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Experiences of young adults with a history of foster care during COVID-19

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ABSTRACT

This study assessed the needs, concerns, and strengths of young adults (ages 18–26), previously placed in foster care, in response to coronavirus disease 2019 (COVID-19). One hundred and twenty-seven participants completed the survey in May and June, offering a preliminary description of the impact of Shelter in Place (SIP) due to COVID-19 on their well-being. The mixed-methods, cross-sectional survey assessed participants’ perspectives regarding (1) changes in physical, financial, professional, social, relational, and psychological levels of concern and (2) the general impact of SIP due to COVID-19, as well as the unique impact as a current or former foster youth. Participants reported significant increases in their level of concern in each domain from before SIP orders to during SIP, which was maintained in anticipation of the year following SIP. Participants also described their experiences with SIP and COVID-19 as unique, due to their lived experience as a former foster youth. Findings highlight a need for a coordinated short and long-term response to address the needs and concerns of this vulnerable population.

1. Introduction

The effects of the coronavirus disease 2019 (COVID-19) were profound, and the rate and reach of COVID-19’s spread was sobering. Within two months of appearing in the United States, the rapid transmission of COVID-19 necessitated radical response, including state and local Shelter in Place (SIP) mandates, social distancing, and self-quarantine. Societal regularities and individual well-being underwent unprecedented change, but not all were affected equally. The disparate impact of SIP and of COVID-19 was noted across socioeconomic status, race and ethnicity (Hooper, Nápoles, & Pérez-Stable, 2020; Raifman & Raifman, 2020; Rollston & Galea, 2020), with continued research warranted to identify and challenge disparate impact.

Those with a history of foster care have, too often, endured significant disparities, risk, and consequence to both their immediate and long-term well-being (Crane & Ellis, 2004; Fluke, Harden, Jenkins, & Ruehrdanz, 2010). It is critical that research prioritize the voices and needs of those from historically marginalized and under-resourced communities during COVID-19 and SIP, to inform appropriate responses. This paper builds on preliminary report (Ruff, Hebbala, & Vega, 2020) to summarize findings from a survey distributed among young adults in several United States, ages 18–26, with a history of foster care, during the pandemic.

2. Literature review

2.1. Young adults with a history of foster care

In any given year there are close to 500,000 individuals in foster care, of which approximately 50,000 are young adults, ages 16–20 (USDHHS, 2019). Considerable research suggests that attention is warranted to the unique experiences and needs of these young adults due to the increased challenges they often face associated with a history of individual, relational, and systemic trauma, and paired with a lack of adequate resources and access to quality support (Courtney & Dworsky, 2006; Courtney, Dworsky, Lee, & Raap, 2010; Courtney et al., 2018; Cunningham & Diversi, 2013). Moreover, those who transition out of care tend to experience an increased likelihood of homelessness, financial instability, and reliance on public assistance in comparison to young adults who were not in the foster care system (Berzin, Rhodes, & Curtis, 2011; Berzin, Singer, & Hokanson, 2014; Courtney & Dworsky, 2006; Osgood et al., 2010). During SIP due to COVID-19—an unprecedented, uncertain time for anyone—it is imperative that we inquire about the experiences, concerns, and needs of young adults with a history of foster care to learn how to offer support.

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2.2. Risk and experience during COVID-19

In the midst of SIP due to COVID-19, the health disparities that already existed for marginalized communities heightened, exacerbating differential impact (van Dorn, Cooney, & Sabin, 2020). Racial and ethnic health disparities increased due to differential access to, and quality of, health insurance, testing, and treatment, as well as the ability to practice social distancing (Hooper et al., 2020; Rollman & Rollman, 2020). These disparities risk exacerbating those present and persistent in the child welfare system for families of color and disadvantaged socioeconomic status (Watt & Kim, 2019; van Dorn et al. 2020). Social distancing is a privilege that depends on access to safe, stable housing, and adequate resources to convert work and school online (Hooper et al., 2020; Rollman & Galea, 2020; Yancy, 2020). Without these privileges, COVID-19-related exposure and risk increases drastically.

Preliminary investigation aimed at understanding the experiences of current and former foster youth (ages 18–23) during COVID-19 indicated grave concern. Findings showed adverse impact during COVID-19 to housing, finances, food security, education, professional goals, and personal connections with the majority (56%) of participants reporting clinical levels of depression or anxiety (Gresson, Jaffee, & Wasche, 2020). Continued investigation and ongoing replication of this research is necessary, aligned with an understanding of how experiences are perceived to change in response to COVID-19 and SIP, and what resources might be of benefit to mitigate risk.

2.3. Statement of purpose

The purpose of this study was to learn from current and former foster youth about the impact of SIP and COVID-19, and to inform appropriate responses. As a novel phenomenon without known impact, this study first used open-ended questions to learn about participants’ experiences during COVID-19, and whether participants perceived these experiences to be unique as current or former foster youth. Here, the aim was to listen broadly in hope of informing next steps for research and action. Second, using a cross-sectional design, and informed by the biopsychosocial framework (Engel, 1977) this study sought to examine possible changes in perceived physical, financial, professional, social, relational, and psychological concern to inform short and long-term service provision.

3. Methods

A concurrent mixed-methods design was used in order to gain a deeper understanding of the biopsychosocial impacts of the COVID-19 pandemic on former foster youth as well as their perspectives on whether they believe there to be unique effects of the pandemic for those who have had lived experiences in foster care (Molina-Azorin & Cameron, 2010; Tashakkori & Creswell, 2007). This mixed-methods survey design is most appropriate when researchers want to explore a phenomenon and be able to disconfirm and confirm findings (Wiggins, 2020). Second, using a cross-sectional design, and informed by the biopsychosocial framework (Engel, 1977) this study sought to examine possible changes in perceived physical, financial, professional, social, relational, and psychological concern to inform short and long-term service provision.

3.1. Research team

Our research team is composed of licensed mental health professionals who have advanced postsecondary degrees and an interest in reducing health disparities. The first author has fifteen years of clinical experience and ten years of research experience with child welfare; the second author has twenty years of experience conducting and providing consultation on mixed methods and qualitative studies. The second author served as the auditor for the data analysis process.

3.2. Procedures

Following approval from the Institutional Review Board for the Protection of Human Subjects, the research team used convenience sampling to recruit young adults, ages 18–26 years, with a history of foster care placement to participate in the confidential survey. The team of trained research assistants and the Principal Investigator advertised the study title, purpose, protocol, and eligibility with organizations providing services to and for foster youth, as well as with national listservs for young adults (e.g., child welfare nonprofits, guardian scholar programs). Recruitment and participation were restricted to May and June of 2020. Interested participants completed the consent form, and the 20-minute online survey. All participants were entered into a raffle to win one of four $50 gift cards for participation.

3.3. Participants

To meet study inclusion criteria, participants had to be between the ages of 18 years old and 26 years old, and have a history of being in foster care. The majority of participants lived in California (n = 76, 60%) or Arizona (n = 76, 19%); overall, participants resided in eleven different states, with five reporting to live without “a place.” See Table 1 for a summary of participant characteristics.

The average time spent in foster care across participants was 5.34 years (SD = 4.77 years, range = 3 months – 21 years). Participants endorsed the following placement types with in care: non-family foster care (n = 70, 55%); emergency foster care (temporary non-family placement, designed to be < 30 days; n = 57, 45%); group home (family-like home with more than one foster child and professionals; n = 41, 32%); kinship foster care (placement with family member, ward of the court; n = 34, 27%); foster/adoptive family (foster family adopted you from foster care; n = 23, 18%); relative placement (not ward of court, voluntary relative placement, n = 18, 14%); and/or residential treatment center (intensive residential care, n = 15, 12%). The majority (n = 84, 66%) had endorsed residing in more than one type of placement.

Eighteen participants reported to have been tested for COVID-19; one tested positive. Thirty-one (25%) participants knew someone who tested positive for COVID-19, including family (n = 13), friends (n = 10), and coworkers (n = 1). When provided space to elaborate on this answer, some shared direct experiences with COVID-19 (e.g., “Many people I know have tested positive. I also know people who have passed;” “I want you guys to know that we are worried and scared for ourselves and loved ones even if we don’t have that many.”).

Table 1

| Variable | M (SD) | % |
|----------|--------|---|
| Age      | 21.3(2.7) |  |
| Gender   |        |   |
| Female/Feminine | 73.2 |  |
| Male/Masculine  | 23.6 |  |
| Non-Binary | 2.3 |  |
| Race/ethnicity |  |   |
| Hispanic | 22.8 |  |
| White/Caucasian | 24.4 |  |
| Black/African-American | 14.9 |  |
| Multi-Ethnic | 13.3 |  |
| Latinx | 10.2 |  |
| Asian/Pacific Islander | 7.9 |  |
| Other | 3.9 |  |
| Native American/American Indian | 2.3 |  |
| Living Situation Had Changed Due to SIP/COVID-10 | 36.2 |  |
| Employment | | |
| Unemployed Due to COVID-19 | 33.0 |  |
| Employed; Concerned about Changes Due to COVID-19 | 30.7 |  |
| Unemployed for Reasons not Related to COVID-19 | 18.9 |  |
| Unemployed; Not Seeking Employment | 7.0 |  |
| Employed; not Concerned about Changes Due to COVID-19 | 7.9 |  |
3.4. Data collection

The online survey included open- and closed-ended questions about participants’ demographic information and foster care history. To assess potential changes since SIP, the authors relied on a biopsychosocial framework (Engel, 1977) to examine participants reported on specific domains including their physical, financial, professional, social, relational, and psychological levels of concern, using a scale (“1” (“not at all concerned”) to “5” (“extremely concerned”). Participants also reported on their pride in their strengths and accomplishments. The survey offered an example of each domain (e.g., “physical health” pertains to “illness, symptoms, fatigue, physical activity, sleep, overall health”) in relation to COVID-19. The authors did not rely on extant measures as these were not available, in relation to perceived change associated with the pandemic. As a cross-sectional study, participants were asked, “Prior to COVID-19, how concerned were you about [each domain];” “What is your current level of concern about [each domain],” and; “What is your level of concern about [each domain], in the year following COVID-19.” Prior to offering a response to well-being in each domain, participants were asked two open-ended questions that helped us to understand how they felt COVID-19 had impacted them and how former foster youth may have unique experiences with the pandemic. The short answer question prompts were:

1. Can you please tell us a bit about how COVID-19 has impacted your life?
2. Do you think as someone who has been in the foster care system, COVID-19 has had a unique impact on you? Please explain.

3.5. Data analysis

The analysis was driven by a commitment to capturing youths’ voices through description of quantitative and qualitative response sets. For quantitative questions, frequencies are reported for all domains, and the non-parametric Wilcoxon signed-rank test was used to evaluate, separately, change in the ordinal-scaled ratings prior to COVID-19 and current levels; and current levels to the year following COVID-19. For qualitative analysis, we used conventional content qualitative analysis to understand the lived experiences of former foster youth with COVID-19 and SIP orders. This type of qualitative methodology, also known as inductive category development, is most appropriate because we did not have preconceived categories or ideas of what we would find and instead allowed participants’ stories to flow from the data (Kondracki & Wellman, 2002; Mayring, 2000).

The two-person research team first read through all of the answers to the qualitative questions to get a sense of the data before they derived initial codes, by jotting them in the margins. After meeting to discuss initial codes, the categories and subcategories began to emerge into meaningful clusters (Patton, 2002). The coding team met three times to discuss differences in interpretations and in all cases were able to reach consensus on the categories and subcategories. We used the technique of bracketing and the coding discussions to facilitate our critical consciousness of how our clinical experience and lack of personal experience in foster care influenced our interpretations of the data. At this point, the research team reviewed all of the short answers for a third time and highlighted the codes and quotes by the color assigned to each category and subcategory. Throughout this process, subcategories were consolidated into the most concise categories which resulted in the final coding scheme of five major categories and 13 subcategories. The research team ensured the trustworthiness and credibility of the findings by using strategies such as peer debriefing, an audit trail, bracketing, and triangulation with relevant literature and quantitative survey results (Anfara, Brown, & Mangione, 2002; Manning, 1997).

4. Quantitative results

Table 2 provides a summary of participants’ reports of concern for the domains assessed. Results of the Wilcoxon signed-rank test are shown in Table 3. The non-parametric Wilcoxon signed-rank test was used to evaluate change in the ordinal-scaled ratings in concern prior to COVID-19 and current level, as well as from current level to the year following COVID-19. We provide the matched-pairs rank-biserial correlation coefficient (Kerby, 2014) as a measure of effect size and following Cohen’s (1988) guidelines, r coefficients of 0.10, 0.25, and 0.50, represent small, medium, and large differences, respectively.

The mean rank scores for concern over financial stability, physical health, social support, relationship well-being and psychological well-being all significantly increased from prior to COVID-19 to current levels and the increases were all associated with a large effect. Levels of concern did not significantly change from current levels to the year following COVID-19 with the exception of physical health, which significantly decreased (medium to large effect). The mean rank scores for confidence in professional goals significantly decreased (large effect) from prior to COVID-19 to current levels. The decrease in confidence in professional goals trended toward increasing from current levels to the year following COVID-19, but not at a statistically significant level. No significant change in pride for strengths and accomplishments was found from prior to COVID-19 to current levels, however, from current levels to one year following COVID-19 levels of pride in strengths and accomplishments significantly increased (large effect).

5. Qualitative findings

In total, 112 (88.2%) participants provided qualitative data for the item “Can you please tell us a bit about how COVID-19 has impacted your life?” and the average response was 41.1 words (SD = 52.9, minimum = 2, maximum = 313). A majority of participants (n = 108, 85.0%) also provide qualitative data for the item “Do you think as someone who has been in the foster care system, COVID-19 has had a unique impact on you?” and the average response was 27.9 words (SD =

| Domain                                      | Not Concerned | Slightly Concerned | Somewhat Concerned | Moderately Concerned | Extremely Concerned |
|---------------------------------------------|---------------|--------------------|--------------------|----------------------|---------------------|
| Physical (n = 119; “illness, symptoms, fatigue, physical activity, sleep, overall health”) |               |                    |                    |                      |                     |
| Pre                                         | 41.2          | 21.8               | 16.8               | 14.3                 | 9.5                 |
| During                                      | 26.1          | 21.8               | 20.2               | 17.6                 | 14.3                |
| After                                       | 31.1          | 21.0               | 21.0               | 16.8                 | 10.1                |
| Financial (n = 123; “month-to-month expenses, housing, transportation, food and clothing”) |               |                    |                    |                      |                     |
| Pre                                         | 19.5          | 22.8               | 13.0               | 24.4                 | 20.3                |
| During                                      | 7.4           | 16.4               | 14.8               | 30.3                 | 31.1                |
| After                                       | 5.7           | 13.9               | 19.7               | 29.5                 | 31.1                |
| Social (n = 117; “access to community when needed for connection or support”) |               |                    |                    |                      |                     |
| Pre                                         | 46.2          | 18.8               | 13.7               | 12.8                 | 8.5                 |
| During                                      | 33.6          | 14.7               | 15.5               | 20.7                 | 15.5                |
| After                                       | 38.5          | 12.8               | 12.0               | 22.2                 | 14.5                |
| Relational (n = 117; “having healthy, mutual exchanges with key people in your life”) |               |                    |                    |                      |                     |
| Pre                                         | 46.1          | 18.3               | 13.0               | 13.9                 | 8.7                 |
| During                                      | 38.3          | 14.5               | 16.5               | 14.4                 | 13.0                |
| After                                       | 40.4          | 13.2               | 16.7               | 14.0                 | 15.8                |
| Psychological (n = 112; “symptoms of anxiety/depression or any other mental health concerns”) |               |                    |                    |                      |                     |
| Pre                                         | 37.5          | 17.0               | 18.8               | 16.1                 | 10.7                |
| During                                      | 28.6          | 12.5               | 19.6               | 17.9                 | 21.4                |
| After                                       | 28.6          | 14.3               | 18.8               | 19.6                 | 18.8                |

Note. Missing data ranged for each domain, as noted in the table. All frequencies were calculated as valid percentages.
major categories emerged from the data: (a) Physical wellness; (b) circumstances. Additionally, one participant said, “I was unemployed, then my hours were reduced therefore I’m making half of what I was making before which is making living really hard.” Another described similar impacts, “I had to give up my apartment due to lack of employment, so now I am staying with a friend’s family, I now have no source of income and no home.”

5.2. Increased challenges to accessing/completing education

Thirty-seven participants experienced challenges related to their vocational training or schooling, such as the switch to online classes making it more difficult for them to learn, stay motivated and access their education. Others had to stop going to school or their training due to other factors like no longer being able to afford to take classes or failing out. One participant said, “It has made learning much harder due to schools being moved to online. As well as made my living situations difficult.” These other participant quotes illustrate these challenges as well:

My commencement ceremony was canceled, I completed my BA and a BS this past spring. I am still employed but I am very worried about the viability of my positions in the near future. I fear that I may not have my jobs for long if this keeps up. Additionally, I was accepted into grad school this fall but now I may have to consider differing for a semester so I can take in-person courses (I struggle deeply with online learning).

5.3. Financial stress/strain

The third major category was related to participants’ expressions of financial strain/stress and within this category, three subcategories emerged from the data including: (a) No familial financial support to rely upon; (b) Housing insecurity/homelessness; and (c) Decreased access to resources. While this domain is certainly related to others (i.e. less access to healthcare), financial stress was often mentioned independently of other concerns.

5.1. Physical wellness

While participants seemed to be less focused on their physical wellness than their psychosocial functioning in their responses, there were twenty participants who specifically mentioned what became two subcategories under this major category: (a) Less access to physical healthcare and (b) Worsening/Higher risk to physical challenges. We believed that these are separate subcategories because one is about resource acquisition whereas the other is related to their perceived physical health risk.

5.1.1. Less access to healthcare

Participants identified settings like college and workplaces as being linked to healthcare access. Therefore, with many facing some form of job loss, underemployment and/or moving to online schooling, participants expressed fears of and actual experiences of decreased access to healthcare. One participant said, “I am a CNA and I work at hospitals and skilled nursing facilities. I believe that these are separate subcategories because one is about resource acquisition whereas the other is related to their perceived physical health risk.

31.9, minimum = 1, maximum = 132). We compared youth who did and did not provide information on each of the items and no significant differences were found (all p-values > 0.115).

Participants described an array of ways that they had personally experienced the impact of COVID-19 that generally confirmed the quantitative results, while offering increased understanding and illustrative examples. Emerging from the data were felt and perceived impacts on their physical wellness, vocational development, and psychosocial wellness. Likewise, seventy-three participants voiced their belief that young adults with a history of foster care do uniquely experience the qualitative data and of course is related to a number of other hardships mentioned within other categories. One participant illustrated this hardship with this quote, “I was unemployed, then my hours were reduced therefore I’m making half of what I was making before which is making living really hard.” Another described similar impacts, “I had to give up my apartment due to lack of employment, so now I am staying with a friend’s family, I now have no source of income and no home.”

5.2. Vocational functioning

The second major category of findings related to participants’ perceived and actual vocational experiences and functioning. Responses having to do with vocational functioning were significant enough to be its own category. Two subcategories were found within this category: (a) Unemployment/underemployment and (b) Increased challenges to accessing/completing education.

5.0.1. Unemployment/Underemployment

Over half of the participants reported that they had experienced job loss, been put on unemployment or had lost work hours due to the COVID-19 pandemic. This was the most robust subcategory across all the qualitative data and of course is related to a number of other hardships mentioned within other categories. One participant illustrated this hardship with this quote, “I was unemployed, then my hours were reduced therefore I’m making half of what I was making before which is making living really hard.” Another described similar impacts, “I had to give up my apartment due to lack of employment, so now I am staying with a friend’s family, I now have no source of income and no home.”

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Table 3

Results of the Wilcoxon Signed-Rank Test.

| Item                              | Prior to COVID-19 to Current Levels | Current Levels to One Year following COVID-19 |
|-----------------------------------|-------------------------------------|-----------------------------------------------|
|                                   | Z-score    p-value     r             | Z-score    p-value     r             |
| Financial stability              | 4.53       <0.001       0.62          | 0.72       0.470        0.11          |
| Physical health                  | 4.36       <0.001       0.67          | 2.44       0.015        0.41          |
| Social support                   | 4.46       <0.001       0.69          | 1.66       0.097        0.35          |
| Relationship well-being          | 3.43       0.001        0.35          | 0.26       0.796        0.05          |
| Psychological well-being         | 4.84       <0.001       0.76          | 1.22       0.224        0.27          |
| Professional goals               | 3.79       <0.001       0.57          | 1.81       0.070        0.34          |
| Strengths and accomplishments     | 1.33       0.184        0.19          | 2.65       0.008        0.50          |

Note. Effect size measure is the matched-pairs rank-biserial r and is provided to evaluate the magnitude of change. Following Cohen’s (1988) guidelines, r coefficients of 0.10, 0.25, and 0.50, represent small, medium, and large differences, respectively.

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5.3.1. No familial financial support to rely upon

Similar to participants’ experiences of displacement, not having a familial sanctuary, over twenty responses focused on the increased financial strain that were attributed to not being able to draw on familial resources. Often, these responses were included in reports of feeling alone. For example, one participant said, “I have no one to call for help when I don’t have money for food. I do not have a family that can support me or my children. I have been on my own for a long time.” Another participant asserted similar linkages by saying, “Yes, there have been unique effects, especially financially. This is because we take care of ourselves and don’t usually have family to fall back on when it comes to financial support.”

5.3.2. Housing insecurity/homelessness

Thirty-one participants reported that they were either experiencing homelessness or housing insecurity and believed that a unique impact of the pandemic and SIP orders was housing insecurity. The following quotes illustrate these lived experiences and fears:

Yes, it can put you homeless in a matter of days. There is not a familial safety net and those in foster care rely heavily on the governmental assistance. In essence our livelihoods are tied to assistance from the government.

My life has been made worse. I can’t go into fast food places and use the restroom. I can’t go to the gym and shower, being homeless and living outta your car is crazy right now. My friends barely allow me to hang with them. I can’t go inside anyone’s home. It’s lonely, I’ll say that much.

Similarly, another participant responded, “I was sleeping at a bus stop because I had nowhere to go and all the housing programs shut down.”

5.3.3. Decreased access to resources

Forty-four participants mentioned that they had experienced some loss of resources more generally or that they felt like this would be a unique impact of the pandemic on young adults who had lived experience in foster care. Participants reported feeling more food insecure, had less access to transportation and childcare assistance due to the effects of SIP orders and social distancing regulations. Less access to resources often affected their ability to remain gainfully employed, feed themselves and their family and have adequate childcare so that they could attend work or school. The following quotes exemplified these realities:

Because of the pandemic, I’ve lost ALL reliable housing, food, and transportation that I had planned. I was homeless brevity, and am transient, living with former friends for uncertain time lengths. I’ve moved TWICE since March and am not making enough money at work, where hours are limited due to Covid-19, to support myself at all. On top of that, I am forced to put myself at further risk by using ride-sharing apps for transportation (Since I was repeatedly refused to be taught how to drive while a ward of the state due to “liabilities”).

Food insecurity, mental issues, and financial instability are the most prevalent issues that impact our foster care community. With COVID we are stuck with these issues indoors and by ourselves. Most people have a hard time even asking for help, even I had trouble just trying to help myself in these times by making appointments to see a therapist.

One participant described the connection between inadequate childcare and her ability to stay employed by saying, “Childcare closed might have to quit my job because I can’t afford the ones that are open.”

5.4. Psychosocial wellness

Another major category that emerged from the qualitative data was related to psychosocial functioning. Six subcategories emerged from the data in the area of psychosocial wellness including: (a) Increase in mental health symptoms; (b) Changes in social support and absence of familial sanctuary; (c) Uncertainty; (d) Reminder of trauma experienced in foster care; (e) Continuum of psychosocial adaptation; and (f) Worry/Want to help others.

5.4.1. Increased mental health symptoms

Participants (n = 17) described intensified mental health symptoms such as depression, anxiety, despair, post-traumatic stress symptoms. For example, one participant said, “My social anxiety has skyrocketed” and “I have much less hope for my future.” Another participant wrote, “My mental health has really gone downhill since I haven’t been working and I also have ADHD and doing all my classes online has really been a struggle for me.” Similarly, the following quotes illustrated further participants’ perception that they were mental health symptoms were exacerbated due to COVID-19 and SIP orders:

My mental health has been worse. My anxiety and depression are increased because I am indoors all the time and not having much social interactions. I am not able to complete my school-work through remote instruction because I lack motivation that comes from going to class in person.

In Idaho 1 in 4 foster youth are diagnosed with PTSD. When the shelter in place order started, I suffered some significant triggers due to my own PTSD and my grades and mental health suffered for weeks.

5.4.2. Social isolation and no sanctuary

Relatively, two other subcategories were changes in social support resulting in increased experiences of isolation and loneliness (n = 22) as well as an absence of having a familial sanctuary as being unique experiences to the pandemic for many former foster youth (n = 21). Participants used their voice to provide powerful testimony of their loneliness, social isolation and the profound impact of not having the sanctuary of a family to provide comfort and reassurance during such a vulnerable time in their lives. The following quotes illustrate these personal accounts:

Additionally, being a former foster youth in my case means I don’t have the privilege to shelter in place with family, and I wasn’t able to rely on resources from my family either so all the stress about my own well-being was my own. It seems like I have nobody. Even my last legal guardians didn’t want to help me out when I said the school was kicking us out. They decided to house their biological son who is two years older than I am. It is also very hard during these times to be on your own without family support.

Yes, because when it comes down to it. People will worry for their own families which is completely understandable, but I’m afraid people will most likely forget about those without one. Especially during this crisis.

5.4.3. Overwhelming uncertainty

Not surprisingly and perhaps not unique to former foster youth was their experience of overwhelming uncertainty. Some participants specifically mentioned that the adaptation to uncertainty was universal for everyone, due to the pandemic. However, others identified some facets of experiences of uncertainty that they believed were unique to former foster youth because they had more than likely had to deal with uncertain living situations, trustworthy caregivers, disruptions in schooling and peer networks, etc. in their past. One participant poignantly described their experience to all of the uncertainties as a result of the pandemic by saying, “It has challenged my ability to deal with uncertainty.” Another participant wrote, “I think so because it is a
kind of crisis similar to having been in foster care. There is uncertainty, moving around from place to place and your mental health is worsened.”

5.4.4. Reminder of time in foster care

Eleven participants specifically noted that their experiences during this pandemic had been a stark reminder of their time in foster care. The following quote illustrates how one participant expressed this experience:

I do believe this has had a unique impact on me because tension and stress is what I have grown up with being in the system, making me re-live and think back to those times where high stress and tension were a norm for me. I feel as though it also reminded me of what a home really consists of, living with many individuals who have also experienced the foster system.

Participants similarly noted the triggering effects the pandemic had on them through feelings of displacement and uncertainty as exemplified by this quote, “As a foster child I moved a lot. Consequently, moving is a HUGE stressor. Having been told I had 5 days to pack up my life and flee was triggering.”

5.4.5. Continuum of psychosocial adaptation

Also related to psychosocial functioning participants expressed varying perspectives as to whether their adaptation to the pandemic and SIP orders was easier or harder due to their previous experiences in foster care. This subcategory of responses seems to relate to both descriptions of both increased risk and protective factors. Some felt that they had more internal resources that made adaptation easier for them as illustrated by this quote: “While everyone is freaking out, I feel calm. I expect the worst but hope for the best.” Another young adult talked about already developed coping skills:

The uncertainty and isolation is very familiar to me which makes coping somewhat easier. Also being in foster care taught me how to survive, which makes living through a pandemic a little easier.

Other participants seemed to be adapting about as well as they believed others were adjusting or did not seem to have thought much about how they were adapting. For example, one participant demonstrated how they had adapted:

COVID-19 cut my spring semester of my freshman year short causing it to be moved to online learning which in the beginning was very hard to adjust to. As time gradually went on I was able to come up with a system that worked with me. With the pandemic in place I decided to start working which I am currently doing now since there was no one working in my household it was best that I found a job to help support the basic needs of my family.

About half of participants felt that adaptation was more difficult because they had experienced disrupted plans, living situations and attachments during their time in foster care. A common theme for many participants is that they felt that not having the same resources and safety net to rely on made things harder for them and they felt that they had also lost their usual coping mechanisms. One participant summed up this shared sentiment:

Because of the foster care system I do not adapt to change well. I still can’t properly handle my emotions and will become a shell of my former self (depressed, isolated, etc.) It’s not easy when you have to do things alone and have no family or friends to reach out for support. The Foster care system makes sure we know that no one will care.

5.4.6. Worry/Want to help others

Nine of the young adults who participated in this study expressed that while they may be adapting well, they felt worried about youth that were currently in foster care and wanting to help in some way. For example, these participants expressed these concerns with the following quotes:

It makes me think of this had happened with my biological family, how physically and mentally hurt I would end up. It makes me realize there is a lot of kids across the country due to this lockdown that are getting abused mentally and physically, and it makes me wish I could help.

I can’t stop thinking/worrying about the kids that are stuck in foster homes they do not like/ are unfulf. I also empathize with the ones who are placed in homes away from siblings and are unsure of their health conditions at this time. When I lived in foster homes I was uncomfortable in school and social events were a way to escape and feel somewhat normal. I could not imagine being stuck in one of those homes for months on end. You start to feel hopeless and like the world is out to get you.”

5.5. No effects or positive impact

Despite all of the concerns expressed by participants and illustrated above, thirty-two participants stated that they had either been positively impacted or had not impacted by the pandemic and SIP orders in any noticeable or unique way. For the most part, participants would just respond with, “No effects” or “Not really” and ten respondents used comparisons to others as a testament to “being lucky.” What seemed clear was that the participants who felt that they had been positively impacted by the pandemic or had a positive outlook. For example, one participant said that they did not think those with a history of foster care experienced any unique effects and added, “At most, being in the foster care system has made it plausible to be in quarantine.” Another participant said that they thought there could be unique effects from the pandemic but said they had not experienced any and attributed this to, “I feel I am a very lenient person.” Other participants expressed reported a positive impact of the pandemic and SIP orders with this response, “It allowed me to stay in my THP placement an extra month and figure things out before having to leave.” Finally, some participants seemed to identify less with having a history in foster care and seemed to focus on other aspects of their identity as illustrated by this participant quote:

Honestly, I sometimes forget that I was a foster youth. I think the way that it might have “uniquely” impacted me is through the cancelation of my graduation. I am constantly reminded by past social workers that graduation from a university for a foster youth is quite rare (~3%), which makes me feel so proud that I can say I accounted for that 3%.

Some participants expressed that they were experiencing uncertainty but it was not necessarily a unique experience for former foster youth:

I do not believe I have been uniquely impacted by COVID-19. It has challenged my ability to deal and adapt to uncertainty. However, I believe this is true for everyone due to the pandemic.

6. Discussion

The purpose of this study was to learn from current and former foster youth about their experiences during COVID-19. Using a mixed methods design, participants described increases in their physical, financial, professional, social, relational, and psychological levels of concern from before COVID-19 to during. The majority of participants felt their experience was unique as someone with a history of child welfare, with many sharing concerns about their physical and psychosocial well-being, a lack of support and sanctuary, reminders of time in foster care, and vocational and educational challenges. These preliminary findings highlight the complex concerns among young adults with a
history of foster care during the pandemic, and the need for both short and long-term support.

6.1. Changes in level of concern

Cross-sectional reports from participants showed increased levels of concern across all domains from before COVID-19, to during. This challenges potential consideration that these levels of concern preexisted the pandemic, based on an understanding of the vulnerabilities of this population. Rather, participants reported increased concern in all domains, in response to the pandemic. Further, recognizing that these concerns were maintained in every domain in anticipation of the year following – with the exception of physical well-being – suggests that many of these participants predicted long-term challenge, two to three months into the pandemic. For those who have experienced trauma, it can be common to feel a loss of hope, and/or to have concern about things not improving. Paired with the harsh realities of a pandemic and its disparate impact (Hooper et al., 2020; Rollston & Galea, 2020; Yancy, 2020), this concern calls for a long-term commitment to vocational, educational and housing support, in addition to adequate access to medical and mental health care for those young adults transitioning out of foster care.

When examining perceived pride in one’s self and personal accomplishments, there were no significant changes when considering how this may have changed from before the pandemic to during, despite increased concern in all other domains. Even more, there was a significant increase in anticipated pride from during the pandemic to after the pandemic. This balance of challenge and strength was powerful, and represented well in this participant quote: “I will always be proud of what I’ve done to get to where I am. I am a survivor. That does not mean I am happy. That does not mean I am safe. That does not mean I will ignore the abuse child protective systems facilitate.”

6.2. Experiences as current and former foster youth

We focused the majority of this paper on providing space for participants’ voices, understanding their words are the most significant finding. In doing so, we learned that youth reported perceived impacts due to the pandemic on their physical wellness, vocational development, and psychosocial wellness. When examining responses related to physical wellness, these centered on safety and risk of exposure to COVID-19, as well as concern about a lack of access, or change in qualification, for physical health care. Specifically, for those young adults who have aged out of care, insurance coverage rates are routinely lower than both the coverage rates for children in care, and for young adults with no involvement in care, leaving them particularly vulnerable and in need of resources that ensure protection and coverage (ASPE, 2012). This is likely exacerbated for the majority of participants in this study who reported that they either lost their job due to COVID-19, or feared that they would likely lose their job due to COVID-19. Among those who continued to work, physical concern was evident in increased workplace exposure to contagion without appropriate protection. This increased risk of exposure clearly reflects the privilege of being able to SIP in response to COVID-19 and to work under safe conditions (Yancy, 2020).

A second theme where there was considerable concern associated with the pandemic was vocational functioning, which was closely related to physical concern and financial strain. As young adults, the majority of those offering their experiences were working to establish themselves financially and professionally. For many foster youth, this is also a developmental time that can bring increased challenges, due to the lack of resources and support available (McMillen, Aulander, Elze, White, & Thompson, 2003; Skobba, Meyers & Tiller, 2018). For those who participated in this study, the majority reported clear impact during the pandemic on job instability and loss, change in living circumstance, and in reported concern about education. Participants also shared specific challenges with the transition to online education and/or needing to stop attending school. Understanding that only a small percentage of foster youth attend college, and most who do are unable to complete their degree, any additional challenge requires unique, prioritized attention and resource (Courtney et al., 2018; Dukes, 2013).

A major category of impact related to psychosocial functioning. A substantial number of participants described intensified mental health symptoms, which was often discussed in connection with increased challenge in accessing resources, and social isolation. Across all themes, participants shared connections between their experiences during the pandemic, and their experiences in care. Here, participants shared profound loneliness, exacerbated by not having family to provide comfort and reassurance during such a vulnerable time. It was clear that this crisis emphasized feelings of being alone, or to only be able to depend on selves, which also intensified psychological distress. Participants also drew a direct connection between their psychosocial well-being and the reminders of one’s time in foster care during the pandemic. The experience and expectation of immediate disruption, displacement, challenge, and fear that was too common during foster care mirrored those during the pandemic. Noting the parallel experiences described by participants between their foster care history and the pandemic, it is important that this inform targeted, reliable service and resource provision.

It was evident across all identified themes that participants wanted the challenges that they faced during the pandemic to be heard in the context of positivity and strength. A third of participants reported that they either did not believe that there were unique effects of the pandemic to former foster youth and they noted their own resiliency in being able to adapt to the uncertainty and increased stress because of their experiences in foster care. Additionally, participants shared an outward focus on others, with particular concern about youth in care (e.g., “I can’t stop thinking/worrying about the kids that are stuck in foster homes they do not like/are unfit.” “It makes me realize there are a lot of kids across the country due to this lockdown that are getting abused mentally and physically, and it makes me wish I could help”). This continued commitment to helping and contributing was evident across all domains - in response to financial well-being, in voiced housing and employment concerns, and in realization of the impact of one’s psychosocial well-being on their loved ones, reflecting a need to continue asking foster youth about their caretaking responsibilities when understanding impact.

6.3. Limitations & future directions

This study is not without limitations. This study did not use normed and validated measures to collect the quantitative data, and cross-sectional methods were used to assess perception of change over time. Related, the use of the language “level of concern” in responding to each domain may be ambiguous, and requires follow-up. Likewise, the use of short-answer qualitative responses limited in-depth understanding that could have been derived from semi-structured interviews.

This study was also not geographically representative and the majority of participants were located in California. This is particularly relevant when considering the varying regulations and protocol state to state, and county to county during COVID-19, and requires additional caution when considering generalization of findings. Similarly, the sample was majority female and youth of color. Any understanding of the impact of COVID-19 and SIP with foster youth requires study replication with representative samples. Lastly, during a pandemic, data is limited by those who have the means to complete an online survey. Still, the candor and willingness to comment on these past experiences, while also navigating a current pandemic, reflects a generosity among the participants and a desire to be the author of their stories.

Future research is recommended to examine differences in experience during the pandemic while in care, demographic identity, and considering access to resources. In particular, the racial and ethnic inequalities that pervade larger society are also clearly yielding disparate
impact in communities of colors during SIP and COVID-19 (Hooper et al., 2020; Rollston & Galea, 2020; Yancy, 2020). Research is necessary to identify such differences and disparities in experiences among foster youth during the pandemic to inform resource provision.

Initial suggestions for resource and service are offered in Ruff et al. (2020), focused on participants’ recommendations for resources. However, as a study conducted in the initial months of the pandemic, research is recommended that continues to ask current and former foster youth about culturally appropriate resources needed and wanted across all domains. As one participant shared, “I hope that we can learn from this situation and become resilient and hopefully we can prepare ourselves for future events that occur.”

6.4. Conclusion

This study offers a preliminary description of the experiences of young adults with a history of foster care in the initial months of a pandemic. The impacts of COVID-19 and SIP were devastating and resulted in widespread loss, uncertainty, and unprecedented change. Moreover, it was clear that not all were affected equally, and disparate impact was noted across socioeconomic status, race and ethnicity (Hooper et al., 2020; Raifman & Raifman, 2020; Rollston & Galea, 2020). For those young adults with a history of foster care, it is our responsibility to mitigate impact. The findings of this study, while preliminary, offer an introductory framework from which to build conversation, acknowledge need, and inform resource provision.

Declaration of Competing Interest

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

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