

## COVID-19 and resource families: an examination of ongoing impact and disparities

Matthew A. Ruderman, Kenyon Lee Whitman, Vanessa Perez, Jill Waterman, Todd Franke & Audra K. Langley

**To cite this article:** Matthew A. Ruderman, Kenyon Lee Whitman, Vanessa Perez, Jill Waterman, Todd Franke & Audra K. Langley (2023): COVID-19 and resource families: an examination of ongoing impact and disparities, Journal of Public Child Welfare, DOI: [10.1080/15548732.2023.2182399](https://doi.org/10.1080/15548732.2023.2182399)

**To link to this article:** <https://doi.org/10.1080/15548732.2023.2182399>



Published online: 26 Feb 2023.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



## COVID-19 and resource families: an examination of ongoing impact and disparities

Matthew A. Ruderman , Kenyon Lee Whitman, Vanessa Perez , Jill Waterman ,  
Todd Franke , and Audra K. Langley 

UCLA Jane & Terry Semel Institute for Neuroscience & Human Behavior, University of California, Los Angeles, CA, USA

### ABSTRACT

Resource parents ( $n = 527$ ) in Los Angeles County were surveyed about their experiences with COVID-19, comparing the beginning of “Safer-at-Home” to over a year later. The findings reveal increased infection rates, maintained or increased reports of adverse impact and coping challenges, decreased reports of positive impact, and increased access to resources across time points. Compared to White resource parents, Black and Latinx resource parents reported both more adverse and more positive impact and less access to resources. Further, single caregiver households reported more financial worries, and foster parents and kinship caregivers reported more coping challenges than foster-adoptive parents.

### ARTICLE HISTORY

Received 29 November 2022  
Revised 7 February 2023  
Accepted 13 February 2023

### KEYWORDS

Adoption; child welfare;  
COVID-19; resource parents;  
health disparities

The coronavirus pandemic has had an unprecedented global impact. Although the outbreak and resulting economic shutdowns created challenges for most households, the most severe impact has been among specific and historically under-resourced groups (Center for Disease Control, 2020; Robert Wood Johnson Foundation, 2020). The social, economic, and health related stressors on families due to COVID-19 have been documented (e.g., Prime, Wade, & Brown, 2020), but there has been little research explicating the unique impact of COVID-19 on children and youth in foster care and their resource parents.

The foster care system presents a complex set of challenges for those involved, and resource parents (i.e., any person open to fostering or adopting a child, including foster parents, kinship providers, foster-adoptive parents, and non-related extended family members) specifically experience high levels of stress due to the various demands (Thompson, Wojciak, & Cooley, 2019). Common stressors include introducing a new child into the home, parenting a child with potential emotional and behavioral challenges, system navigation, uncertainty, lack of control related to system policies and procedures for children in their care, and grief and loss (Bergsund, Wentzel-Larsen, & Jacobsen, 2020; Page, Poirier, & Chateanuneuf, 2019). Compared to other

families, the impact of COVID-19 and its sequelae, including general uncertainty about the future, lack of control, and grief and loss, may be amplified for resource families given their histories and experiences inherent to being system involved and their role as a resource parent. At the beginning of the pandemic and Safer-at-Home orders in March 2020, Langley, Ruderman, Waterman, and Franke (2021) reported that between one-third and one-half of resource parents in Los Angeles County with children in their care endorsed significant anxiety about issues such as getting infected with COVID-19, uncertainty about the future and financial hardship, worries related to children falling behind with school, developmental and mental health services, and birth parent visits.

As the pandemic and its aftermath continues, it is unknown how foster youth and resource families continue to be impacted. Using data from Jim Casey Youth Opportunities Initiative, Rosenberg, Sun, Flannigan, and O'Meara (2022) found that the pandemic disrupted employment and educational opportunities for transition age foster youth. Further, near the beginning of the pandemic, research showed that parenting stress increased for resource parents compared to pre-pandemic levels (Miller, Cooley, & Mihalec-Adkins, 2020). Given that there is limited research exploring pandemic-related changes over time, a follow-up study to Langley et al. (2021) is warranted.

Further, COVID-19 created significant challenges for most families (American Academy of Pediatrics, 2022), with families of color disproportionately affected due to preexisting systemic inequalities, as well as historic and ongoing racism. Thus, confronting intersectional determinants of COVID-19 impact is of paramount importance (Obinna, 2021). Before the onset of the pandemic, the US Department of Health and Human Services identified six key areas in which minoritized racial and ethnic groups experience significant health disparities, including infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV infections and AIDS, and immunizations (Zografos, 2014). In addition, minoritized individuals encounter more environmental hazards than those who are White (Centers for Disease Control and Prevention, 2011; Healthy People, 2010).

Specific to COVID-19, there are numerous accounts of historic and ongoing structural racism and economic oppression translating into the pandemic having a greater impact on socioeconomic and racial/ethnic minorities (Bell & Ebisu, 2012; Burström & Tao, 2020; Dorn, Cooney, & Sabin, 2020). For example, living and working conditions, public transportation use, and financial instability (e.g., limiting ability to stay home) are likely associated with increased virus transmission. In contrast, poor general health, nutritional status, and underlying health conditions are associated with increased likelihood of severe disease and/or death due to infection. As of March 2021, at the national level, Pacific Islander, Latinx, Indigenous and Black people all had a COVID-19 death rate of at least double that of White Americans, while

adjusting for the impact of age, with Indigenous Americans having the highest age-adjusted mortality rate (American Public Media (APM) Research Lab, 2021).

## Study aims

Although the most pervasive disparities have been observed among socioeconomic and ethnic/racial minoritized groups related to severity risk and health (Center for Disease Control, 2020; Clay, Woodson, Mazurek, & Antonio, 2021; Hooper, Napoles, & Perez-Stable, 2020), research has also highlighted the differential impact of COVID-19 based on the intersection of race/ethnicity, gender, relationship status and sexual orientation (Baumel et al., 2021; Hearne, 2021). Focusing on only one aspect of identity at a time prevents us from understanding the real effect of the pandemic and its unequal distribution across social groups in society (Maestriperi, 2021).

This study aimed to examine the impact of COVID-19 on resource families over a year into the pandemic. Specifically, this study was guided by the following research questions:

- (1) Is there a difference in COVID-19 impact compared to the original survey conducted by Langley et al. (2021) at the beginning of the pandemic?
- (2) How are resource families impacted by additional COVID-19 adaptations, including virtual schooling, working from home, the transition to telehealth/hybrid services, and the prospect of reopening?
- (3) When considering multiple axes of identity, are there group-based differences regarding the impact of COVID-19, worries related to COVID-19, and helpfulness of resources amongst resource parents?

This paper addresses a gap in the current literature related to the impact of COVID-19 on resource families. Findings can inform responses to the needs of resource parents and families and inform policy guidelines and adaptations associated with supporting children and young people in foster care, relative/kinship care, and those adopted from foster care. It also expands our current understanding of disproportionate impact and how intersections of multiple identities (e.g., ethnicity, marital status, role of resource parent) may have a multiplying effect when disadvantaged positions intersect in the same individual.

## Methods

### *Participants*

Resource parents in Los Angeles County participated in this study during June and July 2021, approximately 15 months after “Safer-at-Home” orders began

in response to COVID-19 and 12 months after Langley et al. (2021) sent out a survey assessing the initial impact of COVID-19 on resource parents. Los Angeles County recruits and supports a diverse group of resource parents to serve approximately 18,000 children in out-of-home care. “Resource parent” refers to any person open to fostering or adopting a child, including foster parents, kinship providers, foster-adoptive parents and non-related extended family members (NREFMs).

The survey was sent out by Los Angeles County Department of Children and Family Services (DCFS) and Foster Family Agencies who contract with DCFS to all resource parents. It is unknown to the research team how many total resource parents were initially contacted by DCFS. Participants in the analytic sample were 527 resource parents, aged 22 to 78 years (Mean age: 44.01 years, SD = 10.79). Participants were predominantly female (86%) and a majority identified as Latinx (34%), White (29%), or Black/African-American (27%). Most participants identified as heterosexual (88%), with 57% reporting they were married or living with a partner. Nearly half of participants (49%) identified as foster-adoptive parents, 32% as foster parents, 17% as kinship/relative caregivers, and 2% as non-related extended family members (NREFM). Approximately 35% were affiliated with Foster Family Agencies (FFAs), agencies that provide extra support to resource families.

The original study by Langley et al. will hereafter be referred to as Time 1 (T1) and the current study will be referred to as Time 2 (T2). See [Table 1](#) for details and a comparison of T1 and T2 samples.

## **Procedures**

This study was conducted in compliance with the Institutional Review Board at the University of California, Los Angeles. Resource parents were invited via e-mail by DCFS and Foster Together Network, a group of public and private partners committed to helping recruit and retain resource families in Los Angeles County, to participate in an online survey about the impact of COVID-19 on themselves and the children in their care. Informed consent was obtained from all study participants prior to enrollment. Participants were asked if they would like to be directed to a separate link to receive an electronic gift card for completing the survey.

## **Measures**

Data was collected from resource parents approximately 15 months following the onset of “Safer-at-Home” orders given in Los Angeles County in response to the COVID-19 pandemic, and 12 months after the original survey sent out at by Langley et al. (2021). The same or similar measures were used at T2 as T1 to enable descriptive comparisons across time points. A majority of the survey questions

**Table 1.** Demographics of study sample.

Category		Time 1*	Time 2**
<i>N</i>		648	527
Age	Mean	44.89	44.01
	SD	10.87	10.79
Gender	% Male	14%	12%
	% Female	86%	86%
	% Gender variant/Prefer not to say	-	2%
Race	% White or Caucasian	24%	29%
	% Latinx or Hispanic	39%	34%
	% Black or African-American	26%	27%
	% Asian or Asian-American	3%	4%
	% Pacific Islander	1%	1%
	% Mixed-Ethnicity or Other	7%	5%
Sexual Orientation	% Heterosexual	87%	88%
	% Gay or Lesbian	7%	5%
	% Bisexual	2%	1%
	% Other sexual orientation/Prefer not to say	-	5%
Relationship Status	% Married or living with a partner	58%	57%
	% Separated or divorced	17%	15%
	% Single	23%	25%
	% Widowed	2%	3%
Type of Resource Parent	% Foster-adoptive parent	49%	49%
	% Foster parent	25%	32%
	% Relative or kinship caregiver	22%	17%
	% Non-related extended family member	4%	2%
Agency Affiliation	% Department of Child and Family Services	56%	65%
	% Foster Family Agency	44%	35%

\*Collected in May/June 2020

\*\*Collected in June/July 2021

were drawn from unpublished COVID-19 surveys intended for rapid public use, including the Difficulties in Emotion Regulation Scale for Coronavirus Pandemic (DERS-COVID; Crowell, 2020), the COVID-19 Adult Symptom & Psychological Experience Questionnaire (CASPE; Ladouceur, 2020), the CoRonavIruS Health Impact Survey (CRISIS; (Merikangas, 2020), and COVID-19: Well-Being in Cancer Patients and Survivors (Bower, 2020). Given the lack of available questionnaires at the time of this study, additional questions were generated for this specific study and population (e.g., child-welfare, child mental health, helpfulness of resources). These questions were created through discussion by members of the research team based on the team's research and clinical experience in the child welfare field and with children in or adopted from foster care and their families.

### Demographics

Participants reported their gender, age, race/ethnicity, sexual orientation, relationship status, type of resource parent, and FFA affiliation.

Additionally, if participants endorsed having children in the home, they were asked to provide information for each child, including age, gender, race/ethnicity, and if they were biological, adopted, or foster/foster-adoptive. Refer to [Table 1](#) for detailed demographic information.

### ***Impact of COVID-19***

Participants were asked questions regarding exposure to COVID-19 for themselves and their families and related hospitalizations, death, and anxiety related to acquiring the COVID-19 virus or dying. Additional questions were asked about perceived adverse impact (e.g., lack of control, uncertainty about the future, mental health impact, access to resources, financial hardship, balancing responsibilities, feelings related to reopening) and perceived benefits of COVID-19 and resulting “Safer-at-Home” orders (e.g., family closeness, connecting with loved ones, gratitude, strength-based experiences as a resource parent). All items were on a 5-point scale from “Strongly Disagree” to “Strongly Agree.”

### ***Worries related to COVID-19***

Participants were asked questions about worries related to COVID-19 over the last year. This included items related to social concerns (e.g., not seeing loved ones in person), financial concerns (e.g., losing a job), interpersonal conflict at home, mental health impact, children falling behind with school and/or services, and delayed reunification and adoption. All items were on a 5-point scale from “Strongly Disagree” to “Strongly Agree.”

### ***Helpfulness of resources***

Participants were asked questions about resources that have been helpful to them and/or the children in their care over the past year. This included items related to tangible items (e.g., technology, educational resources, donations), support groups, and social worker support. All items were on a 5-point scale from “Not at all helpful” to “Extremely helpful.”

### ***Service delivery and remote work***

Participants were asked questions about access to services over the past year and preferences moving forward. Participants were asked about the future if they would like to access healthcare services, developmental services, support groups, training and workshops, and mental health services in-person, virtually, or through a hybrid approach. Further, they were asked how virtual services affected access to supports and questions about the impact of virtual schooling on academic achievement and their ability to work, on a 5-point scale.

### ***Foster/adoption specific***

Participants were asked questions about their experiences with birth parent visits, including attendance and productivity, on a 5-point Likert scale. Lastly, participants were asked if they welcomed a child into their home in the past year during COVID-19 (i.e., No/Yes).

### ***Analyses***

All analyses were completed using IBM SPSS Statistics software version 26. Descriptive statistics include the entire sample of resource parents ( $n = 527$ ). Descriptive statistics were gathered on general COVID-19 impact, worries, helpfulness of provided resources, preferences for service provision moving forward, experiences with remote schooling and work, birth family visits, needs related to reopening, and welcoming a new child into the home. When comparing endorsement of items across time points, the scaling of specific items was different at T1 compared to Time 2. For example, when asked about impact of COVID-19 on mental/emotional health, scaling of *Not at all*, *Slightly*, *Neutral*, *Moderately*, *Extremely* was used at T1 and scaling of *Not at all*, *A little*, *A moderate amount*, *A lot*, and *Very much* was used at T2. In these situations, the reported percentages reflect responses above neutral or endorsements of ‘moderate’ or above.

Because we were most interested in understanding the impact of COVID-19 on current system-involved parents and children, only resource parents with one or more foster, kinship, foster-adoptive, or adopted children currently in their care were selected ( $n = 376$ ) from the overall sample for inferential analyses. A series of factor analyses were used to create composite scores for impact of COVID-19, resource parent concerns, and helpfulness of resources to support meaningful interpretation. To assess intersectionality and ascertain group-based differences, multiple regressions for resource parents with one or more foster/kinship/adopted children in their care were used on the composite scores generated from the factor analysis.

## **Results**

### ***Descriptive factors***

Factor analyses with oblimin rotation extracted discrete composites from the data. Factors with eigenvalues greater than 1 and items with factors loadings greater than .50 were retained (Matsunaga, 2010). Items assessing the impact of COVID-19 yielded six factors: Positive Impact, Adverse Impact, Access to Resources, Coping Challenges, Infection Worry – Self, Infection Worry – Other. Items assessing worries related to COVID-19 yielded three factors: Financial Worries, Interpersonal Conflict Worries, and Social Worries.



Items assessing the helpfulness of resources related to COVID-19 yielded two factors: Tangible Resources, Social Worker Support.

### ***Impact of COVID-19 on resource parents over time***

Given that T1 and T2 samples were not matched and question formats were changed for select items at T2 (e.g., checklist items changed to Likert items), only descriptive information can be shared. Direct comparisons between time points cannot be made.

At T1, 3% of resource parents reported testing positive for COVID-19 and 2% reported that they, a close friend, or someone in their family had been hospitalized or died from COVID-19. In contrast, at T2, more resource parents reported testing positive for COVID-19 (18%) and being hospitalized (3%). Further, half of resource parents at T2 reported that a close family member or friend tested positive (49%) or were hospitalized/died (27%) from COVID-19. Regarding impact, a marginally higher percentage of resource parents endorsed anxiety related to being infected or dying for themselves and others and stress related to uncertainty about the future at T2 compared to T1. In contrast, positive impact variables showed a slight decrease. Resource parents reported having increased access to resources for themselves and their children at T2. Further, half of resource parents reported worry about re-opening and return to “pre-pandemic” life at T2, as well as the prospect of strict mitigation orders ending. Resource parents expressed many concerns via responses to open-ended questions, including ongoing access to resources, re-acclimating to commutes, balancing responsibilities, childcare coverage after returning to work, vaccine compliance, the potential of another outbreak forcing additional shutdowns, and helping kids adjust to returning to school. See [Table 2](#) for impact of COVID-19 organized by factor across T1 and T2.

### ***Worries related to COVID-19***

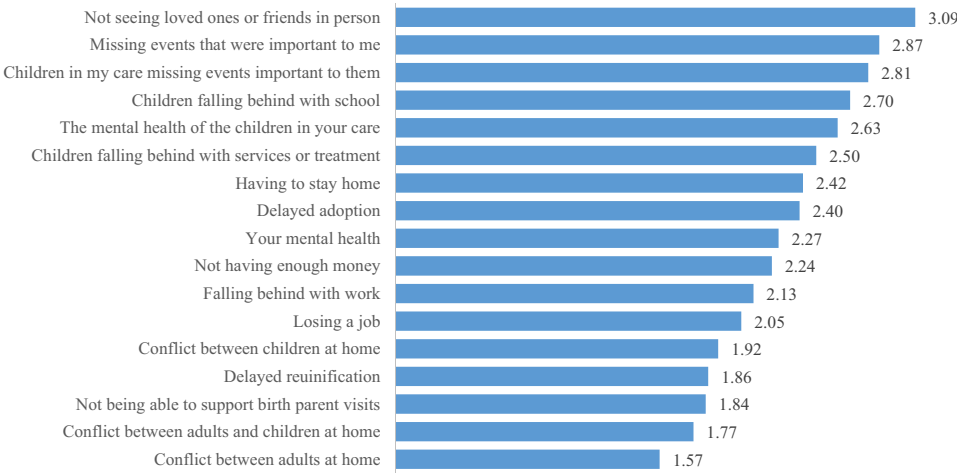
Resource parents reported being most concerned about not seeing loved ones in person, with 67% reporting being moderately to extremely worried about missing events that were important to them (55%) or their children (57%), which were also top concerns reported at T1. While 51% of resource parents expressed concern about children in their care falling behind in school and 44% about falling behind with services, only 34% reported being worried about falling behind with work, which is a similar trend to T1. Approximately 29% and 35% of resource parents reported concerns about losing a job or not having enough money, respectively, and approximately 20% endorsed concerns related to interpersonal conflict at home. Approximately 42% of resource parents reported being worried about delays related to adoption.

**Table 2.** Descriptive impact of COVID-19 on resource parents by factor over time.

Factor/Item	T1*	T2*
<b>Positive Impact</b>		
<i>Shelter-in-place has helped our family grow closer.</i>	68%	63%
<i>I have a deeper appreciation for life.</i>	81%	79%
<i>I have been more grateful for each day.</i>	81%	76%
<i>I have been more accepting of things I cannot change.</i>	76%	74%
<i>I have greater appreciation for my family and close friends.</i>	82%	79%
<i>I have found new ways of connecting with family and friends.</i>	83%	77%
<i>My past experiences with uncertainty and loss as a resource parent have given me the skills to help deal with COVID-19.</i>	55%	53%
<b>Adverse Impact</b>		
<i>I feel anxious about being infected by or dying from COVID-19.</i>	32%	40%
<i>I am concerned about a family member or close friend being infected or dying from COVID-19.</i>	48%	53%
<i>I am worried about the return to "pre-pandemic life" and everything opening up again.</i>	-	50%
<i>COVID-19 presents a lot of uncertainty about the future. How stressful have you found this uncertainty to be?*</i>	42%	59%
<i>I feel I have no control over how COVID-19 will impact my life.</i>	35%	34%
<b>Access to Resources</b>		
<i>I have had the resources that I need (e.g., internet, computer) to access work or remote services (e.g., support groups, social worker visits).</i>	76%	81%
<i>I have had the resources the children in my care need (e.g., internet, computer) to access school or remote services (e.g., visits with birth parents, mental/physical health appointments).</i>	74%	77%
<i>I have experienced loss of income and/or financial hardship during the COVID-19 pandemic.</i>	39%	44%
<b>Coping Challenges</b>		
<i>I have had difficulty taking care of the children in my care's needs (e.g., providing care, supervising schoolwork) and/or balancing their needs with other responsibilities.</i>	27%	30%
<i>How has your mental/emotional health been impacted by the changes to daily life as a result of COVID-19?*</i>	51%	52%
<b>Infection – Self</b>		
<i>Have you been hospitalized due to COVID-19?</i>	-	3%
<i>Have you tested positive for COVID-19?</i>	3%	18%
<b>Infection – Other</b>		
<i>Has anyone in your family or a close friend been hospitalized or died from COVID-19?</i>	-	27%
<i>Has anyone in your family or a close friend tested positive for COVID-19?</i>	-	49%
<b>Interpersonal Conflict Worries</b>		
<i>Between adults and children at home</i>	-	16%
<i>Between adults at home</i>	-	22%
<i>Between children at home</i>	-	27%
<b>Financial Worries</b>		
<i>Losing a job</i>	-	29%
<i>Not having enough money</i>	-	35%
<b>Social Worries</b>		
<i>Missing events that were important to me</i>	-	55%
<i>Children in my care missing events important to them</i>	-	57%
<i>Not seeing loved ones or friends in person</i>	-	65%
<b>Helpfulness of Tangible Resources</b>		
<i>Free technology resources for the children in your care</i>	-	41%
<i>Resources provided by the school district</i>	-	49%
<i>Video child support groups</i>	-	39%
<i>Personal resources for you</i>	-	39%
<b>Social Worker Support</b>		
<i>With birth parent visits</i>	-	45%
<i>Advocating on your behalf</i>	-	57%
<i>Video visitation</i>	-	53%

\*The sample includes all resource parents. For Likert items, the reported percentages reflect responses above neutral. Blank answers at T1 indicate items that were not asked at T2, or that were asked differently at T2 so responses are not comparable.

\*\*Items above neutral for these items include 'moderate' or above endorsements.



**Figure 1.** Item means for resource parent worries related to COVID-19 at T2 on a 5-point Likert scale.

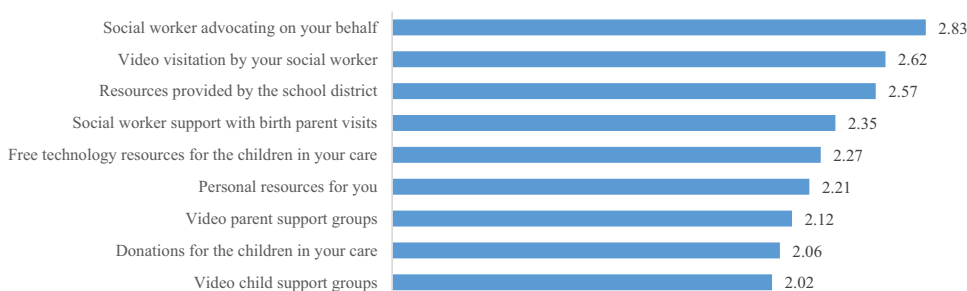
See [Figure 1](#) for a ranked summary of worries reported by resource parents at T2.

***Helpfulness of resources related to COVID-19***

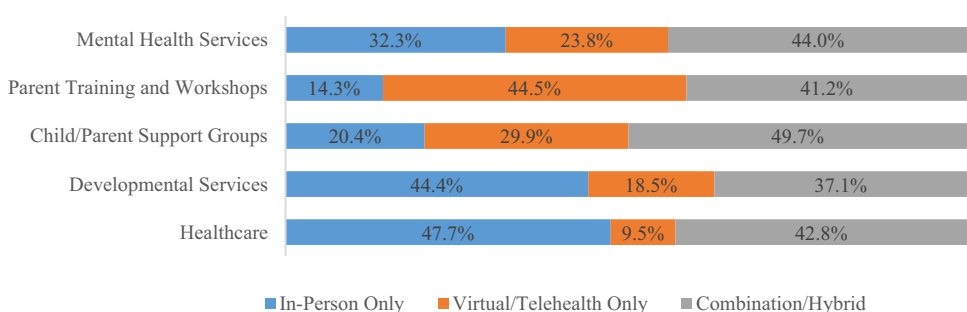
Similar to T1, the most helpful resources reported by resource parents included social worker advocacy, video visitation by social workers, and social worker support with birth parent visits, with 57%, 52%, and 45% endorsing them as ‘moderately’ to ‘extremely’ helpful, respectively. Approximately 50% of resource parents endorsed resources provided by the school district as helpful, while 46% found free technology helpful. See [Figure 2](#) for a summary of the helpfulness of resources reported by resource parents.

***Service delivery and remote work***

At T2, approximately 45% of resource parents reported that having virtual services available allowed them to access resources they otherwise would not have. Moving forward, most resource parents (91%) reported wanting to receive healthcare services and developmental services in-person only or hybrid (i.e., combination of in-person and virtual/telehealth), as shown in [Figure 3](#). For mental health services and child/parent support groups, more resource parents preferred a hybrid approach. In contrast, more resource parents reported a preference for virtual/telehealth only for parent training and workshops. See [Figure 3](#) for additional information related to preferences for future service access.



**Figure 2.** Most helpful COVID-19 resources at T2 ranked by item means on a 5-point Likert scale.



**Figure 3.** Resource parent preferences for service access moving forward.

Regarding the impact of virtual schooling on the children's academic achievement in their care, 43% of resource parents reported a negative impact while 21% reported a positive impact. Further, 41% of resource parents reported that virtual schooling negatively impacted their ability to work while 16% reported a positive impact.

### ***Foster/adoption specific variables***

At T2, almost half (47%) of resource parents reported having virtual birth parent visits, and a higher percentage of resource parents reported having in-person visits than T1. Most resource parents reported that virtual visits were as productive and regularly attended as in-person visits. Further, 56% of resource parents reported that they welcomed a new child into their home during COVID-19, similar to T1 where 54% reported they were open to welcoming a child. Refer to [Table 3](#) for additional information.

### ***Differences in impact across groups***

A series of multiple linear regressions were calculated to predict composite scores based on resource parent age, sexual orientation, gender, type of resource parent, ethnicity, relationship status, and the number of children in

**Table 3.** Comparing birth parent visits and welcoming a new child into the home at T1 and T2.

Factor/Item	T1*	T2*
<b>Birth Parent Visits</b>		
<i>Have you had in-person birth family visits during COVID-19?</i>	23%	57%
<i>Have you had virtual birth family visits during COVID-19?</i>	-	47%
<i>Compared to in-person visits, how productive were virtual visits with birth parents?</i>		
<i>Less productive</i>	36%	41%
<i>About as productive</i>	53%	40%
<i>More productive</i>	11%	19%
<i>Compared to in-person visits, how was birth parent attendance for virtual visits?</i>		
<i>Less frequently</i>	43%	23%
<i>About the same frequency</i>	47%	59%
<i>More frequently</i>	10%	17%
<b>Welcoming a New Child into the Home</b>		
<i>Did you welcome a new child into your home in the past year during COVID-19?</i>	54%	56%

\*The sample includes all resource parents with at least one foster/adopted child in their care, except for Welcoming a Child into the Home, which included the entire sample. Blank answers at T1 indicate items that were not asked at T2.

the home and all composite scores not included as the outcome variable. Only resource parents with one or more foster or adopted children in their care were selected for the analysis. Resource parents who reported their race/ethnicity as Asian or Asian-American, American Indian or Alaska Native, or Native Hawaiian or Pacific Islander were excluded from the analyses due to small group size. Relationship status was dichotomized to reflect single caregiver and multiple caregiver households. Categorical variables were dummy coded, with straight or heterosexual, male, foster/adoptive parent, White, and multiple caregiver household as reference groups. Refer to [Table 4](#) for a summary of results.

**Positive and adverse impact**

Resource parents identifying as Black, Latinx, and Mixed Ethnicity or Race reported significantly more positive impact related to the pandemic than White resource parents. Further, an increase in access to resources was associated with an increase in positive impact. Interestingly, in addition to positive impact, Black and Latinx resource parents also reported significantly more adverse impact related to the pandemic than their White counterparts. Resource parents who reported more coping challenges, such as difficulty balancing the needs of their children with other responsibilities and mental health impact, also reported more adverse impact.

**Access to resources**

Compared to White resource parents, Black, Latinx, and Mixed Ethnicity or Race resource parents reported having less access to resources. Further, higher levels of reported social worker support were associated with increased access to resources. Resource parents with more access to resources reported less concern about finances.

**Table 4.** Linear regressions for composite factors related to COVID-19 impact.

Dependent Variable/Predictor	B	$\beta$	t	p	df	F	p	R <sup>2</sup>
<b>Positive Impact</b>					21, 274	4.153	.000	.241
<i>Black or African-American</i>	4.284	.341	4.917	.000	-	-	-	-
<i>Hispanic or Latinx</i>	3.693	.333	4.991	.000	-	-	-	-
<i>Mixed Ethnicity or Race</i>	2.779	.127	2.182	.030	-	-	-	-
<i>Access to Resources</i>	.698	.290	4.583	.000	-	-	-	-
<b>Adverse Impact</b>					21, 274	6.055	.000	.317
<i>Black or African-American</i>	2.469	.206	3.048	.003	-	-	-	-
<i>Hispanic or Latinx</i>	1.679	.158	2.422	.016	-	-	-	-
<i>Access to Resources</i>	.347	.151	2.519	.015	-	-	-	-
<i>Coping Challenges</i>	.905	.372	5.622	.000	-	-	-	-
<b>Access to Resources</b>					21, 274	7.248	.000	.357
<i>Black or African-American</i>	-1.315	-.252	-3.888	.000	-	-	-	-
<i>Hispanic or Latinx</i>	-.851	-.185	-.2925	.004	-	-	-	-
<i>Mixed Ethnicity or Race</i>	-1.226	-.135	-2.526	.012	-	-	-	-
<i>Positive Impact</i>	.102	.246	4.583	.000	-	-	-	-
<i>Adverse Impact</i>	.062	.142	2.449	.015	-	-	-	-
<i>Social Worker Support</i>	.097	.146	2.561	.011	-	-	-	-
<i>Financial Concerns</i>	-.287	-.320	-5.541	.000	-	-	-	-
<b>Coping Challenges</b>					21, 274	12.459	.000	.488
<i>Black or African-American</i>	-.591	-.120	-2.036	.043	-	-	-	-
<i>Foster Parent</i>	-.701	-.154	-3.165	.002	-	-	-	-
<i>Relative or Kinship Caregiver</i>	-.560	-.102	-2.114	.035	-	-	-	-
<i>Adverse Impact</i>	.114	.278	5.622	.000	-	-	-	-
<i>Conflict Worries</i>	.271	.469	8.207	.000	-	-	-	-
<i>Social Worker Support</i>	-.082	-.130	-2.555	.011	-	-	-	-
<b>Infection – Self</b>					21, 274	1.671	.035	.114
<i>Infection – Others</i>	.136	.234	3.886	.001	-	-	-	-
<b>Infection – Others</b>					21, 274	2.402	.000	.155
<i>Infection – Self</i>	.383	.223	3.886	.000	-	-	-	-
<i>Social Worries</i>	.039	.169	2.353	.019	-	-	-	-
<b>Financial Worries</b>					21, 274	7.628	.000	.369
<i>Total Children in Home</i>	-.175	-.112	-2.231	.026	-	-	-	-
<i>Single Caregiver</i>	.581	.115	2.086	.038	-	-	-	-
<i>Access to Resources</i>	-.352	-.314	-5.541	.000	-	-	-	-
<i>Conflict Worries</i>	.098	.143	2.032	.043	-	-	-	-
<i>Social Worries</i>	.168	.236	3.876	.000	-	-	-	-
<b>Interpersonal Conflict Worries</b>					21, 274	15.355	.000	.541
<i>Coping Challenges</i>	.729	.421	8.207	.000	-	-	-	-
<i>Financial Worries</i>	.152	.104	2.032	.043	-	-	-	-
<i>Social Worries</i>	.347	.334	6.744	.000	-	-	-	-
<b>Social Worries</b>					21, 274	9.157	.000	.412
<i>Infection – Other</i>	.510	.117	2.353	.019	-	-	-	-
<i>Interpersonal Conflict Worries</i>	.410	.427	6.744	.000	-	-	-	-
<i>Financial Worries</i>	.309	.220	3.876	.000	-	-	-	-
<b>Helpfulness of Tangible Resources</b>					21, 274	5.456	.000	.295
<i>Social Worker Support</i>	.517	.420	7.661	.000	-	-	-	-
<b>Social Worker Support</b>					21, 274	5.460	.000	.295
<i>Access to Resources</i>	.240	.160	2.561	.011	-	-	-	-
<i>Coping Challenges</i>	-.284	-.179	-2.555	.011	-	-	-	-
<i>Helpfulness of Tangible Resources</i>	.341	.420	7.661	.000	-	-	-	-

### Coping challenges

Black resource parents reported fewer coping challenges than White resource parents, while foster parents and relative or kinship caregivers reported fewer coping challenges than foster-adoptive parents. Further, an increase in adverse impact and worries related to interpersonal conflict were associated with more coping challenges. In contrast, increased support from social workers was associated with lower levels of coping challenges.

### ***Fear of infection***

Resource parents with more concerns about getting infected with COVID-19 themselves were also more worried about someone close to them getting infected. Similarly, an increase in concerns related to close ones getting infected was associated with more concern about getting infected. An increase in worries about others getting infected was also associated with increased social worries, such as missing important events and not seeing loved ones in person.

### ***Other worries***

Regarding finances, resource parents with fewer children in the home reported less concern related to finances while single caregivers reported more financial concerns than multiple caregiver households. Further, an increase in access to resources was associated with a decrease in financial concerns. In contrast, an increase in worries related to interpersonal conflict and social worries were associated with an increase in financial concerns. Resource parents who reported more coping challenges also reported more worries related to conflict and social worries.

### ***Helpfulness of resources***

Resource parents who reported more support from their social worker also endorsed that tangible resources, such as technology and counseling, were more helpful. Additionally, increases in social worker support were associated with increased access to resources. Lastly, resource parents with more social worker support reported fewer coping challenges.

## **Discussion**

As new variants of COVID-19 continue to surface, it is apparent that we will not live in a truly post-COVID world for some time. It is imperative that we actively focus on meeting the needs of vulnerable populations, including resource parents and the children they care for.

### ***Ongoing COVID-19 impact***

Compared to the initial study by Langley and colleagues conducted in June 2020, adverse impact, positive impact, and access to resources were endorsed at approximately the same rates across time points, with adverse impact showing slight increases. Approximately half of resource parents reported anxiety about themselves or others they are close to getting infected, which is understandable considering almost 20% of resource parents reported testing positive for COVID-19 themselves, half reporting that someone close to them has tested positive, and over a quarter reporting that someone close to

them has been hospitalized or died. Half of resource parents still expressed worries about the future, and one-third said they feel they have no control over how COVID-19 will affect their lives.

Many resource parents expressed concern about reopening and mitigation orders coming to an end. They were worried about an additional shutdown, vaccine compliance, and helping the children in their care readjust to attending school in-person, as well as logistics that they experienced a reprieve from, such as childcare coverage and commuting. Although most resource parents also reported positive effects at this time point, which continues to highlight resilience in the face of adversity, adverse impact has understandably not relented. Resource parents already report high levels of daily stress (Bergsund et al., 2020), with levels during COVID-19 being higher according to recent research by Miller et al. (2020). Our findings suggest that the COVID-19 related stress may be chronic, which further adds to the adversity this population already faces.

### ***Concerns and helpfulness of resources***

Similar to the pandemic's beginning, top concerns endorsed by resource parents continued to be not seeing loved ones in person, missing important events, and children falling behind in school. Further, social worker support continued to be endorsed as the most helpful resource, followed by resources provided by the school district and free technology. Social worker advocacy, support with birth parent visits, video visitation, and access to current technology are concrete ways that systems serving children in kinship and foster care can support resource families now and in the future.

### ***The transition to telehealth***

Almost half of resource parents reported that the transition to telehealth/remote services allowed them to access services that they otherwise would not have in the past. Considering the needs of resource families and the children in their care, reducing barriers to service access and decreasing overall burden is crucial. Moving forward, resource parents seemingly prefer hybrid access to services, which includes a combination of in-person and remote options. There was a reported preference for having these appointments in person when it comes to seeing doctors and accessing developmental services. At the same time, parent trainings and workshops are preferable to maintain virtually. Many resource parents reported that virtual training allowed them to attend without finding childcare or worrying about transportation. Although our findings support the utility of this modality for certain services, school was an important exception. A majority of resource parents reported that remote schooling impacted



their ability to work and negatively impacted the children's academic achievement in their care.

### ***Birth parent visits and welcoming a new child***

More resource parents reported resuming in-person birth parent visits as the pandemic continued. However, most resource parents reported that virtual visits were as or more productive than in person visits and that attendance was the same. It will be important for child welfare systems to continue utilizing technology intentionally and creatively to make virtual visits safe and productive, particularly when access to birth parents is difficult (Cashen, Grotevant, Battalen, Sellers, & McRoy, 2021). Virtual visits will never be able to replace the warmer connections of in-person visits. Still, if done correctly, they can be an option for increased access and flexibility, when appropriate. In the past year, over half of resource parents reported that they welcomed a new child into their home during this time, which is similar to the first time point.

### ***Differences in impact across groups***

Analyses revealed differences between groups related to the impact of COVID-19. Notably, compared to White resource parents, Black and Latinx resource parents reported significantly more adverse impact, including more anxiety about getting infected, the prospect of re-opening, and uncertainty about the future. Our findings corroborate extant research documenting the disproportionate impact of COVID-19 based on race and ethnicity (Burstrom & Tao, 2020; Dorn et al., 2020) and likely reflects the often-cited health and health care disparities rooted in longstanding structural and systemic inequities (Ndugga & Artiga, 2021). Despite reporting more adverse impact and less access to resources, Black and Latinx resource parents also reported significantly more positive impact, including gratitude for friends and family and acceptance of things outside their control. This highlights the grit and resistance of resource parents of color. Despite navigating the complexities of the child welfare system and a multi-layered history of documented health and social disparities, all of which have been exacerbated by the harmful impacts of COVID-19 and related stressors, these communities appear to have found ways to reframe this crisis and demonstrate unique resolve.

Further, Black resource parents also reported fewer challenges related to their mental health, taking care of the needs of the children in their care, and balancing their needs with other responsibilities compared to White resource parents. This may speak to adaptive strength and resiliency, as discussed above, and access to culturally relevant supports outside of traditional health or mental health labels and care. It may also reflect stigma related to mental

health challenges for communities of color and the impact of structural racism within health and mental health care systems.

Foster parents and relative or kinship caregivers reported fewer coping challenges than foster-adoptive parents, suggesting that foster-adoptive parents are having a harder time with their own mental and emotional health and balancing their own needs with the needs of the children in their care. This may be due to the extra stress or demands on resource parents hoping to adopt and their interactions with the child welfare system, such as birth parent visits and worries about court outcomes, given their preference to provide permanency to children. Further, individuals in single caregiver households reported experiencing more financial stress than households with multiple caregivers, which makes sense given the reliance on one income to support the family. It is important that these considerations be made for resource parents who are parenting on their own and that they be provided with responsive supports as they are fostering a child.

### ***Other predictors of COVID-19 impact***

For resource parents, our findings also highlighted other predictors of impact related to COVID-19. Resource parents who had the resources they needed for themselves and the children in their care were more likely to report positive impact. Relatedly, those parents who felt that they had more support from their social worker also reported having increased access to resources and decreased coping challenges. The impact and importance of social workers is apparent, and this is noteworthy as the child welfare system continues to explore ways to best support families caring for children moving forward. Notably, resource parents reported that social worker advocacy, support, and meetings were more helpful than most other resources they received across time points. This may also generalize to advocacy and support from other professionals (mental health therapists, medical providers, educators).

Additionally, the associated coping challenges and worries related to interpersonal conflict, including between caregivers and children and between children in the home. It appears that for parents experiencing more challenges related to their mental health and taking care of their own needs, there was potentially more conflict at home, or increased conflict contributed to more difficulties.

## **Implications**

### ***Understanding the experiences of resource parents***

This study sheds light on the experiences of resource parents, which is an understudied stakeholder area within child welfare. While this study occurred

within the context of the COVID-19 pandemic, it reveals how resource parents navigate caring for children through times of adversity, uncertainty, and change. Over half of resource parents reported that their unique experiences as a resource parent helped prepare them for managing COVID-19 and its related stressors. It is important to continue to understand the experiences of resource parents, especially given the high attrition among this community (Casey Family Programs, 2014) and the increased number of children needing permanency due to the pandemic (Hillis et al., 2021). Further, given the disproportionate number of Black and Latinx children in foster care (Aguiniga, Madden, & Hawley, 2014; Carnochan, Moore, & Austin, 2013), we must understand the experiences of resource parents through a culturally-responsive lens so resources and policies can be appropriately tailored.

Although COVID-19 has caused significant distress for people of all backgrounds across the world, communities of color have been disproportionately impacted by legal, social, and economic inequities in the United States and inequities in access to healthcare (Gibbs, Pauselli, Vieux, Solan, & Rosenfield, 2020). In our study, resource parents of color reported having less access to resources, more coping challenges, and more adverse impact related to COVID-19. There is an urgent need in this country to address racism in society in general. Still, child welfare agencies need to increase their efforts to address noted disparities for resource parents of color. This may include ensuring equitable access to services, communicating with communities of color and building appropriate supports, improving existing programs, and generally taking steps to better understand the unique intersectional experience of being a person of color and a resource parent.

### ***Supports for resource parents***

Given the disproportionate impact and need for health equity, a question that needs further investigation is what resources are available to prevent burnout and moral injury when it comes to being a resource parent, both in general and related to the pandemic. One important focal point would be increasing technical training for social workers to support virtual visits, birth parent interactions, and ongoing communications with resource parents. Social workers appear to be an invaluable resource and the use of virtual platforms, such as Zoom, should continue to be incorporated into standard operating procedures. Because the value of advocacy and support from other professionals serving children in foster care and their caregivers may be tantamount to that of social workers, though it was not asked in this study, it is recommended that frequency, duration, and modes of support (remote, in person, hybrid) all be considered by mental health, medical, and educational professional as well. Similarly, many resource parents expressed that virtual platforms allowed them to access services they otherwise would not have been able

to, namely online support groups, optional and mandatory trainings, and mental health services. Thus, opportunities that resource parents can access should be continued and expanded upon. If other requirements must be in person, transportation and child care options must be explored, as these two things were cited as frequent barriers or sources of stress for families. Lastly, our research shows that resource parents were not only impacted by COVID-19 and related stressors, but also the prospect of transitioning back to pre-pandemic life for them and their children. Although there is often hope and optimism related to re-opening, it is important to be mindful of the potential adverse impact on families and explore supports to address this.

### **Limitations and future directions**

There are certain limitations to the current study. The information presented was self-reported and based on perceptions of resource parents instead of population statistics. Data was collected across two-time points and is not a matched sample, thus limiting the ability to statistically compare or assess change. Additionally, resource parents answered general questions about children in their care; thus, it was not possible to determine if they were speaking to their experiences with an individual child or all of them. We had no means of knowing how many caregivers per family completed the survey, making it difficult to determine if the experiences recorded were independent or completed as a unit. For questions related to birth parent visits, we did not collect information on whether children in the home were in a finalized adoption, and thus we were unable to know if birth parent visits were warranted (i.e., terminated parental rights). Lastly, other research has cited the impact of COVID-19 on the mental health and well-being of parents in the general population, noting challenges with navigating multiple responsibilities, changes to home life, support networks, relationships, and available coping strategies, as well as general stress and exhaustion as a result from the pandemic (e.g., Dawes, May, McKinlay, Fancourt, & Burton, 2021). This study did not have a control group of non-resource caregivers specific to Los Angeles County, so it is difficult to say whether their experiences varied from the general population or if the findings can generalize to other regions.

As new COVID-19 variants emerge and impacts of the response to the pandemic continue to be explored, it is clear that we will not be in a real post-COVID world for some time. It is warranted to conduct another follow-up study to measure the impact of COVID-19 now that new variants (e.g., Delta, Omicron) have surfaced and resulted in additional closures, disruptions, hospitalizations, and deaths. It is essential to understand how to manage the evolving nature of the virus to better ease the anxieties of resource parents and bolster support for them and the youth in their care.

While this paper focused on resource parents, questions surrounding the experiences of children and youth involved in the child welfare system also beg exploration. The experiences of children and young people in foster care, particularly children and youth of color navigating COVID-19, need to be elucidated. Youth in foster care are already frequently navigating trauma and loss and subsequent (and sometimes harmful) interactions with child welfare and other youth-serving systems. What is the impact of ongoing stress, ambiguity, and grief/loss over a long period, and how has the COVID-19 pandemic become interwoven in that experience? What has been the impact of delayed reunification with family and cancellation of birth family visits or moving them from in-person to virtual? Further, this study illustrates the resolve and resiliency among resource parents of color over the past two years. Thus, protective factors and sources of strength (e.g., social support), resistance, and resilience among youth of color in foster care are critical to explore.

## Conclusions

This study highlights emergent empirical data that fills a gap in the literature by better informing our understanding of resource parents' experiences during the ongoing, highly stressful period of COVID-19. Like the general population, resource parents have experienced stress beyond the direct impact of COVID-19, which has become referred to as the secondary pandemic (Tummala & Muhammad, 2020). However, unlike the general population, they experience the unique and additional stresses related the child welfare context (Whitt-Woosley, Sprang, & Eslinger, 2022).

A significant strength of the study is the comparison of data collected across two-time points, which helps us infer how the pandemic and the experiences of resource parents are evolving together. This study is also significant as it helps us understand the within-group differences of resource parents, particularly based on race and ethnicity. Lastly, although our findings paint a picture of resiliency, it is documented that foster parents have a high attrition rate. Exacerbated by the pandemic, more children are entering foster care than families who are willing to care for them, and every day, hundreds of youth who are unable to reunify are waiting for permanent placements (Casey Family Programs, 2014; Hillis et al., 2021). This study reveals ways in which resource parents cope with stress and manage anxieties about being a resource parent, enabling more focused efforts to improve supports and increase retention. Resource parents are invaluable in providing nurturance and safety to our most vulnerable children, particularly during times of extraordinary need.

## Acknowledgments

We are grateful to Foster Together Network, a group of public and private partners committed to helping recruit and retain resource families in Los Angeles County, and the Los Angeles County Department of Child and Family Services for their support and assistance in distributing the surveys to resource families.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding

The Pritzker Foster Care Initiative supported this research through a generous donation to the UCLA Pritzker Center for Strengthening Children and Families. Funding sources were not involved in any part of the study design, data analysis, or writing of the manuscript.

## Notes on contributors

**Matthew A. Ruderman**, Ph.D. is a clinical psychologist who specializes in early childhood mental health, research and evaluation, bullying and victimization, preschool mental health consultation, and trauma-informed care. He received his doctorate in Counseling, Clinical, and School Psychology from the University of California, Santa Barbara. Dr. Ruderman completed his doctoral internship at St. John's Child and Family Development Center and his postdoctoral fellowship at UCLA TIES for Families. Before rejoining the TIES staff, he served as staff psychologist, supervisor, and trainer at a community mental health clinic. Dr. Ruderman is the recipient of Robert Wood Johnson Clinical Scholars fellowship focusing on addressing health disparities, health inequities, and building a culture of health.

**Kenyon Lee Whitman**, Ph.D. is an assistant professor at the University of Nevada, Las Vegas. He has over 10 years of experience working in higher education, much of that time supporting foster youth. Most recently he was a UCLA Chancellor's Postdoctoral Fellow, and previously he directed the Office of Foster Youth Support Services at UC Riverside for six years. He received his PhD in Higher Education Administration and Policy at UC Riverside. Kenyon's research is interdisciplinary, he focuses on underrepresented students in higher education, specifically, the racialized college-going experiences of foster youth. As a former foster youth, he understands first-hand the challenges foster youth face as they work toward earning a college degree. Kenyon also holds a B.S. and M.A. from Fresno State.

**Vanessa Perez** graduated from UCLA in 2020 with a major in Psychology and a minor in Applied Developmental Psychology. While at UCLA, she worked as a research assistant in the CHILD FIRST lab, headed by Dr. Bruce Chorpita. As a research assistant, she examined different interventions aimed at increasing client engagement in mental health services and aided in exploring service equity in the Latinx community. Vanessa also conducted an independent research project examining whether the addressability of life stressors in therapy sessions differed depending on what type of treatment protocol a client was assigned to and if the addressability of the life stressor predicted the provider's use of structured activities in the session in which the life stressor was disclosed. Vanessa plans to apply to graduate programs in Clinical Psychology in 2022. She is particularly interested in exploring the effectiveness and

accessibility of evidence-based treatments in community-based clinics to help serve culturally and socioeconomically diverse youth affected by trauma.

**Jill Waterman**, Ph.D. was one of the initial developers of TIES for Adoption in 1995 (now UCLA TIES for Families) and currently is the Associate Director of Infant Mental Health, as well as a supervisor of psychology externs and postdoctoral fellows. She is Adjunct Professor Emerita in the UCLA Psychology Department and former Coordinator of the UCLA Psychology Clinic, the training clinic for UCLA's top-ranked Clinical Psychology Ph.D. program. Dr. Waterman's research involves long-term follow-up of children adopted from foster care and their families (many now adolescents and young adults), as well as evaluation, treatment and follow-up of prenatally exposed infants placed with foster parents who hope to adopt them, and evaluation of Adoption-specific Therapy. Dr. Waterman is author of 3 books on aspects of child trauma and numerous articles, and is the lead author of *Adoption-Specific Therapy: A Guide to Helping Adopted Children and their Families Thrive*, published by American Psychological Association Books in 2018. In addition, she is a practicing clinician specializing in treatment with parents and young children.

Trained in social work and educational psychology, **Todd Franke**, Ph.D. seeks to achieve a better understanding of, and improve the responsiveness of service systems in the fields of social services, education and health. Dr. Franke's research has focused in part on the impact of disability and chronic illness on school-age children. He is currently conducting a study, funded by the Robert Wood Johnson Foundation, on the use of personal assistance services for children with disabilities. In addition, Dr. Franke studies how adolescents solve social problems; urban mobility and its impact on children's education and social development; and how to successfully integrate health and social services in school settings. Dr. Franke is active in several local and regional efforts to restructure social services in the schools, helping to conceptualize planning and implementation and the design of evaluation measures in Los Angeles Unified School District, the country's second-largest school district. His primary work occurs at the intersection of youth violence (child welfare and gang involved youth) and education. Additionally, he has numerous years of experience in conducting cross-sectional and longitudinal research in the fields of education, child welfare and adolescent violence.


**Audra K. Langley**, Ph.D. is the Director of UCLA TIES for Families. Dr. Langley is a Clinical Psychologist and Professor of Health Sciences at the UCLA Semel Institute for Neuroscience and Human Behavior and the UCLA DGSOM Department of Pediatrics. Dr. Langley also co-directs the UCLA Pritzker Center for Strengthening Children and Families and is the Child Welfare lead for the DMH UCLA Prevention Center of Excellence. Dr. Langley is an experienced clinician and researcher who specializes in culturally responsive, trauma and resiliency informed care for children and adolescents with post-traumatic stress and her body of work has sought to increase access to quality mental health interventions for under-resourced populations of children, including those involved in the child welfare system and school based mental health. Dr. Langley is the author of 4 treatment manuals and books, including "ADAPT Adoption-specific Psychotherapy: A Guide to helping Adopted Children and Their Families Thrive" and "Bounce Back: an Elementary School Intervention for Childhood Trauma." She has presented and published numerous research papers and trainings on her work.

## ORCID

Matthew A. Ruderman  <http://orcid.org/0000-0002-7299-7423>

Vanessa Perez  <http://orcid.org/0000-0001-5628-4741>



Jill Waterman  <http://orcid.org/0000-0002-2698-2108>  
 Todd Franke  <http://orcid.org/0000-0001-5885-9828>  
 Audra K. Langley  <http://orcid.org/0000-0002-9469-0924>

## References

- Aguiniga, D. M., Madden, E., & Hawley, A. (2014). Exploratory analysis of child protection mediation permanency placement outcomes. *Children and Youth Services Review*, 50, 20–27. doi:10.1016/j.childyouth.2014.12.021
- American Academy of Pediatrics. (2022, October 27). *Children and COVID-19: State-level data report*. Retrieved from <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>
- American Public Media (APM) Research Lab. (2021). *The color of Coronavirus: COVID-19 deaths by race and ethnicity in the US*. Retrieved from <https://www.apmresearchlab.org/covid/deaths-by-race>
- Baumel, K., Hamlett, M., Wheeler, B., Hall, D., Randall, A., & Mickelson, K. (2021). Living through COVID-19: Social distancing, computer-mediated communication, and well-being in sexual minority and heterosexual adults. *Journal of Homosexuality*, 68(4), 673–691. doi:10.1080/00918369.2020.1868190
- Bell, M. L., & Ebisu, K. (2012). Environmental inequality in exposures to airborne particulate matter components in the United States. *Environmental Health Perspective*, 120(12), 1699. doi:10.1289/ehp.1205201
- Bergsund, H. B., Wentzel-Larsen, T., & Jacobsen, H. (2020). Parenting stress in long-term foster carers: A longitudinal study. *Child & Family Social Work*, 25(S1), 53–62. doi:10.1111/cfs.12713
- Bower, J. (2020). *Well-being in cancer patients and survivors*. Unpublished Measure. Los Angeles: University of California.
- Burström, B., & Tao, W. (2020). Social determinants of health and inequalities in COVID-19. *The European Journal of Public Health*, 30(4), 617–618. doi:10.1093/eurpub/ckaa095
- Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work*, 10(3), 235–253. doi:10.1080/15433714.2013.788953
- Casey Family Programs. (2014, December). *Effective practices in foster parent recruitment, infrastructure, and retention*. Retrieved from [https://calswec.berkeley.edu/sites/default/files/effective\\_practices\\_in\\_foster\\_parent\\_recruitment\\_and\\_retention.pdf](https://calswec.berkeley.edu/sites/default/files/effective_practices_in_foster_parent_recruitment_and_retention.pdf)
- Cashen, K. K., Grotevant, H. D., Battalen, A. W., Sellers, C. M., & McRoy, R. G. (2021). Tech-mediated and traditional communication modes in adult adoptees' contact with birth parents. *Family Relations*, 70, 120–129. doi:10.1111/fare.12477
- Center for Disease Control. (2020). *The impact of coronavirus on households, by race/ethnicity*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-raceethnicity>
- Centers for Disease Control and Prevention. (2011). *Health disparities*. Retrieved from <https://www.cdc.gov/socialdeterminants/>
- Clay, S. L., Woodson, M. J., Mazurek, K., & Antonio, B. (2021). Racial disparities and COVID-19: Exploring the relationship between race/ ethnicity, personal factors, health access/ affordability, and conditions associated with an increased severity of COVID-19. *Race and Social Problems*, 13(4), 279–291. doi:10.1007/s12552-021-09320-9
- Crowell, S. (2020). *Difficulties in emotional regulation scale for coronavirus pandemic*. Unpublished Measure. University of Utah.



- Dawes, J., May, T., McKinlay, A., Fancourt, D., & Burton, A. (2021). Impact of the COVID-19 pandemic on the mental health and wellbeing of parents with young children: A qualitative interview study. *BMC Psychology*, 9(1), 194. doi:10.1186/s40359-021-00701-8
- Dorn, A. C., Cooney, R. E., & Sabin, M. L. (2020). COVID-19 exacerbating inequalities in the US. *Lancet*, 395(10232), 1243–1244. doi:10.1016/S0140-6736(20)30893-X
- Gibbs, T., Pauselli, L., Vieux, U., Solan, M., & Rosenfield, P. (2020, October 11). *Mental health disparities among Black Americans during the COVID-19 pandemic*. Retrieved from <https://www.psychiatristimes.com/view/mental-health-disparities-among-black-americans-during-covid-19-pandemic>
- Healthy People. (2010). *Leading health indicators*. Retrieved from <http://www.healthypeople.gov/2020>
- Hearne, B. N. (2021). Psychological distress across intersections of race/ethnicity, gender, and marital status during the COVID-19 pandemic. *Ethnicity & Health*. doi:10.1080/13557858.2021.1969537
- Hillis, S. D., Unwin, J. T., Chen, Y., Cluver, L., Sherr, L., Goldman, P. S., . . . Flaxman, S. (2021). Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: A modelling study. *The Lancet*, 398(10298), 391–402. doi:10.1016/S0140-6736(21)01253-8
- Hooper, M. W., Napoles, A. M., & Perez-Stable, E. J. (2020). COVID-19 and racial/ethnic disparities. *Journal of the American Medical Association*, 323(24), 2466–2467. doi:10.1001/jama.2020.8598
- Ladouceur, C. D. (2020). *COVID-19 adult symptom & psychological experience questionnaire (CASPE)*. Retrieved from [https://www.nlm.nih.gov/dr2/CASPE\\_AdolSelfReport\\_Qualtrics.pdf](https://www.nlm.nih.gov/dr2/CASPE_AdolSelfReport_Qualtrics.pdf)
- Langley, A. K., Ruderman, M. A., Waterman, J., & Franke, T. (2021). Impact of COVID-19 on resource families: Unique challenges and strengths. *Developmental Child Welfare*, 1–18. doi:10.1177/25161032211020756
- Maestripieri, L. (2021). The Covid-19 pandemics: Why intersectionality matters. *Frontiers in Sociology*, 6. doi:10.3389/fsoc.2021.642662
- Matsunaga, M. (2010). How to factor-analyze your data right: Do's, don'ts, and how to's. *International Journal of Psychological Research*, 3(1), 97–110. doi:10.21500/20112084.854
- Merikangas, K. M. (2020). *The CoRonavIruS health impact survey (CRISIS)*. Retrieved from [https://www.nlm.nih.gov/dr2/CRISIS\\_Adult\\_Self-Report\\_Baseline\\_Current\\_Form\\_V0.3.pdf](https://www.nlm.nih.gov/dr2/CRISIS_Adult_Self-Report_Baseline_Current_Form_V0.3.pdf)
- Miller, J. J., Cooley, M. E., & Mihalec-Adkins, B. (2020). Examining the impact of COVID-19 on parental stress: A study of foster parents. *Child and Adolescent Social Work Journal: C & A*, 39(2), 147–156. doi:10.1007/s10560-020-00725-w
- Ndugga, N., & Artiga, S. (2021, May 11). *Disparities in health and health care: 5 key questions and answers*. Retrieved from <https://www.kff.org/4fc9693/>
- Obinna, D. N. (2021). Confronting disparities: Race, ethnicity, and immigrant status as intersectional determinants in the COVID-19 era. *Health Education & Behavior*, 48(4), 397–403. doi:10.1177/10901981211011581
- Page, G., Poirier, M. A., & Chateanuneuf, D. (2019). Being a foster-to-adopt parent: Experiences of (un)certainly and their influence on the sense of being the parent. *Adoption Quarterly*, 22(2), 95–115. doi:10.1080/10926755.2019.1579132
- Prime, H., Wade, M., & Brown, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*, 75(5), 631–643. doi:10.1037/amp00
- Robert Wood Johnson Foundation. (2020). *The impact of coronavirus on households, by race/ethnicity*. Retrieved from <https://www.rwjf.org/en/library/research/2020/09/the-impact-of-coronavirus-on-households-across-america.html>

- Rosenberg, R. S., Sun, S., Flannigan, A., & O'Meara, M. (2022). Impact of COVID-19 among young people currently and formerly in foster care. *Child Abuse & Neglect*, 123, 105383. doi:[10.1016/j.chiabu.2021.105383](https://doi.org/10.1016/j.chiabu.2021.105383)
- Thompson, H. M., Wojciak, A. S., & Cooley, M. E. (2019). Family-based approach to the child welfare: An integration of Bowen family theory concepts. *Journal of Family Social Work*, 22 (3), 231–252. doi:[10.1080/10522158.2019.1584776](https://doi.org/10.1080/10522158.2019.1584776)
- Tummala, P., & Muhammad, T. (2020). Conclusion for special issue on COVID-19: How can we better protect the mental health of children in this current global environment? *Child Abuse & Neglect*, 110, 2–3.
- Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). Foster care during the COVID-19 pandemic: A qualitative analysis of caregiver and professional experiences. *Child Abuse & Neglect*, 124, 105444. doi:[10.1016/j.chiabu.2021.105444](https://doi.org/10.1016/j.chiabu.2021.105444)
- Zografos, K. N. (2014). Health disparities and social determinants of health: Implications for health education. In M. A. Perez (Ed.), *Cultural competence in health education and health promotion* (2nd ed., pp. 59–86). Hoboken, NJ: Jossey-Bass/Wiley.