

ORIGINAL ARTICLE **OPEN ACCESS**

Left Behind in Lockdown: A Scoping Review of COVID-19's Impact on the Lives of Transition-Age Foster Youth

Johanna K. P. Greeson^{1,2}  | Sarah Wasch²  | John R. Gyourko³  | Antonio R. Garcia⁴  | Hannah Bennett²  |
Kate Greco²  | Liya Cha² 

¹School of Social Policy & Practice, University of Pennsylvania, Philadelphia, Pennsylvania, USA | ²The Field Center for Children's Policy, Practice & Research, Philadelphia, Pennsylvania, USA | ³Department of Social Work, James Madison University, Harrisonburg, Virginia, USA | ⁴College of Humanities & Social Sciences, North Carolina State University, Raleigh, North Carolina, USA

Correspondence: Johanna K. P. Greeson (jgreeson@upenn.edu)

Received: 30 April 2025 | **Revised:** 9 September 2025 | **Accepted:** 16 February 2026

Keywords: ageing out | COVID-19 pandemic | foster care | mental health | scoping review | vulnerable populations

ABSTRACT

This scoping review asked: *What is known about the scope and nature of research on the COVID-19 pandemic and its effects on older youth with foster care experience in the United States, including the types of studies, samples and outcomes examined?* Guided by the Joanna Briggs Institute framework and PRISMA-ScR, we searched 11 databases and grey literature sources (October 2024 to January 2025). Eligible studies were United States based, published from 2020 onward and included primary data on foster youth or relevant professionals. Thirty-two studies met inclusion criteria. Most studies were descriptive or cross-sectional, reflecting early phases of the pandemic. Mapping of study characteristics showed variation in design, sample composition and focus. Still, descriptive findings consistently pointed to disruptions in employment, education, housing, mental health and social relationships. Subgroups—including youth of colour, LGBTQ youth and females—were disproportionately affected. Although largely descriptive, this evidence base reveals where systems most often failed foster youth during COVID-19 and highlights domains most in need of reform. Findings suggest the value of expanding housing and educational supports, improving access to mental health care and embedding rapid-response mechanisms for both crisis and non-crisis times. By mapping what is known and naming what remains uncertain, this review provides a foundation for future research and policy action to ensure foster youth are not left behind.

1 | Introduction

Beginning in early 2020, the COVID-19 pandemic introduced profound and far-reaching disruptions across the United States, intensifying social, emotional and financial hardship for millions. Among the most severely affected were marginalized populations, particularly older youth with foster care experience (i.e., individuals with some history of out-of-home placement through the child welfare system in foster homes, group homes or residential care), who entered the crisis with pre-existing vulnerabilities. A growing body of early evidence revealed that this group disproportionately struggled with unmet basic needs,

including food and housing insecurity, job loss, educational disruption and lack of access to social and emotional supports (FosterClub 2020; Greeson et al. 2020; Rosenberg et al. 2022). Despite early documentation of these issues, little is known about how the pandemic's effects have unfolded over the past 5 years.

While early challenges faced by youth transitioning out of foster care during the pandemic have been documented, trends and disparities in employment, housing stability, education, mental health and social connections remain critically underexamined 5 years later. In this scoping review, we explore the impact of

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2026 The Author(s). *Child & Family Social Work* published by John Wiley & Sons Ltd.

COVID-19 on older youth in and ageing out of foster care (ages 16 to 24 years) in the United States since March 2020.

The purpose of this study is to systematically identify and map the breadth of research examining the COVID-19 pandemic's intersection with the lives of older youth in and ageing out of foster care. As is typical of scoping reviews, our primary aim is to describe study designs, samples, and methodological approaches to clarify concepts, assess knowledge gaps and understand the research landscape; a secondary aim is to synthesize what the literature reveals about the pandemic's impacts across domains such as housing, education, employment, mental health and relationships. By doing so, this review may help illuminate opportunities for targeted policy and practice reforms, including expanding housing supports beyond age 18, strengthening campus-based programs and financial aid, investing in accessible mental health services and creating flexible employment pathways. It may also highlight the value of rapid-response supports—such as emergency cash assistance or housing stabilization funds—that can be activated in future crises and adapted to address ongoing instability in non-crisis times, offering guidance for building more resilient and equitable systems of support for foster youth as they transition to adulthood. In short, this review maps what we know, names what we do not, and points towards what must come next—because when foster youth are excluded from planning and policy, they are left behind.

2 | Literature Review

2.1 | Older Youth in Foster Care

The transition to adulthood is a well-established period of vulnerability for youth ageing out of foster care. Extensive research has documented elevated risks in this population across multiple domains, including economic and housing instability (Nadon et al. 2024), lower educational attainment (Osgood et al. 2010; National Foster Youth Institute 2025), limited access to physical and mental health care (Courtney, Dworsky, Cusick, et al. 2007), early pregnancy (Battista 2024), involvement in the criminal justice system (Yang et al. 2017) and substance use (Battista 2024). These outcomes are consistently linked to systemic disadvantages and limited opportunities to acquire essential life skills prior to exiting care (Courtney, Dworsky, Cusick, et al. 2007).

Casey Family Programs (2001) describes a framework that organizes the challenges of ageing out of foster care into seven unique domains: **(1) Employment and Finances**—older youth in foster care struggle to maintain stable employment and financial stability; **(2) Education**—youth in foster care often experience low educational retention and graduation rates, high truancy and academic instability; **(3) Housing**—youth exiting foster care struggle to find and maintain appropriate housing; **(4) Life Skills**—older youth have inadequate opportunities to learn tangible and intangible life skills prior to exiting foster care; **(5) Community Connections and Supportive Relationships**—transition-age youth often lack supportive adult relationships for guidance and emotional support; **(6) Cultural and Personal Identity Formation**—removal from family and friends can create individuation and separation issues for youth in foster

care; and **(7) Health and Mental Health**—youth exiting foster care have a pressing need for highly intensive and specialized health services. Frameworks such as these seven life domains are a helpful rubric for considering areas for intervention or attention that youth ageing out of foster care must address for a successful, well-rounded life (Casey Family Programs 2001).

Evidence also demonstrates that remaining in care beyond age 18 is associated with more favourable outcomes, including greater financial stability, higher educational attainment, increased housing and food security and fewer high-risk behaviours (Courtney et al. 2021; National Youth in Transition Database 2019; Okpych and Courtney 2019). Supportive relationships with caring adults have similarly been shown to buffer the impact of adversity and promote better outcomes across multiple domains (Graham et al. 2015; Greeson 2013; Jones 2014).

Nevertheless, persistent inequities in service access and outcomes remain, particularly for youth with marginalized identities. Black youth are disproportionately excluded from independent living services and face greater barriers to accessing mental health care, while also experiencing elevated risks for unemployment, homelessness and criminal justice involvement (Okpych 2015; McMillen et al. 2004; Kennedy et al. 2023). LGBTQ youth—especially those who are also black—report higher rates of housing instability and discrimination-related stress, compounding their vulnerability as they exit care (Morton et al. 2018; Paul 2020; Grooms 2020).

Although programmes like the federally funded Chafee Foster Care Program for Successful Transition to Adulthood aim to address these disparities, inconsistent implementation and inequitable access limit their effectiveness (Dworsky n.d.). These ongoing disparities underscore the need for continued research and targeted policy interventions to promote equitable outcomes for all youth ageing out of foster care.

2.2 | The Impact of COVID-19

The COVID-19 pandemic presented significant social and economic challenges for individuals, families and communities across the United States. Rates of unemployment (U.S. Bureau of Labor Statistics 2021), food and housing insecurity (Kim 2021; Niles et al. 2020), risk for extreme poverty (World Health Organization 2020) and inaccessibility of healthcare (Pujolar et al. 2022) peaked as the face of daily living drastically changed. The combination of increased financial stressors and strict isolation directives paved the way for a mental health crisis for many Americans. Drastic changes in routine and socioeconomic stability led to heightened reports of stress, anxiety and depression during 2020 and 2021 (Mayo Clinic 2024). However, this was particularly evident among Gen Z adults (individuals born between 1997 and 2012) (Lee et al. 2020). In 2020, Gen Z reported average stress levels of 6.1 out of 10, compared to 5 for all other adults (American Psychological Association 2020). This can be attributed to the pandemic disrupting life at a pivotal point for transition-age youth, with 87% identifying educational adjustments as a significant source of stress and 67% describing difficulty planning for the future (American Psychological Association 2020).

Research indicates that during the pandemic, unemployment rates dramatically increased for 16 to 24 year olds in the United States, rising more than threefold from 7.7% in February 2020 to 25% in May 2020 (Inanc 2020). Studies showed that male, Hispanic, and African-American youth were at the highest risk for unemployment compared to female, Asian, and white youth (Inanc 2020). Correlations have also been drawn between the pandemic and young people's struggles with mental health and well-being (Attwood and Jarrold 2023; Palmer et al. 2023), educational attainment (Annie E. Casey Foundation 2024), and developmental transitions (Bell et al. 2023).

The pandemic's impact on young adults enrolled in higher education was particularly evident in the Hope Survey Report of college students, which found that roughly three in five students experienced basic needs and housing insecurity in Fall 2020 (The Hope Center 2021). In addition to subsequent trends of decreased postsecondary enrollment, researchers saw the inequitable impact that this academic crisis had on marginalized populations, such as black and Native American students (The Hope Center 2021). Cumulatively, these findings underscore the profound and disproportionate impact of the COVID-19 pandemic on older youth and young adults in the United States. With no studies to date having synthesized outcomes for older youth in foster care since the pandemic, current practices and policies may not address pressing needs and challenges for this vulnerable population. Our scoping review will build on the existing literature to inform future policy and practice.

2.3 | Study Objectives

The aim of this scoping review was to assess the current state of empirical knowledge regarding the consequences of the COVID-19 pandemic for older youth with foster care experience in the United States. Guided by a single research question—*What is known about the research conducted on the COVID-19 pandemic's impact on older youth with foster care experience, including the types of studies, samples and outcomes examined?*—the review's primary objective was to systematically identify and map the breadth of studies published between 2020 and 2025, including their designs, samples and methodological approaches. A secondary objective was to synthesize what these studies reported about pandemic-related impacts across key developmental and life course domains such as housing, education, employment, mental health and relationships. This dual focus reflects the purpose of a scoping review: to clarify the contours of the evidence base, highlight gaps in knowledge and provide a foundation for future research and policy development.

3 | Methodology

We selected a scoping review methodology for this study to provide a comprehensive overview of primary research data on the impact of COVID-19 on older youth in and recently aged out of foster care. Our aim was to synthesize data about individuals with lived experience in foster care as they navigated the transition out of the foster care system amid the pandemic's challenges. By systematically assessing the scope, breadth and nature of research activity on this topic, our study aimed to inform future

advocacy efforts, identify critical knowledge gaps that warrant further investigation and guide the development of innovative support services. We followed the Joanna Briggs Institute (JBI) framework to ensure a systematic and comprehensive exploration of the literature (Peters et al. 2020). This framework provides structured guidance for defining the research question, establishing eligibility criteria, systematically identifying and selecting studies, charting data and synthesizing findings to map the extent and nature of the literature.

Study selection followed a two-stage screening process (title/abstract and full-text reviews) based on predefined inclusion and exclusion criteria. Data extraction and synthesis were conducted using a standardized charting form to summarize key findings. The review was reported in accordance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines (Tricco et al. 2018), use of which promotes transparency and rigour by ensuring systematic documentation of search, selection and synthesis processes.

3.1 | Eligibility Criteria

Eligible studies were English-language peer-reviewed journal articles and government or private agency reports, conducted in the United States and published in 2020 or later, that reported or analysed primary information about the impact of the COVID-19 pandemic on older youth (ages 16–24) with foster care experience (i.e., any history of out-of-home placement in the United States). Quantitative, qualitative and mixed methods study designs were included if the sample included youth aged 16–24 with foster care experience or foster care professionals (e.g., public child welfare agency caseworkers; social workers at non-governmental youth-serving agencies; and prospective, current and former foster caregivers) describing the impact of the pandemic on their work with this population. We excluded studies that did not address youth in the target age range or describe direct impacts of COVID-19. Dissertations and theses, foreign language or foreign country-related scholarship were also excluded. Dissertations and theses were excluded to ensure consistency, accessibility, and peer-reviewed rigour across sources. International studies were excluded because the review focused on US social policies and service contexts, which differ substantially from those of other countries. We further excluded systematic reviews, meta-analyses and studies that analysed secondary or administrative data only, given that such sources do not include information gathered directly from individuals impacted by the pandemic. Studies featuring some combination of administrative data and primary research data were included if the sample met our eligibility criteria.

In synthesizing research in which information was collected directly from foster care service recipients or providers, our aim was to centre the voices and lived experiences of youth and young adults who have personally navigated out-of-home care. We sought to synthesize research that captures subjective perspectives, narratives and self-reported outcomes—elements that are often absent in administrative records. Administrative data, while important, typically reflect information recorded by service providers or agencies and may not fully capture the

complexity, nuance or meaning of service recipients' lived experiences. Prior research has highlighted the importance of participatory and youth-centred research approaches in child welfare, emphasizing that directly engaging individuals with lived experience can offer unique insights into both challenges and strengths that may be overlooked in administrative data analyses (see, e.g., Gyourko et al. 2024; Tajima et al. 2022). Our inclusion criteria were thus intentionally designed to privilege studies in which data were collected directly from youth or adults with foster care experience, whether through interviews, surveys, focus groups or other participatory methods. This approach aligns with a growing emphasis in the field on elevating lived experience as a critical source of knowledge for policy, practice and research.

3.2 | Information Sources and Search Strategy

A structured search strategy, designed by the lead author (J.K.P.G.) with input from all authors, was implemented between October 2024 and January 2025 across 11 scholarly databases, including PubMed, PsycINFO, ERIC, SCOPUS, Google Scholar, Web of Science, Social Work Abstracts, Family Abstracts, Sociological Abstracts, EBSCO and ProQuest. The selection of databases reflected the interdisciplinary scope of this review, which spans health, psychology, education and social work. PubMed, Web of Science and SCOPUS ensured coverage of public health and multidisciplinary research, while PsycINFO and ERIC captured literature on mental health and educational outcomes. Social Work Abstracts, Family Abstracts and Sociological Abstracts provided access to studies rooted in child welfare, social work practice and broader social science perspectives. ProQuest and Google Scholar broadened the search to include emerging and less traditional scholarship, and grey literature sources were searched to capture timely practitioner and organizational reports produced during the pandemic. Together, these sources maximized the likelihood of identifying relevant research across the key domains affecting foster youth.

Our search was further supplemented by targeted academic reference list searches and grey literature searches. The search strategy incorporated keyword phrases such as 'older youth', 'youth aging out of care' and 'foster care' with the study operationalizing this search string to capture subjects aged 16 to 24 during and immediately following the COVID-19 pandemic (Annie E. Casey Foundation 2025). A representative search string, which was utilized and adapted as necessary, included: ('COVID-19' OR 'coronavirus' OR 'pandemic') AND ('older youth' OR 'youth aging out of care' OR 'foster care') AND ('impact' OR 'effects').

3.3 | Study Selection/Screening

Covidence was utilized as the primary platform for managing the scoping review process. As a web-based software platform, Covidence is designed to streamline systematic and scoping review workflows by supporting study screening, data extraction, and consensus-building among reviewers (Babineau 2014). Following the completion of all literature searches, citations meeting the study's search parameters were uploaded to Covidence for systematic screening. Two authors (H.B. and K.G.)

independently conducted duplicate title and abstract screening, with inclusion decisions moderated by a third author (S.W.). Studies that clearly met exclusion criteria were removed based on title or abstract review. Abstracts deemed relevant according to the inclusion criteria proceeded to the full-text review stage, where they were each assessed by two of three authors serving as reviewers in this phase (H.B., L.C. and K.G.). Consensus decisions were made by the same author moderating the title and abstract phase (S.W.).

3.4 | Data Charting/Collection/Extraction

The lead author (J.K.P.G.) drafted an extraction template in Covidence with input from all authors. Key themes of investigation were identified by synthesizing information drawn from the study title, abstract, research aims and discussion sections. For each study that met inclusion criteria, reviewers systematically documented bibliographic information such as the study title, year of publication, publication type and author(s). They also recorded the analytic approach employed—whether quantitative, qualitative or mixed methods—along with classifying the study research type, for example, descriptive, correlational, phenomenological and cross-sectional. Where reported, reviewers extracted demographic details of study participants, including age, biological sex, race, ethnicity, sexual orientation, foster care status (current or former), geographic location of participants and total sample size. To determine the representation of demographic groups within the sample of a given study, reviewers charted the percentage or count reported for each group (e.g., black/African-American, white, female and male).

During analysis, we calculated the average proportionate representation of demographic groups across different studies by weighting group percentages by the number of participants in each study. We used this approach to counter the potential for bias introduced by studies with very different sample sizes. By reporting the weighted means, we avoided giving too little emphasis to studies with large sample sizes and too much emphasis to studies with smaller sample sizes. This procedure is appropriate when examining mean values aggregated across units of dissimilar size (Levin and Fox 2006).

Finally, reviewers extracted key study findings and information about the impact of the COVID-19 pandemic on seven key life domains: Employment and Finances, Education, Housing, Life Skills, Community Connections and Supportive Relationships, Cultural and Personal Identity Formation and Health and Mental Health (Casey Family Programs 2001). Information from each included study was extracted and charted by two of three authors (H.B., L.C. and K.G.), and consensus for discrepancies was moderated by an additional author (S.W.). A detailed extraction table summarizing study aims, samples, designs and key findings is provided in Table SA.

4 | Results

As shown in Figure 1 (PRISMA flow diagram of study identification, screening, eligibility assessment and inclusion for the scoping review), database searches returned a total of 995

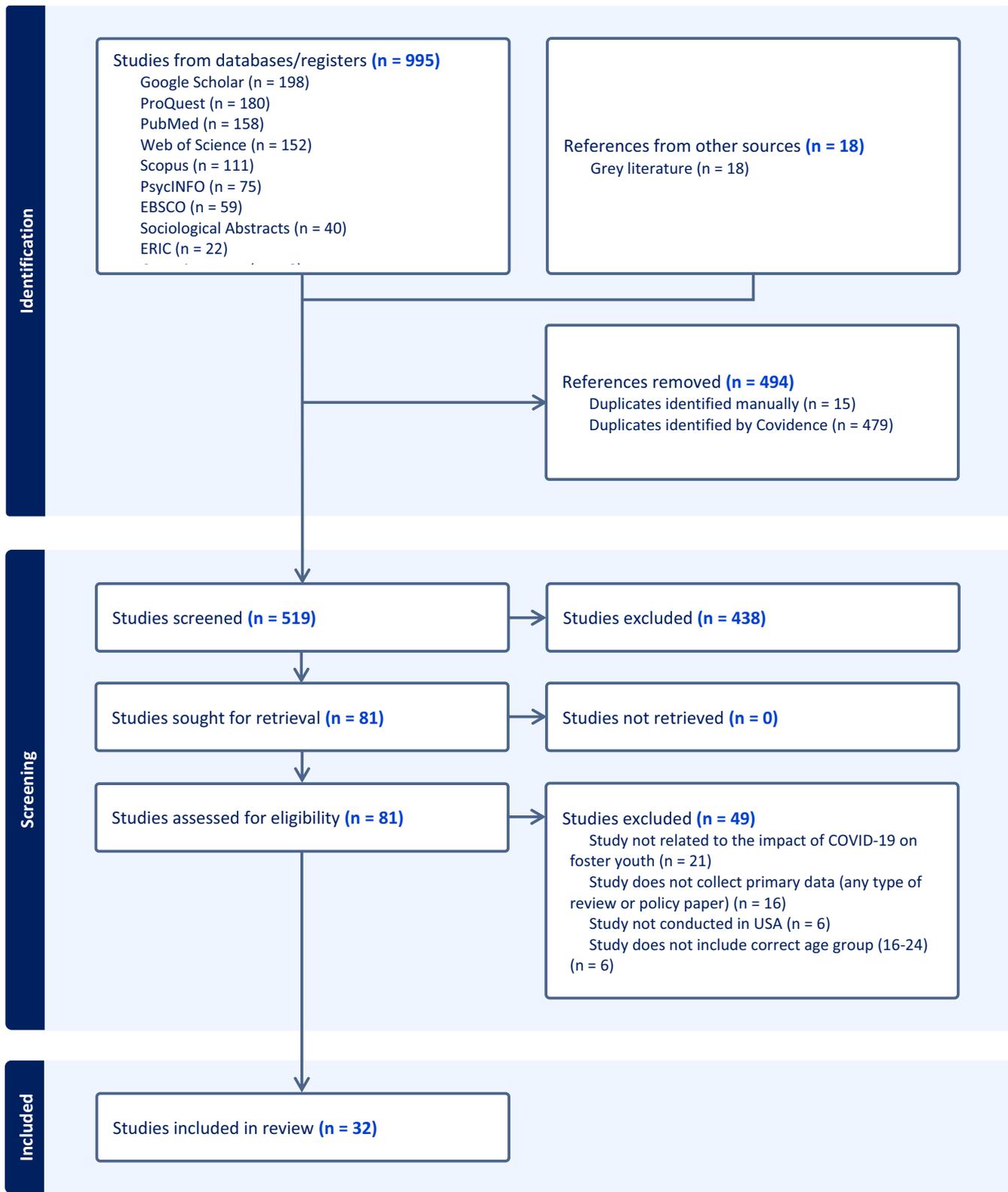


FIGURE 1 | PRISMA diagram.

records. Another 18 records came from grey literature. After duplicate removals, the titles and abstracts of 519 studies were screened, and 438 of these studies were excluded because they did not meet inclusion criteria. Of the remaining 81 full-text items assessed for eligibility, 49 were excluded upon closer inspection. Twenty-one items were excluded because they did

not investigate or address the impact of COVID-19 on foster youth. Another 16 items (e.g., meta-analyses, scoping reviews and policy or issue briefs) were excluded because they did not collect primary data. Six studies conducted in countries other than the United States were excluded, and six candidate items were excluded because sample individuals were outside of the

target age range (16 to 24 years old). We thus extracted and analysed information from a total of 32 studies. Characteristics and key findings from included studies are summarized in Table SB.

Section 4 is organized to systematically map the literature identified in this scoping review, in keeping with the general purpose of scoping reviews (i.e., to ‘map the literature on a particular topic or research area and ... identify key concepts, gaps in the research, and types and sources of evidence’ available to inform policy, practice, and future research efforts; Daudt et al. 2013, 8). Rather than producing a detailed synthesis of study findings, our exploratory mapping effort aimed to convey the breadth and depth of the target body of scholarship (Levac et al. 2010).

In Section 4 subsections that follow, we first characterize the publication outlets, analytic approaches and data collection and sampling methods of included studies. We then review the populations targeted for research and the demographic characteristics of study samples. Finally, we highlight the topics of investigation addressed in this body of scholarship and provide a high-level synthesis of the reported impacts of COVID-19 on older youth with foster care experience. Findings are presented through tables, figures and narrative syntheses.

4.1 | Study Characteristics

Table 1 summarizes the general characteristics of studies included in this scoping review. Most studies were published in peer-reviewed academic journals. (See Table SA for a complete listing of publication outlets arranged in order of observed frequency.) In terms of analysis type, slightly fewer than half of the studies used quantitative methods only, roughly one-third used qualitative methods only, and nearly one-fifth used mixed methods. Among the 21 studies that used any quantitative methods, most were descriptive (19/21, 90.5%) and/or cross-sectional (14/21, 66.7%) in nature. Three studies were longitudinal, and two reported using experimental or quasi-experimental methods. Among the 17 studies that featured any qualitative methods, most reported using phenomenological (14/17, 82.4%) and/or content analysis (12/17, 70.6%) approaches. One qualitative study was characterized as participatory action research.

4.1.1 | Data Collection

Most of the included studies collected data via surveys. Roughly one-third obtained data via interviews, and nearly one in five studies analysed administrative data. Twenty-seven of the studies reported data collection start and end dates, which we used to calculate the *duration of study* (i.e., the total length of time [measured in days] during which data were collected for a given study). Among these items, a plurality (10/27, 37.0%) collected data during a period lasting from 1 to 30 days. Nearly one quarter (6/27, 22.2%) collected data during a 121- to 500-day period, and 11.1% collected data during a period lasting 501 days or longer.

TABLE 1 | General characteristics of scoped studies ($N = 32$).

Measure	Count	Percent
Publication year		
2020	5	15.6
2021	7	21.9
2022	9	28.1
2023	10	31.2
2024	1	3.1
Publication type		
Peer-reviewed journal article	23	71.9
Private agency report	8	25.0
Government agency report	1	3.1
Analysis type		
Quantitative	15	46.9
Qualitative	11	34.4
Mixed methods	6	18.8
Data collection method ^a		
Surveys	21	65.6
Interviews	9	28.1
Administrative data review	6	18.8
Focus groups	5	15.6
Duration of study ($n = 27$) ^b		
1 to 30 days	10	37.0
31 to 60 days	4	14.8
61 to 120 days	4	14.8
121 to 500 days	6	22.2
501 + days	3	11.1
Sample size ($n = 31$) ^{c,d}		
1 to 25	9	29.0
26 to 100	5	16.1
101 to 1000	10	32.3
1001+	7	22.6

Note: Percentages are rounded to the nearest tenth.

^aColumn percentages sum to more than 100 because some studies ($n = 10$) used more than one of the listed data collection methods.

^bTwenty-seven of the scoped studies reported data collection start and end dates. *Duration of study* represents the number of days between the data collection start and end dates reported in a given study.

^cThirty-one of the scoped studies reported the number of individual research participants. One of the studies surveyed state-licensed transitional housing placement service providers, reporting the number of participating agencies (rather than the number of individual survey respondents). The latter item was thus excluded from this analysis.

^dOne study involved multiple waves of data collection. For this multi-wave study, the data shown here reflect sample size reported at baseline.

4.1.2 | Sampling Method(s)

Most studies reported using purposive sampling (23/32, 71.9%) and/or convenience sampling (15/32, 46.9%) to recruit or select participants. Two studies recruited participants via snowball sampling, and one study did not report any sampling methodology.

4.1.3 | Sample Size

Thirty-one studies reported the number of individual research participants. (One study that collected and analysed agency-level data was excluded from our descriptive analysis of sample size.) Among these items, sample sizes ranged from 9 to 25 838 participants. For studies with multiple waves of data collection (1/32, 3.1%), we used the sample size reported at baseline to calculate descriptive statistics and weighted means. Among all included studies, the mean sample size was 2096.3 participants (SD = 6233.0, median [IQR] = 156 [24–653]). As shown in Table 1, more than half of the studies (17/31, 54.8%) had more than 100 participants. Seven studies had more than 1000 participants.

4.2 | Participant Characteristics

4.2.1 | Target Population(s)

Most studies (20/32, 62.5%) had samples comprised exclusively of individuals currently or formerly in foster care. Approximately one quarter of studies (7/32, 21.9%) had samples comprised exclusively of individuals with no out-of-home placement history (e.g., caseworkers, foster caregivers or other social services professionals with knowledge of the impacts of COVID-19 on young people in foster care). Approximately one sixth of studies (5/32, 16.5%) had samples that included individuals with some history of out-of-home placement, as well as individuals with no such history.

4.2.2 | Participant Location(s)

Half of the included studies had samples comprised of individuals residing in a single US state. Approximately one third of studies (11/32, 34.4%) analysed data from national or nationally representative samples. Four studies had multi-state samples (i.e., sample individuals in these studies collectively hailed from two or more US states). One study analysed de-identified textual data scraped from a social media website and therefore did not report participant location(s).

4.2.3 | Participant Demographics

Table 2 shows the proportionate representation of demographic groups within the samples of 25 studies that reported the characteristics of current and/or former foster youth. Individuals with no foster care history were excluded from these demographic analyses. When a given study reported the demographic characteristics of current/former foster youth as well as other sample

TABLE 2 | Youth demographic characteristics.

Measure	Mean percent
Ethnicity (any race) ^a	
Hispanic/Latinx	19.3
Not Hispanic/Latinx	78.2
Biological sex ^b	
Female	66.2
Male	29.1
Foster care status	
Currently in care	44.3
Formerly in care	55.6

Note: Mean percent conveys the proportionate representation of a given foster youth demographic group, in relation to the total sample of an average study included in the scoping review. To calculate the values reported in this table, we weighted each study by its sample size, such that a study with 1000 subjects had 10 times the weight of a study with 100 subjects. Percentages are rounded to the nearest tenth.

^aColumn percentages do not sum to 100 because while some studies ($n = 8$) reported ethnicity categories such as 'other' or 'unknown', most studies reported ethnicity as a dichotomous (Hispanic/Latinx or non-Hispanic/Latinx) measure.

^bColumn percentages do not sum to 100 because some scoped studies ($n = 7$) reported biological sex categories such as 'other' or 'unknown', while most studies reported the dichotomous 'female' and 'male' biological sex categories only.

individuals (e.g., caseworkers and foster caregivers), we analysed the data reported for current/former foster youth only.

Among this subset of 25 studies, nearly one in five participants in the average study sample identified their ethnicity as Hispanic or Latina/o/x. Females and individuals formerly in foster care tended to have greater representation than their demographic counterparts, comprising 66.2% and 55.6%, respectively, of sample individuals in the average study.

4.2.4 | Race

While all studies within this subset reported the racial characteristics of sample individuals, race measures and reporting categories varied substantially across studies. As an example, participant race was in some cases measured as a trichotomous variable with three mutually exclusive categories: 'BIPOC' (i.e., black, Indigenous and people of colour), 'White', or 'not reported'. Some studies included an "Asian" race category, while others reported descriptive statistics for an 'Asian or Pacific Islander' category. Some studies likewise reported the number of 'Multiracial' participants, while others reported the number of 'Multiracial or other' race participants. Given this variation, we were unable to calculate weighted mean proportions characterizing the racial composition of an average study sample.

4.3 | Topics of Investigation

During the data charting phase, reviewers identified topic(s) of investigation by extracting and synthesizing information from the study title, abstract, research aims, research questions and

the outcome measures of primary research interest. Table 3 lists research topics in descending order of observed frequency, regardless of whether the impact of COVID-19 was explored in that research area. Comparatively popular topics of investigation included finances/employment (26/32, 81.3%), health/mental health (26/32, 81.3%), education (27/32, 84.4%), relationships/community connections (23/32, 71.9%) and housing/homelessness (20/32, 62.5%). Relatively few studies examined life skills (7/32, 21.9%) or cultural/personal identity (2/32, 6.3%).

4.4 | Impacts of COVID-19

As shown in Table 4, studies included in this scoping review highlight the pervasive negative impacts of COVID-19 across multiple life domains. Approximately three-quarters of studies reported that the pandemic negatively impacted the finances/employment (24/32, 75%), education (24/32, 75%) and health/mental health (23/32, 71.9%) domains. Other reports of pandemic-induced challenges included housing/homelessness (19/32, 59.4%) and relationships/community connections

TABLE 3 | Life domains investigated in scoped studies.

Domain	Count	Percent
Education	27	84.4
Finances/employment	26	81.3
Health/mental health	26	81.3
Relationships/community connections	23	71.9
Housing/homelessness	20	62.5
Life skills	7	21.9
Cultural/personal identity	2	6.3

Note: Count conveys the simple sum of studies reporting some investigation of topic(s) within the specified life domain. Percent represents the count divided by the total number of scoped studies ($N=32$). Column frequencies and percents sum to more than the total number of scoped studies and more than 100, respectively, because some studies investigated multiple life domains. Percentages are rounded to the nearest tenth.

TABLE 4 | Impact of COVID-19 by life domain.

Domain	Impact of COVID-19							
	Negative		Neutral		Positive		Not reported	
	<i>n</i>	<i>pct</i>	<i>n</i>	<i>pct</i>	<i>n</i>	<i>pct</i>	<i>n</i>	<i>pct</i>
Finances/employment	24	75.0	0	0.0	0	0.0	8	25.0
Health/mental health	23	71.9	1	3.1	0	0.0	8	25.0
Education	24	75.0	1	3.1	0	0.0	7	21.9
Relationships/community connections	17	53.1	1	3.1	5	15.6	9	28.1
Housing/homelessness	19	59.4	0	0.0	0	0.0	13	40.6
Life skills	4	12.5	1	3.1	1	3.1	26	81.2
Cultural/personal identity	1	3.1	0	0.0	0	0.0	31	96.9

Note: *n* conveys the simple sum (i.e., count) of studies reporting the impact of COVID-19 within a given life domain. *Pct* represents the count (*n*) divided by the total number of scoped studies ($N=32$). Percentages are rounded to the nearest tenth.

(17/32, 53.1%). Just two of the seven selected life domains had any indication of positive impacts associated with COVID-19. Of the 32 studies included in this review, five reported positive impacts in the 'relationships/community connections' domain, and one reported positive impacts in the 'life skills' domain.

Six studies reported findings of increased negative impacts of COVID-19 for various demographic subgroups, including older/aged out youth faring worse than younger youth/youth still in foster care ($n=3$), black youth or youth of colour facing more significant impacts than white youth ($n=3$), female youth experiencing more negative impacts than male youth ($n=3$), and LGBTQ youth more negatively impacted than non-LGBTQ youth ($n=3$). These subgroups with intersecting vulnerabilities experienced more severe challenges than their peers in multiple domains including housing stability, mental health, financial security and employment.

5 | Discussion

This scoping review highlights the substantial challenges faced by older youth with foster care experience during the COVID-19 pandemic. Across the literature, consistent difficulties emerged in employment, education, housing, relationships and mental health—five of the seven domains identified by Casey Family Programs (2001). These findings mirror broader research on emerging adults during the pandemic but underscore the compounded vulnerabilities of foster youth who entered this crisis with fewer resources and less systemic support.

The studies included in this review described these impacts in vivid, concrete terms. Educational disruptions were marked not only by declining enrollment but also by the abrupt loss of campus-based supports and reliable internet access. Employment challenges were often characterized as sudden job loss, reduced hours or exclusion from workforce development programs. Housing instability was reported through eviction threats, unsafe or unstable living arrangements and barriers to accessing emergency housing assistance. Youth

also described heightened anxiety, depression and social isolation, frequently coupled with limited access to counselling or other mental health care. Finally, restrictions on in-person contact fractured social support networks, weakening connections with mentors, peers and family. These descriptive accounts capture the lived realities of foster youth during the pandemic and demonstrate the value of documenting experiences even when studies are not designed to produce causal or evaluative findings.

Certain subgroups—youth of colour, LGBTQ youth, females and those who had already aged out of care—were disproportionately affected, echoing longstanding disparities by race, gender, sexual orientation and foster care status (Courtney et al. 2021; Grooms 2020; Kennedy et al. 2023; Okpych 2015; Paul 2020). Some variation in outcomes may also reflect differences in state-level policies and access to supports. For example, some states extended foster care beyond age 21 or offered emergency stipends, while others provided little or no additional relief. Similarly, access to federal benefits such as stimulus payments or rental assistance was inconsistent, with many foster youth excluded due to dependency status, age or documentation barriers. These uneven responses likely contributed to subgroup and regional disparities, reinforcing the need for more equitable and coordinated crisis supports. Nevertheless, the high consistency of negative impacts across diverse contexts strengthens confidence in the robustness of these trends.

Although descriptive, the evidence base mapped in this review is critically important. Such studies consistently surfaced patterns of unmet need in housing stability, access to education, employment opportunities, mental health services and social support. By collating and synthesizing these descriptive findings, the review provides a foundation upon which future evaluative and longitudinal studies can build. More importantly, these accounts signal where systemic failures most often occurred, offering policymakers and practitioners clear domains that warrant attention.

The implications of this synthesis extend beyond the pandemic. Indeed, 75% of the included studies underscored how the pandemic negatively impacted finances/employment, mental health, and education. Thus, the evidence points to the importance of expanding housing supports beyond age 18, embedding financial and educational assistance into transition planning, and increasing access to affordable, youth-friendly mental health services. Equally critical is the creation of responsive infrastructures—such as emergency cash transfers or housing stabilization funds—that can be deployed quickly during crises and sustained in ordinary times. Embedding flexibility and equity into policy and programme design can help ensure that foster youth are not disproportionately harmed by future disruptions while also addressing the chronic instability they face on a daily basis.

Moreover, our results show that limited studies have focused on life skills or cultural/personal identity. Holistic assessments conducted in clinical settings and/or child welfare agencies should unpack how older youth with foster care histories have grappled with the aftermath of the COVID-19 pandemic and what supports are needed to ensure they have the requisite skills to thrive

as adults. At the same time, rigorous programme evaluation is necessary to identify (1) gaps in services, particularly life skills training, and (2) evidence-informed strategies to address them. Relatedly, as the current scoping review indicates, the pandemic took a toll on the mental health of youth with foster care histories. The complex interplay of foster care histories, mental health challenges and the aftermath of grappling with the pandemic could have a profound impact on the ability or bandwidth to process subjective perceptions of identity and cultural connections. Caseworkers and advocates could invite conversations about identity and cultural values and unpack how these relate to and have influenced their ability to contend with the socio-political implications of the pandemic.

While the emphasis of our scoping review focused on the US context, other countries may find our findings applicable as they advance efforts to support youth in successfully transitioning to adulthood. For example, a review conducted by Stein and Dumaret (2011) found that youth transitioning out of care and into adulthood in England and France experience many of the adversities that older youth with foster care histories often experience in the United States, including a high risk of physical health problems and prolonged serious mental illness. These outcomes, coupled with high rates of substance abuse and criminal justice involvement, have led to recent calls to extend supportive care and services to age 21 in the United Kingdom (Foster Plus 2023). While there is heterogeneity in policies and procedures across international contexts, our findings could ignite conversations, generate collaborations, and mobilize resources to promote positive psychosocial outcomes among older youth with foster care histories.

Finally, this review identifies key directions for future research. Nearly all studies that met our inclusion criteria collected data during the early phases of the pandemic, leaving little insight into longer-term recovery or ongoing challenges. Longitudinal research is needed to track outcomes across later years (2024–2026), and comparative studies with non-foster youth could clarify differential risks. Further attention should also be given to subgroup disparities, particularly for youth navigating multiple marginalized identities, to ensure that future reforms are equity-driven, culturally responsive and evidence-based.

6 | Limitations

This scoping review has several limitations. First, consistent with scoping review methodology (Levac et al. 2010), we did not assess the quality or risk of bias of studies that met inclusion criteria; our aim was to map the scope of evidence rather than evaluate its rigour. Second, despite comprehensive search procedures, relevant studies may have been missed, particularly when studies did not specify participant age. In such cases, some insights into foster youth experiences may have been excluded. Finally, the evidence base itself is limited, with most studies descriptive and cross-sectional, reflecting early stages of the pandemic. While these constraints narrow causal interpretation, they do not diminish the value of synthesizing what is known to date. Despite these limitations, this review provides a timely, comprehensive overview of the literature and identifies critical gaps for future inquiry and policy development.

7 | Conclusion

This scoping review underscores how COVID-19 intensified longstanding vulnerabilities for older youth transitioning from foster care. Across studies, consistent disruptions were reported in housing, education, employment, mental health and social support, with marginalized subgroups experiencing the most severe impacts. While the evidence base is largely descriptive, these accounts provide a critical foundation for action by identifying where systems most often failed.

The implications are clear: sustained investments in housing, education, financial supports and accessible mental health care are needed, alongside rapid-response mechanisms—such as cash transfers or housing stabilization funds—that can be activated during future crises. Embedding equity and flexibility into policy and practice will help ensure that foster youth are supported not only in emergencies but also in the daily transition to adulthood.

Ultimately, COVID-19 did more than expose gaps in the social safety net—it widened them. If policymakers and practitioners fail to centre foster youth in reform efforts, the harm will reverberate far beyond this pandemic. To leave foster youth out of crisis planning is to leave them behind entirely. But if we act with urgency and intention, the lessons drawn from this crisis can serve as a blueprint for building systems rooted in equity, stability and dignity for all youth ageing out of care.

Acknowledgements

The authors would like to thank Kristina McShea, MLIS, Evidence Synthesis and Clinical Librarian at the University of Pennsylvania, for her invaluable support in learning and using Covidence, which greatly facilitated the screening and data extraction process.

Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Ethics Statement

This study did not involve human subjects or primary data collection and was therefore exempt from ethics review or IRB approval.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data supporting the findings of this study are available from the corresponding author upon reasonable request.

References

American Psychological Association. 2020. “Stress in America 2020: A National Mental Health Crisis.” <https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf>.

Annie E. Casey Foundation. 2024. “Pandemic Learning Loss and COVID-19: Education Impacts.” <https://www.aecf.org/blog/pandemic-learning-loss-impacting-young-peoples-futures>.

Annie E. Casey Foundation. 2025. “What Happens to Youth Aging Out of Foster Care?” <https://www.aecf.org/blog/what-happens-to-youth-aging-out-of-foster-care>.

Attwood, M., and C. Jarrold. 2023. “Investigating the Impact of the COVID-19 Pandemic on Older Adolescents’ Psychological Wellbeing and Self-Identified Cognitive Difficulties.” *JCPP Advances* 3, no. 4: e12164. <https://doi.org/10.1002/jcv2.12164>.

Babineau, J. 2014. “Product Review: Covidence (Systematic Review Software).” *Journal of the Canadian Health Libraries Association* 35, no. 2: 68–71. <https://doi.org/10.5596/c14-016>.

Battista, M. 2024. “Supporting a Forgotten Population: Foster Care Youth Transitions in Erie County.” Partnership for the Public Good. https://ppgbuffalo.org/files/documents/youth_wellness/foster_youth_transitions_in_erie_county.pdf.

Bell, I. H., J. Nicholas, A. Broomhall, et al. 2023. “The Impact of COVID-19 on Youth Mental Health: A Mixed Methods Survey.” *Psychiatry Research* 321: 115082. <https://doi.org/10.1016/j.psychres.2023.115082>.

Casey Family Programs. 2001. “It’s My Life: A Framework for Youth Transitioning From Foster Care to Successful Adulthood.” https://www.gascore.com/documents/ItsMyLife_SelfStudy_070611.pdf.

Courtney, M. E., A. Dworsky, G. R. Cusick, J. Havlicek, A. Perez, and T. Keller. 2007. “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21.” Chapin Hall at the University of Chicago.” <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-21.pdf>.

Courtney, M. E., N. J. Okpych, and S. Park. 2021. “Report From CalYouth: Findings on the Relationship Between Extended Foster Care and Youth’s Outcomes at Age 23.” Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Impacts-of-EFC-on-Outcomes-at-age-23.pdf>.

Daudt, H. M., C. van Mossel, and S. J. Scott. 2013. “Enhancing the Scoping Study Methodology: A Large, Interprofessional Team’s Experience With Arksey and O’malley’s Framework.” *BMC Medical Research Methodology* 13: 48. <https://doi.org/10.1186/1471-2288-13-48>.

Dworsky, A. n.d. “Supporting Transition-Age Youth Through the Federal Chafee Program.” Chapin Hall at the University of Chicago. https://www.chapinhall.org/research/supporting-transition-age-youth/?gad_source=1&gclid=Cj0KCQiAwtu9BhC8ARIsAI9JHalouaxugdCKAHcTrys371Kg98kjBo5Vfkev21sjL9Se7QlycY7FEDAAAnI2EALw_wcB.

Foster Plus. 2023. “How to Help Youth Aging Out of Foster Care.” <https://www.fosterplus.co.uk/resources/news-blogs/blogs/how-to-help-youth-aging-out-of-foster-care/#:~:text=As%20we've%20already%20discussed,go%20through%20a%20court%20process>.

FosterClub. 2020. “The Impact of COVID-19 on Youth From Foster Care: A National Poll.” <https://www.fosterclub.com/sites/default/files/docs/blogs/COVID%20Poll%20Results%20May%2010%202020.pdf>.

Graham, K. E., A. R. Schellinger, and L. M. Vaughn. 2015. “Developing Strategies for Positive Change: Transitioning Foster Youth to Adulthood.” *Children and Youth Services Review* 54: 71–79. <https://doi.org/10.1016/j.childyouth.2015.04.014>.

Greeson, J. K. P. 2013. “Foster Youth and the Transition to Adulthood: The Theoretical and Conceptual Basis for Natural Mentoring.” *Emerging Adulthood* 1, no. 1: 40–51. <https://doi.org/10.1177/2167696812467780>.

Greeson, J. K. P., S. Jaffee, S. Wasch, and J. R. Gyourko. 2020. “The Experiences of Older Youth in & Aged Out of Foster Care During COVID-19. The Field Center for Children’s Policy, Practice & Research.” <https://fieldcenteratpenn.org/wp-content/uploads/2022/12/Foster-Youth-COVID-19-REPORT.pdf>.

Grooms, J. 2020. “No Home and No Acceptance: Exploring the Intersectionality of Sexual/Gender Identities (LGBTQ) and Race in the

- Foster Care System.” *Review of Black Political Economy* 47, no. 2: 177–193. <https://doi.org/10.1177/0034644620911381>.
- Gyorko, J. R., J. K. P. Greeson, N. Vasquez, et al. 2024. “Research on the Lived Experiences of Adolescents and Adults With Foster Care History: A Scoping Review.” *Journal of the Society for Social Work and Research*. Advance Online Publication. <https://doi.org/10.1086/733727>.
- Inanc, H. 2020. “Breaking Down the Numbers: What Does COVID-19 Mean for Youth Unemployment?” <https://ideas.repec.org/p/mpr/mprres/3ba094f7d75b48dbb9b63e16a768cb7d.html>.
- Jones, L. P. 2014. “The Role of Social Support in the Transition From Foster Care to Emerging Adulthood.” *Journal of Family Social Work* 17, no. 1: 81–96. <https://doi.org/10.1080/10522158.2013.865287>.
- Kennedy, R. S., M. H. Potter, and S. A. Font. 2023. “Foster Care Well-Being Outcomes by Race and Ethnicity.” Institute for Research on Poverty. <https://www.irp.wisc.edu/wp/wp-content/uploads/2023/06/Focus-on-Poverty-39-1b.pdf>.
- Kim, D. 2021. “Financial Hardship and Social Assistance as Determinants of Mental Health and Food and Housing Insecurity During the COVID-19 Pandemic in the United States.” *SSM - Population Health* 16: 100862. <https://doi.org/10.1016/j.ssmph.2021.100862>.
- Lee, C. M., J. M. Cadigan, and I. C. Rhew. 2020. “Increases in Loneliness Among Young Adults During the COVID-19 Pandemic and Association With Increases in Mental Health Problems.” *Journal of Adolescent Health* 67, no. 5: 714–717. <https://doi.org/10.1016/j.jadohealth.2020.08.009>.
- Levac, D., H. Colquhoun, and K. K. O'Brien. 2010. “Scoping Studies: Advancing the Methodology.” *Implementation Science* 5, no. 1: 69–77. <https://doi.org/10.1086/733727>.
- Levin, J., and J. A. Fox. 2006. *Elementary Statistics in Social Research*. 10th ed. Pearson.
- Mayo Clinic. 2024. “COVID-19 and Your Mental Health.” <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731>.
- McMillen, J. C., L. D. Scott, B. T. Zima, M. T. Ollie, M. R. Munson, and E. Spitznagel. 2004. “Use of Mental Health Services Among Older Youths in Foster Care.” *Psychiatric Services* 55, no. 7: 811–817. <https://doi.org/10.1176/appi.ps.55.7.811>.
- Morton, M. H., G. M. Samuels, A. Dworsky, and S. Patel. 2018. “Missed Opportunities: LGBTQ Youth Homelessness in America.” Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/VoYC-LGBTQ-Brief-FINAL.pdf>.
- Nadon, M. L., S. Park, H. Feng, and M. E. Courtney. 2024. “Examining Prevalence and Predictors of Economic Hardships for Transition-Age Foster Youth.” *Journal of the Society for Social Work and Research* 15, no. 3: 539–567. <https://doi.org/10.1086/721667>.
- National Foster Youth Institute. 2025. “Higher Education for Foster Youth.” <https://nfyi.org/issues/higher-education/>.
- National Youth in Transition Database. 2019. “Data Brief #7.” https://acf.gov/sites/default/files/documents/cb/nytd_data_brief_7.pdf.
- Niles, M. T., F. Bertmann, E. H. Belarmino, T. Wentworth, E. Biehl, and R. Neff. 2020. “The Early Food Insecurity Impacts of COVID-19.” *Nutrients* 12, no. 7: 2096. <https://doi.org/10.3390/nu12072096>.
- Okpych, N. J. 2015. “Receipt of Independent Living Services Among Older Youth in Foster Care: An Analysis of National Data From the U.S.” *Children and Youth Services Review* 51: 74–86. <https://doi.org/10.1016/j.childyouth.2015.01.021>.
- Okpych, N. J., and M. E. Courtney. 2019. “The Relationship Between Extended Foster Care and College Outcomes for Foster Care Alumni.” *Journal of Public Child Welfare* 14, no. 2: 254–276. <https://doi.org/10.1080/15548732.2019.1608888>.
- Osgood, D. W., E. M. Foster, and M. E. Courtney. 2010. “Vulnerable Populations and the Transition to Adulthood.” *Future of Children* 20, no. 1: 209–229. <http://www.jstor.org/stable/27795066>.
- Palmer, A. N., M. Patel, S. L. Sledge, K. Kitchens, and K. Cassano. 2023. “COVID-19 Impacts on Youth and Young Adult Workforce Development Programs: A Local Perspective.” *Children and Youth Services Review* 155: 107291. <https://doi.org/10.1016/j.childyouth.2023.107291>.
- Paul, J. C. 2020. “Exploring Support for LGBTQ Youth Transitioning From Foster Care to Emerging Adulthood.” *Children and Youth Services Review* 119: 105481. <https://doi.org/10.1016/j.childyouth.2020.105481>.
- Peters, M. D. J., C. Godfrey, P. McInerney, Z. Munn, A. C. Tricco, and H. Khalil. 2020. “Chapter 10: Scoping Reviews.” In *JBIM Manual for Evidence Synthesis*, edited by E. Aromataris, C. Lockwood, K. Porritt, B. Pilla, and Z. Jordan. JBI Global Wiki. <https://doi.org/10.46658/JBIME-S-24-09>.
- Pujolar, G., A. Oliver-Anglès, I. Vargas, and M. L. Vázquez. 2022. “Changes in Access to Health Services During the COVID-19 Pandemic: A Scoping Review.” *International Journal of Environmental Research and Public Health* 19, no. 3: 1749. <https://doi.org/10.3390/ijerph19031749>.
- Rosenberg, R., S. Sun, A. Flannigan, and M. O'Meara. 2022. “Impact of COVID-19 Among Young People Currently and Formerly in Foster Care.” *Child Abuse & Neglect* 123: 105383. <https://doi.org/10.1016/j.chiabu.2021.105383>.
- Stein, M., and A. C. Dumaret. 2011. “The Mental Health of Young People Aging Out of Care and Entering Adulthood: Exploring the Evidence From England and France.” *Children and Youth Services Review* 33, no. 12: 2504–2511. <https://doi.org/10.1016/j.childyouth.2011.08.029>.
- Tajima, E. A., A. G. Day, V. K. Kanuha, J. Rodriguez-JenKins, and J. A. Pryce. 2022. “What Counts as Evidence in Child Welfare Research?” *Research on Social Work Practice* 32, no. 5: 514–520. <https://doi.org/10.1177/10497315211069549>.
- The Hope Center. 2021. “The Hope Center Survey 2021: Basic Needs Insecurity During the Ongoing Pandemic.” <https://hope.temple.edu/sites/hope/files/media/document/HopeSurveyReport2021.pdf>.
- Tricco, A. C., E. Lillie, W. Zarin, et al. 2018. “PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation.” *Annals of Internal Medicine* 169, no. 7: 467–473. <https://doi.org/10.7326/M18-0850>.
- U.S. Bureau of Labor Statistics. 2021. “Unemployment Rises in 2020, as the Country Battles the COVID-19 Pandemic.” <https://www.bls.gov/opub/mlr/2021/article/unemployment-rises-in-2020-as-the-country-battles-the-covid-19-pandemic.htm>.
- World Health Organization. 2020. “Impact of COVID-19 on People's Livelihoods, Their Health and Our Food Systems.” <https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems#:~:text=The%20economic%20and%20social%20disruption,the%20end%20of%20the%20year>.
- Yang, J., E. C. McCuish, and R. R. Corrado. 2017. “Foster Care Beyond Placement: Offending Outcomes in Emerging Adulthood.” *Journal of Criminal Justice* 53: 46–54. <https://doi.org/10.1016/j.jcrimjus.2017.08.009>.

Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Table A1:** Summary of included studies examining the impacts of COVID-19 on youth involved with foster care and related populations, including each study's aim, population description, sample size, and primary findings. **Table B1:** Extracted characteristics and main findings from the 32 included studies, including study aim, population description, sample size, and key findings.