

VOICE OF THE FOSTER CARE COMMUNITY



2024
ANNUAL UPDATE



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About C.A.R.E. Consulting Group

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. They collaborate with leaders in communities to create custom solutions, including training, technical assistance, research and evaluation services. 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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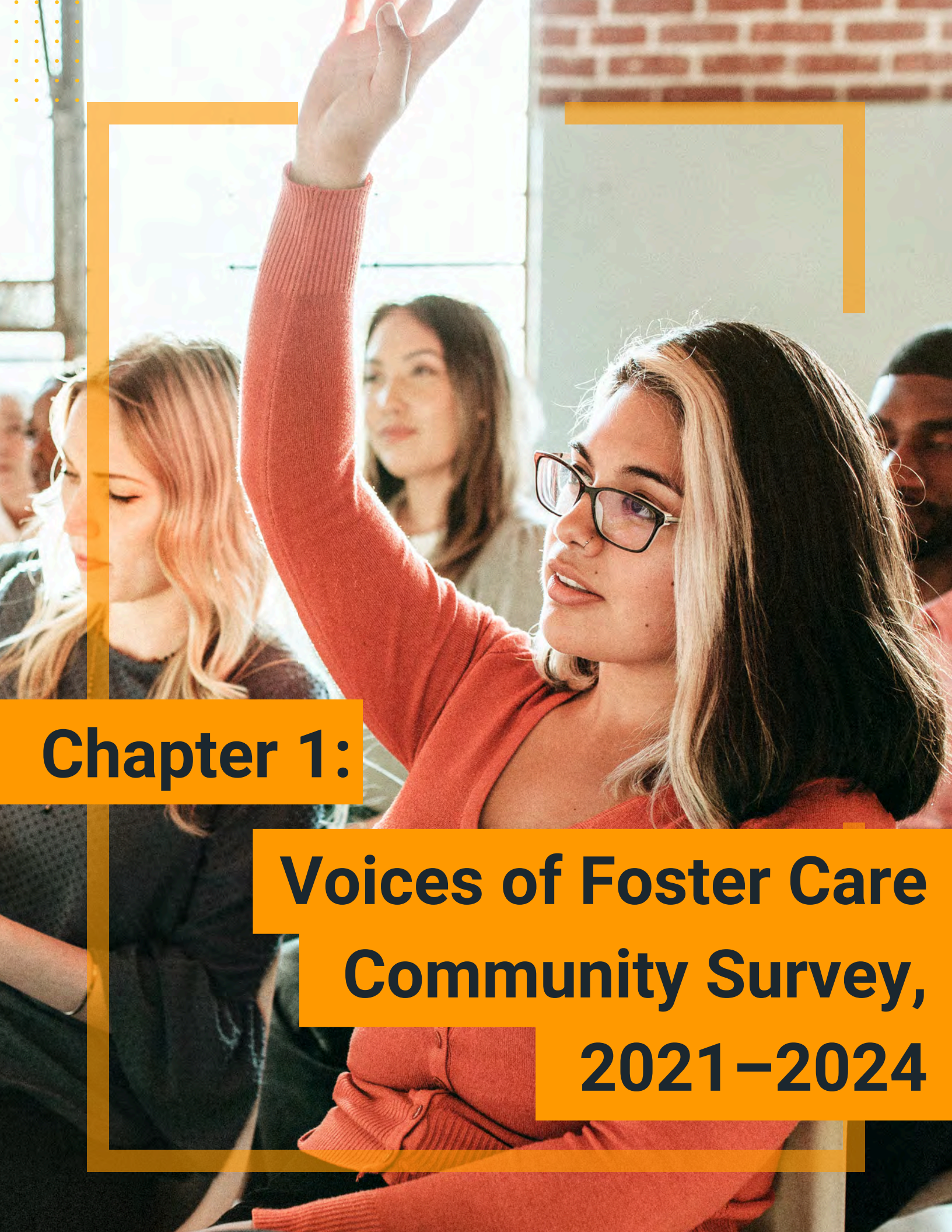
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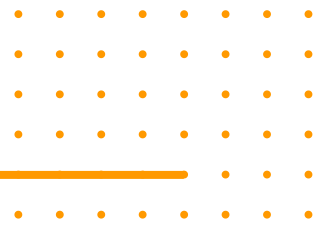




Chapter 1:

Voices of Foster Care Community Survey, 2021–2024

Voices of Foster Care Community Survey, 2021–2024



The Voices of the Community Survey launched in 2021–2022.^[1] Participants were recruited from the iFoster community of more than 80,000 members nationwide and included current and former foster care youth, caregivers, and frontline workers and advocates. The survey received 2,411 responses, of which 1,049 were current or former foster youth, 1,134 were caregivers (i.e., biological, foster, resource, or kinship parents or legal guardians), and 228 were agency and frontline workers (i.e., advocates, agency workers, attorneys or court-appointed special advocates, and other professionals). Some key findings included: The system fails to prioritize child well-being; structural inequalities, like poverty, drive child welfare involvement; stable and permanent families for children need to be prioritized; resource scarcity and inequality are rampant throughout the system; youth are not being taught skills for self-sufficiency; and children, youth, and caregivers are disempowered and do not have a say in their care.

In 2022–2023,^[2] the team expanded the research sample and scope of the questions asked to foster youth, caregivers, and frontline workers. Survey questions focused on seven key areas: bias, permanency, service provision, placement, workforce development, COVID-19 pandemic, and child welfare reform. The survey received 4,578 responses, of which 2,221 were youth, 1,741 were caregivers, and 616 were frontline and agency workers. Of these respondents, 68 participants engaged in community-driven workshops about the main findings of the report. Findings in the 2022–2023 report were summarized in key topic areas: prevention, removal and entry into foster care, placements, supportive services while in care, supportive workers and caregiving, exit to permanency, and exit to self-sufficiency.

For the 2023–2024 Voices of the Foster Care Community Survey, researchers collected qualitative insights through a survey containing brief, open-ended questions. The questions were directed toward expanding the findings from the 2021–2022 and 2022–2023 reports.

The survey delved deeper into challenges and recommendations in three primary areas: prevention, experiences during foster care, and experiences related to exiting care. Unique survey links were emailed to 33,349 members of the iFoster email database (see appendix for a breakdown of the sample). The research team received complete responses from 1,776 participants; 50.8% were former or current foster youth, 38.5% were caregivers, and 10.8% were frontline workers.

About this 2023–2024 Report

In this report, we first describe the current challenges of the child welfare system from the perspective of current and former foster care youth, caregivers, and frontline workers. Drawing from thousands of responses across 3 years of data collection, we highlight the deficits of the current system and their short- and long-term effects on a child's well-being. Next, we present a "child first" model of child welfare, which is a child-centric model that could be employed in the decision making and care of all children and youth, including prevention, time in foster care and ultimately, support for their exit from care. At the center of this model is the prioritization of the child's well-being, defined as an indicator of life quality. Quality of life is broad and can include but is not limited to health, education, economic security, family or social life, and physical safety. Child well-being also includes psychological and mental health and emotional and social functioning. Because children are influenced by the people close to them, ensuring their well-being also means ensuring that all people in the child's life are healthy and anchored to the best interest of the child.^[3] Finally, in Chapter 4, we lay out the steps that need to be taken to move the child welfare system from its current approach to the "child first" model that centers and prioritizes child well-being. We also share examples of programs, policies, and practices demonstrating how some communities are already implementing child-centered actions focused on the best interest of the child.

¹ iFoster Voices of the Foster Care Community: Children in Foster Care, Caregivers, and Front-line Child Welfare Workers Speak Out. <https://voiceoffostercare.org/wp-content/uploads/2022/05/Voice-of-the-Foster-Care-Community-Report-May-2022.pdf>

² iFoster Voices of the Foster Care Community: Annual Update, 2023. <https://voiceoffostercare.org/>

³ Children's Bureau (2020). Key Indicators of Child Well-Being. <https://www.all4kids.org/news/blog/key-indicators-of-a-childs-well-being/#first-section>

Statement of the Problem

Tragically, in 2022, 558,899 children experienced child abuse and neglect. This equates to 7.7 victims per 1,000 children in the population.^[4] During that year, 186,602 children entered the foster care system, with 569,879 children spending some amount of time in foster care.^[5] Our government is tasked with protecting these children, healing their traumas, and providing the resources and environments needed to achieve their best possible lives.

Preventing child abuse and neglect before it happens is clearly the best solution.^[6] The number of children receiving prevention services in fiscal year 2022 was estimated to be 1,922,792, an increase from an estimated 1,761,128 in fiscal year 2021. Examples of prevention services include intensive family preservation programs, parent mentorship programs, parent support groups for child welfare system-involved families, and mental health services for families affected by maltreatment. According to the *Child Maltreatment 2022* report, many victims experience neglect (74.3%), followed by physical (17.0%), sexual (10.6%) and psychological (6.8%) abuse.^[4]

Ensuring the well-being of every child involved in child welfare is not the primary aim of the child welfare system. Child well-being encompasses various aspects, including mental, behavioral, emotional, cognitive, and sociocultural functioning, alongside physical health and development.^{[8],[9]} It is well documented that many of the mental health, physical health, and developmental needs of children in the child welfare system go unaddressed. Across multiple studies, children in foster care have significantly higher rates of mental health disorders and suicidality compared to children in the general population as a result of not only abuse and neglect but also their time spent in care.^[10] Given the close relationship between children's outcomes and the well-being of their biological, kin, or foster parents, a greater focus is

warranted on providing services and support concurrently to both children and their caregivers to strengthen protective factors, resilience, and parental capacity.

Perhaps most troubling are the structural, economic, social, and health disparities encountered by foster care youth as they transition out of care toward independence and self-sufficiency. Sadly, one fifth of foster youth at exit (17–19 years old) experience homelessness and one quarter of older youth (19–21 years old) report not having a place to live. Other challenges include low educational attainment, unemployment, incarceration, and early childbearing.^[11] In compliance with federal law, the John H. Chafee Foster Care Independence Program was created to ensure foster youth receive transition services that prepare them for independence. However, data show that many youths do not receive these services. For example, in the fiscal year 2022, only 103,089 youth received independent living services. Of the youth receiving services, only 38% received academic support, 34% received budget and financial management services, and 34% received health education and risk prevention services.^[12] These data highlight the incredible disparities between the needs of foster care youth and their receipt of services for which they are eligible.

In summary, efforts to address the well-being for children in foster care are inadequate. Many children cycle in and out of foster care in a short timeframe, whereas others linger in the system for longer than necessary. These children either await adoption or age out of care without receiving the essential services and support vital for their well-being. The child welfare sector faces numerous resource deficiencies, including insufficient funding, inadequate resources, and poor connection to limited resources. This contributes to staff burnout, high turnover rates, and overwhelming caseloads, ultimately affecting the children they aim to serve. The child welfare system has faced longstanding criticism due to systemic shortcomings and outdated policies that fail to prioritize children's interests and well-being in decision-making processes.

⁴ Children's Bureau. (2024). *Child maltreatment 2022*. <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

⁵ Children's Bureau (2022). *The AFCARS report* (No. 30). <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-30.pdf>

⁶ Melz, H., Murphy, J., & Graham, E. (2020). *Evaluating prevention services in child welfare: Evaluation approaches, challenges, and solutions*. Children's Bureau.

⁷ Children's Bureau (2022). *The AFCARS report* (No. 30). <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-30.pdf>

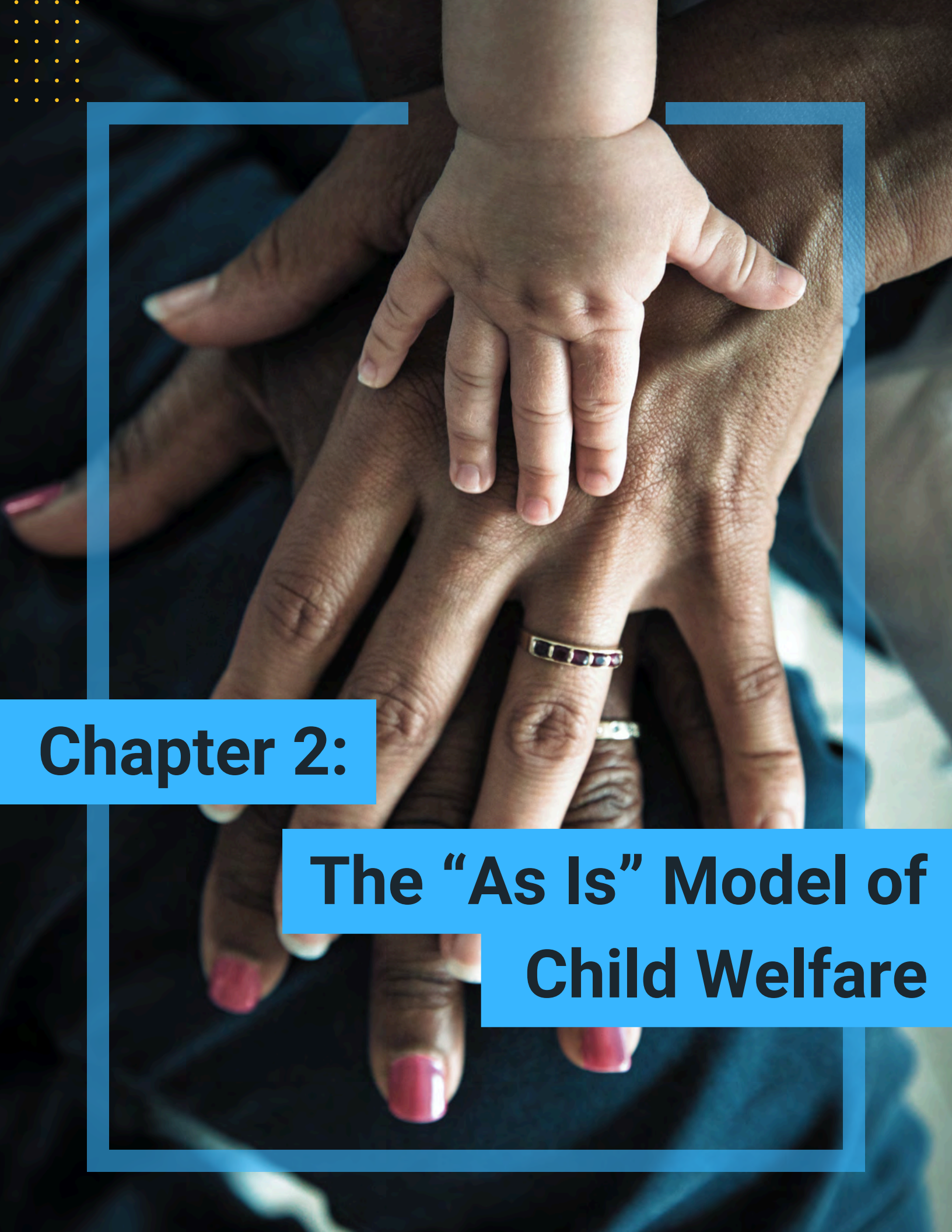
⁸ Child Welfare Information Gateway. (n.d.) *Well-being*. Retrieved March 7, 2024, from <https://www.childwelfare.gov/topics/well-being/>

⁹ OECD. (2021). Measuring what matters for child well-being and policies. <https://doi.org/10.1787/e82fded1-en>

¹⁰ Engler, A. D., Sarpong, K. O., Van Horne, B. S., Greeley, C. S., & Keefe, R. J. (2022). A systematic review of mental health disorders of children in foster care. *Trauma, Violence, & Abuse*, 23(1), 255–264. <https://doi.org/10.1177/1524838020941197>

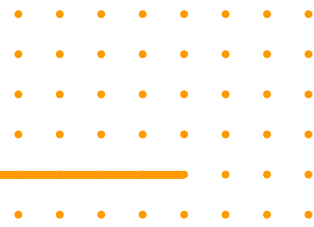
¹¹ Annie E. Casey Foundation. (2023). *Child welfare and foster care statistics*. <https://www.aecf.org/blog/child-welfare-and-foster-care-statistics>

¹² Children's Bureau. (2023). *National Youth in Transition Database (NYTD)*. <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/nytd>



Chapter 2:

The “As Is” Model of Child Welfare



In this chapter, we present data on the existing (i.e., “as is”) child welfare system from the perspective of current and former foster youth, caregivers, and frontline workers. The data are summarized in three main areas: prevention, experiences during foster care, and transition or exit from foster care. Common themes highlight the inadequacies of the system in addressing the needs of families from a child-centered perspective. These deficits ultimately have consequences for both child and family well-being. A foster parent described how we may address these issues:

I think the main problem is that we as a country do not prioritize the care and support of these children and their families. Perhaps, we need a national campaign to educate our citizens about the plight of foster children and the foster care system. Include research and data, the children’s long-term outcomes.

— Foster parent, New York.

Prevention

Lack of Adequate and Accurate Assessment of Child Well-Being

An important first step in preventing a child from coming into foster care is to conduct a thorough assessment. This assessment includes evaluating the risk and safety of the child’s living situation; interviewing the child, parents, and other relevant individuals; observing the home environment; and reviewing medical, educational, and prior child protection records. This process is designed to determine if the child is in danger and identify steps to determine if the

child is in danger and identify steps to ensure their safety and well-being. Currently, the assessment process is inadequate and does not identify what is needed to support a child’s well-being in the family environment. Often, assessments are not culturally sensitive and do not foster cooperation and collaboration. Rather, participants explained this process as adversarial, punitive, and stigmatizing. Another limitation is that current assessments are often inaccurate because they do not consider the intergenerational nature of poverty, psychological trauma, and addiction. This is especially important in the family context, where a child’s well-being is dependent on the wellness of parents. A frontline worker described the difficulties they face:

As of today, unfortunately, the system is not built to give parents enough time to truly address issues that brought families in and [I’m] not sure if there is a better way. Because lots of the issues take time to identify and plan how to address. That is if the parent is even willing to get to the root of the problem and time is another issue since time does not stop for the parents to heal. If parents are not ready to address the issues, then the SWS [state welfare system] has to make the hard decision that will benefit the child. I believe that putting a Band- Aid over the issue is not beneficial, but I have learned to accept that its common in working in this profession.

— Frontline worker, California

Overall, respondents described the assessment process as ineffective in reducing family stress and safety concerns. There is an inability to develop nuanced case plans for each individual family. Often, families receive a standardized approach to their case and referrals for the same services, with little support to access these services. For families in crisis, there are often challenges in fast-tracking critical services.

Lack of Resources

Participants reported on the impact of poverty on families, describing it as a driver of child welfare involvement. This was a common theme highlighted across the 2021–2023 surveys. Poverty was often described in terms of the absence of key resources, including mental health, substance use, physical health, childcare, respite care, educational support (i.e., tutoring, school supplies, postsecondary assistance), housing, food services, employment, financial services and literacy, and enrollment in government programs. Participants described how these service deficits often preclude families from meeting the needs of their children. Although some of these services may be available in communities, knowledge of and access to services are often a significant challenge, especially in more rural areas. These challenges are highlighted in narratives of many caregivers in our sample:

I think fixing the poverty issue will help address the child welfare overload. Many families in poverty are also dealing with lack of resources, no vehicle to get kids to appointments, addiction problems, etc.

— Legal guardian, Illinois

Lack of Support for Parenting Skills Development

Parenting resources and classes were identified as critical to prevention. Overall, participants described a significant need for skill development for parents. Some youth participants discussed how parents were not “fit” to care for them, describing difficulties with basic survival:

Most foster youth do not have parents for credible guidance or parents that have the capability to guide them as some parents have lived in survival mode majority of the time. They only know the basic life knowledge on how to make it on a day-by-day basis.

— Former foster youth, California.

Caregivers and frontline workers explained that many parents are not ready to raise their children. Complex factors, like intergenerational trauma, addiction, and poverty, affect their readiness to prioritize their child’s well-being. In some cases, parents are not motivated to be parents. Participants stated that in these cases, there are few available solutions to support them in developing parenting skills. One foster parent described a need for classes that teach them about child development and skill acquisition rather than attendance:

Making sure the support offered are useful practically for child rearing at that stage of children’s lives rather than ticking a box for parenting skills.

— Foster parent, Hawaii.



Lack of an Integrated, Inclusive Approach to Prevention

Participants described the prevention arm of the child welfare system as largely ineffective. They described a lack of agency collaboration in the child welfare agency and across organizations. For example, prevention strategies may lack input and participation from organizations in the child's life that provide services such as education, medical and mental health. Because the child welfare system has the authority to remove children from the home, the power dynamic between frontline workers and families is off balance. Participants indicated that this power dynamic makes the system punitive and adversarial. Additionally, child welfare staff members often do not consider the cultural values and beliefs of many children. They often misunderstand how addiction or mental health concerns stem from poverty and racial injustice. This ultimately affects the child's outcomes. A legal guardian identified how the failure of the child welfare system influences children and families:

Provide actual trauma treatment to caregivers and to children and teens. Talk therapy is ineffective, so is blaming family without providing meaningful ways to heal. Support families before removal [and] help them heal after removal. Give the kids clearer explanations so they don't internalize all the blame and healthy outlets for their stress behaviors. The current system is all punitive, not preventive. It's ... [designed] to meet a legal mandate. But the lack of effective communication ... and effective treatment for all parties involved unnecessarily prolongs kids' stay in the system and increases the negative impact on them and their family of origin system and makes potential adoptive placements much more fraught than they need to be.

— Legal guardian, Massachusetts



In Care

Reunification is the Goal

Once a child is removed, the goal of the child welfare agency is to reunify the child with their family.^[13] To facilitate this process, the frontline worker often conducts an assessment to identify the needs of the family and refer them to services. When services are unavailable, the child often lingers in foster care with no action made to terminate parental rights. Participants discussed in detail how difficult this process was and how it negatively affected their well-being. One youth shared their experience in care:

The goal should be the safety and well-being of youth. I was physically abused, and it was ignored even with the proof on my body. I only got away when there was proof of drugs.

— Foster youth, status unknown, California



Participants often described how the child welfare system is focused on the wrong outcome, fixating on reunification rather than emphasizing child well-being. Additionally, participants pointed out a lack of metrics and assessments that could be used to track the progress of both children and caregivers effectively to better ensure that the child's well-being remains the priority.

Lack of Normalcy

Current and former foster youth reported experiencing a lack of normalcy because of being involved with the child welfare system. Youth described feeling isolated; they disliked feeling different from youth not in foster care. Some youth recounted being mistreated in foster care, especially in situations involving their caregiver's biological children. These experiences of abuse in foster care were painful, especially given their need for a safe and loving family environment. More than anything, youth craved connection to peer networks; participation in sports, activities, and clubs; and nurturing relationships with caregivers and their biological families. One participant described how difficult it can be to find belonging:

Many youth have strict homes so they stick out when going to school from the other kids. Offer activities they can attend to connect with other youth and make sure they parents allow them activists [activities] with youth from school such as sports. I remember in my second foster home I did archery, but I quit because my foster mom made me pay for everything and I didn't have the money to.

— Former foster youth, Kentucky

¹³ Children's Bureau. (2024). *Child maltreatment 2022*. <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

Caregivers reported similar concerns about normalcy. Some shared heartbreaking accounts of how foster children are treated by some caregivers who do not nurture children, but rather use them for monetary or other reasons. Caregivers mostly discussed their isolation from their community and others who share similar experiences. They shared instances where normal activities, like going swimming, were difficult because of the challenges with the system. Caregivers also described anguish about feeling isolated in the struggle to help the children they foster. They shared how children often have tremendous needs, which are a priority, but also take time away from normal, fun activities.

Absence of Collaborative Team Approach and Youth and Caregiver Involvement in Decision Making

Generally, youth are not involved in caregiver recruitment or placement decisions. They often have very little involvement in where they are placed. One frontline worker discussed why it is important to engage youth and caregivers in the placement decision:

Taking time to match people with families that truly meet each other's needs—not placing a child who is nonbinary or gay with a super religious family, or not placing a teenager who is struggling with a family that will be too rigid and won't give them the privacy and supports that they need. We can't just place people with whoever is available. We need to take time to make careful placements.

— Frontline worker, Texas

Most often, decisions about placement are made based on convenience or availability as the priority rather than a matching process. In addition to the lack of matching, system inefficiencies create red tape and barriers to permanency. Child well-being is often not the priority, especially in the courts, where the emphasis is on the rights of the biological parent and family reunification. Caregivers described a system that does not invite their feedback or recognize their value. There are few ways for caregivers, children, and youth to evaluate agency performance, and in circumstances where feedback is solicited, participants described feeling invisible and disempowered. This quote described how caregivers feel unheard:

Listen to foster parents when they say they need help. What they mean is they need advice, counseling, or respite. Don't assume and encourage disruption.

— Legal guardian, Kentucky

Caregivers and youth described ongoing disrespect. They said they feel undervalued as members of the team. There is often a deep disconnect between what caregivers and youth experience and what frontline workers know about the family. There is a lack of communication, and this is driven mostly by the high caseload demands of frontline workers. Even in circumstances where frontline workers want to be available, their caseload often prohibits open communication.



Lack of Access to Appropriate Supportive Services for Both Caregivers and Youth

In the 2022–2023 survey, most youth reported that they did not know they were eligible for specific services. This remained true in the current study. They learned they were eligible too late when they were already on their own. In many cases, youth described the process of applying for resources as too challenging with everything else they were trying to manage. Due to the absence of an automatic enrollment mechanism for children, youth, and families, they are required to initiate service enrollment independently or depend on a frontline worker for assistance. Consequently, this could result in service delays or termination of services. The lack of awareness of available services causes significant disadvantages as they exit care, including homelessness, food insecurity, unemployment, and lack of health and mental health services.

Participants also discussed the challenges associated with unavailable or poor-quality services that are ineffective in improving child well-being. Additionally, the intensity of the services does not often match the needs of the child. For example, some children need intensive outpatient and substance abuse treatment services, but these services are rarely accessible.

Caregivers also pointed out the challenges of fostering children with high needs, especially when there is a lack of quality services available to children. They described the impact of stress on their own well-being and advocated for services to be better caregivers for their foster children. They described a need for greater training and support for foster and kinship families, alongside more financial support to offset the challenges of caring for high-risk children. Kinship care providers called for greater financial support. One service most discussed by caregivers was respite care. They discussed how difficult it is to care for their own mental and physical health without respite care. As one caregiver stated:

This Fostering is a 24/7 stress filled job with no compensation (all funds pay for children’s needs. It frequently causes caregivers secondary trauma. Foster parents complain of poor treatment by the system. Many jeopardize their jobs to care for other people’s children. The offending parents are often treated better and have more rights [and] support than those willing to step up and help.

— Foster parent, California

Finally, one of the most common problems identified across all 3 years of the Voices of the Foster Care Community Survey was the failure of the system to provide life skills for self-sufficiency to youth in foster care. Members of the foster care community said that life skills and self-sufficiency support are inadequate because to be truly effective, they would need to happen throughout their time in foster care, rather than only the 6 to 12 months prior to exit from care. Even in states and counties where more extensive support is mandated, youth and caregivers often report that these skills trainings do not occur.



Challenges with Finding Optimal Caregivers for Children and Youth

Barriers to finding quality caregivers for children and youth in foster care include ineffective recruitment, misinformation about being a foster parent, a lack of transparency about the process and reality, and red tape associated with being a foster parent. These challenges are often why good families are excluded or do not fulfill the requirements to be foster parents. In some cases, the standards are inappropriate or unattainable, especially for relatives, which limits who can qualify to be a foster parent. At the same time, the failure to assess the fit between the caregiver and child creates risk of placement disruption and abuse. Currently, there are not enough safe, nurturing, and loving foster parents to meet the needs of children in care. Caregivers who do act as foster parents do not receive adequate resources and compensation, training, or support to be successful. This contributes to the difficulty of finding and retaining quality caregivers for youth. As one foster parent described:

We were often told we were the gold standard of foster parents because we made sure our children received all the support they needed with their physical, emotional, and mental health. To me, this should not be the gold standard, it should just be the standard.

— Legal guardian, Arizona

Another complex issue is that there are few nontraditional family placement options. Not all youth thrive in family foster homes. As child welfare moves away from congregate care, youth who prefer a group home setting might feel their needs are being dismissed. Compounding the issue of placement matching is that when biological parents receive too much leniency, it prolongs the time

children remain in care. If biological families have time to achieve their case goals, they need to receive the resources to meet these goals. Similarly, caregivers also need greater access to resources for children who remain in care longer than expected.

Exit from Care

Lack of Youth Involvement and Choice in Permanency

In both prior Voices of the Foster Care Community Surveys, in 2021–2022 and 2022–2023, youth discussed their lack of involvement and choice in the pathway to permanency. Whether they were exiting through adoption or to self-sufficiency, youth described a lack of control in the process. The goal of the current system is permanency through reunification, adoption, or legal guardianship; however, some youth advocated for different pathways.

I think the concept of permanency and the associated timelines need to be challenged. Not all youth, especially those who are older, want to achieve permanency and would rather receive support with the transition to adulthood.

— Former foster youth, California



Absence of an Extended and Intensified Transitional Phase for Children and Youth

Youth and caregivers described how the system has failed to create a stepped-up approach in the transition to self-sufficiency. They described the system as harsh, without a gentle transition. Youth, caregivers, and frontline workers called for a stepped-up approach that monitors progress and continues to serve the child regardless of how they exit the system. Some consequences of an untimely transition may include being forced or pushed to family visitation too soon or not receiving vital documents in a timely manner or in some cases, not at all. Rather than moving toward permanency or self-sufficiency when it is in the best interest of the child or youth, these timelines are often pushed to meet age and time requirements. As such, especially in the case of youth, they describe reaching adulthood unprepared and on their own, with little support from the child welfare system or their family.

Deficiency in Financial Independence and Literacy

Youth discussed how they were insufficiently prepared to tackle adulthood. They highlighted the lack of supportive services available to them post transition and after their case was closed. This was particularly challenging if they received limited peer support, mentorship, and mental health and emotional support services. In this context, they identified how deficiencies in financial independence and literacy were detrimental to their ability to transition successfully to self-sufficiency. Importantly, this theme was consistent in both prior Voices of the Foster Care Community Surveys, 2021–2022 and 2022–2023. Specifically, financial information about securing housing, paying for school, seeking employment, and managing government benefits were part of the dialogue shared by youth.

Lack of Oversight, Evaluation, and Vigilance After Exiting Foster Care

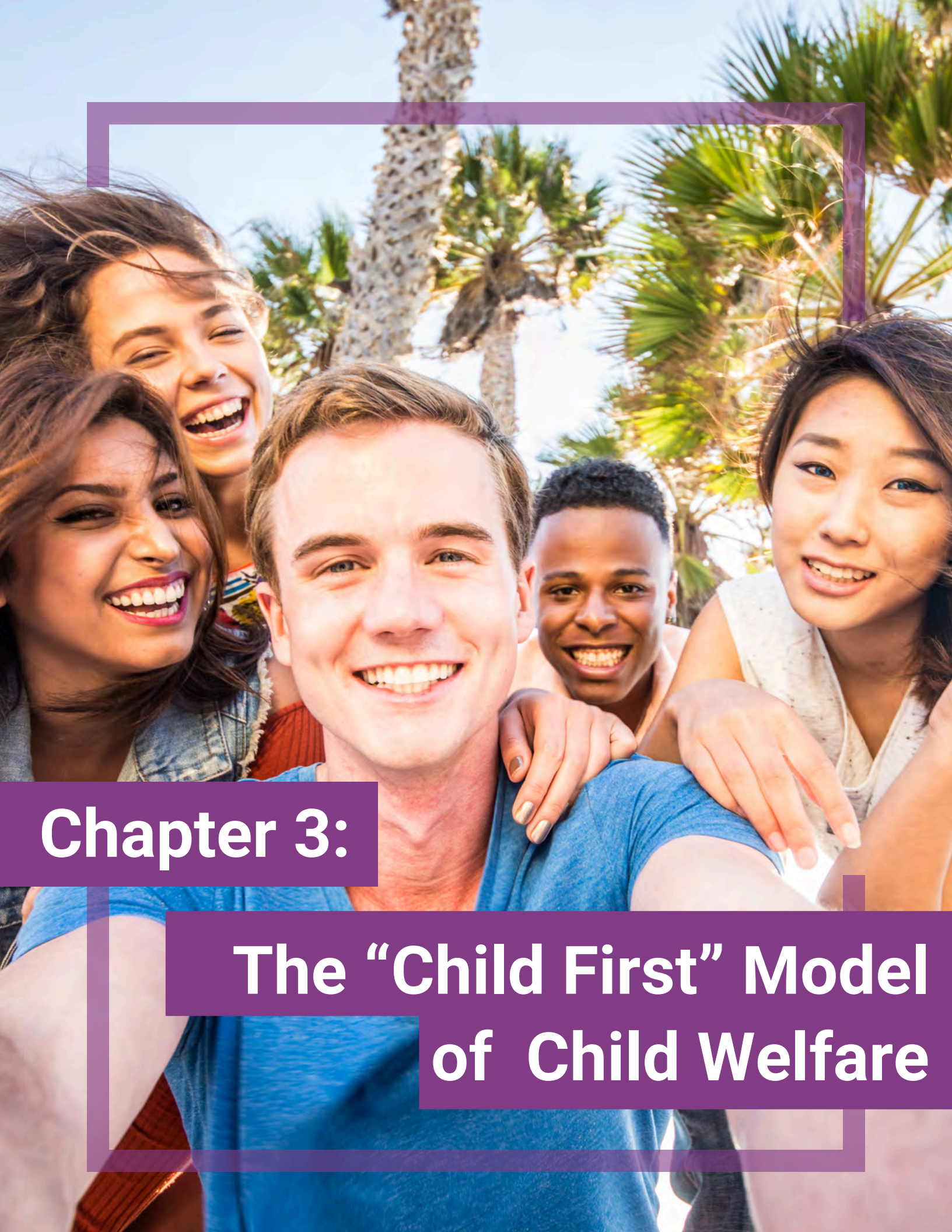
Youth indicated that there is a lack of oversight, evaluation, and vigilance after they exit foster care. These failures lead to unsafety and an inability to call for help. After youth transition out of care, they do not have contact with their frontline worker and in some cases, their foster family. Failure to evaluate the continued well-being of youth once their case is closed often means that they lack the basic needs and resources necessary to be a successful young adult. Increased homelessness, mental health problems, and challenges with postsecondary education were common themes across all years of data collection. The narratives shared by youth are consistent with data on national trends presented by the Annie E. Casey Foundation,^[14] showing significant unmet health and mental health needs and increased homelessness among youth exiting care. A youth described what it has been like for them to be on their own:

Focusing on the children who exit care alone and making sure they're able to feel confident and rely on the system when they have made a mistake or need help. Truthfully, there is no one to call when you fully exit care. Even at the age of 26, I became homeless for the first time and have no idea what to do. Had I [had] a family growing up, I would just be able to call on them. Not fully get cut off like in foster care, as most aftercare programs end at age 25 or 26 years old.

— Former foster youth, California

In sum, the current system of child welfare is not effective in promoting child well-being. This conclusion is based on feedback from thousands of youths, caregivers, and frontline workers involved in the child welfare system. Additionally, national data show disparate outcomes for youth in care or exiting the system.^[14] A complete redesign of the current system is needed.

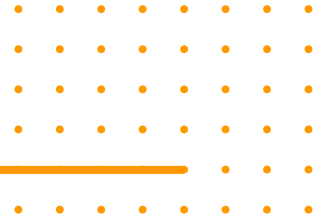
¹⁴ Annie E. Casey Foundation. (2023). *Child welfare and foster care statistics*. <https://www.aecf.org/blog/child-welfare-and-foster-care-statistics>



Chapter 3:

The “Child First” Model of Child Welfare

The "Child First" Model of Child Welfare



This chapter outlines a dramatic re-envisioning of the system, one that will receive adequate support to prioritize child well-being. Based on innovative ideas articulated directly by those involved in this system, the "child first" model outlined here starts to define how youth and families could be better and more effectively served by a system that first and foremost prioritizes child well-being.

In general, participants described a model of child welfare that would emphasize child well-being above all other outcomes, placing the interests of the child at the forefront of all activities and guiding the interventions and services provided to children and families. At the core of this model are the voices of children and youth themselves, who provide critical insights into what is needed to improve their well-being and enhance their healthy development. Under this model, all judicial, case management, child safety, education, and health decisions would be made using an interdisciplinary team approach, with the child's perspective at the center of the decision-making process. In cases where the child is too young to play a direct role in this team or it is not developmentally appropriate for them to be a member of the team, a proxy would be assigned to represent their best interest.

The team approach would be rooted in flexibility to meet the child's needs and sensitive to the impact that transitions have on the development of children. The team composition would integrate practices of cultural competence, empathy, and trauma-informed practice and uplift the voices of those with lived experiences. One former foster care youth described how a child-centric model would lead to positive outcomes for youth:

The most impactful change to me would be to make it child centric, rather than family centric or DCS [Department of Child Services] or state centric. Oftentimes, the child welfare system is caught up in what another party, be that family of origin, foster family, social workers, attorneys, etc., feel what is best for themselves or another one of the aforementioned parties, rather than what is best for the child. When appropriate, this should include direct input from the child.

— Former foster care youth, Indiana.

In this report, we define child well-being as an indicator of life quality. Quality of life is broad and can include but is not limited to health, education, economic security, family or social life, and safety. Child well-being also includes psychological and mental health and emotional and social functioning. Because children are influenced by the people close to them, ensuring the child's well-being also means that all people in the child's life are healthy and anchored to the best interest of the child!¹⁵ This child-centric focus and definition of child well-being will be implemented in all stages, from prevention to time in foster care to exit from foster care.



¹⁵ Children's Bureau (2020). Key Indicators of Child Well-Being. <https://www.all4kids.org/news/blog/key-indicators-of-a-childs-well-being/#first-section>

Prevention and Child Well-Being in the Family

Goal: Achieving Child Well-Being in the Family

In this model, prevention services would be short-term, child-centric services that are provided quickly and efficiently to assist families in crisis by assessing and improving family functioning and keeping a child safe in their home. Key to this model would be assessing how we might maintain child well-being in the family environment. Although family preservation would often be a goal in this model, it would not supersede the goal of child well-being and healthy development. Therefore, in some cases, alternative caregivers may be leveraged without legal involvement to ensure the child's wellness. How we assess and intervene in the prevention phase with a child-centric focus needs further exploration but would be a key aspect of implementing well-being-focused prevention. As one youth stated, a child-centric system that prioritizes prevention and early intervention would benefit everyone involved.

We can strive to keep families together whenever possible, providing them with the necessary support and resources to address the underlying issues that led to their involvement with the child welfare system. This approach emphasizes prevention and early intervention, aiming to strengthen families and reduce the need for out-of-home placements. ... By working together, we can create a more supportive and inclusive system that better meets the needs of children and families.

— Former foster care youth, New York

Immediate and Ongoing Access to Supportive Services

In this child-centric approach, children and families would participate in an assessment process to identify their needs. Based on the findings, they would receive immediate and ongoing access to wraparound services. Based on the outcomes of this service provision, it can easily be determined whether a child should stay in the home. Services would also include mental health, substance abuse, physical health services, childcare, respite care, educational supports (i.e., tutoring, school supplies, postsecondary mentorship), housing, food support or SNAP, employment, and financial services (i.e., poverty relief, financial literacy). These services would be provided in their communities, where they could remain connected to their social networks and leverage support to bolster the positive impact of these resources on the child.

Expectations and Standards for Parents

Child well-being is reliant on healthy and stable parents. Parents would be expected to participate in services that target areas that could jeopardize a child's well-being. This could include, for example, substance abuse and mental health intervention, parenting classes, and family therapy. Parents would receive frequent check-ins that assess their capacity to provide care for the child. For many families, the services and support they receive in and from their community would enable them to achieve standards of care for their child.

Parents should be provided with communication and information on steps they can take to keep their children and be monitored. This would be the best of all situations for children. Very few, if any, children are better off in foster care than staying with their family members.

— Foster parent, Alaska



Focusing on Child Well-Being in Foster Care

The goal of the "child first" system of child welfare would be child well-being and not solely reunification with biological family, which is the current goal. Although it may be determined that reunification with the biological family would be in the child's best interest, it could also be decided that other family members or caregivers would better meet the child's developmental and emotional needs. In this new system, the well-being of the child would determine the permanency goal.

Team Approach to Decision-Making Focused on Child Well-Being

Because child well-being is complex and has many dimensions, a team approach would be needed to ensure a child-centered outcome. A Child Well-Being Team would be created with formal (i.e., professional) and informal (i.e., relative) members that will follow the child throughout their development. The team would be collaborative and most often would include biological parents, caregivers, and professionals that act in the best interest of the child. As one caregiver stated:

I love providing respite [care] to other families. If foster families were seen as a support and not just a temporary stop, there could be a much better team approach.

— Legal guardian, California.

This team would be embedded in the child welfare system and responsible for assessing and monitoring progress toward healthy well-being outcomes throughout the child's time in care.

Although the agency is wanting to keep families together, agency needs to focus on the present and future of the children's education, safety, and social behavior and mental health. Although there is no signs of physical abuse, social workers should take into consideration the environment and the mental stability of the adult caregiver or parent if it will have an impact on the children.

— Former foster youth, California



Achieving Normalcy for Children, Youth, and Caregivers

Normalcy in the "child first" model of child welfare would be a central component to child well-being. Normalcy allows children to have meaningful experiences during childhood and adolescence like those experienced by peers who are not in foster care. The Annie E. Casey Foundation^[16] defined normalcy as being part of a caring and supportive family; the ability to develop and nurture friendships with peers and supportive adults; participation in extracurricular and everyday activities like sports and clubs and getting a driver's license; not being reduced to a label (i.e., foster child or youth) but rather being seen as a person; and having authority and voice in making decisions. Central to the success of the model is a focus on empathy rather than sympathy. Empathy is the ability to comprehend and resonate with the emotions of others, sharing their feelings. Sympathy, on the other hand, involves feeling compassion for someone's difficulties without being fully immersed in their experiences. Children and caregivers' lived experiences would be validated, and their needs and choices would be integrated into their care plan.

At the end of the day, youth want to feel like kids their age who are not in the foster care system. Likewise, caregivers want to act in the role of a traditional parent. For example, they want to be able to make basic decisions about the needs of the child and participate in daily activities that don't require authorization from a frontline worker. A caregiver described what they think about normalcy:

Let the child have some "normalcy" like the ability to play sports or participate in after-school activities without having to choose between that or a visit!

— Nonkinship foster parent, Colorado

Increased normalcy for children and caregivers would reduce the sense of isolation experienced by children and families. Additionally, it would encourage families to build social and community support that would increase their sense of connectedness and buffer the stressors associated with foster care involvement.

Child Well-Being Teams Driven by Unique Child Needs

The Child Well-Being Team, which we propose would be developed during the prevention stage, would be expanded to include additional team members if prevention is unsuccessful and the child needs to transition to foster care. The team would be composed of people who can speak to the best interests of the child, including the child and their caregiver (in cases where the child is too young, a proxy would be assigned to represent their interests). Examples of other team members include mental health therapists, frontline workers, biological family, and attorneys. The team would work together to individualize the services and case plan for the child. Most importantly, the team would require cognitive flexibility to meet the needs of the child, meaning the team, services, approach, and directions can change with the child as they grow; there is no one-size-fits-all approach for every child.

Creating personalized care plans for each child that address their unique needs, including education, mental health, and social support. Tailoring the care to the child's specific circumstances can greatly enhance their experience.

— . Former foster youth, California

¹⁶ Annie E. Casey Foundation (2015). What young people need to thrive: Leveraging the Strengthening Families Act to promote normalcy. <https://assets.aecf.org/m/resourcedoc/aecf-whatyoungpeopleneedtothrive-2015.pdf>

The Child Well-Being Team would be responsible for ensuring effective communication and transparency across all team members and stakeholders, along with safety and well-being. Ongoing assessment, monitoring, and adjustments would be made through collaboration and team decision-making. Members would be versed in the cultural background of the child, and the environment (e.g., courts, visitation centers, detention) where the child interacts with team members and family would be developmentally appropriate, child centered, and trauma informed. In circumstances where team members are not in agreement, the judge would be a mediator rather than a decision-maker.

Access to Resources and Supportive Services

In this envisioned model of child welfare, services would be tailored to the individual needs of the child and would follow the child regardless of their placement. There would be continuity of services, and the team would have the ability to fast-track services so that the child and family would not experience delays in access to care. Services would be integrated and delivered with community and network support. These services would be comprehensive, and a core component of this model would be auto-enrollment so that children and families would not have to rely on case workers to communicate about their eligibility. Rather, there would be transparency about how to obtain services, and these services would be automatically assigned (i.e., auto-enrollment) to children and families, who could opt out of such services if deemed unnecessary. A youth described the importance of medical care for overall health.

Medical [care]; the kid shouldn't have to worry about anything related to medical or vision or dental or health services; no cost to them or foster parents; and that insurance should be mandated to be accepted everywhere.

— Current foster youth, Kentucky

Optimize Caregiving and Flexible Caregiver Models

In this "child first" model, caregiving would be optimized, meaning the child would be placed with a caregiver who can meet their needs, is culturally sensitive to the child's unique lived experiences, and has the appropriate skill level to provide emotional and physical safety. A current foster youth thoughtfully stated how placements should be considered in this new model of child welfare.

Prioritize stable and well-matched placements for children by carefully considering their unique needs, preferences, and cultural backgrounds when selecting foster homes or alternative placement options. Minimize placement disruptions by providing comprehensive support to foster families and addressing issues proactively. When placement changes are necessary, ensure a thoughtful and trauma-informed transition process. Maintain sibling connections whenever possible, as strong sibling relationships can provide emotional support and stability for children in care. Efforts should be made to keep siblings together or facilitate regular contact.

— Current foster youth, California

An important component of the model is that the child would have input on the matching process, rather than being assigned to a caregiver. A former foster care youth explained the importance of matching.

Foster children should also be allowed to pick their foster homes just as much as these foster families pick the foster child. Foster children should be given the option to say no to a home that they are considering placing them in.

— Former foster youth, Kentucky

Also, in this model, there would be flexibility around who can be a caregiver and caregiving arrangements to best meet the child's needs. Many kinds of caregiving models might provide better continuity, respite, and normalcy than existing models. For example, a child may stay during the week with one family, then stay the weekends with another family; group homes may be appropriate depending on the goals of the child; and shared custody between caregivers and biological families may also be a feasible option.

Another important component would be the ability to assess a good quality caregiving relationship. In this model, there would be added support for caregivers that would reduce turnover and optimize their well-being so that they are more equipped to provide for the children in their care. Additional support, including respite care, would be critical to providing caregivers with what they need to care for children. Finally, caregivers would have access to ongoing therapy while the child is in the home and if needed, grief counseling for caregivers once the child transitions out of their care.

Exit from Care

Focus on Youth Preference and Well-Being Regarding Exit Pathway

In their exit from care under the "child first" model, youth would have ready access to services to promote their self-sufficiency and assist with their transition into adulthood, regardless of their permanency plan. Youth's choice would factor in the decision to exit care, including when the transition occurs and the services they need to achieve self-sufficiency. As one youth stated:

I think we need to focus on what's best for the youth, asking youth what they need and want. Making sure safety is number one. I know when we go to court first, we are allowed to say if we want to stay with our parents or fight against it. I personally didn't want anything to do with my parents. I think we should take it into high consideration of the youth's decision.

— Current foster youth, California

Immediate Access to Services to Ensure a Smooth Transition and Maintain Child Well-Being

The Child Well-Being Team would be responsible for ensuring a smooth transition from care to adulthood for youth. They would help conduct a readiness assessment for independence based on the youth's skills and knowledge attainment. The team would facilitate a step-down approach that would titrate services over time depending on the child's needs. It would begin with frequent check-ins and decline over time, depending on the child's needs and the environmental context they face upon exit from care.

This step-down approach would be determined via collaboration between the Child Well-Being Team and the youth. For youth exiting care who may not be ready or able to transition to independent adulthood, there would be a different pathway to short- or long-term programs that would assist with concrete needs like housing, financial literacy, economic stability, and educational attainment or employment. And for youth who have legal challenges that might interfere with their independence, the Child Well-Being Team would help resolve these issues before eligibility for services and programs is denied. A former youth described what would be needed for independence:

Focusing on the children who exit care alone and making sure they're able to feel confident and rely on the system when they have made a mistake or need help. Truthfully, there is no one to call when you fully exit care. Even at the age of 26, I became homeless for the first time and have no idea what to do. Had I had a family growing up, I would just be able to call on them. Not fully get cut off like in foster care, as most aftercare programs end at age 25 or 26 years old. Former foster youth, California

— . Former foster youth, California

Ongoing Monitoring and Measurement of Progress of Child Well-Being

Important to the success of the transition program would be consistent monitoring and measurement of progress, with the goal of child well-being and successful self-sufficiency. A counselor described how this process should unfold:

Start a year or two out and track their progress, decision making, plans, and making sure that transition plan is enacted with community connections.

— Mental health therapist, Florida

The direction of this plan would be determined by the Child Well-Being Team, the findings from their assessment of independence, and ongoing collaboration with the transition-age youth. Milestones would be identified and progress toward their achievement would be tracked.

Moving Toward a “Child first” Model of Child Welfare

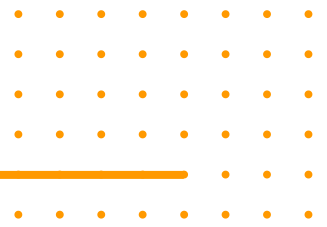
Recognizing that the "child first" model proposed in this section requires further development, the next section identifies areas for exploration in research, practice, and policy. In addition, it outlines case examples of organizations and programs that are implementing aspects of the "child first" model in practice.





Chapter 4:

The Road Map Forward



Currently, the primary focus of the child welfare system is to achieve safety, permanency, and well-being for children through a family-centered approach. This practice places families at the forefront of decision-making and intervention strategies, aiming to strengthen family relationships, promote parental engagement, and support the overall welfare of children in their familial context. With 3 years of data collected and from thousands of responses, iFoster constituents are advocating for a paradigm shift toward a child-centric model of child welfare, wherein child well-being takes precedence over all other indicators and outcomes. This shift is prompted by an understanding that developmental and environmental conditions experienced during childhood significantly influence individuals throughout their lives. The well-being of children is evident in multiple aspects of adult life, including health and mental health, employment opportunities, family dynamics, and interpersonal connections of adults.^[17]

Although there is often consensus about the importance of child well-being, how we define, measure, and monitor child well-being varies across professional and cultural contexts. In this section, we briefly highlight areas in need of further exploration and when possible, provide examples of organizations that apply aspects of the model.

Inquiries Warranting Further Exploration: Research, Practice, and Policy

Definition of Child Well-Being

A holistic, culturally competent, and comprehensive definition of child well-being should be established. It should be multidimensional and capture all components of healthy child development.

Child Well-Being Assessments

Initial and ongoing assessments should be a central component of the new model. To assess and monitor child well-being effectively, a comprehensive assessment tool should be developed. This tool should encompass a variety of indicators related to family life and include an understanding of the social, environmental, and neighborhood conditions that influence child well-being. Implementation of such a tool should involve several steps:

- **Design and Development:** Experts in child development, psychology, sociology, and related fields should work collaboratively to design a robust assessment tool. This process should involve selecting appropriate indicators, developing measurement scales, and ensuring the tool's reliability and validity in use with diverse child welfare populations.
- **Training:** Individuals responsible for administering the tool should receive comprehensive training to ensure they understand the tool's purpose, how to administer it correctly, and how to interpret results accurately.
- **Data Collection:** The tool should be administered to children and their caregivers to gather relevant data. This should involve surveys, interviews, observations, or a combination of methods, depending on the specific aspects being assessed.
- **Analysis:** Once data are collected, data analysis should identify patterns, trends, and areas of concern related to child well-being. This data should be tied to minimum standards to ensure children are adequately prepared for the next steps in their progression, and there should be accountability to achieve these standards.
- **Frequency of Assessment:** The frequency of implementation should vary depending on factors such as resources, the scope of assessment, and the specific needs of the child. In general, assessments should be conducted regularly to track changes over time and ensure ongoing monitoring of child well-being.

¹⁷ Child Welfare information Gateway. (n.d.) *Well-being*. Retrieved March 7, 2024, from <https://www.childwelfare.gov/topics/well-being/>

- **Reporting:** Findings from the assessment should be compiled into reports, which can be shared with relevant stakeholders such as parents, caregivers, and teachers. Based on the results, action plans can be developed to address areas of improvement and promote child well-being.

Child Well-Being Team

The primary objective of the Child Well-Being Team should be to ensure a coordinated and holistic approach to addressing and enhancing the well-being of children. By leveraging the diverse expertise of its members, the team should create a supportive ecosystem that fosters positive outcomes for the child.

- **Multidisciplinary Team Assembly:** A Child Well-Being Team should be formed by gathering professionals and stakeholders with expertise across various domains crucial to child development, including but not limited to education, health care, social work, and child safety.
- **Role Assignment:** Team members should be assigned specific roles that may include conducting comprehensive assessments, crafting tailored intervention plans, delivering necessary support services, and advocating for the child's individual needs.
- **Child Well-Being Team Initiation:** The team's involvement should begin once there are concerns regarding a child's well-being, which could stem from familial situations, academic struggles, or social, emotional, and behavioral issues.
- **Duration and Evolution:** The duration of the team's involvement and the composition of its members should be dynamic, tailored to the complexity of the child's situation and their developmental progress. As the child's needs change, the team's makeup should be adjusted to include new members or alter intervention strategies accordingly.
- **Child Representation:** In instances involving very young children or those unable to communicate their needs effectively, an advocate or designated spokesperson should be assigned to ensure the child's perspective is represented in the team.

Child Welfare Agency Reorganization

- **Addressing Workload Demands:** Addressing workload capacity should be paramount in implementing this new model of child welfare. Determining how to manage increased demands on resources and the workforce will be crucial for its success.
- **Caseworker Model Shift:** Shifting toward a child-focused model, as opposed to a family-focused frontline worker, raises questions about the role and longevity of professionals in a child's life. It's essential to define the frontline worker's responsibilities and determine whether they should maintain connections with the child throughout their time in care or until they reach adulthood.
- **Financial Considerations:** Assessing the financial implications of this new model is imperative. Understanding the costs associated with staffing, training, and program implementation will be essential for budgeting and resource allocation purposes.
- **Implementation and Evaluation:** Effective planning and evaluation are key to the new model's success and sustainability. These considerations underscore the need for comprehensive planning and evaluation to ensure the effectiveness and sustainability of the new child welfare approach.

Caregiver Capacity and Quality

In the 2022 and 2023 Voice of the Foster Care Community Report, constituents called for improvements in the quality of caregiving that foster children receive.

- **Active Participation from Caregivers:** Caregivers should be integral members of the Child Well-Being Team. They should participate in the decision-making process. Caregivers can contribute ideas for creating a safe, nurturing environment that supports positive relationships and healthy development.
- **Support for Caregivers:** Caregivers should receive appropriate support to meet the varied needs of children in their care.

- **Assessment Process:** A process is needed for conducting initial and ongoing assessments of caregiver capacity and quality.

Role of the Judiciary

- **Transformation of the Judge's Role:** Judges will transition from being the primary decision makers to serving as mediators in ensuring child well-being. However, the specifics of how judges should intervene in cases of disagreement remain undetermined.
- **Change to the District Attorney's Role:** Changes in the judge's role will likely lead to modifications in the role of the district attorney.
- **Legal Representation:** Every child should have legal representation, whether provided by an attorney or guardian ad litem.
- **Review of the Legal System and Case Law:** These changes are likely to necessitate a comprehensive review of existing laws governing the family court system. Amendments to current laws should align with the evolving role of the judiciary in this collaborative, team-based decision-making framework.



Looking Forward

The voices of the foster care community have clearly articulated a need for a child welfare system that is child-centric and focused on the well-being of the child. The iFoster organization believes these are the next steps:

1. Develop a process for evaluating state, agency, and organizational progress toward the child-centered model of care. This will involve first assessing what other entities have accomplished with respect to defining, measuring, and developing programming that focuses on child well-being.
2. For organizations wanting to move toward a child-centric approach, a process to map the next steps should be developed to assist organizations with implementing this transformation.
3. The foster care community should spearhead the development of a rubric that will assist agencies and organizations in evaluating the degree to which they have accomplished a child-centric approach to child welfare.

Research Methods and Data Characteristics

For the 2023 iFoster Voices of the Community Study, researchers gathered qualitative feedback using a survey with several short- form, open- ended questions. Questions were focused on three main areas: prevention, experiences in care, and experiences regarding exit from care. These critical areas were identified in our prior work (see [2021 and 2022 research reports](#)) by former and current foster youth, caregivers (including foster parents, kinship providers, etc.), and frontline workers (i.e., case workers, social workers, legal advocates, etc.).

Current and former foster care youth, caregivers, and workers and advocates 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 youth, caregivers (e.g., foster care, kinship care, adoptive, guardian, etc.), and workers (e.g., agency caseworkers, social workers, court- appointed special advocates, attorneys, etc.). Unique survey links were emailed to 33,349 members (this number represents members who registered their email addresses in the system).

Overall, the iFoster survey was opened 3,551 times by people who received the survey link. Of those, 681 did not answer any questions, 19 provided only participant type, and 74 were duplicate entries that did not answer survey questions beyond participant type. Of the remaining 2,777 respondents, 1,001 respondents provided only demographic information with no qualitative responses and therefore, were excluded from the qualitative analyses. This left a final sample of 1,776 for qualitative analysis. A summary of demographic information for these respondents is provided in the following table.

Respondent Demographic Overview

	CAREGIVERS	YOUTH	WORKERS	TOTAL
	(n = 683)	(n = 902)	(n = 191)	(n = 1,776)
	%	%	%	%
SAMPLE SIZE	38.5	50.8	10.8	100
RESPONDENT TYPE				
CAREGIVERS				
BIOLOGICAL FAMILY RECEIVING CHILD WELFARE SERVICES	0.9			
FOSTER OR RESOURCE FAMILY (NONKINSHIP)	48.8			
KINSHIP OR RELATIVE CAREGIVER FAMILY	15.2			
LEGAL GUARDIAN OR ADOPTIVE FAMILY (NONKINSHIP)	35.1			
YOUTH				
CURRENT YOUTH IN FOSTER CARE		20.4		
YOUTH FORMERLY IN FOSTER CARE		74.6		
WORKERS				
ADVOCATE OR OTHER SUPPORTIVE ADULT			6.3	
AGENCY CASE WORKER			19.9	
COURT- APPOINTED SPECIAL ADVOCATE OR ATTORNEY			11.5	
OTHER PROFESSIONAL (PLEASE SPECIFY)			37.7	
MISSING OR PREFER NOT TO ANSWER	0.0	5.0	0.5	
GENDER				
FEMALE	90.2	71.3	88.5	80.4
MALE	8.6	21.1	8.4	14.9
NONBINARY OR GENDERQUEER	0.3	4.8	1.0	2.6
TRANS FEMALE OR TRANS MALE	0.0	2.0	0.0	1.0
PREFER NOT TO ANSWER	0.9	0.9	2.1	1.0
RACE AND ETHNICITY				
BLACK OR AFRICAN AMERICAN	16.0	33.1	16.8	24.8
HISPANIC OR LATINO	12.0	41.4	19.4	27.7
WHITE	71.2	35.6	56.0	51.5
ASIAN OR ASIAN AMERICAN	1.8	4.4	5.2	3.5
AMERICAN INDIAN OR ALASKA NATIVE	2.8	5.8	2.6	4.3
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0.7	2.8	0.0	1.7
ANOTHER RACE OR ETHNICITY	0.0	0.9	1.0	0.6
PREFER NOT TO SPECIFY	2.5	2.9	5.2	3.0
SEXUAL ORIENTATION				
ASEXUAL	0.3	1.1	0.5	0.7
BISEXUAL OR PANSEXUAL	2.2	16.4	2.6	9.5
HOMOSEXUAL	6.0	6.9	3.1	6.1
ANOTHER ORIENTATION	0.3	2.1	1.0	1.3
HETEROSEXUAL	85.7	67.1	84.3	76.1
PREFER NOT TO ANSWER	5.6	6.4	8.4	6.3

Results from the Thematic Analysis Conducted from January 2024- March 2024.

In the 2023–2024 Voices of the Foster Care Community Survey, researchers gathered qualitative insights using a survey with open-ended questions. The survey explored challenges and recommendations across three main domains: prevention, experiences within foster care, and exiting out of foster care. To ensure participants addressed important questions before delving into specific domains, the survey began with six questions addressed all three domains with one overarching question concerning child welfare. However, in the appendix, the numerical questions were reordered to correspond directly with their respective topic areas. Survey questions and the thematic analysis results are presented below.

I. General Question About Foster Care:

Question 1.6. In your opinion, what would be the #1 most impactful change to improve the way the child welfare system is structured and operates?

Current and Former Foster Youth

- Improvements in staffing would have a tremendous impact on the experiences of youth in the child welfare system.
 - Youth describe the need for better social workers, foster parents, case workers, therapists, lawyers, etc. They emphasize the need for more professionals who are trained and involved in the child welfare system for the right reasons.
- Youth describe a need to reduce stigma associated with being in the foster care system.
 - Youth describe their experiences of stigma and how it affects them. An impactful change would be to reduce the stigma associated with being in foster care and make it easier for youth to integrate into local communities.
- Ensure that foster parents and families are a good fit and are working with children for the right reasons. Prioritize the fit of the placement with the youth's needs.
 - Narratives discussed finding good families and not people who want to profit from the child welfare system.
- Important thoughts and innovative suggestions by foster youth to improve their experience in the child welfare system.
 - Youth suggested innovative ideas about the child welfare system and solutions that may fix some of the challenging issues that make life harder for foster care youth.
- Youth advocate for an increase in the availability of services to youth, both while they are in care and as they transition to adulthood.
 - Narratives in this section focused on services in short supply or not provided to foster youth while in care or during the transition to adulthood. In addition to the lack of services, the quality of the services is low and makes it difficult for youth to make progress in their lives.
- Youth insist that we need to prioritize early intervention and prevention, so children are not removed from their home.
 - Prioritize early intervention and prevention so that children are not removed. This includes services and support to biological families and foster parents.
- Youth insisted that the focus of child welfare should be on the best interest of the child rather than the needs of the system and biological and foster families.
 - Youth discussed a need for the focus to be on what the child needs, versus any of the systematic challenges that are discussed.
- There is a desperate need for caseworkers to listen and advocate for what children and youth need and want.
 - Youth described ongoing challenges with caseworkers. Turnover is a problem; however, they also described caseworkers who are overburdened and lack compassion for the experiences of youth. These challenges also increase or exacerbate youth's experiences of trauma.

Caregivers

- Caregivers stated that the foster care system needs to have an expansion of benefits to caseworkers, social workers, and foster families, including youth.
 - Caregivers requested more funding and personnel to address the needs of children and families. Deficits in workforce capacity, court systems, and attorneys cause delays for children's permanency that affect their well-being.
- Caregivers highlighted the most important priority should be the best interest of the child, starting with prevention but also focusing on children in care and those who exit care.
 - Caregivers are innovative in how they think outside of the box to solve problems, especially as it relates to prevention and the best interest of the child. Caregivers could be engaged more to solve the problems faced by children and families.
- Caregivers reported that foster families need more support, respite care, and fun.
 - Caregivers described a need for more support, respite care, and fun for foster families and youth. Support can include more resources, but it can also include a greater sense of community. Caregivers described the challenges of supporting foster youth with very little respite care and time away to manage stress. Finally, some caregivers reminded us that youth need healthy forms of fun and distraction.
- Biological parents: Their role, responsibilities and place in the child's life is a source of great challenge.
 - This insight card covered content that discussed biological parents. The roles and responsibilities of biological parents were discussed from many vantage points, including cutting them off from youth to finding ways to include them in children's lives.
- Caregivers' voices need to be heard and their perspectives are considered important to the well-being of children in their care.
 - Caregivers discussed how they are often disenfranchised in their role as foster parents. They discussed how individuals and processes in the system devalue their knowledge and contribution. They discussed how this doesn't act in the best interest of the child and their children often pay the consequence of the system's lack of support for caregivers.
- Caregivers advocated for a transparent system where they and youth receive information and have influence.
 - Caregivers discussed the need for transparency and active participation from caseworkers and others involved in the child's life. They highlighted the lack of communication between departments and how this affects oversight and the quality of care a child receives. Foster parents also discussed the lack of honesty at times, especially as it relates to the child's history.

Workers

- Workers described a need for improved collaboration with biological families as a means of prevention of child removal.
 - Worker narratives discussed the need for more general support for families. They mentioned specific support for respite care, therapy, and grief and trauma work.
- Reducing caseloads for caseworkers would increase their ability to advocate for foster children.
 - Workers discussed the challenges with their caseload, turnover, the needs of children and families, and the failures of the system.
- Workers described a need for more intensive mental health, substance abuse, and respite services for everyone involved.
 - Workers described the various needs of biological and foster families; this included the need for more comprehensive services for everyone in the family, not only youth.
- Workers described strategies needed to ensure fit between the child and foster family prior to placement.
 - Workers described the need for holding centers so that youth are not placed with families that are not a good match and wait in office buildings for shelter. Workers described the tremendous shortage of good foster placements for children.
- Workers advocated for better coordination in the child welfare system between departments and across systems, like juvenile justice.

- Workers provided feedback about the struggle they face with coordinating quality care for youth because of the lack of communication between departments and counties. They also talked about the challenges of coordination across systems, like juvenile justice.
- Workers acknowledged the need for improvement in the role of social workers in the child welfare system.
 - This insight card focused on the role of social workers and how changes to their role would improve the child welfare system. Caseworkers acknowledged many of the barriers they face and the consequences on children and families. They explored ways that this could be different.

II. Questions about Prevention

Question 1.1. In your opinion, are there things that the child welfare system can do to assist families in order to prevent the removal of children and youth from their biological homes? Y/N

	YES	NO
TOTAL	80%	20%
CAREGIVERS	78%	22%
FOSTER YOUTH	79%	21%
WORKERS	94%	6%

Question 1.1A. If you answered yes to the question above, what are the top 3 services and supports for biological families that could most aid with prevention?

Current and Former Foster Youth

- Youth focused on actions and support that can be provided to biological families to prevent removal.
 - Youth responded to the question of prevention of removal by focusing on support and actions regarding their biological families. They described the need for early intervention and support like mental health care. Youth highlighted the need for advocates who can protect the best interest of biological families and protect children.
- Youth described a need for parenting education classes and mentorship that support caregivers.
 - Youth discussed the need for stronger parenting support, including parenting education and anger management. Some youth suggested these classes be done with children for maximum benefit. Some youth were critical of the content that is currently taught in these classes.
- Youth described a need for community and home-visiting support to enhance support for families and prevent removal.
 - Youth emphasized the lack of resources for basic needs like food, stable and affordable housing, and career opportunities and advancement that could support families that are struggling with financial hardship.
- Community and home-visiting support would provide much-needed services to families.
 - Youth narratives focused on the need for the child welfare system to provide care to children in their homes and communities
- Youth described the financial hardship experienced by families. They advocated for financial resources to prevent removal.
 - Youth participants described the financial stress that families face and the challenges they have to meet their basic needs. Youth talked about financial support for basic needs, like housing and food.
- Mental health and substance abuse services are desperately needed to prevent the removal of children.
 - Youth described the desperate need for quality mental health and substance use services. The lack of services is a challenge to prevent removal.

Caregivers

- Assistance for biological parents dealing with substance abuse can serve as a preventive measure, reducing the likelihood of children entering foster care.
 - Caregivers identified substance abuse treatment as a preventive measure to keep children out of foster care.
- Parenting education can avert the placement of children into foster care.

- Caregivers described the importance of parenting education as it relates to preventive services.
- Therapeutic intervention and services for biological families are essential to prevent children from coming into foster care.
 - Caregivers described the need for therapeutic intervention and services for biological families so children can remain in their home.
- The financial stability of biological parents can avert the need to place children in foster care.
 - Caregivers described how financial support could prevent children from coming into foster care.
- The stability of parental employment, coupled with access to job security and training opportunities, has the potential to serve as a preventive measure against children entering foster care.
 - Caregivers described how employment and access to job training affect children coming into foster care.

Workers

- Workers mentioned provision of mental health treatment and support as a necessary part of prevention efforts.
 - Workers identified supports related to mental health as key for prevention among biological families. This includes individual and family therapy, trauma-informed care, stress management, and expanding access to all family members.
- Workers focused on services to treat and prevent substance use and abuse to prevent removal.
 - Workers discussed the importance of support related to drug and alcohol use services and treatment, including expanding access, use of effective programs and interventions, a focus on relapse planning, and long-term care that also includes family members.
- According to workers, parenting education and support are vital in prevention efforts.
 - Workers identified a need for support to help biological families improve their parenting skills. This includes services related to parenting education, classes, coaching, and mentorship.
- Assistance with childcare and in-home support are important prevention measures.
 - Workers identified childcare, respite care, and in-home support services as important aids for prevention.
- Workers stated that early intervention and case management have the potential to divert children from foster care.
 - Workers said support related to early intervention is critical in prevention efforts. This includes case management, wraparound services, finding supportive relatives or kin, and identifying needed services early in the process to prevent removal.
- Workers described various other kinds of supports and resources that can be useful in prevention efforts.
 - Workers identified a wide range of additional supports, services, and resources that could be helpful. These include financial assistance, resources for basic needs, affordable housing and housing support, and community involvement and support.

Question 1.1B. If you answered no [to Question 1.1], why do you believe this isn't possible?

Current and Former Foster Youth

- Youth indicated that resources may help prevent removal, whereas some blamed families for not taking advantage of resources.
 - Narratives described the need for comprehensive resources to prevent removal for children and youth. Also, some youth argued that families have resources but do not take advantage of them.
- Youth described a need to feel validated and listened to, especially when they feel they know what is in their best interest.
 - Narratives described how youth know what is in their best interest. Youth described being disempowered by foster families, and case workers, and the courts.
- Some youth indicated that sobriety is a challenge and gets in the way of reunification with their families.
 - This section highlighted struggles with addiction and how parental sobriety gets in the way of reunification.
- Youth described the child welfare system as the primary reason for why children are removed or not reunified.

- Narratives described the child welfare system as the crux that leads to the removal of children or prevents them from being reunified or placed with their family.
- Youth stated that some biological families are not fit to take care of children and so removal of children is inevitable.
 - Youth described the deficits of biological parents. They mentioned abuse, neglect, and ongoing mental health and substance abuse problems as reasons why children should not be reunified with parents. They said some circumstances, especially as it relates to safety, warrant permanent dissolution.

Caregivers

- Some caregivers had strong opinions about biological parents' failure to care for their children.
 - Caregiver statements admonished birth parents or the child welfare system. Caregivers struggled with the system's failures and their consequences for children.
- Resources are a factor in removal; however, some families do not use available resources to prevent removal.
 - Caregivers described a need for resources to alleviate some challenges that plague biological parents. However, they stated that biological parents do not use the resources available to them.
- Addiction (drugs and other substances) is a factor in removal.
 - Caregivers described that addiction is a major hurdle for biological parents that is difficult to overcome.
- Biological parents are often unfit and because of this, removal of children is often eminent.
 - Removal is eminent and, in most cases, it takes too long and causes further trauma to children. Some caregivers said that biological parents are given too much leeway.

Workers

- Enhance resources so that it is helpful to families before removal is eminent.
 - In this section, workers discussed the needs of families and the types of resources that would reduce the likelihood of removal. Some resources they mentioned include insurance, housing, and parenting support.
- Workers described that abuse in the home necessitates removal and that biological families are often not interested in preventing the removal of children.
 - Caseworkers were very direct that when there is abuse in the home, removal is the only option. Many workers agreed that biological parents are not fit.
- Caseworkers advocated for more time so that biological parents can meet the needs of their children and achieve the case plan.
 - The system does not give parents enough time to complete the requirements and get healthy. In many cases, parents are set up to fail because they do not have a system in place to support families based on the time restrictions of the case.
- Caseworkers state how biological parents need to be motivated to get their children back.
 - Caseworker narratives discussed the inherent motivation of parents to work with child protective services and get their children back.

Question 2.1. In previous Voice of the Community surveys, respondents said that there is a strong relationship between poverty and child welfare involvement. Do you think the child welfare system can address the problem of poverty?

	YES	NO
TOTAL	71%	29%
CAREGIVERS	62%	38%
FOSTER YOUTH	79%	21%
WORKERS	64%	36%

Question 2.1A. If you answered yes [to Question 2.1], identify up to three recommendations that will reduce the impact of poverty on biological families and therefore reduce child welfare involvement.

Current and Former Foster Youth

- Interesting narratives that did not fit neatly with other themes.

- These narratives were unique and interesting but did not fit with the themes created by this question. This section highlighted nuanced opinions of youth. Suggestions included ensuring youth have a bank account, placing resource centers in dangerous neighborhoods, and setting up a system where children of a certain age can receive money directly.
- Youth described a need for free health and mental health services.
 - Youth described a desperate need for free and quality mental health and health care services. These services are critical to prevention and are needed to strengthen family well-being.
- Youth called for affordable childcare and free education as ways to prevent child welfare involvement.
 - Youth discussed the need for free childcare and educational services to help families land on their feet. They described how these factors are important to the prevention of child welfare involvement.
- Youth advocated for affordable housing, food security, job training, and financial services.
 - Narratives mentioned affordable services and basic needs of employment, housing, food, and financial services. These are all critical services that will improve prevention efforts.

Caregivers

- Caregivers advocated for greater financial support to low-income families. They indicated that this would reduce poverty among biological and foster care families.
 - Caregivers described a need for greater financial stability. The lack of financial stability puts stress on the household and makes it difficult to focus on the well-being of the children.
- Caregivers advocated for educational classes that will improve parenting, job security, financial security, etc.
 - In this section, caregivers highlighted the need for greater educational and training resources. These resources include parenting class, financial education, and employment training.
- Caregivers advocated for affordable and stable mental health and substance abuse services for all family members.
 - Caregivers advocated for more holistic mental health and substance use treatment services. They described this as a critical factor that will improve the well-being of children and families.
- Caregivers described a desperate need for affordable and safe housing for low-income families.
 - Caregiver narratives discussed the need for low-income housing for families who are struggling financially. Homelessness and housing instability are critical factors influencing child welfare involvement.
- Caregivers advocated for affordable and stable childcare so that parents can work.
 - The lack of reliable and safe childcare is a factor that keeps families in poverty. Caregivers described how childcare is a deterrent to work and also a stressor for parents who cannot provide for the basic needs of their children.
- Employment and occupational support are major components of reducing poverty and increasing self-sufficiency.
 - Employment and the lack of job security are factors that keep families in poverty and make it difficult for families to provide for their children.

Workers

- Workers called for greater wraparound resources to assist low-income families.
 - This section described the vacuum of services that plague the child welfare system. Workers indicated the services that are most lacking include food, shelter, and mental health services, among others.
- Workers described innovative ways to address poverty as a root cause of child welfare involvement.
 - Workers suggested how to address poverty as a root cause of child welfare involvement. They mentioned well-check appointments, schools, and other agency collaboration.
- Workers indicated that meeting a child's and family's basic needs will address poverty as a driver of child welfare involvement.
 - In this section, workers described the challenges they face in meeting a child's basic needs to address poverty as a root cause.

Question 2.1B. If you answered no [to Question 2.1], why can't (or shouldn't) the child welfare system solve this problem?

Current and Former Foster Youth

- Youth denied a strong connection between poverty and the child welfare system or indicated that poverty is not the child welfare system's problem to fix.
 - Youth described narratives about the child welfare system and its intersection with poverty. In response to this question, youth said there is no strong connection between poverty and child welfare involvement, or it is not the child welfare system's problem to fix. Some youth stated that is a problem for the federal government.
- Youth stated that poverty is too big of a problem for the child welfare system to address or fix.
 - Youth discussed how poverty cannot be fixed by the child welfare system, arguing that it should be addressed by the federal government.

Caregivers

- Caregivers said that poverty is an issue of parental motivation.
 - Caregivers posited that some biological parents do not want help. They said that even if help is provided, it will not make a difference because some people do not want help. They said it is a question of parental motivation.
- Caregivers described poverty as something that is intergenerational and difficult to fix.
 - Caregivers discussed the intergenerational nature of poverty. They described the challenges faced in fixing poverty when they have limited access to education and other resources.
- Caregivers indicated that poverty is a much bigger problem that child welfare cannot or should not solve.
 - Caregivers stated it is not the job of the child welfare system to address poverty. This is a systemic problem that should be addressed by other entities.

Workers

- Poverty is a bigger problem than child welfare can fix, but it is a major driver of child welfare involvement and should be addressed.
 - Workers discussed how poverty is a driver of child welfare involvement and needs to be addressed as part of prevention efforts. Without addressing poverty, children will continue to come to the attention of the child welfare system and biological parents and families will struggle to care for their children.
- The child welfare system is not equipped or designed to address poverty.
 - Worker narratives discussed how child welfare is not equipped or should not be obligated to address poverty as a root cause of child welfare involvement.

Question 2.2. In your opinion, should a biological family receive the same stipend a foster family receives if a biological family adheres to the same accreditation and standards?

	YES	NO
TOTAL	67%	33%
CAREGIVERS	58%	42%
FOSTER YOUTH	74%	26%
WORKERS	65%	35%

Question 2.3. Would this strategy prevent a child from being abused or neglected? Why or why not?

Current and Former Foster Youth

- Make sure the same checks and balances are applied to biological families.
 - Youth highlighted the need for greater oversight. Child welfare workers need to investigate whether families are following rules and using the money they receive to take care of the children.
- Interesting dialogues about stipends and abuse and neglect in families.
 - Youth made interesting points that were nuanced and unique. These narratives are worth highlighting because they offer a perspective not mentioned by other participants. A few of the narratives showed the complexity of these issues. For example, some youth stated that stipends

- may resolve neglect, but they do not resolve the fact that there are bad people who mistreat children.
- Parents and biological families should not receive a stipend to take care of their children.
 - Youth said they feel strongly that parents should not be paid to take care of their biological children. Some even went as far as to say some parents take the money and still abuse their children. Others stated that the money should go to family members who are more trustworthy.
- Youth said that stipends to take care of children may reduce financial stress and encourage parents to take better care of their children.
 - Some youth stated that parents would benefit from receiving a stipend for their children. That would decrease their financial stress and may encourage parents to provide better care for their children.
- It depends. Youth highlighted the complex differences between abuse and neglect.
 - Youth highlighted the differences in abuse and neglect. For some youth, a stipend would work if the issue were related to neglect but would not work if the challenges in the family system were related to physical and sexual abuse.

Caregivers

- Caregivers indicated children should be placed with family.
 - Caregivers differentiated between children being placed in foster homes and being placed with family. They described how stipends would facilitate more children remaining with their biological family (not necessarily their parents), which is in the best interest of the child.
- Caregivers strongly opposed stipends, indicating that financial stress is not the cause of abuse.
 - Caregivers clearly articulated their position about abuse and neglect in the family being a function of the parent or mental health and substance use, not environmental factors like poverty. Many caregivers shared strong opinions that biological parents should not receive a stipend to care for their children.
- Caregivers provided helpful suggestions about oversight and recommendations about prevention.
 - Caregivers provided recommendations and presented conditions in which stipends would be a good idea. They described the infusion of mental health services, training, and frequent checks and balances to minimize abuse.
- Caregivers seemed conflicted; they expressed doubt that a stipend could prevent abuse but acknowledged that it may help reduce financial stress.
 - Caregivers were conflicted about how to answer this question. On one hand, they said a financial stipend would not eliminate abuse, but they also said it could alleviate financial stress and reduce the likelihood of abuse.
- Stipends would reduce poverty and increase the likelihood that children stay with their biological families.
 - Some caregivers indicated that stipends would reduce poverty and stress in the biological family, which would likely reduce the risk of abuse. Some highlighted that children are better off with their biological parents, so stipends could make the difference.

Workers

- Workers acknowledged that financial stipends would alleviate poverty but expressed strong feelings that they would not necessarily stop abuse.
 - Workers described how financial stipends to biological family would not eliminate or stop abuse. Participants did not see stipends as a solution to child welfare involvement.
- Workers provided suggestions regarding what would eliminate abuse based on their experiences with biological families.
 - Workers highlighted other causes and solutions related to abuse. These include mental health, substance use, a lack of parenting capacity, etc.
- Workers reported that poverty alleviation could help, but there would need to be restrictions for biological parents.
 - Some workers discussed that programs to alleviate poverty may help biological families. A minority of workers stated that stipends could help but would require strict requirements or restrictions to be effective.

Question 2.4. In your opinion, are there things that foster care or kinship caregivers could provide in support of biological families to prevent removal?

	YES	NO
TOTAL	70%	30%
CAREGIVERS	64%	36%
FOSTER YOUTH	72%	28%
WORKERS	83%	17%

Question 2.4A. If yes [to Question 2.4], please let us know the top three services you think would support biological families to prevent removal.

Current and Former Foster Youth

- Providing respite mentoring, supporting the relationship between parent and child or other means of emotional support, and having kin play a crucial role in maintaining children with their biological parents.
 - Youth outlined how kin can support biological parents. Suggestions varied from supporting or mediating interaction between parents and children to mentoring and respite. Kin could share their knowledge, experience and how to access resources. One youth was in favor of kin support but recommended it be reserved for cases involving neglect only.
- Concrete services such as mental health services, parenting education, financial assistance, housing, day care, and food support can prevent the removal of children from their biological parents.
 - Youth identified critical services to prevent removal. Mental health services (including anger management and domestic violence services) were mentioned most often, followed by parenting, financial support, housing, day care, and food support.

Caregivers

- Caregivers aspired to be engaged collaborators in the family preservation and reunification process, offering support through respite, mentoring, advocacy, and other means.
 - Caregivers had suggestions on how they can support biological families. They expressed a desire to be active partners in the reunification process. Caregivers could provide respite before removal and upon reunification if needed. They would be willing to mentor parents even once the children have been returned. They said they would like to be an advocate for the biological parents and the child.
- Caregivers perceived their role as confined to the care of children in foster care.
 - Caregivers expressed their reservations to expand their role outside of caring for the foster child.
- Concrete services such as respite care, childcare, parenting education, health insurance, financial assistance including housing, and mental health or substance abuse treatment can help prevent removal.
 - Caregivers outlined concrete services biological families need. These include mental health treatment, substance abuse treatment, respite care or childcare, housing, and various other financial supports.

Workers

- Providing emotional support, respite care, mentoring, and safety planning and involving kin play a crucial role in maintaining children in their biological families.
 - Caregivers discussed the importance of family support and what that looks like to keep children with their biological parents. This can be respite care, parenting mentoring, advocacy, and emotional support. Families should also be part of the safety network and participate in safety planning.
- Concrete services such as respite care, childcare, parenting education, health insurance, financial assistance including housing, and mental health or substance abuse treatment can help prevent removal.
 - Workers described concrete services that could prevent removal. These include respite care, childcare, parenting education, financial assistance, health insurance, housing, mental health, and substance abuse treatment.

Question 2.5. Imagine you were leading the Department of Health and Human Services. What three key standards should be used to measure the agencies effectiveness in preventing removal of children from their biological homes?

Current and Former Foster Youth

- Youth indicated the need to make sure children are safe and properly cared for and everyone's perspective is heard. These are key standards to prevention.
 - Youth described a strong need for children to be safe and OK. They also highlighted the need for children and families to be heard. Being seen and heard is a part of feeling safe.
- Ensure that removal is necessary, and if so, make sure there is open and constant communication with families so that reunification is a possibility.
 - Youth described the need to be sure that removal is necessary. If it is necessary, youth advocated for ongoing communication with biological families and transparent work plans that encourage and support families rather than act punitively.
- Ongoing checks are necessary. That is a key standard to preventing removal and keeping children safe.
 - Youth described the need for ongoing monitoring as a key to prevention of abuse and ensuring reunification.
- Adequacy of financial, mental health, substance use, and parenting resources are a measure of effectiveness.
 - Youth described a need for comprehensive services that meet the needs of families. Adequacy of services is a marker of agency effectiveness.

Caregivers

- Caregivers advocated for child welfare indicators of agency effectiveness.
 - Child welfare indicators of agency effectiveness may include the amount of time a child is in care, the success rates of family preservation plans, and the stability of foster care placements for children.
- Caregivers indicated that adequate mental health and substance use treatment and other critical services for children and families are indicators of agency effectiveness and prevention.
 - Caregivers described the need for quality mental health and substance use treatment services for children, youth, and parents. The adequacy of these services would be an effective measure of prevention.
- The success of early intervention programs is an indicator of agency effectiveness.
 - Caregivers emphasized the need to measure the success of early intervention programs as an indicator of agency effectiveness.
- The stability of placements with biological families during intervention and after reunification.
 - Some caregivers indicated that the success of the prevention of removal and reunification are standards that should be evaluated for agency effectiveness.

Workers

- Collaboration between workers and biological parents to meet the needs of children.
 - Workers expressed the need for collaboration with biological families to meet the needs of children as one measure of agency effectiveness.
- The number of resources provided to families is an indicator of agency effectiveness.
 - Workers indicated the number of services should be a marker of agency effectiveness in prevention of removal. They advocated for measuring substance use, mental health, and child welfare services.
- Subpopulation comparisons are critical measures of agency effectiveness.
 - Workers advocated for a closer examination of whether there are differences in key subpopulations by factors like race and ethnicity or poverty status.
- Workers named child welfare indicators as ways to measure agency effectiveness.
 - Workers mentioned indicators such as prevention of removal, reunification, and no future child welfare calls as indicators of agency effectiveness. Workers advocated for these indicators being measured to assess whether programs, services and interventions are working.

Question 2.6. Do you have any other suggestions regarding solutions to prevent or reduce child or youth removals from their biological families?

Current and Former Foster Youth

- Make sure families have sufficient services to prevent removal.
 - Youth discussed the need for more comprehensive services to prevent removal.
- Youth need something to look forward to, so they are not hopeless.
 - Youth described hopelessness and being “stuck” in the system. They said they need something positive to look forward to. Supportive caregivers and people who understand trauma are critical.
- Youth indicated that foster care should be a last resort.
 - Youth discussed how foster care should be a last resort after all other options are exhausted. Youth offered some options to consider prior to removal.

Caregivers

- Increase transparency and create more dialogue with biological families.
 - Caregivers called for greater transparency in all components of child welfare, including investigation, removal, reunification, and ongoing visitation. Caregivers advocated for greater communication so that the expectations and rules and regulations are clear.
- Caregivers called for fewer restrictions, so children stay with biological families.
 - Caregivers discussed how restrictive some of the requirements are and how they preclude biological families from being able to care for their children. They advocated for less red tape.
- Provide more services to biological families so that fewer children are removed from biological families.
 - Caregivers indicated that more services are needed to prevent removal. They mentioned different services, like mental health treatment and substance use treatment facilities.

Workers

- Workers shared interesting points that were not illustrated in responses to other questions.
 - There were no patterns in these responses. Workers highlighted a focus on prevention and techniques to engage families. Suggestions also included a higher threshold to remove children or requiring additional services. Health care and other services and support for kinship caregivers were recommended. Last, a partnership between the school district and child welfare agencies would help families stay together.

III. Questions about Children in Foster Care

Question 1.2A. What three suggestions do you have for improving the recruitment of foster families?

Current and Former Foster Youth

- Youth advocated to have a role in the recruitment process with foster families.
 - Youth indicated that they should be involved in the process of recruitment and placement. In some cases, the fit of the placement can be assessed with an interview process.
- Increase mental health resources and mental health checks to ensure viability of foster homes.
 - Youth discussed the need to increase mental health checks, services, therapy, and other support. They talked about how this is a challenge for recruitment and retention of foster families.
- Increase training and support for foster parents so they feel more equipped to address the needs of youth.
 - Youth described a need for training so that foster parents know how to help.
- Youth advocated for the elimination of barriers that exclude good families from being foster parents.
 - Participants discussed the barriers that lead good families to pull out of being foster parents.
- Raise awareness to increase foster care knowledge. Rely on current and former foster youth and caregivers to recruit and interview good families.
 - Narratives offered concrete solutions to increase recruitment by raising community awareness, discussing the true value of being a foster parent, and other strategies.
- Youth acknowledged the need for financial incentives to increase recruitment, indicating the challenges that caregivers face in providing for families.
 - Youth discussed strategies for increasing foster care placement options that are financially based, including housing.

- Ensure that foster families want to participate for the right reasons and conduct adequate background checks.
 - Youth discussed why foster families provide shelter to children and youth and emphasized the need for greater visibility and oversight.

Caregivers

- Caregivers said they want to experience a reduction of barriers and challenges associated with biological parents.
 - Caregiver narratives discussed the challenges they face with biological parents. Many caregivers seemed resentful of having to manage challenges with biological parents.
- Caregivers described the need to combat stigma associated with the foster care system to recruit more families.
 - Caregivers described how stigma and misinformation associated with being a foster parent is a tremendous barrier to the recruitment of good families to foster children.
- Caregivers intently described the financial barriers associated with being a foster parent and advocated for increased financial compensation as a mechanism for recruitment.
 - Caregiver narratives discussed the financial burden of caring for children and the challenges of recruiting families that can take on the additional financial requirements needed to foster children. They offered specific strategies for recruitment of foster homes.
- Caregivers described general recruitment strategies to increase the number of eligible foster homes.
 - Caregiver narratives discussed specific strategies for recruitment of foster homes that did not include financial strategies.
- Caregivers advocated for greater honesty about the foster care placement process and the background of children and youth.
 - There is a lack of transparency in the foster care process. The lack of honesty comes from social workers, the courts, and biological parents.
- Caregivers described a critical need for greater support and respite care. Failure to do so is a deterrent for recruitment.
 - Narratives described the need for more support for foster families and how the lack of respite care has been a barrier to recruiting more families.
- Caregivers stated that improved services from social workers and the court system would assist with recruitment.
 - Narratives discussed how red tape and poor treatment from social workers and the court system are hindering the recruitment and treatment of foster families.

Workers

- Workers indicated that training is needed to ensure that foster parents are better equipped.
 - Workers described the need for greater training to reduce barriers in recruitment of foster parents and homes.
- Workers indicated a need to reduce barriers to participation by eliminating red tape and procedures that don't support caregivers.
 - Workers described the need to reduce policies and procedures that burden people who want to become foster parents.
- Recruitment with assistance from current foster families, including youth and caregivers.
 - The narratives described collaboration with current and former foster care youth and foster families to recruit new families.
- Increase financial benefits to foster families so that the burden of caring for children is lessened for caregivers.
 - The narratives described the desperate need for increased financial benefits, government support, and stipends.
- Workers described a general need to increase support to foster families to decrease isolation.
 - Worker narratives described a general experience of isolation related to being a foster parent. Supports should aim to reduce barriers and isolation to preserve the participation of loving and caring caregivers for children.

- Workers identified how holding community events where foster children need placement can increase recruitment of foster parents from the area.
 - Workers described how different community events and programs may increase recruitment.
- Workers provided general strategies for increasing the recruitment of foster families.
 - Workers discussed general strategies to recruit more foster care homes. This includes general recommendations not involving financial incentives or support groups.
- Workers indicated that strategies for recruitment should describe a realistic view of foster care.
 - Worker narratives described the need for media to present a realistic view of what it is to be a foster parent.

Question 1.2B. What three suggestions do you have for improving the retention of foster families?

Current and Former Foster Youth

- Supportive networks and acts of appreciation or acknowledgement would benefit caregivers.
 - Youth described the need for caregivers to have support such as peer networks and appreciation.
- The practices and policies on how children are placed in caregiver homes need to change.
 - Youth described how placement activities fall short.
- Caregivers lack the essential resources and tools required to adequately support children in foster care.
 - Youth described how caregivers are under resourced. This includes financial compensation (e.g., stipends). Training is insufficient. Well-being for youth and caregivers is not addressed with mental health services.

Caregivers

- Struggles with investigating homes of caregivers.
 - Homes of caregivers are investigated by child welfare agencies, causing conflict in the relationship and undermining placement options.
- Treat caregivers as equal and respected partners.
 - Caregivers described feelings of being undervalued and disrespected.
- Caregivers expressed a desire for increased communication with their child welfare services partners.
 - Communication from case workers and other professionals needs to be improved.
- The stipends and financial assistance provided do not adequately match the responsibilities of being a foster parent.
 - Caregivers emphasized the need for increased financial compensation.
- Supportive services are needed for those caring for children in foster care.
 - Caregivers described the need for enhanced support. Most offered no further elaboration, but some described the need for things such as peer support or mentorship.
- Providing access to respite care would assist caregivers.
 - Caregivers reported the need for respite care.

Worker

- Communication with caregivers by the child welfare agency would improve foster parent retention rates.
 - Workers described how foster parents need better communication from the child welfare agency.
- Increased support and services are needed for caregivers.
 - Workers described the concrete service needs for foster parents.
- Caregivers lack the essential financial resources and tools required to adequately support children in foster care.
 - Workers described the need for increased financial assistance for foster parents. They described financial assistance such as increased stipends or financial incentives.

Question 1.3. Once youth enter the system, an important need is to improve child well-being. What three changes do you see as most important for improving the child's experience while in care?

Current and Former Foster Youth

- The link to the biological family is essential for the welfare of children in foster care.
 - Youth expressed the need for connection with family.

- Youth expressed a desire for increased tangible support and services to better prepare them for life beyond foster care.
 - Youth described activities and items to help them prepare for adulthood.
- Foster children expressed a desire to engage in typical activities and be treated similarly to their peers who are not in foster care.
 - Youth described how being treated like their peers would enhance well-being.
- Youth expressed the importance of mental health treatment for enhancing their overall well-being.
 - Youth described the need for mental health treatment to improve overall well-being.
- Caseload size and caregiver home dynamics affect the well-being of foster children.
 - Youth described how caseload size, dynamics of foster home, and training for caseworkers and caregivers affect their well-being.
- Regular contact and communication with caseworkers are essential to enhance the well-being of children in foster care.
 - Foster children explained how communication can enhance well-being. They said regular check-ins by their case worker are necessary. They said they want to understand the child welfare system and have a voice in their future.
- The well-being of foster children is closely tied to their sense of safety and love in their foster home.
 - Youth described how a sense of belonging in their foster placement affects their well-being.
- The well-being of children in foster care is significantly influenced by their access to education.
 - Youth described how education plays a key role in their overall well-being.

Caregivers

- Foster children should be placed in nurturing and compassionate foster home environments.
 - Caregivers described characteristics of a quality foster home.
- For optimal well-being, children in foster care require access to mental health, medical, dental, and educational services.
 - Caregivers described the need for mental health, medical, dental, and educational services for children in foster care.
- Support from peers who have similar experiences would contribute to the overall well-being of children in foster care.
 - Caregivers described the need for foster children to be connected with other children in foster care via things like peer support groups or normal group activities.
- Normalcy promotes well-being for children in foster care.
 - Caregivers described how activities to establish normalcy in the lives of children in foster care supports their overall well-being.
- Connection to the biological family is essential for the welfare of children in foster care.
 - Caregivers described the importance of family connection and its effect on the well-being of children in foster care.

Workers

- Child welfare partners require communication and a say in decision making for the best interests of the child.
 - Workers described the need for partnership and communication among all parties.
- Mental health services accessibility directly influences the well-being of children in foster care.
 - Workers described the need for services and therapeutic intervention.
- The quality of the placement affects the well-being of children in foster care.
 - Workers described how the placement affects child well-being, including bias in the foster home and school.
- Connection to the biological family is essential for the welfare of children in foster care.
 - Workers described connection to the biological family as critical to child well-being.
- A sense of normalcy is important for children in foster care.
 - Caseworkers described the need for youth to participate in everyday activities similar to their peers not in foster care.

Question 1.4. In the 2022 Voice of the Community Survey, we learned that youth remain in the foster care system far beyond the regulated time. What three changes do you see as most important to improving timeliness of permanency?

Current and Former Foster Youth

- Assistance and services provided to biological parents enhance the speed of reuniting families.
 - Youth described how timeliness to permanency can be improved by providing services to biological families to speed up reunification.
- During their time in foster care, youth require assistance and support to facilitate their transition into adulthood.
 - Youth described their needs as they transition out of the foster care system.
- Youth expressed a desire for a say in the functioning of the child welfare system, outlining how its inefficiencies affect their well-being.
 - Participants described how the child welfare system negatively affects their welfare. This includes their desire to have a voice in determining their future and ways to improve the child welfare system.

Caregivers

- When adoption serves the best interest of children, achieving permanency is hindered due to the numerous opportunities granted to biological parents.
 - Caregivers described how permanency through adoption is delayed. Most described issues such as giving biological parents too much leniency and not abiding by mandated timeframes.
- Assistance and services provided to biological parents enhance the speed of reunifying families.
 - Caregivers described how providing support and services to biological parents improves timely permanency for reunification.
- Young adults leaving foster care require essential skills and support before they exit care.
 - Caregivers discussed the importance of services and skill development for youth when they age out of foster care. This conversation included extending foster care.
- The efficiency of the child welfare agency and the court influences timelines for achieving permanency.
 - Caregivers described how the functioning of child welfare agencies (including courts) affects permanency timelines.

Worker

- Enhancing permanency timelines hinges on prioritizing family preservation as the pivotal factor.
 - Workers described the importance of family preservation.
- The timelines for achieving permanency are affected by the court and child welfare agency's caseloads.
 - Workers describe how caseload size and the court affect permanency timelines.
- Delays in pursuing timely termination of parental rights contribute to delays in timely permanency.
 - Workers described how the delay in termination of parental rights negatively affects permanency.
- Comprehensive services become essential when children are in care, aiming to shorten the path to permanency.
 - Workers described the need for intensive services while children are in care.

Question 3.1. In order to improve quality, accountability, and stability in foster homes, some jurisdictions treat foster parents as paid professionals with salaries, benefits, and accountability standards. Do you believe this is a good approach?

	YES	NO
TOTAL	70%	30%
CAREGIVERS	78%	22%
FOSTER YOUTH	63%	37%
WORKERS	73%	27%

Question 3.1A. Based on your answer above, please tell us why you do or do not think this is a good approach.

Current and Former Foster Youth

- Equating foster parenting to employment may result in mistreatment of children and undermine the altruistic purpose of fostering.
 - Youth said caregivers should not be paid and treated as employees. Reasons included viewing foster parenting as a job or money-making opportunity or losing the altruistic purpose of caring for children. Youth stressed the importance of being in a family setting and that if the caregiver were paid as an employee, the sense of family would be lost.
- Youth emphasized the need to compensate caregivers due to the intricate services they offer and advocated for establishing standards to assess them.
 - Participants described how foster parents should be compensated and pointed out that there needs to be standards by which foster parents are evaluated.

Caregivers

- Caregivers assume the responsibilities of parenthood and offer a safe, nurturing atmosphere. Parenting should not be equated with employment.
 - Caregivers voiced their commitment to children is not based on monetary compensation. Being treated as an employee undermines the belief that children should be in a family environment.
- Providing compensation to caregivers as paid professionals would fortify the foster care system, ensuring placement stability, fostering teamwork, and elevating the level of care for foster children.
 - Caregivers said paying foster parents would be beneficial.
- Caregivers identified shortcomings with the child welfare system in how it treats both children and caregivers.
 - Caregivers described their struggles caring for children in a system they described as dysfunctional. For example, some caregivers mistreat or abuse children. Standards of care vary, and some provide the bare minimum or fail to meet the standard. Additionally, caregivers do not receive the respect and credit they deserve given the breadth of their work.

Workers

- Considering foster parents as compensated professionals might detract from the essential family element in the lives of foster children, with negative effects.
 - Workers described how paying foster parents would have a negative impact on children in foster care.
- Foster parents as compensated professionals enhance the child welfare system by establishing accountability standards and ensuring dedicated, qualified staff members committed to the well-being of children.
 - Workers described how treating foster parents as paid professionals is a good approach.

Question 3.2. Matching youth with appropriate families is a key predictor of stable placement. Please identify up to three suggestions you have for improving the matching process between children, youth, and foster families.

Current and Former Foster Youth

- Involving both youth and foster parents in the decision-making process lends itself to better matching children to their foster homes.
 - Youth said they should be involved in matching a child to a foster home. Foster parents should also be included in this process.
- Improved foster home matching arises from assessments of both the child and caregivers, emphasizing an initial meeting to determine compatibility before placement.
 - Improved foster home matching arises from assessments of both the child and caregivers, emphasizing an initial meeting to determine compatibility before placement.
- Foster youth should be placed in homes with similar religious beliefs, interests, and racial identities.
 - Youth described the importance of placing a child in a home with similar religious beliefs, interests, and racial identities.

Caregivers

- Ideas from caregivers on how to improve the process of matching children to a placement.
 - Suggestions included using a personality quiz, data analytics, preplacement visits, and contact with biological families.
- For a caregiver's home to qualify as a foster home, it should meet minimum standards and expectations. Increasing the recruitment of high-quality homes will enhance the matching process for children and families.
 - Caregivers acknowledged some foster homes may not meet the standard. They also offered suggestions for improving the number of homes available.
- Biological families and youth should have a voice in placement decisions.
 - Caregivers stressed the importance of youth and biological family in placement matching.
- Providing essential support to foster parents, especially when a child isn't a suitable match, is crucial. Foster parents would feel more supported with a complete history of a child before placement.
 - Caregivers asked for more support, especially when a placement is not working. This includes transparency when it comes to children with special needs.
- Enhancing caregiver–foster child matching involves considering the caregiver's family composition and preferences before placement.
 - Caregivers described how proper matching fails when the child welfare agency places children in their home who do not meet the caregiver's preferred age, gender, etc. The caregiver's family composition and preference should be considered before placing a child in a caregiver's home.

Workers

- Finding an appropriate caregiver for a child is a process requiring ongoing evaluation, not a one-time event.
 - Workers described how matching a child to a caregiver should be an ongoing process not made at only one decision point.
- Establishing clear expectations for caregivers, their environment, and cultural responsiveness is crucial for aligning a child with a suitable foster home.
 - Workers described how the environment of the foster home affects finding a suitable match for a foster child.
- Thorough assessments of children before placement enhance transparency for caregivers and lead to more effective matching.
 - Workers described how having proper assessments of children leads to better matching.

Question 3.3. Please identify up to three solutions for resolving placement instability for children and youth while they are in foster care.

Current and Former Foster Youth

- Not every youth thrives in a conventional foster home, and there is room for traditional foster homes to be more inclusive of the diverse needs of children in foster care.
 - Youth offered suggestions on alternatives to traditional family foster homes and how a traditional home can meet their needs.
- Caseworkers can improve placement stability through regular check-ins with both the caregiver and the child individually, offering valuable insights into the dynamics in the home.
 - Youth expressed the importance of the caseworker in placement stability. Individual check-ins with the child and foster parent by the caseworker bring a better understanding of how the home is functioning.
- Placement stability is achieved by offering training, support, and family counseling for both caregivers and the children in their care.
 - Youth described how counseling for the foster family and child will enhance placement stability. Caregivers should receive proper training and support to care for children placed in their home.
- Placement stability is compromised when foster homes are unsafe or exhibit intolerance for children who have experienced trauma.
 - Participants describe how some homes should not be used due to mistreatment of youth. Placement stability cannot be achieved if homes are not safe.

Caregivers

- The stability of placements is influenced by mental health treatment and support for both youth and families.
 - Caregivers described the importance of mental health services for all parties to enhance placement stability.
- Enhanced financial support for caregivers contributes to stable placements.
 - Caregivers described the need for increased financial compensation, which would lead to greater placement stability.
- Boosting support, including respite care, caseworker assistance, and interaction with biological families, are what caregivers need to stabilize a placement.
 - Caregivers described the support and services they need to provide a stable placement.
- The initial foster placement should be the best fit, meeting the child’s needs, offering a sense of belonging, and aligning with their background.
 - Caregivers described the importance of finding the right placement at the first attempt, considering the child’s needs and background. The caregiver’s ability to meet those needs and what support is required should also be considered. Caregivers also encouraged interaction with the biological family.

Workers

- The stability of placements is influenced by mental health treatment and support for both youth and families.
 - Workers described how addressing mental health issues contributes to a more stable placement.
- Enhanced financial support for caregivers contributes to stable placements.
 - Workers described the need for increased financial support to caregivers, which will enhance placement stability. For example, funding for extracurricular activities or special needs is needed, alongside overall increased compensation.
- Boosting support, including respite care, caseworker assistance, and interaction with biological families, can help caregivers stabilize a placement.
 - Workers described concrete supports to stabilize a placement. This includes but is not limited to partnership with biological families, proper training, and open communication with the agency.

Question 3.4. In the 2022 Voices of the Community Survey, participants indicated that automatic enrollment for certain services would reduce their barrier to access while in care. Do you believe this would be a positive change?

	YES	NO
TOTAL	79%	21%
CAREGIVERS	88%	12%
FOSTER YOUTH	70%	30%
WORKERS	81%	19%

Question 3.4A. If you said yes [to Question 3.4], please identify up to three services that should have auto-enrollment.

Current and Former Foster Youth

- Three recommended services for families and youth were automatic enrollment in mental health services, medical insurance, and various governmental programs aimed at alleviating financial burdens.
 - Youth outlined services that foster youth and families should be automatically enrolled in. These include mental and medical treatment, medical coverage, and financial assistance.
- Automatic enrollment in services for youth, including independent living skills, financial literacy, and other preparations for exiting foster care, should be provided for youth.
 - Participants described the services they need to prepare for adulthood. Automatic enrollment should occur for independent living education, financial planning and savings, and adulthood preparation.

Caregivers

- Three recommended services for families involve automatic enrollment in mental health services, medical insurance, and various governmental programs aimed at alleviating financial burdens.

- Caregivers identified services for automatic enrollment, including mental health services, insurance, and other government services to offset the financial burden for families.
- Automatic enrollment in specific services should be mandatory based on a child’s needs and age, such as educational services, independent living support, and mental health services.
 - Caregivers identified child age-specific services for automatic enrollment. These include educational support, extracurricular activities, independent living skills, and medical treatment.
- Caregivers should be automatically enrolled in services encompassing stipends, financial support, and mental and medical services.
 - Caregivers identified services they would like to be enrolled in automatically. These include stipends, financial support, and mental and medical services.

Workers

- Three recommended services for families include automatic enrollment in mental health services, medical insurance, and various governmental programs aimed at alleviating financial burdens.
 - Workers identified mental health services and various governmental assistance programs that families should be enrolled in automatically. Mental health was mentioned more than others.
- Automatic enrollment in specific services should be mandatory based on a child’s needs and age, such as educational services, independent living support, and mental health services.
 - Caseworkers identified child-specific services for automatic enrollment. These include educational services, independent living services, and mental health services.

Question 3.5. Imagine you were leading the Department of Health and Human Services. What three standards would you apply to evaluate the department’s performance regarding the well-being of children in its care?

Current and Former Foster Youth

- Independent living services and the mental, physical, and educational needs of children in care, along with the implementation of these services, should be evaluated.
 - Youth stated their mental and physical health needs and execution of such services need to be measured. This includes academic success and independent living services. Youth repeatedly said their happiness in a home and sense of safety need to be measured.
- Foster homes that are inadequate or unsafe affect child well-being, emphasizing the need for a standardized measurement.
 - Youth asked that placements be evaluated for safety. Youth described being mistreated in their placement homes and asked that homes be measured by their treatment of children.
- The well-being of children under the care of a child welfare organization is influenced by its operational health, and it is essential to gauge the organization’s performance.
 - Youth described the need for increased and ongoing check-ins by their caseworkers. They talked about the need to improve the child welfare department—e.g., lighter caseloads and competent staff members. They also discussed placement stability, which is ultimately the responsibility of the department.
- Feedback mechanisms and surveys from both youth and caregivers should be a tool for evaluating the department’s performance.
 - Youth asked for a voice in the measurement of the department and their caregivers. Youth also suggested that caregivers be able to rate the department.

Caregivers

- Placement stability, academic achievement, mental health, length of care, abuse while in care, and reoccurrence of maltreatment need to be measured.
 - Caregivers listed performance measures for the well-being of children in foster care. Placement stability was referenced most often. Others included academic achievement, timeliness to permanency, mental health, length of stay in care, abuse in care, and reoccurrence abuse once reunification occurred.
- The well-being of children under the care of a child welfare organization is influenced by its operational health, and it is essential to gauge the organization’s performance.

- Caregivers described how the functioning and health of child welfare organization affects the well-being of children in its care. Caseload size, effective case management, and treatment of the caregivers affected the care of children.
- Feedback mechanisms and surveys from both youth and caregivers should be a tool for evaluating the department's performance.
 - Caregivers requested opportunities to provide feedback on the department.

Workers

- The three criteria for assessing the well-being of children in foster care encompass placement stability, academic achievement, and access to medical or mental health services and their provision.
 - Workers identified the three standards to evaluate the department's performance regarding well-being. Placement stability was mentioned most often. Academic performance and timely medical and mental health services were also mentioned repeatedly.
- Elevating oversight of the child welfare department, including feedback loops, case reviews, and system improvement, will enhance the well-being of children in foster care.
 - Workers advocated for increased oversight and accountability of the child welfare agency. For example, they suggested feedback loops, increased case reviews, and monitoring.

IV. Questions about Children Exiting Foster Care

Question 1.5. In the 2022 Voice of the Community Survey, youth stated that they desired to be given the support and tools to achieve self-sufficiency regardless of their exit pathway (reunification, adoption, legal guardianship, aging out). Imagine you were leading the Department of Health and Human Services. What top three standards would you use to evaluate whether youth are attaining self-sufficiency upon leaving care?

Current and Former Foster Youth

- Youth stated that self-described feelings of readiness and self-sufficiency are important measures to consider when measuring whether youth are attaining self-sufficiency.
 - Youth proposed standards regarding subjective feelings of readiness to transition, self-sufficiency, and goal orientation. They suggested this could be gathered through surveys, evaluations, and asking youth directly.
- Youth mentioned that their actual demonstration of life skills is also an important measure of self-sufficiency.
 - Standards proposed by youth related to preparedness to live independently and thrive. This includes assessment of daily living skills such as hygiene, cooking, cleaning, and budgeting and ensuring they have important documents such as a driver's license, birth certificate, high school diploma, resume, and Social Security card.
- Access to social support is an important standard for youth self-sufficiency.
 - Standards proposed by youth had to do with ensuring that a social safety net, community support, helping professionals, and continuing programs and resources are available to transitioning youth. This could include food stamps or assistance, check-ins with social workers, and any additional services required for needs that arise over time.
- Youth identified educational access and attainment as critical elements of transitioning to adulthood after leaving care.
 - Youth proposed standards regarding the level of educational attainment and access to educational support, including financial stipends, goal review, and discussion of educational options and programs.
- The ability to obtain and maintain employment are important measures of self-sufficiency.
 - Youth cited employment status, such as the ability to find, obtain, and maintain a job that aligns with career goals and will provide a stable and sufficient source of income, and access to employment-related supports such as vocational training as crucial standards.
- Housing stability and support are key contributors to youth self-sufficiency.
 - Youth proposed standards related to their ability to access and maintain stable housing, including understanding of lease agreements. They also discussed standards around provision of

- housing support, such as affordable housing, supportive housing programs, transitional housing, housing stipends for those in school, and longer duration of Chafee funds.
- Youth cited financial independence, literacy, and support as important standards for self-sufficiency.
 - Youth emphasized their level of financial literacy and stability, including understanding money management and credit or loans, opening checking and savings accounts, paying bills and rent, budgeting, saving, filing taxes, and having stable income. They also discussed the availability of financial support such as financial aid and training to help young adults who lack access to good role models in this aspect of life.
- Physical and mental health status—and access to related services—are important components of youth self-sufficiency.
 - Youth offered suggestions regarding their level of physical and mental health status (including substance use or abuse) and access to services, such as free or affordable counseling, therapy, assessment, parenting classes, substance abuse treatment, and medical care.

Caregivers

- Caregivers discussed standards around ongoing support and assessment as key to youth self-sufficiency.
 - Standards proposed by caregivers related to youth maintaining continuity in their support system, receiving follow-up after leaving care, and assessment to make sure they are thriving.
- Caregivers stated that money management and financial literacy are important measures of youth self-sufficiency.
 - Caregivers proposed standards related to youth having financial literacy and money management skills. This includes the ability to budget, open and manage a bank account, pay bills, build credit, and be responsible with money. Some also proposed youth should receive an allowance or other financial support.
- According to caregivers, having age-appropriate levels of life skills and goals are critical for youths' self-sufficiency outcomes.
 - Caregivers said youth's attainment of life skills (i.e., activities of daily life), feelings of independence, and near- and long-term goals are critical measures.
- Caregivers indicated that having standards regarding youth mental health status and service access are important for assessing self-sufficiency.
 - Standards proposed by caregivers related to youth having stable mental health and access to an appropriate level of treatment.
- Caregivers discussed the importance of youths' legal status and documents as part of their evidence of self-sufficiency.
 - Standards proposed by caregivers had to do with youth staying in good legal standing and having appropriate documents, including a driver's license and Social Security card.
- Caregivers said youths' educational attainment (and access) are critical for their transition toward self-sufficiency.
 - Caregivers offered standards regarding youth achieving educational milestones and maintaining access to educational resources.
- Caregivers proposed standards related to youths' vocational skills and employment.
 - Caregivers mentioned youth obtaining job skills (both soft and hard), vocational training, and gainful employment that provides financial sustainability.
- Caregivers mentioned various standards regarding other areas of youths' lives that are important for measuring their self-sufficiency.
 - Standards mentioned by caregivers covered topics such as transportation, substance use, and birth control.

Workers

- Workers emphasized housing-related standards as important metrics of youth success during their transition to adulthood.
 - Workers proposed standards that had to do with youths' housing situation. This includes noting whether the youth have affordable, secure, stable, and permanent housing upon leaving care.
- Financial-related standards are critical indicators of youth self-sufficiency, according to workers.

- Standards proposed by workers had to do with youths' financial stability. This includes financial literacy, budgeting, opening bank accounts, paying bills on time, managing money, checking their credit ratings, and building savings for emergencies or future life events.
- Workers mentioned education-related standards as key for demonstrating youth self-sufficiency.
 - Workers highlighted educational attainment and access. This includes high school graduation, participation in job training, trade schools or vocational training, access to higher education, and college attendance.
- According to workers, standards around youth employment are important for measuring their eventual attainment of self-sufficiency.
 - Standards proposed by workers related to youths' employment and work readiness, including mastery of employment skills, tracking the number of youth obtaining employment or achieving self-sufficiency, and participation in work preparation programs.
- Workers identified standards regarding youths' life skills, basic needs, and documents as important indicators of self-sufficiency.
 - Workers mentioned youth mastering life skills, being able to meet basic needs, and obtaining legal documents. Life skills include participation in independent living skills programs and ability to do household chores (cook, clean, laundry, groceries), make appointments, maintain hygiene, and drive. Documents include birth certificate, identification, Social Security card, and any other vital documents needed.
- Workers stated that youths' access to services, support, and resources are critical for their transition to self-sufficiency.
 - Standards proposed by workers had to do with youths' ability to access services such as physical and mental health; social, familial, and community supports; and resources such as having a designated person to call when questions or difficulties arise.

Question 4.1. What are the top three essential elements, including services, that can be implemented to facilitate a smooth transition for children and youth back into a biological family home and ensure a successful reunification?

Current and Former Foster Youth

- Youth said listening to youth voices is imperative for a smooth transition and eventual reunification.
 - Youth emphasized the need for youth voices to be heard to ensure their comfort and safety throughout the transition process. Youth discussed fears of biological parents, needing contact numbers for "a way out" if they feel unsafe, and for check-ins to occur outside their home so they feel safe to speak honestly.
- Youth emphasized the need for continuity of mental health and other social services to facilitate a smooth transition.
 - Youth stated the importance of mental health services and other social supports for youth and their families during and after reunification. This includes consistency of individual, group, and family therapy, and other services such as parenting classes, mediation, wraparound services, substance abuse treatment, childcare, aftercare services, and involvement of a caseworker.
- Youth discussed the importance of accountability and follow-up with biological families to ensure a safe transition.
 - Youth emphasized the importance of ongoing monitoring, random check-ins, and other measures to ensure accountability, stability, and safety with biological families. They emphasized ensuring that youth needs will be met, that the "home is good," that there are "no triggers in the home," that the family "isn't still doing the same mistakes," and that there's an awareness of boundaries.
- According to youth, having all basic needs met in the biological family home is critical for successful reunification.
 - Youth discussed the importance of stable housing, financial stability, and having basic needs met in the biological family home environment. This might entail financial or other resource support for biological parents.
- Youth discussed the importance of continuity of communication and relationships with biological and foster families to facilitate a successful transition.

- Youth highlighted the need to build and maintain communication and strong relationships with foster and biological families before, during, and after the transition period. This will help reunification be a slow, gradual process and allow for an adjustment period.

Caregivers

- Caregivers discussed the importance of continuity of communication and relationships as important for a successful transition.
 - Caregivers emphasized the importance of maintaining strong communication and building relationships among the biological family, foster family, and youth before, during, and after the transition. This includes having regular visitations, consistent communication, coparenting classes, and respect among all parties, so they can feel “like a team.”
- Caregivers emphasized that the transition period should be slow and thoughtful to facilitate a gentle reintroduction to the biological family.
 - Caregivers stated the importance of a slow, conscientious transition period to help all parties experience a successful reunification. The period should include collaboration and discussion of plans and goals, time for processing and grieving, and reassessment of possible new needed services.
- According to caregivers, key supports for biological families and youth should be in place to help facilitate a successful reunification.
 - Caregivers identified diverse and ongoing supports for biological families and youth to ensure successful transition. Support includes family therapy, parenting classes and coaching, financial resources, mental health services, support groups, childcare, and resources to support daily needs.
- Caregivers discussed the importance of accountability and follow-up with biological families to facilitate successful reunification.
 - Caregivers discussed the need for thorough check-ins, plans for accountability, “rigorous supervision,” and frequent follow-up to ensure youth well-being during and after reunification. They emphasize that someone should make sure biological parents feel ready for the responsibility, have completed all necessary requirements, and provide documentation (medical, mental health, school records) that the child is doing well for a specified period of time.
- Caregivers echoed youths’ sentiments regarding the importance of listening to youth voices during the transition period.
 - Caregivers discussed the need to ensure youth voices are heard so that their needs and desires are considered during the reunification process. They emphasized that interviews with the child should be done in a neutral place, like school, to ensure they feel safe and able to be honest about their comfort level regarding reunification and their well-being.
- Caregivers emphasized the need to ensure youth records are transferred and used to facilitate the transition process.
 - Caregivers mentioned the need for the youth’s important documents and records to be transferred to the appropriate places and used as another form of oversight of youth safety in the biological family home.

Workers

- Workers emphasized the need for family therapy and mental health services to facilitate a smooth transition.
 - Workers identified family therapy and other mental health supports as an essential element of successful reunification. Other supports include trauma-informed care, mental health evaluation, domestic violence classes, and drug treatment.
- According to workers, communication among youth, foster family, and biological family is critical for a successful reunification process.
 - Workers identified building positive connections among the youth, their foster family, and their biological family as an essential element of successful reunification. This includes intentional relationship building, positive communication activities such as board games, and building increasing engagement through overnight visits.
- Continuation of support and resources for the biological family are critical from workers’ perspectives.

- Workers said ongoing provision of support, services, and resources for biological families are essential elements for successful reunification. These can include childcare and other in-home services, conflict resolution, transition teams and planning, mentorship, trauma training, community services, and continuity of care (social worker, therapist, etc.) as the child moves through placements.
- Workers emphasized the need for vigilant oversight and follow-up with biological families to increase the odds of successful reunification.
 - Workers identified continued oversight and follow-up with biological families as essential elements for successful reunification. This includes ensuring the families have stability of housing and finances, a solid plan for youth leaving care, ongoing case management and check-ins, and that the child has all basic needs met and the factors that caused the removal are no longer present.

Question 4.2. Placing youth with relatives / kin is an option for the child welfare system to increase exits from foster care. Please identify up to three supports/services that are needed to ensure relatives/kin are able to successfully care for their kin children and youth.

Current and Former Foster Youth

- Youth mentioned intensive oversight and accountability as critical services during the reunification process.
 - Youth mentioned a need for background checks, training, and thorough oversight to ensure youth are safe and thrive with kin. They recommended frequent check-ins to offset the high risk of the youth being in danger from biological parents, other relatives, or neglect.
- Youth identified mental health and emotional support as important for youth and caregivers during placement with relatives or kin.
 - Youth described the need for psychological evaluation, individual and family counseling, and parenting classes, support groups, and mentors for the family.
- Financial and housing stability and support are necessary for youth as they transition to relative or kin placements.
 - Youth discussed the importance of a stable housing situation and financial stability (including assistance like that given to foster parents) to ensure caregivers are equipped to provide a stable environment for youth. The home should also have enough space and resources to comfortably accommodate the child and should be “nontoxic.”
- Youth discussed having support regarding other resources and basic needs as important for their transition to relative or kin placements.
 - Youth identified key tangible services and supports that could improve kinship care. These include food assistance, day care, respite care, wraparound services, case management, and support and resources for handling any specific needs the child might have.
- Youth emphasized the importance of listening to youth and increasing communication and visitation among all parties during the transition to kin placements.
 - Youth expressed a need to have their voices considered during decisions about kinship care and recommended more communication and visitation during the transition.

Caregivers

- Caregivers mentioned administrative oversight and accountability as critical for youth placement with kin.
 - Caregivers discussed the need for a licensing process, background checks, training, nutrition and parenting classes, and increased supervision and oversight to ensure youth are safe and thrive with kin.
- Mental health and emotional support for youth and relatives are important for the placement process, according to caregivers.
 - Caregivers described the need for individual and family counseling, trauma training, support groups, and other community and social supports.
- Caregivers discussed the need for relatives and kin to have financial stability and support to provide a successful placement for youth in their care.

- Caregivers emphasized the need for increased financial support for kin, similar to (or the same as) that received by foster families. There should also be an annual review of the child’s needs, so that there can be annual increases in the cost of living and any additional expenses that arise.
- Caregivers discussed provision of support with other kinds of resources and basic needs for youth to be successfully placed with kin.
 - Caregivers identified a wide range of tangible services and supports that could improve kinship care. These include childcare, respite services, housing and food assistance, and funds for clothing, healthcare, transportation, and other needs that may arise.

Workers

- According to workers, administrative oversight and accountability are critical for successful kin placements.
 - Workers mentioned a need for maintaining rigorous standards, training, and oversight and follow-up to ensure youth are safe and thrive with kin caregivers. Some also mentioned a need for flexibility with standards for this distinct population. Others said the kinship caregiver should have a sense of willingness and desire (not only obligation) to take in the youth.
- Workers emphasized the need for mental health and emotional support for youth and caregivers during the transition to kin placement.
 - Workers described the need for trauma-informed services, continuity of individual and family therapy, and support groups.
- Workers discussed financial stability and support as necessary elements of successful kin placements.
 - Workers emphasized the need for financial support for kin, similar to that received by foster families. This could take the form of tax credits, kin gap funding, housing vouchers, or other financial assistance for the youth’s expenses, specific services, furniture, extracurricular activities, etc.
- Workers said support with other types of resources is necessary for ensuring basic needs are met in kinship placements.
 - Workers identified various tangible services and supports that could improve kinship care. These include educational support, childcare, a help line, independent living program, parenting mentorship, continuity of healthcare, and resources for transportation and basic needs.
- Workers discussed the importance of steadily increasing communication and visitation among all parties during a transition to kin placement.
 - Workers emphasized the importance of transition through gradually longer visitations and an increase in positive communication.

Question 4.3. After a permanency goal is achieved and a case is closed, should the child welfare agency provide any continued oversight or services?

	YES	NO
TOTAL	85%	15%
CAREGIVERS	90%	10%
FOSTER YOUTH	83%	17%
WORKERS	76%	24%

Question 4.3A. If you answered yes [to Question 4.3], please identify up to three critical services that are needed for the child welfare system to continue providing to youth and/or families?

Current and Former Foster Youth

- According to youth, a critical service to continue beyond case closure would be follow-up and oversight.
 - Youth discussed the importance of periodic check-ins, oversight, and follow-up to ensure the welfare of youth after case closure. This includes home visits by a social worker, sometimes unannounced, to ensure safety and stability.
- Youth stated employment- and education-related support are also important to provide after a case is closed.
 - Youth identify vocational and job-related support and educational resources and life coaching as helpful after case closure.

- Mental health services are critical for youth, beyond the closure of the case.
 - Youth said it is important for mental health services and emotional support to continue after a case is closed. This includes individual and family therapy, support groups, and counseling, because “trauma is lifelong” and “does not end at 25.”
- Youth said financial support is a necessary service to provide beyond case closure.
 - Youth discussed financial support as one of the top critical services needed after a case is closed. They also mentioned financial coaching and literacy classes.
- Youth mentioned various other tangible and support services that should continue beyond case closure.
 - Youth identified a wide range of additional needed supports and services, such as ongoing health care, housing resources, parenting classes, and assistance with basic needs including birth control.

Caregivers

- Caregivers emphasized follow-up and oversight as necessary services to continue beyond case closure.
 - Caregivers discussed the importance of periodic check-ins, oversight, and follow-up to ensure the welfare of youth after case closure. This could also include ongoing drug testing and the same parenting classes foster parents take to remain licensed.
- Caregivers stated that mental health services are important to continue beyond case closure.
 - Caregivers described individual, family, and group therapy and supports as needed for continuation after a case is closed.
- Caregivers mentioned financial support as a critical service needed after a case is closed.
 - Caregivers emphasized financial support, including automatic increases that mirror foster care rates and financial classes for transitioning youth.
- Caregivers mentioned other tangible and support services as important to continue beyond case closure.
 - Caregivers identified a wide range of additional supports and services, including health care, childcare, parenting classes, and assistance with basic and specialized needs.

Workers

- Workers emphasized the importance of follow-up and oversight services beyond the closure of a case.
 - Workers discussed the importance of periodic check-ins, oversight, and follow-up to ensure youth welfare after case closure, especially when a crisis occurs.
- Workers characterized mental health services as critical to continue beyond case closure.
 - Workers stated that individual and family therapy and supports are needed after a case is closed. This can include support groups, community support, and behavioral health support.
- According to workers, financial support is an important service to continue after a case closure.
 - Workers mentioned financial support as one of the top critical services needed after a case is closed.
- Workers described other tangible and support services that should continue beyond case closure.
 - Workers identified a wide range of additional supports and services, including health care, childcare, respite, community support, connection to the labor market, and assistance with transportation and basic needs.

Question 4.4. Imagine you were leading the Department of Human Services. What three standards would you employ to assess the performance of permanency measures for children involved in the child welfare system?

Current and Former Foster Youth

- Youth discussed the importance of a safe, stable, clean home environment as key to assessing the success of a permanency placement.
 - Youth mentioned financial stability, financial aid, and housing resources for families who need it to create a living environment where the youth will feel comfortable.
- Youth discussed standards of accountability, including screening and check-ins, as important for assessing permanency measures.
 - Youth mentioned screening potential caregivers and placements, talking to everyone involved about whether they believe the placement is a good fit for the youth, and frequent check-ins once the youth is placed.

- Youth described access to social workers and mental health services as important standards to assess permanency measures.
 - Youth emphasized making sure youth and families have access to dedicated social workers and mental health services like counseling and family therapy. They also emphasized ensuring that families have the social support programs needed to thrive during and after care.
- Youth discussed communication and connection between youth and caregivers as important factors in successful permanency placements.
 - Youth identified family visits, engagement, and therapy as important factors. They discussed making sure caregivers and youth are on the same page and aware of appropriate boundaries.
- Youth discussed a range of other issues related to building standards for assessing permanency measures.
 - Youth mentioned youth independence, readiness to exit care, amount of time in care, and rates of returning home as important indicators of whether permanency is successful. They also suggested having community events to help youth meet others who have been through similar experiences.

Caregivers

- Caregivers emphasized accountability and effectiveness of caregivers' efforts in relation to a youth's safety and thriving.
 - Caregivers emphasized the need for accountability in permanent placements to assess the success of permanency measures. This includes frequent (but gradually declining) check-ins and surveys to ensure youth are in a safe environment, feel comfortable, and are healthy and thriving.
- Caregivers discussed the accountability and effectiveness of the child welfare system and frontline workers in relation to assessing performance of permanency measures.
 - Caregivers pointed to the success rate of permanent placements (or lack thereof) and parent surveys as important metrics to assess permanency measures in the child welfare system. This can be examined at the level of case worker, agency, and system as a whole. Also, caseworkers should be held accountable and expected to do a good job, which may require agencies to reduce caseloads.
- Caregivers discussed the degree of communication and connection among all parties involved as a standard by which to assess permanency success.
 - Caregivers highlighted the importance of communication and maintenance of relationships among youth, foster families, adoptive families, and biological families. Also, they said that everyone should have the contact information for the relevant agencies involved in case it is needed in the future.
- Caregivers discussed returns to foster care as a key metric for assessing permanency measures.
 - Caregivers mentioned that youth not returning to foster care is a good indicator of whether the permanency placement was successful.
- Caregivers cited mental health status and participation in services as important indicators of permanency outcomes.
 - Regarding mental health services, caregivers mentioned individual therapy, family therapy, parenting classes, and mental health evaluation.
- Caregivers mentioned school attendance and performance as important standards for permanency efforts.
 - Caregivers noted education-related indicators to assess the performance of permanency. These include school attendance, behavior at school, and school performance and grades.

Workers

- Workers emphasized accountability and effectiveness of caregivers' efforts in relation to a youth's safety and thriving.
 - Workers discussed data points such as time taken to return home, court reports, workers' case notes, successful completion of reunification requirements, and achievement of permanent legal status to assess the success of permanency measures. They also proposed monthly check-ins

and surveys to ensure youth are satisfied with their living situation, have adequate support, and are functioning in society.

- Workers discussed accountability and effectiveness of the child welfare system and case workers in relation to assessing the performance of permanency measures.
 - Workers pointed to caregiver and community surveys as important data points to assess permanency measures in the child welfare system. Also, they noted metrics like tracking of repeat maltreatment (for 2–3 years) and next-generation removals, rate of cases achieving permanent legal, and success of young adults who age out of the system, measured by levels of homelessness, incarceration, and unemployment.
- Workers discussed returns to foster care as a key metric for assessing permanency measures.
 - Workers mentioned that youth not returning to foster care is a good indicator of whether the permanency placement was successful. Also, they said if the youth has a child, to look at whether that child stays out of foster care.
- Workers cited mental health status and participation in services as important indicators of permanency outcomes.
 - Workers discussed mental health indicators and participation in services as important measures of permanency success. Services include mental health, support groups, substance abuse programs, childcare, and other health and social services.
- Workers mentioned school attendance and performance as important standards for permanency efforts.
 - Workers noted education-related indicators to assess the performance of permanency. These include school attendance, graduation rates, and school performance, including behavioral measures and grades.
- Workers described housing stability and financial stability as critical measures of permanency outcomes.
 - Workers highlighted the need for financial assistance to achieve successful permanency. The rate of homelessness was another standard raised to assess permanency outcomes.

Question 4.5. Do you have any other suggestions regarding solutions to improving permanency exits and/or achievement of self-sufficiency?

Current and Former Foster Youth

- Youth suggested providing safe and stable placements for youth as one way of improving permanency exits.
 - Youth proposed making sure placements are “a good fit,” that “the care is real,” and that youth understand how they should be treated. Others proposed limits on the number of children a foster parent can take on and the idea of a supervised treatment facility for biological parents to keep their children under safe supervision.
- Youth promoted educational support as a way to improve achievement of self-sufficiency.
 - Youth proposed education-related support such as free tuition at community colleges and state universities. They also stated it would be helpful for educational institutions to be involved transition planning to “ensure a holistic approach to support.”
- Youth suggested housing, financial, and vocational support as solutions to facilitate self-sufficiency.
 - Youth emphasized the importance of providing financial literacy education and teaching youth about the kinds of support that are available to them. They also promoted ensuring all youth who need it have access to housing, financial, and food support, because sometimes youth are denied these resources if they return home before they are 18 or experience other circumstances.
- Youth identified mentorship and other social supports that could help youth in achieving self-sufficiency.
 - Youth proposed solutions related to networking and mentorship, ideally by others who have either been through the system or are already “successful businesspeople” willing to guide youth (especially youth of color) toward a positive path. They also proposed ensuring youth have awareness of and connections to the community support available to them and an active support system.
- Youth proposed that continued support from a case worker or the child welfare system could improve permanency exits.
 - Youth said that one solution to making permanent exits more successful would be for a case worker to stay involved and check in after exit, or even for the child welfare system to support

them and “act as their new parent” until age 26, in cases where it’s needed. Another felt “If the child doesn’t have a safe space the system should become the safe space.”

- Youth proposed truly listening to youth voices and for the child welfare system to learn from their experiences.
 - Youth suggested that youth (if age appropriate) should have a voice in the decision making around placements and self-sufficiency determinations and that their wants and needs should be considered in such decisions. Also, creating opportunities for youth to have safe spaces to share their experiences could improve their outcomes and inform the child welfare system to improve outcomes for others.

Caregivers

- Caregivers suggested providing safe and stable placements for youth as a way to improve permanency exits.
 - Caregivers highlighted solutions related to ensuring safe and stable placements including caseworkers staying involved longer, doing more visits and random checks, and having a cap on caseloads. They also recommended a team approach to case management (foster families should not have to do it alone) and keeping children longer in their care to become more invested in their well-being.
- Caregivers suggested educational and mental health supports to improve self-sufficiency outcomes.
 - Caregivers mentioned solutions such as educational support (e.g., high school tutoring and free trade school) and mental health supports to address trauma, behavioral health issues, and ending the cycle of abuse.
- Caregivers mentioned housing, financial, and vocational supports as solutions to facilitate youth self-sufficiency.
 - Caregivers discussed solutions around housing (e.g., licensed foster roommate system), financial (e.g., incentives to save money and be employed until age 25), and vocational support, such as job training and free trade school. They also mentioned issues with transitioning out and independent living placements.
- Caregivers promoted social support and communication as solutions to improve permanency outcomes.
 - Caregivers highlighted the need for both youth and caregivers to be listened to and have a voice and that youth should be connected to their community (e.g., through music, sports, church, etc.) and their previous placements to get support from as many sources as possible.
- Caregivers suggested improving support for all kinds of caregiving families to help them better support youth.
 - Caregivers emphasized that many different types of families need more support, including kinship caregivers, foster families, adoptive families, and biological families.

Workers

- Workers suggested providing safe and stable placements for youth as a way to improve permanency exits.
 - Workers highlighted solutions related to ensuring long-term safe and stable placements and the possibility for extended family reunification timeframes (with visitation).
- Workers proposed educational and mental health supports that they feel would improve self-sufficiency outcomes.
 - Workers mentioned solutions such as educational support for college-age youth who are not attending college and mental health support, including counseling and family therapy.
- Workers mentioned housing, financial, and vocational support as solutions to facilitate youth self-sufficiency.
 - Workers emphasized the importance of having stable income and housing, whether through work (and job training programs), access to subsidized or affordable housing, or other programs for low-income youth and families.
- Workers suggested mentorship and other social supports that could improve permanency exits.
 - Workers discussed solutions related to mentorship (including life coaches and Big Brother or Big Sister programs) and social support such as independent living classes, court-appointed special advocates, free services and workshops, and connection to supportive communities.



iFoster is committed to working collaboratively with agencies, advocates, researchers and those with lived experience to help the child welfare system achieve the Child First vision. Join us in sharing your experience, expertise, research, program models and case examples to help build a better future for our most vulnerable children and youth.

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