

The Experiences of Older Youth in and Aged Out of Foster Care During the COVID-19 Pandemic: Material and Financial Well-Being by Foster Care Status, Gender Identity, Sexual Orientation, Ethnicity, and Race

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As a marginalized, underresourced population, older youth with foster care experience are acutely vulnerable to the economic and social harms wrought by coronavirus disease 2019 (COVID-19). This study summarizes findings from an online survey deployed in April 2020 to learn about the experiences of current and former foster youth (ages 18–23) during 1 month of the COVID-19 crisis. Using snowball sampling and a cross-sectional design, the survey yielded a final analysis sample of 281 respondents from 32 states and 192 cities or districts. Findings underscore the pervasive negative impacts of COVID-19 on respondents' housing/living situations, food security, employment, and financial stability. Chi-square tests and post hoc analyses revealed demographic disparities in respondents' experiences during COVID-19. Youth who aged out of care, cisgender females, nonstraight youth, and non-White youth were significantly more likely than demographic counterparts to experience pandemic-related adversities. Implications for policy and practice are discussed.

Public Policy Relevance Statement

Older adolescents and young adults with foster care experience are at greater risk of poor outcomes in early adulthood as compared to their peers in the general population. The coronavirus disease 2019 (COVID-19) pandemic has exacerbated these risks for current and former foster youth in the United States, and research is urgently needed to identify and challenge pandemic-related harms for this vulnerable population. Analyzing survey responses collected in April 2020 from young people (ages 18–23) with history of foster care placement, this study examines housing stability, food security, employment, financial stability, access to communications technology, and public benefits receipt during COVID-19, highlighting disparities between diverse demographic groups and leveraging data to inform targeted disaster relief efforts and other state interventions.

This article was published Online First February 24, 2022.

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Parts of these findings were presented as a poster at the 2021 Society for Social Work & Research 25th Annual Conference, Online. The authors have no conflicts of interest to disclose.

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Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; coronavirus disease 2019 [COVID-19]) was initially detected in the United States in January 2020. By March, the disease had been detected in all 50 states, prompting nationwide emergency and major disaster declarations by federal authorities (Federal Emergency Management Agency [FEMA], 2020a). The widespread and rapid community transmission of the virus necessitated shelter-in-place mandates, quarantine protocols, and social distancing, and by April, roughly 95% of the American populace was under full or partial shelter-in-place orders issued by state and local governments (Mervosh et al., 2020).

Pandemic-related disruptions precipitated a sharp contraction of the U.S. economy, leaving tens of millions unemployed. Job losses have been particularly severe for women, non-White workers, lower wage earners, and younger and less-educated workers (i.e., those in the 16- to 24-year-old age range; Kochhar, 2020). These social groups and other historically marginalized and underresourced communities are among those experiencing the gravest pandemic-related harms. COVID-19 has tended to exacerbate longstanding challenges such as financial instability, high incidence of mental and physical health problems, barriers to health care access, barriers to educational attainment, racial and social discrimination, and food insecurity, with particularly acute consequences for vulnerable social groups (Padilla & Thomson, 2021; Rollston & Galea, 2020; Stevenson, 2020).

Young people with a history of foster care placement comprise one such social group. Even before COVID-19, these young people were more likely than their counterparts in the general population to experience a range of poor outcomes during early adulthood (Courtney et al., 2009; Pecora et al., 2006). An emerging body of evidence highlights the gravity of the COVID-19 disaster for older youth with foster care experience, as the pandemic has exacerbated risk of adverse outcomes in key life domains including financial stability, housing stability, food security, employment, and physical and mental health (FosterClub, 2020; Greeson et al., 2020; Ruff & Linville, 2021). Considerable additional research attention is warranted to inform evidence-based responses.

The present study summarizes findings from an online survey of current and former foster youth (ages 18–23) during the COVID-19 pandemic. The purpose of the study is to learn about the experiences and financial and material circumstances of older foster care youth during an early moment in the pandemic's trajectory, near the beginning of the COVID-19 outbreak timeline in the United States. In April 2020, few state or federal policies had yet been enacted to support older foster care youth (Children's Rights, 2020). Data collected from this population during this period can be leveraged to bolster contingency planning for future public health emergencies and other disasters; to better understand the needs of diverse social groups within the foster care population; and to inform targeted resource allocations to better address the unique and ongoing needs of these groups. As a longer term line of general research inquiry, studies of this nature can empower public systems, private agencies, and community stakeholder groups toward more effective and compassionate models for the management of disaster relief efforts.

Background and Significance

The Impact of Disasters

The United Nations (United Nations, Office for the Coordination of Humanitarian Affairs, 2008) characterizes *disasters* as severely disruptive, collectively experienced events “causing widespread human material, economic, or environmental losses,” which overwhelm the coping capacities of affected communities (p. 22). 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 (World Health Organization, n.d.). These various event types share a common potential for significant

ecological and psychosocial disruption at the individual, community, and societal levels.

Compared to peers in other age groups, young people ages 16–24 face disproportionate risk of housing insecurity, job loss, persistent unemployment, and financial distress in disaster and recession contexts in the United States (Bell & Blanchflower, 2011; Kochhar, 2020). Low-income individuals, people with disabilities, members of the LGBTQ+ (lesbian, gay, bisexual, transgender, queer) community, single parents, women, immigrants, and minority race individuals are likewise at comparatively high risk of disaster-related harms (Federal Emergency Management Agency [FEMA], 2020b; Pérez-Escamilla et al., 2020). As noted in Federal Emergency Management Agencies (FEMA)'s National Preparedness Report (2020b), vulnerable populations “with less of a financial safety net” (p. 62) may struggle comparatively more than other social groups to access adequate nutrition, transportation, and critical news and information sources; maintain stable employment and housing; and cope with financial stress in disaster scenarios.

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 postdisaster contexts. Compared to their peers in the general population, young people transitioning from foster care to emerging adulthood contend with greater risks of under- and unemployment, poverty, and low educational attainment (Rosenberg & Kim, 2018; Stewart et al., 2014). These interrelated risks, which historically have contributed to high incidence of homelessness and incarceration among former foster youth (Cusick & Courtney, 2007), are during the pandemic exacerbating threats to physical and socioeconomic health. Federal authorities have advised that homelessness and housing instability may increase individual risk of viral exposure (Centers for Disease Control & Prevention, 2020b). So does incarceration, with many of the largest known clusters of coronavirus outbreaks to date having occurred in America's jails and prisons (Hawks et al., 2020). Similar transmission risks are present in group homes and other congregate settings where older adolescents are more likely than other age groups to be placed before aging out of foster care (Centers for Disease Control & Prevention, 2020a; Kids Count Data Center, 2011). Unstable or crowded living conditions may also increase vulnerabilities to abuse and exploitation as young people couch-surf or seek refuge at emergency shelters to avoid homelessness (Suriano, 2020).

Economic shock intensifies these vulnerabilities, and the pandemic-stricken labor market has been particularly bleak for young adult workers and those without postsecondary degrees. COVID-19 precipitated steep declines in the U.S. labor force participation rate, with job losses concentrated in hospitality, leisure, entertainment, and other service-based sectors of the economy (Kochhar, 2020)—areas where many foster care alumni have traditionally found employment. Young people have described these service industries as vital sources of employment and income during the financially precarious transition from state custody to independent adulthood (Peters et al., 2012). Moreover, most young adults with foster care experience lack the postsecondary degrees that potentially confer protection against job instability and improve

hiring prospects during recessions (Kochhar & Passel, 2020; Rosenberg & Kim, 2018).

Foster Youth Experiences and Needs During COVID-19

Think of Us, a Washington, DC-based nonprofit foster care advocacy organization, hosted a virtual town hall event in March 2020 and asked older foster youth to identify their most pressing needs during the COVID-19 crisis (Think of Us, 2020). On the basis of responses from more than 1,400 young people, Think of Us compiled a critical needs list in order of response frequency. Food was the single-most urgent need, followed by housing and health care. Financial assistance, employment assistance, and technology resource needs were frequently reported as well.

In March 2020, the Oregon-based nonprofit organization FosterClub conducted a national poll of 613 young adults (ages 18–24) currently or formerly in foster care. Nearly 65% of respondents who had been employed prior to the COVID-19 outbreak reported layoffs, lost gig work, or shift reductions resulting from the pandemic. Half of those who applied for unemployment had not received any benefits. Fifty-one percent of youth reported that COVID-19 had impacted their 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.

Risk for adverse outcomes is not distributed evenly among members of the foster care population. Studies prior to COVID-19 show that marginalized or minoritized gender, sexual orientation, and race/ethnicity youth are at comparatively higher risk of adverse outcomes, both while they remain in care and when they transition to adulthood (Dworsky, 2013; Shpiegel & Simmel, 2016; Watt & Kim, 2019). More recent studies indicate that these intersecting vulnerabilities have intensified risks for foster youth during the COVID-19 pandemic. Surveys of current and former foster youth—such as those conducted by FosterClub (2020), Greeson et al. (2020), and Ruff and Linville (2021)—represent important steps toward identifying and challenging pandemic-related harms. Given the pandemic's severe social and economic disruption, including the largest global recession since the Great Depression and more than half the world's population being under some form of lockdown by the first week of April 2020, research that prioritizes the viewpoints of older foster youth and foster care alumni during such crises is needed. It can and should inform the development of interventions to mitigate pandemic-related harms where risk is highest and need is greatest among young adults with foster care experience. The extant literature on the impact of COVID-19 among current and former foster youth is limited to just a handful of studies, and additional work is required to develop a more comprehensive picture of this population's unique needs and risk profiles within the macroeconomic, social, and health contexts of COVID-19.

The Present Study

With the goal of providing a more comprehensive picture of the experiences of young people in and aged out of foster care during the pandemic, this exploratory study presents results from an online survey administered throughout April 2020 to current and former foster youth. Other surveys, such as the national poll conducted by FosterClub in March 2020, have similarly assessed the experiences

of current and former foster youth during the COVID-19 pandemic. Our study contributes to this body of research by describing the housing, food security, employment, personal finance, and technological experiences reported by current and former foster youth during a 30-day period in April 2020. This monthlong period comprises a unique moment in the early trajectory of the COVID-19 pandemic in the United States. Survey data offer important windows into the experiences and needs of older foster youth during this critical juncture. As well, to our knowledge no studies to date have investigated relationships between demographic variables (i.e., foster care status, gender identity, sexual orientation, ethnicity, and/or race) and the material and financial circumstances reported by foster care youth during the survey period, or during the COVID-19 crisis generally.

The purpose of our study is to learn about the experiences of young people in and aged out of foster care (ages 18–23) at the beginning of the COVID-19 pandemic. Our study was guided by the following research questions:

- To what extent do older youth in and recently aged out of foster care in April 2020, during 1 month of the COVID-19 crisis in the United States report experiencing housing, food security, employment, financial, and technological hardships?
- To what extent are survey respondents' demographic characteristics (i.e., foster care status, gender identity, sexual orientation, ethnicity, and/or race) associated with their housing, food security, employment, financial, and technological hardships?

Method

Design and Overview

Data for this study come from our online survey of young people from multiple states in the United States with foster care experience. Administered by the Field Center for Children's Policy, Practice, and Research, this survey was open to eligible participants for a 30-day period in April 2020. Youth between the ages of 18 and 23 and currently in or aged out of foster care in the United States were eligible to complete the survey.

Although the age at which young people age out of foster care varies between states, formal support typically ceases between 18 and 21 years of age (Fernandes-Alcantara, 2019). Because we wanted to capture the experiences of older youth still in foster care as well as those on the verge of emancipation from care, we set the lower bound for survey eligibility at age 18. Additionally, because 18-year-olds have reached the age of legal majority in most states, prospective respondents of this age who wished to participate in our survey study could consent for themselves. The upper bound for sample inclusion (age 23) corresponds to the age at which a young person becomes ineligible to receive key sources of extended foster care funding and services. This upper age limit aligns with the maximum limit of eligibility for most Chafee program funds (Family First Prevention Services Act, 2018).

Our survey questions are based in part on questions included in FosterClub (2020) national online poll of current and former foster youth, which asked respondents about the impacts of COVID-19 in key life domains including financial, material, social, and physical and mental health. Our final survey instrument had a total of 46 questions and incorporated a mix of Likert scale, multiple choice,

and open-ended items. Data were collected using snowball sampling and a cross-sectional survey design.

Recruitment

We recruited participants by leveraging our personal and professional connections to approximately five to ten different networks including child welfare researchers, child welfare practitioners, and higher education service providers, and asking “gatekeepers” to disseminate our survey link to young people and service providers. Examples of networks include Fostering Academic Achievement Nationwide, the Child Maltreatment Researchers’ List Serve, Child Welfare League of America, and the Pennsylvania Foster Care to College Network. A recruitment email was also sent to individual professional colleagues across the country who work within child welfare systems, and/or who have connections to youth in foster care or foster care alumni. We also posted information about the study on our social media accounts including Facebook, Twitter, Instagram, and LinkedIn. A social media post with our recruitment flyer and survey link was 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. Paid Facebook and Instagram ads were used to share the post promoting the survey. Ads targeted young adults ages 18–23 in 10 U.S. cities, selected for their size and/or economic and geographical diversity: New York, Los Angeles, Chicago, Washington DC, Detroit, New Orleans, Phoenix, Houston, Miami, and Dallas. The ad ran for 3 weeks with a budget of \$700.

Consent

We used the Qualtrics CoreXM online software platform to create and administer our survey. Before entering the survey, an electronic consent form was provided at the beginning. Agreement to take the survey was then obtained by participants completing a CAPTCHA verification at the bottom of the consent form. After clicking on the CAPTCHA, participants were taken to the first set of survey questions.

Data Integrity

We carefully reviewed open-ended question text input to ensure that responses matched what an eligible survey participant might say and were congruent with their previous answers. These strategies were implemented to increase the likelihood that respondents completing the survey were human and not programmed “bots” (Gabrielli et al., 2020). To further ensure the integrity of our data, we used Qualtrics’ “Prevent Ballot Box Stuffing” function that prevents multiple responses from the same device and web browser. Each 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.

In appreciation for their time, participants were invited to click a link to visit a new form to enter into a random drawing to win one of twelve \$25 Target gift cards. These data were collected and stored separately from the research data. Research shows that such lottery-based incentive systems are effective in making surveys less appealing to bot interference (Borodovsky et al., 2018; Gabrielli et al., 2020).

Human Subjects Protections

The University of Pennsylvania’s Institutional Review Board approved all aspects of the study. IP address tracking was disabled to ensure participant anonymity, and the primary survey link was separated from the link to opt-in for the incentive drawing.

Sample

Of the 478 young people who logged on to the online survey website, roughly two thirds ($n = 304$) completed the CAPTCHA verification and entered the survey. During data cleaning, we eliminated 23 participants who were either under age 18, over age 23, or who entered a noninteger value when reporting their age. Our final analysis sample thus includes responses from a total of 281 survey participants.

Demographic Measures

Participants were asked to report their age; time in foster care; city and state of residence; foster care status; gender identity; sexual orientation; ethnicity; race; and highest educational degree/certification. Table 1 displays the response categories associated with each nominal-level demographic measure, and in the following sections, we describe coding and analysis methods for selected measures.

Foster Care Status. This dichotomous variable had two mutually exclusive categories: in foster care (i.e., in a foster home, kinship care, group home, or other foster care placement) and aged out of foster care (i.e., not receiving direct support from the foster care system).

Gender Identity. Gender identity consisted of five mutually exclusive categories. Given the small sample sizes for noncisgender categories (e.g., trans male, trans female), we excluded these categories from Chi-square analyses to focus on assessing differences between cisgender females and cisgender males, who together comprised 96.4% of respondents in the study sample.

Sexual Orientation. To facilitate statistical tests, we collapsed five mutually exclusive sexual orientation categories into a dichotomous variable coded as nonstraight (i.e., bisexual or pansexual; gay or lesbian; asexual; or another identity) or straight.

Ethnicity. During analysis, we collapsed five mutually exclusive ethnicity categories into a dichotomous variable coded as Hispanic/Latinx/Spanish (including Mexican, Mexican American, Chicano; Puerto Rican; Cuban; or other Hispanic/Latinx/Spanish origin) or non-Hispanic/Latinx/Spanish.

Race. Respondents reported their race as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and/or White. During analysis, we created an additional category (“multiracial”) to represent respondents who reported two or more racial categories. Further, we combined the original race categories into a recoded categorical variable with values assigned as “non-White” (i.e., American Indian or Alaska Native; Asian; Black or African American; multiracial; and/or Native Hawaiian or Other Pacific Islander); White (i.e., participants

Table 1
Sociodemographic Profile of Survey Respondents (N = 281)

Variable	n (%)
Age ($M = 19.86$, $SD = 1.62$)	
18 years	66 (23.5)
19 years	68 (24.2)
20 years	57 (20.3)
21 years	35 (12.5)
22 years	31 (11.0)
23 years	24 (8.5)
Time in foster care ($M = 5.76$, $SD = 4.22$)	
≤1 year	29 (10.3)
2–3 years	74 (26.3)
4–5 years	66 (23.5)
6–7 years	41 (14.6)
8–9 years	22 (7.8)
10+ years	49 (17.4)
Foster care status	
Aged out	148 (52.7)
In care	133 (47.3)
Gender identity	
Cisgender female	213 (75.8)
Cisgender male	58 (20.6)
Trans female	2 (0.7)
Trans male	3 (1.1)
Other	5 (1.8)
Sexual orientation	
Straight	169 (60.1)
Bisexual or pansexual	69 (24.6)
Gay or lesbian	20 (7.1)
Asexual	12 (4.3)
Another identity	5 (1.8)
Decline to answer	6 (2.1)
Ethnicity	
Not of Hispanic/Latinx/Spanish origin	198 (70.5)
Mexican, Mexican American, Chicano	30 (10.7)
Puerto Rican	19 (6.8)
Cuban	4 (1.4)
Other Hispanic/Latinx/Spanish origin	12 (4.3)
Unknown	12 (4.3)
Decline to answer	6 (2.1)
Race	
White	109 (38.8)
Black/African American	90 (32.0)
Multiracial (2+ races)	37 (13.2)
American Indian/Alaska Native	6 (2.1)
Asian	3 (1.1)
Unknown	17 (6.0)
Decline to answer	19 (6.8)
U.S. region ^a	
Northeast	96 (34.2)
Midwest	75 (26.7)
West	71 (25.3)
South	39 (13.9)
Highest education level achieved	
Still in high school	39 (13.9)
High school diploma	177 (63.0)
GED	8 (2.8)
Vocational certificate or license	8 (2.8)
Associate degree	23 (8.2)
Bachelor's degree	16 (5.7)
Decline to answer	10 (3.6)
Education status prior to COVID-19	
In high school	44 (15.7)
Attending GED classes	9 (3.2)
Attending vocational training	8 (2.8)
Attending college or university full-time	97 (34.5)
Attending college or university part-time	37 (13.2)

Table 1 (continued)

Variable	n (%)
Not attending any classes or trainings	82 (29.2)
Other	4 (1.4)
Living situation/housing status prior to COVID-19	
Own house or apartment	95 (33.8)
Traditional (nonkinship) foster home	42 (14.9)
Living with parent, relative, or other adult (not in foster care)	38 (13.5)
College or dorm housing	36 (12.8)
Group home or residential facility	34 (12.1)
Kinship home	9 (3.2)
Couch-surfing	8 (2.8)
Experiencing homelessness	4 (1.4)
Other	15 (5.3)
Employment status prior to COVID-19 ^b	
Employed full-time	69 (27.7)
Employed part-time	101 (40.6)
Gig or informal worker	12 (4.8)
Not working but looking for work	47 (18.9)
Not working, not looking for work	17 (6.8)
Other	3 (1.2)
Public benefits received prior to COVID-19 ^{b,c}	
None	176 (70.7)
SNAP (Supplemental Nutrition Assistance Program)	55 (22.1)
WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)	15 (6.0)
Housing voucher	11 (4.4)
TANF (Temporary Assistance for Needy Families)	7 (2.8)
Unemployment benefits	2 (0.8)

Note. Unless otherwise noted, a total of 281 survey participants responded to each survey item. Percentages are rounded to the nearest tenth. COVID-19 = coronavirus disease.

^a States of residence are collapsed into geographical regions based on U.S. Census Bureau (2019) classifications. ^b Category percents are based on the total number of responses received for this survey item ($n = 249$). Thirty-two cases with missing values were excluded from analysis. ^c Some participants selected more than one type of public benefit.

who identified their race only as White); or unknown/decline to answer. Respondents who identified as White in combination with additional race categories were considered to be multiracial and were therefore coded as non-White for analysis purposes.

Outcome Measures

The survey asked participants to indicate their living situation/housing status, employment status, educational status, and receipt of public benefits prior to the outbreak of COVID-19 in the United States. The survey also asked participants about the impact of COVID-19 on their living situation/housing status, food security, employment, financial stability, access to communications technology, and applications for public benefits. Table 1 displays the response categories associated with each prepandemic outcome measure, and Table 2 displays the response categories associated with items concerning respondents' experiences and statuses during COVID-19.

Living Situation/Housing Status. Participants reported their prepandemic housing/living situation by selecting one of nine preformatted response categories (see Table 1). In a separate

Table 2
Frequency Statistics for COVID-19 Impact Measures and Selected Outcomes

Survey item stems and response sets	<i>n</i> (%)
What best describes your current living situation/housing status? (<i>n</i> = 281)	
Own house or apartment	100 (35.6)
Living with parent, relative, or other adult (not in foster care)	46 (16.4)
Traditional (nonkinship) foster home	42 (14.9)
Group home or residential facility	33 (11.7)
Couch-surfing	15 (5.3)
College or dorm housing	13 (4.6)
Kinship home	11 (3.9)
Experiencing homelessness	5 (1.8)
Other	16 (5.7)
What impact has COVID-19 had on your living situation/housing status? (<i>n</i> = 281)	
My living situation/housing is unchanged since COVID-19	173 (61.6)
I fear being forced to leave my current living situation/housing	43 (15.3)
I have been or am being forced to leave my current living situation/housing	28 (10.0)
I'm experiencing homelessness/housing instability due to a loss of housing since COVID-19—I'm in crisis	18 (6.4)
Other	19 (6.8)
What best describes your current food security status? (<i>n</i> = 281)	
There is plenty of food where I live/I have access to 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)
What impact has COVID-19 had on your employment? (<i>n</i> = 249) ^a	
I was laid off because of COVID-19	69 (27.7)
My hours/income have been severely cut because of COVID-19	28 (11.2)
I no longer have reliable gig work because of COVID-19	28 (11.2)
My employment status has not been impacted by COVID-19	43 (17.3)
I am not sure yet of the impact of COVID-19 on my employment	17 (6.8)
Does not apply—I was not working before COVID-19	44 (17.7)
Other	20 (8.0)
What best describes your current financial status? (<i>n</i> = 249) ^a	
I'm having a money crisis	54 (21.7)
My money situation is on a week-to-week basis	72 (28.9)
My money situation will be fine for about a month	54 (21.7)
My money situation feels stable for 3 months or more	57 (22.9)
Other	12 (4.8)
Since COVID-19, have you applied for public benefits that you did not already have? (<i>n</i> = 249) ^a	
None	192 (77.1)
Unemployment	38 (15.3)
SNAP (Supplemental Nutrition Assistance Program)	27 (10.8)
Housing voucher	11 (4.4)
TANF (Temporary Assistance for Needy Families)	7 (2.8)
WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)	6 (2.4)

Table 2 (continued)

Survey item stems and response sets	<i>n</i> (%)
Access to communication tools during COVID-19 (<i>n</i> = 249) ^a	
I have reliable access to a cell phone	227 (91.2)
I have reliable access to the internet	199 (79.9)
I have reliable access to a computer	165 (66.3)
None of the above	6 (2.4)

Note. Respondents reported their “current” living situations/housing statuses, financial statuses, and food security statuses when they completed the online survey in April 2020. Percentages are rounded to the nearest tenth. COVID-19 = coronavirus disease.

^aThirty-two cases with missing values were excluded from analysis.

question, participants selected from among the same categories to report their housing/living situation at the time of survey completion (see Table 2).

Food Security. Participants reported their food security status during COVID-19 by selecting one of five preformatted response categories (see Table 2).

Employment. Participants reported their employment status before COVID-19 by selecting one of six preformatted response categories (see Table 1). In a separate question, participants reported the impact of COVID-19 on their employment by selecting one of seven preformatted response categories (see Table 2).

Financial Stability. Participants reported their financial status during COVID-19 by selecting one of five preformatted response categories (see Table 2).

Public Benefits. Participants indicated whether they received any public benefits (i.e., Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program [SNAP] and Women, Infants, and Children [WIC], housing voucher, and/or unemployment benefits; see Table 1) prior to COVID-19. In a separate question, participants selected from among the same response categories to report any new applications for public benefits (i.e., benefits not already received prior to the pandemic) since the outbreak of COVID-19. Both items permitted participants to select multiple response options. Each type of public benefit was dichotomously coded as having been selected by the respondent or not.

Access to Technology. Participants indicated whether during COVID-19 they had reliable access to (a) cell phones, (b) personal computers, and/or (c) internet connections. Each was dichotomously coded as having been selected by the respondent or not.

Data Analysis

Data were analyzed with IBM SPSS Statistics (Version 26). Similar to other survey studies, missing data were present for some variables, resulting in modest decreases in sample size for some analyses. Missing data ranged from 0% to 11.4% of cases for any single survey item. Given the novel nature of the dataset, we used all values observed for each variable of interest in order to avoid loss of valuable data through listwise deletion.

For descriptive statistics, we calculated frequencies and percentages for all categorical variables, and means and standard deviations for all continuous variables. We conducted omnibus Chi-square tests to assess the statistical significance of bivariate relationships between demographic variables and each outcome of interest. (Participants who declined to identify their gender, sexual orientation, ethnicity, or race were excluded from significance tests, as one of the primary purposes of our study was to investigate relationships between demographic variables and respondent experiences during COVID-19.) For omnibus Chi-square tests, we set the significance level at $\alpha = .05$. When an omnibus test returned a p value lower than .05, we proceeded with post hoc pairwise comparisons of contingency table cells to facilitate further interpretation of findings.

Our first step in any given post hoc analysis was to examine standardized residual values to determine which of the contingency table cells made the greatest contributions to omnibus test results (Sharpe, 2015). According to Agresti's (2007) rule of thumb for post hoc contingency table analysis, "a standardized residual having absolute value that exceeds about 2 . . . indicates lack of fit of H_0 in that cell" (p. 38). After each omnibus test, we used this guideline to identify contingency table cells for pairwise comparison. To evaluate differences between the identified cells (i.e., those with standardized residuals $\geq [2]$), we conducted pairwise z tests for equality of proportions. This procedure allowed us to assess differences between demographic groups. We used Bonferroni corrections to control the familywise error rate in post hoc analyses, dividing the overall significance level designated for the study ($\alpha = .05$) by the number of cell pairs identified for comparison in each contingency table. Because we did not formulate a priori hypotheses concerning the nature or direction of between-group differences, and considering the number of outcome variables and demographic groups examined in our study, we opted to use Bonferroni corrections to counter α inflation during the post hoc analysis phase (Armstrong, 2014). Finally, we applied Yates's (1934) continuity correction for comparisons involving cell count(s) ≤ 5 .

Results

Sample Demographics

Table 1 presents a summary of sociodemographic characteristics for the total sample ($N = 281$). Survey participants were almost evenly split between those still in care and those aged out of care. Respondents were predominantly cisgender females. Although most young people in the total sample identified as straight/heterosexual, a considerable minority identified their sexual orientation as non-straight (i.e., bisexual or pansexual, gay or lesbian, asexual, or another identity; $n = 106, 37.7\%$). Most participants had completed high school, but only a small percentage had earned a Bachelor's degree. Participants hailed from 32 states (plus Washington, DC) and 191 cities across the United States (see Figure 1). Collectively, slightly more than half of the respondents lived in Pennsylvania (14.9%), New Jersey (13.2%), California (11.4%), Indiana (6.8%), or Illinois (6.4%) when they took the survey. Respondents were, on average, 19.86 years of age ($SD = 1.62$) and had spent an average of 5.76 years in foster care ($SD = 4.22$).

Living Situation/Housing Status: Before and During COVID-19

As shown in Table 1, approximately one third of respondents ($n = 95, 33.8\%$) were living in their own house or apartment prior to onset of COVID-19 in the United States. Eighteen percent were in foster care placements, including traditional (i.e., nonkinship) foster family homes (14.9%) or kinship care settings (3.2%). Nearly 14% of respondents were living with a parent, relative, or other adult (not in a foster care placement); 12.8% were living in college/dorm housing; and 12.1% were living in a group home or residential facility. Nearly 3% of the respondents were couch-surfing and 1.4% were experiencing homelessness before the pandemic. Roughly 5% selected "Other."¹ Respondents' prepandemic living situations/housing statuses differed significantly by foster care status, $\chi^2(8, N = 281) = 82.02, p < .001, V = .540$. Prepandemic living situation/housing status did not vary by gender, sexual orientation, ethnicity, or race.

Following the pandemic outbreak in early Spring 2020, the percentages of respondents living in traditional family foster home settings, kinship care, and group home/congregate care settings remained relatively stable, with each of these categories shifting <1 percentage point from reported prepandemic levels (see Table 2). There were slight upticks in the percentages of respondents living in their own apartment or house (35.6%) or with parents, relatives, or other adults (16.4%). As compared to prepandemic levels, the percentage of respondents living in college/dorm housing (4.6%) dropped sharply during COVID-19, and the percentage of respondents who were couch-surfing (5.3%) nearly doubled. The percentage of respondents experiencing homelessness ticked slightly up to 1.8% of the total sample. Respondents' living situations/housing statuses during COVID-19 differed significantly by foster care status, $\chi^2(8, N = 281) = 100.18, p < .001, V = .597$. Living situation/housing status during the pandemic did not vary by gender, sexual orientation, ethnicity, or race.

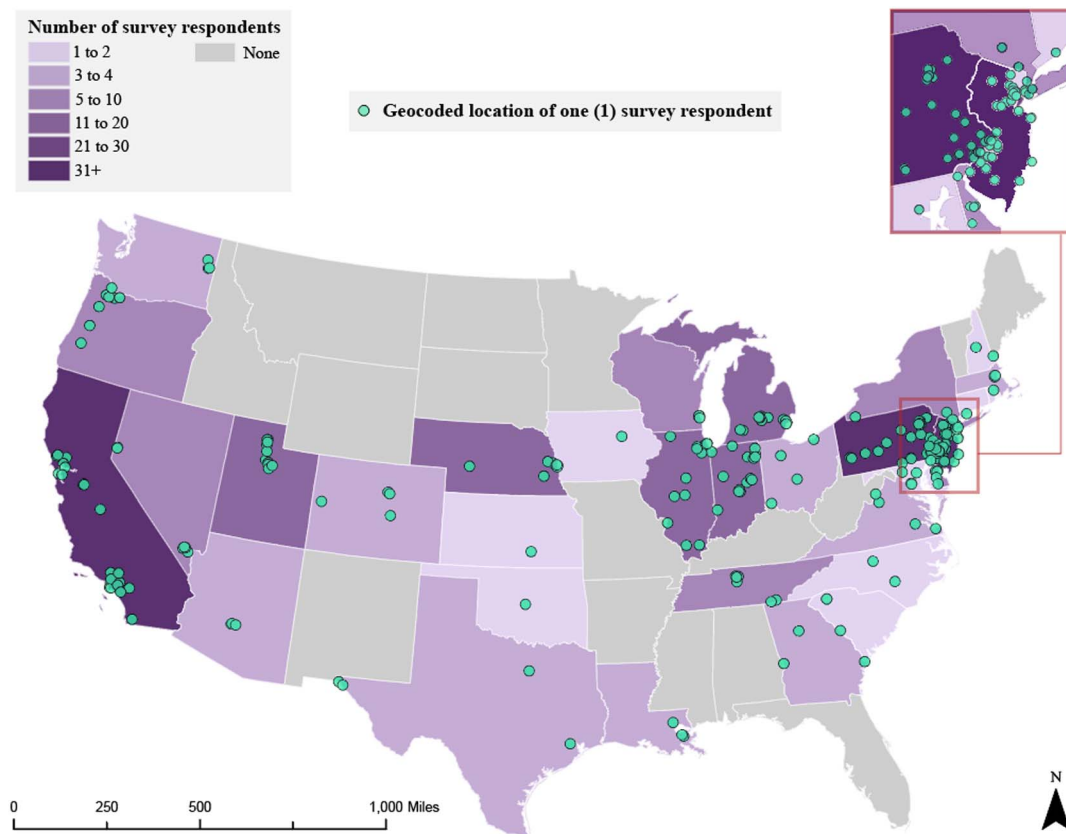
Impact of COVID-19 on Living Situation/Housing Status

Although most respondents ($n = 173, 61.6\%$) indicated that their housing status or living situation had not changed since the pandemic outbreak, 31.7% indicated that COVID-19 had some (any) negative impact on their living situation (see Table 2). Collectively, more than one quarter of respondents reported either that they feared being forced to leave their current living arrangement (15.3%), or that they were being forced to leave or had already been forced to leave their living arrangement (10%). Roughly 1 in 15 respondents ($n = 18, 6.4\%$) were in crisis due to homelessness/housing instability precipitated by the pandemic.

As shown in Tables 3 and 4, the impact of COVID-19 on respondents' living situations/housing statuses differed significantly by foster care status, $\chi^2(4, N = 281) = 19.14, p < .001, V = .261$, gender, $\chi^2(4, N = 271) = 12.14, p = .016, V = .212$, and ethnicity, $\chi^2(4, N = 263) = 10.29, p = .036, V = .198$. The impact of COVID-19 on housing did not vary by sexual orientation or race.

¹ For any survey item with a response set including the category "other," participants who selected "other" were permitted to input an open-ended text response. To review selected excerpts, see Greeson et al.'s (2020) research report featuring preliminary analyses of qualitative text responses.

Figure 1
Location of Participants



Note. See the online article for the color version of this figure.

Post hoc pairwise comparisons revealed that respondents in foster care, as compared to respondents aged out of care, were less likely to report being in crisis due to a loss of housing since COVID-19 (2.3% vs. 10.1%; $\chi^2 = 6.00, p = .014$). Respondents in foster care were less likely to fear being forced to leave their housing/living situation (9.8% vs. 20.3%; $\chi^2 = 5.95, p = .015$), and were more likely to report that their housing/living situation was unchanged since the pandemic outbreak (70.7% vs. 53.4%; $\chi^2 = 8.86, p = .003$). Cisgender females, as compared to cisgender males, were less likely to report that their housing/living situation was unchanged since COVID-19 (57.3% vs. 79.3%; $\chi^2 = 9.39, p = .002$).

Food Security During COVID-19

Most respondents reported either that they had access to plenty of food ($n = 121, 43.1\%$) or access to some food ($n = 106, 37.7\%$). A sizeable minority, however, indicated that they had experienced some (any) food insecurity since the pandemic outbreak: 16.4% reported that their access to food was very low, and 1.4% were in crisis as they lacked access to any food (see Table 2).

As shown in Tables 3 and 4, food security during the pandemic differed significantly by foster care status, $\chi^2(4, N = 281) = 17.53, p = .002, V = .250$, gender, $\chi^2(4, N = 271) = 10.40, p = .034, V = .196$, sexual orientation, $\chi^2(4, N = 275) = 13.10, p = .011, V = .218$, and

race, $\chi^2(4, N = 245) = 15.30, p = .004, V = .250$. Food security did not vary by ethnicity.

Respondents in foster care, as compared to those aged out of care, were less likely to report having very low access to food during the pandemic (9.8% vs. 22.3%; $\chi^2 = 8.02, p = .005$). As well, respondents in care were more likely to have access to plenty of food during COVID-19 (53.4% vs. 33.8%; $\chi^2 = 10.98, p < .001$). Cisgender females were less likely than cisgender males to have access to plenty of food during the pandemic (38% vs. 58.6%; $\chi^2 = 7.91, p = .005$), as were nonstraight respondents as compared to straight respondents (34.9% vs. 47.9%; $\chi^2 = 4.51, p = .034$). Non-White respondents were more likely than White respondents to have very low access to food during COVID-19 (22.1% vs. 8.3%; $\chi^2 = 8.61, p = .003$).

Employment Status Before COVID-19

A total of 32 cases were excluded from this analysis due to item nonresponse. Of the 249 participants who responded to this survey question, nearly three quarters ($n = 182$) reported either that they worked part-time (40.6%), full-time (27.7%), or had gig or informal jobs (4.8%) prior to COVID-19 (see Table 1). Roughly one in five respondents ($n = 47, 18.9\%$) were not employed but were looking for work, and 6.8% were neither employed nor seeking employment.

Table 3
Frequency Statistics and Omnibus Chi-Square Results by Foster Care Status, Gender, and Sexual Orientation

Survey item stems and response sets	Foster care status			Gender			Sexual orientation		
	In care <i>n</i> (%)	Aged out <i>n</i> (%)	χ^2 <i>V</i>	Cisgender female <i>n</i> (%)	Cisgender male <i>n</i> (%)	χ^2 <i>V</i>	Nonstraight ^a <i>n</i> (%)	Straight <i>n</i> (%)	χ^2 <i>V</i>
What impact has COVID-19 had on your living situation/housing?			19.14***			12.14*			2.13
My living situation/housing is unchanged	94 (70.7)	79 (53.4)		122 (57.3)	46 (79.3)		61 (57.5)	109 (64.5)	
I've been forced to leave my current living situation	17 (12.8)	11 (7.4)		26 (12.2)	2 (3.4)		12 (11.3)	16 (9.5)	
I fear being forced to leave my current living situation	13 (9.8)	30 (20.3)		39 (18.3)	3 (5.2)		18 (17.0)	24 (14.2)	
I'm experiencing homelessness/housing instability—I'm in crisis	3 (2.3)	15 (10.1)		13 (6.1)	3 (5.2)		6 (5.7)	11 (6.5)	
Other	6 (4.5)	13 (8.8)		13 (6.1)	4 (6.9)		9 (8.5)	9 (5.3)	
What best describes your current food security status?			17.53**			10.40*			13.10*
I cannot access food—I'm in crisis	0 (0.0)	4 (2.7)		3 (1.4)	1 (1.7)		0 (0.0)	4 (2.4)	
My access to food is very low	13 (9.8)	33 (22.3)		41 (19.2)	4 (6.9)		20 (18.9)	25 (14.8)	
I have access to some food	48 (36.1)	58 (39.2)		84 (39.4)	19 (32.8)		45 (42.5)	59 (34.9)	
I have access to plenty of food	71 (53.4)	50 (33.8)		81 (38.0)	34 (58.6)		37 (34.9)	81 (47.9)	
Other	1 (0.8)	3 (2.0)		4 (1.9)	0 (0.0)		4 (3.8)	0 (0.0)	
What impact has COVID-19 had on your employment? ^b			19.06**			7.43			11.01 [†]
My employment has not been impacted	16 (14.2)	27 (19.9)		28 (15.1)	13 (24.1)		12 (12.6)	31 (20.8)	
I was laid off	32 (28.3)	37 (27.2)		55 (29.6)	12 (22.2)		34 (35.8)	34 (22.8)	
I no longer have reliable gig work	11 (9.7)	17 (12.5)		25 (13.4)	2 (3.7)		9 (9.5)	15 (10.1)	
My work hours and/or income were severely cut	8 (7.1)	20 (14.7)		20 (10.8)	7 (13.0)		15 (15.8)	13 (8.7)	
I'm not sure yet	7 (6.2)	10 (7.4)		13 (7.0)	4 (7.4)		4 (4.2)	13 (8.7)	
Does not apply—I wasn't working before COVID-19	32 (28.3)	12 (8.8)		30 (16.1)	12 (22.2)	7.43	14 (14.7)	30 (20.1)	
Other	7 (6.2)	13 (9.6)		15 (8.1)	4 (7.4)		7 (7.4)	13 (8.7)	
What best describes your current financial status? ^b			6.24			8.01 [†]			16.79**
I'm experiencing a money crisis	21 (18.6)	33 (24.3)		42 (22.6)	8 (14.8)		23 (24.2)	29 (19.5)	
My money situation is on a week-to-week basis	30 (26.5)	42 (30.9)		53 (28.5)	17 (31.5)		36 (37.9)	35 (23.5)	
My money situation will be fine for about a month	23 (20.4)	31 (22.8)		45 (24.2)	7 (13.0)		23 (24.2)	30 (20.1)	
My money situation will be stable for 3+ months	34 (30.1)	23 (16.9)		37 (19.9)	19 (35.2)		10 (10.5)	47 (31.5)	
Other	5 (4.4)	7 (5.1)		9 (4.8)	3 (5.6)		3 (3.2)	8 (5.4)	
Since COVID-19, have you applied for public benefits you did not already have? ^b			7.22**			10.25**			1.00
Applied for one or more new benefits ^c	17 (15.0)	40 (29.4)		51 (27.4)	3 (5.6)		25 (26.3)	31 (20.8)	
Did not apply for any new benefits	96 (85.0)	96 (70.6)		135 (72.6)	51 (94.4)		70 (73.7)	118 (79.2)	

Note. *V* = Cramer's *V* effect size measurement for Chi-square tests of independence. Table reports conditional relative frequencies and omnibus test results for selected survey items and the associated categorical response sets, with column percents reported by demographic subgroup. χ^2 values in bold text denote significance of the test statistic. Frequency/percent values in bold text convey that a post hoc pairwise comparison returned a *p* value below the Bonferroni-adjusted α . Participants who declined to identify their gender or sexual orientation were excluded from analyses. SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families; Women, Infants, and Children = WIC; COVID-19 = coronavirus disease.
^a Participants who identified their sexual orientation as bisexual or pansexual; gay or lesbian; asexual; or another identity. ^b Thirty-two cases with missing values were excluded from analysis. Conditional relative frequencies and column percents describe the distribution of *n* = 249 complete responses received for the survey item. ^c SNAP, TANF, WIC, housing vouchers, and/or unemployment benefits the participant was not already receiving prior to COVID-19.
[†] *p* < .10. * *p* < .05. ** *p* < .01. *** *p* < .001.

Table 4
Frequency Statistics and Omnibus Chi-Square Results by Ethnicity and Race

Survey item stems and response sets	Respondent demographic							
	Ethnicity				Race			
	Latinx <i>n</i> (%)	Non-Latinx <i>n</i> (%)	χ^2	<i>V</i>	Non-White <i>n</i> (%)	White <i>n</i> (%)	χ^2	<i>V</i>
What impact has COVID-19 had on your living situation/housing?			10.29*	.198			2.15	.094
My living situation/housing is unchanged	42 (64.6)	119 (60.1)			88 (64.7)	66 (60.6)		
I've been forced to leave my current living situation	3 (4.6)	25 (12.6)			12 (8.8)	12 (11.0)		
I fear being forced to leave my current living situation	13 (20.0)	28 (14.1)			19 (14.0)	15 (13.8)		
I'm experiencing homelessness/housing instability—I'm in crisis	0 (0.0)	14 (7.1)			11 (8.1)	7 (6.4)		
Other	7 (10.8)	12 (6.1)			6 (4.4)	9 (8.3)		
What best describes your current food security status?			2.50	.098			15.30**	.250
I cannot access food—I'm in crisis	1 (1.5)	2 (1.0)			2 (1.5)	1 (0.9)		
My access to food is very low	12 (18.5)	29 (14.6)			30 (22.1)	9 (8.3)		
I have access to some food	25 (38.5)	75 (37.9)			51 (37.5)	37 (33.9)		
I have access to plenty of food	25 (38.5)	90 (45.5)			53 (39.0)	58 (53.2)		
Other	2 (3.1)	2 (1.0)			0 (0.0)	4 (3.7)		
What impact has COVID-19 had on your employment? ^a			2.59	.105			5.31	.156
My employment has not been impacted	11 (19.3)	30 (16.7)			19 (15.7)	16 (16.7)		
I was laid off	13 (22.8)	55 (30.6)			33 (27.3)	30 (31.3)		
I no longer have reliable gig work	7 (12.3)	17 (9.4)			17 (14.0)	5 (5.2)		
My work hours and/or income were severely cut	8 (14.0)	19 (10.6)			13 (10.7)	12 (12.5)		
I'm not sure yet	5 (8.8)	11 (6.1)			9 (7.4)	6 (6.3)		
Does not apply—I wasn't working before COVID-19	9 (15.8)	33 (18.3)			20 (16.5)	20 (20.8)		
Other	4 (7.0)	15 (8.3)			10 (8.3)	7 (7.3)		
What best describes your current financial status? ^a			.073	.055			6.82	.177
I'm experiencing a money crisis	10 (17.5)	37 (20.6)			33 (27.3)	14 (14.6)		
My money situation is on a week-to-week basis	18 (31.6)	52 (28.9)			36 (29.8)	26 (27.1)		
My money situation will be fine for about a month	13 (22.8)	40 (22.2)			23 (19.0)	23 (24.0)		
My money situation will be stable for 3+ months	14 (24.5)	41 (22.8)			23 (19.0)	27 (28.1)		
Other	2 (3.5)	10 (5.6)			6 (5.0)	6 (6.3)		
Since COVID-19, have you applied for public benefits you did not already have? ^a			0.01	.005			1.79	.091
Applied for one or more new benefits ^b	13 (22.8)	42 (23.3)			32 (26.4)	18 (18.8)		
Did not apply for any new benefits	44 (77.2)	138 (76.7)			89 (73.6)	78 (81.3)		

Note. *V* = Cramer's *V* effect size measurement for Chi-square tests of independence. Table reports conditional relative frequencies and omnibus test results for selected survey items and the associated categorical response sets, with column percents reported by demographic subgroup. χ^2 values in bold text denote significance of the test statistic ($\alpha = .05$). Frequency/percent values in bold text convey that a post hoc pairwise comparison returned a *p* value below the Bonferroni-adjusted α . Participants who declined to identify their ethnicity or race were excluded from analyses. SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families; WIC = Women, Infants, and Children; COVID-19 = coronavirus disease.

^aThirty-two cases with missing values were excluded from analysis. Conditional relative frequencies and column percents describe the distribution of *n* = 249 complete responses received for the survey item. ^bSNAP, TANF, WIC, housing vouchers, and/or unemployment benefits the participant was not already receiving prior to COVID-19.

* *p* < .05. ** *p* < .01.

Prepandemic employment status differed significantly by foster care status, $\chi^2(5, N = 249) = 14.85, p = .011, V = .244$. Respondents in foster care, as compared to those who aged out of care, were less likely to have been employed full-time prior to COVID-19 (16.8% vs. 36.8%; $\chi^2 = 12.26, p < .001$). Prepandemic employment status did not vary significantly by gender, sexual orientation, ethnicity, or race.

Impact of COVID-19 on Employment

A total of 32 cases were excluded from this analysis due to item nonresponse. Of the 249 participants who responded to this item, slightly more than half (*n* = 125, 50.2%) reported some (any) negative impact of the pandemic on their employment status: 27.7% had been laid off from their job, 11.2% had their income/

work hours severely cut, and 11.2% lost reliable gig work (see Table 2).

The impact of COVID-19 on employment varied significantly by foster care status, $\chi^2(6, N = 249) = 19.06, p = .004, V = .277$. As well, there was a marginally significant association between employment impact and sexual orientation, $\chi^2(6, N = 244) = 11.01, p = .088, V = .212$. Employment impact did not vary by gender, ethnicity, or race (see Tables 3 and 4).

Respondents in foster care, as compared to those aged out of care, were more likely to report that the pandemic had not impacted their employment because they had not been working prior to COVID-19 (28.3% vs. 8.8%; $\chi^2 = 16.12, p < .001$). Nonstraight respondents were more likely than straight respondents to report being laid off during the pandemic (35.8% vs. 22.8%; $\chi^2 = 4.86, p = .028$).

Financial Stability During COVID-19

A total of 32 cases were excluded from this analysis due to item nonresponse. Of the 249 participants who responded to this item, slightly more than half ($n = 126, 50.6%$) were experiencing some (any) level of personal financial instability following the pandemic outbreak: 21.7% were in financial crisis, and 28.9% reported that their finances were on a week-to-week basis (see Table 2).

Financial stability during the pandemic varied significantly by sexual orientation, $\chi^2(4, N = 244) = 16.79, p = .002, V = .262$. As well, there was a marginally significant association between financial stability and gender, $\chi^2(4, N = 240) = 8.01, p = .091, V = .183$. Financial stability did not vary by foster care status, ethnicity, or race (see Tables 3 and 4).

Nonstraight respondents, as compared to straight respondents, were more likely to report that their personal financial stability was on a week-to-week basis during the pandemic (37.9% vs. 23.5%; $\chi^2 = 5.84, p = .016$). Nonstraight respondents were less likely to report that their personal finances would remain stable for 3 months or longer (10.5% vs. 31.5%; $\chi^2 = 14.31, p < .001$). Cisgender females were less likely than cisgender males to report that their personal finances would remain stable for 3 months or longer (19.9% vs. 35.2%; $\chi^2 = 5.47, p = .019$).

Receipt of Public Benefits Prior to COVID-19

A total of 32 cases were excluded from this analysis due to item nonresponse. Of the 249 participants who responded to this item, most ($n = 176, 70.7%$) had not received public benefits prior to COVID-19 (see Table 1). Slightly less than one quarter ($n = 55, 22.1%$) participated in SNAP, 6% received WIC (Women, Infants, and Children) benefits, 4.4% were housing voucher recipients, 2.8% participated in TANF, and less than 1% received unemployment benefits.

Respondents in foster care, as compared to those aged out of care, were less likely to report that they received any public benefits prior to the pandemic, 16.8% versus 39.7%; $\chi^2(1, N = 249) = 15.61, p < .001$. Prepandemic receipt of public benefits did not vary by gender, sexual orientation, ethnicity, or race.

New Applications for Public Benefits During COVID-19

A total of 32 cases were excluded from this analysis due to item nonresponse. Of the 249 participants who responded to this item, most ($n = 192, 77.1%$) indicated that they had not applied for any new benefits since the pandemic began (see Table 2). Roughly one in seven ($n = 38, 15.3%$) applied for unemployment benefits, and roughly 1 in 10 ($n = 27, 10.8%$) applied for SNAP benefits. Comparatively fewer respondents applied for housing vouchers (4.4%), TANF (2.8%), or WIC (2.4%). A total of 20 respondents indicated that they applied for multiple different types of public benefits.

New applications for public benefits (i.e., respondent applications for benefits they had not received prior to COVID-19) differed significantly by foster care status and by gender. Respondents in foster care, as compared to those who aged out of care, were less likely to report having newly applied for benefits during the pandemic, 15% versus 29.4%; $\chi^2(1, N = 249) = 7.22, p = .007$. Cisgender females were more likely than cisgender males to report having newly applied for benefits, 27.4% versus 5.6%; $\chi^2(1, N = 240) = 10.25, p = .001$. New applications for public benefits did not vary by sexual orientation, ethnicity, or race (see Tables 3 and 4).

Access to Technology During COVID-19

A total of 32 cases were excluded from this analysis due to item nonresponse. Of the 249 participants who responded to this item, 91.2% had reliable access to a cell phone, 79.9% had reliable access to the internet, 66.3% had reliable access to a computer, and 2.4% lacked access to any of these during the pandemic (see Table 2).

Respondents in foster care, as compared to those who aged out of care, were significantly more likely to have reliable access to a cell phone during COVID-19, 73.5% versus 60.3%; $\chi^2(1, N = 249) = 4.78, p = .029$. Non-White youth were marginally less likely than White youth to have reliable access to a computer during the pandemic, 62.0% versus 74.0%; $\chi^2(1, N = 217) = 3.49, p = .062$. Cisgender females were marginally more likely to have reliable access to a cell phone, 93.0% versus 85.2%; $\chi^2(1, N = 240) = 3.21, p = .073$, and were marginally more likely to have reliable access to the internet, 83.9% versus 72.2%; $\chi^2(1, N = 240) = 3.73, p = .054$, than were cisgender males. There were no significant differences in cell phone, internet, or computer access by sexual orientation or ethnicity.

Discussion

This study uses data collected from 281 current and former foster youth (ages 18–23) who participated in an online survey in April 2020. Respondents reported their experiences during COVID-19 and their appraisals of the impact of the pandemic in key outcome domains including housing, food security, employment, financial stability, and access to technology.

Our findings suggest that respondents experienced substantial challenges related to these aspects of their safety and well-being in early 2020, following the emergence of COVID-19 in the United States. Respondents were also asked whether they had submitted any new applications for public benefits since the pandemic

outbreak. Although majorities or considerable minorities of respondents experienced financial instability, employment-related adversities, housing instability, and/or food insecurity during the pandemic, most indicated that they had not applied for any new public benefits. We additionally assessed whether there were any differences by foster care status, gender, sexual orientation, ethnicity, or race. As reviewed below, respondents who had aged out of foster care, cisgender females, nonheterosexual youth, and non-White youth were more likely than their demographic counterparts to report financial and material distress during the pandemic. The timing of our study is particularly important as it documents how the patterns of results emerged early, which speaks to the need for rapid assistance in the case of public health and other emergencies.

Foster Care Status

Young adults who aged out of foster care were more likely than their peers in care to report challenges related to their living situation/housing, to experience food insecurity, and to apply for public benefits during COVID-19. This is understandable, as youth who are accessing extended foster care services are presumably 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.

Gender Identity

Participants who identified as cisgender female were more likely than cisgender males to report negative impacts on their living situation/housing, and more likely to apply for public benefits during COVID-19. As well, cisgender females were less likely to report that they had access to plenty of food during the pandemic, and less likely to report that their personal finances would remain stable for 3 months or longer. Previous studies examining the role of gender as a factor influencing outcomes for transition-age youth have yielded inconclusive results (Courtney et al., 2012; Pecora et al., 2003). Further research on the impact of gender identity on postcare functioning is warranted, especially in light of the ongoing COVID-19 public health crisis.

Sexual Orientation

Nonstraight respondents were more likely than straight respondents to experience a negative impact on their employment due to COVID-19, more likely to experience financial instability, and less likely to report that they had access to plenty of food during the pandemic. Prior research shows that even before the pandemic, sexual minority youth with a history of foster care placement were at greater risk for poor employment and financial stability outcomes in early adulthood as compared to their heterosexual peers (Shpiegel & Simmel, 2016). As well, research by Dworsky (2013) indicates that transition-age nonheterosexual youth are significantly more likely to be food insecure. Findings from the present study suggest that sexual minority youth are particularly vulnerable to pandemic-related adversities in key outcome domains and may therefore benefit from more intensive supports during disaster scenarios.

Further research should examine the interrelationships between prepandemic risk factors and the experiences and needs of nonheterosexual current and former foster youth during COVID-19.

Practice and Policy Recommendations

Considering the majorities or sizeable minorities of diverse youth groups in this sample who experienced hardships in critical financial and material domains at the outset of COVID-19, we suggest that child welfare organizations enhance opportunities to ensure that young people's basic needs are met. Systemic interventions must be implemented to ensure that older foster youth maintain stable housing, and to allow youth who aged out to reenter care and/or receive housing services. Although the passage of the foster care-specific provisions of the [Supporting Foster Youth and Families through the Pandemic Act \(2020\)](#) in the Consolidated Appropriations Act provided a temporary moratorium on discharges from foster care due to age or noncompliance, these protections expired in September 2021. In consideration of ongoing pandemic-related challenges, state and county child welfare systems should seek to reinstate or continue providing resources to older youth in foster care as there is no reason to believe that these young people would not benefit from a continuation of resources while the COVID-19 pandemic continues to impact communities. The [Supporting Foster Youth and Families through the Pandemic Act \(2020\)](#) is one way the system *could* permanently be changed for the better for older youth in and aged out of care. At the state level, California is working to pass a measure to continue a pilot universal basic income program that gave youth aged out of foster care \$1,000 per month to help them get through the pandemic (Jones, 2021).

Concrete resources such as gift cards, bags of groceries, laptops, and/or WiFi hotspots must be disseminated directly to vulnerable young people to alleviate financial and material concerns and to ensure continued access to information. This study showed that the negative impacts of COVID-19 were significantly worse for young people who had already aged out of foster care. It is therefore critical that child welfare agencies and other youth-serving systems work to locate these individuals and in addition to providing immediate resources, assist them with applying for any public benefits that they may be newly eligible for, including TANF, SNAP, WIC, or unemployment due to changes in work on school schedules.

For older youth still in foster care, innovative approaches must be adopted to ensure that basic needs are met and to avoid dangerous gaps in service provision. Every older youth in care should be equipped with access to the internet and a personal smartphone or computer. Technology is critical to facilitate access to educational programming, employment, food, and housing. For the nearly 25% of respondents still in foster care who either were forced to leave their current living situation, feared being forced to leave their current living situation, or experienced homelessness or a housing crisis, child welfare agencies should not only ensure an adequate pool of foster homes in preparation for emergency situations, but reassure youth in care that continued housing is guaranteed. One strategy to achieve this includes adopting a flexible or increased foster parent per diem stipend, as an increased payment could serve as an incentive, particularly during times of extreme need (Marinescu et al., 2019).

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-serving agencies 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, and other measures of well-being 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 21st century.

Limitations

The limitations of this study are important to note. First, similar to other survey studies and because we used snowball sampling, it is unclear how well our sample represents the population. Nonprobability sampling lays our results open to selection bias and error. Further, advertisements of our survey were delivered via social media platforms and targeted to young people in large metropolitan areas. Our findings may have differed if more rural-located youth were targeted for sample inclusion. Research suggests that supportive resource availability, behavioral and environmental risks, and foster care experiences of youth vary to some extent depending on urbanicity (e.g., Barth et al., 2006; McGuinness, 2009; Okpych et al., 2015).

Two features of our study design limit our ability to make causal inferences about how study respondents were affected by COVID-19. We did not have pre-COVID-19 information on respondents. 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. We also did not include a demographically matched comparison group of young people impacted by COVID-19, but who did not have any history of foster care. We are therefore 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. Although targeted social media advertising often results in an oversampling of particular subgroups (Borodovsky et al., 2018), we attempted to simultaneously utilize a variety of recruitment methods to limit the possibility of an idiosyncratic respondent pool. Lastly, the timing of our study has provided an early "snapshot" of the experiences of a sample of older youth in care and recently aged out of care during COVID-19. It is possible that this population could have experienced additional harms, like greater illness, as the pandemic continued to rage, which we have not documented. More research is needed to understand how the experience of youth in and aging out of foster care has changed over the duration of the pandemic.

Conclusion

This survey study examines the experiences of older youth in care and recently aged out of care during the COVID-19 pandemic. This is the first peer-reviewed study to explore between-group differences in the financial and material circumstances reported by older foster care youth during an early moment in the pandemic's trajectory. As such, this research considerably advances our understanding of the associations between older foster youths' demographic characteristics and the financial and material challenges reported by youth at the outset of the pandemic.

Findings suggest cause for serious concern. Pandemic-related adversity exacerbates the already-challenging material and financial hardships common among members of this vulnerable community in emerging adulthood. Majorities or sizeable minorities of the respondents reported difficulties related to their living situations/housing statuses, access to food, employment, and personal finances. One in five young people did not have reliable access to the internet during the early months of the pandemic, and one in three young people lacked reliable access to a computer. Analyses revealed disparate pandemic-related impacts across foster care status, gender, sexual orientation, and race groups, with youth who aged out of care, cisgender females, nonstraight youth, and non-White youth more likely to report pandemic-related material and financial challenges.

Current service structures lack the requisite flexibility to adequately respond to the COVID-19 crisis and its sequelae for older youth in and recently aged out of 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.

Keywords: COVID-19, foster care, housing stability, employment, financial stability

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