

Prevention Brief

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Providing Effective Prevention Services to Youth in Foster Care

By Belinda Basca

There's a saying that when you marry, you are not only marrying the person, you are marrying their family as well. The same may be said for foster youth when considering prevention strategies...you are not only providing preventive services for the youth, you are working with an entire child welfare system. Youth in foster care deal with all of the same problems and challenges as non system-involved youth, but in addition to normal developmental factors, they are also grappling with adverse childhood experiences, family disruptions, and a system that may be overburdened and, at times, under responsive to their individualized needs.

-Stacey Savelle, Commissioner on the Los Angeles County Commission for Children and Families

When a child is removed from the home, multiple organizations and people become involved in caring for that child and addressing his or her needs. Several Safe and Drug-Free Schools and Communities (SDFSC) grantees focus specifically on foster youth as a target population within their scope of prevention services. In addition to these grantees, many of the other grantees operating programs such as *Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)* or *Strengthening Families Program (SFP)*, may not specifically target foster youth, but find that they have foster youth participating in their programs. By understanding the complex needs and underscoring the context in which services are provided, all SDFSC grantees can adapt their service models to effectively serve foster youth.

Youth in Foster Care—Why and Where?

Most children become a part of the child welfare system because of confirmed child abuse or neglect, commonly referred to as maltreatment. Within that system, *foster care* refers to the care of minors who, for safety reasons, have been placed in out-of-home living situation. Minors may be removed from their home due to severe maltreatment defined as neglect, physical abuse, sexual abuse, and emotional abuse. Child maltreatment can also include harm that a caregiver allows to happen or does not prevent from happening to a child.¹ Youth may also be placed out-of-home due to the parent's inability to address their child's delinquent and/or high risk behavior.

Foster care is meant to be temporary with the goal of returning children to a safe, healthy, and permanent living environment. Nationwide, 86% of all children exiting foster care were discharged to a permanent home (reunification with family, adoption, or guardianship), with the other 14% being emancipated or having their cases transferred to another jurisdiction.²

Youth who initially enter the child welfare system may be placed in emergency care, a licensed shelter, transitional living program, juvenile detention (when a child has committed a crime), or a licensed Community Treatment Facility (when mental health and/or substance abuse treatment is necessary). If a juvenile dependency court determines it is not safe for a child to remain in or return to their home, he or she may then be placed in foster care. Types of foster placements include licensed foster homes, relative (or "kinship") placements, and group homes. Nearly a quarter of youth in foster care are placed with kin (grandparents, other extended family, single individuals).³

Explaining the Increased Risk for Substance Abuse and Violence among Youth in Foster Care

Substance abuse is a factor in at least three quarters of all foster care placements. Foster youth exhibit higher rates of illegal drug use than youth who have never been in foster care (33.6% vs. 21.7%)⁴, and recent studies indicate high rates of lifetime substance use and substance use disorders for youth in the foster care system.⁵

Implications of family substance abuse

Often times, the alcohol and other drug (AOD) issues faced by foster youth can be traced to a family history of substance abuse and chemical dependence. Parental addiction, both prenatally and during child rearing, is a significant factor in child abuse and neglect cases and can be a contributing factor in the removal of a child. These predisposing factors are multifaceted with research showing hereditary links, the influence of social norms on substance use in the family, and the use of alcohol and other drugs as a learned coping mechanism. Studies suggest 40% to 80% of families in the child welfare system are affected by alcohol and drug addiction.⁶

Emotional harm and substance abuse

Maltreatment in the home, even when substance abuse is not a contributing factor, can leave a child more vulnerable to substance abuse in childhood and adolescence. One of the most common coping strategies used by youth who suffer emotionally is self-medication through alcohol and other drugs. This

- *The average length of time spent in out-of-home care for a child whose parent is not chemically dependent is ten months.*
- *For a child whose parent is chemically dependent, the average is 26.8 months.*

Source: The Impact of Substance Abuse on Foster Care Connect for Kids.

<http://www.connectforkids.org/node/57>

Learned behavior and circumstances repeat

Parents who themselves were once in foster care are nearly twice as likely to have their own children placed in foster care or become homeless than parents without this history.

Source: National Foster Care Youth Statistics. On the Move. <http://www.onthemovebayarea.org/node/561>

behavior can lead to further victimization, mental health problems, addiction, and lack of self-care. In extreme cases of child maltreatment, where exposure to abuse is repeated and/or severe, research shows that there can be changes in brain physiology that, in practical terms, impact how children think, feel, and act.⁷ Such changes can leave these children at higher risk for a variety of mental health problems and addictions. Nationally, half of children and youth in the child welfare system have mental health problems.⁸ Foster children face separation from their primary caregivers, a lack of permanency, and difficulties transitioning out of the system—situations that fuel further psychological hardship.



Violence

Violent situations in the home can occur in the form of physical, sexual, and emotional abuse and neglect, either to a child or to other members of that child's family. This can result in foster care placement. Of the 905,000 American children placed in foster care in 2006, 64% experienced neglect, 16% experienced physical abuse, and 9% were sexually abused.⁹ There is accumulating research and clinical evidence that physical, sexual, and emotional abuse and neglect during childhood increase a person's risk of developing substance abuse disorders.¹⁰ Youth who have been abused are also at risk for experiencing a host of mental health problems, including depression, post-traumatic stress disorder, dissociation symptoms, reactive attachment disorder, low self-esteem, social problems, suicidal behavior, aggression, conduct disorder, attention-deficit hyperactivity disorder (ADHD) and problem behaviors, including delinquency, and risky sexual behavior.¹¹ The relationship between exposure to violence and risk of mental health problems, in particular substance abuse dependence, underscores the need for prevention providers to include violence-related prevention services, particularly when working with foster youth.

A lack of permanence

Youth in foster care often experience multiple placements in homes and schools. The more changes in placements, the more likely they are to change schools. This in turn impacts access to activities and programs, including student assistance programs (SAP) and the substance abuse prevention services included in these programs. Children experiencing numerous placement changes are also affected emotionally, cognitively, and physically—contributing negatively to both the feelings they internalize as well as behaviors that they display.¹²

According to the California Foster Youth Education Task Force, for every change in school setting, foster youth fall three to six months further behind their classmates, creating a downward spiral. Consequences include alienation from teachers and peers, a loss of self-efficacy (the feeling of success), detachment from school, and the acquisition of friends who are also alienated. As a result of poor attendance and low academic achievement, these youth may be transferred to continuation or community day schools. Survey data show that community school students are more likely to use drugs and alcohol with higher frequency and in higher amounts than their non-continuation school peers.¹³ This reveals the need to imbed substance abuse prevention services into continuation schools.

When foster care ends

Youth typically leave foster care when they reach the age of maturity, which is at age eighteen in California.¹⁴ In rare instances, under certain guidelines, some youth may emancipate and live independently as early as sixteen. Depending on the county requirements, they can receive independent living program (ILP) services to age twenty-one, whether they remain in the child welfare system or emancipate. According to the U.S. Census Bureau, of the approximately 500,000 children in the foster care system nationwide, an estimated 21% (24,000) age out of care each year and live independently.¹⁵

These youth face challenges establishing a safe and secure living environment. One study reports a fifty percent homeless rate for youth who have been in foster care or probation.¹⁶ There is also a small, but vulnerable population of youth who leave their placements before age eighteen (i.e. runaways, early emancipation, etc.). Many of these youth live in marginal or homeless conditions, which present an obvious risk for substance abuse. An analysis of three national surveys found that youth living on the streets had markedly higher rates of drug abuse and were involved in more serious drug use than either youth in shelters or youth living at home.¹⁷

Fortunately, there have been state and federal efforts to ensure the availability of support services and ILPs that continue until age 21. ILPs were first established in 1986. Although not as secure a safety net as remaining in foster care, ILP services are meant to provide support, resources, and information to eligible youth as they transition out of foster care. Assembly Bill 12, proposed California state legislation, would enact the federal law (PL 110-35) supporting youth who remain in foster care past the age of eighteen, provided they are actively employed or working on an educational plan. The federal funding gives states the ability to establish relative guardianship programs with the federal government contributing to the costs.



Current Trends in Foster Care Services

Over the past several years, three focus areas have emerged that provide promise for addressing some of the challenges that confront youth as they move through the foster care system. Prevention programs serving youth in foster care can play important roles in promoting these solutions.

- **Permanency and adoption.** To address problems that result from the transient and unstable nature of foster placements, there has been a movement to provide more permanence for youth in foster care. These efforts include strategies to preserve families (or avoid removal) and, for children who are removed, ensure that adoption or permanent placement occurs as soon as possible. There are also strategies to reduce placement changes, to improve continuity in educational and social

A new academic study compares foster youth in Illinois, who remained in that state's foster system until age 21, with foster youth from Wisconsin and Iowa that have a cutoff age of eighteen (same as California). Researchers found that Illinois foster youth were:

- three times more likely to be enrolled in college,
- 65% less likely to be arrested, and
- 38% less likely to get pregnant as teenagers.

Source: Courtney, M.E. et al. (2007). Midwest Evaluation of the Adult Functioning of Former Foster Youth. Chaplin Hall at the University of Chicago. http://www.chapinhall.org/article_abstract.aspx?ar=1355

services, to instill a sense of normalcy in childhood, and to support informal community relationships and service connections for foster youth. Later in this brief, we provide a variety of strategies by which prevention programs can promote permanency for youth in placement.

- Transition and emancipation support.** Transition-age youth (TAY) often continue to struggle with permanency issues, as they try to establish a place in the community for themselves as adults. Recognizing that many youth are not ready to exit the system at age eighteen, there has been an increase in the availability of support services and ILPs that continue until age 21 (see page 4). These services include assistance with housing, jobs and internships, mental health and other community services, education and scholarships, and basic living skills and resources. AOD prevention programs that want to effectively serve youth in foster care might consider transition-related needs of youth, and they may find ILP and emancipation providers to be useful allies.
- Coordinated inter-system infrastructures to meet a continuum of needs.** For decades, social service providers working with children in foster care encountered significant barriers due to systemic issues such as a lack of communication across systems and excessive “red tape.” A recent trend emphasizes coordination and integration of these systems to achieve a seamless *continuum of services*. In other words, states and counties increasingly strive to promote collaboration among children and family service departments, foster placements, mental health systems, emancipation and independent living programs, school districts, and other public and community resources, so that youth needs are met comprehensively and do not “fall between the cracks” in the system. By building effective collaborations and reaching across bureaucratic barriers, prevention programs can fill important gaps in this continuum.

A main priority for youth who are emancipating from the system is the need for informal connections with caring adults in the community. California has pledged to identify and support this need through Assembly Bill-408.



Recent legislation to address these current trends includes:^{18 19}

- AB 408** requires caregivers to use a “prudent parent standard” to determine whether to grant permission for the child to participate in any particular activity. It mandates that all children in foster care have access to age and developmentally appropriate extracurricular, enrichment, and social activities. In addition, it requires the social worker to ask youth who are older than ten and have lived in group care for more than six months about people important to the dependent youth. The social study, evaluation, or supplemental report used by the court shall also include a discussion of whether the child has relationships with individuals other than the child’s siblings that are important to the child.
- AB 1412** expands AB 408 by requiring social workers to ask foster youth in every type of placement about adult relationships that are important to them, take actions to support and maintain those relationships, and explore them as potential permanency options. Additionally, social workers are required to allow youth to be involved in their case plan, particularly their permanency plan, as soon as youth enter foster care. Youth are also to be involved in convening a team of adults that focuses on achieving and maintaining permanence.

Issue of Confidentiality with Foster Care Youth

Sharing of Information between Schools and Child Welfare Agencies

Federal and state laws regarding child welfare and school records provide very specific rules for the sharing of these records in the interest of protecting confidentiality. The federal Family Educational Rights and Privacy Act (FERPA), Individuals with Disabilities Education Act (IDEA) and regulations place stringent limits on the authority of schools to release student records to third parties.

Child welfare agencies are required by Title IV-E of the Social Security Act to include health and education records in the case plans of children in foster care, to the extent such records are available and accessible. That statute also requires that foster care providers be given a child's health and education records at the time of placement.

Child welfare agencies also are bound by strict confidentiality rules that restrict disclosure of information about children in foster care. Under Title IV-E of the Social Security Act, agencies may disclose such information only for certain enumerated purposes, including purposes directly connected with administration of the state plan for foster care and adoption assistance. Such administration includes development of a case plan for each child in foster care to "address the needs of the child while in foster care." To the extent that meeting a child's educational needs requires the disclosure to a school of certain information in the possession of the child welfare agency, then such disclosure would appear to be authorized by Title IV-E.

Guidelines for Sharing Information

School records may be released to a "parent," which is defined in FERPA regulations to include a "natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian." This definition can be interpreted to include a foster parent or a child welfare agency with legal custody of a child. School records also may be released with a parent's consent or in compliance with a court order or subpoena. Jurisdictions have therefore taken a variety of approaches to facilitate record sharing.

- In San Diego County, for example, a court order authorizes the sharing of records among a variety of people and entities involved in the education of foster children. These include the county office of education, school districts, the county health and human services agency, the county probation department and foster care providers. An interagency agreement governs, among other things, maintenance and use of the shared information.
- California's AB 490, enacted in 2003, requires release of student records to any county child welfare or probation department for the purpose of preparing a health and education summary as part of the case plan for a child in foster care and for educational case management purposes. The law authorizes school districts, county offices of education, and county child welfare and probation agencies to enter into agreements for the confidential electronic exchange of information.

Christian, S. (2004). *Educating Children in Foster Care*. <http://www.ncsl.org/programs/cyf/cpieducate.htm>

SDFSC Interview with the Expert

Stacey Savelle - Los Angeles County Commission for Children and Families

What should SDFSC grantees consider when working with foster youth?

There are many considerations for grantees. Foster youth are at-risk of further victimization, placement disruptions, issues of abandonment, educational gaps, mental health challenges, lack of attachment, and negative stereotypes. Those realities, complicated by working within a complex system plagued by high caseloads, a fluid workforce, and a host of state laws and local policies, make working in this environment more cumbersome than serving youth in need of services without the involvement of government. The investment is high but the outcomes can be life-changing.

Evidence-based programs are successful for foster youth when they recognize the holistic context within which they are provided and understand that involvement with youth means working collaboratively with other systems. The players in a child welfare system usually include at a minimum: the judiciary, social workers, foster caregivers, children and their natural parents. The system often incorporates some type of special education, health and mental health involvement, transitional services and partnerships with community resources.



On an individual level, prevention providers should understand the basics of how child maltreatment affects family dynamics and the victim. Also, providers should find out which clients are system-involved. Sometimes people may be referred to programs or voluntarily seek out programs without the linkage to a protection system being made. Is the foster parent the primary caregiver? Is the arrangement temporary or long-term? Are the natural parents in the picture? Can they also be included? Is involvement court-ordered or voluntary? Is the child an active and willing partner in your program? Are there ways that youth voices can help shape the program? Does the program have a transition plan when a foster youth changes placements abruptly?

An additional consideration is the type of foster placement that is being used. Experiences for a youth cared for in a kinship care situation is far different from one placed in a group home run by staff. If the youth is in foster care, is the foster parent an active participant in the program or supporter of the youth's involvement or is their commitment questioned. Any problems regarding caregivers should be discussed with the caseworker, foster family agency or group home administrator. Building these relationships ahead of time will make troubleshooting more productive should the need arise.

The more prevention program providers can involve youth in decision-making the better. An overriding issue for youth in foster care is their relative lack of control over decisions made on their behalf. The more providers can communicate with youth directly rather than through adults, the more the youth will feel invested in participating in what the program has to offer. Youth councils and leadership or empowerment training can lend credibility to and substantive youth involvement in a program.

It is vitally important that service providers dispel stereotypes of youth in foster care and focus on the youth's gifts and talents. Youth in foster care may test behavioral boundaries and be less likely to trust until they feel safe with staff. This is a protective response and not necessarily defiance. The more consistent the workforce, both in approach and in personnel, the more likely the youth will form positive attachments and open themselves to change.

Many prevention programs have a set number of sessions and the fact that the curricula is time-limited gives a youth in foster care more opportunity to complete the program before moving on to another home. Wraparound services and team decision making provide a way to enhance service continuity. If a foster youth moves to another setting, the chances are greater that at least one caring adult will stay in his/her life and may perhaps carry forward the gains the youth has made under the prevention program. Forging strong partnerships with schools, social services, therapists, mentors, volunteers, health professionals, the faith community, etc., can benefit the program whether or not it currently serves youth in care.

SDFSC Grantee Success Stories

San Bernardino County

Program Description

San Bernardino County is implementing the *Kinship Matters Program*. *Kinship Matters* is designed after the *CASA Striving Together to Achieve a Rewarded Tomorrow (CASASTART)* model program. Program services include intensive case management, support to foster families and relative caregivers, and linkage to community resources. Services are provided to foster or extended families (other than birth or adoptive parents) caring for children ages 6-15 living within the Rialto Unified School District. The goal is to reduce substance abuse, increase academic achievement, and reduce criminal involvement. Program youth experience more positive peer support and are more likely to be promoted to their next grade level. The program is based on a dynamic and ongoing collaboration between a social service agency, a school, and a local law enforcement agency. The program works at the individual/family level by providing a variety of direct services, including case management and linkage, while at the same time addressing community risk factors via community policing, and system improvements through enhanced collaboration, training, accountability, and systems development.

We asked Armando Chavez, Supervising Social Worker, from the County of San Bernardino's Department of Behavioral Health Alcohol and Drug Services, to share with us his insights on how his county is targeting foster youth within their *Kinship Matters Program*.

Challenges

- *Our program experienced unexpected implementation delays. Planning went well for program implementation, however, there were unforeseen changes in the departmental budget that resulted in an informal hiring freeze and delays in hiring project staff.*
- *Staff turnover was another challenge faced by our program. Cal State San Bernardino, in conjunction with Workforce Education and Development, provides paid internships for interns assigned to the Kinship Matters Program. Interns are being utilized to provide services along with program social workers at school sites or at home visits. However, these interns are only available for Kinship Matters during their academic school year. The challenge is once these interns leave Kinship Matters, the incoming interns require training on working with foster youth and their families, the CASASTART Model, and building relationships with community partners.*

Lessons Learned

- *We found that tailoring services based on the needs and strengths of each foster youth, family, and school site is very important. Each foster child has a unique set of circumstances, challenges, and family history. Developing relationships with foster youth and their families requires time, effort, and the willingness to be flexible when things do not go as planned.*

Recommendation

- *I would emphasize the importance of reaching out and developing long-term relationships with community- and, faith-based organizations, and government agencies. These partnerships benefit foster youth in the community by broadening the number of services that can be "wrapped around" foster youth and their caregivers to strengthen them and the family units in which they are members.*

Shasta County

Program Description

Shasta County's *Foster Outreach Strengthened through Empowerment and Resources (FOSTER)* program is designed for youth ages 11-18. The *FOSTER* Program was developed to address at-risk youth in the foster care system. The focus of the *FOSTER* Program is to improve services to foster youth by linking them with countywide activities, both public and private, that will increase their resilience using the Search Institute's 40 Developmental Assets Model. The goals are to reduce risky behaviors, reduce or prevent alcohol and substance abuse, and promote positive change. Increasing assets is linked to better outcomes and helps youth to grow up healthy, and as caring, responsible community members.

We asked Cindy Diezsi, Program Manager in Shasta County, to share her insights on how her county is addressing foster youth within their program services.

Challenges

- *One of the challenges for our program is getting all the players on the same page. Social workers need to know about the program so they can nominate youth; they also need to communicate to the Program Manager when there is a change in the youth's situation (primarily changes in placement). Foster parents/guardians need to understand their obligations. For example, the grant does not pay for transportation—this obligation falls solely on the foster parents/guardians.*
- *Another challenge we face is "finding" youth when they change placements, especially when they are re-united with their natural parents. Because the grant was written to provide services to youth as they move from placement to placement and even when re-united with their biological families, it is imperative that social workers and/or foster families communicate with the Program Manager when there is a change in the youth's circumstances. The Program Manager must obtain permission from the new foster parents or biological parents for there to be continuity in services. This can only happen if communication is open and ongoing.*

Lessons Learned

- *Some foster youth have not been able to 'dream big dreams' so they are unaware of the opportunities available to them through this grant. Some may act defensively because they have been disappointed in the past and are suspicious of new adults making promises. It is, therefore, extremely important that new adults take sufficient time to listen to and establish a relationship with these youth before pushing paperwork on them or telling them how good this new program will be for them.*

Recommendations

- *Keep youth at the center of the program. Take the time necessary to get to know each youth participant as an individual.*
- *Make sure all agencies and their key representatives are properly trained and informed about the grant, its focus, and anticipated outcomes before recruitment begins.*
- *Keep lines of communication open among all agencies, youth, foster families/guardians, and natural families.*
- *It might be an overused phrase, but it speaks truth—'Youth don't care what you know until they know that you care.'*

Sutter-Yuba County Program Description

Sutter Yuba Bi-County Mental Health is implementing the *Strengthening Families Program*. The *Strengthening Families Program* helps bridge communication between youth and their foster parents by helping parents to set effective limits, and to use empathy with their youth. Youth also learn about the potential harms associated with the use of drugs and alcohol, and involvement with violence, as well as how to use refusal skills when confronted with these risk behaviors. Sutter Yuba Bi-County Mental Health worked closely with the Foster Parent Association at the local Yuba College, as well as the school district and, at their request, formed a group of foster youth and parents to participate. The program is effective because it helps foster youth learn a sense of self worth, teaches them how to set goals, and gives them the awareness that there are people in their lives who care about them. The foster parents were eager to learn new skills in working with their youth.

We asked Dulia Aguilar, Substance Abuse Prevention Specialist for Sutter Yuba Bi-County Mental Health, to share her insights into how the needs of foster youth are met within the *Strengthening Families Program*.



Challenges

- *One of the biggest challenges that we faced during the seven week series occurred in the last session. Per the SFP curriculum, the youth were asked to write a letter of appreciation to their parents for all that they do. Many of the foster youth were placed in a group home and had a difficult time with this task. We therefore modified the curriculum and asked the youth to address the letter to an adult who has made a positive impact on their lives in some way. Because this assignment brought up issues of resentment and anger for some youth, they also had the option to forego the letter writing.*
- *Keeping to the time limits set by the curriculum was also a challenge because once the youth do open up, they inquire and talk more. We had to keep them on task with the curriculum's activities.*

Lessons Learned

- *Initially youth in foster care can present unique challenges, but when given the opportunity they are quite receptive and eager to learn. The Strengthening Families Program helps them do that.*
- *The program was well received by all and it brought the youth and foster parents either to a better understanding of one another or closer in their relationship. They are now requesting more sessions.*

Recommendations

- *Be sensitive to a foster youth's idea of belonging to a family. Make sure they know that a family can be anybody who cares for them, no matter if it is a traditional mother and father or grandmother and/or grandfather or older brother or older sister or a foster parent.*
- *Look at the curriculum and modify (not change) assignments based on the youth's situation, as in our letter example.*

Alameda County

Program Description

Alameda County Behavioral Health Care Services (ACBHCS) is implementing *Project SUCCESS*. The *Project SUCCESS* curriculum is made up of the following components: a) The Prevention Education Series, b) Individual and Group Counseling, c) Parent Programs, and d) Referral Process. The *Project SUCCESS* curriculum is interactive and incorporates a holistic approach to working with adolescents. The Prevention Education Series addresses some causes behind high-risk behaviors, focusing primarily on the use and abuse of alcohol, tobacco, and other drugs. The individual and group counseling is part of the Intervention Series, which is geared towards helping students with similar challenges discover ways to discuss issues and support one another.

The *Project SUCCESS* parent group educates parents and caregivers about the obstacles faced during adolescence. In the Parent Workshops facilitated by the *Project SUCCESS* counselor, the parents are encouraged to participate in discussions about ways that they can help promote their child's self-esteem, help them succeed in school, communicate effectively, and establish realistic and fair rules in their households. The final component is the referral process, which serves as a wraparound service to ensure the adolescents' needs are met in the most effective way. Students are referred to various community resources for services offered beyond school hours.

CARS asked Georgette Cobbs, Program Director for ASPIRE (Adolescent Services Providing Inspiration, Recovery, and Education) from Alameda County to share her insights into how the needs of foster youth were met within *Project SUCCESS*.

Challenges

- *One of the main challenges is that counselors are unable to identify foster care youth in the program unless they self-identify. At a younger age there may not be as much of a stigma being in foster care compared to during adolescence. For adolescents and young adults, it is important to feel some connectedness and identification with their peer group; therefore teens may be less willing to acknowledge that they are in foster care for fear they will be stigmatized.*
- *The conversations that occur between a counselor and youth may broach some difficult topics. In particular, youth may struggle as they talk about their natural parents, as well as their relationship with their guardians. These can be difficult obstacles for the youth and counselor to overcome.*

Lessons Learned

- *Being part of this process may help youth build healthy social skills and relationships. These students constantly want to be part of something meaningful for them and spend time with people who've had similar experiences.*

Recommendations

- *Be patient with this population. Listen more than talk. This population has several adults (but few, if any, biological relatives) making decisions for them. Work with strengths, social skills, and personal empowerment. Often, students have been shifted from household to household. Project SUCCESS is another form of adjustment for students.*
- *Encourage students to talk about their life in a different context. What were the most challenging parts about foster care? What were the most positive parts about foster care? Do youth feel there is enough support for these challenges? If not, providers may want to work with their social worker and/or case manager to ensure these challenges are met.*

Meeting the Needs of Foster Youth: Program Content and Service Delivery

Following are four suggested strategies for SDFSC grantees as they work with foster youth in their prevention programs:

1. Promote permanency: Foster youth who endure multiple living situations and school placements may have fewer interactions with prevention programs, making it harder for them to gain the intended benefits. On the other hand, prevention programs that provide supportive and stable environments may help ameliorate some of these challenges. Programs that continue to serve youth when their placements change are especially valuable and may be more effective.

Tips:

- Make sure that your program provides consistency and predictability.
- Offer programs in multiple locations on the same schedule, so that mobile children can “enter” a new location without disruption. Or, integrate existing prevention services into a broader program that has the potential to reach and sustain connections with foster youth.
- Encourage connections with caring adults (mentors, volunteer therapists, ILP workers, and other professionals) in the community who will stay connected with youth regardless of their path through the system.
- Ensure that case workers and new placement families are aware of your program, so that youth continue to receive services.
- Plan to make confidential check-in call(s) when a program’s services end.
- Connect older youth to available services within California county offices that provide emancipation and ILP services (including financial and other assistance).
- Coordinate and collaborate with the school district and county office of education, social and/or case worker(s), ILP coordinators, school administrators, guardians, and other service providers to ensure continuity of services.

2. Train staff about issues unique to foster youth: Reluctance to discuss feelings, to form secure attachments, to rely on others, or to let down their guard—these are some of the coping mechanisms foster youth employ. However, these strategies can hinder their ability to fully participate in prevention programming. To build up youths’ inherent resiliency, staff and volunteers must be well trained, supervised, and supported to work with youth from a strength-based approach. Careful management, clinical supervision, or other support may be necessary for staff with personal experience of foster care issues. Finally, staff may need training and support to reach across organizations and systems and work collaboratively with other professionals.

Tips:

- Discover whether staff have faced similar issues as those faced by foster youth, and provide an opportunity to discuss those issues, if needed.
- Determine protocols and appropriateness for sharing personal information with those served.
- Plan appropriate procedures and protocols for situations in which youth disclose personal information. Also, make staff aware of mandated reporting rules regarding suspected abuse and neglect.
- Train staff to work actively with other systems



serving foster youth (departments of child welfare, juvenile justice, mental health, and substance abuse).

- Stay abreast of and support policies and legislation that will ensure school success for foster youth.

3. Understand shifting family dynamics: A typical youth in foster care undergoes stressful and emotionally taxing changes during their time in the system.²⁰ They often experience feelings of fear, shame, guilt, anger, and confusion over their parent's circumstances. Many foster youth maintain a relationship and/or have supervised visits with their parent(s) of origin. Foster youth become part of a second family system, which may include foster parents, siblings, and other foster relatives, as well as their own biological siblings or relatives. In group placements, there is a "household" of youth and staff who must co-exist. Prevention providers can understand and appreciate these unique relationship dynamics and anticipate that a range of feelings and accompanying behaviors may be expressed by youth.

Tips:

- Avoid using only stereotypical examples of living situations, such as the stable nuclear family in printed materials and programming.
- Be careful not to make assumptions about parental involvement in the lives of youth.
- Monitor staff and volunteers to address their reactions to what youth share about the abuse or neglect they have suffered and other family dynamics.
- Consider the constraints and particularities of each placement and biological family.
- Ensure that outreach and service activities are welcoming and respectful of the placement situation of the youth.
- Remember that resources such as transportation and other supports may not be as available for youth in foster care.
- Be flexible with youth and their schedules to accommodate their appointments with physicians, psychiatrists, and social workers.

4. Reach out to foster youth, but avoid stigmas and labeling: Foster youth feel stigmatized for being part of the child welfare system and desperately seek to avoid being "found out." Special attention to service design should strike a balance between assuring that the unique needs of foster care youth are addressed, without identifying foster youth in a way that perpetuates stigma. These youth should not be publicly identified, marketed to, or singled out by prevention providers.

Tips:

- Review all printed materials and messaging to ensure that it is not stigmatizing.
- Ensure outreach strategies are neutral for the general population served.
- Avoid publicly identifying youth in your program as being in foster care or system-involved.

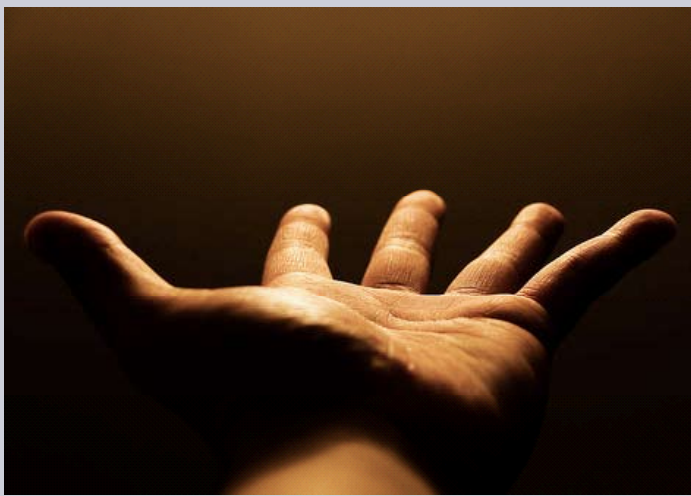
5. Address emancipation-related needs and services: Foster youth face immense challenges when they leave the foster care system. And after they "age out" of the system, half are unemployed, one-third go on welfare, and one-fourth become homeless.²¹ If the situation presents itself, prevention providers can work with foster youth to prepare them with the skills needed for a successful departure from the system.

Tips:

- Ages 13-14: Youth need to start thinking about their future and career interests, begin building permanent connections in the community, and start learning independent life skills (cooking and shopping, for example).
- Ages 15-16: Youth need to focus on job skills, college preparation, continued learning about

independent living (banking, learning to drive or use public transportation, for examples), and building stronger community connections.

- Ages 17-20: Youth are now in the actual process of emancipation and transition, so they require a great deal of support: job and college assistance, access to internships and other professional development resources, healthcare, mental health supports and services, and connections to basic resources such as housing, utilities, driver license/California IDs, and similar needs. Emancipation and ILP services (including financial and other assistance to address a full array of needs) are available via California county offices, but are vastly under-used. These youth therefore benefit from encouragement and assistance in connecting to available services. Every youth emancipating from the foster youth system in California is required to be connected with caring adults in the community.
- Ages 20-24: Youth of this age remain extremely vulnerable to homelessness, substance abuse, unemployment, incarceration, and other negative experiences. They are even less likely by this time to remain connected to emancipation services, though they are eligible until age 24.



Conclusion

The California Health Kids Survey data reveals that many of our state's youth experiment broadly with alcohol and other drugs. Foster youth do so at an even higher rate and with a broader range of more serious drugs. Yet they feel less peer disapproval for this behavior. This emphasizes why it is so important to reach out to foster youth and provide them with substance abuse prevention, violence prevention, and early intervention strategies. When prevention providers reach out to this population they must do so in a way that preserves an individual foster

youth's anonymity. They must train staff to better understand the unique situations and pressures that can influence behavior choices and create additional emotional burden for foster youth. Meeting foster youths' unique needs also calls for special attention to service designs and referral procedures that take into consideration altered living arrangements and adjustments to new schools, with an added focus on helping youth stay connected and grounded.

About the Expert

Stacey Savelle is a Commissioner on the Los Angeles County Commission for Children and Families, a body that oversees the work of public child serving agencies in the county. She retired from the Department of Children and Family Services in 2004 after more than three decades providing social work and managing programs ranging from policy development to services for runaway and homeless youth. Since retirement she has been an independent consultant for mentoring and adult transitional services programs. It is from the perspective of social worker, consultant, adoptive parent, youth advocate, and foster youth mentor, that she addresses the imperative that every foster youth achieve permanence and share a lasting connection with at least one caring adult.

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- ¹³ The California Healthy Kids Survey aggregate data for 2005-2007 shows, for example, that 85% of continuation and community day high school students report "Any AOD use," compared to 67% of 11th grade students across CA. www.wested.org/chks/pdf/CA_Agg_Upper_0507_tr.pdf
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