings by researchers (Alsubaie et al., 2019; Hefner & Eisenberg, 2009). The results confirm the crucial importance of relationships between students and teachers and carers. Teaching is one of the most important personal relationships in the life of any individual, especially for students with behavioral and emotional

Table 5.
Spearman rank correlation coefficients of age, length of stay in the center and different types of social support received, with different dimensions of psychosocial functioning

	Age	Length of stay	AoOK	Departure	Poorer grades	Fear
The nuisance of limiting trips home[ae]	0.03	0.14	0.15	0.10	-0.05	0.16*
Hand washing nuisance[bc]	-0.03	0.00	-0.03	-0.12	0.11	-0.08
Nuisance of wearing masks[bc]	0.08	0.06	0.03	-0.03	0.06	-0.12
Isolation nuisance[bc]	0.00	-0.02	0.01	0.02	0.06	0.01
Nuisance of not shaking hands[bc]	-0.03	-0.05	-0.07	-0.03	0.07	-0.04
Nuisance of no visits[bc]	0.03	0.04	0.06	0.10	-0.07	0.15*
Nuisance of no passes[bc]	0.12	0.02	-0.10	0.04	-0.05	0.09
Nuisance of not having outdoor activities[bc]	0.07	0.07	-0.04	-0.11	0.01	-0.07
Emergence of new activities in YEC	0.10	0.03	0.08	0.03	0.03	0.01
More frequent phone use[bc]	0.09	0.17*	-0.05	0.03	0.04	0.04
More time to relax[bc]	0.00	-0.01	0.03	0.06	-0.06	-0.09
More extracurricular activities and interest clubs[bc]	0.04	0.00	-0.04	0.10	-0.05	0.04
Watching movies and TV more often[bc]	0.02	-0.05	0.11	-0.05	-0.02	0.11
Playing video games more often[bc]	-0.04	0.04	-0.05	0.04	0.06	0.01
More frequent use of the gym[bc]	-0.02	0.10	0.01	0.07	0.03	-0.13
More conversations with the carer[bc]	-0.07	0.01	0.16*	0.02	-0.03	0.07
More meetings with the psychologist[bc]	-0.01	-0.02	0.06	-0.03	-0.01	0.02
The emergence of new rewards at YEC[ae]	0.06	0.16*	0.04	-0.05	-0.09	0.08

Age – age of respondents (in years), *Length of stay* – length of stay at the center (in months), *AOOK* – assessment of one's knowledge of the pandemic situation (1 – very bad, 2 – bad, 3 – good, 4 – very good), *Departure* – ability to go on holiday as a motivating factor, *Poorer grades* – deterioration of grades (1 – definitely no, 2 – rather no, 3 – rather yes, 4 – definitely yes), *Fear* – fear of being infected with COVID (oneself or a loved one) (1 – definitely no, 2 – rather no, 3 – hard to say, 4 – rather yes, 5 – definitely yes).

[a] Spearman rank correlation; [b] point-biserial correlation; [c] rank-biserial correlation; [d] phi coefficient; [e] biserial correlation; *$p \leq 0.05$; **$p \leq 0.01$

Source: Author's own study.

Table 6.
Spearman rank correlation coefficients of age, length of stay in the center and different types of social support received, with different dimensions of psychosocial functioning

	Concern	Anxiety	Phys. aggr.	Verbal aggr.	Sleep	Hunger	Fatigue	Irritability
Nuisance of limiting trips home[c]	0.11	0.08	-0.03	-0.05	-0.02	-0.05	-0.06	0.03
Hand washing nuisance[d]	-0.04	-0.05	0.02	0.07	-0.14	-0.10	-0.06	0.07
Nuisance of wearing masks[d]	-0.03	-0.02	-0.05	0.05	0.00	-0.07	0.07	0.12
Isolation nuisance[d]	0.01	0.04	-0.06	0.08	0.01	-0.06	-0.07	-0.03
Nuisance of not shaking hands[d]	-0.08	-0.05	-0.03	-0.05	-0.08	-0.05	-0.09	0.11
Nuisance of no visits[d]	0.16*	0.06	-0.01	-0.12	0.03	-0.01	0.00	-0.01
Nuisance of no passes[d]	-0.01	-0.02	-0.03	0.01	-0.02	-0.06	0.16*	0.05
Nuisance of not having outdoor activities[d]	-0.10	0.05	0.00	0.05	0.09	0.14	-0.03	-0.07
Emergence of new activities in YEC[c]	0.08	0.11	-0.11	0.02	-0.01	0.07	-0.02	-0.03
More frequent phone used	0.08	0.11	0.04	0.02	-0.02	-0.01	-0.06	-0.17*
More time to relax[d]	0.04	0.00	-0.13	0.21**	-0.08	0.10	0.11	-0.11
More extracurricular activities and interest clubs[d]	-0.03	-0.02	-0.13	-0.02	0.10	0.06	0.05	0.08
Watching movies and TV more often[d]	0.08	0.11	0.04	0.08	-0.10	-0.11	0.12	0.13
Playing video games more often[d]	0.02	0.05	0.06	0.10	-0.01	-0.13	0.01	-0.08
More frequent use of the gym[d]	-0.11	-0.17*	-0.08	-0.05	0.03	0.11	0.04	-0.05
More conversations with the carer[d]	0.04	0.11	0.00	-0.07	-0.03	0.01	-0.01	-0.11
More meetings with a psychologist[d]	0.14*	-0.07	0.03	0.06	-0.06	-0.02	-0.01	0.11
The emergence of new rewards at YEC[c]	-0.02	0.04	-0.14	0.04	-0.01	0.02	-0.01	-0.15*

Concern – being more concerned (0 – no, 1 – yes), *Anxiety* – feeling anxious and unspecified fear more often (0 – no, 1 – yes), *Phys. aggr.* – using physical aggression more often (0 – no, 1 – yes), *Verbal aggr.* – using verbal aggression more often (0 – no, 1 – yes), *Sleep* – problems sleeping/ falling asleep at night (0 – no, 1 – yes), *Hunger* – feeling more hungry (0 – no, 1 – yes), *Fatigue* – feeling constantly tired (0 – no, 1 – yes), *Irritability* – feeling upset about other pupils (0 – no, 1 – yes).

[a] Spearman rank correlation; [b] point-biserial correlation; [c] rank-biserial correlation; [d] phi coefficient; [e] biserial correlation; $^{*}p \leq 0.05$; $^{**}p \leq 0.01$

Source: Author's own study.

disorders, it acts as a protective factor and supports the process of change (Åhman & Jeppsson, 2020; Noddings, 2012). The role of the teachers involves building and improving purposeful relationships with children, not simply supervising them (Smith et al., 2013).

The relationship between the treatment of various YEC staff as a source of information on COVID-19 and the manifestations of poorer psychosocial functioning seems interesting, but not fully explained. Respondents who treated the carer as the person providing information about the virus were less likely to display physical and verbal aggression. In contrast, those who pointed to others as a source of information about COVID-19 had poorer measures of psychosocial functioning (they were more likely to indicate fatigue and physical aggression). It is possible that people who drew their knowledge about COVID-19 from different sources may have encountered conflicting information about it and this caused them to feel cognitive dissonance or a sense of confusion. It is also likely that those who feel a stronger bond with the carer (and thus function better psychosocially in this difficult situation) were less likely to point to other sources of information about COVID-19, the carer was their primary and reliable source of information, and it was with the educator that students had the most frequent contact and spent the most time.

Studies indicate that a crisis, and the COVID-19 pandemic can undoubtedly be called one, can trigger additional employee activity and thus lead employees to new, constructive solutions (Bundy et al., 2017). The results of the presented study clearly indicate that the staff took various measures to reduce the tension of the pupils during the *lockdown*. Above all, center staff talked to and systematically supported pupils, introduced new activities and new rewards for good behavior.

What by far makes the most difference in the psychosocial functioning of students with behavioral and emotional disorders during lockdown is sex. Girls tolerate the situation of forced social isolation much worse than boys. Duration of stay in the center also proved to be a significant factor, correlating positively with an increase in the use of verbal aggression, which could be interpreted to mean that pupils staying longer in the center feel (at least in some respects) more frustrated than persons with shorter stay. This may be due to the fact that new pupils were not accustomed to living in the center prior to the pandemic, and therefore found it easier to accept the inconvenience that came with the institution. In contrast, there was no association between age and self-assessed knowledge of COVID-19.

Based on the study, it is possible to indicate the actions taken by the educational staff (educators and teachers), as proving to be conducive to better psychosocial functioning of the pupils. Allowing the youth to use the phone more often falls into this category. The pupils who reported more frequent phone use were less likely to complain of irritability. In addition, the introduction of new rewards at the center (instead of the previous passes and trips to the family

home) was associated with less pupil irritability. The importance of rewards and positive reinforcement in the education of adolescents has been widely described in the literature (Berg et al., 2020; Drnas, 2020). It was very important for the respondents to be able to go home for Christmas, therefore the respondents who declared wanting to go home were less likely to use physical aggression and less likely to admit that their school grade point average had deteriorated. It should be noted that when leaving the center, the length of the pass given is a reward for positive behavior. Conversations with educators and teachers about the COVID situation correlated positively with self-assessment of knowledge about the topic. Students who used the gym more often, i.e. were athletically active despite the restrictions, were less likely to complain of experiencing anxiety. This is generally consistent with reports from other researchers of the positive effects of physical activity on psychological well-being (Paluska & Schwenk, 2000; VanKim & Nelson, 2013).

During the epidemic, youth in the centers spent more time watching television, an activity that is not considered conducive to youth development. The research literature primarily highlights the negative effects of television on adolescents (Adelantado-Renau et al., 2019). This is even more important during a pandemic, as according to Japanese researchers' reports, television viewing and electronic media use are positively associated with perceived fear and anxiety about COVID-19 (Sasaki et al., 2020). Similar conclusions were also reached by researchers from the Czech Republic (Trnka & Lorencova, 2020) and Germany (Bendau et al., 2021). The present study found no association between television viewing and poorer psychosocial functioning or stronger fear of COVID-19. This may be due to the fact that the study participants were adolescents, mostly minors, who are likely to watch different types of programs on television compared to adults (it can be assumed that they watch news programs and news television relatively less often, with entertainment programs and movies being watched more often). Nonetheless, this issue is interesting and could be a starting point for other research.

CONCLUSION

Conclusions from the presented study unequivocally indicate that the situation of social isolation of students with behavioral and emotional disorders staying in youth educational centers has a negative effect on them. Sex is an important variable in this case, which means that the specialized interactions implemented in institutions should be different for boys and girls. Adolescent boys and girls may have slightly different needs during the period of maturation, which should be taken into account in residential practice. Having considered the foregoing, it is

reasonable to divide the presented institutions by sex, yet there are still many advocates for coeducation in such centers.

A number of important factors contribute to residential staff helping to create learning institutional environments where pupils can find the opportunities to enjoy learning and fulfill their potential. The pedagogical staff play a crucial role in arranging and supporting pupils' experiences. In practice, a residential child work should involve making full use of a range of activities that provide opportunities for relationship building and social competencies, as well as for experiencing fun. The staff should play not only a monitoring but also a supportive role in creating such relationships. The best results in residential child settings might be achieved through active cooperation with pupils. The presented study has demonstrated that during the COVID-19 pandemic, a protective factor for students was the direct contact and shared activities with the pedagogical staff. What is also important, in the process of preparing the teaching staff to work with this group of students, the emphasis should be put on the so-called soft skills, including interpersonal communication skills. Currently, it is worthwhile considering residential child care in such a broad, joyful and potentially liberating manner, allowing us to address questions of educational underachievement in the residential child settings more seriously. The presented results align with the broader discussion that professional training and development of pedagogical staff is a key element in providing high-quality services for children with emotional and behavioral needs.

STUDY LIMITATIONS

The author was aware of these potential limitations, which are inherent in this type of research and often encountered in similar survey-based studies. The study was conducted on a sample of 202 adolescents, which, while meaningful, may not fully represent the diversity of experiences among all youth in care. The study relies on self-reported data collected through an online questionnaire. While this method allows for direct insights from the participants, responses may be influenced by social desirability bias, misinterpretation of questions, or individual differences in self-awareness. A longitudinal approach would provide a more comprehensive understanding of how social exclusion risks evolve during their transition out of institutional care. Furthermore, the lack of face-to-face interactions may have restricted the depth of responses compared to interviews or focus groups, which could be significant in future research.

The research was approved by the relevant university's institutional board. The management of residential child institutions (YECs) gave permission to conduct the research.

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PSYCHOSPOŁECZNE FUNKCJONOWANIE WYCHOWANKÓW W PLACÓWKACH OPIEKUŃCZO-WYCHOWAWCZYCH PODCZAS PANDEMII COVID-19 I JEGO IMPLIKACJE DLA OPIEKI NAD MŁODZIEŻĄ W OKRESIE POSTPANDEMICZNYM

Wprowadzenie: Pomimo że od pandemii COVID-19 minęło już prawie pięć lat, wciąż gromadzone i analizowane są dane dotyczące znaczenia tego wydarzenia dla rozwoju i funkcjonowania różnych grup społecznych, zwłaszcza dzieci i młodzieży. Niniejszy artykuł koncentruje się na młodzieży, która w tym okresie przebywała w placówkach edukacyjnych w Polsce.
Cel badań: Sformułowany problem badawczy brzmi: Jak wygląda psychospołeczne funkcjonowanie uczniów przebywających w młodzieżowych ośrodkach wychowawczych podczas pandemii COVID-19 i od jakich czynników zależy? Można przypuszczać, że sytuacja izolacji społecznej uczniów z zaburzeniami zachowania i emocji wpływa na nich negatywnie na wiele sposobów.
Metoda badań: W artykule przedstawiono wyniki badań ilościowych przeprowadzonych za pomocą internetowej ankiety w grupie 202 nastolatków przebywających w instytucjonalnej opiece nad dziećmi.
Wyniki: W badanej grupie wszyscy respondenci wskazali co najmniej jeden objaw pogorszonego funkcjonowania psychospołecznego, który wiążą z sytuacją pandemiczną. Ponadto zauważono, że sytuacja izolacji społecznej znacznie bardziej negatywnie wpływa na dziewczęta niż na chłopców.
Wnioski: Prezentowane badanie stanowi wstęp do dalszych analiz i eksploracji badawczych, a tym samym do opracowania modelu skutecznej pracy edukacyjnej z młodzieżą w placówkach instytucjonalnych. Budowanie relacji interpersonalnych między kadrą pedagogiczną a wychowankami ma kluczowe znaczenie dla efektywności opieki instytucjonalnej i stanowi fundament dla rozwoju młodych ludzi.

Słowa kluczowe: zaburzenia zachowania i emocji, adolescenci, młodzieżowe ośrodki wychowawcze, funkcjonowanie psychospołeczne, placówki opiekuńczo-wychowawcze