

The effects of COVID-19 pandemic on stress and difficulties in foster parents of children with intellectual disabilities: effects of the online specialized support

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Abstract

Foster care of children with intellectual disabilities raises important problems. Much evidence suggests that foster parents of children with special needs face elevated levels of stress and care difficulties. We examined the differences between foster parents who received and those who did not receive online support during the COVID-19 pandemic in the level of emotional mental health, objective and subjective care stress. Results showed that helpful online support during the COVID-19 pandemic is significantly related with fewer children's problem behaviours. Actions related to stress in foster care of children with disabilities during COVID-19 pandemic are recommended.

Keywords: COVID-19 pandemic, stress, parents, disabilities, behaviour problems, online support.

1.Introduction

The COVID-19 pandemic has a significant impact on families and children. Restrictions, quarantine, limited social contacts, shutting down of access to support services and protection measures (wearing masks) helped protect us from SARS-CoV-2 infection. Yet, these restrictions brought negative effects too. Several studies documented in families with special needs children (SNC) an increase in parental distress (Chen et al., 2020), children's problems (Chen et al., 2020; Dhiman et al. 2020; Patel, 2020), increases in caring-related difficulties and limitation of access to specialised support (Chen et al., 2020) which could relieve these problems (Hyseni Duraku & Nagavci, 2020). A significant number of children with special needs live in foster care. If families with children with special needs face major difficulties, foster parents face even more difficulties (Miller, Cooley, & Mihalec-Adkins, 2020). Although higher levels of stress and children's problems have been recently documented in foster care families (Miller et al. 2020), no studies examined the effects of COVID-pandemic over foster families caring for children with disabilities. This study examines stress in families providing foster care for children with disabilities.

Foster care difficulties can be thought of as two kinds of difficulties: (1) children related difficulties, and (2) foster parents-related difficulties. Foster children's difficulties are characterized by (1) higher levels of behavioural problems when compared with children from a normal population (Brown & Rodger, 2009; Smyke et al., 2007), (2) higher risk for psychiatric impairment (Nelson et al., 2007; Smyke et al., 2007), (3) higher incidence of severe behaviour such as aggressive or antisocial behaviour (Parker, Greer, & Zuckerman, 1988). Foster children

with disabilities face even more behavioural problems when compared with children without disabilities (Brown & Rodger, 2009).

Foster parents face significant difficulties as well. They have higher stress, work difficulties and mental health problems, often resulting in early placement breakdowns (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007). Foster parents of children with disabilities face even more difficulties in managing behavioural challenges (Rodger & Brown, 2009) and often they feel under-prepared to manage the mental health, behaviour problems, and special needs of foster children. Moreover, managing these difficulties requires sustained child welfare support for the well-being of children and families (Rodger & Brown, 2009). Although with existing support, research has consistently noted that a number of foster parents feel under-prepared to manage the mental health, diversity, and special needs of foster youth (Brown & Rodger, 2009; Cooley & Petren, 2011). Probably one of the most negative effects is the unplanned breakdown of the placement with significant effects for the children.

The study

COVID-19 pandemic has severe effects on families and their children. Especially, these effects were augmented in vulnerable families whose functioning depends on adequate support. In these families, the strain of the COVID-19 pandemic also reduced the available support besides rising difficulties for adaptation. Quarantine, the risk of infection and rules severely limit the available support from child welfare services on which foster care depends. Some of this support was delivered as online support by child welfare specialists. Some data indicate that foster families were subject to increased distress due to COVID-19 pandemic (Miller et al. 2020). Specifically, foster parents reported significant increases along parenting stress, lack of control, and reduced parental satisfaction (Miller et al., 2020). And these effects were found to be more accentuated in foster parents that were not married, who report poorer mental health, or who had financial stress (Miller et al. 2020). Although these studies suggest significant difficulties for foster parents caring for children with special needs, there are no studies examining these issues for foster parents with children with intellectual disabilities.

In the present study we examined the differences in care related stress of foster parents of children with disabilities between foster parents who received online specialised support during COVID-19 pandemic and those who did not receive support. We expect foster parents who have received online support to have a lower level of stress, emotional issues, and children's problems than those who have not received online support for their children's problems. The second objective is to examine the levels of care stress attributed to COVID-19 pandemic, emotional mental health of the foster parents, and behavioural problems in children. To this end, foster parents of children with disabilities completed a telephone administered interview regarding the level of stress, behavioural problems and received support.

2. Methodology

2.1. Participants

Sixty foster care parents of children with disabilities were selected for this study. After contacting the parents, 36 foster parents agreed to respond to the questions in the study. The mean age of participating foster parents was 40.76 years ($SD = 7.36$) and, at the time of the survey, participants housed an average of 1.83 ($SD = .69$) foster children in their home. Additional demographic data is provided in Table 1 below.

2.2. Measures

2.2.1. Demographics

Foster parents completed first a demographic questionnaire developed by the authors regarding parent age, gender, education completed, basic profession, number of children in care, children age, gender, disability type mental deficiency level and the disease of the child.

2.2.1. Depression, anxiety, and stress levels

To assess emotional mental health symptoms during the pandemic outbreak, Depression Anxiety Stress-21 scale (DASS-21R) was used (Lovibond & Lovibond, 1995). Participants responded to a 21 item Romanian adaptation of Depression anxiety stress scale (DASS-21). The scale is divided into three subsets (stress, anxiety, and depression) and each domain contains 7 items. A four item Likert rating scale was used to rate the level of stress anxiety and depression, 0 “meaning did not apply to me at all” to 3 “applied to me very much or most of the time”. Scores for depression, anxiety and stress symptoms were calculated by summing the scores for the relevant items. The validity of this scale measuring depression, anxiety and stress symptoms was previously tested (Perte et al. 2011). The scale was delivered by telephone.

2.2.2. Caregiver Strain Questionnaire–Short Form 7

A modified Caregiver Strain Questionnaire-Short Form 7 (CGSQ-SF7; Platt, 1985) was used to measure the degree to which caregivers and families experience additional demands, responsibilities, difficulties (objective strain score) and psychological difficulties (subjective strain score) resulting from caring for children and their perception of how much the pandemic affected each of these dimensions. Each item (e.g., neglecting duties) was rated on a five level Likert scale from 1 (not at all) to 5 (very much). Then the parent was asked to rate the degree on which each item was affected by the COVID pandemic from 1 (not at all) to 5 (very much). The investigator asked the foster parents to rate each item.

2.2.3. Specialized support

Three questions regarding the support from child welfare were designed for the present study: (1) Did you received specialised online support regarding difficulties, (2) How often did you received the support (from 1 to 10 times), and (3) How helpful did you perceived the support (from 1-not at all to 5 very helpful).

2.2.4. Children behaviour problems

Children problems were measured using The Strengths and Difficulties Scale (SDQ; Goodman, 1997). The scale consists of 25 items, having 5 scales (emotional problems, conduct problems, hyperactivity/ inattention difficulties, prosocial behaviour, peer relationship problems). Only the conduct problems subscale was used in the present study.

3. Results

3.1. Demographics are described in Table 1 below.

Table 1 *Descriptive Statistics for the Demographic Data and Main Variables (N = 36)*

	Minimum	Maximum	Mean	SD
Parent Age (years)	28	62	40.76	7.36
Parent Gender (F/M, N,%)	32(88.9%)	4(11.1%)	-	-
Education (years of study)	12	16	14.66	1.91
Number of children in care	1	3	1.83	.69
Children age	4	13	7.66	2.78
Children gender (F/M, N,%)	14 (38.9%)	22(61.1%)	-	-
Mental Disability- severe	2 (5.6%)	-	-	-
Mental Disability- moderate	10 (27.8%)	-	-	-
Mental Disability- easy	18 (50%)	-	-	-
Mental Disability- borderline	2 (5.6%)	-	-	-
Mental Disability- no disability. ADHD/Autism	4 (11.1%)	-	-	-
Incidence of received specialized support	16 (44.4%)	-	-	-
Stress	.00	21.00	9.05	4.56
Depression	.00	17.00	6.55	3.80
Anxiety	1.00	12.00	6.00	3.61
Objective care strain	1.50	4.25	3.09	.84
Subjective care strain	1.00	5.00	2.7593	1.08
COVID-19 objective care strain	1.00	4.00	2.63	.96
COVID-19 subjective care strain	1.00	5.00	2.75	1.08
Children's behavioural problems	.00	8.00	3.38	2.41

3.2. Perceived effect of COVID-19 over foster parents' objective and subjective care strain and emotional mental health

Caring strain of the foster care parents of special needs children

The analyses of the perceived effects of the COVID-19 pandemic over objective care difficulties results showed that foster parents perceived significant effects of COVID-19 pandemic *on personal time interruption* (6 % of foster parents perceived no effect of COVID on personal time interruption, 33.3% little strain, 22.2% somehow, 16.7 % much strain and 11.1% perceived very much strain on interruption of personal time), *work and tasks neglect* (11.1% of foster parents perceived no effect of COVID on work and tasks neglect, 44.4% little strain, 22.2% somehow, 16.7 % much strain and 5.6% perceived very much strain resulting in neglect of their tasks), *financial difficulties* (27.8% of foster parents perceived no effect of COVID on financial resources, 27.8% little strain, 16.7 % somehow, 22.2% much strain and 5.6% perceived very much strain resulting in financial difficulties), *family relations perturbations* (22.2% of foster parents perceived no effect of COVID on family relationship, 33.3% little strain, 22.2 % somehow, 22.2% much strain and 0 % perceived very much strain resulting in perturbation of family relationships). Thus, about one fourth of foster care parents perceived significant (much and very much) objective care-related difficulties related to the effects of COVID pandemic.

Regarding the perceived effects of the COVID-19 pandemic over *subjective care difficulties* results showed that foster parents perceived significant effects of COVID-19 pandemic *on unhappiness related to children's problems* (16.7 % of foster parents perceived no effect of COVID on children's problems related unhappiness, 27.8% little strain, 27.8% somehow, 16.7 % much strain and 11.1% perceived very much strain on unhappiness related to children's problems), *worry about the children's future* (22.7 % of foster parents perceived no effect of COVID on worry about future, 27.8% little strain, 22.2% somehow, 11.1 % much strain and 16.7% perceived very much strain on worry about future), *and tiredness and strain about children's problems* (16.7 % of foster parents perceived no effect of COVID on tiredness, 33.3% little strain, 16.7% somehow, 22.2 % much strain and 11.1% perceived very much strain on worry about future). Thus, about one fourth of foster care parents perceived significant (much and very much) subjective care-related difficulties related to the effects of COVID pandemic.

3.3. Emotional mental health of the foster parents of children with special needs

We classified the emotional mental health of foster parents based on Romanian norms specific to Romanian population and corresponding to the gender and the age of the foster parents (Perte et al. 2011). Each score obtained by foster parents was classified in fifth classes: normal (-0.5 SD), easily increased (0.5-1 standard deviation/SD), moderately increased, severely increased (1-2 SD) and extremely severe (2-3 SD). Results showed significantly increased levels of *emotional stress* (44.4 % of parents have normal stress levels, 11.1% slightly increased, 33.3 moderately increased, 5.6 % severe stress and 5.6 % extremely severe stress), *depression* (33.3 % of parents have normal levels of depression, 33.3% slightly increased, 22.2% moderately increased, 5.6 % severe depression and 5.6 % extremely severe depression) but not *anxiety* (44.4 % of parents

have normal levels of anxiety, 11.1% slightly increased, 44.4 moderately increased, 0 % severe anxiety and 0 % extremely severe anxiety). Thus, more than half of foster parents deal with increased levels of stress, anxiety and depression that may require emotional support and about 11% of foster care parents have severe and extremely severe levels of stress, anxiety and depression that require clinical attention.

3.4. Differences in foster care stress between foster parents who received support and those who did not received support

T tests were used to analyse the differences in outcome measures (emotional mental health and care strain) between parents who received helpful specialized online support and those who did not receive helpful specialized support. Contrary to our expectations, no significant differences have been found between foster parents who received online specialised support and foster parents who did not receive specialized support regarding the level of anxiety ($t(34) = -1.21$, $p = .23$), depression ($t(34) = .25$, $p = .80$), stress ($t(34) = 1.32$, $p = .19$) and objective ($t(34) = .96$, $p = .33$), and subjective care strain ($t(34) = -.36$, $p = .72$). Yet, significant differences were found between groups in reported level of children's conduct problems, foster parents who received specialized online support reporting lower level of current behavioural problems of children ($t(34) = 2.34$, $p = .02$). All foster parents who received online specialised support for children's problems found the support as helpful.

3.4. Correlations between foster care stress and difficulties, emotional mental health, children's behavioural problems, and received online support

Bivariate correlations among the study variables are presented in *Table 2*. As expected, significant positive correlations were found between emotional mental health and both objective and subjective care strain. Foster parents with higher levels of subjective and objective care strain, both generally or COVID-19 related had higher levels of depression and stress, but not anxiety. No significant relation was found between emotional mental health of the foster parents and children's behavioural problems.

Tabel 2. Bivariate correlation coefficients r

Variables N=36	1	2	3	4	5	6	7	8
Objective care stress	1	.713**	.567**	.567**	.175	.535**	.568**	.221
Objective COVID stress	.713**	1	.378*	.378*	.029	.467**	.463**	.019
Subjective care stress	.567**	.378*	1	1.000	.223	.448**	.443**	-.136
Subjective COVID stress	.567**	.378*	1.000	1	.223	.448**	.443**	-.136

Anxiety	.175	.029	.223	.223	1	.565**	.680**	.020
Depression	.535**	.467**	.448**	.448**	.565**	1	.842**	-.116
Stress	.568**	.463**	.443**	.443**	.680**	.842**	1	.040
Conduct problems	.221	.019	-.136	-.136	.020	-.116	.040	1

** Significance level 0.01

* Significance level 0.05

4. Discussion and Conclusions

We found that more than half of the foster parents of children with disabilities experience emotional mental health problems, objective and subjective care related strain, and that online support for children problems result in less conduct problems of children. Yet, no effect of specialised support was observed in parent emotional mental health and care strain. Furthermore, more than half of the parents perceived that the care related strain they experienced is related to COVID-19 pandemic. Moreover, about 11% of foster care parents show clinical levels of emotional problems (depression and stress) that require specialised support. Nonetheless, foster parents with higher levels of COVID-related objective and subjective care strain have poor emotional mental health such as higher depression and stress.

Few studies exist on the impact on COVID-19 on families of children with disabilities (Chen et al. 2020) and foster care (Miller et al. 2020) so we discuss the implications and recommendations in relation to these studies and broader research on this issue.

These results are in line with previous studies that found an increase in stress, mental health problems and care pressures in families of children with disabilities during COVID-19 pandemic (Chen et al., 2020) and foster care parents (Miller et al., 2020). Similarly, we observed that increased COVID-related objective demands for care predicted emotional mental health of parents replicating the results obtained in families of children with mental disabilities (Chen et al. 2020) in the case of foster carers of children with disabilities (Miller et al. 2020).

It is possible that the pandemic prevents access to resources and solving eventual care problems. We did not find that emotional mental health is related with children's conduct problems but rather with objective care strain. So, it is possible that the pandemic may interfere with the ability of parents to regulate the impact of care effort into family functioning rather than the pandemic resulting in higher levels of behaviour problems in these children. Although previous studies identified higher behaviour problems in children because of the pandemic, we did not find increased levels of behavioural problems (the mean behaviour problems in our sample were under the cut off for conduct problems).

Another important result is in relation to the effect of the online specialized support for foster parents. Although the support was found as helpful and resulted in reduced ratings of behavioural problems, no significant difference was observed in relation to foster parents' mental health and care-related strain. Given that foster parents' mental health and stress is important and may prevent unplanned placement breakdown, our results suggest that specialised support for

emotional mental health and stress should be provided for foster care. Previous studies found that parenting-focused stress reduction programs may significantly reduce stress, behavioural problems, and improve mental health in foster parents (Gavita et al. 2012) and parents of children with disabilities (Tiba, 2010; Tiba & Vadineanu, 2010). Thus, offering these kinds of services may come in support of foster parents to manage pandemic related care difficulties and children's behavioural problems.

5. Implications

This study has several implications for the foster parents of special needs children. On the one hand, the results showed that about 11% of foster parents had clinically relevant emotional health problems and more than half of the parents have significantly elevated emotions during the pandemic. The result suggests the need to provide parenting interventions focused on reducing the parenting strain in foster parents of special needs children. This should be addressed to improve parents' mental health.

6. Limits of the Study

Several limitations should be considered. The results should be interpreted taking into caution the limited number of participants. A larger number of subjects are required for generalisation of these results to the entire population of foster care parents. Furthermore, the conclusions should be limited to female subjects. Few male foster parents participated in the study.

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