An exploratory study of the impact of COVID-19 on foster parenting

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Abstract

As the COVID-19 virus began to spread in the United States of America, states’ child welfare administrators and policymakers responded differently. Some states implemented more restrictive policies, some less or did not require many restrictions (i.e., stay at home orders or masking in public spaces). Video-based online focus groups with foster parents in four states utilized a consensual qualitative approach to identify themes relating to foster parenting during COVID-19 and understand how policies related to COVID-19 restrictions affected their caregiving decisions. Themes that emerged included pathways to foster parenting pre-pandemic, the impact of COVID-19 on both foster parents, children in care, and foster parents’ ability to understand the broader importance of their caregiving. While participants in all of the states reported similar experiences relating to the need for resources and support and the challenge of managing both work and remote education for their children, those in states with restrictive policies were more likely to report pandemic-specific concerns including a lack of agency communication or case progress, the mental health toll on foster children in their care and their concerns about accepting new placements. Implications for policy and practice are discussed.

KEYWORDS

child welfare, COVID-19, foster care, foster parent

1 | INTRODUCTION

Like nearly every aspect of American society, foster care provision has been significantly altered by the COVID-19 pandemic. While the full impact of COVID-19 on the United States’ child welfare system will not be known for some time, preliminary data shows significant effects on the child welfare system. The unprecedented nature of this pandemic makes it difficult to predict the long-term consequences on the foster care system including outcomes for children and youth in care. With over 420,000 children in foster care (HHS, 2020b) when the pandemic led to shutdowns and shortages, there were already stressors and vulnerabilities within the existing framework. When compared to children and youth outside foster care, those within the child welfare system experienced more mental health and behavioural challenges (Kerns et al., 2014), and more complex special education needs/services (Zetlin, 2006). Prior to the pandemic, there was a clear, identified shortage of foster parents (Government Accountability Office, 2018) with child welfare agencies struggling to retain foster parents (Hanlon et al., 2021). Pre-pandemic, foster parents’ relationships with the child welfare system already had a significant impact upon their retention providing foster care service (Brown et al., 2016; Rosenwald & Bronstein, 2008). Foster parents reported wanting more support from their agencies, better communication, and for their role and opinions to be respected and listened to as part of the permanency planning team (MacGregor et al., 2006). Foster parents are asked to straddle the tension of caring for children as their own, while...
also being willing to see the child permanently leave their care (Broady et al., 2010). Accordingly, child welfare agencies entered the pandemic already overwhelmed and under resourced, with the mantle of maintaining children’s needs on the shoulders of their foster parent caregivers. Foster parents often rely upon social support as a means of mitigating the stress of dealing with difficult behaviour and other challenges that arise during the course of foster parenting (Cooley et al., 2019). When the COVID-19 pandemic led to reduced social interactions, this obviously had an impact on the social support foster parents can receive.

In response to the COVID-19 pandemic, child welfare systems worldwide relying on residential care (e.g., orphanages) sought to rapidly return children to their families (Wilke, Howard, & Goldman, 2020). This meant child welfare and other social service providers have been stretched thin in supporting families who were already vulnerable and with limited capacity to meet the needs of their children (Wilke, Howard, & Pop, 2020). The United States has also seen a reduction of children in the child welfare system, attributed to fewer children entering foster care due to child protective services (CPS) receiving fewer reports of abuse and neglect (LeBlanc, 2020). For the children that remain in care, child welfare authorities and foster parents are tasked with navigating new systems and additional responsibilities.

For their part, the US Department of Health and Human Services (HHS) responded by providing messages encouraging child welfare providers to be cognizant of recommendations from the Center for Disease Control (CDC) as well as the Department of Labor (HHS, 2020a). Further, HHS amended policies and provided information to US states’, tribes’, and territories’ child welfare agencies, including changes allowing caseworkers to conduct visits via videoconferencing (HHS, 2020c), and clarifying that federal funding can be used to purchase cell phones and personal protective equipment (HHS, 2020d).

State child welfare agencies had little time to adjust their operational practices when COVID-19 brought widespread changes to everyday life in the United States. Like the federal government, each state child welfare agency created specific web resources pointing providers to local and/or federal information about COVID-19 (HHS, 2020c). State agencies have had to quickly determine how their workforce should adapt to the quickly moving landscape of restricted environments (e.g., virtual schooling and no public gatherings).

Foster youth and former foster youth have been significantly impacted by COVID-19, including food insecurity, employment challenges, financial instability, educational disruption, and heightened depression and anxiety (Greeson et al., 2020). Although children are generally not considered a vulnerable population in relation to COVID-19, children in foster care are identified as being at heightened risk for COVID-19 among other health and personal safety threats (Silliman Cohen & Bosk, 2020; Wong et al., 2020).

This present study sought to understand the experiences of licensed foster parents during the COVID-19 pandemic, including child welfare recruitment and retention of foster parents during this time. This includes understanding challenges and stressors associated with foster parenting during a pandemic. The research question this study seeks to answer is as follows: how does COVID-19 impact foster parents’ motivation and decision to provide in-home care services to foster children during the pandemic?

2 | METHOD

2.1 | Participants

Eligibility was open to any current or recently licensed foster parent in the jurisdictions studied, regardless of whether they currently had a placement. Participation was limited to one foster parent per household, to allow for a broader range of experiences to be shared. No additional exclusions were made.

2.1.1 | Characteristics of participants

Thirty-two individuals took part in one of the five focus groups representing four states; one participant in State 4 did not submit a demographic form; therefore, the demographic figures are based on 31 participants (see Table 1). A total of 27 women and 4 men participated; they were primarily White (87%), married (90%) and college educated. There was wide variation in the participant’s length of service and number of children fostered.

2.1.2 | State descriptions

States 1 and 2 were less restrictive states whereas States 3 and 4 were more restrictive (see Table 2). One focus group each was held in the first three states, and two focus groups were held in State 4.

State 1 is located in the South Central part of the United States and is part of the Administration on Children and Families (ACF) Region 6. The governor of the state issued a statewide order limiting public activities at the end of March 2020. Throughout the next 2 months, the state resumed operations in phases, and by the time of the focus group of six participants, most businesses and gatherings had again been opened up. State 2 is located in the Southeast and is under the ACF Region 4 whose governor issued a 1-month statewide shelter-in-place order for April 2020. The seen focus group participants in State 2 were therefore not living under COVID-19 restrictions at the time of their interviews.

State 3 is located in the Northeast and is under the auspices of ACF Region 1 whose governor declared a state of emergency in the second week of March. Restrictions were implemented and were in place during the focus groups for nine participants in this state. Finally, State 4 is located in the Pacific Northwest in ACF Region 10 whose governor was the first of these four states to declare a state
## Table 1 Focus group participant characteristics

|                          | Total  | State 1 | State 2 | State 3 | State 4 |
|--------------------------|--------|---------|---------|---------|---------|
| **Total**                | 31 (100%) | 6 (19.4%) | 7 (22.6%) | 9 (29%) | 9 (29%) |
| **Female**               | 27 (87%) | 5 (16%) | 6 (19.4%) | 8 (25.8%) | 8 (25.8%) |
| **Male**                 | 4 (12.9%) | 1 (3.2%) | 1 (3.2%) | 1 (3.2%) | 1 (3.2%) |
| **Race**                 |         |         |         |         |         |
| White                    | 27 (87%) | 6 (19.4%) | 5 (16%) | 8 (25.8%) | 8 (25.8%) |
| Multi-racial             | 2 (6.5%) | —       | 2 (6.5%) | —       | —       |
| Other or N/A             | 2 (6.5%) | —       | —       | 1 (3.2%) | 1 (3.2%) |
| **Marital status**       |         |         |         |         |         |
| Married                  | 28 (90%) | 6 (19.4%) | 7 (22.6%) | 7 (22.6%) | 8 (25.8%) |
| Never married            | 3 (10%)  | —       | —       | 2 (6.5%) | 1 (3.2%) |
| **Education**            |         |         |         |         |         |
| High school/GED          | 5 (16%) | 1 (3.2%) | 1 (3.2%) | —       | 3 (9.7%) |
| Associate degree         | 3 (10%) | —       | —       | 1 (3.2%) | 2 (6.5%) |
| Bachelor’s degree        | 12 (38.7%) | 2 (6.5%) | 4 (12.9%) | 4 (12.9%) | 2 (6.5%) |
| Graduate degree          | 8 (25.8%) | 3 (9.7%) | 1 (3.2%) | 3 (9.7%) | 1 (3.2%) |
| Professional             | 3 (10%) | —       | 1 (3.2%) | 1 (3.2%) | 1 (3.2%) |
| **Income**               |         |         |         |         |         |
| $20 000–49 000           | 2 (6.5%) | 1 (3.2%) | —       | 1 (3.2%) | —       |
| $50 000–99 000           | 14 (45.2%) | 4 (12.9%) | 2 (6.5%) | 2 (6.5%) | 6 (19.4%) |
| $100 000–149 000         | 5 (16%) | 1 (3.2%) | 2 (6.5%) | 2 (6.5%) | —       |
| $150 000–250 000         | 5 (16%) | —       | —       | 3 (9.7%) | 2 (6.5%) |
| Over $250 000            | 1 (3.2%) | —       | 1 (3.2%) | —       | —       |
| Prefer not to say        | 4 (12.9%) | —       | 2 (6.5%) | 1 (3.2%) | 1 (3.2%) |
| **Religious beliefs**    |         |         |         |         |         |
| Christian—Protestant     | 24 (77%) | 6 (19.4%) | 7 (22.6%) | 7 (22.6%) | 4 (12.9%) |
| Christian—Catholic       | 2 (6.5%) | —       | —       | 1 (3.2%) | 1 (3.2%) |
| Agnostic                 | 4 (12.9%) | —       | —       | 1 (3.2%) | 3 (9.7%) |
| Other                    | 1 (3.2%) | —       | —       | —       | 1 (3.2%) |
| Prefer not to answer     | 2 (6.5%) | —       | —       | 1 (3.2%) | 1 (3.2%) |
| **Political leanings**   |         |         |         |         |         |
| Far right leaning        | 1 (3.2%) | 1 (3.2%) | —       | —       | —       |
| Right leaning            | 6 (19%) | 4 (12.9%) | 1 (3.2%) | —       | 1 (3.2%) |
| Moderate                 | 8 (25.8%) | 1 (3.2%) | 3 (9.7%) | 3 (9.7%) | 1 (3.2%) |
| Left leaning             | 8 (25.8%) | 1 (3.2%) | —       | 4 (12.9%) | 3 (9.7%) |
| Far left leaning         | 3 (10%) | 1 (3.2%) | 1 (3.2%) | —       | 1 (3.2%) |
| Independent              | 2 (6.5%) | 1 (3.2%) | —       | 1 (3.2%) | —       |
| Prefer not to say        | 6 (19%) | 1 (3.2%) | 2 (6.5%) | 1 (3.2%) | 2 (6.5%) |
| **Currently licensed foster parent** | | | | | |
| Yes                      | 30 (96.7%) | 6 (19.4%) | 7 (22.6%) | 9 (29%) | 8 (25.8%) |
| No                       | 1 (3.2%) | —       | —       | —       | 1 (3.2%) |
| **Previously adopted**   |         |         |         |         |         |
| Yes, from foster care    | 11 (35.5%) | 2 (6.5%) | 2 (6.5%) | 2 (6.5%) | 5 (16%) |
| Yes, not from foster care | 3 (9.7%) | 1 (3.2%) | 1 (3.2%) | —       | 1 (3.2%) |
| No                       | 18 (58%) | 4 (12.9%) | 4 (12.9%) | 7 (22.6%) | 3 (9.7%) |
| **Length of foster service** | | | | | |
| 0–6 months               | 1 (3.2%) | —       | —       | —       | 1 (3.2%) |

(Continues)
of emergency (late February 2020). On the dates of the two focus groups, some counties were still in Phase 1 (most restrictive) of the state’s phased re-opening.

### 2.2 | Instruments

Prior to the focus group sessions, participants were asked to complete a questionnaire, including questions about demographic characteristics and their experience with foster care (see Table 1). During the focus group sessions, researchers utilized an instrument with questions about participants’ initial entree into becoming a foster parent, advice related to what foster parents wish they had known as a new foster parent (also asked as ‘what advice would you provide to a new foster parent?’), what they would say to encourage a friend to become a foster parent, memorable experiences, challenges that have impacted their commitment to fostering including the impact of COVID-19, what motivates them to continue fostering, and resources they believe are helpful in reducing the stress associated with foster parenting. If participants mentioned they had discontinued fostering, they were asked what changes would be needed to re-open their homes. For those who had provided care for foster youth during COVID-19, questions related to work, financial impact, visits, school and communication with their agency were explored.

### 2.3 | Procedure

#### 2.3.1 | Recruitment

Participants were recruited in a purposive, nonrandom method. Private foster care organizations in four states reached out to their network to recruit participants. Prospective participants were emailed a flyer regarding the focus group studies, and those who confirmed their participation were emailed a link to the videoconference. Focus group participants received a $25 gift card for participating. The four states were also chosen purposively. Two states were chosen because of their more restrictive COVID-19 response (e.g., issuing shelter-in-place orders; closing schools and public spaces; mandating masks), and two were chosen because of their less restrictive COVID-19 response (i.e., fewer restrictions on the public) in order to obtain a broader range of potential experiences.

#### 2.3.2 | Data collection

Each of the five online focus groups utilized Zoom videoconferencing technology, allowing researchers to see and speak with participants. The sessions were all held in July 2020, and each session lasted approximately 1.5 h and was audio-recorded and then transcribed.
Two authors led three focus group sessions, and two other authors led the remaining two. Participants were sent consent forms and demographic questionnaire to be completed prior to the focus group session. Consent was also obtained from all participants at the beginning of the interview.

2.4  |  Data analysis

The research team used a modified consensual qualitative research approach to the analysis of the data (Hill et al., 1997). After the recorded focus groups were transcribed and cleaned, two of the researchers independently assessed each of the five focus groups and determined broad domains of topic areas. The two researchers then met to discuss these domains, going back to the data as needed, until both members agreed on the final topic areas. The two coders had diverse experience in the topic, which helped as a check for biases and assumptions. Next, the coders worked to develop the core ideas, or themes, that emerged from the data. Each member did this independently and then again meet to discuss until consensus was reached. This process often included returning to the data, reading for larger context, and discussing data-based nuances. Finally, the coders looked across the five focus groups/four states to note across sites where codes were represented more or less emphatically. The domains and the final codes were audited by a third member of the research team with experience as a foster parent.

3  |  RESULTS

3.1  |  Themes

Data from five foster parent focus groups across four states were categorized thematically (see Table 3). The major themes included pathways to foster parenting, the impact of COVID-19 on foster parenting, and seeing the bigger picture. In addition to describing the broader themes, subthemes and codes that emerged, we included notations of divergent or more emphatic responses that occurred from participants in these less restrictive (States 1 and 2) or more restrictive (States 3 and 4) jurisdictions.

3.2  |  Theme: Pathways to foster parenting

All foster parents participating in these focus groups had completed their training and licensure prior to the COVID-19 pandemic. Foster parents identified several main pathways to becoming a foster parent with wanting to parent as a sub-theme. Some participants had fertility issues preventing children by birth and came to foster care afterward; for others, parenting children through foster care or adoption was their first choice, and a few others wanted to add more children to their family specifically through fostering and/or adoption. One parent in State 4 said, ‘...the reason we go into [foster care] is we had two boys of our own, but we always wanted to have a little girl. But, due to some health issues, we can’t have kids anymore.’ Having a personal connection to foster care was another sub-theme related to their interest in foster parenting. Personal connections included being a kinship placement and knowing someone who either was a foster parent or foster youth. Sometimes these connections were made through family, church and other community spaces,

| Theme | Subtheme | Codes |
|-------|----------|-------|
| Pathways to foster parenting | Wanting to parent | Infertility or health reasons, Did not need to have children by birth |
| Personal connections | Was fostered/adopted | Knew someone who fostered/adopted, Connection with foster/adopted child (i.e., through work) |
| Serving their communities | Desire to help a child/family in need | Spiritual/religious reasons |
| Impact of COVID-19 | Impact on children | Visits, School, Services, Social isolation |
| | Impact on foster parents | Work, Finances, Placements, Childcaring, Positive |
| | Systems of care | Communication with agencies, • Silence, • Supportive, • Unclear guidelines, Service delivery |
| | Child welfare processes | • More expectations on foster parent, • Stagnant process |
| Seeing the bigger picture | Memorable experiences | Seeing benefit to child, Reunification |
| | Advice for new foster parents | Supporting birth parents, Empathy/support for birth parents |
| | Motivation to continue fostering | Support, Understanding the system, Impact on kids, Impact on the family, Inspiring others to adopt |
or work. Finally, across all states the sub-theme of serving their communities was the most prominent; participants shared stories of how they specifically wanted to help children in need, and some described their religious or spiritual beliefs as being integral to this desire.

3.3 | Theme: Impact of COVID-19

Focus group participants identified ways the COVID-19 pandemic had impacted their lives as foster parents in three main categories: impact on children and youth they were parenting (viz., foster youth, but also at times other children in the home); impact to themselves (including managing work, child care responsibilities and financial repercussions); and systems of care (including availability and access of services, communication with agencies and reunification or transition services).

3.3.1 | Impact on children

Participants reported COVID-19 had affected their foster children’s wellbeing in several ways, most notably due to the change in visits, school, services and the toll of social isolation. Comments expressing frustration regarding visits was most prominent in State 4 than in the other states, although it was mentioned in more restrictive and less restrictive states. Participants reported visits became more infrequent and/or stopped, sometimes because birth and foster families did not have the technology needed to participate in virtual visits. Participants also mentioned virtual or phone visits were often difficult for the children, such as one parent in State 2:

And the fact that he did not want to be on the phone with his dad for 45 minutes was really frustrating for his parents... Fifteen minutes with a five-year-old on the phone is a long time. Even just for anyone, not just with a parent. So that was frustrating for them, that he did not want to stay on the phone with them that long. So, it was met with lots of challenges.

Not all foster parents found the shift to virtual visits difficult; a foster parent from State 1 shared:

I think the virtual visits are actually a blessing because at least for us, we have a three-and -a half-year old, because he got to see his mom in home, that is home [sic]. So, he got to show his mom where he sleeps, where he snacks, where he lives and that's really what a lot of young children want. They begin to love and depend on their foster family, they love their biological family, they want everyone they love to be together.

Another way COVID-19 impacted foster children, according to focus group participants, was their access to school and services. Participants in States 2 and 4 were more emphatic about school concerns. The shift to remote schooling was difficult for many families but particularly challenging for foster youth with disabilities. One parent in State 2 shared:

We had a sixth grader who was, I mean, it was like pulling teeth to get her to do any schoolwork, ever, including before COVID-19. And so, trying to get her to do it virtually was really frustrating and a source of a lot of conflict between her and us. And with her, conflict escalates very quickly, so that was hard.

Shelter-in-place orders meant medical and health-care services were delayed for some children. The impact of service delivery changes to families was mentioned in all four states, but most prominently in State 4. A parent in state 4 shared, ‘They just weren’t doing any elective procedures, nothing. And it was really, really frustrating and it was very hard to get him into the specialists that he needs. He was literally languishing because he wasn’t able to get the medical care that he needed.’ The shift to tele-health and virtual services also proved to be difficult for the children, particularly younger children with short attention spans. ‘I think our kids getting services has been really impacted’, said one participant from State 3.

I really want them to participate and do all the things that they want to do during the session. But the kids, they decide what they are going to do. So, they could have a great activity planned. And I always end up feeling guilty like, ‘I’m sorry, they just do not want to look at the screen. They want to just run around or something.’ So, I am bummed that they have not... of course I understand why, but I do not think they are really getting the maximum benefit out of their services right now.

Participants in State 4 shared their worries and concern over how the pandemic and stay-in-place orders were taking an emotional toll on their children. Although this concern was mentioned across all focus groups, it was most prominent in more restrictive states that were still largely shut down (States 3 and 4). Some parents worried the focus on social isolation was increasing a mistrust of people—with youth who already experienced trauma related to safety. ‘And one thing I really worry about is the trauma, that’s going to come to kids out of this for teaching them that people outside of our home need to be, you need to distance from or you need to wear a mask’, shared one parent in State 4, who added,

I do not know how to get her friends to wear masks. I mean, that’s not really my deal, but then I feel like they are not protecting my kid and I’m protecting their kid. I just want to move to the country, 30 miles from anybody. But what are we teaching them now, the world’s
unsafe, people are unsafe, do not hang out with your buddies?

The combination of stay-in-place orders and remote education seemed to be most difficult on adolescent foster youth. ‘The teenagers very much vocalize how frustrated they are; zero friends and then school going online’ said a parent in State 4, while another shared ‘especially with the older kiddos, they just they want to be with their friends and you know they can only watch so much TV and hang out with us uncool parents for so long. Before they’re like, I’ve got to get out of here. This is torture.’

3.3.2 Impact on foster parents

The pandemic effected foster parents in many ways as well. Themes that emerged related to the ways COVID-19 responses impacted foster parents themselves include work, finances, accepting or rejecting new placements, and positive aspects of having to stay-in-place.

Multiple aspects of the challenges of managing work responsibilities while child caring was mentioned across all states, and many comments intersected with other themes. Parents described how emotionally draining it was to both work and parent continuously without any breaks, because respite was unavailable and the health risks made childcare and/or babysitters undesirable, even if they were available. This theme was mentioned in each state except for state 1. Participants also described the difficulty of having to figure out how to schedule work hours with their spouse/partner or for those who were essential workers, how to work outside the home and keep the family safe at home. One parent in state 3 talked about how their family manages to balance work and childcare, saying,

My husband and I make it work. He wakes up at 4:00 a.m. and does his work in the morning while I take care of her. And then I start work when she naps and I’ll work with a break for dinner and bedtime, and then I’ll work again until 11:00 or 12:00 at night and then do it all over again.

Finances were a concern for families, and some mentioned the impact of job losses, having to cut hours or salary, but the other aspect of finances for participants were the associated with being at home more (such as groceries and internet costs) and the loss of resources formerly available to foster families as a result of the pandemic, such as the availability of clothing banks for foster children.

Considering the health implications of the virus, it was not unexpected that foster parents had to consider whether they would accept a new placement. Participants in all focus groups discussed what they considered when asked to take in a new foster placement, but in State 4, it was mentioned with more frequency and emphasis. Participants focused on the risk of exposing a family member or child who was immune-compromised or had a pre-existing health condition that might occur if they accepted a new child. Some participants accepted new placements under the condition all visits would be conducted virtually or by phone, to minimize the risk of exposure to COVID-19. Another aspect participants grappled with regarding accepting placements was related to their work; participants who were essential workers (or their spouses) were concerned that their job exposed them to the virus and therefore reduced their comfort in accepting new placements. Participants also mentioned the difficulty in accepting placements because the additional challenges of working (at home or out of the home), supervising children’s remote education, and/or lack of childcare left little to no time for taking on the responsibilities of acclimating a new foster placement.

Although most of the participants discussed the negative impact of the pandemic and associated restrictions, a few participants in States 1, 2 and 4 mentioned positive outcomes. These participants discussed how the shelter-in-place orders provided more time for the family to spend together and that the additional time increased bonding.

3.3.3 Systems of care

Foster parents’ perspective on the child welfare system emerged from the focus groups, including their comments on communication with and from child welfare agencies, the delivery of services and the impact of the pandemic on child welfare processes such as timelines, case activities and services. Participants spoke at length about the types of communication they received from their agencies—including the state agencies as well as private foster care licensing agencies. The difference in communication from the state compared with private agencies was noticeable; praise for workers largely were directed towards agencies that supported the parents, whereas state agencies responsible for foster children were reported as silent, unhelpful or unclear. Participants in States 1, 3 and 4 mentioned that agencies were silent—caseworkers stopped checking in, ‘went missing’ and were generally noncommunicative; those in State 4 were particularly vocal about the lack of information and as one parent stated, ‘even if the information coming down is that we don’t know, I do so much better if I know it’s on their radar.’ Participants in all states also expressed frustration with unclear guidelines or conflicting advice or communication from agencies. A participant in State 1 shared

But I think at the beginning, it was just so much confusion of not knowing what we were supposed to be doing or not supposed to be doing. Just because they said, ‘Oh, it spreads this way and it lives this long.’ And that kind of thing. And then I just pretty much decided that nobody knows anything. So, we are just going to stay home for now.

Support and praise for agency communication was mentioned in States 1, 3 and 4. In State 1, all the praise was aimed towards a private, nonprofit agency and numerous individuals mentioned specific ways their workers provided both timely information and support.
such as frequent check-ins. These comments were counterpoised against those made about the state caseworkers who were also assigned to their case.

Service and resource access and availability were a concern across all four states, but again presented as most problematic in State 4. Problems accessing services was mentioned, such as having services cancelled or difficulty in re-scheduling services due to the changes providers had to make to switch to virtual delivery or cancelling all nonemergency services in the case of the health-care system. Material resources helpful to foster families such as clothing, toys and food were also reduced or eliminated because sites closed due to the pandemic. Access to services for foster children was not the only area of service delivery negatively impacted. Participants mentioned how important and helpful peer support groups were to their well-being.

The pandemic resulted in changes in child welfare processes which in turn affected foster parents. These changes included more expectations on foster parents and stagnated processes related to casework (both of which were most frequently mentioned in State 4). Participants in States 1, 3 and 4 described the additional roles foster parents had to take on as a result of the pandemic, especially regarding having to supervise visits with birth parents, being asked to transport a child long distances to meet up with the child’s next placement, and having to advocate more for the child because of slow or halted progress on the child’s case. A participant in State 4 also described the additional expectations placed on foster parents but not birth parents:

I feel like there’s a disparity there where foster parents are being held to this really high standard. And for most of us, it’s not a big deal, but when some of the social workers and some of the employees of the state are saying, well, you have to have your kid have in-person visits, but the birth parents aren’t being held to the same standards. That’s a little bit hard to swallow.

3.4  Theme: Seeing the bigger picture

Regardless of the difficulties placed on these foster families as a result of the pandemic, participants expressed commitment to continue fostering even if it meant being more particular about the terms, as reflected in the previous theme related to accepting new placements. Overall, these focus group participants described the importance of seeing the bigger picture—as one parent stated, ‘The system is terrible, but the kids need you.’ Participants in States 2 and 4 shared positive memorable experiences that included the pleasure of seeing foster children bond and thrive, and difficult memorable experiences such as seeing their foster children reunified—sometimes successfully and sometimes tragically. Participants in all four states mentioned growing in empathy and support for birth parents as positive, memorable experiences. The importance of supporting birth parents was also mentioned in all four states, particularly related to the bigger picture of supporting reunification. Participants in all states also emphasized the need for foster parents to seek and utilize support, particularly with other foster parents. In addition, participants in States 2, 3 and 4 advised new foster parents understand the ways the child welfare system operates. In State 1, participants talked about the lack of control that foster parents have, and other participants discussed understanding agencies’ expectations for foster parents.

Finally, participants in each state mentioned that knowing their caregiving had a positive impact on the children they fostered was a motivation to continue fostering. In addition, parents in States 2 and 3 also mentioned the impact on themselves and their families, as well as inspiring others to adopt, helped motivate them to continue. As one parent from State 2 stated, ‘I would totally recommend foster parenting to my friends, because it’s opened up a new kind of love for us that we didn’t even know. I mean, we’re not parents, other than being foster parents, but our hearts have grown, and I couldn’t imagine not doing it at this point in our lives.’

4  DISCUSSION

This study achieved its objective to understand the impact of COVID-19 on foster parents’ experiences. COVID-19 created additional challenges for foster parents in all of the states, regardless of the restrictions enacted by their individual government. The foster parents who participated in these focus groups expressed concern about how the changes to conducting visits, participating in services and school, and the social isolation was impacting the foster children in their care. They also reported the ways the pandemic created additional expectations and stress, particularly in managing work and parenting. Across these four states, the participants who reported challenges related to fostering during COVID-19 the most emphatically were those in State 4, the state with the most restrictions. Notably, these foster parents were more vocal about poor communication with their state public agencies and in their concerns about taking in new placements.

While each focus group clearly identified deficits in their system’s functionality, the commitment of many of these caregivers was evident, and that serves as a testament to the child welfare agencies that recruited, trained and utilize them for service. Nevertheless, in light of these findings, clear areas of practice and policy changes were identified that called for improvements.

4.1  Implications for practice

Following Hurricane Katrina, researchers show there was an increase in the number of children who entered US foster care, but also note the rise in the number of kin caregivers; it also led to more calls for disaster planning (Davis & Miller, 2014). Regardless of whether authorities were prepared for natural disasters, it is clear many child welfare agencies had no playbook for guiding the response to the COVID-19 pandemic. Child welfare authorities at every level should update their disaster response plans to incorporate public health emergencies that account for future long-term quarantines, shut-downs, and limitations to in-person schooling, caseworker visitation, court proceedings, and
As schools plan re-opening, children in foster care ought to be among the impacted by COVID-19 (Leigh, others; and while some birth families have been significantly negatively from ongoing support from child welfare workers, foster parents and reunification, despite the many challenges present during a pandemic. The goal of an emergency response plan should be to quickly assess, adapt and provide for the safety and permanency goals of children and youth in care; that means including plans to support and partner with child welfare workers, birth family members, foster parents and the wider community.

A strong emphasis in the public health messaging in response to COVID-19 is that of practicing social distancing and strictly limiting interpersonal interactions. For foster parents tasked with the role of maintaining children’s health and safety, messages restricting social interactions can stand in contradiction to pre-pandemic training messages foster parents received. Considering this, foster parents should be given clear communication, training and support on how they can continue to support children’s permanency goals, including reunification, despite the many challenges present during a pandemic. Often, the birth families of the children and youth in foster care benefit from ongoing support from child welfare workers, foster parents and others; and while some birth families have been significantly negatively impacted by COVID-19 (Leigh, 2020), the foster parents who are caring for their children do not have clarity about how they can help support the permanency goal of reunification. This study found that technology options, such as video-conferencing, can be both a help and hindrance to building these relationships. Child welfare authorities would benefit from identifying an array of acceptable and realistic options for meeting alternatives when traditional parent visitation is restricted.

Although some foster parents found advantages, the general shift to remote visits with birth families, virtual tele-health services and remote education was a challenging aspect of foster parenting through COVID-19; this finding is consistent with what other researchers have found of foster parents during the pandemic (Kentucky Youth Advocates, 2020). Future practice should recognize the burden of managing this workload on foster parents, so systems can be developed to minimize the number of virtual sessions foster parents need to schedule, attend and/or facilitate.

### 4.2 Implications for policy

As schools plan re-opening, children in foster care ought to be among the first group of vulnerable children to have on-campus schooling options, which has happened in some school districts (Khmara, 2020). When children in care are attending school in-person, not only does this allow opportunities for additional service providers to meet children’s needs, but it may relieve overly burdened foster parents of the additional responsibility of managing at-home schooling for the children in their care.

From federal to local authorities, child welfare officials were unprepared for the impact of COVID-19 on the child welfare system. Existing policy necessitated waivers, clarifications, or amendments to allow for more flexibility in monthly safety checks, birth family visitation, and other practices. Policy changes allowing for more flexibility at the local level would allow foster parents to receive communication about changes in practice faster than they did during the initial months of the pandemic. At the federal level, policy changes allowing for flexibility in visitation requirements, financial reimbursement eligibility and caseworker practices should be made with an expectation that future natural disasters and public health emergencies will bring unique and unforeseen challenges. States, tribes, territories and other child welfare agencies should have confidence that they will be supported when they swiftly adapt in response to conditions impacting their jurisdiction.

### 5 LIMITATIONS

There are several limitations to this study, including unknown representativeness of the sample to the wider foster parent population. Given the length of time and number of years that foster parents in this study had served, it is likely that these participants are part of the minority of foster parents that Cherry and Orme (2013) have identified as providing a disproportionately high level of foster service. Whereas in our study, two-thirds of the participants had over 2 years of experience, most foster parents in the United States end their foster service within the first 2 years (Gibbs, 2004). Additionally, the geographic representativeness of this study is somewhat limited, including only four states’ foster parents.

The online platform was essential to meet with participants during a pandemic; however, online video conferencing is not the same as in-person meetings, and the research team had limitations in being able to capture body language and other nonverbal responses. Given the nature of videoconferencing, there is a risk of participants having divided attention, with distractions on their computer, home environment or elsewhere.

It should be noted that the participants in State 1 all used services from one particular private, nonprofit agency and had been recruited to participate in the focus group from that agency, although no agency employee was involved in the actual focus group session. The praise for the agency and for specific workers should be understood in context.

### 6 CONCLUSION

Significant preparation and policy formation needs to be put forth to ensure child welfare systems are better able to sustain the necessary level of support needed for children’s safety and permanency goals during future public health outbreaks. This study shows us five snapshots in four different states of the extraordinary efforts and views of foster parents who prioritized and sacrificed for children and youth in foster care to be safe and move towards their permanency goals. Along with many child welfare workers, foster parents have served, and continue to serve, as COVID-19 frontline workers—yet often with the fanfare or notoriety of other public essential workers.
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CONFLICT OF INTEREST
The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available from the corresponding author upon reasonable request.

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