



## VOICE OF THE FOSTER CARE COMMUNITY

Youth in Foster Care, Caregivers and Frontline Child Welfare Workers Speak Out



This study was made possible with funding from the Conrad N. Hilton Foundation





## Artist Statement:



*I was a foster kid once, which makes this project extra special and close to my heart. This mural design features kids getting over a wall. The wall is an obstacle in life that can represent a lot of things such as trauma, ugliness, bad times, a dark place, or a bad situation. Sometimes we can't always do things alone.*

*The help of others is needed to get over the hurdles in life, helping us climb up to a better place. The characters in this piece signify that. They are able to overcome adversity together, as a team. Past the wall you can see the other side, which is green and beautiful, with the ocean, sunrays, light clouds and positivity. I want everyone to know that there truly can be brighter days ahead.*

### **ENKONE, 2022**

This year's cover of the *Voices of the Foster Care Community* report features a captivating mural created by the esteemed and award-winning artist, Enkone. This remarkable artwork serves as the backdrop, providing a compelling visual representation of the foster care experience in America.

Throughout the report, you will discover an array of artwork created by young people who have experienced foster care firsthand. Their own unique and expressive pieces are featured prominently within the pages, providing an intimate glimpse into their emotions, perspectives, and personal narratives.

These artworks, carefully crafted by the talented and resilient youth, offer a powerful and authentic reflection of their experiences within the child welfare system. Each stroke of a brush, every color choice, and intricate detail encapsulate their individual stories, hopes, and challenges.

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# Introduction

Welcome to the 2023 Voice of the Foster Care Community Report. This report is a compilation of the lived experiences of over 4,500 Youth, Caregivers and Frontline Workers nationwide who are living in the child welfare system right now, or have recently exited.

The diverse perspectives of these groups are crucial to having the most comprehensive and balanced understanding of the state of the child welfare system and what improvements are needed.

This report gives voice to the thousands of participants who spent hours of their time to share their lived experiences, and thoughtful recommendations, to improve the lives of the over 3,000,000 children receiving traditional investigation or alternative response, the over 700,000 who receive services with their families, and the over 600,000 who spend time in the foster care system each year.

The research covers the child welfare system stages of prevention; removal and entry into care; time in care; exit to permanency, and; exit to self-sufficiency.

Participants reported on their experience in each stage; identified their service and support needs; and rated the services, workers and Caregivers they interacted with; permanency decision-making plans; and preparations for exit.

Youth, Caregivers, and Frontline Workers shared their personal stories and recommendations, based on their own lived experiences and those that surrounding them, for how the child welfare system could be improved by centering on the child and that individual child's well-being.

Their voices need to be heard, and their recommendations must be considered to improve this critical service.

# Methodology

This study employed qualitative and quantitative research methods, including a survey, open-ended questions, and listening groups with current and former foster care youth, Caregivers and Frontline Workers, to inform the field and drive directions for child welfare practice, policy, and research.

## Survey Methodology

The survey was administered from August through November 2022 and focused on seven key areas: bias, permanency, service provision, placement, workforce development, COVID-19, and child welfare reform. To ensure broader participation and obtain as many voices represented in the study as possible, researchers designed and administered a brief version of the survey for each subpopulation and a full survey, which took about 30 minutes to complete and asked 42 questions of current and former foster care youth, 35 of Frontline Workers, and 30 of Caregivers. Some questions were universal for all survey participants, whereas others targeted a particular group. The iFoster team anticipated that some participants might not complete a 30-minute survey.

In both the brief and long survey versions, open-ended questions were included to allow participants to share their thoughts. In contrast, the brief survey asked 13 questions to youth, 15 to Frontline Workers, and 12 to Caregivers. The survey was disseminated in English and Spanish; less than 1% of respondents completed the survey in Spanish.

## Listening Sessions

Between December 2022 and February 2023, the iFoster research team held 10 listening sessions with former foster care youth, Frontline Workers, and Caregivers to explore the main findings of the survey and inquire whether these findings were congruent or incongruent with their perspectives and experiences. Youth listening sessions ( $n = 4$ ) included only youth, whereas Frontline Workers and Caregivers attended listening sessions together ( $n = 6$ ). There were a total of 35 former foster care youth who participated in the listening sessions. Additionally, there were a total of 34 Caregivers and/or Frontline Workers that participated in the listening sessions; 21 Caregivers, 12 Frontline Workers and 1 participant with dual roles as a caregiver and adoption support worker.



## Recruitment and Sample

Former and current transition-age foster care youth (aged 16 or older), Caregivers, and Frontline Workers were recruited for the study through their enrollment in and use of the iFoster resource portal. The iFoster portal has approximately 70,000 members, which includes current and former transition-age foster care youth, Caregivers (e.g., foster care, kinship care, adoptive parents, guardians, etc.), and Frontline Workers (e.g., state, county or agency caseworkers, social workers, attorneys, Court Appointed Special Advocate [CASA], etc.).

Youth, Caregivers, and Frontline Workers came from 49 U.S. States. No respondents self-identified as coming from Wyoming. Still, many respondents chose not to identify their state of residence.

From a demographic perspective, respondents reflected the diversity of the foster care community in terms of the type of lived experience, race, gender, and sexual orientation. While respondents who identified as biological families receiving child welfare services were low, they exceeded year one's participation, and targeted efforts will be made further to include them in future Voice of the Community research.

Figure 1: Responses by Respondent Type

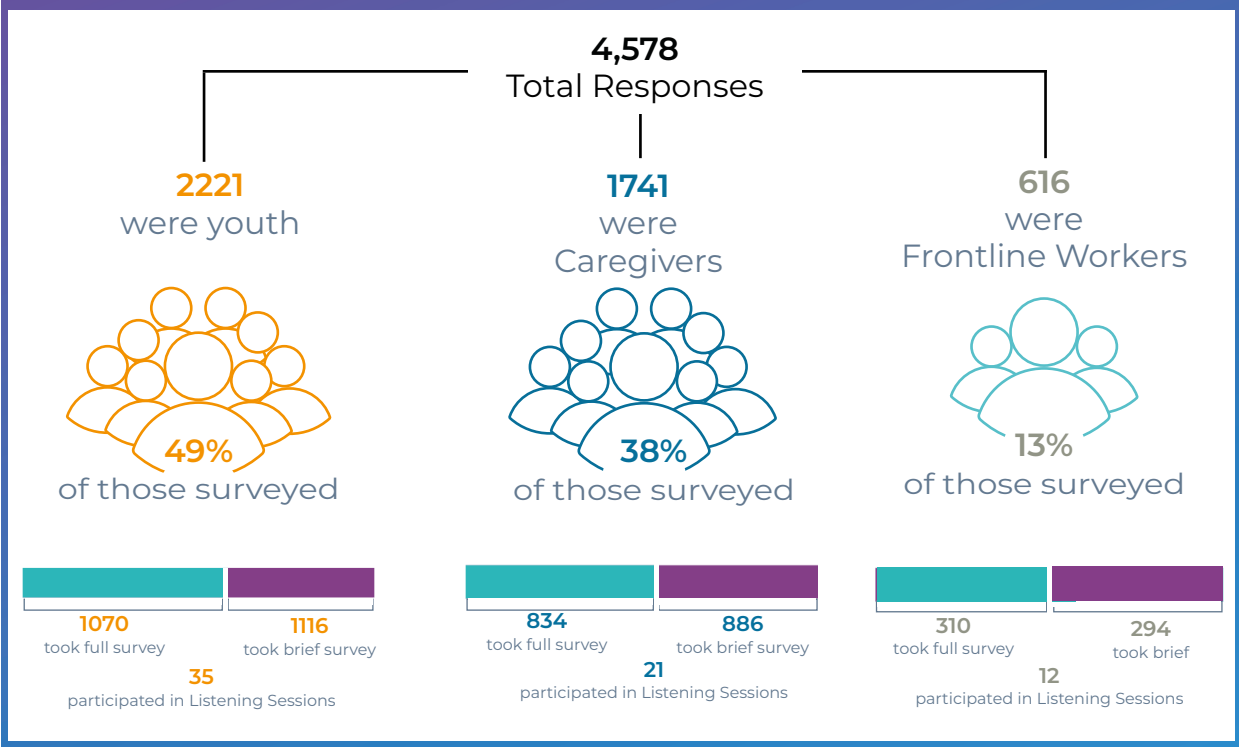
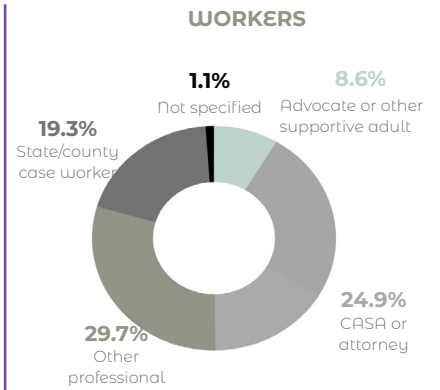
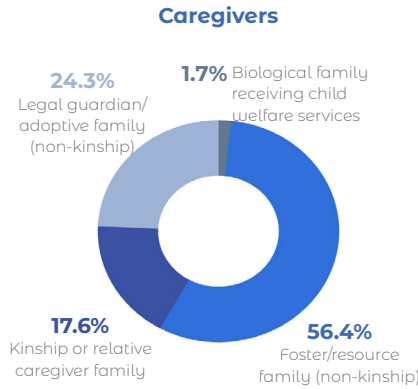
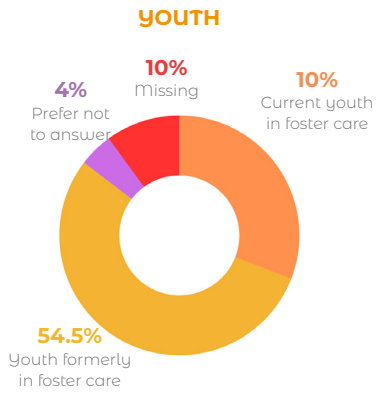
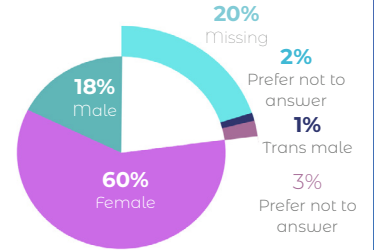
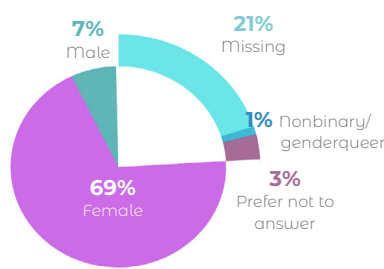
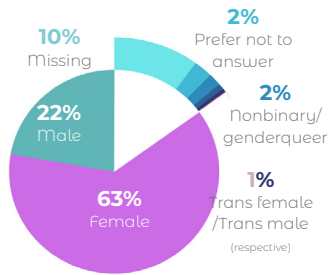


Figure 2: Respondent Demographic Overview

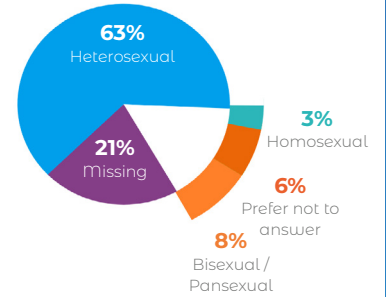
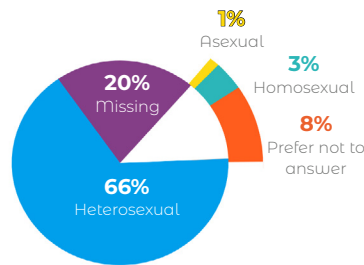
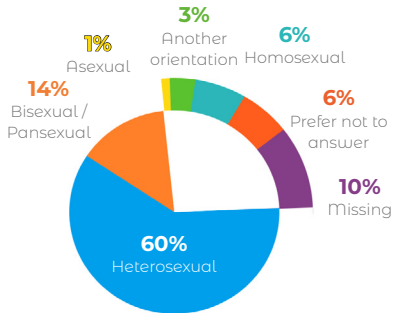
### Respondents by Type



### Respondents Gender

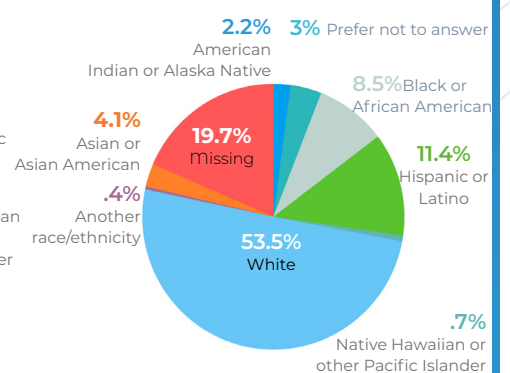
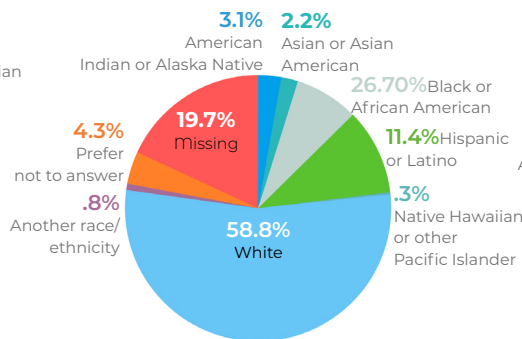
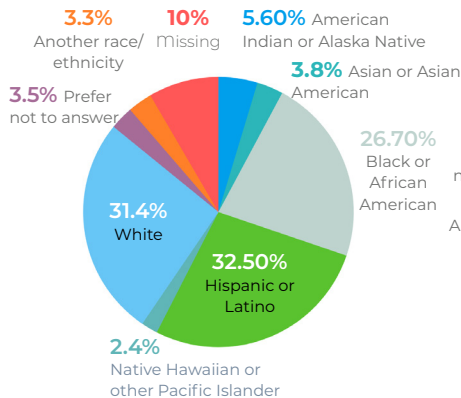


### Respondents Sexual Orientation



### Respondents Race/Ethnicity

(respondents may choose multiple categories, so %s sum to greater than 100)



## Data Analysis

The data presented in this report are the major findings that evolved from an iterative data analysis process. The first step in the analyses of the survey data was to eliminate duplicate and suspicious response patterns. In the brief survey, there were 112 duplicate surveys (i.e., the same name, IP address) and 384 suspicious response patterns (this included a combination of factors, such as multiple responses with the exact same language in open-ended questions, email/name combinations that were humorous, and groups of surveys with similar responses that started immediately after the initial one was initiated). Additionally, there were 521 responses that opened the survey but did not answer any of the survey questions, and therefore they were eliminated from the final sampling frame. This left a final sample of 1,708 brief survey respondents. For the long survey, there were 206 duplicate survey responses and 94 participants who started the survey but did not answer any questions that were eliminated from the sampling frame. This left a final sample of 1,498 full survey responses. Participants who participated in the short and long survey were entered in a raffle for one of ten \$500.00 gift cards. After the sampling frame was established, the questions' frequencies and percentages were examined, and pivot tables were created with the main findings.

Responses from the open-ended questions were placed in a Microsoft Excel document and analyzed by question topic. For example, each open-ended response about child welfare reform was analyzed. The general themes that evolved about child welfare reform were developed through memo writing and research team meetings. Quotes were aligned with each of the topics to ensure there was support from participant narratives for the themes that emerged. Once this process was complete, researchers examined if and how the qualitative responses by topic area to analyze how responses were convergent, divergent, or both within the topic area. Finally, ten listening sessions were analyzed and collated with data from the open-ended survey questions. Participants in the listening session received a \$50.00 gift card.

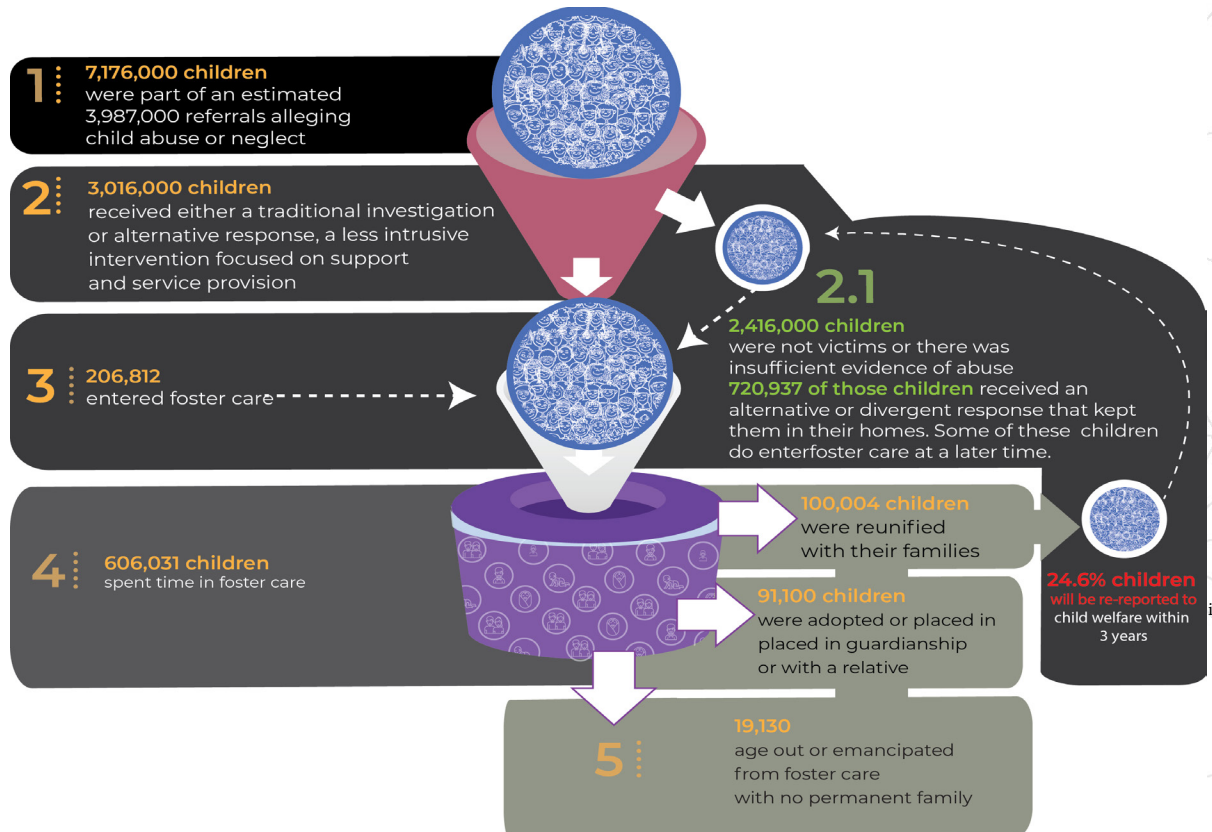


# THE CHILD WELFARE SYSTEM

In 2021, the most recent year of published data, child welfare agencies received an estimated 3,987,000 referrals alleging child abuse or neglect involving approximately 7,176,000 of our nation's children. Through a series of decisions and pathways outlined in the diagram system below, this number was reduced to 606,031 children and youth spending time in the foster care system during the calendar year.

**Figure 2: A Year In the Child Welfare System**

The Child Welfare System involves more than foster care. The various components can be viewed from the perspective of how children flow through the system.



<sup>i</sup> Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2021, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau

<sup>ii</sup> Patterns of Foster Care Placement and Family Reunification Following Child Maltreatment Investigations, ASPE Research Brief, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, US Department of Health and Human Services, December 2016

Of the 606,031 children that spent time in foster care in 2021, 206,812 children entered the system, 214,971 exited the system, and the remainder languished in the system throughout the year.

The average age of a child in care was 8, and their average time in care was just under 2 years, at 21.9 months.

The goal for most children is that they return to their parents in the fastest time possible while ensuring they are returning to a safe environment. As such, placements in foster care are supposed to be temporary unless the child's goal is adoption or permanent legal guardianship, often with kin. Exceptions are allowed but reserved for extreme circumstances.

The Adoption and Safety Families Act of 1997 suggests permanency timelines of 12 months for reunification, 18 months for guardianship and 24 months for adoption.

In 2021, 45% of children in foster care had spent longer than 18 months in care, with 33% spending over two years and 18% spending over 3 years.

Of the children who exited foster care in 2021, 47% were reunified with their parent or primary caregiver, 25% were adopted, 6% were living with relatives, 12% achieved permanency through guardianship, and 9% aged out or were emancipated.

# Prevention

## CONTEXT

By law, child welfare agencies must make reasonable efforts to maintain a child in their home through prevention and in-home services. Reasonable efforts are those that include services provided by child welfare agencies to preserve and reunify families prior to the placement of a child in foster care. These services aim to prevent or eliminate the need to remove the child from the child's home and make it possible for a child to safely return. These services are provided by child welfare staff and community providers, and they often vary from state to state. Broadly, these services can include parenting classes, mental health treatment, and treatment for substance abuse, among other supportive services. Reasonable efforts include home visits and safety checks performed by child welfare professionals. Services must also be culturally appropriate, accessible, and available.

Neglect accounted for three-quarters of all child maltreatment in 2021. However, there is no federal definition of neglect; each state defines it differently. Often, poverty is conflated with neglect. Complicating this issue is the overrepresentation of children of color and other vulnerable populations in the child welfare system. These families are more likely to come into contact with mandated reporters, policing, or federally funded services such as Temporary Assistance for Needy Families (TANF). Often through this surveillance, families come to the attention of child welfare agencies.



Child welfare agencies are aligning their practice to focus on preventive services as the Family First Act reaches its fifth anniversary. This Act enables state child welfare funding to be spent on preventing the removal of a child instead of being the traditional funding stream for a child placed in foster care. As a result, in 2021, based on reports from 45 states, 1.8 million children received preventive services, and 1.1 million children received post-response services or ongoing services traditionally seen as foster care.

Some interventions improve family economic hardship and reduce the likelihood of neglect. The Columbia University Center on Poverty and Social Policy noted the child tax credit from the American Rescue Plan kept more than 3 million children out of poverty, reducing monthly child poverty by 30%. In addition, states that expanded Medicaid coverage had 422 fewer neglect reports per 100,000 children. Given this, programs such as the child tax credit likely have an indirect impact on child welfare prevention by reducing poverty in families that are often most at risk for system involvement.

## FINDINGS

Caregivers and Frontline Workers were asked about what services would help prevent the removal of children and youth from their homes. Many Frontline Workers identified poverty as the root cause of child welfare involvement. Both Frontline Workers and Caregivers noted that interventions need to start earlier and that by the time the family comes to the attention of the child welfare system, prevention services may no longer be sufficient to mitigate safety concerns.

“ *In my experience, I have not seen anything that keeps a family together when it becomes too toxic. Sometimes the only way is separation to re-evaluate for everyone’s safety.*

FOSTER PARENT, STATE UNKNOWN

“ *Financial supports for families living in poverty. Early intervention, more outreach to children identified at risk of placement through schools/counselors, the Courts. possibly primary physicians could be first reporters to assist these children and families. there is significant stigma in trying to find help before children are removed from their homes.*

FOSTER PARENT, STATE UNKNOWN

Caregivers and Frontline Workers identified four key areas of intervention that may reduce system involvement for at-risk children and families: 1) anti-poverty services; 2) health services; 3) education and parental supports; and 4) parental accountability.

### 1) Anti-Poverty Services

Poverty is correlated with both neglect and rates of abuse during childhood. As such, more must be done to support families in overcoming barriers to economic progress. Housing, transportation, and childcare were identified as key resources needed to enable parents to retain employment. It was noted that these services do exist in communities, but frequently there are challenges with access. Also, the very fact that accessing government benefits such as TANF or food stamps brings families to the attention of child welfare can be a deterrent to families seeking the aid they need.

“ *Immediate hotel voucher assistance to cover hotel expenses until permanent housing is located by county caseworker.*

BIOLOGICAL PARENT, CALIFORNIA

“ *I think we should consider having a slow decrease in financial support when parents get jobs, rather than eliminating all government support when income goes above a certain amount. That would encourage people to work and help them have a strong start when they begin a job.*

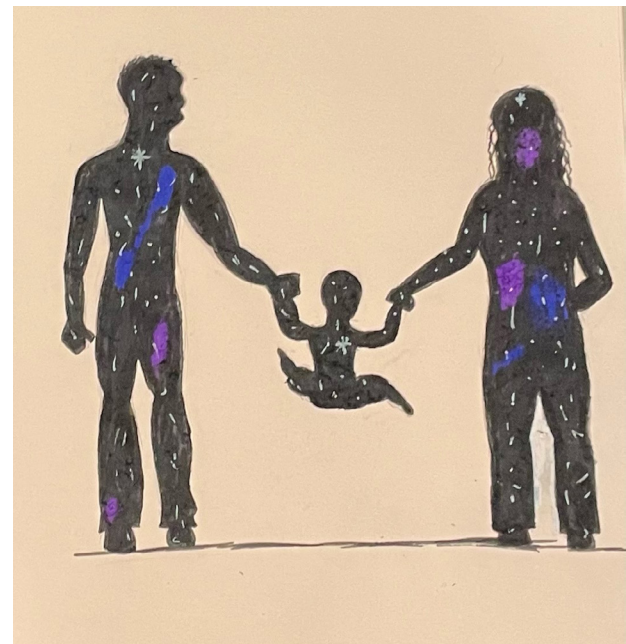
LEGAL GUARDIAN/ADOPTIVE FAMILY (NON KINSHIP),  
STATE UNKNOWN

“ *Transportation and childcare over various shifts to help with employment barriers.*

FOSTER PARENT, MICHIGAN

“ *We have programs for everything. What is lacking is the easy access to these services and the personnel to make it happen. Everyone seems to be “too busy” to intervene and support these families.*

FOSTER PARENT, STATE UNKNOWN



## 2) Health Services

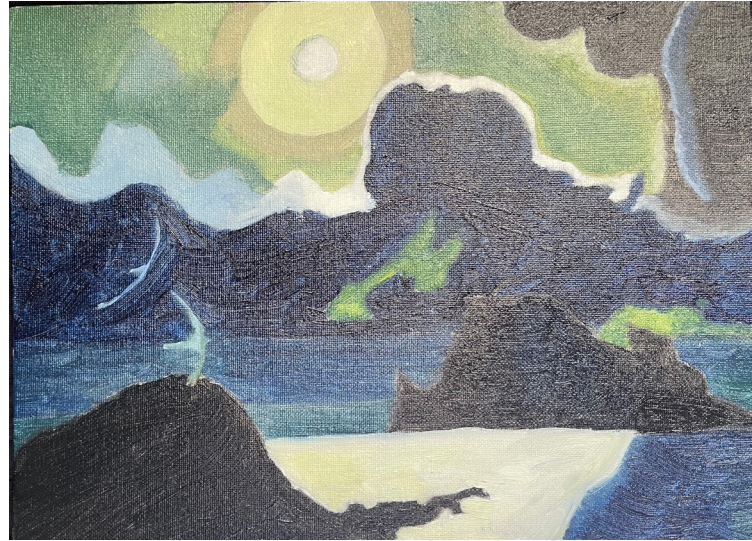
Substance abuse and mental health issues were cited repeatedly as reasons for child welfare involvement. Stigma around seeking treatment, as well as the lack of services or qualified professionals, were seen as barriers. However, both Frontline Workers and Caregivers stress that addressing substance abuse, in caring rather than punitive ways, would result in a greater likelihood of family stabilization and fewer children being removed. Innovative concepts such as respite care for biological parents, and leveraging foster and kinship parents to live in the home while a parent is going through rehab or working on their mental health and substance abuse issues, would be transformative.

“ *The mental health field is severely lacking in Western NC. There are extremely limited supports for adults (and children). The majority of foster children come from families who need mental health services*

FOSTER PARENT, NORTH CAROLINA

“ *Understanding that it takes a long time to break an addiction; would it make more sense to pay someone to live in the child's own home (possibly a relative) and give them a month stipend to help care for the kids while parents are trying to change while living in their own home.*

KINSHIP/RELATIVE CAREGIVER, STATE UNKNOWN



“ *Immediate mental health and therapy services. One of my kids had to be put on a waiting list for 9 months*

BIOLOGICAL PARENT, STATE UNKNOWN

## 3) Education and Parental Supports

Caregivers of all types suggest that there is a role for foster and kinship parents to play in the prevention of system involvement. Many Caregivers recommended enhanced training and fostering relationships with role models by having foster parents or family members work with biological parents, or even communal living if needed, to help the family and provide respite care. Recommendations included leveraging family resource centers to provide parenting classes and therapy, as well as a village approach where families could receive holistic, wrap-around services, parenting classes, and parent coaches.

“ *In home support for parents to learn the skills they are lacking to care for their children. I think some families would benefit from being paired with other families to support them along the way. The way that true foster care should be focused on reunification and the foster parents and bio parents need to be on the same team and not seen as adversaries.*

FOSTER PARENT, FLORIDA

“ Instead of paying foster parents - assist families in their homes with services, give the families a time frame to fix the problem before removing. Allow additional family members to assist the families. Within time frame, allow other family members to take in kids even if they temporarily will be sleeping on a couch. Strive more to keep families together. If families need assistance with cleaning house, offer assistance and training rather than pull kids out. Give the family time to correct the issue. So many kids are pulled out of the home without given a chance to correct the issue. I am not talking about the cases where danger is an issue, but more where food, cleanliness, living situation is the issue.

FOSTER PARENT, NEW YORK

“ I think family resource centers where families can be separated but on the same campus/ facility with services provided onsite would make reunification more likely. It sounds expensive, but so is having multiple workers running all over the city; parents going to classes and therapy in different locations. A one-stop Family Resource Center that is a community resource, which works both on prevention and treatment could be a better model.

ADOPTIVE PARENT, STATE UNKNOWN



“ I think it would be good to move the family to a facility where they would live, work, train and learn how to be a healthy family. This would allow the family to stay together while being supervised so the kids could both be safe and with their parents.

FOSTER PARENT, IDAHO

#### 4) Parental Accountability

Both Frontline Workers and Caregivers underscored the need to hold parents accountable. While providing easy access to services, training, and supportive adults is critical, without parent accountability, prevention will fail. Parents should be required to attend parenting classes and follow through with safety plans. Those receiving services should get mandatory home checks to help and further intervention as necessary to keep families from falling into severe neglect or build-up stress that could be detrimental to the child.

“ All of my children were receiving services of some sort from the state or government prior to removal. It would be beneficial if the state/government required home checks for everyone receiving services. This may lead to earlier intervention and reduce the instance of severe neglect. People receiving services could agree to this condition when requesting services.

FOSTER PARENT, STATE UNKNOWN

“ *Hold parents to a stable and achievable treatment or safety plan.*

FOSTER PARENT, NEVADA

“ *Legally require participation of parents in Parenting classes, anger management, drug &/or alcohol treatment, or any "pertinent" services. Most importantly, in situations where the removal is related to illegal actions - such as abuse, the parents should be held accountable.*

FOSTER PARENT, CALIFORNIA



# REMOVAL AND ENTRY INTO FOSTER CARE

## CONTEXT

According to The Adoption and Foster Care Analysis and Reporting System (AFCARS) data for fiscal year (FY) 2021, the most common reason for a child's removal was neglect at 63%, followed by parental drug abuse (36%), a caregiver's inability to cope at (14%), and physical abuse (12%). In ranked order, other circumstances that contribute to removal were housing, child behavior problems, parental incarceration, alcohol abuse, abandonment, sexual abuse, drug abuse by the child, child disability, parental death, and relinquishment.

## FINDINGS

### *Reasons For Removal*

Removing a child from their home is a traumatic experience for children and families, and by law should only be done when all other attempts to mitigate safety concerns fail. According to Frontline Workers, many factors are considered when a child is removed from their home, however, poverty is often cited as the main reason for removal. Frontline Workers indicated that poverty played a role in 77.5% of the removals. After poverty, Frontline Workers indicated that the leading reasons for removal were juvenile justice involvement, parent disability, and race/ethnicity. About 16% of Frontline Workers reported that sexual orientation and gender identity of youth "never" play a role in removal decisions. However, as noted in The Placement section of this report, 26.5% of youth reported feelings of discrimination related to sexual orientation and gender identity, as well as race and ethnicity.

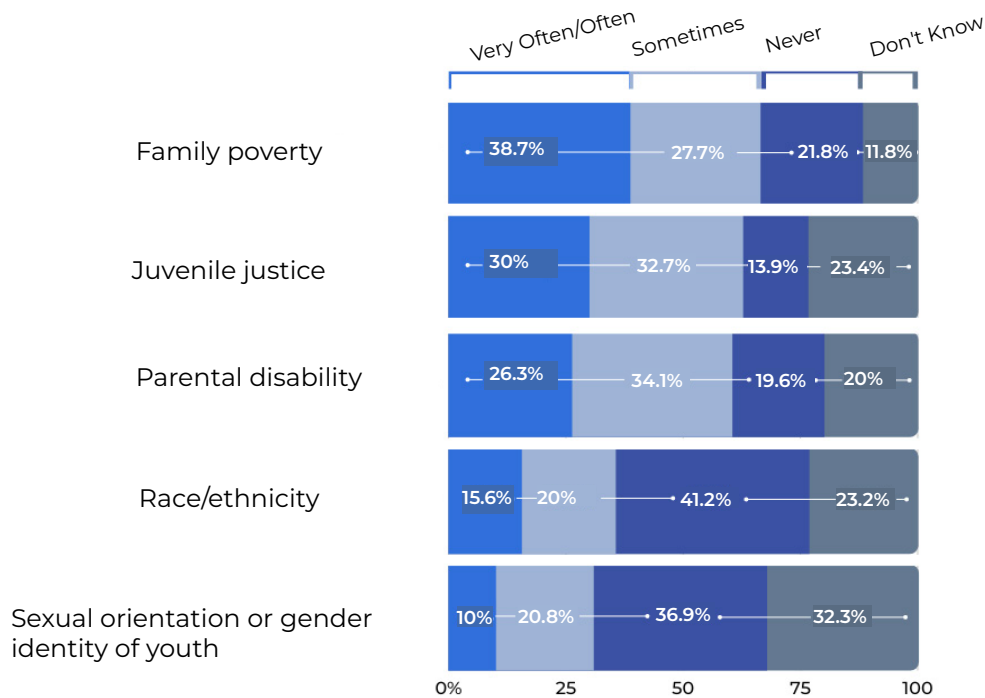
**Table 1: Frontline Workers' perspective on reason for removal**

	Very Often/Often	Sometimes	Never	Do not Know
Family poverty	77.5%	14.3%	4.6%	3.7%
Juvenile justice involvement	65.9%	24.9%	2.8%	6.5%
Parental disability	57.2%	34.0%	3.7%	5.1%
Race/ethnicity	55.1%	23.2%	15.3%	6.5%
Sexual orientation or gender identity of youth	39.8%	34.1%	16.4%	9.8%

These findings are consistent with those reported by Caregivers. Family poverty is consistently rated as a primary reason for removal across all categories of Caregivers (foster, kinship, biological, adoptive, legal guardian), although less adamantly than Frontline Workers. Of note, Caregivers were significantly more likely to believe that race and sexual orientation or youth gender identity do not play a role in a child's removal than Frontline Workers.



Figure 2: Caregivers perspective on reason for removal



### Services Available at Time of Removal

Frontline Workers were asked to rate the availability and quality of supportive services for the family and the child when a child was removed from their home. These services could mitigate removal or speed up reunification. As shown in Table 2 below, they reported that many services are needed but not available and that what is available is not good. Frontline Workers were also asked to identify other services that could assist families at the time of removal. Frontline Workers identified that key areas like childcare, afterschool care, tutoring, and culturally relevant services were needed.

Table 2: Frontline Workers: Rating of Services Available to Youth and Families at the Time of Removal

	Available and good	Available and not good	Not available and needed
Medical screening	28.2%	34.5%	35.1%
Visitation support	17.7%	39.4%	41.1%
Family therapy	14.4%	35.0%	48.9%
Substance use treatment	14.1%	50.3%	33.9%
Crisis intervention	13.6%	41.2%	44.1%
Mental health treatment	12.3%	59.2%	25.7%
Respite support	9.9%	36.0%	41.3%
Peer support network	9.6%	25.4%	61.6%

Some Frontline Workers spoke about the need for other supportive adults in the lives of children.

“ Coaches/Allies to walk along families and see them as the experts of their own experience - to facilitate their access to the supports they need to care for their children.

CHILD ABUSE PRIMARY PREVENTION SPECIALIST, MASSACHUSETTS

Frontline Workers also described the need for good-quality parenting and therapeutic services to improve the well-being of children, families, and youth.

“ Better parenting classes led by qualified professionals for bio parents is badly needed. Children’s access to therapy has been highly inconsistent in my current case, partly due to the pandemic and partly due to other factors. We need better substance abuse treatment options and more of them- right away! [and] Intensive in home services to keep kids home and families together.

Frontline WORKER, STATE UNKNOWN

The barriers to reunification were also identified and ran the gamut from lack of services, principally mental health services, to lack of funding and staff.

“ The issues that lead to many of my answers in this category are: 1) family therapy is almost non-existent and when it is the clinicians are often untrained in working in the family system (i.e., trained more from individual and limited point of view such as Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy); 2) when there is a focus on getting child back to family...there does not appear to be enough time put into getting child and family ready for "reunification;" 3) extreme lack of funding and staff; 4) facilities and clinicians who "drop" a child for "non-compliance" after 3-5 sessions when child is most likely in a trauma response and cannot "co-operate" at the level the facility/clinician expects (e.g., being unable to report their traumas in a TF-CBT driven session or refusing to take medication in order to be discharged back home); an outdated view of trauma and children's experiences with such (e.g., children are "fine," "will get over it," "are being manipulative").

Frontline WORKER (SPECIFIC ROLE UNKNOWN), STATE UNKNOWN



Caregivers were also asked the same question related to the availability and quality of services at the time a child was removed. While Caregivers rated the access to good medical screening at nearly double that of Frontline Workers, their perspective on the availability and quality of supportive services mirrored the overall negative perspective of Frontline Workers. Needed services are, for the most part, either not available, or if available, the quality was reported as “not good.”

Researchers examined differences by caregiver type and found no major variations among foster or resource parents, kinship or relative Caregivers, and legal guardians. The differences among biological parents were not estimated due to the small number who participated in the survey (n = 12).

**Table 3: Rating of Services Available to Youth and Families at the Time of Removal**

	Available and good	Available and not good	Not available and needed
Medical screening	50.5%	34.7%	12.4%
Visitation support	32.7%	39.0%	23.5%
Substance use treatment	28.3%	40.4%	23.1%
Peer support network	27.0%	27.2%	39.8%
Mental health treatment	27.4%	44.0%	25.4%
Family therapy	25.6%	35.1%	36.9%
Respite support	25.1%	34.5%	33.7%
Crisis intervention	24.0%	44.7%	26.6%

These findings raise the question that, if quality supportive services were available at the time of removal for both the child and their family, could they better mitigate the need for removal or speed up reunification to a stable family?

# FOSTER CARE PLACEMENTS

## CONTEXT

In 2021, 606,031 children spent time in foster care, with 206,812 children entering and 214,971 exiting during the year<sup>i</sup>. At any given time, there were approximately 391,098 children in foster care (as measured in September 2021)<sup>ii</sup>. The average age of a child in care was 8, and their average time in care was just under 2 years, at 21.9 months<sup>iii</sup>, thus exceeding The Adoption and Safety Families Act of 1997 suggested permanency timelines of 12 months for reunification and 18 months for guardianship and 24 months for adoption<sup>iv</sup>.

A child welfare agency can place a child with a relative, kin or licensed foster parent upon removal. Occasionally, a child may be placed in congregate care or a treatment facility if needed. It is best practice for the first placement to be the best-suited home to meet the child's physical and mental health needs. Preference is given to relatives, but if a relative is not located initially, that search will continue through the course of the child's placement. In 2021, 44% of children were placed with non-relative foster families, 35% with relative foster families, and 9% in group homes or institutions<sup>v</sup>.



Many factors affect the initial placement and the stability of the placement, for children and youth. Some of these factors include a child's age at the time of placement, the presence of behavioral problems, and the availability of services and placement options. Children who are placed at a young age, and who have placement stability, often have better developmental outcomes and fewer behavioral problems<sup>vi</sup>.

Other factors such as race and ethnicity, disability, religion, sexual orientation, gender identity, and cultural background also influence placement decisions. However, when there is a shortage of foster homes for children and youth, these factors, while important are often sidelined. In 2021, there were almost double the number of children in foster care than there were licensed homes to receive

them, with approximately 212,225 licensed foster care homes in the United States<sup>vii</sup>, but 390,098 Youth in care. Furthermore, there are a limited number of foster homes that will take sibling groups. As a consequence, many siblings are separated, which is contrary to best practices. According to Who Cares: A National Count of Foster Homes and Families, some states have shortages double and triple the need.

## FINDINGS

### Placement Decision and Supports

Finding a good home for children in care depends on addressing each child's unique needs. The lack of available homes is a challenge, and it often interferes with a worker's ability to make placement recommendations based on cultural competency and compatibility.

Sadly, finding an available bed is too often the only option.

“ *Bed availability-lately I can only place kids where beds are available and not by where is the best fit. Otherwise, kids live in my office*

STATE/COUNTY CASE WORKER, NORTH CAROLINA

“ *It's a terrible position for workers to be in when they do not have much choice where to place children given the limited available placements.*

STATE/COUNTY CASE WORKER, STATE UNKNOWN

When not dealing with the severe shortage of families to take in children and youth in foster care, Frontline Workers identified emotional support, trauma-informed training, and a sense of belonging as the top three elements they believe are necessary to ensure a successful placement.

**Table 4: Frontline Workers' Perspective on the Most Important Factors for a Successful Placement**  
(1 = Most Important, 9 = Least Important)

Emotional support	1
Trauma-informed training	2
Sense of belonging	3
Financial support	4
Housing support	5
Youth background information	6
Visitation with biological family	7
Cultural sensitivity training	8
Professional interventions (e.g., counseling)	9

Unfortunately, when asked about these elements at the time of placement, a sense of belonging (50.6%) and emotional support (41.7%) were the top factors identified as not available but needed. Frontline Workers overwhelmingly rated the fundamental services and support they believed to be needed during placement as either not available, or not good. Less than a quarter of all Frontline Workers rated the services as available and good. Nearly half of Frontline Workers identified visitation with the biological family (44.9%) as available but not good. Since continued visitation is a strong predictor of reunification, this is failing not only placement stability, but the likelihood of children returning to their biological family in a timely manner or ever.

**Table 5: Frontline Workers' Rating of Services and Supports Provided at Placement**

	Available and good	Available and not good	Not available, but needed
Trauma-informed training	26.3%	33.2%	17.4%
Professional interventions	23.6%	35.1%	39.8%
Cultural sensitivity training	23.4%	35.5%	38.8%
Visitation with bio family	23.0%	44.9%	30.5%
Emotional support	19.8%	38.0%	41.7%
Financial support	16.0%	42.0%	40.4%
Youth background information	13.2%	45.5%	18.0%
Sense of belonging	11.8%	36.0%	50.6%
Housing support	10.3%	43.5%	28.8%

Caregivers mirrored Frontline Workers in rating services as available but not good. However, half of Caregivers cited trauma-informed training as a service that was available and rated as good at the time of placement. Nearly half of Caregivers identified cultural sensitivity training (44.8%) as available and good. However, this contradicts both Frontline Workers' view of this caregiver training and the bias and lack of acceptance voiced by youth.

**Table 6: Caregivers Rating of Services and Supports Provided at Placement**

	Available and good	Available and not good	Not available, but needed
Trauma-informed training	50.7%	31.5%	16.1%
Cultural sensitivity training	44.8%	30.9%	17.3%
Visitation with bio family	37.3%	52.6%	4.5%
Financial support	33.2%	48.4%	16.2%
Sense of belonging	32.2%	33.7%	29.4%
Professional interventions	27.8%	46.1%	23.8%
Emotional support	26.7%	38.5%	31.5%
Housing support	21.6%	22.1%	33.0%
Youth background information	16.7%	44.1%	36.8%

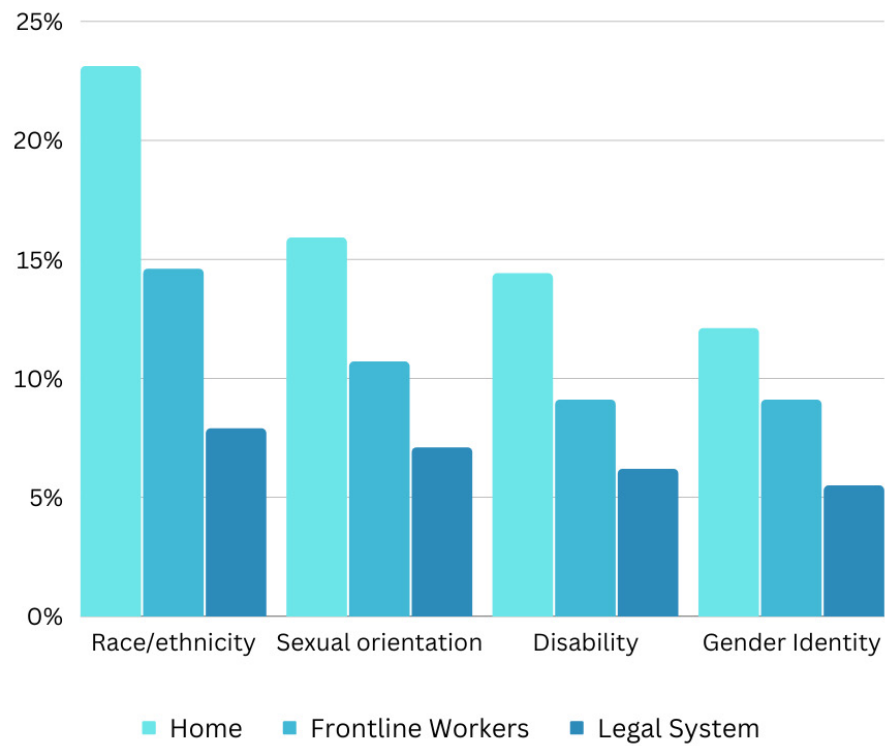
### Acceptance and Bias

A sense of belonging and feeling accepted were noted by Frontline Workers and Caregivers as factors that increase the success of a child or youth's placement. Yet youth overwhelmingly provided feedback on being subject to discrimination due to race or ethnicity, disability, sexual orientation, and gender identity. These experiences negatively impacted their feelings of acceptance, belonging, and safety in their placement and the system. While not explicitly asked, youth also identified religious bias as a significant factor negatively impacting their placement. The mismatch between their beliefs and those of their placement families made them feel unaccepted or unwelcome. In addition, Youth felt judged by what was written about them,

and how they reacted to trauma, yet no one attempted to understand who they were. Finally, youth said they experienced discrimination, not only in their placements, but with their caseworkers and the legal system to a lesser degree.

Youth spent considerable time in listening sessions, and in their responses to open-ended questions, discussing the effects of discrimination and lack of acceptance on their well-being and experience in the child welfare system. Of note, many Youth stated that when they disclosed discrimination or maltreatment to their social worker or caseworkers, they felt they were not believed. Instead, the caseworker took the side of the adult or caregiver.

Figure 3: Youth Experience with Discrimination



“ I was moved over 40 times in just a little under 7 years during my time in care. I attended 6 high schools. I was put into group homes and eventually forced to change counties because there were not enough housing opportunities available for me in my original county. I had over 6 different case workers and more foster parents than I could count. I was abused, starved, locked out, locked in, you name it. No one truly cared about me and I was homeless several times. This is truly what falling through the cracks looks like

FORMER FOSTER YOUTH, STATE UNKNOWN

“ Some were racist and specifically asked to not be placed with men but was anyway.

CURRENT FOSTER YOUTH, CALIFORNIA

“ I grew up during a time when being a foster child meant being bullied, ridiculed, and singled out; that was outside the home. Within many different homes I've encountered situations that made me feel left out, disrespected, alone, ugly, and unloved. The top discrimination I encountered was being black in different Spanish homes. The blackness of my hair is something they would always attack first up until one decided to get me a relaxer... It was the way expressing myself in my black culture wasn't accepted and I had to cast that aside.

FORMER FOSTER YOUTH, NEW YORK

In listening sessions, Frontline Workers and Caregivers were asked what they thought about the high numbers of Youth reporting discrimination and a general lack of acceptance. Quotes were shared with them that illustrated Youth's experiences. Caregivers indicated that proper fit needs to be considered because there are other children in the home. They described that in some cases, children trigger other children in the house, thereby highlighting the complexity of facilitating a positive placement. Some Caregivers even discussed that helping youth achieve a sense of belonging is challenging.

“ When placing with a resource family, I am most concerned with their ability to be compatible with the family structure and personality of the resource parent, so the child has an easier time settling in and feeling comfortable.”

Frontline WORKER, CALIFORNIA

“ Homes for teens are hard to find and placing a transgender or gender non confirming Youth is even more difficult. Religious based motivation behind some foster parents can be good but their narrow views can cause conflict with Youth and their identity.

Frontline WORKER, STATE UNKNOWN

“ Additionally, when the religious practices of the Youth conflict with the home there can be challenges. Caregivers can be more rigid with what's acceptable in their home and while the goal is to keep the Youth in the home, the challenge is if the child is not moved, there is the risk of losing that home.

Frontline WORKER, STATE UNKNOWN

Although a proper fit is important, Frontline Workers highlighted the challenges associated with the tremendous shortage of foster care homes.

“ Unfortunately, the only factors in placement decisions seems to be availability and acceptance. The quality of placements and whether they are suited for the child/youth is secondary

Frontline WORKER, STATE UNKNOWN





There are further discrimination and bias issues for LGBTQ+ youth. Approximately 30% of Youth in foster care identify as a member of the LGBTQ+ community<sup>viii</sup>. Youth describe ongoing discrimination because of their sexual orientation and gender identity. These experiences may start in the family of origin and persist while they are in foster care. For Youth who have intersecting identities (i.e., a person of color and LGBTQIA+), experiences of discrimination and isolation are often more severe.

“ *I’m a transgender female, so male to female. When I was with unity care they stuck me in a house FULL of boy teens even though they know my identity. I then proceeded to stay in that house while all the boys hated me for being trans and gay...*

CURRENT FOSTER YOUTH, CALIFORNIA

“ *My brother is trans and he faced a lot of discrimination. He was forced to sleep in the outhouse while the rest of us slept indoors. Eventually my brother ran away and all of us were moved.*

CURRENT FOSTER YOUTH, STATE UNKNOWN

“ *I experienced a lot of discrimination on race and sexuality. I’m Mexican and whenever anything went missing, or there was work to do outside, they made me, or my brother do it. I’m bisexual, and they wouldn’t let me hang out with the girls or the boys in the house. And they pushed their religious beliefs on me and made me read and write essays about how I’m a sinner. That made me hate myself for a while. I can’t help the way I’m born, why am I being punished for something that’s not my fault.*

FORMER FOSTER YOUTH, STATE UNKNOWN

Youth, Caregivers and Frontline Workers stress that increasing the pool of available families can help address bias issues in placement. Training on diversity, inclusion, trauma-informed care and cultural competency are fundamental to better outcomes for youth. Finally, Youth recommended that another entity provides oversight of caseworkers and Caregivers.

# SUPPORTIVE SERVICES WHILE IN CARE

## CONTEXT

Child welfare agencies are responsible for referring families to services and supports to mitigate maltreatment and aid in family reunification. In collaboration with families, the child welfare worker creates a case plan to address the needs of the parents and children. The Adoption Assistance and Child Welfare Act (P.L. 96-272 in 1980) requires a written case plan for any child receiving foster care payments under Title IV-E. This case plan must be a written document created with the parent, and if age appropriate, the child. The minimum requirements for a case plan include: 1) a description of the home or institution where the child is to be placed while in foster care, 2) a plan so the child receives safe and proper care, and appropriate services are provided to the biological parents, child, and foster parents, 3) efforts are put in place to maintain the child's education stability, and the child's health and educational records, and 4) to the extent available, a description of programs and services that will help the child transition to adulthood for children 14 years and older, when appropriate. If the goal is adoption, or another permanent home instead of reunification, documentation of the steps to locate an adoptive family or another permanent living arrangement for the child is required. The court adopts this time-limited, goal-oriented permanency plan that outlines the activities to be completed and the roles of all involved.

## FINDINGS

### *Needs of Children and their Placement Families in Foster Care*

Each child has unique needs based on why they became involved in the system and their specific permanency goal. Research shows that foster children's medical, dental, developmental, and mental health needs are more substantial than the general population of children in this country. To that point, almost 80% of foster children have significant mental health needs, 40% have dental needs, 60% of foster children under the age of 5 have developmental delays, and education concerns affect 40% of school-age children in foster care<sup>ix</sup>.

In addition to the medical and developmental needs of children, both Caregivers and Frontline Workers acknowledge there are significant basic needs for placement families, like housing and food assistance. Most Caregivers point to some aspects of financial strain resulting from caring for children and youth in their families. Respite care—meaning short-term relief for primary Caregivers of children in the foster care system – is also needed to address the stress on the family.



**Tables 7 & 8: Frontline Worker and Caregiver Assessments of the Highest Needs for Children/Youth and their Biological Families**

Frontline Worker Responses	
Housing assistance	53.4%
Training and support for families	52.6%
Respite care for Caregivers	44.7%
Increased monthly stipends	42.1%
Food assistance	38.3%
Reducing my caseload to better serve children/families	37.2%
Employee assistance	32.7%
Technology	28.2%
Tutoring	24.4%
Training and support for me so I can better serve families	21.8%

Caregiver Responses	
Respite care for vacation	41.6%
Tutoring	40.4%
Food assistance	32.1%
Respite care for work	31.9%
Technology access	30.0%
Life coaching	19.0%
Housing assistance	17.5%

“ *MORE and faster housing voucher availability - so homeless parents are quickly placed in places where they have a chance to recover and show if or if no they can safely care for their children*  
 FOSTER PARENT, OREGON

“ *Level the support for the entire family that could possibly result in reunification. In abuse cases getting therapy for both parent and child. In stress households giving the adult respite care*  
 KINSHIP/RELATIVE CAREGIVER, MICHIGAN

### *Availability and Quality of Services for Children and Placement Families*

Various services need to be provided to children and their placement families during the child’s time in foster care based on each child’s individualized needs and case plans. However, a standard suite of services is not available for every child. Some factors that influence the availability and quality of services include placement type (i.e., foster vs. kinship), in which city, state and municipality the child and family reside and funding sources (i.e., state and county taxes and federal block grants). Children in relative or kinship placements are often not eligible for, and therefore receive fewer services than children in non-relative foster placements. Children and youth who reside in rural areas may have access to fewer services, and there may be a dearth of providers trained to deliver specialty services. On the other hand, children and youth in wealthy counties may have access to high-quality services and greater variation in the service providers who can deliver specialized treatment.

Unfortunately, regardless of the placement type, location, or available funds, both Frontline Workers and Caregivers find that the core services required to support a child and their family in foster care effectively are lacking. Basic needs, health and wellness services, and for older youth, education, employment and independent living skills, are often not available, or if available, the quality of the services are not good. Except for the medical, dental and vision services provided under Medicaid,

no service rises above a third of respondents rating it available and good. On average, less than 20% of respondents find that the child welfare system provides the quality services that are needed.

**Tables 9: Frontline Workers and Caregivers' Ratings of the Availability and Quality of Needed Services**

Frontline Worker Ratings				Caregiver Ratings			
	Available and good	Available and not good	Not available, but needed		Available and good	Available and not good	Not available, but needed
	%	%	%		%	%	%
<b>Basic Needs for Family</b>				<b>Basic Needs for Family</b>			
Food pantry	28.4	29.6	30.9	Food pantry	35.4	19.7	26.9
Childcare assistance	21.7	32.3	34.2	Childcare assistance	27.9	37.1	29.1
Transportation	14.0	36.6	29.3	Housing	27.9	26.5	30.2
Housing	10.1	39.9	33.5	Transportation	24.9	27.4	40.4
Other financial support	10.1	25.5	38.9	Other financial support	13.2	21.4	48.3
<b>Mental Health/Substance Use for Children/Youth</b>				<b>Mental Health/Substance Use for Children/Youth</b>			
Assessment	22.2	43.2	25.9	Assessment	44.0	34.1	18.3
Mental health treatment	18.0	49.1	14.3	Alcohol and drug free social activities	31.7	18.0	41.0
Domestic violence/interpersonal violence	17.9	42.0	20.4	Mental health treatment	30.8	54.7	13.3
Alcohol and drug free social activities	14.7	32.5	35.6	Substance use treatment	26.1	44.8	20.2
Co-occurring disorders treatment	13.3	34.2	46.8	Domestic violence/interpersonal violence	22.0	34.6	30.9
Substance use treatment	12.0	45.3	35.9	Co-occurring disorders treatment	16.5	34.9	36.9
<b>Medical Care for Children/Youth</b>				<b>Medical Care for Children/Youth</b>			
Eye care	38.8	28.1	10.6	Medical treatment-general	63.7	29.9	4.5
Dental care	38.0	27.9	12.7	Eye care	60.6	29.0	7.8
Medical treatment-general	37.3	31.1	12.4	Gynecological services	59.2	25.2	7.1
Gynecological services	32.7	36.6	11.1	Dental care	59.1	31.7	8.1
Reproductive health	31.2	33.1	14.7	Reproductive health	53.3	27.3	9.3
Health and wellness	24.8	33.1	31.2	Health and wellness	45.3	34.1	16.5
Orthodontics	23.9	27.1	31.0	Orthodontics	32.1	21.0	40.5
<b>Education and Independent Living Services</b>				<b>Education and Independent Living Services</b>			
Extended foster care	28.2	33.7	17.2	Extended foster care	39.5	32.3	21.5
Educational services	26.5	43.2	11.7	Educational services	38.8	36.5	21.5
Employment/vocational training for youth	23.0	37.3	30.4	Legal aid	29.3	36.6	27.8

Legal aid	21.0	37.7	19.1
Independent living plan for youth	20.5	41.6	33.7
<b>Social and Supportive Services</b>			
Safety services/ seeking safety	15.7	31.5	31.5
Motivational Interviewing	15.5	30.3	43.2
Spiritual support	12.9	26.5	42.6
Respite care	11.7	32.5	46.1

Independent living plan for youth	28.9	40.3	20.0
Employment/vocational training for youth	27.8	33.7	29.9
<b>Social and Supportive Services</b>			
Safety services/ seeking safety	31.8	24.1	35.8
Spiritual support	29.3	15.5	36.7
Respite care	27.2	33.1	32.6
Motivational Interviewing	22.6	18.4	47.3

“ Money and resources are always limited and therefore impact cases, case progress and sometimes case success. Specific to human services funds, it is challenging to have to navigate different funding options for different services or support vs a youth or family simply receiving what they need from the department regardless of the funding "pot" it is accessed from in order to be provided. Also in a timely and consistent manner.

Frontline WORKER, STATE UNKNOWN

“ Foster parents need more rights and more respite. It is a mentally and physically exhausting calling, and many families don't have the supports they need. LISTEN to foster parents. They are the ones in the trenches, with the best perspective on the child in their care

LEGAL GUARDIAN, PENNSYLVANIA

### Needs of Older Youth During Care

Even though the overall number of young people in foster care has declined, teenagers and young adults ages 16 to 21 were less likely to leave foster care with permanent families in 2021 than they were in 2016<sup>x</sup>. Fewer than half left foster care to live with adoptive families or guardians or return to their birth families<sup>xi</sup>.

These transition-age youth in care were asked what they perceived as their most immediate needs. More than half of youth identified a job as their most important need while in care, and nearly half identified help paying for transportation.

Despite independent living mandates and still being under the guardianship of the State, approximately 20% identified food insecurity and paying bills, as well as fundamental educational supports such as paying for school and tech access, as being needed.



**Table 10: Most Pressing Needs Identified by Youth in Care**

Need a job	55.4%
Need help paying for transportation	49.5%
Need help paying bills	21.2%
Need to eat	18.0%
Need help paying for school	17.6%
Need to get a laptop for school	17.1%
Need to get stable internet access	16.7%
Need help paying my cell phone	15.8%
Need a therapist or life coach	13.1%
Need housing in the next 30-60 days	11.7%
Need a mentor	10.4%
Need tutoring to help improve my grades	7.7%

“ Putting funding in a trust account that child wouldn't be able to use until 21 , monthly vouchers for youths needs with assistance from worker, classes to teach youth about taxes, obtain a house, classes for drivers' education and program to help get first car. Cooking classes and program to help obtain certificate for food handler's license

CURRENT FOSTER YOUTH, STATE UNKNOWN

“ No car, unstable job, and I need help paying for my last few classes. I also need a reliable tutor.

CURRENT FOSTER YOUTH, CALIFORNIA

Child welfare agencies are responsible for assisting those youth who will age out of care through independent living services. While the federal government requires a standard suite of independent living services be provided, the exact supports and services vary by the child welfare agency, state, and county jurisdiction but include programs such as help with education, employment, financial management, housing, emotional support, and assured connections to caring adults.

Despite the federal requirements that mandate independent living services to youth who will age out of care without a permanent family, only 23% of youth received any of these services in 2021<sup>xii</sup>. This is reflected in Youth responses regarding their utilization of the critical basic needs, health and independent living services fundamental to helping them achieve self-sufficiency as they exit care. No service was accessed by more than a third of Youth respondents. However, the majority of those that were able to access services found the quality of the service to be good or very good . In listening sessions, Youth noted that they were not aware of, or told about, services that were available to them and could have helped them prepare for life on their own.

**Table 11: Youth Usage and Quality Rating of Services Received While in Foster Care**

	%	Quality Rating (among those who used each service)		
	Service Use	Very good/good	Neither	Poor/very poor
<b>Basic Needs</b>				
Housing	37.4%	57.1%	20.5%	22.4%
Transportation	28.4%	62.4%	20.9%	16.7%
Food pantry	23.8%	61.1%	17.1%	21.8%
Other financial support	15.2%	52.4%	25.0%	22.6%
Childcare assistance	11.5%	59.1%	21.6%	19.3%
<b>Mental Health/Substance Use</b>				
Mental health treatment	30.6%	53.3%	19.9%	26.8%
Assessment	26.2%	50.0%	26.7%	23.3%
Alcohol and drug free social activities	11.3%	64.8%	15.9%	19.3%
Substance use treatment	9.9%	61.8%	14.5%	23.7%
Co-occurring disorders treatment	9.5%	38.4%	34.2%	27.4%
Domestic violence/interpersonal violence	9.5%	56.0%	20.0%	24.0%
<b>Medical Care</b>				
Dental care	32.3%	69.4%	15.9%	14.7%
Eye care	29.2%	74.1%	14.6%	11.3%
Health and wellness	27.5%	64.2%	22.0%	13.8%
Medical treatment-general	27.1%	69.1%	15.9%	15.0%
Orthodontics	16.1%	59.1%	20.5%	20.5%
Reproductive health	13.9%	64.3%	17.9%	17.9%
Gynecological services	12.1%	67.4%	19.4%	13.3%
<b>Educational and Independent Living Services</b>				
Educational services	34.9%	70.1%	16.2%	13.7%
Extended foster care	32.9%	63.7%	12.8%	23.4%
Independent living plan	31.3%	60.3%	17.9%	21.8%
Employment/vocational training	18.1%	67.4%	20.0%	12.6%
Legal aid	13.1%	57.0%	21.0%	22.0%

Social and Supportive Services				
Motivational Interviewing	16.4%	71.1%	12.6%	16.3%
Safety services/ seeking safety	14.2%	62.0%	20.4%	17.6%
Spiritual support	11.3%	59.3%	19.8%	21.0%

### Auto-Enrollment in Services

Most youth, even though they are eligible, do not know they qualify for services or do not know how to enroll in the services available to them. One way that Youth, Frontline Workers, and Caregivers recommended that the child welfare system address the tremendous unmet needs of youth during their transition into adulthood is to advocate for their automatic enrollment into programs and services for which they are eligible.

“ *Being homeless and unable to get myself into school because I'm so focused on basic needs*  
 FORMER FOSTER CARE YOUTH, ARIZONA

“ *My biggest Barrier in accomplishing my life goals are not having stable income , stable housing , not having the support I need mentally or emotionally and having to deal with it on my own , I'm basically my own support system in everything and every Situation that I face or have to deal . People do not take my issues into consideration and push them aside I juss wish I had 1 person who truly & genuinely love me for me no matter my circumstances or life situations and what I've had to go through and have been through. That's all I juss need someone to understand me because people do not .*  
 PREFERRED NOT TO ANSWER FOSTER STATUS- NEW YORK

“ *Being first-generation to finish high school, and being Chicana (Mexican American), my years at college are not simple. On top of that, I feel extremely isolated sometimes being a part of the foster care system. If anything, I need all the help I can get. From a financial standpoint and from a student-of-life standpoint, I would deeply appreciate help*  
 FORMER FOSTER CARE YOUTH, CALIFORNIA

**Table 12: Youth, Frontline Worker and Caregiver Responses to Auto-Enrollment in Services**

	Youth	Workers	Caregivers
Yes	85.5%	82.6%	73.1%
No, I believe I am already receiving everything I am eligible for	7.0%	6.4%	5.7%
I am not sure	7.5%	11.1%	21.2%



# SUPPORTIVE WORKERS AND CAREGIVERS

## CONTEXT

All children and youth in foster care are provided with a government case worker and legal representation to advocate for their interests in dependency court. Some states and counties subcontract child welfare services to private agencies. In these cases, children may have a private agency caseworker and a government case worker, or only an agency caseworker. States are required to provide a guardian ad litem to represent a child's best interest. This can be either an attorney or a court appointed special advocate (CASA) or both. Children and youth do not have a say in who manages their case or represents them, and assignment is more often based on the location of the child and caseload availability versus matching on need and expertise.

The turnover rate for child welfare workers ranges from 20% to 40% a year across the country. While the job is difficult, it is made more stressful with high caseloads and a continual rotation of children/youth on their cases as children continuously enter, move placements, and exit the system. Burnout and compassion fatigue is a constant threat to workers who do not feel respected, can't practice self-care, and harden as a defense mechanism in the face of unrelenting emotional stress.

As previously noted, children and youth are largely placed with Caregivers based primarily on bed availability rather than comprehensive matching for acceptance and ability to best care for their needs. The majority of children and youth (53%) are placed in non-relative foster homes or institutions who know little about a child except what is written in their case file<sup>xiii</sup>. A lack of sufficient Caregivers puts added pressure on those willing to be foster or kinship parents. Many states have declared they are at crisis levels in terms of caregiver shortages. The result is a turnover rate from 30% to 50% annually for Caregivers.

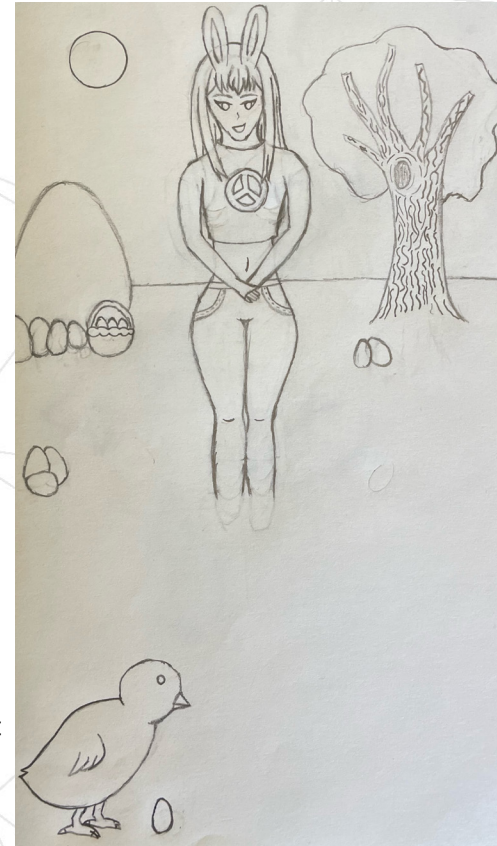
## FINDINGS

### Caseworker Quality

Youth and Caregivers overwhelmingly decry the high caseloads Frontline Workers carry, which cause them to be overworked, unable to meet their needs, and ultimately result in workers quitting their job. In discussions and open question remarks, Youth had stark binary responses, either finding their workers untrustworthy and uncaring, or positively life changing, helping them survive difficult situations. Several times, Youth spoke of having numerous workers, some good and some bad.

“ *The turnover rate was a lot and I had a new one every month. They were underpaid, overworked, and overloaded and couldn't attend my needs.* ”

FORMER FOSTER YOUTH, WASHINGTON



“ *I felt like a checklist, a burden. I was not a person, but a case number.*  
FORMER FOSTER YOUTH, STATE UNKNOWN

“ *County caseworkers were often my only means of feeling included and loved. I often think of one caseworker that made me feel cared about and always wish I could thank him for making me feel loved.*  
FORMER FOSTER YOUTH, KENTUCKY

“ *I was very lucky that I had an amazing social worker who would always make time for me but I know that is not the case with everyone because of the extreme overworking of social workers and the lack of social workers in general.*  
FORMER FOSTER YOUTH, STATE UNKNOWN

Caregivers had similarly binary experiences depending on the caseworker. They pointed to the knowledge and experience of the individual caseworker as primary reasons for “good” vs “bad” caseworkers. Similar to youth responses, some praised their workers, while others spoke very negatively about workers and the child welfare system. Several Caregivers noted that the strong connection to caseworkers motivated them to continue as foster parents.

Mentioned several times was the high turnover of caseworkers and how it affects case progress and child wellbeing. Caregivers frequently spoke of having to be self-reliant because of the limited availability of the caseworker. Frontline Workers themselves report that they are “overworked and undertrained” to adequately meet the needs



“ *Caseworkers’ skills, personalities, experience, knowledge and commitment vary. I have had caseworkers who were more trouble than helpful and I have had committed, enthusiastic caseworkers who felt like family..*  
LEGAL GUARDIAN, STATE UNKNOWN

“ *Consistent workers who know the child’s case. Please pay your workers more would help retain them. It’s a hard job they deserve better.*  
FOSTER/RESOURCE FAMILY, STATE UNKNOWN

“ *Workers are overloaded and can not make timely or quality connections on a monthly basis*  
FOSTER/RESOURCE FAMILY, STATE UNKNOWN

of the children and families on their caseloads. Three fourths of Frontline Workers (76.6%) indicated that workforce development and training is not available to them when they need it. Moreover, trainings that are available have very low ratings. Most training have less than one-third of caseworkers indicating the training was available and good.

**Table 13: Frontline Workers Rate Availability and Quality of Trainings**

	Available and good	Available and not good	Not available, but needed
Child development	30.6%	31.7%	37.2%
Trauma-informed care/ treatment	28.1%	36.2%	22.2%
Substance use disorders	27.9%	35.0%	36.1%
Family engagement	27.5%	36.8%	23.1%
Mental health disorders	26.5%	48.1%	24.3%
Motivational interviewing	24.3%	29.9%	45.2%
Crisis management	23.8%	39.2%	36.0%
Cultural sensitivity	23.2%	39.2%	34.8%
Computer systems	22.3%	34.9%	26.3%
Report writing	21.5%	36.2%	39.0%
Time management	19.2%	32.8%	44.1%
Court presentation	18.0%	46.1%	21.4%

Of note, each state sets its own minimum educational qualifications, professional experience, and training requirements for its workforce. Private foster care agencies also vary on their minimum requirements for their staff and training curriculum.

In addition to these core trainings, Frontline Workers also suggested that personal bias and getting feedback from Caregivers for continuous improvement be part of the training suite.

“ *Personal Bias trainings are needed so that these views are not influencing what is best for the children and their family*

STATE/COUNTY CASE WORKER, CALIFORNIA

“ *I think it would be beneficial for parents who previously had cases with CFS [Child Family Services] to come in an honestly speak to their interaction with the department. Ideally, there would be both positive and negative experiences, as an opportunity for growth for CFS*

Frontline WORKER, CALIFORNIA

## Attorney Quality

As with caseworkers, Youth are polarized on the quality of their government attorney. For those youth that received a strong advocate, there was a lasting impression and a sense of gratitude for having an attorney advocate for their needs. On the other hand, youth who reported poor services expressed frustration. Other youth described mistrust of attorneys due to their role in the foster care system.

“ *I love my attorney John Walsh he was my attorney up to the age 12 and up till this day we still keep in touch he has always done his best and went out his way to help me the best way he can so much respect and love for that man!*

YOUTH, CURRENT STATUS UNKNOWN, FLORIDA

“ *After being in foster care for 5 years and extended foster care for 3 we have only talked to my attorney 3 times over the phone.*

NEED SOURCE YOUTH IN FOSTER CARE, WASHINGTON

“ *Never met with her*

FORMER FOSTER YOUTH, TEXAS

“ *Okay, didn't hear me out when I tried preventing staying in my mother's care*

YOUTH IN FOSTER CARE, STATE UNKNOWN

“ *I had many attorneys, they are not in my life , I do not believe they helped me in any way shape or form as far as my situation with the welfare system, they were nice and friendly and smiled in my face , but legally with my case I can't say they did me any justice or had a positive outcome or impact in my life at all.*

YOUTH IN FOSTER CARE, STATE UNKNOWN

“ *My assigned attorney was very compassionate and supportive with my case helping the Judge see it in my view she was very understanding, and she actually listen and make sure my voice my needs was heard and meet.*

YOUTH IN FOSTER CARE, STATE UNKNOWN

“ *He was a good attorney. Does his best to win my case on not reunifying me with my abusive mom. Understands me.*

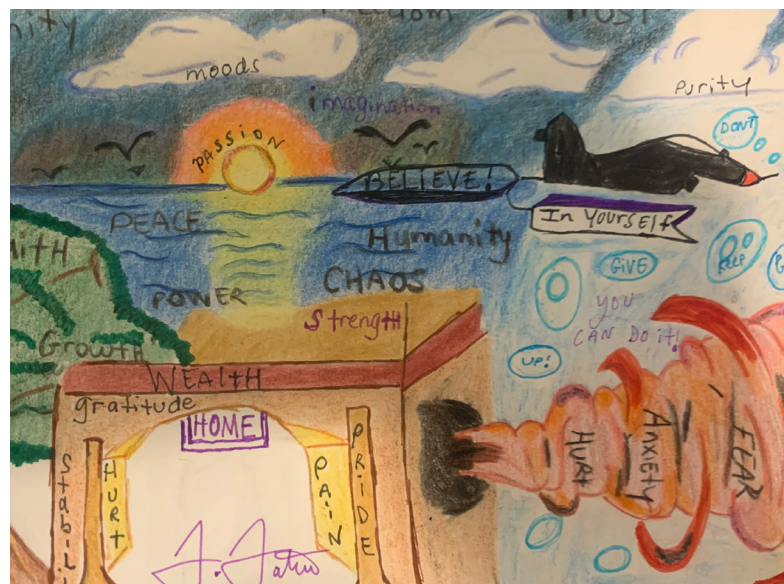
YOUTH IN FOSTER CARE, CALIFORNIA

## Caregiver Quality

With 65.5% of Youth respondents reporting suffering discrimination and bias with their foster care placement, it is not surprising that Youth report Caregivers often do not provide the safe, supportive home they need, let alone able to meet their needs.

“ *Guardians and caretakers dismissed and minimized mental health disorders and sexual orientation,*

FORMER FOSTER YOUTH, STATE UNKNOWN



“ *I was a tough child to care for, and I know that. But part of it was that I had untreated ADHD and ADD and things like PTSD. I didn't have any friends and I was very lonely. In several of my homes they just saw me as a problem, my "Disability" felt like all I was sometimes.*

FORMER FOSTER YOUTH, STATE UNKNOWN

Caregivers reported that they do not have the tools or supports they need to provide adequate care. Many feel inadequately prepared to care for traumatized children and the diverse needs of the children and youth placed with them.

Training requirements for foster parents vary by state, as do foster licensure requirements. Although a state may define a minimum standard of what training is required, who provides the training can also vary by location. In addition, some states modify the standard licensing and training requirement for kinship Caregivers.

**Table 14: Caregiver Rating of Availability and Quality of Core Trainings**

	Available and good	Available and not good	Not available, but needed
Child development	56.4%	29.0%	12.4%
Trauma-informed caregiving	49.2%	28.8%	20.4%
Cultural sensitivity	47.6%	31.5%	16.7%
Substance use disorder	42.0%	32.9%	21.3%
Family engagement	41.9%	37.0%	18.1%
Mental health disorder	38.6%	36.8%	21.9%
Separation/grief and loss	37.1%	32.8%	27.7%
Secondary trauma	34.1%	26.7%	36.6%
Crisis management	33.5%	37.6%	26.4%

Most Caregivers (65.2%) stated that they had access to trainings when they needed them. But they wished for additional trainings beyond the basics, such as: learning how to maintain birth family connections, youth empowerment and advocacy, and working with LGBTQ+ and Black, Indigenous, and people of color populations.

“ *Poverty-informed training. Many behaviors of the kids in care are a direct result of lack of resources*

FOSTER PARENT, STATE UNKNOWN

“ *In another home, my foster mom didn't understand the importance of doing black care hair, didn't want to pay...and money was a big hinderance. It was an "extra expense that wasn't covered under the premium (foster care stipend). This influenced my self-esteem, also falls under intentional discrimination vs convenient discrimination*

FORMER FOSTER CARE YOUTH, STATE UNKNOWN



“ *Some foster parents are not equipped to handle certain things, there should be more trainings or something to help. There are children who have mental health issues, and they have no support, and they need support*

FORMER FOSTER CARE YOUTH, STATE UNKNOWN

Most Caregivers see their role as someone who provides basic needs to children in care. Yet, the majority of Caregivers also sought to be loving, supportive adults. They often felt that taking care of their own needs, such as financial stability, respite care and mental health, would help them be better Caregivers. Unfortunately, Caregivers stated that these needs often went unmet. They described a lack of decision-making authority in the care of the child, which often led to frustration and burnout. As a result, the majority of Caregivers do not remain involved in the child welfare system for more than a year. Failure to retain good foster parents often exacerbates the shortages of foster families that already exist in most U.S. States. Additionally, the complex and lengthy licensing process is another factor that complicates burnout and retention of good foster parents.

“ *Lack of transparency about the foster care process. Foster care is a system and it is more than just bring a youth into your home and loving them. There is court and mandated services and lost of control of your own space, frustration around lack of needed services and resources for the youth, complying with family visitation structure that may seem more harmful than helpful to the youth...*

STATE/LOCAL CASEWORKER, STATE UNKNOWN

“ *Burnout as the foster parents do not get the adequate support needed in terms of dealing with the trauma and aftermath of the youth.*

STATE/LOCAL CASEWORKER, STATE UNKNOWN

“ *It is not seen as an honorable profession. You are the least respected person on your team and even though you know the most about the child and have the most impact on the child, your voice matters little. You cannot devote yourself fully to being a professional foster parent as there is no health insurance, life insurance, sick days, or retirement. If you choose to devote yourself to these children, you will be poor and disrespected, working every minute of every day, until you retire without any safety net.*

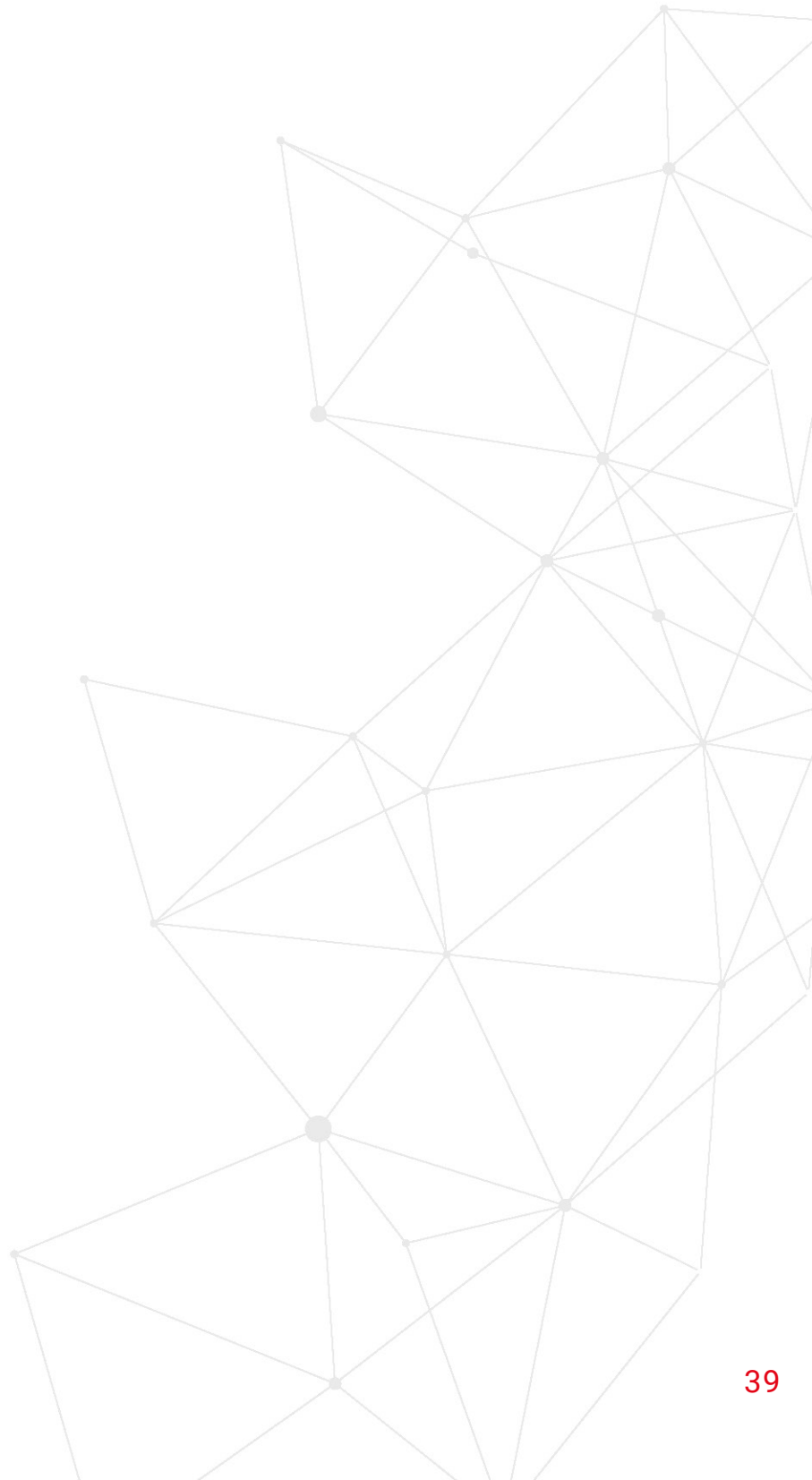
FOSTER PARENT, STATE UNKNOWN

“ *Lack of support for visitation, lack of support with daily needs such as food, gas, utilities. We foster parents are the essential piece of the foster system where here 24/7 but often we are expected to be everything with only the bare minimum. Then everyone wonders why people do not want to open themselves to become a foster home or leave we are the most underserved type of workforce for the government. But I love being a foster parent and have stuck it out for the sake of the kids that need stabile loving support.*

FOSTER PARENT, STATE UNKNOWN

Some Caregivers suggested that the role of a foster parent should be considered a profession, especially given the complex needs of children who experience abuse and neglect. If this role were professionalized, it would clarify the role

and responsibilities, as well as establish certifications and standardized training. There could even be opportunities for professional growth, taking on new roles like a mentor to biological parents or a foster parent trainer. These extra supports and role clarification could reduce turnover and help retain a healthy and strong workforce. Additionally, foster parents will be better equipped to provide the supportive, accepting, trauma-informed safe environments that children and youth need to heal.



# Exit To Permanency

## CONTEXT

Reunification is the permanency goal for most children; exceptions are allowed but reserved for extreme circumstances. When efforts at reunification are unlikely, a concurrent goal can be developed, which includes other permanent plans such as adoption or guardianship.

Of the 214,971 children who exited foster care in 2021, 47% were reunified with their parent or primary caregiver, 25% were adopted, 6% were living with relatives, and 12% achieved permanency through guardianship<sup>xiv</sup>.

In 2021, 113,589 children were in foster care with the goal of adoption and whose parents' rights were terminated. The median time from termination of parental rights (TPR) to adoption was 9.6 months<sup>xv</sup>. Additionally, 61% of children and youth waited over 2 years to be adopted after TPR and 34% over 3 years<sup>xvi</sup>. Of note, over the last decade, on average, 100,000 to 125,000 children in foster care at any given time who have had their parental rights terminated and could be adopted but rather languish in care<sup>xvii</sup>.

The Adoption and Safe Family Act suggests the following timelines to achieve permanency: 12 months for reunification, 18 months for guardianship, and 24 months for adoption. However, these timelines are not always met, given the variability in each case and the high caseloads of both the child welfare agency and the court. The older a child is when they enter foster care, the longer they remain in foster care and the less likely they are to find permanent homes.

Child welfare agencies are charged with achieving timely permanency for children in care. One way to achieve permanency is through terminating a parent's rights and pursuing adoption.

## FINDINGS

### YOUTH PERSPECTIVE ON REUNIFICATION

Although family reunification is the goal of the child welfare system, nearly 68% of youth indicated that family reunification was not the most important goal to them. Moreover, adoption responses were worse, with 80% of youth saying it was not important to them. Over a third said it was of no importance to them.

“ *I was able to make my own choice and my workers and judge were supportive about me not wanting to reunify with my family.*

FOSTER PARENT, STATE UNKNOWN



“ *Extended foster care was a very beneficial service that I did want to have as a safety net so being adopted wasn't important to me. This may have been different if I had been moving homes but I was in one primary home for the majority of my foster care so stability before turning 18 wasn't much of a concern.*

FORMER FOSTER CARE YOUTH, WASHINGTON

“ *Being adopted was never an interest for me. I knew that my family cared for me, but didn't have the resources to give me a stable life. However, I also knew I would be capable of achieving what I wanted with the resources offered with being in foster care.*

FORMER FOSTER CARE YOUTH, STATE UNKNOWN

“ *My father trafficked me and my mom was a negligent drug user. No part of me going back home would have been safe. Back then I wanted to go home because that was the only place I had ever known as home. But my workers and the system kept me safe and out of my biological parent's care, ultimately saving my life. They still let me have contact and supervised visits and my foster and adopted parents respected that as well*

FORMER FOSTER YOUTH, IOWA

## Permanency Decision-Making

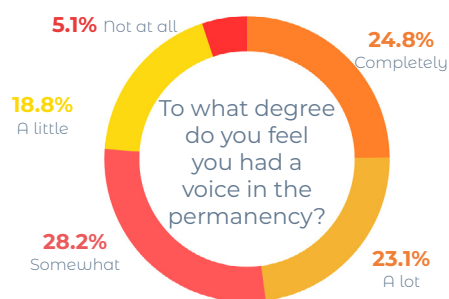
Although Frontline Workers and Caregivers may have strong opinions about the permanency of children and adolescents in care, other key people make decisions about their placement. According to Frontline Workers, the court is the primary agent for decision making when it comes to the permanency of children and is aligned with whom they believe should be making the decisions. However, Frontline Workers indicated that children/youth and biological parents have little participation in decision making but that they should have far more, while Caregivers should have far less.

Youth perspective aligns with this perspective in that slightly more than half felt they had little to no voice in the permanency decision that affected them. Specifically, regarding decisions on reunification and adoption, 35% felt their perspective was not considered.

**Table 15: Frontline Workers Identify Who Makes Permanency Decisions**

	Who does make the decision?	Who <u>should</u> make the decision?
Court (judge, guardian ad litem, casa, attorney)	62.8%	59.3%
Professional workers (child workers, family workers, school officials, mental health professionals)	57.0%	56.4%
Biological parents	18.0%	32.6%
Foster Parents	30.8%	7.6%
Extended family	18.6%	25.6%
Children/youth	27.9%	44.8%

Figure 4: Youth's perceptions on them having a voice in the permanency decision.



“ I did not feel I had a voice during this time at all. I struggled to be heard and when I told my lawyer she would never tell the judge. Things would have gone very differently if I had a choice.

FORMER FOSTER YOUTH, STATE UNKNOWN

“ I honestly feel like my voice was never heard when I was in the system.”

FORMER FOSTER YOUTH, COLORADO

“ im more traumatized being in the system than i was at home which i wasnt when i was at home . its just not bring heard or listened to really brings alot of depression.

FOSTER YOUTH, STATE UNKNOWN

“ I did not feel I had a voice during this time at all. I struggled to be heard and when I told my lawyer she would never tell the judge. Things would have gone very differently if I had a choice

FORMER FOSTER YOUTH, CALIFORNIA

Specific to adoption, nearly a quarter of Youth reported that their perspective on adoption was not respected by their caseworkers and others in the system, and nearly 14% of Youth stated they were not sure if workers and others in the system respected their perspective on adoption. Some respondents blamed the child welfare agency, believing the paperwork was too time consuming. Even though in some cases, Youth would have preferred to be adopted, they reunified with their families, and as a consequence, some participants described further abuse or neglect. Some foster care youth did not consider adoption because they wanted to be reunified with their biological family.

“ I didn't want to be adopted I wanted to go back to my mom. My foster mom respected that wish and her goal was to keep the door open for my mom to be able to get me back, which never happened unfortunately.

FORMER FOSTER YOUTH, CALIFORNIA

Some Youth said that they did not receive the opportunity to be adopted or were not asked about, or told of, barriers to adoption.

“ *I wanted to be adopted since I wanted a sense of having a family, but it was never really looked into for me*

FORMER FOSTER YOUTH, CALIFORNIA

“ *I would have liked to be adopted, but nobody wanted me as I was a teenager*

FORMER FOSTER CARE YOUTH, CALIFORNIA

“ *While in foster care I remained in one foster home for the majority of the time. My foster mother on several occasions asked how I felt about being adopted, we wanted it bad. The adoption process was started however during that time I was wrongfully misdiagnosed by a therapist/psychiatrist, and they put a lot of fear in my foster mother mind. The adoption was cancelled which led me to act out and never be adopted*

FORMER FOSTER YOUTH, CALIFORNIA

## Services Available to Support Reunification

A crucial part of reunification is the biological family's ability to safely care for their child or youth. Therefore, the safety concerns that predated the removal must be addressed. This happens through the case plan administered by the court. Unfortunately, while biological parents participate in developing their case plan, which includes activities such as attending parenting classes or substance abuse treatment, they lack access to the services to do so. Frontline Workers identified basic needs as significantly lacking, with 54.6 % stating housing was not available when needed. Further, quality mental health and substance abuse services were not available. Of note, Caregivers had a much more positive perspective of reunification services quality and availability.

**Tables 16 & 17: Frontline Workers and Caregivers Rate the Availability and Quality of Reunification Services**

Frontline Workers			
	Available and good	Available and not good	Not available, but needed
<b>Basic Needs</b>			
Food pantry	27.9%	29.2%	28.6%
Childcare assistance	19.1%	37.5%	40.8%
Transportation	11.6%	33.6%	51.0%
Other financial support	9.1%	29.4%	30.1%
Housing	6.5%	33.8%	54.6%
<b>Mental Health/Substance Use</b>			
Co-occurring disorders treatment	19.1%	37.5%	40.8%
Domestic violence/interpersonal violence	19.0%	40.5%	38.6%

Caregivers			
	Available and good	Available and not good	Not available, but needed
<b>Basic Needs</b>			
Food pantry	47.0%	26.7%	24.8%
Childcare assistance	34.4%	42.2%	21.8%
Transportation	31.8%	31.3%	36.3%
Housing	25.1%	34.1%	41.4%
Other financial support	23.4%	38.4%	32.4%
<b>Mental Health/Substance Use</b>			
Alcohol and drug free social activities	36.1%	28.1%	30.9%
Domestic violence/interpersonal violence	35.6%	40.1%	21.6%

Mental health treatment	14.7%	43.0%	39.1%
Assessment	14.0%	45.2%	9.6%
Alcohol and drug free social activities	11.7%	33.1%	49.4%
Substance use treatment	10.4%	45.5%	27.9%
<b>Medical Care</b>			
Eye care	34.7%	22.0%	36.7%
Dental care	33.5%	20.4%	40.1%
Gynecological services	32.0%	24.7%	24.0%
Reproductive health	26.6%	27.9%	13.6%
Orthodontics	24.3%	21.6%	51.4%
Health and wellness	21.4%	33.1%	40.9%
Medical treatment-general	14.7%	43.0%	39.1%
<b>Educational and Independent Living Services</b>			
Educational services	22.4%	33.5%	26.3%
Employment/vocational training	20.1%	31.2%	43.5%
Extended foster care	20.1%	31.2%	43.5%
Independent living plan	18.4%	37.4%	27.9%
Legal aid	13.8%	40.1%	17.1%
<b>Social and Supportive Services</b>			
Motivational Interviewing	13.5%	30.4%	24.3%
Safety services/ seeking safety	13.2%	34.9%	19.7%
Spiritual support	10.2%	25.2%	44.9%
Respite care	8.0%	32.7%	42.7%

Assessment	34.4%	47.7%	16.8%
Mental health treatment	32.8%	54.2%	11.7%
Substance use treatment	31.0%	54.0%	12.6%
Co-occurring disorders treatment	26.7%	40.1%	28.2%
<b>Medical Care</b>			
Medical treatment-general	62.0%	30.9%	6.2%
Gynecological services	60.6%	27.7%	8.7%
Eye care	57.2%	31.1%	10.2%
Reproductive health	56.5%	29.0%	11.0%
Dental care	54.4%	34.2%	10.0%
Health and wellness	52.4%	31.7%	15.3%
Orthodontics	34.1%	26.2%	35.1%
<b>Educational and Independent Living Services</b>			
Educational services	43.3%	40.3%	15.5%
Extended foster care	39.0%	37.5%	19.7%
Employment/vocational training	38.6%	34.6%	26.2%
Legal aid	38.3%	38.9%	21.2%
Independent living plan	33.8%	40.5%	23.4%
<b>Social and Educational Services</b>			
Spiritual support	39.9%	16.8%	35.7%
Safety services/ seeking safety	37.3%	29.8%	31.4%
Motivational Interviewing	28.4%	25.2%	42.5%
Respite care	23.6%	34.8%	37.1%

“ If our CW [child welfare] agency actually did the work and provided support and services to parents where children are removed, they would be in better position to find permanency for kids in care. Big piece is that the agency is not providing timely support/services, cases drag on and as time passes children in care suffer the consequences of uncertainty. Cases are complex and there is no "one size fits all" approach and the system is not very good with individualizing cases and needs of families

ADVOCATE OR OTHER SUPPORTIVE ADULT, MASSACHUSETTS

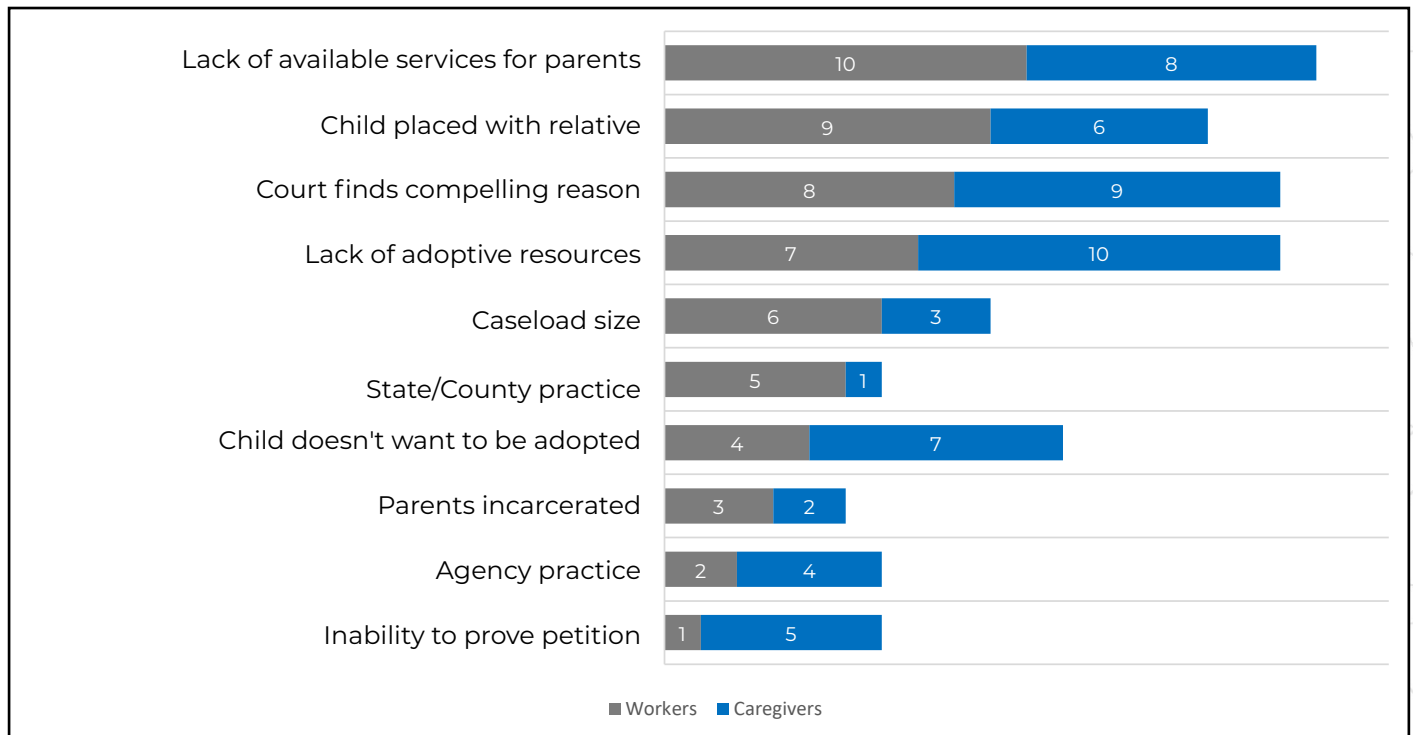
### Barriers to Adoption and Termination of Parental Rights

Child welfare agencies are charged with achieving timely permanency for children in care. One way to achieve permanency, if reunification is not possible, is through terminating a parent’s rights and pursuing adoption.

There remain many barriers to achieving adoption once the adoption decision is made for a child. As a first step, parental rights must be terminated. However, Frontline Workers identify that the services outlined in the case plan, and ordered by the court, are not available, or limited, becoming the leading cause for a delay in TPR. Conversely, Caregivers,

many of whom are the ones seeking to adopt the child, identify caseload size, procedures, and practices, as being the major barriers. It should be noted that these rankings are not dissimilar as it is the responsibility of Frontline Workers to connect bio parents to the services they need per their reunification plan, which can be hindered by caseload size.

**Figure 5: Frontline Workers and Carriers Rank Barriers to TPR**  
(1= most important, 10=least)



Even with the termination of parental rights, adoption may still not occur. Barriers include court delays, lower subsidies and less supportive services for adoptive families. Older children are less likely to be adopted, as many families do not want to adopt older children. Furthermore, children/youth are reluctant to sever ties with their biological families when some adoptive parents do not want to maintain contact with biological families.

According to Frontline Workers, the courts is one of the most significant challenges to moving children/youth to adoption after TPR. Court-related challenges included case backlogs, delays due to the amount of paperwork required to complete an adoption, and the length of the appeal process.

“ County workers have too many cases and we, as adoptive/resource parents, did not have anyone advocating for us. They changed our case worker 4 times in a two year period which delayed the process. Also, the case workers did not know about services offered when we asked. Communication between DCFS and the court system (particular the person representing DCFS at hearings) was deplorable. We also had more information than they did. All of these things make the trauma worse for kids

LEGAL GUARDIAN/ADOPTIVE PARENT, CALIFORNIA

“ *The single biggest barrier is the supposition that biological relatives are automatically "the best interest of the child" even when the child is thriving in a pre-adoptive placement and has never met the relative, usually a distant aunt or cousin*

LEGAL GUARDIAN/ADOPTIVE PARENT, STATE UNKNOWN

“ *The duration of the appeal process takes up to or past a year*

CASEWORKER, COLORADO

For both Frontline Workers and Caregivers, most comments about TPR were related to the role of the court. Repeated hearing continuances delay TPR from moving forward, which often has negative consequences on the well-being of children and youth.

“ *Courts and workers continue to delay a critical court hearing. Possibly delaying and avoiding the hard decisions to be made*

FOSTER PARENT, ALABAMA

“ *The length of time, even without an appeal, it takes for subsidy negotiation meetings, etc. to occur. Older children in particular tend to deteriorate the longer they are in legal limbo waiting for a final disposition and this sometimes results in losing the placement and ultimately having a legally freed child without a permanent home*

GUARDIAN AD LITEM, COLORADO

Caregivers and Frontline Workers perceive that parents' rights supersede that of the child and what is in the child's best interest. They expressed frustration with this, stating that biological parents receive too much time to work their reunification case plan. Both groups described concerns about the repeated cycle in which children go home and return to care, clearly causing additional trauma, but also pushing back permanency. Bottom line - what is in the best interest of the children is often ignored.

“ *The government needs to quit causing undo trauma to these kids. If parents cannot get it together by the latest 15 months! Terminate! These kids need stability." In conclusion, both Frontline Workers and Caregivers agreed that "while reunification should always be the goal, it shouldn't be a hard and fast rule. In trying to force reunification, sometimes more harm is done than good. Reunification isn't always best*

FOSTER PARENT, STATE UNKNOWN

# EXIT TO SELF-SUFFICIENCY

## CONTEXT

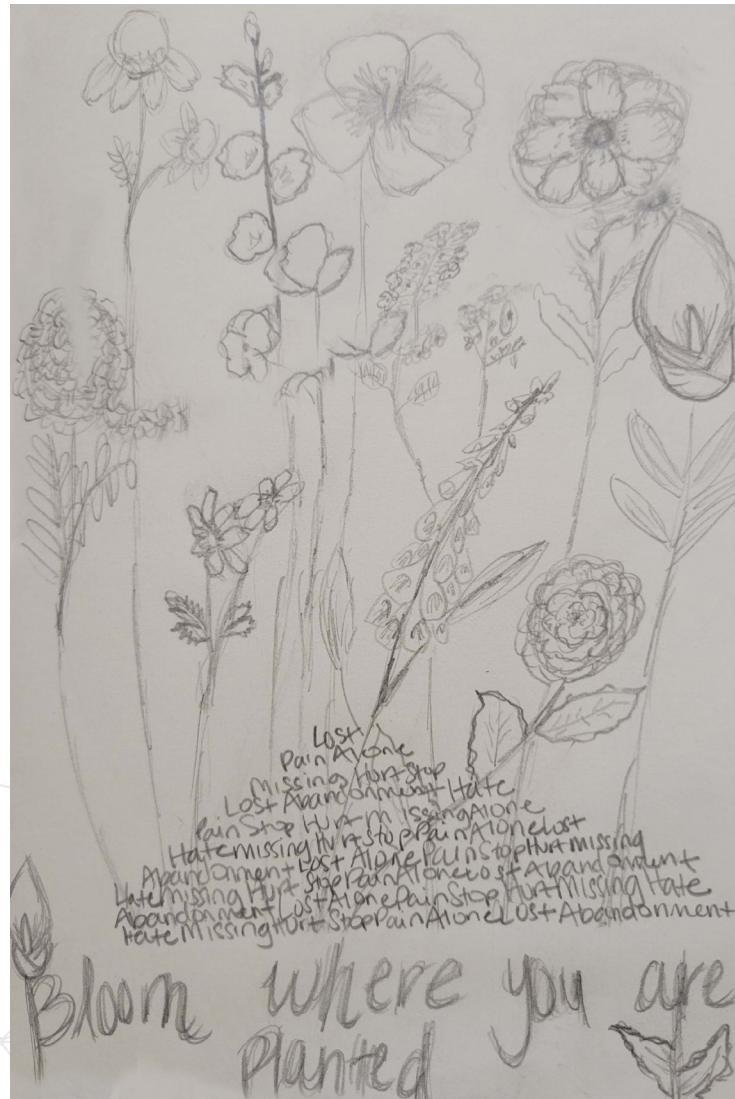
In 2021 there were 147,143 youth in care aged 16 to 21<sup>xviii</sup>. They are more likely to emancipate, or age out of care, than achieve permanency through reunification or adoption. 52%, or 19,130<sup>xix</sup> emancipated or aged out of the system. Comparatively, 58% of Black and 57% Hispanic/Latino were emancipated versus 44% of their White peers<sup>xx</sup>.

The focus of child welfare agencies for youth who are not reunified or adopted is to prepare them for emancipation with services to support self-sufficiency. Three core preparations for supporting self-sufficiency exist: 1) extending foster care to 21 in 48 states including DC and American Samoa, with some states extending to 22, 23 and 26 years old; 2) providing independent living or transition services starting as young as 14 when a youth is determined to be likely to emancipate out of care; and 3) developing a transition plan 90 days prior to exit.

The John H. Chafee Foster Care Program for Successful Transition to Adulthood provides dedicated federal funding and guidance to states to help young people transition successfully to adulthood. The federal government requires 15 service offerings that collectively are supposed to provide a suite of wrap-around services designed to scaffold a youth to self-sufficiency. Although each state is required to provide independent living services for youth aging out of care, of the estimated 444,348 eligible youth, only 23% (or 102,296) received these services in 2021<sup>xxi</sup>.

Extending foster care and providing independent living services have improved youth outcomes. Child Trends analysis of the National Youth in Transitions Database data shows that youth age 19 and 21, who remain in extended foster care, have 230% higher odds of graduating high school or gaining their GED, 12% higher odds of employment, and 140% higher odds of receiving education-based financial aid than those who had emancipated<sup>xxii</sup>. Further, they have 140% lower odds of being homeless and 170% lower odds of becoming a young parent<sup>xxiii</sup>.

However, outcomes for young people emancipating from care remain significantly worse than any other youth population, including those from low socio-economic demographics. In 2021, the National Youth in Transition Database survey of youth aged 21 found that 30% had not attained their high school diploma or GED, 26% were homeless, 17% were incarcerated, only 1% had earned an associate's degree, and 57% were employed (34% full-time, 24% part-time)<sup>xxiv</sup>.



## FINDINGS

Youth respondents identified their many pressing needs—both while in care preparing to emancipate and once they had emancipated. Concerns over how to meet their basic needs, including housing, are top of mind.

**Table 18: Youth In Care Identify Immediate Needs for Youth Transitioning Out of Care**

Free/low rent housing	54.6%
Emergency Cash Assistance	54.0%
Assistance with government benefits	52.2%
Ensure no youth goes homeless	51.6%
Ensure youth get services they are eligible for	51.3%
Job training, work experience, work opportunities	50.8%
Fund the cost of tuition, fees, books, etc. for post-secondary education	48.9%
Extend foster care to 24 years old	46.7%
Mental health/substance use services at low-to-no cost	45.0%
Provide a yearly transportation allowance	44.4%
Increase access to mental health services	43.8%
Coaching and training on life skills	43.5%
I need to know there will be support for me when I leave the system	42.4%
Increase food assistance	42.1%
Provide foster care youth with a smartphone with cell and internet service	41.5%
I need to know I will be ready and I am on track for when I leave the system	41.3%
Provide foster care youth with a laptop	40.3%
Improve recruitment and training of foster families	39.1%
Peer mentors to support youth and connect them with resources	38.5%
Increase prevention services for families so kids do not go in foster care	37.2%

“ *The fear of experiencing homelessness after graduating college*  
CURRENT YOUTH IN FOSTER CARE, NEW YORK

“ *There is no clear and favorable guidance on the way forward, and I have not chosen a good target. Now my income situation is worrying, and I have no strong financial resources to support me to achieve a greater goal*  
FORMER FOSTER YOUTH, ARKANSAS

Frontline Workers agree. They see the potential cliff foster youth face as they leave care; the very fundamentals required to be independent, meeting basic needs, having the skills to be self-sufficient, and getting and keeping a job, are all of the highest priority. Unfortunately, Frontline Workers do not believe youth emancipating from the foster care system are adequately prepared to be self-sufficient. Further, where many young people at this age are still able to rely on their families to receive continued support, few youth who emancipate are able to receive the same benefit.



“ *Honestly, the child/young adult voice matters. Listen to them. They know what they need and want because they went through it. You didn't.*

FORMER FOSTER YOUTH, CALIFORNIA

**Table 19: Frontline Workers Identify Their Help Youth Aging Out or Most Recently Out of Care Need Most**

Housing	74.4%
Independent living skills training	69.2%
Employment assistance	62.8%
Food assistance	56.4%
Peer mentoring	50.0%
Daily living expenses	47.4%
Emergency foods for basic needs	44.7%
Training and support	44.7%
Post-secondary educational financing assistance	39.5%
Technology	37.6%
Tutoring	22.2%

Part of the issue is that while independence and transition services do exist, most youth, even though they are eligible for services, do not know they exist, that they qualify, or do not know how to enroll in them. One way that youth, Frontline Workers, and Caregivers recommended that the child welfare system address the tremendous unmet needs of youth during their transition into adulthood is to advocate for their automatic enrollment into programs and services for which they are eligible. As noted previously in the report, 86% of Youth and 83% of Frontline Workers would opt to have Youth automatically enrolled in all services they were eligible to receive.

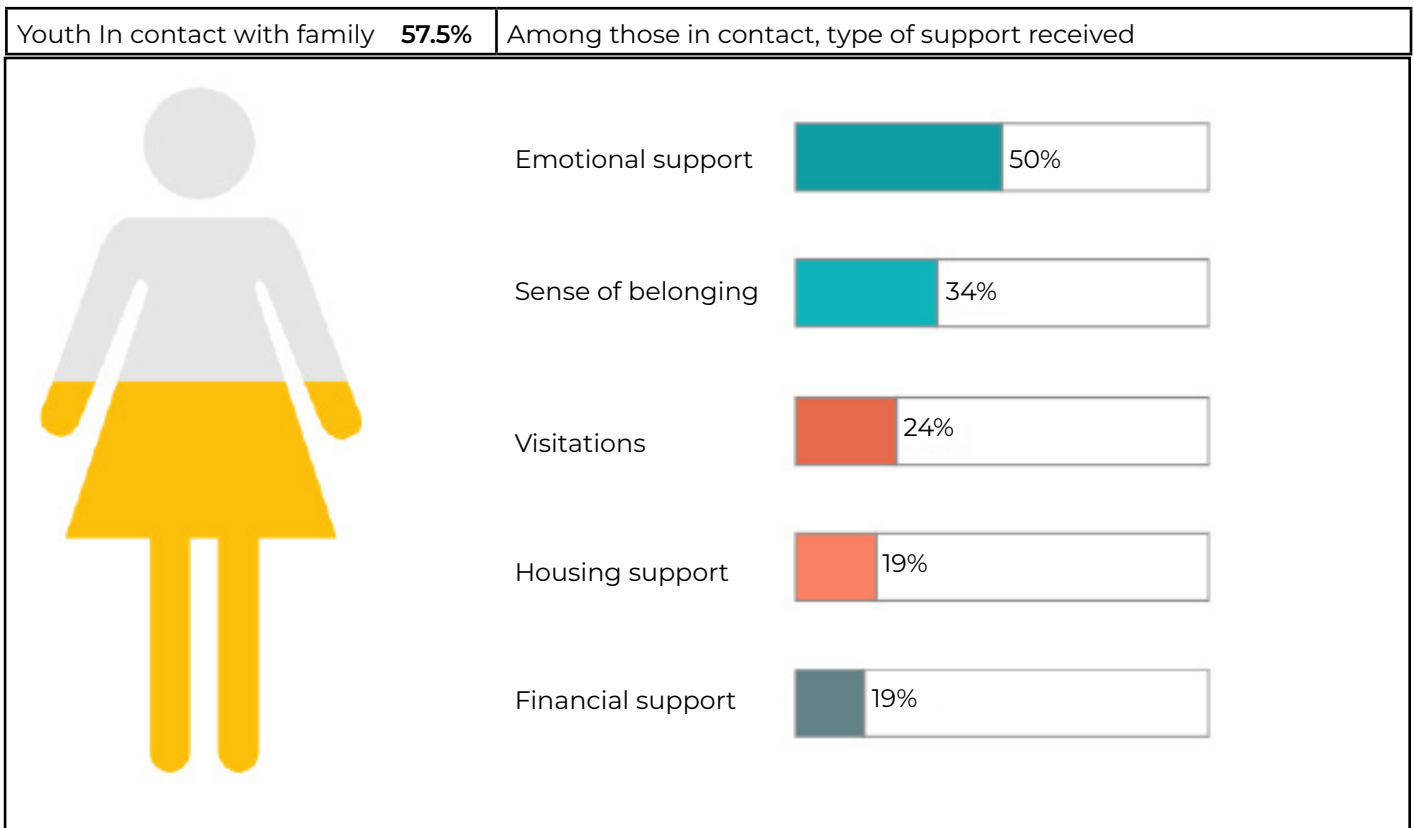
As a result of the lack of, and use of, services and resources to adequately prepare them for self-sufficiency while in care, Former Foster Youth respondents point to basic needs, financial instability, and life coaching as their most pressing needs once they have left care. They also describe feeling alone, with limited emotional and concrete support.



**Table 20: Youth Out of Care Identify Their Most Pressing Needs**

Need help paying bills	55.4%
Need help paying for transportation	39.3%
Need a therapist or life coach	38.3%
Need help paying for school	37.2%
Need a job	31.9%
Need help paying my cell phone	30.9%
Need to get a laptop for school	25.0%
Need to eat	24.7%
Need housing in the next 30-60 days	23.2%
Need a mentor	21.9%
Need to get stable internet access	19.9%
Need tutoring to help improve my grades	13.8%

**Figure 6: Youth Formerly in Care Report on Contact with Family and Type of Support Received**



In the open-ended questions and in the listening sessions, youth described their ongoing struggles with the trauma they experienced surviving abuse, neglect, and mistreatment in the child welfare system. In the listening sessions, Youth emphasized that mental health treatment was essential for self-sufficiency, both in care and after aging out, but there should be options for different kinds of wellness. Youth were concerned about being placed on medication, which treats the symptom but not the root cause. They discussed several pathways, such as traditional counseling (family

counseling, etc.), and options like gym memberships or other extracurricular activities to support self-sufficiency. Also, Youth mentioned they had to be in the correct mindset to benefit from therapy.

“ *How can we expect youth who haven't been built up to be healthy and independent. We have to work on the whole youth and what actually works for them. Period*

FORMER FOSTER YOUTH, STATE UNKNOWN

As such, they feel their dreams and aspirations of achieving their life goals are unattainable.

“ *My biggest barrier in accomplishing my life goals are not having stable income, stable housing, not having the support I need mentally or emotionally and having to deal with it on my own, I'm basically my own support system in everything and every Situation that I face or have to deal. People do not take my issues into consideration and push them aside I just wish I had 1 person who truly & genuinely love me for me no matter my circumstances or life situations and what I've had to go through and have been through. That's all I just need someone to understand me because people do not.*

FORMER FOSTER YOUTH, NEW YORK

## CONCLUSION

The voice of the community needs to be heard. They live with the realities of the child welfare system every day and know what could be done to make their lives and the lives of others better. This research is an effort to raise their voices and honor their experiences. Every one of their written statements and videos from Year 1 and Year 2 of the Voice of the Foster Care Community Reports is available to be read and viewed at [www.voiceoffostercare.org](http://www.voiceoffostercare.org). A compendium piece, The Lived Experience Guide to Fixing Foster Care, which focuses on their key recommendations for improving the system, is accessible for download at [www.voiceoffostercare.org](http://www.voiceoffostercare.org).

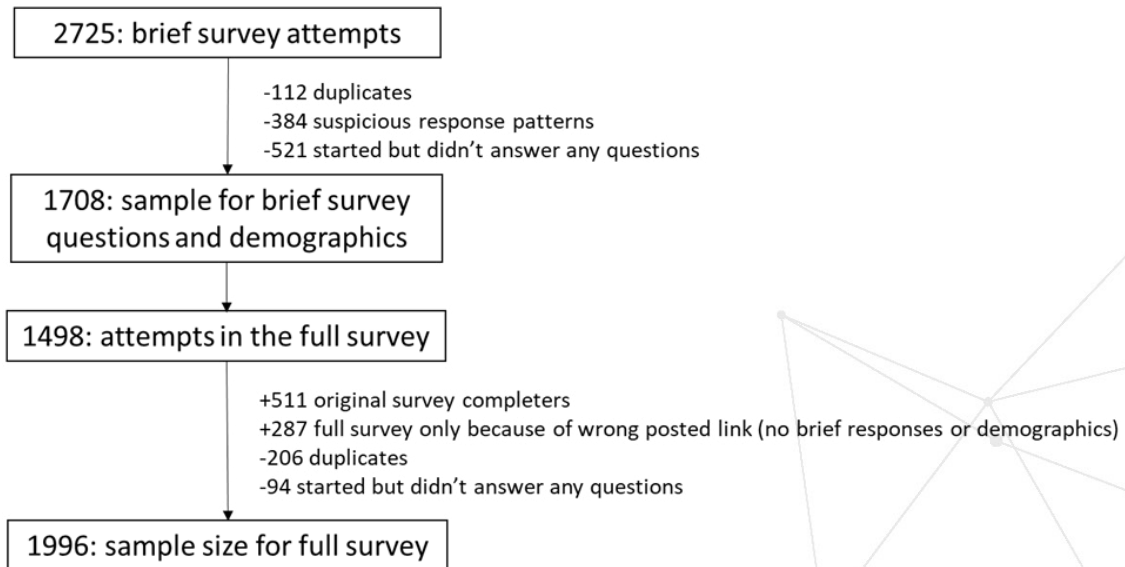
# Endnotes

- i Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2021, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau
- ii IBID
- iii IBID
- iv IBID
- v IBID
- vi Noonan, K., Rubin, D., Mekonnen, R., Zlotnik, S., & O'Reilly, A. (2009). Securing child safety, well-being, and permanency through placement stability in foster care. Children's Hospital of Philadelphia, PolicyLab
- vii Who Cares: A National Count of Foster Homes and Families, A Project from The Imprint, 2021
- viii Child Welfare Information Gateway. (2021). Supporting LGBTQ+ youth: A guide for foster parents. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau
- ix Chernoff, Combs-Orme, Risley-Curtiss and Heisler 1994; Council on Foster Care, Adoption, and Kinship Care et al. 2015; Halfon et al. 1995; Jee et al. 2010; Leslie et al. 2005; Simms et al. 2000; Steele and Buchi 2008; Szilagyi 2012
- x Fostering Youth Transitions 2023, State and National Data to Drive Foster Care Advocacy, The Annie E. Casey Foundation, 20
- xi IBID
- xii IBID
- xiii U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS) data for FY 2021
- xiv U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS) data for FY 2021
- xv IBID
- xvi Children in Foster Care Waiting for Adoption by Amount of Time Waiting in United States in 2021, Kids Count Data, The Annie E Casey Foundation, 2023
- xvii Adopt Us Kids, a national project to ensure that children and teens in foster care get safe, loving, permanent families, 2022
- xviii U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS) data for FY 2021
- xix Child Trends' analysis of data for FY2021 AFCARS
- xx IBID
- xxi Child Trends' analysis of data for FY2021 AFCARS and National Youth in Transition Database for FY2021
- xxii Supporting Older Youth Beyond Age 18: Examining Data Trends in Extended Foster Care, Child Trends, June 3, 2019
- xxiii IBID
- xxiv Outcomes Snapshot: National, FY2017-2021, National Youth in Transition Database, U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

# APPENDIX A

## Methodology & Demographics

**FIGURE 1A: Number of Respondents by Type**



**TABLE 1A: Number of Respondents by Type**

	Full Survey		Brief Survey	
Youth	990	49.6%	719	42.1%
Worker	218	10.9%	269	15.7%
Caregiver	788	39.5%	720	42.2%
Total	1996	100%	1708	100%

**TABLE 2A: Youth Respondents Type**

Current youth in foster care	222	30.9%
Youth formerly in foster care	392	54.5%
Prefer not to answer	33	4.6%
Missing	72	10.0%
<b>Total</b>	<b>719</b>	<b>100%</b>

**TABLE 3A: Frontline Worker Roles**

Advocate or other supportive adult	23	8.6%
Agency case worker	67	24.9%
CASA or attorney	44	16.4%
Other professional (please specify)	80	29.7%
State/county case worker	52	19.3%
Not specified	3	1.1%
<b>Total</b>	<b>269</b>	<b>100%</b>

**TABLE 4A: Caregiver Type**

Biological family receiving child welfare services	12	1.7%
Foster/resource family (non-kinship)	406	56.4%
Kinship or relative caregiver family	127	17.6%
Legal guardian/adoptive family (non-kinship)	175	24.3%
<b>Total</b>	<b>720</b>	<b>100%</b>

**TABLE 5A: Race/Ethnicity  
(respondents may choose multiple categories, so %s sum to greater than 100)**

	Youth		Frontline Worker		Caregiver	
American Indian or Alaska Native	40	5.6%	6	2.2%	22	3.1%
Asian or Asian American	27	3.8%	11	4.1%	16	2.2%
Black or African American	192	26.7%	25	9.3%	61	8.5%
Hispanic or Latino	234	32.5%	36	13.4%	82	11.4%
Native Hawaiian or other Pacific Islander	17	2.4%	2	0.7%	2	0.3%
White	226	31.4%	144	53.5%	423	58.8%
Another race/ethnicity	24	3.3%	1	0.4%	6	0.8%
Prefer not to answer	25	3.5%	8	3.0%	31	4.3%
Missing	72	10%	53	19.7%	142	19.7%

**TABLE 6A: Gender**

	Youth		Frontline Worker		Caregiver	
Female/woman	451	62.7%	160	59.5%	495	68.8%
Male/man	160	22.3%	48	17.8%	49	6.8%
Nonbinary/genderqueer	16	2.2%	1	0.4%	5	0.7%
Trans female/trans woman	5	0.7%	0	0%	0	0%
Trans male/trans man	3	0.4%	2	0.7%	1	0.1%
Another gender	1	0.1%	0	0%	1	0.1%
Prefer not to answer	11	1.5%	5	1.9%	20	2.8%
Missing	72	10%	53	19.7%	149	20.7%
<b>Total</b>	<b>719</b>	<b>100%</b>	<b>269</b>	<b>100%</b>	<b>720</b>	<b>100%</b>

**TABLE 7A: Sexual Orientation**

	Youth		Frontline Worker		Caregiver	
Asexual	10	1.4%	1	0.4%	5	0.7%
Bisexual or pansexual	103	14.3%	22	8.2%	11	1.5%
Gay or lesbian/homosexual	42	5.8%	9	3.3%	24	3.3%
Straight/heterosexual	431	59.9%	168	62.5%	476	66.1%
Another sexual orientation	18	2.5%	1	0.4%	1	0.1%
Prefer not to answer	42	5.8%	15	5%	54	7.5%
Missing	73	10.2%	53	19.7%	149	20.7%
<b>Total</b>	<b>719</b>	<b>100%</b>	<b>269</b>	<b>100%</b>	<b>720</b>	<b>100%</b>

# APPENDIX B

## Removal And Entry Into Foster Care

**TABLE 1B: Frontline Workers: Rating of Services Available to Youth and Families at the Time of Removal**

	Available and good	Not available, not needed	Available and not good	Not available and needed
Peer support network	9.6%	3.4%	25.4%	61.6%
Family therapy	14.4%	1.7%	35.0%	48.9%
Crisis intervention	13.6%	1.1%	41.2%	44.1%
Visitation support	17.7%	1.7%	39.4%	41.1%
Respite support	9.9%	12.8%	36.0%	41.3%
Medical screening	28.2%	2.3%	34.5%	35.1%
Substance use treatment	14.1%	1.7%	50.3%	33.9%
Mental health treatment	12.3%	2.8%	59.2%	25.7%

**TABLE 2B: Caregivers: Rating of Services Available to Youth and Families at the Time of Removal**

	Available and good	Not available, not needed	Available and not good	Not available and needed
Peer support network	27.9%	5.1%	27.2%	39.8%
Family therapy	25.6%	2.4%	35.1%	36.9%
Crisis intervention	24.0%	4.7%	44.7%	26.6%
Visitation support	32.7%	4.8%	39.0%	23.5%
Respite support	25.1%	6.7%	34.5%	33.7%
Medical screening	50.5%	2.4%	34.7%	12.4%
Substance use treatment	28.3%	8.2%	40.4%	23.1%
Mental health treatment	27.4%	3.2%	44.0%	25.4%

**TABLE 3B: Frontline Workers: From Your Perspective, How Often Do These Factors Play a Role in Removal Decisions?**

	Very Often/ Often	Sometimes	Never	Don't Know
Race/ethnicity	55.1%	23.2%	15.3%	6.5%
Family poverty	77.5%	14.3%	4.6%	3.7%
Juvenile justice involvement	65.9%	24.9%	2.8%	6.5%
Parental disability	57.2%	34.0%	3.7%	5.1%
Sexual orientation or gender identity of youth	39.8%	34.1%	16.4%	9.8%



**TABLE 4B: Caregivers: How Often do the Following Factors Play a Role in the Child/Youth's Removal Decisions?**

	Very often	Often	Sometimes	Never	Don't know
Race/ethnicity	7.0%	8.6%	20.0%	41.2%	23.2%
Family poverty	20.7%	18.0%	27.7%	21.8%	11.8%
Juvenile justice involvement	12.8%	17.2%	32.7%	13.9%	23.4%
Parental disability	10.2%	16.1%	34.1%	19.6%	20.0%
Sexual orientation or gender identity of youth	3.6%	6.5%	20.8%	36.9%	32.3%



# APPENDIX C

## Foster Care Placements

**TABLE 1C: Frontline Workers: How Often Do the Following Factors Play a Role in Placement Decisions?**

	Worker	Not available, not needed	Available and not good
	Often	Very Often	Combined
Youth's Mental Health Needs	--	--	--
Cultural Competency	--	--	--
Juvenile Justice Involvement	24.4%	49.3%	73.7%
Substance Use Treatment Needs	20.0%	46.5%	66.5%
Disability	21.1%	44.1%	65.3%
Culture	32.9%	25.5%	58.3%
Race/ethnicity	29.5%	28.1%	57.6%
Sexual Orientation or Gender Identity	17.2%	33.5%	50.7%
Socioeconomic Status	24.7%	22.8%	47.4%
Religion	21.4%	16.7%	38.1%

**TABLE 2C: Caregivers: How Often Do the Following Factors Play a Role in Placement Decisions?**

	Often	Very Often	Combined
Youth's Mental Health Needs	23.5%	22.1%	45.6%
Cultural Competency	16.8%	6.7%	23.5%
Juvenile Justice Involvement	18.3%	13.2%	31.5%
Substance Use Treatment Needs	21.8%	14.6%	36.5%
Disability	--	--	--
Culture	--	--	--
Race/ethnicity	15.4%	8.9%	24.2%
Sexual Orientation or Gender Identity	14.2%	6.3%	20.4%
Socioeconomic Status	12.3%	7.3%	19.6%
Religion	6.8%	3.2%	10.0%

**TABLE 3C: Frontline Workers Rank the Most Important Supports for Facilitating a Successful Placement (1 = Most Important, 9 = Least important)**

Emotional support	1
Trauma-informed training	2
Sense of belonging	3
Financial support	4
Housing support	5

Youth background information	6
visitation with biological family	7
Cultural sensitivity training	8
Professional interventions (e.g., counseling)	9

**TABLE 4C: Frontline Workers: Rate these services provided to children and families at the time of placement**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Financial support	16.0%	1.6%	42.0%	40.4%
Housing support	10.3%	17.4%	43.5%	28.8%
Emotional support	19.8%	0.5%	38.0%	41.7%
Sense of belonging	11.8%	1.7%	36.0%	50.6%
Visitation with bio family	23.0%	1.6%	44.9%	30.5%
Cultural sensitivity training	23.4%	4.8%	35.5%	38.8%
Trauma-informed training	26.3%	23.2%	33.2%	17.4%
Youth background information	13.2%	23.3%	45.5%	18.0%
Professional interventions	23.6%	1.6%	35.1%	39.8%

**TABLE 5C: Frontline Workers: Rate these services provided to children and families at the time of placement**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Financial support	33.2%	2.2%	48.4%	16.2%
Housing support	21.6%	23.4%	22.1%	33.0%
Emotional support	26.7%	3.3%	38.5%	31.5%
Sense of belonging	32.2%	4.7%	33.7%	29.4%
Visitation with bio family	37.3%	5.7%	52.6%	4.5%
Cultural sensitivity training	44.8%	7.0%	30.9%	17.3%
Trauma-informed training	50.7%	1.7%	31.5%	16.1%
Youth background information	16.7%	2.4%	44.1%	36.8%
Professional interventions	27.8%	2.2%	46.1%	23.8%

**TABLE 5C: Youth: Experiences of discrimination in placement homes, by Frontline Workers, and in the legal system**

% Experienced Discrimination by Each Characteristic

	Home	Frontline Workers	Legal System
Race/ethnicity	23.1%	14.6%	7.9%
Gender Identity	12.1%	9.1%	6.2%
Sexual orientation	15.9%	9.1%	5.5%
Disability	14.4%	10.7%	7.1%

# APPENDIX D

## Supportive Services While In Care

**TABLE 1D: Frontline Workers: What Help do Your Youth and Families Need Most?**

Employee assistance	32.7%
Food assistance	38.3%
Housing assistance	53.4%
Increased monthly stipends	42.1%
Reducing my caseload to better serve children/families	37.2%
Respite care for Caregivers	44.7%
Technology	28.2%
Training and support for families	52.6%
Training and support for me so I can better serve families	21.8%
Tutoring	24.4%

**TABLE 2D: Caregivers: What Could You and Your Family Use Help With?**

Respite care for vacation	41.6%
Tutoring	40.4%
Food assistance	32.1%
Respite care for work	31.9%
Technology access	30.0%
Life coaching	19.0%
Housing assistance	17.5%

**TABLE 3D: Frontline Workers Rate the Quality and Availability of Services for Youth in Care**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Alcohol and drug free social activities	14.7%	17.2%	32.5%	35.6%
Assessment	22.2%	8.6%	43.2%	25.9%
Childcare assistance	21.7%	11.8%	32.3%	34.2%
Co-occurring disorders treatment	13.3%	5.7%	34.2%	46.8%
Dental care	38.0%	21.5%	27.9%	12.7%
Domestic violence/interpersonal violence	17.9%	19.8%	42.0%	20.4%
Educational services	26.5%	18.5%	43.2%	11.7%

Employment/vocational training	23.0%	9.3%	37.3%	30.4%
Extended foster care	28.2%	20.9%	33.7%	17.2%
Eye care	38.8%	22.5%	28.1%	10.6%
Food pantry	28.4%	11.1%	29.6%	30.9%
Gynecological services	32.7%	19.6%	36.6%	11.1%
Health and wellness	24.8%	10.8%	33.1%	31.2%
Housing	10.1%	16.5%	39.9%	33.5%
Independent living plan	20.5%	4.2%	41.6%	33.7%
Legal aid	21.0%	22.2%	37.7%	19.1%
Medical treatment-general	37.3%	19.3%	31.1%	12.4%
Mental health treatment	18.0%	18.6%	49.1%	14.3%
Motivational Interviewing	15.5%	11.0%	30.3%	43.2%
Orthodontics	23.9%	18.1%	27.1%	31.0%
Other financial support	10.1%	25.5%	25.5%	38.9%
Reproductive health	31.2%	21.0%	33.1%	14.7%
Respite care	11.7%	9.7%	32.5%	46.1%
Safety services/ seeking safety	15.7%	21.4%	31.5%	31.5%
Spiritual support	12.9%	18.1%	26.5%	42.6%
Substance use treatment	12.0%	6.9%	45.3%	35.9%
Transportation	14.0%	20.1%	36.6%	29.3%
Veteran's services	12.4%	20.9%	18.6%	48.1%

**TABLE 4D: Caregivers Rate the Quality and Availability of Services for Youth in Care**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Alcohol and drug free social activities	31.7%	9.4%	18.0%	41.0%
Assessment	44.0%	3.6%	34.1%	18.3%
Childcare assistance	27.9%	6.1%	37.1%	29.1%
Co-occurring disorders treatment	16.5%	11.7%	34.9%	36.9%
Dental care	59.1%	1.0%	31.7%	8.1%
Domestic violence/interpersonal violence	22.0%	11.5%	34.6%	30.9%
Educational services	38.8%	3.2%	36.5%	21.5%
Employment/vocational training	27.8%	8.6%	33.7%	29.9%
Extended foster care	39.5%	6.7%	32.3%	21.5%
Eye care	60.6%	2.6%	29%	7.8%
Food pantry	35.4%	18.0%	19.7%	26.9%
Gynecological services	59.2%	8.5%	25.2%	7.1%

Health and wellness	45.3%	4.1%	34.1%	16.5%
Housing	27.9%	15.4%	26.5%	30.2%
Independent living plan	28.9%	10.8%	40.3%	20.0%
Legal aid	29.3%	6.3%	36.6%	27.8%
Medical treatment-general	63.7%	1.9%	29.9%	4.5%
Mental health treatment	30.8%	1.3%	54.7%	13.3%
Motivational Interviewing	22.6%	11.7%	18.4%	47.3%
Orthodontics	32.1%	6.4%	21%	40.5%
Other financial support	13.2%	17.1%	21.4%	48.3%
Reproductive health	53.3%	10.2%	27.3%	9.3%
Respite care	27.2%	7.0%	33.1%	32.6%
Safety services/ seeking safety	31.8%	8.2%	24.1%	35.8%
Spiritual support	29.3%	16.5%	15.5%	36.7%
Substance use treatment	26.1%	9.0%	44.8%	20.2%
Transportation	24.9%	7.3%	27.4%	40.4%
Veteran's services	11.7%	50.6%	11.3%	26.5%

**TABLE 5D: Youth in Care Describe their Most Pressing Needs**

Need to eat	18.0%
Need a job	55.4%
Need help paying bills	21.2%
Need help paying for school	17.6%
Need to get a laptop for school	17.1%
Need to get stable internet access	16.7%
Need housing in the next 30-60 days	11.7%
Need tutoring to help improve my grades	7.7%
Need a mentor	10.4%
Need a therapist or life coach	13.1%
Need help paying my cell phone	15.8%
Need help paying for transportation	49.5%

**TABLE 6D: Youth: Service use and rating the quality of services they received while in the foster care system**

	Service Use	Quality Rating (among those who used each service) Available and not good		
		Very good/ good	Neither	Poor/very poor
Alcohol and drug free social activities	11.3%	64.8%	15.9%	19.3%
Assessment	26.2%	50.0%	26.7%	23.3%
Child care assistance	11.5%	59.1%	21.6%	19.3%
Co-occurring disorders treatment	9.5%	38.4%	34.2%	27.4%
Dental care	32.3%	69.4%	15.9%	14.7%
Domestic violence/interpersonal violence	9.5%	56.0%	20.0%	24.0%
Educational services	34.9%	70.1%	16.2%	13.7%
Employment/vocational training	18.1%	67.4%	20.0%	12.6%
Extended foster care	32.9%	63.7%	12.8%	23.4%
Eye care	29.2%	74.1%	14.6%	11.3%
Food pantry	23.8%	61.1%	17.1%	21.8%
Gynecological services	12.1%	67.4%	19.4%	13.3%
Health and wellness	27.5%	64.2%	22.0%	13.8%
Housing	37.4%	57.1%	20.5%	22.4%
Independent living plan	31.3%	60.3%	17.9%	21.8%
Legal aid	13.1%	57.0%	21.0%	22.0%
Medical treatment-general	27.1%	69.1%	15.9%	15.0%
Mental health treatment	30.6%	53.3%	19.9%	26.8%
Motivational Interviewing	16.4%	71.1%	12.6%	16.3%
Orthodontics	16.1%	59.1%	20.5%	20.5%
Other financial support	15.2%	52.4%	25.0%	22.6%
Reproductive health	13.9%	64.3%	17.9%	17.9%
Respite care	10.0%	46.0%	18.9%	35.1%
Safety services/ seeking safety	14.2%	62.0%	20.4%	17.6%
Spiritual support	11.3%	59.3%	19.8%	21.0%
Substance use treatment	9.9%	61.8%	14.5%	23.7%
Transportation	28.4%	62.4%	20.9%	16.7%
Veteran's services	6.7%	45.1%	17.7%	37.3%



**TABLE 7D: Youths' Perceptions of the General Availability of Services for ALL Youth in Foster Care**

	Available	Not Available
Alcohol and drug free social activities	51.4%	48.6%
Assessment	59.2%	40.9%
Childcare assistance	46.6%	53.4%
Co-occurring disorders treatment	47.1%	52.9%
Dental care	64.3%	35.6%
Domestic violence/interpersonal violence	53.0%	47.1%
Educational services	63.4%	34.7%
Employment/vocational training	60.3%	39.7%
Extended foster care	61.3%	38.7%
Eye care	65.2%	34.9%
Food pantry	59.5%	40.5%
Gynecological services	59.1%	40.9%
Health and wellness	62.5%	37.4%
Housing	60.7%	39.3%
Independent living plan	60.0%	40.0%
Legal aid	51.3%	48.6%
Medical treatment-general	65.1%	34.9%
Mental health treatment	63.3%	36.8%
Motivational Interviewing	48.1%	51.9%
Orthodontics	52.6%	47.4%
Other financial support	40.2%	59.9%
Reproductive health	58.9%	41.1%
Respite care	52.2%	47.9%
Safety services/ seeking safety	57.8%	42.2%
Spiritual support	44.8%	55.2%
Substance use treatment	57.6%	42.3%
Transportation	52.5%	47.5%
Veteran's services	48.0%	52.0%

**TABLE 8D: If you could be automatically enrolled in all services you are eligible for, would you want this to happen?**

	Youth	Workers	Caregivers
Yes	85.5%	82.6%	73.1%
No, I believe I am already receiving everything I am eligible for	7.0%	6.4%	5.7%
I am not sure	7.5%	11.1%	21.2%

**TABLE 9D: Frontline Workers rate the availability and quality of their own trainings**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Substance use disorders	27.9%	1.1%	35.0%	36.1%
Mental health disorders	26.5%	1.1%	48.1%	24.3%
Crisis management	23.8%	0.6%	39.2%	36.5%
Family engagement	27.5%	12.6%	36.8%	23.1%
Motivational interviewing	24.3%	0.6%	29.9%	45.2%
Cultural sensitivity	23.2%	2.8%	39.2%	34.8%
Child development	30.6%	0.6%	31.7%	37.2%
Trauma-informed care/treatment	28.1%	13.5%	36.2%	22.2%
Court presentation	18.0%	14.6%	46.1%	21.4%
Report writing	21.5%	3.4%	36.2%	39.0%
Time management	19.2%	4.0%	32.8%	44.1%
Computer systems	22.3%	16.6%	34.9%	26.3%

**TABLE 10D: Frontline Workers rate the availability and quality of trainings for Caregivers**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Substance use disorders	19.8%	2.3%	26.0%	52.0%
Mental health disorders	16.5%	24.4%	31.8%	27.3%
Crisis management	16.0%	2.9%	29.1%	52.0%
Family engagement	15.8%	2.8%	38.4%	42.9%
Cultural sensitivity	20.2%	0.6%	32.0%	47.2%
Child development	23.0%	13.5%	32.6%	30.9%
Court presentation	11.6%	28.3%	27.2%	33.0%

**TABLE 11D: Caregivers rate the availability and quality of their own trainings**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Child development	56.4%	2.2%	29.0%	12.4%
Crisis management	33.5%	2.4%	37.6%	26.4%
Cultural sensitivity	47.6%	4.2%	31.5%	16.7%
Family engagement	41.9%	3.0%	37.0%	18.1%
Mental health disorder	38.6%	2.8%	36.8%	21.9%
Secondary trauma	34.1%	2.7%	26.7%	36.6%
Separation/grief and loss	37.1%	2.4%	32.8%	27.7%
Substance use disorder	42.0%	3.8%	32.9%	21.3%
Trauma-informed caregiving	49.2%	1.7%	28.8%	20.4%

**TABLE 12D: In general, are trainings available when you need them?**

	Caregivers	Workers
No	34.8%	76.6%
Yes	65.2%	23.4%

**TABLE 13D: Do you feel you have the skills and/or time necessary to implement what you learn in trainings?**

	Caregivers	Workers
No	15.7%	37.2%
Yes	84.3%	62.8%

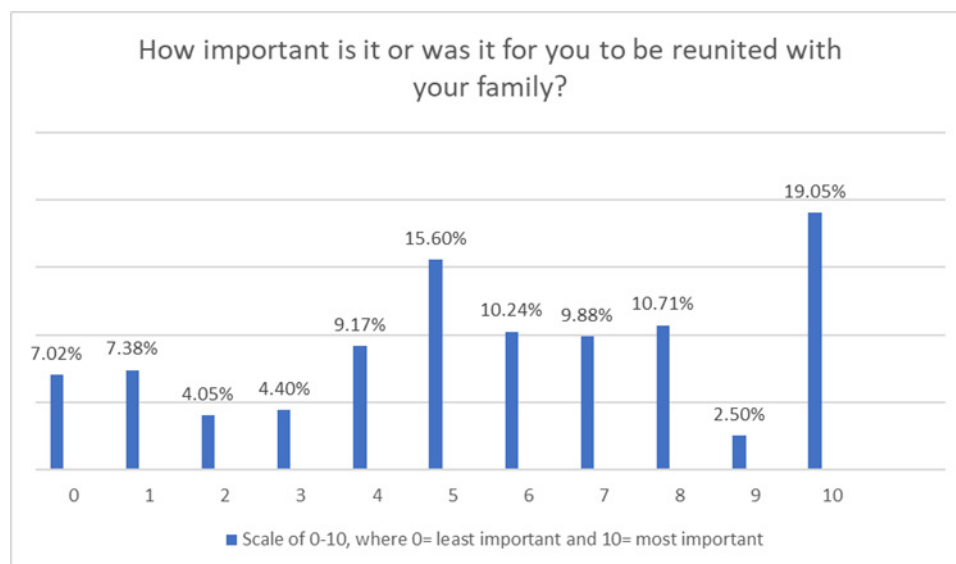
# APPENDIX E

## Permanency Decisions

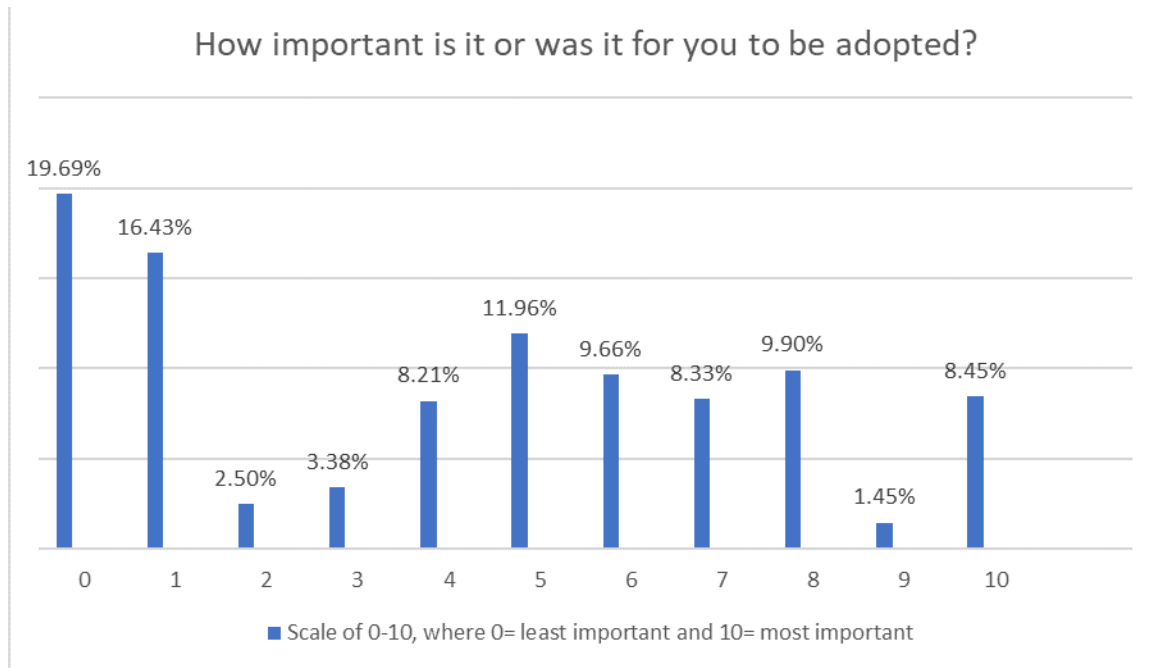
**TABLE 1E: Frontline Workers: Who are the people who make decisions about permanency for children?**

	Who does make the decision?	Who should make the decision?
Court (judge, guardian ad litem, casa, attorney)	62.8%	59.3%
Professional workers (child workers, family workers, school officials, mental health professionals)	57.0%	56.4%
Biological parents	18.0%	32.6%
Foster Parents	30.8%	7.6%
Extended family	18.6%	25.6%
Children/youth	27.9%	44.8%

**FIGURE 1E: How important is it or was it for you to be reunited with your family?**



**FIGURE 2E: How important is it or was it for you to be adopted?**



**TABLE 2E: Workers & Caregivers Rank Barriers to TPR (1=most important, 10=least important)**

	Workers	Caregivers
Lack of available services for parents	1	5
Child placed with relative	2	4
Court finds compelling reason	3	2
Lack of adoptive resources	4	7
Caseload size	5	1
State/County practice	6	3
Child doesn't want to be adopted	7	10
Parents incarcerated	8	9
Agency practice	9	6
Inability to prove petition	10	8

**TABLE 3E: Frontline Workers Rate the Quality and Availability of Services Available to Support Reunification**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Alcohol and drug free social activities	11.7%	5.8%	33.1%	49.4%
Assessment	14%	27.3%	45.2%	9.6%

Childcare assistance	19.1%	2.6%	37.5%	40.8%
Co-occurring disorders treatment	9.7%	3.3%	30.5%	56.5%
Dental care	33.5%	4.0%	20.4%	40.1%
Domestic violence/ interpersonal violence	19.0%	2.0%	40.5%	38.6%
Educational services	22.4%	15.8%	33.5%	26.3%
Employment/ vocational training	20.1%	5.2%	31.2%	43.5%
Extended foster care	20.0%	16.0%	32.7%	31.3%
Eye care	34.7%	6.7%	22%	36.7%
Food pantry	27.9%	14.3%	29.2%	28.6%
Gynecological services	32.0%	19.3%	24.7%	24.0%
Health and wellness	21.4%	4.6%	33.1%	40.9%
Housing	6.5%	5.2%	33.8%	54.6
Independent living plan	18.4%	16.3%	37.4%	27.9%
Legal aid	13.8%	29.0%	40.1%	17.1%
Medical treatment-general	31.6%	29.0%	29.6%	9.9%
Mental health treatment	14.7%	3.2%	43%	39.1%
Motivational Interviewing	13.5%	31.8%	30.4%	24.3%
Orthodontics	24.3%	2.7%	21.6%	51.4%
Other financial support	9.1%	31.5%	29.4%	30.1%
Reproductive health	26.6%	31.8%	27.9%	13.6%
Respite care	8.0%	16.7%	32.7%	42.7%
Safety services/ seeking safety	13.2%	32.2%	34.9%	19.7%
Spiritual support	10.2%	19.7%	25.2%	44.9%
Substance use treatment	10.4%	16.2%	45.5%	27.9%
Transportation	11.6%	3.9%	33.6%	51.0%
Veteran's services	19.6%	8.0%	27.5%	44.9%

**TABLE 4E: Caregivers Rate the Quality and Availability of Services Available to Support Reunification**

	Available and good	Not available and not needed	Available and not good	Not available, but needed
Alcohol and drug free social activities	36.1%	4.9%	28.1%	30.9%
Assessment	34.4%	1.1%	47.7%	16.8%
Childcare assistance	34.4%	2.5%	42.2%	24.8%
Co-occurring disorders treatment	26.7%	3.0%	40.1%	28.2%
Dental care	54.4%	1.4%	34.2%	10.0%
Domestic violence/interpersonal violence	35.6%	2.7%	40.1%	21.6%
Educational services	43.3%	0.9%	40.3%	15.5%
Employment/vocational training	38.6%	0.7%	34.6%	26.2%
Extended foster care	39.0%	3.8%	37.5%	19.7%
Eye care	57.2%	1.5%	31.1%	10.2%
Food pantry	47.0%	4.6%	26.7%	21.8%
Gynecological services	60.6%	3.0%	27.7%	8.7%
Health and wellness	52.4%	0.6%	31.7%	15.3%
Housing	25.1%	4.5%	34.1%	36.3%
Independent living plan	33.8%	2.2%	40.5%	23.4%
Legal aid	38.3%	1.6%	38.9%	21.2%
Medical treatment-general	62.0%	0.9%	30.9%	6.2%
Mental health treatment	32.8%	1.4%	54.2%	11.7%
Motivational Interviewing	28.4%	3.9%	25.2%	42.5%
Orthodontics	34.1%	4.6%	26.2%	35.1%
Other financial support	23.4%	6.6%	38.4%	41.4%
Reproductive health	56.5%	3.5%	29.0%	11.0%
Respite care	23.6%	4.6%	34.8%	37.1%
Safety services/ seeking safety	37.3%	1.6%	29.8%	31.4%
Spiritual support	39.9%	7.7%	16.8%	35.7%
Substance use treatment	31.0%	2.5%	54.0%	12.6%
Transportation	31.8%	3.5%	31.3%	32.4%
Veteran's services	30.6%	12.9%	28.5%	25.2%

# APPENDIX F

## Self-Sufficiency Needs Tables

**TABLE 1F: Youth: Immediate Needs of Foster Care Youth Transitioning Out of Care**

	Who does make the decision?
Free/low rent housing	54.6%
Emergency Cash Assistance	54.0%
Assistance with government benefits	52.2%
Ensure no youth goes homeless	51.6%
Ensure youth get services they are eligible for	51.3%
Job training, work experience, work opportunities	50.8%
Fund the cost of tuition, fees, books, etc. for post-secondary education	48.9%
Extend foster care to 24 years old	46.7%
Mental health/substance use services at low-to-no cost	45.0%
Provide a yearly transportation allowance	44.4%
Increase access to mental health services	43.8%
Coaching and training on life skills	43.5%
I need to know there will be support for me when I leave the system	42.4%
Increase food assistance	42.1%
Provide foster care youth with a smartphone with cell and internet service	41.5%
I need to know I will be ready and I am on track for when I leave the system	41.3%
Provide foster care youth with a laptop	40.3%
Improve recruitment and training of foster families	39.1%
Peer mentors to support youth and connect them with resources	38.5%
Increase prevention services for families so kids don't go in foster care	37.2%

**TABLE 2F: Youth Out of Care Describe their Most Pressing Needs**

Need help paying bills	55.4%
Need help paying for transportation	39.3%
Need a therapist or life coach	38.3%
Need help paying for school	37.2%
Need a job	31.9%
Need help paying my cell phone	30.9%
Need to get a laptop for school	25.0%
Need to eat	24.7%



Need housing in the next 30-60 days	23.2%
Need a mentor	21.9%
Need to get stable internet access	19.9%
Need tutoring to help improve my grades	13.8%

**TABLE 3F: Frontline Workers: What help do youth aging out of care, or recently out of care, need most?**

Housing	74.4%
Independent living skills training	69.2%
Employment assistance	62.8%
Food assistance	56.4%
Peer mentoring	50.0%
Daily living expenses	47.4%
Emergency foods for basic needs	44.7%
Training and support	44.7%
Post-secondary educational financing assistance	39.5%
Technology	37.6%
Tutoring	22.2%

**TABLE 4F: Youth, Frontline Workers, and Caregivers Provide their Perspective about Automatic Enrollment for All Services Youth are Eligible for at the Time of Transition**

	Youth	Frontline Workers	Caregivers
Yes	85.5%	82.6%	73.1%
No, I believe I am already receiving everything I am eligible for	7.0%	6.4%	5.7%
I am not sure	7.5%	11.1%	21.2%

**TABLE 4F: Youth Formerly in Care Report on Contact with Family and Type of Support Received**

In contact with family	57.5%
Among those in contact, type of support received	
Emotional support	50.0%
Sense of belonging	34.3%
Visitations	24.3%
Housing support	19.4%
Financial support	16.7%



## Acknowledgments

iFoster wishes to thank C.A.R.E. Consulting Group and Jeremy T. Goldbach, PhD, LMSW, Principal Investigator, for their work in designing, conducting surveys and listening sessions, analyzing and compiling this fundamentally important lived experience research into the child welfare system. We would like to recognize the investment of the Conrad N. Hilton Foundation in amplifying the voices of those living and working in the child welfare system with the goal of annually measuring the well-being of the community and the impact of well-being on child and youth outcomes. Much thanks is due to the thousands of young people, Caregivers and Frontline Workers who courageously raised their voices and invested the time to provide detailed and thoughtful feedback on the child welfare system based on their own personal experience.

This report is dedicated to every child growing up outside of their biological home who deserves the opportunity to thrive, and a safe, permanent family according to their own wishes and definition.

### About C.A.R.E. Consulting Group

C.A.R.E. Consulting Group (CARECG) worked as an independent evaluation consultant to a) oversee the study methodology, b) design survey instruments and interview protocols, c) analyze and interpret data received and d) prepare the Voice of the Community report. CARECG assists non-profits, corporations and Federal, State, Tribal, County and Local government agencies that want to create a better world. We collaborate with leaders in communities to create custom solutions including training, technical assistance, research and evaluation services. [WWW.CARECG.COM](http://WWW.CARECG.COM)

### About iFoster

iFoster is a national non-profit serving children and youth who are living outside of their biological homes. iFoster's mission is to ensure these children have the resources and opportunities they need to become successful, independent adults and reach their full potential. Annually, iFoster serves over 150,000 children and youth in care and aging out of care providing upwards of \$195 Million in resources and services through its network of partners and programs.

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