



**The Field Center**  
FOR CHILDREN'S POLICY,  
PRACTICE & RESEARCH



# **The Experiences of Older Youth In & Aged Out of Foster Care During COVID-19**

**University of Pennsylvania  
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The Field Center for Children’s Policy, Practice & Research is an interdisciplinary collaboration of the University of Pennsylvania’s Schools of Social Policy & Practice, Law, Arts and Sciences, Medicine, Nursing, the Graduate School of Education and the Children’s Hospital of Philadelphia dedicated to improving the systemic response to victims of child abuse and neglect. By harnessing the expertise across the University of Pennsylvania, the Field Center facilitates reform through a “think outside-the-box approach.” Our efforts result in improved policies and laws, translating research to practice, and elevating service delivery across systems of care through education and training.

Guided by the Schools of Social Policy & Practice, Law, Arts and Sciences, Medicine, Nursing, the Graduate School of Education and the Children’s Hospital of Philadelphia, the Field Center for Children’s Policy, Practice and Research brings together the resources of the University of Pennsylvania to enhance and assure the well-being of abused and neglected children and those at risk of maltreatment. By moving beyond traditional approaches, the Field Center utilizes an interdisciplinary model to integrate clinical care, research and education, inform local and national policy, and prepare the nation’s future leaders, for the benefit of children and their families.

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# ACKNOWLEDGEMENTS

The Field Center was inspired to engage in this important research in response to the global challenges posed by COVID-19. As an interdisciplinary child welfare center at the University of Pennsylvania, we focus on reforming systems responsible for ensuring the well-being of children and youth. With already limited resources, older youth in foster care and those who have recently aged out of care are bearing a heavy social and economic burden during the COVID-19 pandemic. We are committed to improving the systems charged with enhancing and assuring the well-being of abused and neglected children, and the COVID-19 crisis brings to light a critical opportunity to assess the existing safety net and think about systemic reform.

We are appreciative of each and every advocate, professional, mentor, caseworker, educator, foster parent, and countless other adults who shared the link to our online survey with eligible young people. Our research was strongly supported by various child welfare and child maltreatment organizations across the nation in this way.

We especially wish to thank Celeste Bodner, founder and Executive Director of FosterClub, the national network for youth in foster care, for sharing the questions used in their March 2020 poll of its members' needs during the COVID-19 crisis. Our research team is immensely grateful for the opportunity we had to adapt these questions in creating a youth-friendly, client-centered research study.

We are continually appreciative of the support of our founding benefactors who, through the generosity of the Joseph and Marie Field Foundation, provide ongoing support to all of our work. Additionally, The Field Center would not be able to devote resources to research such as this without the support of our partner organizations, the University of Pennsylvania Schools of Social Policy & Practice, Arts & Sciences, Education, Law, Medicine, and Nursing, and the Children's Hospital of Philadelphia. The authors also wish to acknowledge Felicia Saunders for her work on the design of this report.

Finally, this report would not be possible without the time and energy of the 281 youth who participated in an online survey during an unprecedented public health crisis. Their emotional labor serves to educate us all on the needs of older youth transitioning from foster care and we can only hope that their energy produces positive changes for the young people still in foster care. We are grateful to each and every young person for taking the time to let us know how COVID-19 has affected them.

For more information about the Field Center, please visit [www.fieldcenteratpenn.org](http://www.fieldcenteratpenn.org)

# EXECUTIVE SUMMARY

Disasters, including disease outbreaks like COVID-19, share a common potential for significant ecological and psychosocial disruption at the individual, community, and societal levels. The detrimental impact of COVID-19 is revealed daily in our news media. Although COVID-19 affects all segments of the population, it is especially harmful to members of social groups in the most vulnerable situations, including youth in foster care and those who have recently exited care. Given their intersecting vulnerabilities, older youth with foster care experiences are especially at risk. Often overlooked by our government, many of these youth struggle with situations and living conditions that do not meet even basic standards of health, education, employment, and well-being.

In March 2020, the United Nations Secretary-General said, ***“We must come to the aid of the ultra-vulnerable – millions upon millions of people who are least able to protect themselves. This is a matter of basic human solidarity. It is also crucial for combating the virus. This is the moment to step up for the vulnerable.”***

This study aims to develop data-driven responses to the needs of current and former foster youth during COVID-19 specifically, and in disaster contexts generally.

The Field Center completed a national, online study of the experiences of older youth in and recently aged out of foster care during COVID-19. Nearly 500 young people logged on to the survey website. Slightly more than 300 participated. **Our final analysis sample consisted of 281 young people between the ages of 18 and 23 from 32 states (+ Washington D.C.) and 191 cities across the United States.** Our goal was to learn about participants' housing, food security, education, employment, finance, health, mental health, and personal connections over one month of the COVID-19 crisis.

We developed our survey questions guided by a poll conducted by FosterClub in March 2020 that asked club members about their experiences during COVID-19 during a two-day window. We also based some of our questions on the outcomes portion of the National Youth in Transition Database survey, which collects outcomes information from youth transitioning out of foster care. Our final survey consisted of 46 questions. Data were collected using non-probability sampling and a cross-sectional survey design.

# EXECUTIVE SUMMARY

Almost half of the participants reported COVID-19 having a **negative impact on their living situation**, including being forced to leave their living arrangement, fearing they would be forced to leave, or experiencing homelessness/housing instability. Nearly three-quarters of the participants reported a **financial situation that would be stable for no more than one month**, including 12% who were in the midst of economic crisis when they took our survey. Fifty-five percent reported being **food-insecure as a result of COVID-19**, including only having access to some food, having very low access to food, or experiencing a food access crisis. Almost half of the participants reported **COVID-19 having a negative impact on their employment**, including being laid-off, no longer having reliable gig work, or having hours/income severely cut. Two-thirds of the participants reported that **COVID-19 was having a major negative impact on their educational progress or attainment**. Slightly more than half of the participants reported **symptoms of depression or anxiety**. About one third of the participants reported **wishing they had connections with more people** to help them or they felt they were on their own or almost entirely on their own during the crisis. Additionally, identifying as cisgender female and being aged out of foster care were associated with increased adversity, compared to identifying as cisgender male and still being in foster care.

**We offer the following practice and policy recommendations that could have an immediate impact on the safety, health, and well-being of older youth with foster care experience:**

1. Ensure that older youth in foster care stay safe, housed, and connected to services and caring adults.
2. Professionals and other caring adults should connect with youth in foster care and young adults who have recently exited foster care as frequently as possible during this time, providing emotional and material support and reliable information.
3. Ensure access to assistance programs and distribute concrete resources (e.g., gift cards, bags of groceries, laptops, and/or Wi-Fi hotspots) directly to youth to alleviate financial or interpersonal stressors.

# EXECUTIVE SUMMARY

This study also has implications for an overall improvement in the delivery of child welfare services in general, and specifically for older youth, to promote resiliency and preparation for future public health crises or disasters.

**We recommend child welfare agencies take the following actions for all young people receiving services as part of general child welfare practice:**

1. Ensure that older youth in foster care are connected to caring adults for emotional/relational permanency.
2. Increase the frequency of virtual visitation with friends and family members whenever possible.
3. Ensure that older youth in foster care have access to internet, smartphones, and/or computers.
4. Allow for flexibility in increasing foster parent per diem stipends to ensure an adequate pool of foster homes during a public health crisis.
5. Create an Emergency Response Plan for use in times of crisis or disaster.



# INTRODUCTION

**Our study addresses five main areas:  
Housing, Finances, Education, Health  
& Personal Connections**

This study examined the experiences of youth in foster care and aged out of foster care (ages 18 to 23 years) during the month of April 2020 in the midst of the COVID-19 crisis. Youth experience countless hardships when they age out of foster care and transition to adulthood on their own. As an already marginalized population, with the COVID-19 crisis sweeping across the nation, these young people are among those bearing the heavy burden of the pandemic's economic and social consequences. Our goal was to gain a clearer picture of these burdens by deploying a national online survey over a one-month period. We examined participants' housing, food security, education, employment, finances, health, mental health, and personal connections over one month of the crisis.

It is well-documented that youth in foster care fare poorly as a group when compared to their peers who were never in foster care across a wide range of measures, including post-secondary educational attainment, employment, housing stability, receipt of public assistance, and criminal justice system involvement (Courtney, Dworsky, Lee, & Raap, 2009). **The Midwest Evaluation of the Adult Functioning of Former Foster Youth** ("Midwest Study"), to date the largest longitudinal study of young people aged out of care in the United States, followed 732 study participants from Iowa, Wisconsin, and Illinois for a 7-year period as they transitioned from foster care to adulthood. The Midwest Study provides a comprehensive picture of how young people typically fare during this transition.

Our study addresses five key functional and developmental domains that are also explored in the Midwest Study: housing and basic needs, finances, education, health and healthcare, and personal connections. First, we provide an overview of salient findings from the Midwest Study. Next, we review the research literature pertaining to the broad impact of disasters on overall well-being. Then, we summarize the research on older youth in care and recently aged out of care regarding the impact of disasters on their well-being. Last, we review the very limited extant literature addressing the impact of COVID-19 on the child welfare system.

# INTRODUCTION

## Review of the Midwest Study

### ***Housing and Basic Needs***

The Midwest Study found that at age 23 and 24, young adults who aged out of foster care were less likely to be living in their own place (49%) than their counterparts from a comparable study of similarly-aged young adults (63%). Thirty-seven percent of Midwest Study participants reported having experienced homelessness or having couch-surfed. Finally, 48% percent of former foster youth reported experiencing at least one material hardship, including difficulties accessing food or paying for utilities compared with less than one quarter of their peers (Courtney, Dworsky, Lee, & Raap, 2009).

### ***Finances***

At the time of interview during the Midwest Study at age 23 and 24, only 48% of young adults were currently employed, compared to 76% of a similarly-aged peer population from the National Longitudinal Study of Adolescent to Adult Health (The Add Health Study;  $n = 1,488$ ). For those that were working, the difference in median income between young adults with experience in foster care and the general population was more than \$10,000. Seventy percent of female respondents in the Midwest Study received some means-tested government benefit while 29% of male respondents did. Regardless of gender, Midwest Study participants were significantly more likely to receive government benefits than their Add Health Study counterparts (Courtney, Dworsky, Lee, & Raap, 2009).

### ***Education***

The Midwest Study found that by age 23 and 24, one quarter of youth with experience in foster care did not have a high school diploma or a GED, and although nearly one third had completed at least one year of college, only 6% had completed a 2- or 4-year post-secondary degree. According to the Add Health Study, 7% of the general population sample did not have a high school diploma or GED, 26% had a high school diploma only, 5% had a GED only, 28% had completed at least one year of college, and 29% had completed a 2- or 4-year post-secondary degree (Courtney, Dworsky, Lee, & Raap, 2009).



# INTRODUCTION

## Review of the Midwest Study (cont.)

### ***Health & Healthcare***

Overall, the Midwest Study participants were healthy at age 23 and 24, with 84% describing their health as good to excellent, but they were more likely than their peers to describe their health as fair or poor. Nineteen percent of participants reported receiving mental or behavioral health services during the past year (Courtney, Dworsky, Lee, & Raap, 2009). By age 26, new data were available and nearly 25% reported having experienced at least 2 weeks of feeling sad, empty or depressed for most of the day during the past year and approximately 6% thought about suicide in the past year (Courtney, Dworsky, Brown, Cary, Love & Vorhies, 2011).

### ***Personal Connections***

Despite having been placed in foster care, 94% of participants in the Midwest Study reported feeling very close or somewhat close to at least one biological family member, including 81% of young adults reporting having contact with a biological family member at least once a week. In terms of general perceived social supports, these young adults reported having social support some or most of the time. Sixty-six percent maintained a positive relationship with a caring adult other than a parent since age 14, although they were less likely to have done so than their similarly-aged peers from the Add Health Study (Courtney, Dworsky, Lee, & Raap, 2009).

In summary, results of the Midwest Study showed that, compared to similarly-aged peers, young adults aged out of foster care reported more housing instability and difficulties meeting basic needs as well as lower levels of employment, income, and education. Although these young people were generally healthy and the majority reported positive relationships with caring adults, their peers in the general population had even higher rates of good health and social supports. Thus, even in the absence of crisis, young adults aged out of care are a vulnerable group compared to their similarly-aged peers.

# LITERATURE REVIEW

**To date, only a few studies have specifically explored child and family responses to pandemic disasters.**

## **The Impact of Disasters**

The World Health Organization (WHO, n.d.) characterizes disasters as severely disruptive, collectively experienced events causing “widespread human material, economic, or environmental losses” which overwhelm the coping capacities of affected communities. Such events may include weather-related emergencies (e.g., hurricanes, tornadoes, floods), geological activity (e.g., earthquakes, eruptions), humanitarian emergencies (e.g., armed conflict, refugee crises, industrial accidents), and serious disease outbreaks such as pandemic influenza (Norris et al., 2002; WHO, 2008). These various event types share a common potential for significant ecological and psychosocial disruption at the individual, community, and societal levels.

Research indicates that children and families often struggle with food insecurity, domestic violence, interpersonal crime, acute and chronic health problems, housing instability, unemployment, and financial distress in the wake of disasters (Norris et al., 2002; Perez-Escamilla, Cunningham, & Moran, 2020; Pfefferbaum & North, 2008; WHO, 2005). Young people may be particularly vulnerable to such disaster-related shocks. In their review of disaster literature, Norris and colleagues (2002) identify posttraumatic stress, anxiety disorders, and depression as common post-disaster mental health symptoms among children and youth. Female, ethnic minority, and low socioeconomic status youth are more likely than other peer groups to report longer-lasting and more severe posttraumatic symptoms after disaster events (Davis & Miller, 2014; Norris et al., 2002; Weems et al., 2010).

To date, only a few studies have specifically explored child and family responses to pandemic disasters (Bryce, 2020). The extant literature indicates that disease-containment measures such as quarantine and social isolation are intensely traumatic for some children (Sprang & Silman, 2013; Ye, 2020). Though their findings are not specific to pandemic contexts, research conducted by Copeland and colleagues (2018) suggests that social isolation may increase the likelihood of adolescent substance use and other risky behaviors. Other research suggests that social and emotional supports serve protective functions for youth in post-disaster environments (Perry, 2006; Sprague et al., 2015).

# LITERATURE REVIEW

**Older foster youth may be uniquely vulnerable in disaster and post-disaster contexts.**

## **Disasters and Older Youth In and Recently Aged Out of Care**

Given the socioeconomic precarity commonly associated with transitions from foster care to adulthood, older foster youth may be uniquely vulnerable in disaster and post-disaster contexts. Youth transitioning out of care are more likely than their peers in the general population to struggle with homelessness, job and income insecurity, and inadequate healthcare access (Courtney & Dworsky, 2005; Jones, 2012; Pecora et al., 2003). Former foster youth are also more likely to be arrested and incarcerated in emerging adulthood (Courtney & Dworsky, 2005; Cusick & Courtney, 2007).

These vulnerabilities were well-established in the research literature prior to COVID-19. Today, with the convergence of multiple systemic threats to global economic and physical health, the same vulnerabilities exacerbate pandemic-associated risks for current and former foster youth. Federal authorities have advised that homelessness and housing instability may increase individual risk of viral exposure (Centers for Disease Control and Prevention [CDC], 2020b). In the employment arena, Bureau of Labor Statistics (2020) data show steep job losses and rising unemployment across most sectors of the U.S. economy. Losses in the hospitality and food service sectors have likely reduced or eliminated primary income sources for many former foster youth (Peters, Sherraden, & Kuchinski, 2012). Relatively high rates of incarceration among current and former foster youth increase their risk of exposure to COVID-19, as most of the largest known clusters of coronavirus outbreaks to date have occurred in America's jails and prisons, where close quarters amplify viral transmissibility (Almukhtar et al., 2020). Similar transmission risks are present in other congregate settings (e.g., group homes), where older foster youth often reside before exiting care (CDC, 2020a; Stahl, 2020; The Annie E. Casey Foundation [AECF], 2011).

# LITERATURE REVIEW

## **Disasters and Older Youth In and Recently Aged Out of Care (cont.)**

Recent polls highlight the challenges faced by foster care youth and alumni in a pandemic-stricken economy. In March, Think of Us (2020), a nonprofit foster care advocacy organization, hosted a virtual town hall event and asked older foster youth to identify their most pressing needs during the pandemic. Based on responses from more than 1,400 youth, Think of Us compiled a critical needs list in order of response frequency. Food was the single-most urgent need, followed by housing and healthcare. Technology resources, financial and employment assistance, transportation, and educational resource needs were frequently reported as well.

In early May, FosterClub (2020), an Oregon-based nonprofit, conducted a national poll of 613 young adults (age 18 to 24) currently or formerly in foster care. Nearly 65% of respondents who had been employed before the pandemic reported layoffs, lost gig work, or shift reductions. Half of those who applied for unemployment had not received any benefits. Fifty-one percent of youth reported some challenges with food security, and nearly one in five youth had run out of food altogether. Nearly one in four respondents faced unstable housing or living situations. Social isolation, as well, was a serious concern for many youth. Fewer than half of respondents had friends, caseworkers, or family members on whom they could rely on during the public health crisis.

Data gathered directly from current and former foster youth paint a compelling picture of hardships exacerbated by COVID-19. Other less direct data sources underscore these youths' vulnerabilities. Foster Success, an Indiana-based nonprofit, which administers emergency grants for older foster youth, reports that 51% of grant requests made since March 2020 have been for food aid. Another 28% of grant requests have been for help with rent, utilities, and other bills (Williams, 2020).

# LITERATURE REVIEW

**COVID-19 has disrupted the operations of child welfare systems across the United States.**

## **Disasters and Older Youth In and Recently Aged Out of Care (cont.)**

In April 2020, a San Francisco-based nonprofit conducted a survey of social service agencies in California (John Burton Advocates for Youth, 2020). Providers were asked how COVID-19 had impacted older foster youth (age 18 to 21) in transitional housing programs. Thirty-four agencies, collectively serving 1,728 foster youth, responded to the survey. More than three-quarters of the agencies reported that some of the youth they served lost their jobs in the economic downturn precipitated by COVID-19. Sixty-five percent of agencies indicated that the youth they served needed additional supports (e.g., laptops, tutoring, internet access) to continue high school or college coursework.

According to the National Center for Housing and Child Welfare (NCHCW, 2020), approximately 10,000 foster youth and alumni were living in college dorms when the U.S. public health emergency was officially declared in January (U.S. Department of Health and Human Services, 2020). Since then, numerous American universities have announced plans to reduce or eliminate in-person classes for the Fall 2020 semester (Burke, 2020). While this mass transition to remote learning aims to safeguard student health, closures of residential, dining and student health facilities may further restrict foster youths' already-limited access to critical resources and services (NCHCW, 2020; Suriano, 2020).

## **COVID-19 and The Child Welfare System**

COVID-19 has disrupted the operations of child welfare systems across the United States. In New York, government restrictions to curb the spread of coronavirus have necessitated family court shutdowns, resulting in reunification hearing delays and longer foster care spells for some children (Kramer, 2020). In Kentucky, Wisconsin, and elsewhere, in-person family visits have been suspended, and virtual visitation sessions have become the new normal for many children and families (Buffo, 2020; Wisconsin Department of Children and Families, 2020; Yetter, 2020).

# LITERATURE REVIEW

**Amid the sharpest economic downturn in nearly a century, state and local child welfare systems are facing significant funding cuts even as COVID-19 increases cumulative risks to child well-being.**

## **COVID-19 and The Child Welfare System (cont.)**

Stay-at-home orders have, in general, decreased the frequency of interactions between at-risk children and mandated reporters. States across the entire country have registered decreases in Child Protective Services (CPS) referrals (Schmidt, & Natanson, 2020). Michigan's child abuse hotline, for example, has this year received 34% fewer calls as compared to the same period in 2019 (Berg, 2020). Following lockdown orders and other disease-containment measures in California, Iowa, Maryland, Massachusetts, Virginia, and elsewhere, law enforcement and child welfare agencies have reported sharp reductions in child maltreatment reports (Ramm, 2020; Schmidt, 2020; Stout, 2020; Winton, 2020). Research suggests, however, that child abuse rates may actually rise in disaster and post-disaster contexts (Bryce, 2020). As noted by Curtis and colleagues (2000), child protection infrastructure and workforce capacity are typically disrupted by disaster events. Incidences of child abuse and neglect may rise in tandem with disaster-related hardships, but CPS referral mechanisms are simultaneously diminished.

Social distancing and quarantine measures have introduced problematic constraints on these and other components of child welfare systems. Economic fallout from the pandemic, however, poses potentially more severe threats to systemic viability. Amid the sharpest economic downturn in nearly a century (Kochhar, 2020), state and local child welfare systems are facing significant funding cuts even as COVID-19 increases cumulative risks to child well-being (Bryce, 2020).

With ongoing, widespread economic uncertainty, it is difficult to accurately gauge the full impact of COVID-19, particularly given the patchwork of different child welfare systems across the nation. Case examples may be instructive. Facing a \$54 billion budget deficit, the California state legislature was this summer forced to scale back legislation which would have permanently enhanced housing benefits and foster care payments to transition-age young adults (Conn, 2020).

# LITERATURE REVIEW

## COVID-19 and The Child Welfare System (cont.)

Grappling with anticipated revenue shortfalls, state lawmakers in Nevada and Florida have proposed or enacted cuts to child welfare, mental health, and education services (Gross & Wilson, 2020; Johnson, 2020). In Missouri, Department of Social Services budget cuts have resulted in hundreds of human service and child welfare worker layoffs despite the expectation of rising caseloads and referrals when mandated reporters resume more frequent contact with children (Bauer & Thomas, 2020; Farmer, 2020).

Plagued with staffing cutbacks, rising workloads, and revenue shortfalls, child welfare systems may struggle to maintain core service quality during and following the pandemic. Research suggests that high caseloads and limited peer supports contribute to child welfare worker dissatisfaction and burnout, with potentially negative impacts on service quality and outcomes (Conrad & Kellar-Guenther, 2006; Rochelle & Buonanno, 2018).

Child welfare systems are today facing financial challenges similar to those wrought by the Great Recession over a decade ago. In both instances, state legislatures and child welfare agencies have turned to furloughs, hiring freezes, benefits and service reductions, and staffing cuts to offset budget shortfalls. These coping strategies, which may provide temporary fiscal respite, may also lead to declining service quality, reduced workforce capacity, and consequent poor outcomes for clients, workers, and communities (Edwards & Wildeman, 2018; Gustavsson & MacEachron, 2013).

### The Present Study

The purpose of this study is to address the gap in knowledge regarding understanding the experiences of young people in and aged out of foster care during the COVID-19 crisis, guided by the following research question: ***What are the housing, food security, education, employment, finance, health, mental health, and personal connection challenges experienced by older youth in and recently aged out of foster care during one month of the COVID-19 crisis?***

# METHODS AND PROCEDURES

The Field Center posted information about the study on our social media accounts, including Facebook, Twitter, Instagram and LinkedIn.

We developed our survey questions using a poll conducted by FosterClub in March 2020 as a guide. The FosterClub poll asked club members about their experiences during COVID-19 during a two-day window. We also based some of our questions on the outcomes portion of the National Youth in Transition Database survey, which collects outcomes information from youth transitioning out of foster care. Our final survey consisted of 46 questions. Data were collected using non-probability sampling and a cross-sectional survey design.

We recruited participants nationally by leveraging our personal and professional connections to an array of networks and asking “gatekeepers” to disseminate our survey link to both young people and service providers. A recruitment email was sent to professional colleagues across the country who work with child welfare systems, youth in foster care, or have connections to foster care alumni.

The Field Center for Children’s Policy, Practice & Research also posted information about the study on our social media accounts, including Facebook, Twitter, Instagram, and LinkedIn. A post with the recruitment flyer and a link to the survey were shared in Facebook groups specifically focused on services to youth in foster care or foster care alumni. Individual Facebook users also had the ability to share the post with their own networks.

Facebook and Instagram ads were used to share the post promoting the survey. Both ads targeted young people (ages 18-23) in 10 U.S. cities: New York, Los Angeles, Chicago, Washington D.C., Detroit, New Orleans, Phoenix, Houston, Miami, and Dallas. The ad ran for 3 weeks with a budget of \$700. Although previous studies have shown that advertisements on social media may produce interest, referrals made through in-person connections result in more eligible recipients and respondents who actually complete the study (Oesterle, Epstein, Haggerty, & Moreno, 2018).

**FOSTER YOUTH & COVID-19**

To learn more about and complete this online survey:  
[bit.ly/2yokD3K](https://bit.ly/2yokD3K)

The Field Center  
FOR CHILDREN'S POLICY,  
PRACTICE & RESEARCH

To participate in this research study on the impact of COVID-19, you must be:

- Currently in foster care or aged out of foster care
- 18-23 years old



# METHODS AND PROCEDURES

Our survey utilized various measures identified by Gabrielli et al. (2020) to increase the likelihood that respondents completing the survey were human and not programmed “bots.” A CAPTCHA verification was required at the beginning of the survey, and the freeform response questions were carefully reviewed to ensure that the responses matched what an eligible survey respondent might say and were congruent with their previous answers.

To further ensure the integrity of our data, we used Qualtrics’ “Prevent Ballot Box Stuffing” function which prevents multiple responses from the same device and web browser. Finally, each completed and submitted survey was reviewed by a member of the research team to determine if the amount of time it took the respondent to complete the survey was reasonable.

The University of Pennsylvania’s Institutional Review Board approved the study’s lottery-based incentive system of giving participants the choice to be entered into a drawing to win one of twelve \$25 Target gift cards. Such a system has been shown to be effective in making the survey less appealing to bot interference (Borodovsky, Marsch, & Budney, 2018; Gabrielli et al. 2020). In order to be entered into the drawing, following survey completion, participants could opt to complete a separate Qualtrics form to provide their names and contact information. Following the close of the survey at the end of April, 12 winners were randomly drawn from 232 respondents who entered the drawing. Those individuals received an email and/or phone call from Field Center staff alerting them that they had won and requesting additional contact information as needed for gift card distribution.



# METHODS AND PROCEDURES

**On average, study participants had spent nearly six years in foster care.**

## Data Analysis

Data were analyzed using SPSS, version 26 (IBM Corp, 2019). For descriptive statistics, we calculated frequencies and percentages for all categorical variables, and means and standard deviations for all continuous variables. To determine whether a relationship existed between categorical variables, we used the Chi-square test of independence. To determine whether a relationship existed between a categorical variable and a continuous variable, we used the Independent Samples t-test.

## Sample Profile

Four hundred seventy-eight young people logged on to the survey website. Three hundred and four young people (63.5%) completed the CAPTCHA verification and entered the survey. This number was reduced by 23 participants after we cleaned the data and eliminated those who did not meet the age eligibility requirement. They were either under age 18, over age 23, or entered a non-integer in the age field. Our final sample ( $N = 281$ ) came from 32 states (+ Washington D.C.) and 191 cities across the United States (see Figure 1). Participants were almost evenly split between still in care (47%) and aged out of care (53%). Their mean age was 19.98 years ( $SD = 1.78$  years) and on average they had spent 5.79 years in foster care ( $SD = 4.24$  years). Seventy-four percent were cisgender female and 22% were cisgender male. Fifty percent were White and 40% were Black. Twenty-five percent were Hispanic, Latinx, or Spanish. Sixty-three percent completed high school and 6% completed a Bachelor's degree. Fifteen percent were still in high school at the time of the survey.

# METHODS AND PROCEDURES

Figure 1. Map of survey participants



# RESULTS

## HOUSING & FOOD SECURITY

### I. Housing and Food Security

Table 1 reports the housing status of participants before COVID-19. One third of them were living in their own apartment or house. Eighteen percent were in foster care placements, including family foster care, kinship care, or an independent living program. Almost 13% were in college/dorm housing, 13.5% were living with a parent, relative, or other adult, and 12.1% were living in a group home or residential placement setting. Just over four percent were couch-surfing or homeless. About 5% reported “Other.” Examples of “Other” include: “I was homeless but rescued by a family who took me in. They are not my foster care family, but they act as a family to me” and “I’m staying in an unstable home where I’m not wanted, but I have nowhere else to go.”

Table 1. Housing Status Before COVID-19

	#	%
Foster care (includes SIL, ILP)	42	14.9
Kinship home	9	3.2
Group home/Residential	34	12.1
College/Dorm housing	36	12.8
My own apartment/house	95	33.8
Living with a parent, relative, or other adult (not in foster care)	38	13.5
Couch-surfing	8	2.8
Homeless	4	1.4
Other	15	5.3
Total	281	100.0

# RESULTS

## HOUSING & FOOD SECURITY

**“I have been couch surfing and was laid off from all three of my jobs so I'm struggling to pay my bills.”**

[19yo Female aged out of foster care]

Table 2 reports the housing status of participants during COVID-19. Thirty-five percent are living in their own apartment or house. Sixteen percent are living with a parent, relative, or other adult (not in foster care), almost 15% are living in foster care, and almost 4% are living in kinship care. Almost 12% of all respondents are living in a group home or residential placement setting. Just over 7% are couch-surfing or homeless. About 6% reported “Other.” Examples of “Other” include: “I’m renting a room,” “I’m living with my girlfriend,” and “I’m staying with a friend.”

Table 2. Housing Status During COVID-19

	#	%
Foster care (includes SIL, ILP)	42	14.9
Kinship home	11	3.9
Group home/Residential	33	11.7
College/Dorm housing	13	4.6
My own apartment/house	100	35.6
Living with a parent, relative, or other adult (not in foster care)	46	16.4
Couch-surfing	15	5.3
Homeless	5	1.8
Other	16	5.7
Total	281	100.0

Table 2a reports whether or not the housing status of participants changed due to COVID-19 through the creation of a new variable based on a comparison of answers to Housing Status Before COVID-19 and Housing Status During COVID-19. Nearly one quarter experienced some change in their housing situation since the onset of the pandemic.

Table 2a. Change in Housing Situation due to COVID-19

	#	%
No change	215	76.5
Some change	66	23.5
Total	281	100.0

# RESULTS

## HOUSING & FOOD SECURITY

**“I lost my job & my foster parents are threatening to kick me out if I get a new one, but I need a job to pay my bills.”**

[19yo Female in foster care]

Participants also reported on the impact that COVID-19 has had on their living situation/housing status. These results are in Table 3. Ten percent of participants were forced to leave their current living situation/housing and 15% feared being forced to leave their current living situation/housing. Six percent reported experiencing homelessness and almost 7% answered “Other.” Examples of “Other” include: “I’m still living on campus as of now, but I will soon have to move out and go back to an unstable living environment” and “My housing is unstable with family, and my plans to leave through a rapid re-housing program has been halted because of this.”

Table 3. Impact of COVID-19 on Living Situation/Housing Status

	#	%
I've been or am being forced to leave my current living situation/housing	28	10.0
I fear being forced to leave my current living situation/housing	43	15.3
I'm experiencing homelessness/housing instability due to a loss of housing since COVID-19	18	6.4
Other	19	6.8

The remainder of participants reported that their living situation/housing is unchanged since COVID-19 ( $n = 173$ ), although for 12.7% ( $n = 22$ ), where they reported living after the start of COVID-19 was different from where they reported living prior to COVID-19. In addition, a small number ( $n = 6$ ) reported having become homeless since the start of COVID-19, but indicated that they had somewhere to live (e.g., their own apartment) in response to the question about where they had been living since COVID-19 started. Finally, some respondents ( $n = 5$ ) who said they were couch-surfing after (but not before) the pandemic started, reported that they had been forced to leave their housing situation – not that they had been made homeless.

# RESULTS

## HOUSING & FOOD SECURITY

Given that these individuals seem to have been made homeless by the pandemic, 6.4% is probably an underestimate of the percentage of youth in our sample who experienced homelessness as a consequence of COVID-19.

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and reporting experiencing a negative impact of COVID-19 on living situation/housing status,  $\chi^2(1, N = 217) = .415, p = .519$ , meaning “being forced to leave current living situation,” “fearing being forced to leave current living situation,” or “experiencing homelessness/housing instability.”

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and reporting experiencing a negative impact of COVID-19 on living situation/housing status,  $\chi^2(1, N = 244) = 1.402, p = .238$ .

A chi-square test of independence was performed to examine the relation between gender identity and reporting experiencing a negative impact of COVID-19 on living situation/housing status. The relation between these variables was significant,  $\chi^2(1, N = 254) = 11.106, p = .001$ . Young people identifying as cisgender female (39.0%) were more likely than young people identifying as cisgender male (14.8%) to report experiencing a negative impact of COVID-19 on their living situation/housing status, meaning “being forced to leave current living situation,” “fearing being forced to leave current living situation,” or “experiencing homelessness/housing instability.”

A chi-square test of independence was performed to examine the relation between foster care status and reporting experiencing a negative impact of COVID-19 on living situation/housing status. The relation between these variables was significant,  $\chi^2(1, N = 262) = 7.007, p = .008$ . Young people aged out of foster care (41.5%) were more likely than young people in foster care (26.0%) to report experiencing a negative impact of COVID-19 on living situation/housing status, meaning “being forced to leave current living situation,” “fearing being forced to leave current living situation,” or “experiencing homelessness/housing instability.”

# RESULTS

## HOUSING & FOOD SECURITY

**“My housing is unstable with family, and my plans to leave through a rapid-re housing program funded by the City has been halted, because of COVID.”**

[22yo Male aged out of foster care]

Respondents were also asked about whether COVID-19 was having a major impact on their housing (Table 4). Almost 40% of participants somewhat or strongly disagreed that COVID-19 was not majorly impacting their housing situation while 36.6% agreed or strongly agreed. One quarter of respondents neither agreed nor disagreed.

A chi-square test of independence showed that there was a marginally significant association between race (white vs. non-white) and reporting a major impact on housing situation during COVID-19,  $\chi^2 (2, N = 232) = 5.521, p = .063$ . Almost 42% of non-white participants reported they disagreed with COVID-19 not having an impact on their housing situation, compared to 33% of white participants.

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and reporting a major impact on housing situation,  $\chi^2 (2, N = 263) = 3.521, p = .172$ .

A chi-square test of independence showed that there was no significant association between gender identity and reporting a major impact on housing situation,  $\chi^2 (2, N = 271) = 3.740, p = .154$ .

A chi-square test of independence showed that there was no significant association between foster care status and reporting a major impact on housing situation,  $\chi^2 (2, N = 281) = 3.056, p = .217$ .

Table 4. COVID-19 is not having a major impact on my housing situation

	#	%
Strongly Disagree	47	16.7
Somewhat Disagree	61	21.7
Neither Agree nor Disagree	70	24.9
Somewhat Agree	54	19.2
Strongly Agree	49	17.4
Total	281	100



# RESULTS

## HOUSING & FOOD SECURITY

Table 5 reports the food security status of participants during COVID-19. Forty-three percent have access to plenty of food, 37.7% have access to some food, 16.4% have very low access to food, 1.4% cannot access food and are in crisis, and 1.4% responded "Other." Examples of "Other" include: "I have money for food because I'm on food stamps but the stores are not very well stocked on staple food and necessities" and "Really worried about buying food; since I've lost my job I have to spend less on the unnecessary items and food falls in that. I have no extra money after my mandatory bills."

Table 5. Food Security Status During COVID-19

	#	%
I have access to plenty of food	121	43.1
I have access to some food	106	37.7
My access to food is very low	46	16.4
I cannot access food - I'm in crisis	4	1.4
Other	4	1.4
Total	281	100.0

A chi-square test of independence was performed to examine the relation between race and food security status during COVID-19, like having access to only some food, having very low access to food, or being in crisis/not able to access any food. The relation between these variables was significant,  $\chi^2(1, N = 228) = 4.307, p = .038$ . Non-white young people (58.5%) were more likely than white young people (44.8%) to report experiencing a negative impact of COVID-19 on their food security.

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and food security,  $\chi^2(1, N = 259) = .751, p = .386$ .

# RESULTS

## HOUSING & FOOD SECURITY

A chi-square test of independence was performed to examine the relation between gender identity and reporting experiencing a negative impact of COVID-19 on food security, like having access to only some food, having very low access to food, or being in crisis/not able to access any food. The relation between these variables was significant,  $\chi^2(1, N = 267) = 7.306, p = .007$ . Young people identifying as cisgender female (61.2%) were more likely than young people identifying as cisgender male (41.4%) to report experiencing a negative impact of COVID-19 on their food security.

A chi-square test of independence was performed to examine the relation between foster care status and experiencing a negative impact of COVID-19 on food security, like having some access to food, having very low access to food, or being in crisis/not able to access any food. The relation between these variables was significant,  $\chi^2(1, N = 277) = 10.468, p = .001$ . Young people aged out of foster care (65.5%) were more likely than young people in foster care (46.2%) to report experiencing a negative impact of COVID-19 on food security.

Respondents were also asked about whether COVID-19 was having a major impact on their access to food (Table 6). Thirty-seven percent of respondents somewhat or strongly disagreed that COVID-19 is not having a major impact on their access to food, 44.5% agreed or strongly agreed, and 18.5% neither agreed nor disagreed.

A chi-square test of independence was performed to examine the relation between race and reporting experiencing a major impact of COVID-19 on food access. The relation between these variables was significant,  $\chi^2(2, N = 232) = 6.914, p = .032$ . Young people identifying as not white (54.2%) were more likely than young people identifying as white (45.8%) to report experiencing a major impact of COVID-19 on their food access.

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and food access,  $\chi^2(2, N = 263) = 1.991, p = .369$ .

# RESULTS

## HOUSING & FOOD SECURITY

**“Prices for food are actually being raised at my local supermarket and I barely have enough money to pay my rent next month.”**

[23yo Female aged out of foster care]

A chi-square test of independence was performed to examine the relation between gender identity and reporting experiencing a major impact of COVID-19 on food access. The relation between these variables was significant,  $\chi^2 (2, N = 271) = 10.705, p = .005$ . Young people identifying as cisgender female (41.8%) were more likely than young people identifying as cisgender male (19.0%) to report experiencing a major impact of COVID-19 on their food access.

A chi-square test of independence showed that there was no significant association between foster care status and food access,  $\chi^2 (2, N = 281) = 3.023, p = .221$ .

Table 6. COVID-19 is not having a major impact on my food

	#	%
Strongly Disagree	38	13.5
Somewhat Disagree	66	23.5
Neither Agree nor Disagree	52	18.5
Somewhat Agree	71	25.3
Strongly Agree	54	19.2
Total	281	100

Respondents were also asked about communication from individuals responsible for their basic needs (e.g., housing, food) during the COVID-19 crisis. These results are in Tables 7, 8, and 9, respectively.

More than 20% of respondents somewhat or strongly disagreed that the individuals responsible for their housing did a good job of communicating with them during the COVID-19 crisis. Over half (55.5%) agreed or strongly agreed that they received good communication and 22.4% neither agreed nor disagreed (Table 7). Nineteen percent of participants somewhat or strongly disagreed that the individuals responsible for their food did a good job of communicating with them during the COVID-19 crisis. Over half (55.5%) agreed or strongly agreed that they received good communication and one quarter neither agreed nor disagreed (Table 8).

# RESULTS

## HOUSING & FOOD SECURITY

Finally, regarding access to personal support to ensure that participants' housing was stable and their basic needs were met, one quarter somewhat or strongly disagreed that they had support, almost 60% agreed or strongly agreed that they had support, and 16% neither agreed nor disagreed (Table 9).

Table 7. Individuals responsible for my housing did a good job of communicating with me during the COVID-19 crisis

	#	%
Strongly Disagree	31	11.0
Somewhat Disagree	31	11.0
Neither Agree nor Disagree	63	22.4
Somewhat Agree	84	29.9
Strongly Agree	72	25.6
Total	281	100

Table 8. Individuals responsible for my food did a good job of communicating with me during the COVID-19 crisis

	#	%
Strongly Disagree	25	8.9
Somewhat Disagree	28	10.0
Neither Agree nor Disagree	70	24.9
Somewhat Agree	79	28.1
Strongly Agree	79	28.1
Total	281	100

# RESULTS

## HOUSING & FOOD SECURITY

**“There is less attention from foster parents to foster kids; more attention is focused on helping their own kids and neglecting us.”**

[18yo female in foster care]

Table 9. I have/had access to personal support to ensure that my housing is stable and my basic needs are met

	#	%
Strongly Disagree	27	9.6
Somewhat Disagree	41	14.6
Neither Agree nor Disagree	45	16.0
Somewhat Agree	101	35.9
Strongly Agree	67	23.8
Total	281	100



# RESULTS

## EDUCATION

**“I have lost my on-campus counseling as well as other on-campus supports including housing, meals, friends, and professors who looked out for me.”**

[19yo Female aged out of foster care, full time college student]

### II. Education Status

Table 10 reports the education status of participants before COVID-19. Nearly half of them were attending college or university, with 34.5% attending full time and 13.2% attending part time. Some were still pursuing a high school diploma or GED, with 15.7% enrolled in high school and 3.2% attending GED classes. Almost 3% of participants were attending vocational training and only 1.4% reported “Other.” Examples of “Other” included responses such as: “Getting ready to start online college” and “Student, but I cut my classes due to my work schedule.” Twenty-nine percent of participants were not currently a student or attending classes or training at the time of the survey.

Table 10. Education Status Before COVID-19

	#	%
Attending High School	44	15.7
Attending GED Classes	9	3.2
Attending Vocational Training	8	2.8
Attending college/university Full Time	97	34.5
Attending college/university Part Time	37	13.2
Not currently a student or attending classes/training	82	29.2
Other	4	1.4
Total	281	100.0

Table 11 reports the impact of COVID-19 on academic or post-secondary educational supports (i.e., academic counseling, GED preparation, tutoring, homework assistance, study skill training, literacy training, SAT test preparation, college counseling, information about financial aid or scholarships, help completing college or loan applications, college tutoring or on-campus supports). Just under one third of respondents indicated that they had not been receiving any supports before the crisis, and just under one third lost academic supports due to COVID-19. At the time of the survey, 39.1% of respondents were still receiving the academic supports they had been receiving prior to COVID-19.

# RESULTS

## EDUCATION

Examples of the types of supports lost indicated a trend of many respondents missing the benefit of in-person academic tutoring and no longer being able to access therapy through their higher education institution. Specific examples of lost supports include “I lost access to my financial aid counseling and missed several scholarship deadlines in the chaos,” “I lost college counseling, college tutoring, school internet access, library access,” “Office hours for my classes are essentially gone,” and “I have lost my on-campus counseling as well as other on-campus supports including housing, meals, friends, and professors who looked out for me.”

A chi-square test of independence showed that there was no significant association between race and impact on academic or post-secondary educational supports,  $\chi^2 (2, N = 149) = .483, p = .785$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and impact on academic or post-secondary educational supports,  $\chi^2 (2, N = 171) = .873, p = .646$ .

A chi-square test of independence showed that there was no significant association between gender identity and impact on academic or post-secondary educational supports,  $\chi^2 (2, N = 175) = 3.535, p = .171$ .

A chi-square test of independence showed that there was no significant association between foster care status and impact on academic or post-secondary educational supports,  $\chi^2 (2, N = 179) = 1.429, p = .489$ .

# RESULTS

## EDUCATION

**“It really messed up my educational life. I cannot have contact with any support people. Teachers do not answer emails.”**

[20yo Male aged out of foster care, full time college student]

Table 11. Impact of COVID-19 on Academic or Post-Secondary Educational Supports

	#	% (of all respondents)	% (of respondents in school settings who provided an answer)
Lost Supports	54	19.2	30.2
Still Receiving All Supports	70	24.9	39.1
Not Applicable/Was Not Receiving Supports	55	19.6	30.7
Total	179	63.7	100

Participants in educational settings also responded to a Likert-type scale on whether their school or institution has done a good job of communicating with them during the COVID-19 crisis, whether COVID-19 is having a major impact on their educational progress or attainment, and whether they have access to personal support to ensure that their educational goals are not disrupted. These results are in Tables 12, 13, and 14, respectively.

Over 60% of participants agreed or strongly agreed that their educational institution was doing a good job with communication. Just under one quarter somewhat or strongly disagreed, and 14.5% neither agreed nor disagreed (Table 12).

Over half of the respondents somewhat or strongly agreed that COVID-19 is having a major impact on their educational progress or attainment, one quarter either agreed or strongly agreed that COVID-19 was not having a major impact, and 17.3% of participants neither agreed nor disagreed (Table 13).

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and reporting a major impact on educational progress or attainment during COVID-19,  $\chi^2(2, N = 149) = 1.676, p = .433$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and reporting a major impact on educational progress or attainment during COVID-19,  $\chi^2(2, N = 263) = 1.991, p = .369$ .



# RESULTS

## EDUCATION

A chi-square test of independence showed that there was no significant association between gender identity and reporting a major impact on educational progress or attainment,  $\chi^2(2, N = 175) = 1.727, p = .422$ .

A chi-square test of independence showed that there was no significant association between foster care status and impact on educational progress or attainment,  $\chi^2(2, N = 179) = .355, p = .837$ .

More than one quarter of participants lacked access to personal supports to ensure their educational goals were not disrupted, while just over half of respondents agreed or strongly agreed that they did have personal support regarding their education. Almost 21% of participants neither agreed nor disagreed (Table 14).

Table 12. Regarding respondents' educational needs, their school or institution has done a good job of communicating with them during the COVID-19 crisis

	#	% (of all respondents)	% (of respondents in school settings who provided an answer)
Strongly Disagree	20	7.1	11.2
Somewhat Disagree	20	7.1	11.2
Neither Agree nor Disagree	26	9.3	14.5
Somewhat Agree	57	20.3	31.8
Strongly Agree	56	19.9	31.3
Total	179	63.7	100

# RESULTS

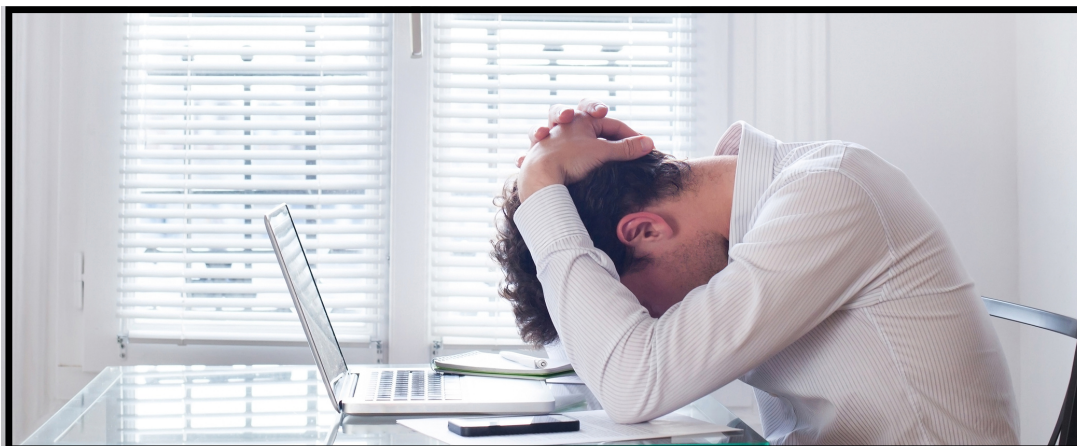
## EDUCATION

Table 13. Regarding respondents' educational needs, COVID-19 is not having a major impact on their educational progress or attainment

	#	% (of all respondents)	% (of respondents in school settings who provided an answer)
Strongly Disagree	52	18.5	29.1
Somewhat Disagree	31	11.0	26.8
Neither Agree nor Disagree	26	9.3	17.3
Somewhat Agree	27	9.6	15.1
Strongly Agree	21	7.5	11.7
Total	179	63.7	100

Table 14. Regarding respondents' educational needs, they have/had access to personal support to ensure that their educational goals are not disrupted

	#	% (of all respondents)	% (of respondents in school settings who provided an answer)
Strongly Disagree	21	7.5	11.7
Somewhat Disagree	29	10.3	16.2
Neither Agree nor Disagree	37	13.2	20.7
Somewhat Agree	57	20.3	31.8
Strongly Agree	35	12.5	19.6
Total	179	63.7	100



# RESULTS

## EMPLOYMENT & FINANCIAL STATUS

**"COVID has made it so I cannot take an exam to attend college until the fall. I needed to be in college classes this summer in order to stay in extended foster care. I may be kicked out of foster care due to COVID-19."**

[18yo female in foster care, in high school]

### III. Employment & Financial Status

Table 15 reports the employment status of participants before COVID-19. Of the 249 respondents who provided an answer to this question (88.6% of the whole sample), just over one quarter were working full time, 40.6% were working part time and 4.8% had informal or gig work (e.g., Uber/Lyft, delivery, babysitting). One quarter were not working, with 18.9% looking for work and 6.8% not looking for work. One percent reported "Other," including "I was waiting on my social security card and it never came;" "Hard to feel comfortable with the lack of resources;" and a response of "N/A."

Table 15. Employment Status Before COVID-19

	#	% of all respondents	% of respondents who answered the question
I was employed Full Time	69	24.6	27.7
I was employed Part Time	101	35.9	40.6
I did gig work or informal work	12	4.3	4.8
I was not working BUT was looking for work	47	16.7	18.9
I was not working and was NOT looking for work	17	6.0	6.8
Other	3	1.1	1.2
Total	249	88.6	100.0

Table 16 reports the impact of COVID-19 on employment. Of the respondents who provided an answer to this question, 17.3% did not have their employment affected by COVID-19. Others lost work, including 27.7% who were laid off, 11.2% who still have some gig work but it is no longer reliable, and 11.2% who had their hours reduced. Six percent were not sure how COVID-19 impacted their employment at the time of the survey and 17.7% reported "Other." Examples of "Other" include: "I have not been able to go to work due to my housing," "I was no longer able to get to work because the bus system isn't running the same way and I can't afford Lyft," and "I actually got more hours because other coworkers could not work because of parents not allowing them and they even gave me a raise for being "very valuable to the company"."

# RESULTS

**“COVID has ruined my financial situation.”**

[2]yo Female aged out of foster care]

## EMPLOYMENT & FINANCIAL STATUS

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and reporting a negative impact on employment status during COVID-19,  $\chi^2 (2, N = 206) = 0.94, p = .954$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, Other Spanish and reporting a negative impact on employment during COVID-19,  $\chi^2 (2, N = 237) = .210, p = .900$ .

A chi-square test of independence showed that there was no significant association between gender identity and reporting a negative impact on employment status during COVID-19,  $\chi^2 (2, N = 240) = 4.271, p = .118$ .

A chi-square test of independence was performed to examine the relation between foster care status and reporting experiencing a negative impact of COVID-19 on employment status. The relation between these variables was significant,  $\chi^2 (2, N = 249) = 6.470, p = .039$ . Young people aged out of foster care (54.4%) were more likely than young people in foster care (45.1%) to report experiencing a negative impact of COVID-19 on their employment status.

Table 16. Impact of COVID-19 on Employment

	#	% of all respondents	% of respondents who answered the question
My employment status has not been impacted by COVID-19	43	15.3	17.3
I was laid off because of COVID-19	69	24.6	27.7
I no longer have reliable gig work because of COVID-19	28	10.0	11.2
My hours/income have been severely cut because of COVID-19	28	10.0	11.2
I am not sure yet of the impact of COVID-19 on my employment	17	6.0	6.8
Does not apply - I was not working before COVID-19	44	15.7	17.7
Other	20	7.1	8.0
Total	249	88.6	100.0

# RESULTS

## EMPLOYMENT & FINANCIAL STATUS

Table 17 reports the receipt of public benefits prior to the COVID-19 pandemic. Two percent reported receiving TANF (Temporary Assistance for Needy Families), 19.6% received SNAP (Supplemental Nutrition Assistance Program), 5.3% received WIC (Women, Infants, and Children), 3.9% received a housing voucher, and less than one percent were receiving unemployment. Sixty-two percent of respondents did not receive any public benefits.

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and receiving public benefits before the COVID-19 crisis began,  $\chi^2(1, N = 206) = 1.687, p = .194$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and receiving public benefits before the COVID-19 crisis began,  $\chi^2(1, N = 237) = 2.172, p = .141$ .

A chi-square test of independence showed that there was no significant association between gender identity and receiving public benefits before the COVID-19 crisis began,  $\chi^2(1, N = 240) = 1.015, p = .314$ .

A chi-square test of independence was performed to examine the relation between foster care status and receiving public benefits before the COVID-19 crisis began. The relation between these variables was significant,  $\chi^2(1, N = 249) = 16.495, p = .000$ . Young people aged out of foster care (40.4%) were more likely than young people in foster care (16.8%) to report receiving public benefits before the crisis began.

Table 17. Receipt of Public Benefits Before COVID-19

	#	%
TANF (cash assistance)	7	2.5
SNAP (food stamps)	55	19.6
WIC	15	5.3
Housing Voucher	11	3.9
Unemployment Benefits	2	0.7
None of these benefits	176	62.6

\*Participants may have selected multiple options for this question

# RESULTS

## EMPLOYMENT & FINANCIAL STATUS

**“I was no longer able to get to work because the bus system isn't running the same way and I can't afford Lyft.”**

[21yo person aged out of foster care]

Table 18 reports the application for public benefits that participants were not already receiving since the COVID-19 pandemic began. Two percent reported newly applying for TANF (Temporary Assistance for Needy Families), 9.6% newly applied for SNAP (Supplemental Nutrition Assistance Program), 2.1% applied for WIC (Women, Infants, and Children), 3.9% applied for a housing voucher, and 13.5% applied for unemployment after COVID-19 began. Sixty-eight percent of respondents did not apply for any new public benefits.

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and applying for public benefits since the COVID-19 crisis began for those who were new to applying to public benefits in light of COVID-19,  $\chi^2(1, N = 206) = .913, p = .339$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and applying for public benefits since the COVID-19 crisis began for those who were new to applying to public benefits in light of COVID-19,  $\chi^2(1, N = 237) = 1.473, p = .225$ .

A chi-square test of independence was performed to examine the relation between gender identity and applying for public benefits since the COVID-19 crisis began for those who were new to applying for public benefits. The relation between these variables was significant,  $\chi^2(1, N = 240) = 6.621, p = .010$ . Young people identifying as cisgender female (17.7%) were more likely than young people identifying as cisgender male (3.7%) to report applying for public benefits since the crisis began as new applicants for public benefits.

A chi-square test of independence showed that there was no significant association between foster care status and applying for public benefits since the COVID-19 crisis began for those who were new to applying to public benefits in light of COVID-19,  $\chi^2(1, N = 249) = 2.258, p = .133$ .

# RESULTS

## EMPLOYMENT & FINANCIAL STATUS

**“My hours have been reduced and I have been looking for a gig that can supplement my income without risking my health.”**

[23yo male aged out of foster care]

Table 18. New Applications for Public Benefits Since COVID-19 Crisis Began

	# already receiving	% already receiving	# newly applying	% newly applying
TANF (cash assistance)	7	2.5	7	2.5
SNAP (food stamps)	55	19.6	27	9.6
WIC	15	5.3	6	2.1
Housing Voucher	11	3.9	11	3.9
Unemployment Benefits	2	0.7	38	13.5
None of these benefits	176	62.6	192	68.3

\*Participants may have selected multiple options for this question

Table 19 reports the current financial status of participants. Of respondents who answered the question, 22% reported that they are stable for three months or more, 21.9% are stable for about one month, 28.9% reported a money situation that is week-to-week, and 21.7% are having a money crisis. About 5% reported “Other.” Examples of “Other” include: “[I] only get \$25 a month from the tribe; it doesn’t go far for me and my brother,” “I don’t have any incoming money so I’m just relying on my savings,” and “[I received a] Stimulus check.”

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and respondents’ financial status/money situation during COVID-19,  $\chi^2(1, N = 194) = 1.568, p = .211$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and respondents’ financial status/money situation during COVID-19,  $\chi^2(1, N = 225) = 0.40, p = .841$ .

A chi-square test of independence was performed to examine the relation between gender identity and respondents’ financial status/money situation. The relation between these variables was significant,  $\chi^2(1, N = 228) = 5.713, p = .017$ . Young people identifying as cisgender female (79.1%) were more likely than those identifying as cisgender male (62.7%) to report a money situation that would be stable only for a month or less.

# RESULTS

## EMPLOYMENT & FINANCIAL STATUS

**"I am afraid that if the stay-at-home orders are still in place when I turn 21, then I will age out of the system and lose all of my support, especially financially."**

[20yo Female in foster care]

A chi-square test of independence was performed to examine the relation between foster care status and respondents' financial status/money situation. The relation between these variables was significant,  $\chi^2(1, N = 237) = 5.998, p = .014$ . Young people aged out of foster care (82.2%) were more likely than young people in foster care (68.5%) to report a money situation that would be stable only for a month or less.

Table 19. Current Financial Status During COVID-19

	#	% of all respondents	% of respondents who answered the question
My money situation feels stable for three months or more	57	20.3	22.3
My money situation will be fine for about a month	54	19.2	21.9
My money situation is on a week-to-week basis	72	25.6	28.9
I am having a money crisis	54	19.2	21.7
Other	12	4.3	4.8
Total	249	88.6	100.0

Participants also responded to a Likert-type rating scale on whether their employment or sources of income have done a good job communicating with them, whether COVID-19 is having a major impact on their financial stability, and whether they have access to personal support to ensure that their financial needs are met. These results are in Tables 20, 21, and 22, respectively.

Of respondents who provided an answer, one quarter somewhat or strongly disagreed that their employer or other source of income was doing a good job communicating with them, 46.6% somewhat or strongly agreed that their employer other source of income was doing a good job with communication, and 27.3% neither agreed nor disagreed (Table 20).



# RESULTS

## EMPLOYMENT & FINANCIAL STATUS

**“I'm scared to go to the store because I'm immunocompromised and my case workers work from home now so I'm kinda left stuck. I lost my job so I donate plasma to make ends meet.”**

[21yo male aged out of foster care]

Table 20. Respondents' employer or other source of income has done a good job of communicating with them during the COVID-19 crisis

	#	% (of all respondents)	% (of respondents who provided an answer)
Strongly Disagree	40	14.2	16.1
Somewhat Disagree	25	8.9	10.0
Neither Agree nor Disagree	68	24.2	27.3
Somewhat Agree	48	17.1	19.3
Strongly Agree	68	24.2	27.3
Total	249	88.6	100

Regarding COVID-19's impact on financial stability, 58.7% of respondents who answered the question somewhat or strongly disagreed that COVID-19 was not having a major impact, 28.1% somewhat or strongly agreed that there was no major impact, and 13.3% neither agreed nor disagreed (Table 21).

Table 21. COVID-19 is not having a major impact on respondents' financial stability

	#	% (of all respondents)	% (of respondents who provided an answer)
Strongly Disagree	96	34.2	38.6
Somewhat Disagree	50	17.8	20.1
Neither Agree nor Disagree	33	11.7	13.3
Somewhat Agree	29	10.3	11.6
Strongly Agree	41	14.6	16.5
Total	249	88.6	100

A chi-square test of independence showed that there is no significant association between race (white vs. non-white) and reporting a major impact on financial stability during COVID-19,  $\chi^2 (2, N = 206) = 2.529, p = .282$ .

A chi-square test of independence showed that there is no significant association between being Latinx, Hispanic, or Other Spanish Origin and reporting a major impact on financial stability during COVID-19,  $\chi^2 (2, N = 237) = 2.272, p = .321$ .

# RESULTS

## EMPLOYMENT & FINANCIAL STATUS

A chi-square test of independence was performed to examine the relation between gender identity and reporting a major impact of COVID-19 on finances. The relation between these variables was significant,  $\chi^2(2, N = 249) = 11.874, p = .003$ . Young people identifying as cisgender female (64.0%) were more likely than young people identifying as cisgender male (42.6%) to disagree that COVID-19 was not having a major impact on their financial stability.

A chi-square test of independence was performed to examine the relation between foster care status and impact of COVID-19 on financial stability. The relation between these variables was significant,  $\chi^2(2, N = 249) = 11.874, p = .003$ . Young people aged out of foster care (64.7%) were more likely than young people in foster care (51.3%) to disagree that COVID-19 was not having a major impact on their financial stability.

Of respondents who answered a question regarding personal support, 37.3% somewhat or strongly disagreed that that they had access to personal support to ensure that their financial needs were met, 39.4% somewhat or strongly agreed that they did have access to support, and 20.5% neither agreed nor disagreed (Table 22).

Table 22. Respondents have/had access to personal support to ensure that their financial needs are met

	#	% (of all respondents)	% (of respondents who provided an answer)
Strongly Disagree	50	17.8	20.1
Somewhat Disagree	43	15.3	17.3
Neither Agree nor Disagree	58	20.6	23.3
Somewhat Agree	51	18.1	20.5
Strongly Agree	47	16.7	18.9
Total	249	88.6	100

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

**“I have severe PTSD, a Traumatic Brain Injury, heart conditions and several other medical conditions. My medical conditions are being neglected which is frustrating.”**

[19yo person in foster care]

### IV. Health and Mental Health Status

Table 23 reports the health insurance status of participants at the time of the survey. Of the 249 respondents who provided an answer to this question (88.6% of the whole sample), 80% had Medicaid either as a foster care youth or as an independent aged out adult through their county. Nearly 10% had another type of health insurance, 2.4% were not sure if they had health insurance, 4.4% did not have health insurance, and 1.6% reported “Other.” Examples of “Other” include: “Last I've heard my step dad said he was going to take me off, but I'm not sure now,” and “I pay monthly for medical insurance and I don't know if I'll have the money on the 1st for my bill to be covered so I might lose my insurance.”

Table 23. Current Health Insurance Status

	#	% of all respondents	% of respondents who answered the question
I am in foster care and have health care through Medicaid, my state, or county	101	35.9	40.6
I am not in foster care but I have Medicaid through my state or county	103	36.7	41.4
I have health insurance other than Medicaid	24	8.5	9.6
I am not sure if I have health insurance	6	2.1	2.4
I do not have health insurance	11	3.9	4.4
Other	4	1.4	1.6
Total	249	88.6	100.0

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

Table 24 reports the impact of COVID-19 on participants' health care. Nearly half reported that COVID-19 has not had an impact on their health or mental health care. Fourteen percent are having trouble getting the medical care that they need, 22.8% are having trouble getting mental health care or therapy, 10.3% are having trouble getting their medication, 2.1% are having trouble accessing substance use or alcohol use counseling, and 5.7% reported "Other." Examples of "Other" include: "I have access to health insurance but I am scared to go into the doctor in case I get sick," "[I am] not receiving any care for minor things, I would prefer to wait it out and not overwhelm hospitals," and "I am still receiving therapy, but over the phone, and it's not very helpful."

A chi-square test of independence showed that there is no significant association between race (white vs. non-white) and reporting having trouble getting needed medical care during COVID-19,  $\chi^2(1, N = 232) = .136, p = .713$ .

A chi-square test of independence showed that there is no significant association between being Latinx, Hispanic, or Other Spanish Origin and reporting having trouble getting needed medical care during COVID-19,  $\chi^2(1, N = 263) = .021, p = .884$ .

A chi-square test of independence showed that there is no significant association between gender identity and reporting having trouble getting needed medical care during COVID-19,  $\chi^2(1, N = 271) = .981, p = .322$ .

A chi-square test of independence showed that there is no significant association between foster care status and reporting having trouble getting needed medical care during COVID-19,  $\chi^2(1, N = 281) = .019, p = .891$ .

A chi-square test of independence was performed to examine the relation between race and reporting having trouble getting mental health care or therapy during COVID-19. The relation between these variables was marginally significant,  $\chi^2(1, N = 232) = 3.679, p = .055$ . Young people identifying as white (58.8%) were marginally more likely than young people identifying as not white (41.2%) to report having trouble getting mental health care or therapy during COVID-19.

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

**“I am worried about being hospitalized for psychiatric care, in which case I will lose my housing and risk becoming ill.”**

[22yo Female aged out of foster care]

A chi-square test of independence showed that there is no significant association between being Latinx, Hispanic, or Other Spanish Origin and reporting having trouble getting mental health care or therapy during COVID-19,  $\chi^2(1, N = 263) = .741, p = .389$ .

A chi-square test of independence was performed to examine the relation between gender identity and reporting having trouble getting mental health care or therapy during COVID-19. The relation between these variables was significant,  $\chi^2(1, N = 271) = 8.161, p = .004$ . Young people identifying as cisgender female (91.8%) were more likely than young people identifying as cisgender male (8.2%) to report having trouble getting mental health care or therapy during COVID-19.

A chi-square test of independence showed that there is no significant association between foster care status and reporting having trouble getting mental health care or therapy during COVID-19,  $\chi^2(1, N = 281) = .007, p = .934$ .

Table 24. Impact of COVID-19 on Health Care

	#	%
I am having trouble getting the medical care I need	41	14.6
I am having trouble getting mental health care or therapy	64	22.8
I am having trouble getting needed medication	29	10.3
I am having trouble getting substance use or alcohol use counseling	6	2.1
The COVID-19 pandemic has not had an impact on my health/mental health care	136	48.4
Other	16	5.7

\*Participants may have selected multiple options for this question

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

Participants also responded to a Likert-type rating scale on whether they know the information on how to stay healthy during the COVID-19 crisis and whether they are confident that they can stay healthy, considering their housing, employment, or other factors. These results are in Tables 25 and 26.

Of respondents who provided an answer, only 4% of participants somewhat or strongly disagreed that they knew how to stay healthy during COVID-19. Nearly 90% somewhat or strongly agreed that they knew the information on staying healthy, and 7.6% neither agreed nor disagreed (Table 25).

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and feeling that they know the information on how to stay healthy during COVID-19,  $\chi^2(2, N = 206) = 1.778, p = .411$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and feeling that they know the information on how to stay healthy during COVID-19,  $\chi^2(2, N = 237) = .025, p = .988$ .

A chi-square test of independence showed that there was no significant association between gender identity and feeling that they know the information on how to stay healthy during COVID-19,  $\chi^2(2, N = 240) = 2.823, p = .244$ .

A chi-square test of independence showed that there was no significant association between foster care status and feeling that they know the information on how to stay healthy during COVID-19,  $\chi^2(2, N = 249) = 5.498, p = .064$ .

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

**“It's been difficult to cope with anxiety and stress management.”**

[23yo Male aged out of foster care]

Table 25. Regarding health and mental health needs, respondents know the information on how to stay healthy during the COVID-19 crisis

	#	% (of all respondents)	% (of respondents who provided an answer)
Strongly Disagree	6	2.1	2.4
Somewhat Disagree	4	1.4	1.6
Neither Agree nor Disagree	19	6.8	7.6
Somewhat Agree	96	34.2	38.6
Strongly Agree	124	44.1	49.8
Total	249	88.6	100

Regarding participants’ ability to stay healthy during COVID-19, considering their housing, employment, or other factors, 12% of respondents who answered the question somewhat or strongly disagreed that they were able to stay healthy, 67% somewhat or strongly agreed that they can stay healthy during the crisis, and 7.6% neither agreed nor disagreed (Table 26).

Table 26. Considering housing, employment, or other factors, respondents are confident that they can stay healthy during the COVID-19 crisis

	#	% (of all respondents)	% (of respondents who provided an answer)
Strongly Disagree	13	4.6	5.2
Somewhat Disagree	17	6.0	6.8
Neither Agree nor Disagree	52	18.5	20.9
Somewhat Agree	79	28.1	31.7
Strongly Agree	88	31.3	35.3
Total	249	88.6	100

Participants responded to the Patient Health Questionnaire-2 (PHQ-2; Kroenke, Spitzer, Williams, 2003) and the Generalized Anxiety Disorder-2 (GAD-2; Kroenke, Spitzer, Williams, Monahan, & Lowe, 2007), which are brief, two-item screening tools for depression and generalized anxiety disorder. These results are in Tables 27, 28, 29, and 30.

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

**“I get very depressed not being able to visit my siblings who are in a separate foster home. I worry about them and their safety ALL day.”**

[19yo female in foster care]

Of respondents who provided an answer, one quarter did not experience lack of interest or pleasure in doing things over the last two weeks, 33.5% experienced this for several days, 19% experienced this more than half of the days, and 22.2% felt this way nearly every day (Table 27).

Table 27. Regarding mental health over the last two weeks, respondent has had little interest or pleasure in doing things

	#	% (of all respondents)	% (of respondents who provided an answer)
Not at all	63	22.4	25.4
Several days	83	29.5	33.5
More than half the days	47	16.7	19.0
Nearly every day	55	19.6	22.2
Total	248	88.3	100

Regarding feeling down, depressed, or hopeless in the past two weeks, 30.5% did not feel this way at all, 30.9% experienced this for several days, 20.5% felt this way more than half of the days, and 18.1% felt down, depressed, or hopeless nearly every day (Table 28).

Table 28. Regarding mental health over the last two weeks, respondent has felt down, depressed, or hopeless

	#	% (of all respondents)	% (of respondents who provided an answer)
Not at all	7	2.7	30.5
Several days	77	22.4	30.9
More than half the days	51	18.1	20.5
Nearly every day	45	16	18.1
Total	249	88.6	100



# RESULTS

## HEALTH & MENTAL HEALTH STATUS

Twenty-one percent of respondents who provided an answer did not feel nervous, anxious, or on edge during the last two weeks, 35.3% felt this way on several days, 19.7% experienced this more than half of the days, and 23.3% felt this way nearly every day (Table 29).

Table 29. Regarding mental health over the last two weeks, respondent has felt nervous, anxious, or on edge

	#	% (of all respondents)	% (of respondents who provided an answer)
Not at all	54	19.2	21.7
Several days	88	31.3	35.3
More than half the days	49	17.4	19.7
Nearly every day	58	20.6	23.3
Total	249	88.6	100

Finally, regarding being unable to control or stop worrying in the past two weeks, 28.9% did not experience an inability to stop worrying at all, 32.1% experienced this for several days, 17.3% felt unable to control worrying more than half of the days, and 21.7% experienced this nearly every day (Table 30).

Table 30. Regarding mental health over the last two weeks, respondent has not been able to stop or control worrying

	#	% (of all respondents)	% (of respondents who provided an answer)
Not at all	72	25.6	28.9
Several days	80	28.5	32.1
More than half the days	43	15.3	17.3
Nearly every day	54	19.2	21.7
Total	249	88.6	100

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

**“I have not been able to meet my therapist face to face and it is hard to talk about what things are bothering me over the phone with my foster sister around.”**

[18yo female in foster care]

The PHQ-2 and the GAD-2 were used to determine whether respondents had levels of depression or anxiety indicating that they should be evaluated further for major depressive or generalized anxiety disorder (i.e., total score  $\geq 3$ ). These results are in Tables 31, 32, and 33.

More than half of respondents screened positive for symptoms of depression, anxiety, or both, indicating that further diagnostic evaluation was warranted. Forty-four percent of respondents did not. Just under 50% of respondents screened positive for symptoms of depression and 47.4% of respondents screened positive for symptoms of anxiety (Table 31).

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and screening positive for symptoms of anxiety or depression during COVID-19,  $\chi^2(1, N = 237) = .081, p = .776$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Hispanic, or Other Spanish Origin and screening positive for symptoms of anxiety or depression during COVID-19,  $\chi^2(1, N = 237) = .286, p = .593$ .

A chi-square test of independence was performed to examine the relation between gender identity and screening positive for symptoms of anxiety or depression. The relation between these variables was significant,  $\chi^2(1, N = 240) = 3.946, p = .047$ . Young people identifying as cisgender female (59.7%) were more likely than young people identifying as cisgender male (44.4%) to screen positive for symptoms of anxiety or depression during COVID-19.

A chi-square test of independence showed that there was no significant association between foster care status and screening positive for symptoms of anxiety or depression during COVID-19,  $\chi^2(1, N = 249) = .019, p = .891$ .

# RESULTS

## HEALTH & MENTAL HEALTH STATUS

Table 31. Depression *or* Anxiety  $\geq 3$

	#	% (of all respondents)	% (of respondents who provided an answer)
No	109	38.8	43.8
Yes	140	49.8	56.2
Total	249	88.6	100

Just under 50% of respondents screened positive for symptoms of depression ( $\geq 3$ ) and 53% did not (Table 32).

Table 32. Depression Score  $\geq 3$

	#	% (of all respondents)	% (of respondents who provided an answer)
No	132	47.0	53.0
Yes	117	41.0	46.9
Total	249	88.6	100

Similarly, just under 50% of respondents screened positive for symptoms of generalized anxiety disorder ( $\geq 3$ ) and 53% did not (Table 33).

Table 33. Anxiety Score  $\geq 3$

	#	% (of all respondents)	% (of respondents who provided an answer)
No	131	46.6	52.6
Yes	118	42.0	47.4
Total	249	88.6	100

# RESULTS

## PERSONAL CONNECTIONS

**“Foster parents aren’t checking in with us on how we are feeling; we can’t see our families and still have bad relationships and it feels like we have no family.”**

[18yo Female in foster care]

### V. Personal Connections Status

Table 34 reports the status of personal connections held by participants during the COVID-19 pandemic. More than half of participants reported having at least one adult in their life, other than a caseworker, whom they can go to for advice and/or support during the COVID-19 pandemic. Twenty percent have a formal mentor, defined as a mentor relationship that is facilitated or provided by the foster care agency, and 28.5% have a natural mentor such as an aunt, uncle, grandparent, teacher, coach, neighbor, or pastor. Nearly half, or 46.3%, reported having friends they can rely on for advice and support and 26.7% have siblings they can connect to during the COVID-19 pandemic. Nineteen percent of respondents wish they had connections with more people to help them through the COVID-19 pandemic and 14.2% said they are on their own or almost entirely alone. Less than 1% provided an additional response of “Other,” stating “Caseworkers suck; I’ve had a different one every month the last few months and none of them are helpful,” and “I have my son to keep me going.”

Table 34. Personal Connections During COVID-19

	#	%
Has support from an adult (not a caseworker)	163	58.0
Has a formal mentor	57	20.3
Has a natural mentor	80	28.5
Has support from friends	130	46.3
Has support from siblings	75	26.7
Desires more connections for personal support	54	19.2
Does not have support (on own or almost entirely on their own)	40	14.2
Other	2	0.7

\*Participants may have selected multiple options for this question

# RESULTS

## PERSONAL CONNECTIONS

From the data reported in Table 34, we created a new variable to count the total number of types of personal connections (range 0 to 5) among the young people. These data are shown in Table 35. The mode was one type of personal connection, with 82 (29.2%) young people reporting one type.

Table 35. Number of Types of Personal Connections During COVID-19

	#	%
0	27	9.6
1	82	29.2
2	47	16.7
3	48	17.1
4	35	12.5
5	9	3.2
Missing	33	11.7
Total	281	100

There was no significant effect for race,  $t(203) = -1.293$ ,  $p = .197$ , despite youth identifying as white ( $M = 2.242$ ,  $S.D. = 1.412$ ) on average reporting a greater number of types of connections than non-white young people ( $M = 1.990$ ,  $S.D. = 1.364$ ).

There was no significant effect for being Latinx, Hispanic, or Other Spanish Origin,  $t(261) = 1.092$ ,  $p = .194$ , despite youth identifying as not Latinx, Hispanic, or Other Spanish Origin ( $M = 1.899$ ,  $S.D. = 1.467$ ) on average reporting a greater number of types of connections than Latinx, Hispanic, or Other Spanish Origin young people ( $M = 1.676$ ,  $S.D. = 1.276$ ).

There was no significant effect for gender identity,  $t(269) = -1.461$ ,  $p = .145$ , despite youth identifying as cisgender male ( $M = 2.069$ ,  $S.D. = 1.437$ ) on average reporting a greater number of types of connections than young people identifying as cisgender female ( $M = 1.755$ ,  $S.D. = 1.449$ ).

# RESULTS

## PERSONAL CONNECTIONS

There was no significant effect for foster care status,  $t(279) = .828$ ,  $p = .408$ , despite youth still in foster care ( $M = 1.872$ ,  $S.D. = 1.499$ ) on average reporting a greater number of types of connections than young people aged out foster care ( $M = 1.729$ ,  $S.D. = 1.383$ ). From the data reported in Table 34, we also created a dichotomous variable “no, not connected or I don’t have enough connections” vs. “yes, connected or I have enough connections.” Nearly 80% of the participants reported feeling “connected enough.”

A chi-square test of independence showed that there was no significant association between race (white vs. non-white) and reporting feeling connected enough during COVID-19,  $\chi^2(1, N = 205) = .424$ ,  $p = .640$ .

A chi-square test of independence showed that there was no significant association between being Latinx, Spanish, or Other Spanish Origin and reporting feeling connected enough during COVID-19,  $\chi^2(1, N = 236) = .367$ ,  $p = .545$ .

A chi-square test of independence showed that there was no significant association between gender identity and reporting feeling connected enough during COVID-19,  $\chi^2(1, N = 239) = 1.792$ ,  $p = .181$ .

A chi-square test of independence showed that there was no significant association between foster care status and reporting feeling connected enough during COVID-19,  $\chi^2(1, N = 248) = 2.951$ ,  $p = .086$ .

Table 36 reports the impact of COVID-19 on respondents’ visits with family members. Almost 15% of respondents who provided an answer to this question saw no change to their visitation with family due to COVID-19, with 5% of respondents reporting they were in foster care and visits continued as normal and 9.3% stating they were not in foster care and have not changed how they visit with family. Twelve percent of respondents who provided an answer to this question have decreased their in-person contact with family members, with 2.8% indicating they were in foster care and visits have decreased and 9.6% stating they are not in foster care and are visiting family less often than before the COVID-19 pandemic started.

# RESULTS

## PERSONAL CONNECTIONS

**“I haven’t been able to see my grandparents because I’m worried I could get them sick.”**

[18yo Female in foster care]

Twenty-eight percent of respondents who provided an answer to this question have switched to virtual visitation, such as phone or online contact, with 6% of respondents being in foster care and utilizing virtual visitation and 22.1% of respondents being aged out of foster care and only visiting with family virtually. Six percent reported that they are in foster care and COVID-19 has resulted in stopping family visitation and 2.8% said they are not in foster care and have stopped all contact with family members, including in-person or virtual, since the pandemic started. Eighteen percent of respondents who provided an answer to this question reported they did not have contact with any family members prior to COVID-19, so there was no impact from the pandemic. About 7% reported “Other.” Examples of “Other” include “Court ordered visitation with my stepson has been denied by his mother,” “I chose to not have contact with my mother when placed in foster care, but I haven’t been able to see my grandparents because I’m worried I could get them sick,” and “I attend college in North Carolina and due to the pandemic I have been stuck so I have not been home to Connecticut.”

Table 36. Impact of COVID-19 on Visits with Family Members

	#	% (of all respondents)	% (of respondents who provided an answer)
In foster care - visits continuing as normal	14	5	5.6
In foster care - visits have decreased	8	2.8	3.2
In foster care - visits have moved to virtual	17	6	6.8
In foster care - visits have stopped	17	6	6.8
Not in foster care - no change to family visits	26	9.3	10.4
Not in foster care - visits have moved to virtual	62	22.1	24.9
Not in foster care - in person contact has decreased	27	9.6	10.8
Not in foster care - all contacts stopped	8	2.8	3.2
Does not have any contact with family members	51	18.1	20.5
Other	19	6.8	7.6
Total	249	88.6	100

# RESULTS

## PERSONAL CONNECTIONS

Participants in foster care also responded to a Likert-type scale on whether their foster care case worker is doing a good job communicating with them during the COVID-19 crisis, whether COVID-19 is having a major impact on personal connections to siblings or peers, and whether COVID-19 is having a major impact on personal connections to other adults. These results are in Tables 37, 38, and 39, respectively. Of respondents in foster care who responded to a question about communication from their caseworker, 13.9% reported that they disagreed or strongly disagreed that their caseworker was doing a good job with communication, 64.3% agreed or strongly agreed that their caseworker was doing a good job, and 21.9% neither agreed nor disagreed (Table 37).

Table 37. Foster care caseworker (if currently in care) is doing a good job communicating during the COVID-19 crisis

	#	% (of all respondents)	% (of respondents in foster care who provided an answer)
Strongly Disagree	13	4.6	8.6
Disagree	8	2.8	5.3
Neither Agree nor Disagree	33	11.7	21.9
Agree	39	13.9	25.8
Strongly Agree	58	20.6	38.5
Total	151	53.7	100

Regarding connections with siblings and peers, of the respondents who answered the question, 44.8% noted that COVID-19 is having a major impact on their connections to siblings or peers, 36.1% either agreed or strongly agreed that COVID-19 was not having a major impact and 19.2% of participants neither agreed nor disagreed (Table 38).



# RESULTS

## PERSONAL CONNECTIONS

**“While I still have a means to communicate with my loved ones, COVID-19 makes it difficult to get physical closeness.”**

[23yo Male aged out of foster care]

Table 38. Regarding respondents' personal connections, COVID-19 is not having a major impact on connections to siblings or peers

	#	% (of all respondents)	% (of respondents who provided an answer)
Strongly Disagree	51	18.1	23.3
Disagree	47	16.7	21.5
Neither Agree nor Disagree	42	14.9	19.2
Agree	41	14.6	18.7
Strongly Agree	38	13.5	17.4
Total	219	77.9	100

Regarding respondents' connections to other adults, of those who answered the question, 36.6% agreed or strongly agreed that COVID-19 is not having a major impact, 20.7% neither agreed nor disagreed, and 43.1% disagreed or strongly disagreed that COVID-19 is not having a major impact on connections to other adults (Table 39).

Table 39. Regarding respondents' personal connections, COVID-19 is not having a major impact on connections to other adults

	#	% (of all respondents)	% (of respondents who provided an answer)
Strongly Disagree	48	17.1	21.1
Disagree	50	17.8	22.0
Neither Agree nor Disagree	47	16.7	20.7
Agree	53	18.9	23.3
Strongly Agree	29	10.3	12.8
Total	227	80.8	100

# RESULTS

## PERSONAL CONNECTIONS

**"My (foster) parents and my grandparents are susceptible to this virus. We feel it is safer to keep our distance. It is hard to not see my family but I would rather not see them for a couple of months than to never see them again. Thank god for technology!"**  
 [23yo Female aged out of foster care]

Table 40 reports participants' access to communication tools during the COVID-19 pandemic. Eighty percent of respondents had reliable access to a cell phone, 70.8% had reliable access to the internet and 58.7% had reliable access to a computer. Two percent of respondents could not reliably access phone, internet, or computer, and 1.4% provided an additional response of "Other." Examples of "Other" include "As long as I pay bills somehow I should be good," and "I have everything I need."

Table 40. Access to Communication Tools during COVID-19

	#	%
Has reliable access to a cell phone	227	80.8
Has reliable access to the internet	199	70.8
Has reliable access to a computer	165	58.7
None of the above	6	2.1
Other	4	1.4

\*Participants may have selected multiple options for this question



# DISCUSSION

The goal of this study was to assess the experiences of young people in and recently aged out of foster care in the United States in April 2020 as related to their housing, food security, education, finances, employment, health/mental health, and personal connections during COVID-19. Our findings suggest that these marginalized young people experienced substantial challenges related to all aspects of their safety and well-being during the pandemic. This study is the first to take stock of the increased burden that this population is bearing in light of COVID-19.

All youth included in this sample were either currently in foster care or had aged out of foster care. The long-term outcomes for youth in foster care are well-documented, including disproportionately poor educational and financial outcomes (Pecora et al., 2006), lack of economic self-sufficiency (Dworsky, 2005), housing instability, unemployment, receipt of public assistance, and criminal justice system involvement (Courtney et al., 2009).

**“Caseworkers suck. I’ve had a different one every month the last few months and none of them are helpful.”**  
[20yo Female in foster care]

The burden of COVID-19 on young adults in foster care and those who recently exited care is a heavy one. Our findings are important and timely as they shed light on the many ways in which youth exiting foster care are ill-prepared for successful lives after foster care, with risks exacerbated by a global pandemic. Many changes can and should be made to child welfare systems to pivot quickly and meet the needs of youth during the COVID-19 crisis, as well as adapting the system to better prepare youth for adulthood in general. The societal cost of the adverse effects of foster care in normal times is already enormous. The Jim Casey Youth Opportunities Initiative estimates that the differences in outcomes between young people transitioning from foster care and the general population costs society nearly \$8 billion for each annual cohort of youth leaving care (AECF, 2013). The COVID-19 pandemic only increases the difficulties that youth in care experience related to food security, educational progress, employment, finances, mental health, and other key life domains. Addressing these issues to promote stability and well-being among youth exiting foster care benefits not just the young people who are struggling, but also society at large.

# DISCUSSION

More than half of the participants in this study reported significant difficulties related to food security, educational progress, employment, finances, and/or mental health. We additionally assessed whether there were any differences by race, ethnicity, gender identity, and foster care status. As reviewed below, cisgender females and respondents who had aged out of foster care were particularly vulnerable groups.

**Foster Care Status:** Our findings indicate that young adults who aged out of foster care reported more food insecurity, were more likely to apply for public benefits during COVID-19, and were more likely to report that COVID-19 had a major impact on their financial stability than their peers who were still in foster care. This is understandable, as youth who are accessing extended foster care are residing in monitored placements where, at a minimum, their basic needs should be met. Additionally, youth still in foster care may not be eligible for the same public benefits as youth who have aged out of foster care, and so applications for new benefit programs are more likely to be completed by young adults who were formerly in care.

Aging out of foster care (versus remaining in care) was also associated with a higher likelihood of being laid off from work, loss of reliable gig work, or having one's hours or income severely cut. Previous research on youth aging out of foster care shows that this population is underemployed when compared to the general population and, as a group, their mean earnings are below the poverty level (George, 2002; Stewart, Kum, Barth, & Duncan, 2014). Young people who were aged out of foster care may have been particularly vulnerable to the impact of COVID-19 on employment and income because they were more likely to be working to support themselves compared with youth who were still in care.

**Gender:** It is already established that young adults who have recently exited foster care experience higher rates of mental health problems than the general population (Pecora et al., 2005; Pecora et al., 2003). Our study found this outcome was significantly worse for females than males. Participants who identified as cisgender female were more likely to report symptoms of depression, anxiety, or both than cisgender males. This gender difference mirrors the well-known gender differences in rates of anxiety and depression in the general population, although the typical gender difference is even more pronounced (Eaton et al., 2002; Kessler et al., 1993).

# DISCUSSION

Participants who identified as cisgender female were also at greater risk for food insecurity, needing to access public benefits during COVID-19, and experiencing financial instability. Previous studies in this area are inconclusive on the impact of gender (Courtney, Hook, & Lee, 2012; Pecora et al., 2003). Further research on the impact of gender identity on functioning after foster care is warranted, especially in light of the unprecedented public health crisis of COVID-19.

**“I am not receiving any care for minor things. I would prefer to wait it out and not overwhelm hospitals.”**

[18yo Female aged out of foster care]

## Limitations

The limitations of this study are similar to other survey studies. We used nonprobability purposive sampling. It is therefore impossible to know how well our sample represents the population. Nonprobability sampling lays our results open to selection bias and error. Two features of our study design limit our ability to make causal inferences about how study respondents were affected by COVID-19. First, we did not have pre-COVID-19 information on respondents. Thus, it is not always clear how much their circumstances changed as a result of COVID-19, although in some cases we asked respondents to report retrospectively on their circumstances before COVID-19. Second, we did not include a demographically-matched comparison group of young people impacted by COVID-19, but not in or aged out of foster care. Therefore, we are unable to determine to what extent our findings are causally related to the experiences of foster care and aging out of care, although ongoing nationally-representative surveys of similarly-aged youth during COVID-19 may eventually allow us to make some comparisons. Relatedly, we did not have a way of tracking how each participant learned about the research study. There is the possibility that participants who learned of the study through Facebook or Instagram or Twitter represent a similar subgroup of the population of young adults in, or recently exited from, foster care. While targeted social media advertising often results in an oversampling of particular subgroups (Borodovsky, Marsch, & Budney, 2018), we attempted to simultaneously utilize a variety of recruitment methods to limit the possibility of an idiosyncratic respondent pool.

# RECOMMENDATIONS

## Practice & Policy Recommendations

In response to COVID-19, we offer the following practice and policy recommendations that could have an immediate impact on the safety, health, and well-being of older youth with foster care experience:

1. **Ensure that older youth in foster care stay safe, housed, and connected to services and caring adults.** There are a number of specific actions that legislators can take. The following recommendations are supported by Foster Care Alumni of America and the National Center for Housing and Child Welfare (2020).

a. Allow youth to remain in care past the emancipation age in each state. Additional grant funding should be provided to state or county child welfare systems so that no young person in foster care ages out during this time of international unrest and uncertainty.

b. Suspend compliance requirements for eligibility for extended foster care. As many services are being canceled and youth in care are unable to comply with requirements for school, work, training, or treatment during the COVID-19 crisis, no youth in care should be discharged for non-compliance.

c. Expedite opportunities for young people under the age of 21 to re-enter care. States and counties should be prepared to adjudicate young people previously emancipated back into care expediently so they can provide placement and services.

d. In accordance with the Family First Prevention Services Act, states should extend services under the John H. Chafee Foster Care Program for Successful Transition to Adulthood, including financial, housing, employment, education, and other supports and services, to former foster youth through the age of 23 if they have not already done so.

# RECOMMENDATIONS

## Practice & Policy Recommendations (cont.)

**2. Professionals and other caring adults should connect with youth in foster care and young adults who have recently exited foster care as frequently as possible during this time, providing emotional support and reliable information.**

Specific actions may include:

- a. Direct child welfare agencies to increase their contacts with young people in foster care to ensure they are connected to resources and other people in this time of crisis. Any professional, including caseworkers, Independent Living Workers, CASAs, and lawyers should let youth know they are available so that youth do not feel alone.
- b. Direct child welfare agencies to do well-being checks for young people who have recently aged out of care. Many young people may still be eligible for Chafee services. Youth who recently aged out may still be struggling to make ends meet and may not have many people to turn to.
- c. Adults should be prepared to normalize the anxiety that older youth may feel around COVID-19, provide education about healthy practices to protect against COVID-19, and assist with finding appropriate distractions from fixating on the virus (Damour, 2020).



# RECOMMENDATIONS

## Practice & Policy Recommendations (cont.)

### **3. Ensure access to assistance programs and distribute concrete resources such as gift card, bags of groceries, laptops, and/or Wi-Fi hotspots directly to youth to alleviate financial or interpersonal stressors.**

- a. Seek out non-profits or inquire if an educational institution has established emergency funds or assistance programs to provide resources to youth in foster care or those who recently exited care who are struggling during the COVID-19 crisis.
- b. Directly provide concrete resources or funds to young people if sufficient organizational capacity is available.
- c. Ensure that youth and young adults have access to the technology necessary to maintain social connections throughout this challenging time.
- d. Help young people apply for any public benefits that they may be newly eligible for, including TANF, SNAP, WIC or unemployment due to changes in work or school schedules.





# RECOMMENDATIONS

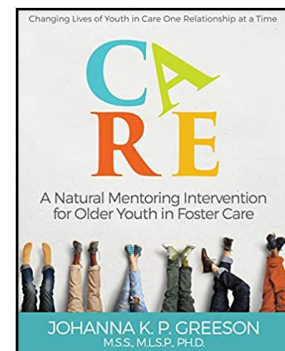
## Practice & Policy Recommendations (cont.)

This study also has implications for an overall improvement in the delivery of child welfare services in general, and specifically to older youth, to promote resiliency and preparation for any future widespread public health crises or disasters. Child welfare agencies must be able to respond in real-time when crises occur.

Child welfare agencies may take the following actions for all young people receiving services as part of general practice:

1. **Ensure that older youth in foster care are connected to caring adults for emotional/relational permanency.** We must focus on helping youth build interdependence. Youth need relational connectedness and social support before they can be expected to successfully learn how to live on their own. Moreover, we don't expect youth with supportive families and ample opportunities to live independently in young adulthood. The same should be true for youth who age out.

a. Develop relationships with natural mentors. Interventions like **Caring Adults 'R' Everywhere** (C.A.R.E.; Greeson, 2019) should be considered as one way to increase and enhance young people's social support networks.



2. **Increase the frequency of virtual visitation with friends and family members whenever possible.** Agencies should normalize and support technology as a tool for ongoing family connection and aim to offer increased family contact beyond the minimum that is court-ordered.

# RECOMMENDATIONS

## Practice & Policy Recommendations (cont.)

3. **Ensure that older youth in foster care have access to internet, smartphones, and/or computers.** Reliable access to technology is essential for young adults in foster care and those who age out of foster care to have ongoing contact with child welfare personnel and/or service providers. Technology facilitating access to telemedicine, educational programming, employment, food, and family and social connections is critical for the healthy development and well-being of young people.
4. **Allow for flexibility in increasing foster parent per diem stipends to ensure an adequate pool of foster homes during a public health crisis.** States and counties may be able to increase board payments to all foster parents as an incentive during times of extreme need or increase payments on a case-by-case basis for foster parents caring for a child affected by a particular issue (as in the case of COVID-19; Marinescu, Greeson, Wolfe, & Tan, 2019).
5. **Create an Emergency Response Plan.** Child welfare agencies should have an emergency response plan in place, including how crisis communication will be handled with clients and stakeholders, who will be responsible for overseeing the agency's response, and assessing what additional resources may be available to utilize during times of crisis.

Finally, we note that COVID-19 underscores and exacerbates deep flaws in America's social safety net. The challenges reported by young adults exiting foster care are shared by many Americans who were already living near or below the poverty line or who were otherwise vulnerable when the pandemic began. Although we suggest concrete actions child welfare workers and advocates can take to promote positive outcomes for young adults exiting foster care during and after the pandemic, the difficulties reported by our survey respondents go well beyond what the child welfare system alone can address. Ensuring adequate basic income, employment and housing stability, food security, safe and reliable child care, and access to health care: These are the responsibilities of multiple agencies which must work in tandem to ensure that all Americans have the opportunities and resources required to survive and thrive in the twenty-first century.

# CONCLUSION

## Conclusion

This is the first national study on the experiences of older youth in care and recently aged out during COVID-19. Our goal was to elucidate the social and economic burden of the pandemic on these already marginalized young people. Our results reveal a heavy burden, highlighting just how vulnerable this population is in a disaster context, or as one participant expressed, "I was already broke - now I feel broken."

**"I was already broke - now I feel broken."**

[23yo Female aged out of foster care]

More than half of the participants reported significant difficulties related to food security, educational progress, employment, finances, and/or mental health. Additionally, identifying as cisgender female and being aged out of foster care appear to correspond with increased adversity, compared to identifying as cisgender male and still being in foster care. More research is needed to further understand what happens to marginalized young people, like those with foster care experiences, during disasters. This study is an important first step in building and leveraging this knowledge to inform policy and practice changes so that when disaster strikes again, our systems can more effectively respond to the safety, health, and well-being needs of youth with foster care experiences. Current service structures lack the requisite flexibility and efficiency to adequately respond to the COVID-19 crisis and its sequelae for older youth in and recently aged out of care.

Let the experiences of young people in and aged out of care during COVID-19 serve as the canary in the coal mine signaling our desperate need to transform America's social safety net. Mahatma Gandhi said, **"A nation's greatness is measured by how it treats its weakest members."** COVID-19 has shed a harsh and revealing light on the struggles of older youth in and recently aged out of care in America. This study has made clear the work we must undertake to improve the safety, health, and well-being of this vulnerable population, especially in times of disaster and hardship.

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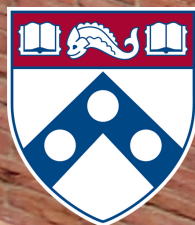


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