



## Improving the Well Being of Youth in Foster Care

Adopted November 2014

### Overview

Last year, the Council determined the topic of improving well being for foster youth to be one of two areas of focus. The larger child welfare community- including: policy makers, academic institutions, state level workers, as well as a variety of other important groups- are discussing the topic of well being. The Council determined it was important to capitalize on the timing of the national well being discussion and provide the youth and alumni perspective as the larger child welfare community is still shaping an approach to improving youth well being.

To create these recommendations, the Council referred to the framework recognized by the Administration for Children and Families which compartmentalizes well being into four domains:

- Cognitive functioning
- Physical health and development
- Behavioral and emotional functioning
- Social functioning

To inform the Council's recommendations about youth well being, the group conducted a poll of their peers to better understand the current state of the issue and how young people think well being can be improved while in care. The Council intends to use the results in educating policy makers and the larger child welfare community.

### The Council's Poll

The Council developed and distributed a poll in August 2014. The poll instrument was designed to emulate the Adolescent Health survey as a comparable sample to non-foster youth. Although the poll was not empirically conducted<sup>1</sup>, members believe the results provide interesting insight from peers and used the results to guide recommendations for improving the well being for foster youth. Some of the Council's key findings from the poll include:

- Only 42 percent of foster youth reported feeling socially accepted. This is half the number of their non-foster peers feel (84 percent). The theme of social inclusion and peer support is highlighted in many of the Council's recommendations.
- Most foster youth do not feel close to their biological family. While the majority of overall youth feel close to their biological parents (79 percent to 88 percent), only 17 percent of

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<sup>1</sup> One of the shortcomings of the Council's survey is that a disproportionate number of the respondents had aged out of the system, rather than be reunified with their families – likely skewing results.

foster youth and alumni feel close to their biological parents. Further exploration reveals the particularly devastating issue of sibling separation and lack of closeness to other biological family members.

- 40 percent of foster youth do not feel hopeful about the future. Only 36 percent of foster youth reported feeling hopeful about the future, compared to 62 percent of non-foster youth. Hopefulness is reported to be a key factor in establishing resilience, so this finding is of great concern to Council members and sparked many conversations about increasing hope in the lives of young people in foster care.

The Council believes additional research is needed in the area of foster youth well being, as some of the Council's questions have not previously been asked of foster youth (according to the Council's light scan of published research). Members believe the results of the poll are helpful in pointing to future research that could be pursued.

### PRIORITIES

- **Design and develop tools to ensure states' accountability to increasing well being outcomes of our brothers and sisters in foster care.** Presently, states lack an accountability structure for well being. Many tools exist to support caseworkers in their work in safety and permanency. These tools allow a data driven approach to meeting goals for safety and permanency. While a child's well being is difficult to quantify, the council believes areas of measurement can be developed to allow states to craft tools which can begin to assess, with youth, their well being.

Many youth exit care into a safe and permanent family, but their well being suffers. These deficits can take shape in many forms. For example, youth often lack an understanding of their foster care experience and how trauma relates to their overall well being. Factors, such as frequent moves or school disruptions, resulting from the foster care system impact the well being of youth in foster care but it is unclear to what degree due to lack of measurement in this area. The Council proposes several baseline indicators for a measurement tool:

- Peer to Peer Support, leading to increased social inclusiveness
- Meaningful participation in treatment plans and medical options
- Relationships with siblings and fictive kin
- Consistent access to high quality healthcare

*Youth voice: "We relocated to many different placements. I was never told why I had to leave my family. Even to this day, I cannot tell you why I went into care."*

- **Prioritize our access to 504s and IEPs, thus increasing our educational success and cognitive functioning.** Young people who have experienced foster care and emerged successfully indicate that someone from their school played a critical role in guiding them – academically and otherwise. Too often, these important stakeholders are not at the table when important decisions are being made about a youth's case plan and team meetings. School placement should take into account the youth's social inclusion, rather than strictly considering academic performance. Educators should recognize that school is often a gateway to a youth's social and emotional well being, and often provides a pathway to permanence.

The Council urges the ACF to build better collaboration between Child Welfare and Education. We believe this starts – and should be modeled – at the federal level, with stronger collaboration between the ACF and the Department of Education.

In this partnership the Council also hopes to achieve priority access to compulsory education services, including 504s and IEPs. The particular needs of youth in foster care are ignored because school districts must work with limited resources to provide an appropriate educational setting for as many students as possible. When young people in care demonstrate a need for special accommodations in a school setting, schools should act swiftly to address the need and offer corresponding accommodations. Young people from foster care should not need special advocates to achieve success in school and receive reasonable accommodations; there should be support or directives for those institutions to provide compulsory services to students in foster care.

*Youth voice: "My school knew I needed access to special education services due to my learning difficulties and low performance, but they attributed my problems to my behavior and foster care experience. It wasn't until college when I was officially diagnosed with a learning disability, one I've had since my childhood."*

- **Provide us with a report from HHS, CMA and/or GAO regarding the implementation of the ACA and other provisions that profoundly impact our health.** Although many youth now have access to health care coverage through age 26, many foster youth are losing their coverage during the re-enrollment process and transitioning between states. Some reports show that young people are not even being notified that they have access to health coverage through the ACA provisions. The Council asks the ACF to request reports that will shine light on what states and jurisdictions are doing about:
  - Interstate coverage of Medicaid (reporting on states that are covering youth who move there (or, alternately, covering their own youth if they move out of state); interstate coverage is impacting youth who move out of state after leaving foster care to attend college or to establish permanence
  - Medical home tracking
  - The number of youth who have aged out with coverage, as compared to the total of the eligible population
  - Power of attorney/proxy requirements
  - Extended healthcare access for dual adjudicated/juvenile justice youth
  
- **Modernize our Chafee Independent Living Programs to focus on well being.** There is growing evidence that classroom-based life skills training is not effective in preparing youth for the transition to adulthood. Yet, in ILP classes across the country, foster youth are overwhelmed with information about job applications and budgeting and rarely receive any guidance on soft skills or information that would improve other aspects of their well being.

Like their peers, foster youth need developmentally appropriate opportunities to make decisions on their own. Fortunately, PL 113-183's inclusion of Normalcy and Prudent Parenting provisions offers promise that young people may have more access to healthy risk-taking and decision-

making. The Council encourages the ACF to consider demonstration projects that re-envision current ILP classroom-based instruction with a new vision for ILP that would target soft-skills, such as: relationships, sex education, Internet safety, and skills for reconnecting with biological family. Ultimately this will lead to youth to developing an increased sense of hopefulness about their future.

*Youth voice: "I knew as a young person in New York long ago that the circle of support was essential. This is needed. It's a health care service that needs to be echoed on the national level."*

Many foster youth care very much for their biological family members and separation can be extremely traumatizing. Family members can act as supports through foster care and supporting youth with positive relationships with family members is an opportunity to teach foster youth about healthy relationships and boundaries.

- **Require states to include our medical card as one of the vital documents we receive when leaving care.** Every foster youth who ages out of foster care should be provided a Medicaid card, along with youth-friendly instructions about how to use it and what renewal requirements are, unless it can be demonstrated that other health and mental health insurance is in place to cover them. Foster youth need access to training to ensure they understand why health insurance is important, how they can receive services when they need them, how often they should see a doctor, where to access services, who to call with any questions about health care insurance or medical needs, and health particulars specific to their own needs.

*Youth voice: "After I aged out of foster care and graduated from college, I became an ILP caseworker for youth in foster care. During this time I was working with a young man who was with a loving family but a family that made all of his doctors appointments for him and managed his medications. When this young man aged out of foster care, he (being very inexperienced) did not even consider his very serious health matters. When he passed away barely three months in to his school year, I was devastated and immediately blamed myself for not adequately preparing him for his medical needs."*

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*About the Council: The National Foster Care Youth and Alumni Council convenes to provide federal stakeholders with relevant and timely information as policies and procedures are created that will affect children and families throughout the country. The Council represents a collective viewpoint of youth and alumni who have personal experience in the child welfare system. The Council is a partnership between Foster Care Alumni of America and FosterClub, with generous support from Casey Family Programs. Visit us online at [www.nationalpolicycouncil.org](http://www.nationalpolicycouncil.org).*