



LIVED EXPERIENCE GUIDE TO FIXING

FOSTER CARE



A collection of over 6,000 voices from all 50 states.

Providing solutions to **Improving Foster Care** from the perspectives of those who grew up in, care for others, and work on the frontlines of America's Child Welfare System

Introduction

The Lived Experience Guide to Fixing Foster Care 2023 is a call to action from the over 6,000 members of the foster care community (Youth, Caregivers and Frontline Workers), across all 50 states who participated in the 2022 and 2023 Voice of the Community research reports.

This guide is a compilation of the key findings and most frequent recommendations from people with lived experience, covering prevention, time in care and exits from foster care. The result is 7 areas of focus, with concrete solutions, which participants believe will have the greatest impact on improving the experience for children and youth.

The overarching theme of the guide is that the child welfare system is not a person-centered system, focused on the well-being of each individual child, and it needs to be. Whether a child spends a day, a week, a year, or longer, in the child welfare system, the well-being of every child needs to be the principal focus. Anchoring on the child would lead to changes in prevention activities, in what are acceptable placements and caregivers, in the workloads and priorities of frontline workers, and in the choice of exit pathways for children and youth in care. Each child's situation and needs would be evaluated on a case-by-case basis instead of a one-size-fits-all approach. Further, the child welfare system would hold itself accountable for measuring the well-being of every child while they are in care and after exit. Reunification or other forms of permanency would be an output not an outcome, while self-sufficiency would be a universal goal for older youth regardless of where they exit to.

The goal of the Lived Experience Guide to Fixing Foster Care is to provide an actionable blueprint for policy and practice leaders from those who have lived and continue to live, care and work in the child welfare system. Their voices, must be heard, and should inform continuous improvement of this critical system.

“How can I love myself and how can I love them if I know that I am an inconvenience, that I am temporary, that I am replaceable?”

-Foster Youth

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RECOMMENDATION 1 PUT THE CHILD AT THE CENTER

The child welfare system is not about the well-being of the child, but it should be!

This is the overwhelming consensus from the 6,000 with Lived Experience (Youth, Caregivers and Front-Line Workers) who took the Voice of the Community surveys and/or participated in listening sessions.

But what does that mean?

Child well-being is not some esoteric concept, but in fact a well researched and measured outcome. The U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau (2020) defines child well-being as a measure of the quality of life, including how well the child is and how their life is going. Key indicators of child well-being exist and encompass measures around physical health and safety, mental health and emotional development, education and learning, and relationship and social behavior¹.



▶ ANGELINA



▶ TERRANCE

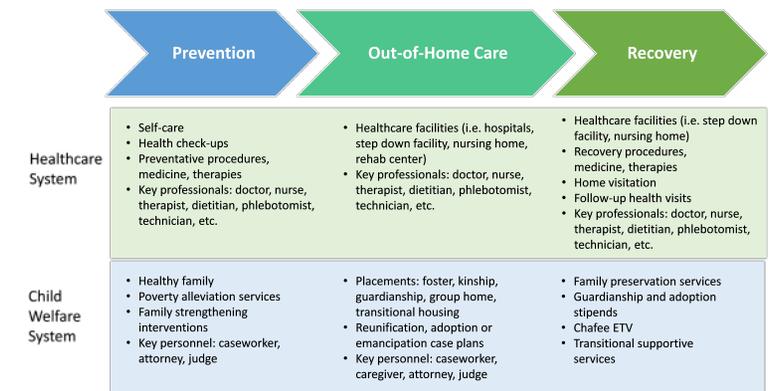


▶ SASHA

How it is achieved?

By putting the person, in this case a child victim of abuse or

neglect, at the center of all decisions and services in a person-centered system. Person-centric² systems like the Healthcare System exist and can be an example the Child Welfare System could learn from. The Healthcare System is focused on patient well-being and outcomes throughout every part of the system: from prevention, to emergency and urgent care to recovery and even end-of-life.



While prevention is a critical part of healthcare, and significant resources are put into helping individuals be healthy, interventions in times of crisis are a critical part of overall care. Out-of-home healthcare facilities staffed with medical professionals such as hospitals, addiction treatment centers and nursing facilities have not disappeared even though preventative care and access to it has increased significantly over the last fifty years. In fact, the number hospital admissions have remained constant over time as a percent of US population⁴.

The unique feature of a person-centric system like healthcare is that regardless of where you are in the system, you come first.



Especially in crisis. Whether you are in the hospital for 1 hour, 1 day, several weeks or even months, your health and well-being is at the center of every decision and every service delivered. You expect that the professionals treating you are there to make you better and make your stay while in their care as comfortable as possible. Further, services and accountability for your health does not end at discharge. Step-down facilities, in-home care, follow-up appointments, are the norm. You expect the system to make you better. And it is held accountable for doing so.

Accountability to the individual exists in healthcare. It is built right into the system through the payment of services by a third party (i.e. insurance), the clear roles and responsibilities of the professional staff there to serve you, and the laws allowing you to sue for medical malpractice if they fail.

If child welfare took the same approach, then child-centered outcomes of well-being would be what the system held itself accountable for from entry to exit and beyond. The system would ensure that every minute in its care would be focused on the well-being of each individual child and this accountability would not end at reunification or emancipation.

Foster care would be akin to treatment by professionals in out-of-home facilities, and reunification would be an output like discharge and not an outcome. Rather the child welfare system, just like the health care system, would ensure, and would be held accountable for ensuring, the child was better for the intervention in both the short and long term.

RECOMMENDATION 1 PUT THE CHILD AT THE CENTER



 TYREE



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- ¹ Person-centered Care: Integrated health care services delivered in a setting and manner that is responsive to the individual and their goals, values and preferences, in a system that empowers patients and providers to make effective care plans together. CMS.gov. <https://innovation.cms.gov/key-concept/person-centered-care>
 - ² This does not include the spike due to the COVID pandemic which sent unprecedented numbers of previously health individuals into emergency and intensive care wards.
 - ³ Health: United States 2020-2021, National Center for Health Statistics, Centers for Disease Control (CDC); United States Census Bureau 1946 to 2019
 - ⁴ Key Indicators of a Child's Wellbeing, blog post, Jose A. Ramos Jr., Director of Prevention, Children's Bureau, July 10, 2020

RECOMMENDATION 2

PREVENTION THROUGH POVERTY ALLEVIATION

Poverty was identified as the reason for a child's removal by **77.5%** of Frontline Workers in the 2022 *Voice of the Community Survey*.

Over 6,000 lived experience voices across 2 years of surveying state that poverty-alleviation interventions related to housing, food, financial aid, childcare and employment are the keys to preventing entry into the child welfare system. They recognize that while government and community programs exist, they are outside the scope and authority of the child welfare system. However, they propose that there is a role for the child welfare system to play. Social workers, foster and kinship parents could be engaged earlier on in connecting families to services and supporting the family unit through training, coaching, and respite care.



▶ IVETTE



▶ TYREE



▶ ANGELINA

How is prevention best achieved?

EARLY INTERVENTION - lived experience participants overwhelmingly recommend that poverty interventions happen far earlier than when child protective services are called today. By then, it is often too late.



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

Instead of cutting food stamps, childcare, and affordable housing, these needed resources should be seen as child welfare preventative measures. Easier enrollment into government benefits and supportive services for those families in need would increase access and decrease stigma. Decoupling receiving these supportive services from the punitive approach of child abuse and neglect investigations is also key. Too often, the mere act of accepting these services puts a family on child welfare's watch list. Rather, non-CPS investigative social workers and resource navigators should be involved earlier to help families get the services.

FOSTER THE FAMILY – Foster and Kinship Caregivers in the child welfare system do see an active role for themselves in prevention. Fostering the family should be what is done instead of removing a child. Other adults, whether they are trained foster parents, or trained relatives, could step in and support a family by providing respite care, parent mentoring, and role modeling behaviors. However, Youth with lived experience highlight the risk of this approach and are concerned that the focus would deviate from centering on the child to the parents, at the detriment of what is best for the child.

“

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, FL

“

“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

RECOMMENDATION 2

PREVENTION THROUGH POVERTY ALLEVIATION



RECOMMENDATION 3

CAREGIVER PROFESSION

CRISIS was the term most often used by Voice of the Community 2022 survey participants to describe the availability of families to take in children in the foster care system. Simply put, there are not enough beds for kids.

“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)

Frontline Workers reported that matching a child with a family for fit along any important suitability factor of culture, race/ethnicity, religion, gender identity/sexual orientation, ability to handle specific disabilities or mental or physical health issues, is nearly impossible.

Once placed, the top three services needed to support children and families at the time of placement [sense of belonging, emotional support, and financial support] were most often not available. As such, Caregivers reported that they are not adequately prepared or supported to care for the children they received.

Result:

DISCRIMINATION 65.5% of Youth surveyed felt discriminated against in their family placement.

“ 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



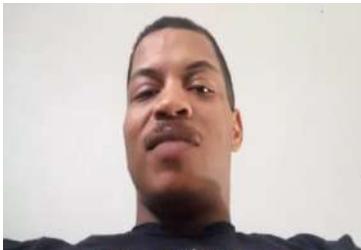
CAREGIVER PROFESSION is a solution according to Caregivers and strongly supported by Youth participants in the Voice of the Community report. They argue that the qualifications, training, accreditation, prestige and benefits associated with a profession would both increase the pool of quality candidates and provide the structure, supports, and training needed for them to be professionals in raising children. This would include clear roles and responsibilities, decision-making authority commensurate to their role, and supportive services to deploy as they felt were necessary to achieve the outcome of child well-being. Further, as a profession, they could be held to a standard of quality of care.



 **Ivette**



 **AMANDA**



 **TRE**

RECOMMENDATION 3

CAREGIVER PROFESSION



RECOMMENDATION 4

AUTO-ENROLL IN SERVICES

Fewer than 20% of respondents in the 2022 Voice of the Community report find that the child welfare system provides the quality services that are needed during a child's time in care.

Fewer than 20% of respondents in the 2022 Voice of the Community report find that the child welfare system provides the quality services that are needed during a child's time in care.

However, Youth respondents who were in, or had aged out of the system, and did access some of the federally required standard suite of independent living services, found them to be good or very good. Unfortunately, no service was accessed by more than 33% of Youth respondents. This mirrors the findings in the Fostering Youth in Transitions, 2023 report which found that only 23% of youth who are anticipated to age out of care without a permanent family received any of these services¹.

The disconnect is not necessarily that services don't exist, but rather that youth and their caregivers, and even their workers, don't know they exist, don't know they qualify, or don't know how to enroll in the services available to them. While there is still the issue that the quality of services could be improved, particularly in mental health treatment, Youth, Frontline Workers, and Caregiver respondents believe that facilitating the enrollment in services that a child or

youth or caregiver is eligible for would go a long way to solving the service gap in child welfare.

Auto-Enrollment in Services – 86% of Youth respondents and 73% of Caregiver respondents would opt-in to auto-enrollment in services they are eligible for, and 83% of Frontline Workers would want this option for their clients. In particular, Youth strongly advocated that during their transition out of child welfare, that there be automatic enrollment into programs and services for which they are eligible, both child welfare programs and other adult government benefits such as SNAP.



¹ Fostering Youth Transitions 2023, State and National Data to Drive Foster Care Advocacy, The Annie E. Casey Foundation, 2023

RECOMMENDATION 5

INVEST IN WORKERS

Over Worked – Over 5,000 Youth and Caregivers participants, across two years of surveys, 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 listening sessions and open question remarks, Youth had very binary responses, either finding their workers untrustworthy and uncaring, or positively life changing, helping them survive difficult situations.

“*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

Frontline Workers themselves say they are too overworked and undertrained to adequately meet the needs of the children and families on their caseloads. 77% indicated that workforce development and training is not available to them when they need it, and the trainings that were available were poor in quality.

Youth and Caregivers believe that if their caseworkers and attorneys had fewer cases, and could delegate some of the work they do that isn't key to ensuring child well-being, such as helping youth enroll in services or conducting home safety checks to approve a kinship placement, or filing less paperwork, they could focus on what they are trained to do which is help them cope with trauma, support them emotionally, and advocate on their behalf. They did point out that

auto-enrollment in services and professionalizing caregivers would also enable workers to be more focused on the roles they are uniquely qualified to do.

“*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

“*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.*”
-Former Foster Youth, State Unknown



▶ TYREE



▶ JESSE



▶ JESSE

RECOMMENDATION 6

CHILD WELFARE DOESN'T END AT EXIT

Although family reunification is the goal of the child welfare system, 68% of Youth responding to the 2022 Voice of the Community survey indicated that family reunification was not the most important goal to them. And adoption fared worse with 80% of youth saying it was not important to them. Over a third said it was of no importance to them at all.

“*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 Youth, State Unknown

However, 52% felt like they did not have a voice in the permanency decisions that affected them. 35% of Youth respondents indicated that their perspective was not considered in decisions about reunification and adoption.

“*I honestly feel like my voice was never heard when I was in the system.*”
-Former Foster Youth, Colorado

In listening sessions, Youth explained that in the majority of the cases it wasn't that they did not want to return to their family, although some did not, but rather that the family was unable to support their return. From their perspective their family was still unstable and too often suffering from the same issues – namely

poverty and its stressors – that caused their entry in the first place. Not enough had been done to stabilize them and prepare the family for their safe and healthy return. Further, Youth indicated that services were still needed for them and their family after they returned. Many Youth discussed bouncing back into foster care several times throughout their time growing up until they eventually aged out of the system.

Stepdown Care After Exit - Children should continue to be provided with a case worker, services and supports after exit from foster care and this should be extended to their families. Regular follow-up visits from case workers following a case plan designed around child well-being and family stability should be implemented. As necessary, interventions should be made with additional services provided. This plan should stepdown over time as the child settles in with their family and the family is stabilized. As noted in prevention, Youth identified that poverty alleviating services and supports will most likely be needed.

System Responsible for Child Well-Being Outcomes - Reunification should be an output of the child welfare system, not an outcome. The system should be held accountable for the well-being of a child as measured by key indicators of child well-being with regards to physical health and safety, mental health and emotional development, education and learning, and relationship and social behavior.



▶ **KAYLEIGH**



▶ **TERESA**



▶ **MADISON**



▶ **TERRANCE**

RECOMMENDATION 6 CHILD WELFARE DOESN'T END AT EXIT



RECOMMENDATION 7

SELF-SUFFICIENCY EXITS ARE A CHOICE



Extended foster care was a very beneficial service that I did want to have as a safety net ..."

-Former Foster Youth, Washington

Unfortunately, for the majority of 3,270 Youth respondents across both 2021 and 2022 Voice of the Community, they did not get the independent living services they needed to adequately prepare them to be self-sufficient and financially stable when they exited care. Youth respondents identified the many pressing needs that they had, both while still in care and preparing to emancipate, and once they had emancipated. Top of the list were: housing, cash assistance, enrolling in government benefits, getting the services they are eligible for and employment.

Frontline Workers described a cliff that they were sending youth off of when they exited care. Aging out was seen as a failure of the system to find permanency. However, Youth respondents overwhelmingly voiced that they believe aging out to independence should be a youth's choice. Further, getting the services and supports to achieve self-sufficiency, regardless of whether they exit to independence or family, should be core to preparing them to be an adult.

Self-Sufficiency Pathway – Youth need to become independent adults at some time in their lives. Foster youth most often have to do this sooner than other young people, even if they are reunified or adopted. As such, the Child Welfare System should prepare them to be self-sufficient as part of their well-being outcomes.

Auto-Enrollment in Services – While independent living services exist, only 20% of Youth respondents accessed them, and external data suggests only 23% of eligible youth nationwide receive them¹. Auto-enrollment in services should exist, not only for independent living services while in care, but for the services, especially government benefits, that are available after care such as SNAP, FY HUD vouchers, foster youth tax credits, Chafee ETV, etc.

Stepdown Care After Exit – As with exits to permanency, Youth should continue to be provided with a case worker, services, and supports after exit from foster care. Regular follow-up visits from case workers following a case plan designed around youth well-being and achieving self-sufficiency should be implemented. As necessary, interventions should be made with additional services provided. This plan should stepdown over time as self-sufficiency is achieved.

System Responsible for Self-Sufficiency Outcomes – Bottom line, self-sufficiency is a competency not an age. The Child Welfare System should be responsible not for an exit output with older youth, but for a self-sufficiency competency level being achieved. Along with self-sufficiency, well-being, as measures by the key indicators noted in other sections, should also be an outcome and goal.



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“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 don’t 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 don’t.”

Former Foster Youth, New York



 **DESIREE**



 **AMANDA**

The goal of the Lived Experience Guide to Fixing Foster Care is to provide an actionable blueprint for policy and practice leaders from those who have lived and continue to live, care and work in the child welfare system. Their voices, most of all, should inform continuous improvement of this most needed system.



 **iFoster Youth Meet with Rep. Steven Horsford**

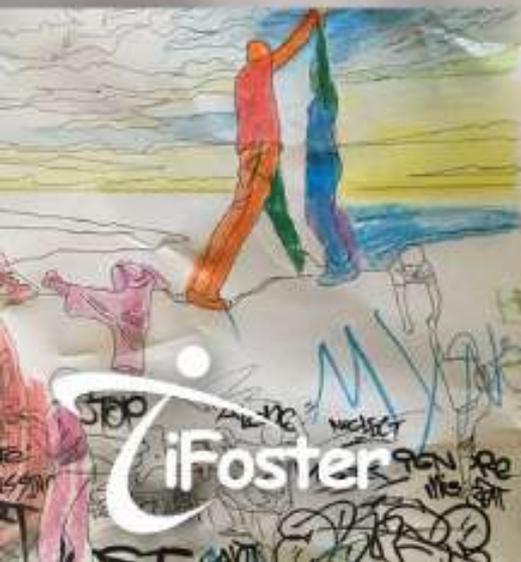
Read the Voice of the Community research reports, the thousands of individual lived experience stories and recommendations, and hear their voices at www.voiceoffostercare.org

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¹ Fostering Youth Transitions 2023, State and National Data to Drive Foster Care Advocacy, The Annie E. Casey Foundation, 2023



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