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Experiences during COVID-19: Needs of college students with a history of foster care

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A R T I C L E    I N F O

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A B S T R A C T

The effects of the coronavirus disease 2019 (COVID-19) have been nothing short of profound, with disparate impact among historically marginalized and under-resourced populations. Eighty undergraduate college students, with a history of foster care placement, describe their experiences during Shelter in Place due to COVID-19. Former and current foster youth already experience challenges in accessing and completing higher education; these challenges were exacerbated by the measures taken to deal with risks associated with the pandemic. Study findings build upon previous studies that indicated that former and current foster youth have unique and significant pandemic related financial, physical and psychosocial concerns, by using conventional content analysis methods to describe what participants identified as needed resources. Findings have implications for future research and policy development, as well as resource provision during ongoing remote learning, and in preparation for the eventual transition back to in-person instruction.

1. Introduction

At any given time in the United States there are half a million young people in the care of state welfare agencies due to substantiated allegations of abuse and/or neglect (USDHHS, 2019). Their experiences - both prior to placement and while in care - often result in disparate challenges that require focused attention and resources. The educational system is one system wherein disparities are routinely reflected and exacerbated, due to disruptions in schooling, inconsistencies in service provision, and an overall lack of resources made accessible for foster youth (Neal, 2017; Okpych, Park, & Courtney, 2019). Apparent across all ages, foster youth can experience poor academic outcomes, evidenced by low test scores, high dropout rates, chronic absenteeism, and disproportionate placements in special education services (Kirk & Day, 2011: Wiegmann et al., 2014).

Educational challenges among current and former foster youth are especially noticeable in higher education (Fernandez, 2019; Harvey, McNamara, Andrawatha, & Luckman, 2015). The vast majority (87–93%) of current and former foster youth do not enroll in higher education and, of those who do, only 2–4% graduate with an advanced degree (Casey Family Programs, 2010; The Legal Center for Foster Care and Education, 2018). This matriculation rate stands in stark contrast to the general population (24% with an advanced degree), and researchers attribute these disparities to multiple factors such as the lack of guidance and support to pursue education, low expectations to excel in school, financial hardship, and requirements to work while completing coursework (Casey Family Programs, 2010; Okpych & Coutney, 2018). Many of these challenges are likely to have been exacerbated by the Coronavirus disease (COVID-19) given the associated drastic changes to learning, social, employment and living environments.

The pandemic, and all that has come with it, yielded disparate impacts, particularly among marginalized communities (Hooper, Nápoles, & Pérez-Stable, 2020; Raifman & Raifman, 2020). Social distancing was a privilege, dependent upon access to and type of housing, finances and employment opportunities, and adequate resources to transition work and school online (Hooper et al., 2020; Rollston & Galea, 2020; Yancy, 2020). Without this privilege, COVID-19-related educational impacts increased drastically. According to Cohen, Hoyt and Dull (2020), the impact among college students was unprecedented. In the initial months of COVID-19, college students experienced significant housing and educational shifts which often heightened their environmental and economic stress. By April 2020, students reported an increase in stress and anxiety, with the highest levels reported among gender diverse and sexual minority students (Hoyt, Cohen, Dull, Castro, & Yazdani, 2021).
Initial examinations of young adults with a history of foster care also indicate adverse impact to wellbeing. Specifically, Greeson, Jaffee, and Wasche (2020) surveyed those 18–23 with a history of foster care and found impact to housing, finances, food security, education, professional goals, and personal connections during COVID-19. The majority (56%) of youth surveyed reported clinical levels of depression or anxiety in the initial months of the pandemic (Greeson et al., 2020). Prior analysis of the dataset utilized for this paper confirmed these findings, showing increased cross-sectional reports of physical, financial, professional, social, relational, and psychological concerns from before to during the pandemic (Ruff & Linville, 2021). Further, participants shared that they perceived their experiences as current and former foster youth to be unique. One participant described the uniqueness by saying “…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” (Ruff & Linville, 2021, p. 5-6). The specific impact and current needs of college students have yet to be examined even though they are crucial to understand so that resources can be allocated in ways that support the unique higher educational needs of this underserved population.

1.1. Statement of purpose

The purpose of this study was to elucidate the unique pandemic related needs and concerns of college students with a history of foster care. We sought to examine these issues from the perspectives of former and current foster youth who, as a group, are less likely to enter and graduate from college and are in the best position to clarify the unique resources needed to support their academic success. Informed by a biopsychosocial theoretical framework (Engel, 1977) and using a cross-sectional design, we asked participants about their perceived physical, psychosocial, career and educational resource needs specifically related to the COVID-19 pandemic.

2. Methods

A concurrent mixed-method design was used to understand the perspectives of college students who have been in foster care regarding their unique biopsychosocial needs and ways resources could be tailored to meet those needs. Qualitative and quantitative data were collected from the same survey simultaneously, making the open-ended questions and responses not iterative.

2.1. Research team

Our research team consists of a social worker, two licensed marriage and family therapists and two undergraduate students who are studying human services. The three authors have postsecondary degrees and an interest in mitigating access barriers to mental healthcare, especially for youth and young adults who have had a history of foster care and criminal justice involvement. The first author has fifteen years of clinical experience and ten years of research experience with the child welfare system and foster youth. The second author has twenty years of experience conducting qualitative and mixed methods studies. The third author worked in the social work field for fifteen years and has conducted research for ten years, where she focuses on developing and implementing interventions for foster youth, corrections-involved families, and other high-risk youth and families. The two undergraduate research team members assisted with the data analysis team only and both had previous coursework and some lived experiences, professional or personal, with the child welfare system.

2.2. Procedure

Upon receipt of approval from the Institutional Review Board for the Protection of Human Subjects (USF #1388, approved May 4, 2020), the research team recruited 127 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 listservs for young adults (e.g., child welfare nonprofits, guardian scholar programs). 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. The participants (n = 80) who reported to be in college at the time of study completion were included in this analysis.

2.3. Participants

Eighty college students with a history of foster care placement participated in the present study. See Table 1 for a description of participant characteristics. Overall, participants resided in ten different states, with the majority of participants in California (n = 50, 63%) or Arizona (n = 14, 19%). One participant (1%) lived in Indiana, one (1%) in New York, one (1%) in New Jersey, one (1%) in Georgia, three (4%) in Pennsylvania, and three (4%) resided in Michigan. One participant (P27) reported, “I live in the dorms still. Don’t really have a place to go back to,” and six participants (8%) did not respond to this question. Thirty percent (n = 24) indicated that their living arrangements had changed due to the pandemic. Thirty participants (37.5%) were unemployed due to COVID-19; twenty-three (28.7%) were employed but expressed concerns about potential changes due to COVID-19. The majority (66.3%, n = 53) were working on their bachelor’s degree while 33.7% (n = 27) were working on their associate’s degree. Time in foster care ranged from three months to twenty-one years (M = 3.37) and when asked if they wanted to share anything about their time in care, participants highlighted the lack of stability, increased uncertainty, their fear, and the experience of abuse sharing, “Foster care is very traumatizing. I say this because you don’t only lose your family but you also lose freedom, privacy, respect and trust” (P33). Others shared, “it saved my life,” (P11) and “It definitely made me the independent woman I am today” (P26).

2.4. Data collection

In May and June of 2020, a confidential survey was sent out to listservs and organizations serving young adults (18–26) in foster care at the time of study completion, or with a history of foster care placement. The online survey included open- and closed-ended questions about participants’ demographic information, general experience of COVID-19, and perception of whether their experience, as someone with a foster care history, differed from those without a history of care. Results from these questions are available in an article by Ruff and Linville (2021).

| Variable | M (SD) | % |
|----------|--------|---|
| Age      | 21.5 (2.5) |   |
| Gender   |        |   |
| Female / Feminine | 72.5 |   |
| Male / Masculine | 22.5 |   |
| Non-Binary | 1.3 |   |
| Race/ethnicity | |   |
| White / Caucasian | 26.3 |   |
| Hispanic | 25.0 |   |
| Black / African-American | 13.8 |   |
| Multi-Ethnic | 11.3 |   |
| Asian / Pacific Islander | 10.0 |   |
| Latina | 6.3 |   |
| Other | 6.3 |   |
| Native American / American Indian | 1.3 |   |
2.5. Data analysis

We used conventional content qualitative analysis to understand the lived experiences of former foster youth with COVID-19 and Shelter in Place orders and their pandemic related needs. This approach allowed the four-person data analysis team to engage in an analysis process also known as inductive category development (Schreier, 2012). Since we did not have preconceived categories or ideas of what we would find, content analysis allowed participants’ voices to characterize the data (Kondracki & Wellman, 2002; Mayring, 2000).

The second author served as an auditor for the data analysis and trained the undergraduate research assistant on each step of the process through virtual meetings. For the first step of the analysis the analysis team independently read through all the qualitative answers to get an overall sense of the data before engaging in the initial coding process. Then, during the second review of the data, each person jotted down initial codes, concepts, phrases or words that seemed important in an electronic spreadsheet (Bogdan & Biklen, 2003). After meeting to discuss and ensure a shared understanding of the initial codes, the analysis team clustered initial codes into categories and subcategories (Patton, 2001). Throughout this part of the analysis process, the research team met three times to discuss differences in interpretations and to reach consensus on the final list of categories and subcategories. A color-coded, visual diagram of how the categories and subcategories fit together was created and refined by all analysis team members. Finally, the two undergraduate research team members did a frequency count for each category and subcategory, while this practice is commonly done in content analyses, our research team recognizes that frequencies of occurrence are not necessarily indicators of significance (Saldana, 2016). The final coding scheme consisted of two overarching categories, eight major categories and twenty-five subcategories. Throughout the process, the team used peer debriefing and reaching intercoder agreement in order to bolster the credibility and trustworthiness of the findings (Curtin & Fossey, 2007; Saldana, 2016). In addition, the second author created an audit trail and the authors triangulated findings with the relevant empirical literature and the quantitative survey results (Anfara, Brown & Mangione, 2002).

3. Findings

In total, seventy-three participants provided data for the open-ended question, “What resources do you recommend” to support each of the following domains: physical, financial, social, psychological and relational wellbeing. Participants were also asked to answer, “We have asked you what resources you need during this time. What do you want to be happy and thrive during, and after COVID-19?” See Appendix A for the full survey.

Participants described an array of pandemic related needs and their resource recommendations for former and current foster youth. The research team discovered that the data clustered into two overarching categories: (a) tangible resources and (b) support for self-agency. Four major categories fell under ‘tangible resources’ including healthcare access, food, supplies and financial assistance. Social connections, advocacy for aged-out foster youth, employment and career support as well as healthy living support were the major categories that fell under ‘support for self-agency.’ Between two and four subcategories emerged from each major category and will be described in more detail below.

3.1. Tangible resources

3.1.1. Financial resources

Participants reported that financial resources were their most essential need and this major category was named sixty-seven times across all responses. Not only did many participants identify simply needing money, but they also asked for housing and childcare support, emergency funds, supplies as well as scholarships and financial aid to support their education. One participant summed up all of these identified needs with the following response:

I believe that housing, schooling, and employment insecurities could be alleviated. However, it is hard to distinguish my genuine concern from my worry. I don’t believe I’m currently in an insecure position as it relates to these areas, but with the changing landscapes it is a growing concern. I’m not sure what “resources” other than simple financial assistance would help here. (P76)

These exemplar quotes demonstrate how financial help was of paramount importance to participants:

I think it’s important to have emergency funds for situations that we are currently dealing with, lack of emergency preparedness can be detrimental to any situation. (P2)

Financial support to give me more opportunities to spend with my daughter more time COVID has caused her anxiety and she is not getting support she needs. (P37)

Pay for basic bills such as rent. Since one of my roommates has Covid, she cannot go to work so I’m not sure if she can cover her portion for long. If she can’t, then my other roommates and I need to. (P52)

These financial stressors were also linked to participants’ worry about being able to remain in college as this participant quote illustrates:

I need a job to make sure I can afford school next year and not work next year because it was very difficult to work this year, and this is my first year of college. I plan on taking 20 units next year and I can’t successfully pass all of them with a job to also attend. I just need to work harder to acquire one right now. School ends in three weeks and then I’ll be free to look more. (P54)

Supplies were perhaps the most tangible of the resources identified by twenty-four survey respondents, whether they be supplies to support their education, household and to maintain their safety during the COVID-19 pandemic. For example, one participant wrote:

As a former foster youth who is about to age out of the system there isn’t much I can ask for. That being said, I think it would be really beneficial to help supply foster kids with cell phones or laptops that allow face to face virtual communication. (P11)

Participants reported that they needed cleaning and other COVID-19 related safety supplies. For example, one participant said, “[I need] more masks and hand sanitizer is the only thing I think I need” (P27). While another person said, “Assistance for sanitation products, soap, or just basic supplies like gloves or masks” (P63). One participant thought having more supplies would help them to focus on other living expenses:

It’s been hard to buy household items, luckily, I have been finding a few online even though it costs more but for me to buy them since it’s nearly impossible to go and buy disinfectant at the store since it’s been a super high demand. I have been paying my bills but will run out of money next month. So far, I have been making ends meet but hopefully I can find a way to help get food and household essentials, especially disinfectants so I can focus on paying bills and rent. (P44)

3.1.2. Healthcare access

Over half of participants identified their needs around better healthcare access clustering into three subcategories of mental health care access, medical healthcare access and health insurance access. For the most part, survey respondents seemed to be describing a new and more urgent need for better healthcare access either because the access that they had pre-pandemic was no longer available or because their level of need was greater as result of the pandemic and related shelter-in-place orders.

Thirty-nine survey respondents identified a need for better access to
mental health services. In some cases, participants described stigma that surrounds mental health as a barrier to their access as exemplified in this response:

I think if I was able to be at school that would help a lot because my parents believe that mental illnesses do not exist and say therapy is a scam so being able to go to therapy with my school insurance would be great. (P56)

Whereas others emphasized the need for telehealth services so that they could simultaneously follow safety orders. To illustrate this resource need, one participant said, “Therapists that can help foster youth virtually. To make this [telehealth] more accessible to the community would have a huge impact on mental health.” (P63)

Responses focused less on access to medical healthcare but there were still thirteen participants who named this as a primary resource that they needed. As with mental healthcare, the need for medical services seemed to be heightened due to the COVID-19 pandemic. For example, one participant said that they needed, “A physical checkup…dental cleaning and fluoride...maybe an ultrasound for some injuries/swelling (unknown cause) that happened during the pandemic” (P10).

Not surprisingly, participants also identified concerns about not having health insurance as illustrated by this quote:

I am a little concerned about what insurance is going to carry over once I turn 21. I’m diabetic so my health is already a concern but with Covid it definitely did raise my concern someway because I am at risk if I do catch the virus. A resource that would help me a little bit is someone willing to sit down with me and do the research on which insurances are gonna cover me once I turn 21. (P33)

3.1.3. Food

Along with healthcare access, supplies and financial resources, twenty-one survey respondents reported that they needed help with food access. Some participants seemed to describe an overarching food insecurity whereas others were more focused on having more access to nutritious foods. The following quote highlights how some participants perceived a connection between their ability to afford healthier foods and their overall health:

So far, my health is ok, but I have gained a ton of weight during covid-19. I used to weigh 120lbs but currently weigh 158lbs. I don’t have the money to buy groceries, so I eat whatever is cheaper. Whether it’s the free chocolate chip granola bars I get at the food bank or instant cup noodles, I eat it, because I need to save money for bills and rent since my mom and sister are unemployed due to COVID-19. (P37)

Along similar lines, the following quote illustrates how some participants felt their safety was connected to food sources and how lack of transportation could be another access barrier:

Household goods and food have been a struggle to get. I currently go to food banks, but it’s been a struggle to go, not only because I am risking being exposed by many people, but the majority require a car to go and I have no car. (P37)

3.2. Support for self-agency

Survey respondents consistently identified resources that could help promote their self-agency to help themselves build upon existing resiliency. These kinds of resources are perhaps harder to quantify but were nonetheless identified as vital. Respondents made it clear that they were invested in themselves through their recommendations for resources that could help them meet their pre-pandemic educational and vocational goals.

3.2.1. Employment and career support

Thirty-nine participants identified needing targeted resources that support their education and career pursuits. Greater access to education, mentorship and job opportunities were listed as needs. One participant said, “I want the job market to not take a hit after this virus so me and others can easily find jobs out of college” (P50). Another respondent said, “I believe I just need support and someone to keep pushing me to reach my goals because it is very hard to concentrate at home” (P34).

3.2.2. Healthy living support

In support of their self-agency, eighteen participants identified needing healthy living support such as education on healthy relationships, nutritional information, access to exercise as well as resources to help them to navigate finding housing. One participant advocated for the foster youth community by saying, “I would like other people in my foster community to be mentally and physically healthy in this time of COVID-19. I want our community to be safe from harm: physical, mental, or financial” (P63). Another participant said, “The physical impacts I have had are my sleeping patterns, exercise, and stress eating. I think resources helping overcome these would be helpful” (P45). Similarly, eleven participants wanted nutrition education and access to places and equipment to help them increase their physical activity. Other responses were focused on resources to help them find a better housing situation. For example, one participant said, “I honestly just want to get away from this home because it is just so toxic mentally” (P56).

3.2.3. Social connections

Thirty-nine participants described their need for in-person education and social connection with their professors, advisors, peers, families and community as essential support for their success and wellbeing. Participants often reported that they were feeling more isolated and that there was more stress on their social connections, exemplified by a respondent who said, “COVID has brought a lot of stress into everyone’s lives and I think it has brought a rift into my relationships and our different views on the virus” (P50). Other responses such as this one were more focused on how social connections served as a key asset: “I think just having the people around me still with me and knowing that we are there for each other is one of the most important things people need during this time” (P2).

3.2.4. Advocacy for aged-out foster youth

Eleven survey respondents specifically focused on the need for more advocacy for foster youth who have aged out of the child welfare system. For example, one respondent recommended, “Workshops about scholarships, financial help for AB540 former foster youths that aged out” (P32). Access to safe housing for former foster youth was also mentioned by some survey respondents. While this major category emerged less in the survey data, it was mentioned enough that it seemed worthy of its own category.

4. Discussion

The pandemic resulted in significant social, educational, and economic disruption globally. This impact was especially noticeable within historically marginalized and under-resourced populations, where it has exacerbated existing inequities. Of note is COVID-19’s unprecedented impact on educational institutions which have switched to primarily online delivery. This new delivery of education further highlighted social and economic disparities related to employment, health care, childcare, financial well-being, housing, remote learning tools, and internet connectivity.

Even before the pandemic, many current and former foster students struggled within educational systems where they experienced poor academic outcomes including low test scores, chronic absenteeism, and high dropout rates, reflecting the numerous inadequacies of the child...
welfare system that allow for educational disruption and instability. Due to a combination of adverse childhood events, the lack of family privilege and support, and ongoing educational, economic, and social challenges, few foster youth (7–13%) pursue education beyond high school, and fewer still (2–4%) graduate with an advanced degree (Casey Family Programs, 2010; Fernandez, 2019; The Legal Center for Foster Care and Education, 2018). With the challenges that have arisen due to the current pandemic, accessing and completing higher education is even more difficult. Using data collected during the pandemic, the current study illuminates some of the unique pandemic related needs and concerns of college students with a history of foster care. Specifically, our study examines the perspectives of these college students and the impact of the pandemic on their physical, psychosocial, employment and educational needs, and corresponding resources needed. Adequate response to these requested resources has the potential to support these determined and resilient young adults in achieving their educational goals and supporting long-term independence, contribution, and wellbeing.

4.1. Pandemic related needs

Participants in our study described multiple pandemic related needs as well as resources and approaches that would help support them. The responses clustered around two central themes relating to tangible resources and support for self-agency. Congruent with an extensive literature on social support, (e.g., La Vigne, Shollenberger, & Debus, 2009; Martinez & Abrams, 2013), the identified needs and subsequent support tended to fall in three domains: 1) instrumental, 2) informational, and 3) companionship and emotional.

4.2. Instrumental needs and support

In terms of instrumental needs and support, the participants indicated many resources and services they needed to function or stay healthy during COVID-19 including supplies and services for college (e.g., laptop, internet, cell phone), the household (e.g., disinfectants, household supplies, childcare), and personal health safety (e.g., hand sanitizer, masks, health care). Affordability of these resources on top of other living expenses was clearly a major worry for many. Participants expressed their concern of not being able to cover these new costs in addition to basic day-to-day expenses related to food, housing, utilities, and college tuition. The loss of employment opportunities for them or members of their families, further stretched their budgets. This resulting economic toll led to stress and anxiety for many of the former foster youth as seen in other studies (Greeson et al., 2020). Participants requested mental and physical health care to help them remain grounded and healthy during the pandemic. However, they noted several barriers to accessing this care including the stigma, a lack of telehealth services and the cost. Undoubtedly, providing tangible resources and services in all these diverse areas would greatly help these college students during the pandemic, and possibly even help offset possible long-term challenges.

4.3. Promoting self-agency

Beyond instrumental support, participants reflected on other types of support needed to promote self-agency and build upon their existing resilience in the face of the pandemic. Some of the support was informational in nature, addressing such topics as finding jobs, developing healthy relationships, finding housing, eating nutritionally, and staying healthy. Other support related to companionship or emotional needs. Many found social distancing as well as the emerging stress related to differing views and behaviors around COVID-19, isolating. They wanted support from others during this unusual and distressing period whether that be emotional support, guidance with the challenges they were facing, or camaraderie. An extensive body of literature on social support has demonstrated the beneficial nature of such help in the population in general (e.g., Berkman 1995; Cohen & Janicki-Deverts, 2009; Driscoll, 2013; Fernandez et al., 2017; Harvey, McNamara, & Andrewartha, 2016) which has been shown to improve physical health (Barth, Schneider, & Von Kanel, 2010; Livhits et al., 2011) and mental health (Gariepy et al., 2016), as well as lessen the harmful effects of stressors (Ajrouch, Reisine, Lim, Sohn, & Ismail, 2010). Based on the responses of college students with a history of foster care, this type of informational, emotional, and companionship support would be beneficial to them as well especially during the pandemic when they face additional social, physical, emotional, economic, and educational stresses.

4.4. Limitations

While our findings provide insight on the impact and needs related to the pandemic on current and former foster youth college students, several limitations should be considered when reviewing these findings. The data does not represent a comprehensive set of perspectives since participants self-selected into study and resided in the United States. Similarly, most participants lived in California and Arizona, and findings are not necessarily representative of the United States, and do not capture differential experiences by region.

4.5. Future directions

Despite these limitations, the study offers key insight into the experiences of college students during the pandemic with a history of foster care, as well as important implications for future research, practice, and policy. First, it is clear that the pandemic has taken an immense toll on our population as a whole, but this toll has been particularly intense and rampant within vulnerable populations including current and former foster youth. It is essential that resources are directed towards the development and refinement of evidence-based practices and policies to address issues that the pandemic introduced or exacerbated. Disparate challenges faced by current and former foster youth call for increased attention and resources particularly in the area of higher education where youth in foster care were already struggling to access and obtain a degree (Harvey et al., 2015). With pandemic-related strains on household budgets, financial assistance would be extremely helpful to this group, to defray the cost of housing, living expenses, child care, medical services, and college tuition. Informational, companionship, and emotional support would be equally helpful as the college students deal with social, health, educational, and economic disruption brought on by the pandemic, and potentially support long-term wellbeing, contribution, and independence.

Clearly, more research is warranted to guide the development of effective strategies to promote well-being within this vulnerable group particularly during the current pandemic, and in preparation for additional cohort experiences that future foster generations are likely to experience, and for which findings from this research may apply. Those who participated in this study offered great insight reflecting strength and determination; our study highlights some of the needs and types of support which would be helpful and welcomed by these youth. More research is needed to identify which supports are most crucial for this population and the effectiveness of resource allocation. In particular, we recommend research inclusive of interviews and focus groups to capture critical context and additional detail on impact and needed response. By identifying such needs and intervening quickly, we can mitigate harmful short and long-term outcomes for foster youth and promote positive social, emotional, physical, and financial well-being for this group who have already faced too many challenges and adverse events.

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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