Impact of COVID-19 on resource families: Unique challenges and strengths

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Abstract

The emergence of COVID-19 forced significant adaptations for families worldwide. Children and youth in foster care and their caregivers or resource parents experience unique stressors. The current study aimed to understand the impact of the COVID-19 pandemic and "Safer-at-Home" orders on resource parents in Los Angeles County. Resource parents (n = 648) were surveyed about COVID-19 concerns, positive impact and strengths, access to and helpfulness of provided resources, visits with birth parents, children joining their families during the pandemic, and transition to telehealth. Between one-third and half of resource parents with foster or foster-adoptive children in their home reported significant anxiety about issues such as getting infected, uncertainty about the future, and financial hardship. In contrast, most resource parents reported some perceived benefits, such as increased family closeness. The most helpful resource reported was video visitation by social workers. A quarter of resource parents experienced in-person birth parent visits. Developmentally, parents with a foster or fosteradoptive child 0–5 years old reported significantly more worries related to COVID-19, while those with children of multiple ages reported feeling less valued as a resource parent and expressed more concerns about children falling behind with school, mental health and developmental services, birth parent visits, and delayed reunification. Lastly, younger parental age, fewer foster children in the home, and the less negative impact from COVID-19 a resource parent reported having were associated with an increased likelihood of resource parents welcoming a child into their home. Implications for policy and recommendations for practice are discussed.

Keywords

Child welfare, Covid 19, foster care, resource parent, wellbeing

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As the COVID-19 pandemic and resulting "stay at home" orders rolled out across the United States in March 2020, people endured unprecedented levels of isolation and quarantine, potential health issues and exposure to the virus. As the initial months of quarantine extended, uncertainty emerged about when things might return to "normal," loss of control, and grief over things lost during this time. Losses included loved ones who died from COVID-19, one's health, and milestones, small and large. Families could not hold funerals for loved ones; students lost in-person schooling, graduations, proms, athletics, and award ceremonies; children could not celebrate birthdays or engage in extracurricular activities; daily expectations and consistency were altered and disrupted. Additionally, many people lost jobs and income or could not work due to child care or virtual schooling needs, augmenting worry and ongoing stress.

For children and youth in foster care and their resource parents (including relatives, non-related extended family members, and non-relative foster parents, some of whom wished to adopt), ambiguity and loss are very familiar and added to their ongoing experience in child welfare. Resource parents are often must manage uncertainty and lack of reliable timelines for when a child in their care may return to a birth parent, when and where birth parent visits occur or when they may expect to add a new child or have an adoption finalized. Lack of control over decisions regarding a child and grief and loss as children are moved from a caregiver's home (even when it is in the child's best interests) are common experiences of resource parents. Thus, the impact of COVID-19 may be amplified and some consequences are familiar due to their role as resource parents.

While these layers of experience may place resource families at risk while dealing with added levels of adversity or trauma triggering previous experiences with uncertainty and loss, having navigated this as resource parents may also inoculate or prepare them to apply previously learned strategies to their COVID-19 response. Either way, it is clear that the impact of COVID-19 is now an added layer interwoven into life histories and trauma narratives of these children and their caregivers.

Concerns and unique factors for resource parents during COVID-19

"Safer-at-Home" orders, social distancing, and safety precautions due to COVID-19 have significantly impacted individuals' and communities' psychological and social well-being (APA, 2020). The ubiquitous nature, lack of certainty regarding duration and recovery, and lack of commonly available supports like in-person relationships, make the impact of COVID-19 unique compared to past disasters and epidemics (Osofsky et al., 2020). In the United States, COVID-19 has resulted in notable increases in anxiety, depression, substance use, and an exacerbation of previous mental health problems, with marginalized communities disproportionately affected (Gold et al., 2020; Pfefferbaum & North, 2020).

In a national survey, common themes reported by parents were loss of child care, delays in health care, change of insurance status, and food insecurity. Many reported interconnected worsening mental health for themselves and worsening behavioral health for their children (Calderon, 2020; Patrick et al., 2020). Early in the pandemic, parents indicated significant concerns about school achievement (The Education Trust, 2020), including lack of resources for virtual school, lack of communication or access to school district resources, and not having reliable internet or devices to support learning at home. Low-income families endorsed higher levels of concern about providing financially for their families. Overall, most parents reported higher levels of stress during this time, with parents of color and low-income families experiencing it more acutely (The Education Trust, 2020).

Navigating the foster care system requires the complex interfacing of resource parents with multiple systems, including legal, social service, and birth family systems, which can bring unique challenges (Goldberg et al., 2012). Under normal circumstances, resource parents experience uncertainty, lack of control, powerlessness, feelings of vulnerability, role insecurity, high levels of stress, and significant emotional strain (Eastman, 1982; Page et al., 2019); these are exacerbated by the overlay of the aforementioned COVID-19 concerns.

School closures requiring 24-hour supervision, educational guidance, need to access and utilize technology required for remote learning may lead resource parents to decide they cannot provide care, resulting in placement disruptions (Wong et al., 2020); and economic hardship may leave many older foster youth without stable housing. Disruption in routines can be detrimental for children, especially those with histories of traumatic experience and existing behavioral health challenges (Lee, 2020). This may be further complicated by disruptions in other school-based services, including social-emotional supports and counseling, special education services, physical education and extracurricular activities such as athletics and music, and opportunities for peer socialization.

Developmental considerations. Stressful situations can significantly impact youth's mental health and functioning (Lieberman, 2011), and their strengths and needs differ across developmental periods, placing different demands on caregivers. During COVID-19, children were exposed to media coverage of the pandemic, parental stress, virtual school, and loss of social and community inter-actions. While the emotional regulation skills of parents of young children mediate the relationship between children's exposure to stressful events and stress reactions, findings that parents are experiencing more anxiety than their children during COVID-19 may make this co-regulation difficult (Asbury et al., 2020). Parents with school-aged children may be particularly stressed balancing the demands of virtual school with their jobs.

Children being placed with resource families during COVID-19

A resource parent's openness to having a child join their family is related to their sense of personal locus of control and access to social support (Geiger et al., 2013). COVID-19 has decreased people's sense of control and access to in-person social supports. Geiger and colleagues (2013) found that resource parents choose not to foster when concerns about family finances and avail-ability of quality services exist; families lack emotional and practical support; experience difficulty navigating the system; or have individual-level family changes. Further, resource parents need to be acknowledged and respected, feel heard, and have clear communication. Otherwise, resource parents experience burnout, which can lead to requests for removal of children. Clearly, COVID-19 may directly impact these influences on resource parents' decisions about whether they can welcome a child into their family.

Sebba (2012) found that people's motivations for being resource parents included both intrinsic and extrinsic factors. Motivating themes include giving back to the community, religious calling, protecting children from further harm, providing loving parents, providing a sibling for an existing child, being able to make a difference in a child's life, filling an "empty nest," and recognizing the shortage of resource families for children who may need care. Factors that improve resource parent retention include knowing others who foster, supplemental payments to assist with care, and one's own past experiences with foster care (Sebba, 2012).

Birth parent visits

The American Academy of Pediatrics (Jenco, 2020) recommends that children in out of home care should continue visitation with birth families during COVID-19, and that visits should be in person as often as possible. Safety measures need to be considered to allow. Recommendations for safety measures to allow in-person birth family visits to continue during COVID-19 include screening everyone for COVID-19 before each visit, frequent hand washing, using face coverings, physical distancing, and outside visits. Barriers to these recommendations include lack of availability of support staff for screening and access to COVID-19 testing, young children having difficulty wearing masks and wanting to be physically close with family members, and underlying health conditions of any of the parties. When in-person visits cannot occur safely, virtual visits are recommended to help children stay connected to their families. Virtual visits however depend on access to devices and the internet.

In the current study, we hypothesized that resource parents would report many challenges due to COVID-19, including lack of resource availability or inability to access resources. Further, we hypothesized that resource parents would be less open to accepting new children into their family during COVID 19. We also explored the impact of COVID-19 on frequency and quality of in-person and virtual birth parent visits, resource parents' satisfaction with communication around pandemic-specific procedures and policies, what they found most concerning and most helpful during this unprecedented time, and whether findings for resource parents varied by age of children. Finally, we explored whether resource parents were finding some "silver linings" in the "Safer-at-Home" orders.

Method

Participants

Resource parents in Los Angeles County participated in this study during June 2020, approximately 2.5 months after "Safer-at-Home" orders in response to COVID-19. 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, and includes foster parents, kinship providers, foster-adoptive parents and non-related extended family members (NREFMs). As part of the concurrent planning, if it is unlikely that efforts to reunite the family will be successful, the child will be placed in a resource family (foster-adoptive) that is licensed for foster care and approved to adopt if reunification cannot be achieved.

The survey was sent out by the Los Angeles County [*masked for review*] Department of Children and Family Services (DCFS) to all resource parents. The total number of resource parents initially contacted is not known. Participants in the analytic sample were 648 resource parents, aged 18 to 80 years (Mean age: 44.89 years, SD = 10.87). Participants were predominantly female (86%) and identified as persons of color (76%). Most participants identified as heterosexual (87%), with 58% reporting they were married or living with a partner. Nearly half of participants (49%) identified as foster-adoptive parents, and 44% were affiliated with Foster Family Agencies that provide extra support to resource families. See Table 1 for details.

Procedures

This study was conducted in compliance with the Institutional Review Board at the University of California Los Angeles. An approved email script was sent out from DCFS and FFAs, inviting resource parents to participate in an online survey about the impact of COVID-19 on resource

Table 1. Demographics of study sample.

Category	Sample
Age	
Mean	44.89
SD	10.87
Gender	
% Male	14%
% Female	86%
Race	
% White or Caucasian	24%
% Latinx or Hispanic	39%
% Black or African-American	26%
% Asian or Asian-American	3%
% Pacific Islander	1%
% Mixed-Ethnicity or Other	7%
Sexual Orientation	
% Heterosexual	87%
% Gay or Lesbian	7%
% Bisexual or Pansexual	2%
Relationship Status	
% Married or living with a partner	58%
% Separated or divorced	17%
% Single	23%
% Widowed	2%
Type of Resource Parent	
% Foster-adoptive parent	49%
% Foster parent	25%
% Relative or kinship caregiver	22%
% Non-related extended family member	4%
Agency Affiliation	
% Department of Child and Family Services	56%
% Foster Family Agency	44%

parents and the children in their care. Survey links were electronic, and participants responded directly in Qualtrics. After completion of the survey, participants were asked if they would like to be directed to a separate link to receive a $20 electronic Amazon gift card in appreciation for their time.

Measures

Data was collected from resource parents 2–3 months following the onset of "Safer at Home" orders given in the Los Angeles in response to the COVID-19 pandemic. Measures incorporated and adapted questions obtained from unpublished COVID-19 surveys intended for public use, shared in the University [*masked for review*] Psychology COVID-19 Slack workspace, as well as new questions generated for this specific study and population. The public measures were disseminated at the onset of the pandemic and were intended for rapid use. Measures included 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; National Institute of Mental Health, 2020), and COVID-19: Well-Being in Cancer Patients and Survivors (Bower, 2020). Using items from the scales above and novel questions, the survey was developed to ascertain the impact of COVID-19 on resource parents in Los Angeles, understand their experiences during "Safer-at-Home," and identify resources and supports that have been helpful or are needed. All questions were general in nature and did not ask specifically about an individual child in the home.

Demographics. Participants reported their age, ethnicity, the number of foster, adopted and/or biological children in their home, and the age, ethnicity, length of time in-home, and number of previous placements for their children. For these questions, resource parents were asked to provide information for each of their children.

Exposure. Participants were asked four questions regarding exposure to COVID-19. One item was specific to them or someone in their family testing positive, while other items asked about COVID-related hospitalizations or death and anxiety related to themselves or a family member being infected or dying from COVID on Likert scale.

Control and uncertainty. Participants were asked two perceived locus of control questions regarding the impact of COVID-19 and stress related to uncertainty about the future. Responses were rated on a Likert scale.

Mental health impact and changes to daily life. Three items asked resource parents about COVID-19 worries and mental health impact and two items asked about how changes to daily life affected them overall negatively or positively, rated on a Likert scale. An additional question asked resource parents to select all applicable concerns as a result of COVID-19, including getting infected, children falling behind with school work, delayed adoption, not having enough money, and others.

Disruptions. Participants reported if they experienced a loss of income and/or financial hardship, missed or reduced hours at work due to school or childcare closures, and ability to access support through workers compensation, unemployment insurance, sick leave, or paid family leave. An item asked whether children were able to access services they needed. Two questions asked about anxiety related to job loss or primary source of income and challenges related to taking care of their children's needs while balancing personal responsibilities, rated on a Likert scale.

Transition to telehealth. Three questions were asked about the transition to tele-delivery of educational, mental health, social work, and other child services, having the resources they needed as a resource parent, resources their children needed, and perceptions related to ability to understand and assist with technology using a point Likert scale.

Perceived benefits. To measure potential perceived benefits of COVID-19 and resulting "Safer-at-Home" orders, such as family closeness and new ways of connecting with friends, participants were asked eight questions on a Likert scale.

Questions about resources and needs. The remaining questions gathered information about what resource parents found most helpful and assessed general needs. Participants noted resources they

had access to (e.g., PPE, technology, support groups, funding, social worker support, previous trainings). Additionally, they answered closed- and open-ended questions about birth parent visits, openness to welcoming a new child into their home, and communication with agencies. Open-ended questions were also asked to gain further information about helpful resources and supports needed.

Analyses. All analyses were completed using IBM SPSS Statistics software version 26. When asking about the number of children in the home, we were not able to differentiate families who have biological versus adopted children because of question format. Due to this and because we were most interested in understanding the impact of COVID-19 on current system-involved parents and children, resource parents with no children or with only biological children or children with a finalized adoption ($n = 117$) were excluded from analyses. Thus, only resource parents with one or more foster, kinship, or foster-adoptive children currently in their care were selected ($n = 476$) from the overall sample for descriptive and developmental analyses.

Descriptive statistics were gathered on the impact of COVID-19 on resource parents, resource parent concerns, access to and helpfulness of provided resources, birth family visits, and satisfaction with communication regarding procedures and policies. Because resource parents answered general questions about children in their care, it was not possible to know if they were speaking to their experiences with an individual child or all of them. A series of factor analyses was used to create composite scores for impact of COVID-19, resource parent concerns, and helpfulness of resources to enable more meaningful interpretation. Reported percentages indicate resource parents who endorsed an item above neutral on a Likert scale.

To ascertain differences based on age of children in the home regarding the impact of COVID-19, resource parent concerns, and helpfulness of resources, specific age variables were created; having a child 0–5 years old only, 6–12 years old only, 13–18 years old only, and children of multiple ages. Multiple regressions were then used to test if age of child predicted resource parent composite scores.

Lastly, using the entire sample of resource parents ($n = 648$), a logistic regression was performed to assess any statistically significant associations between selected independent variables and resource parent willingness to welcome a new child into their home during COVID-19.

Results

Descriptive factors

Factor analyses with promax rotation were used to extract discrete composites from the data. Factors with eigenvalues greater than 1 and items with factors loadings greater than .60 were retained (Matsunaga, 2010). To ensure factors were distinct and measuring different domains, items with crossloadings greater than .30 were eliminated. Items on a Likert scale assessing the impact of COVID-19 yielded four factors: COVID-19 Worries, Coping Challenges, Positive Impact of COVID-19, and Resource Parent Experiences and Feeling Valued. Items on a Likert scale assessing helpfulness of resources for respondents with access to the resource yielded three factors; Tangible Resources, Social Worker Support, and Funding. Items coded as "0" or "1" assessing resource parent concerns (0 = not a concern, 1 = concern) yielded four factors; Getting Infected or Sick, Financial, Falling Behind, and Family Conflict. Items for each factor can be found in Tables 2 and 3 and Figure 1. Descriptive data is presented below.

Table 2. Impact of COVID-19 on resource parents by factor.

Factor/Item	Resource Parents Endorsing Item*
COVID-19 Worries	
I am concerned about a family member or close friend being infected or dying from COVID-19.	47.3%
I feel I have no control over how COVID-19 will impact my life.	36.8%
I feel anxious about being infected or dying from COVID-19.	31.6%
Coping Challenges	
I have had difficulty taking care of my children's needs (e.g., providing care, supervising schoolwork) and/or balancing their needs with other responsibilities due to COVID-19.	32.6%
How has your mental/emotional health been influenced by the changes to daily life as a result of COVID-19?	32.5%
Positive Impact	
I have greater appreciation for my family and close friends.	80.8%
I have found new ways of connecting with family and friends.	80.1%
I have deeper appreciation for life.	79.6%
I have been more grateful for each day.	79.2%
I have been more accepting of things I cannot change.	73.9%
Shelter-in-place has helped our family grow closer.	67.1%
Resource Parent Experience and Feeling Valued	
My past experiences with uncertainty and loss as a resource parent have given me skills to help deal with COVID-19.	54.9%
I feel like I am more valued as a resource parent (e.g., by DCFS, the courts, my FFA) since COVID-19.	29.6%

Impact of COVID-19 on resource parents

At the time of survey completion, approximately 4% of resource parents reported testing positive for COVID-19. Almost half expressed concern about a family member or close friend getting infected, and approximately one-third reported feeling like they have no control over how COVID-19 and resulting changes to daily life have affected their mental health in a negative way. Despite reported challenges, almost 85% of resource parents reported at least some positive effect on their lives due to COVID-19, and over half said that their past experiences with uncertainty and loss as a resource parent has given them skills to deal with COVID-19. See Table 2 for impact of COVID-19 organized by factor.

Resource parent concerns

Resource parents reported being most concerned about their family getting sick (60%). Over 40% of the sample reported income loss and/or financial hardship as a result of the pandemic; two-thirds reported they could not get support through worker's compensation or unemployment insurance at the time of the survey, and over three-quarters did not receive paid family leave if missing work due to school or child care closures. More resource parents were concerned about their children falling behind with their schoolwork or mental health and/or developmental services than falling behind with work themselves. Further, resource parents were more concerned about conflict between children in the home during COVID-19 than conflict between adults and children. Other

Table 3. Resource parent concerns by factor.

Factor/Item	Resource Parents Endorsing Item
Getting Sick or Infected	
Family might get sick	60.6%
Getting infected	48.5%
I might get sick	36.4%
Friends might get sick	30.9%
Financial	
Not having enough money	25.4%
Losing a job	24.8%
Not having enough to feed my family	13.6%
Falling Behind	
Children falling behind with schoolwork	54.7%
Children falling behind with treatment	41.3%
Unable to support in-person birth parent visits	11.4%
Delayed reunification	11.7%
Family Conflict	
Conflict between children	15.3%
Conflict with children	9.3%

reported top concerns that did not load onto any factors included not seeing loved ones in person and missing important events, with 55% and 46% endorsing these items, respectively. See Table 3 for resource parent concerns organized by factor.

Access to resources and helpfulness of provided resources

Of all tangible resources, resource parents reported having most access to resources from the school district (78.3%), which a majority found helpful. Of other resources surveyed, resource parents reported having the most access to social workers who advocated for them (80.4%), with over half finding it helpful. The most helpful resource overall reported by resource parents was video visitation by social worker. See Figure 1 for information about access to and helpfulness of resources organized by factor.

Other. In a separate question, resource parents were asked if they were offered a support group specific to resource parents (See Figure 2). A total of 26% of resource parents said resource parent-specific support groups were offered during this time. Of those who attended, nearly all (93%) found it beneficial.

Additional information about resource parent experiences

Birth parent visits. During Safer-at-Home, half of resource parents reported not having in-person birth family visits and having no plan to. Twenty-one percent reported that although they had not had visits yet, they planned to do so. Of the 24% of resource parents who had in-person birth family visits, 81% of them felt that appropriate safety precautions were taken. Approximately half (52%) of resource parents felt that virtual visits were as productive and 47% reported they were attended with about the same frequency as in-person visits. Participants reported that to be open to in-person
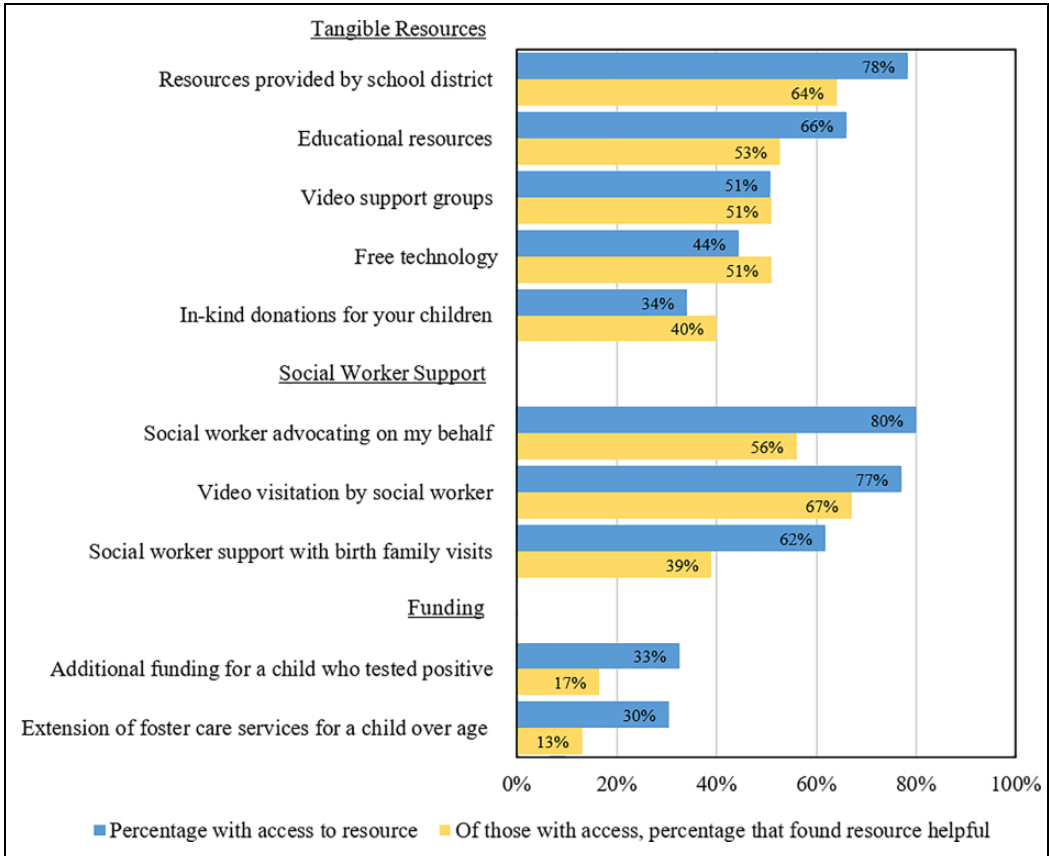
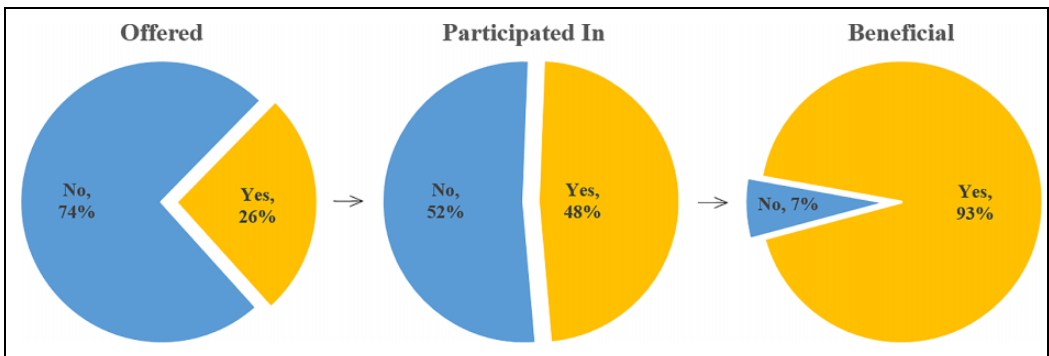**Figure 1.** Access to and helpfulness of resources by factor.

Figure 2. Resource parent support groups.

birth parent visits, they requested that social workers provide transportation for the child and monitor the visits, and more protocols from DCFS to reduce exposure to COVID-19 and enforce all safety guidelines. Other issues were finding locations for visits to occur given public health guidelines and lack of access to COVID-19 testing.

Communication and social worker visits. Over one-third (36%) of resource parents said they were not informed about procedural and policy changes related to COVID-19. When they did receive communication, the most useful forms were phone (33%), email (27%), virtual face-to-face meetings (22%), and text (17%). During Safer-at-Home, both DCFS and FFA social worker visits still occurred. For DCFS, 43% of visits occurred in-person, 42% over video, and 14% via telephone. For FFAs, 28% of visits occurred in person, 50% over video, and 22% via telephone.

Age group differences

Age variables were created to determine whether or not respondents had foster or foster-adoptive children ages 0 to 5 only ($n = 178$), 6 to 12 only ($n = 90$), 13–18 only ($n = 71$), and children across age categories ($n = 104$).

Then, multiple regressions were used to test whether age of foster and foster/adoptive children in the home predicted resource parent composite scores, controlling for the total number of children in the home and dummy-coded resource parent demographic variables (i.e., age, race, gender, sexual orientation, relationship status, and type of resource parent). The regression revealed that parents with only children 0–5 years old reported significantly more in COVID-19 Worries ($\beta = .990, p < .01$), accounting for 12.7% of the variance. Conversely, parents with only 6–12 year old children reported significantly less COVID-19 Worries ($B = -.979, p < .01$), accounting for 12.0% of the variance. Those with children of multiple ages reported significantly lower Resource Parent Experience and Feeling Valued ($B = -.522, p < .05$), accounting for 10% of the variance, and more concerns about Falling Behind ($B = .300, p < .05$), accounting for 10.8% of the variance.

Willingness to welcome a new child during COVID-19

Using the entire sample, inclusive of all resource parents, a logistic regression was performed to ascertain the effects of age, ethnicity, relationship status, type of resource parent, number of foster children in the home, income and/or financial hardship, difficulty taking care of a child's needs or balancing needs and responsibilities, and reported negative impact of COVID-19 on resource parent willingness to welcome a child into their home during COVID-19. Missing cases were excluded using listwise deletion ($n = 168$). There are very few differences between the unadjusted (bivariate) results and the full model. The binary dependent variable was coded "yes" or "no" to willingness. The full model containing all predictors was statistically significant, χ^2 (df $= 15$, $n = 471$: yes $= 257$: no $= 214$) $= 48.13, p < 0.01$, indicating that the model was able to distinguish between respondents who were or were not willing to welcome a child into their home. The model explained 15.5% (Nagelkerke R^2) of the variance in willingness and correctly classified 65.6% of cases. Younger parental age, fewer foster children in the home, and the less reported negative impact from COVID-19 were associated with an increased likelihood of resource parents welcoming a child into their home. Foster parents and NREFMs were more likely to welcome a child than

foster-adoptive parents. Race, relationship status, income and/or financial hardship, and difficulty taking care of children's needs were not significant factors. See Table 4 for complete results.

When resource parents who reported willingness to welcome a child into their home during the pandemic were asked what led them to say yes, several themes emerged. Top themes included a general desire to help (e.g., "Our desire to help children in need") and children deserving a safe and loving home (e.g., "Children need a safe place especially during this time"). Other themes included taking care of family (i.e., kinship caregivers), feelings that the process should not be put on hold, and having space in the home.

Further, those who said they were unwilling to welcome a child into their home during the pandemic were asked what would have helped them say yes. Many responses were related to health and system-level processes, including assurance regarding testing and infection status, information about and precautions pertaining to birth parents and previous placements, resource availability for school, services, and health, communication about safety and policy guidelines, and COVID-related delays (e.g., certification processing). Additional oft-cited responses included needing additional room and space to support a child. Other things that would have helped people say yes included testing and medical clearance to ensure health and safety, reassurance regarding the availability of resources to support another child, and approval from the department to have an additional child placed.

Discussion

Impact of COVID-19 on resource parents

In general, between 30–50% of resource parents with foster children reported significant anxiety about COVID-19 infection, uncertainty about the future, and financial hardship. While concerns endorsed by more than 50% of respondents, such as family members getting sick, children falling behind in schoolwork, and not being able to see loved ones, would seem typical of all families during the pandemic, given the special stressors and considerations of resource parenting, it is striking that these figures were not higher. This may reflect possible optimism and resilience on the part of resource parents, alongside appropriate apprehension about an uncertain situation with a novel virus causing a crisis of significant scale and indefinite timeline.

Somewhat surprisingly, most resource parents reported that COVID-19 also had some overall positive effects. A majority reported greater appreciation for family and friends, new ways of connecting with them, more appreciation for life, gratefulness for each day, and acceptance of things that cannot change. This optimism in the face of adversity may be related to resource parent beliefs that they can help children in need of nurturance, safety, and stability in the foster care system. It may also indicate previous experience successfully managing crisis and adversity as resource parents. This survey was completed during the early months of the pandemic, and thus responses as it continued and worsened may have been different.

Unique factors for resource parents during COVID-19

Birth parent visits. While half of resource parents reported having birth parent visits during Safer-At-Home, 24% reported in-person and 31% reported virtual visits. Most families who had in-person visits felt that appropriate safety precautions were taken, though some reported concerns about whether birth parents were following safety rules and whether any in-person visits with infants

Table 4. Logistic regression for willingness to welcome a new child during COVID-19.

	Unadjusted (Bivariate)			Full Model		
	OR	S.E.	Wald	OR	S.E.	Wald
What is your age?	.975*	.008	9.704	.961*	.011	14.052
Race			12.096			4.021
White	1.0			1.0		
Black or African-American	.614	.371	1.724	.752	.430	.439
Hispanic or Latinx	1.291	.374	0.467	1.207	.443	.180
Asian or Asian-American	1.183	.357	0.221	1.207	.417	.204
Mixed Ethnicity or Race	1.228	.545	.142	1.071	.671	.010
Relationship status						4.281
Single (Never Married)	1.0			1.0		
Married or live in partner	0.91	.217	.19	.786	.344	.493
Widowed	1.552	.578	.579	.867	.297	.230
Separated or divorced	0.887	.281	.182	2.919	.639	2.808
Type of resource parent						8.097
Foster-adoptive Parent	1.0			1.0		
Foster parent	1.761*	.219	6.656	1.755*	.259	4.727
Non-related extended family member	2.019*	.254	7.664	1.857*	.298	4.299
Relative caregiver	.0755	.479	.345	.682	.568	.453
Number of foster children in home	.819*	.082	5.959	.822*	.093	4.412
Difficulty taking care of my children's needs due to COVID-19	.805	.070	9.641	.860	.085	3.190
Experienced loss of income and/or financial hardship						
No	1.0			1.0		
Yes	1.187	.172	1.0	1.282	.213	1.364
Negative effects of COVID-19	0.660*	.079	21.877	.739*	.098	9.576

*$p < .05$; Full Model $\chi^2 = 57.933$, $p < .01$; Nagelkerke Pseudo-$R^2 = .155$.

were safe given the amount of close physical contact with infants during visits. More respondents felt that virtual visits were as productive and were attended with about the same frequency as in-person visits than those who did not. Both birth parents and resource parents may benefit from coaching around in-person safety protocols that can be quickly updated to be aligned with the most recent CDC guidelines, and on how to make virtual visits as developmentally engaging as possible.

Of the 62% of families who received social worker support with birth family visitation, 39% reported that it was helpful. While our data does not allow comparison of percentage of birth parent visits pre- and post-COVID, virtual visits seem to have expanded the ability to maintain continuity with birth families for at least some children in care. Training and coaching social workers as well as birth parents and resource parents on how to utilize technology creatively, using engaging and developmentally appropriate tele-activities tailored to children's age and cognitive level, could maximize a sense of connection during virtual birth family visits would help virtual visits closely approximate in-person visits when families cannot be together. What we learn now about making virtual visits more positive, productive, and connected can play a critical role in post-COVID-19 child welfare practice when external circumstances such as birth parent relocation or transportation difficulties exist.

Resource availability for resource parents. About 3/4 of resource parents had access to social workers who advocated for them, and of those who had access, 56% found it helpful. The most helpful resource reported by resource parents was video visitation by social workers, with over half indicating it was helpful. While only about one-quarter of families were offered a resource parent support group, nearly all of those who attended found the virtual support groups to be quite helpful. Virtual social worker visits and virtual support groups are two concrete areas that systems serving children in kinship and foster care can augment to support resource families during the ongoing pandemic. Continuation of virtual support groups post-pandemic would allow easier participation and involvement of parents from a wide geographic area, effectively expanding this useful service.

Similarly, virtual social work and birth parent visits can extend contact when in-person visits are risky. While half of resource parents felt that virtual birth parents visits were productive, virtual visits would most likely feel like an inadequate solution for birth parents and their children. In addition, virtual visits require technology and skills that parents may not be able to access. It would be helpful to collect health data on birth and resource parents and children following socially-distanced and masked in-person visits to judge if these visits can safely take place, and to examine the impact of not being able to have birth parents and their children hug, hold hands and be physically affectionate, on satisfaction with visits.

Age group differences

Families with young children reported more negative impacts of COVID-19, including anxiety about getting infected, lack of control, and stress related to uncertainty. This may reflect that working from home would be less feasible for those with infants and preschoolers than for older children who were in remote learning situations. Anecdotally, parents report that Zoom preschool and telehealth are not effective due to difficulties with attention and keeping very young children in the same room as the screen. Those with 6–12 year old children reported decreased concerns about getting infected or sick, which might reflect that school age children are generally more self-sufficient than infants and preschoolers, so parental illness would impact daily functioning less for these families. Resource parents with children across age groups felt less valued as resource parents, felt that their experiences as a resource parent were less helpful in dealing with COVID-19, and were more concerned about falling behind with birth parent visits and their children falling behind in school and mental health and developmental services. It is unclear whether these findings reflect stress of the different developmental needs of the children in the home, or simply reflects having more children without potentially having more resources.

Children joining resource families during COVID-19. Overall, 54% of all resource parents indicated willingness to take a new child into their family during this early stage of the pandemic. Those who had no children currently placed in their family expressed the greatest willingness to receive a new child during the pandemic; foster parents, NREFMs, and younger resource parents were generally more willing to welcome a child than foster-adoptive caregivers and older resource parents. It is not surprising that those with no children in their home would be more willing to accept a child than those who already have children. Possibly foster parents are more willing to have a new child during COVID-19 because they are used to children coming and going, while foster-adoptive parents may be looking to provide permanency for a child through foster-adoption. It also makes sense that NREFMs would be more willing to accept a particular child whom they already know and to whom they are attached. Younger resource parents may be more willing to care for a new

child as they may see themselves at less risk for serious symptoms or complications to COVID-19. Not surprisingly, those experiencing less negative impact due to COVID-19 expressed more willingness to accept a new child into their home.

Those willing to accept a child into their family during this time mirrored existing literature on why people become resource parents, such as children needing a safe and loving home and the household being in a good position to care for another child. When resource parents who endorsed that they would *not* be open to a child joining their family during this stage of the pandemic were asked what would help them feel willing to do so, the responses were more COVID-19 and system-level communication-oriented. They expressed the need to know if the child had tested negative for COVID-19, information about any precautions taken by birth parents or previous caregivers, and access to additional resources for remote schooling, virtual services, and/or care for health needs of children who become sick. They also noted a lack of clear communication from DCFS about safety and policy guidelines and how to move forward during COVID-19 made them hesitant to proceed, and also brought up the impact of COVID-related delays. Because of court closures and delays in making plans for children already in their care, resource parents may have found it difficult to be open to another child joining them without legal updates and clarity about future status and plans for the children already in their care.

Limitations

While this study had many participants, there was no control group of non-resource parents to gauge whether the same concerns and positive outlook would occur. Similarly, a national comparison group of resource parents in different jurisdictions was not available. In addition, it is unknown how many total resource parents were invited to the participate in the survey, and thus how many opted not to participate. Therefore, a non-response analysis could not be performed, impacting generalizability of these results. Due to how the survey was distributed, it is unknown if more than one caregiver responded per household, and thus some responses may not be independent. Further, information about parent characteristics was limited, and some question formats precluded detailed analyses. For example, it was not possible to determine how many biological versus adopted children a family currently was caring for, nor to determine if resource parents were referring to biological, adopted, or foster-adoptive children when answering some questions. Also, respondents were not prompted with a definition of family when answering these questions, and thus responses may or may not be inclusive of the children in their care. For developmental analyses, age groups were only able to compare those who had a child a certain age versus those who did not, as opposed to comparing age groups to each other, and resource parents may have children across age categories.

Future research directions

The current study provides a snapshot of resource parents' feelings, including concerns and silver linings near the beginning of a pandemic that people did not expect to last this long. Following up the same large group of parents with a survey after a year of pandemic restrictions, COVID-19 fatigue, and the amount of illness and death that would have been unthinkable 1 year ago, would be very instructive. For example, would the positive feelings about spending more time with family diminish after struggling with virtual learning, extended loss of peer contact, and increased mental health problems such as anxiety and depression? What was the experience of parents who did take

in a new child during the pandemic? Were different supports for parents useful as the months dragged on than were seen as helpful early on? It would also be helpful to gather qualitative data about the resource parents' experience over time through focus groups or open-ended survey questions.

Future research should include a group of biological parents matched for child age and other relevant variables with the group of resource parents to be able to assess how levels and types of stressors and supports varied among the two groups of parents, if at all. This would allow better utilization of resources specifically needed by this group of parents who are caring for highly vulnerable children in the foster care system, most with significant trauma backgrounds.

Improvement of some survey questions and formats utilized to assess areas of concern and needed supports would also be useful in future research. While the current study used a checklist format, more information could be gleaned from either rank ordering or use of Likert-type scales. Data from the original survey could also help focus the areas surveyed and eliminate some for which there was little or no variance. Additionally, some questions about children were general in nature and did not ask specifically about individual children or categories of children (e.g., foster, biological). It is possible that resource parents were better able to take care of the needs of some children and not others.

Given that our model explained 15.5% of the variability in willingness to welcome a child during COVID-19, it is apparent that other factors not examined in this study are important. We conjecture that system policies, procedures, and safety-related factors, as well as knowledge and information regarding schooling models, COVID-19 testing and vaccine availability would significantly contribute to this model. Given that our survey was administered in the beginning of the pandemic, much of this information was not available. Thus, future research should further examine the impact of these factors on resource parent willingness to welcome a child into their home. Further, it is notable that foster parents and non-relative extended family members were more likely to welcome a new child into their home during COVID-19 than foster-adoptive parents. This is an area that is important to explore further to better understand why this may be, especially considering that many jurisdictions report having difficulties recruiting new foster parents at this time.

In addition, it would be extremely useful to also survey the children and youth in care who experienced the uncertainty and fear of the pandemic along with the uncertainty, ambiguity, trauma and myriad of emotions that arise from birth family separation and likely decreased visitation, possible multiple placements, and further traumatization. Interviews with a subset of children and youth to further clarify and understand their COVID-19 experiences in depth would be invaluable in helping develop supports as the current pandemic continues as well as preventive strategies for novel community crises that may arise in the future. Surveys of social workers would also yield important information about service needs and resources.

Conclusion

While resource parents had many concerns about the impact of COVID-19 on their family members' and friends' health, their children's ability to learn, their financial situation, and their ability to juggle parenting, remote learning, and their own work, their resilience and optimism stood out as rays of hope. The large majority of the resource parents felt the pandemic brought their family closer together, and they were grateful for each day as well as more accepting of the things they could not change. Being a caregiver for children who have experienced trauma, grief, and loss

requires strength and fortitude to provide stability and nurturance and may have prepared resource parents to get through this current adversity. Especially if resources and supports are more available in crises such as the pandemic, resource parents can be of invaluable assistance in providing nurturance and safety to our most vulnerable children.

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