Think of Us conducted this research in partnership with Bloom Works between October 2019 and March 2020 at five child welfare locations across the United States. Think of Us published the first edition of Aged Out in December 2020. This is the second edition of Aged Out, published in May 2022.

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Thank you to the many young people, policy makers, child welfare advocates, lawyers, and others who have championed this report since its first publication. You are the reason this has made such an impact, and your enthusiasm is why we are publishing a second edition.

Thank you to the entire team at Think of Us for centering lived experience in the transformation of child welfare and for making this project possible.

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Finally, our deepest gratitude extends to the over 200 people with lived experience who shared their stories and opened their hearts to us. None of this would be possible without your generosity, wisdom, and dedication to creating a more beautiful world for foster youth.
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**Aged Out How We’re Failing Youth Transitioning Out of Foster Care**

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As I finished reading the report, it triggered memories of one of the lowest points that I felt in life. I was 14 years old. I was at the school bus stop, listening to my gospel music and feeling deeply emotionally disturbed. I was experiencing some of the worst abuses to date with my adoptive family. I had a strong sense of hopelessness on this particular day because the system had just closed the case on my abuse.

Feeling very confused, I prayed one of the most intense prayers I have ever prayed. I prayed that God would make sense of these bad things happening to me and give purpose to my life. I prayed that I would commit my life to do work that would be the answer to my prayers.

Soon after, I re-entered foster care, and I joined the foster care youth board. I not only fell in love with advocacy, but also felt this work would be my life’s calling. I found my purpose. At the time, I believed my calling was to simply make the child welfare system work better, to create a system that would have caught the abuse or found the right foster home for me. However, the journey to this report has made me realize that the answers to my 14-year-old prayers are something even deeper.

The true answers to my prayers are rooted in a restorative, relational, and humane system. The true answers would have been my abusers having healed enough to not hurt people in the first place, a placement that felt like home because my personal healing and familial relationships were nurtured, a network of supportive people who would have my back no matter what, the chance for me to prepare for my future on my own terms, and a system that gave me and others like me the opportunity to heal, develop, and thrive. I now understand that creating this world is my higher calling.

There is an adage that the two most important days of your life are the day you are born and the day you find your purpose. I would like to add a third day to that count: the day you first feel that your efforts will change something forever. That’s how I felt after I first read this report. I am confident that, together, we can transform child welfare in our lifetime.

Thank you to everyone who has been a part of this project. I am humbled by the over 200 participants—young people, alumni, staff, supportive adults, and more—who shared their hearts and stories with us. I am honored to work alongside the five partner sites: Santa Clara County, First Place for Youth, The New York Foundling, Hennepin County in Minnesota, and Uplift Family Services. These sites are leading the charge to design systems that are worthy of the dreams of transition-age youth.

I am grateful to Bloom Works, who helped us tell the truth of those who are counting on us most. Your contributions have been invaluable.

Thank you all for fundamentally shifting the calling and the work of this organization. I am in deep gratitude that you have helped create the third most important day of my life.

Finally, my thanks goes out to you—the reader—for considering how we might rethink how we serve transition-age foster youth. I am deeply moved by the insights of this report. I hope you are, too. May this be a step toward the world as it could be.

Sixto Cancel
Chief Executive Officer, Think Of Us
Across the country, far too many young people age out of foster care into appaling circumstances.

“Aging out” occurs when youth under the state’s custody are still in the foster care system when they reach either the age of majority or the end of extended foster care. Aging out refers to the moment in time when child welfare is no longer legally responsible for the youth, and the system abruptly stops providing services—usually when the youth turns either 18 or 21. Each year, thousands of youth between 18 and 21 years old age out of foster care, essentially “legal orphans” (Lash, 2014) with no legal connection to family or a supportive network.

Unfortunately, foster youth who go through the experience of aging out of foster care have statistically poor life prospects. Longitudinal studies across the country show very high rates of homelessness, incarceration, unemployment, and lack of access to health care among youth who aged out of foster care (Courtney et. al., 2011). These outcomes are disproportionately worse for Black, Native, and Brown youth, as well as queer and trans youth.

For decades, community leaders, academics, lawyers, child welfare system leaders, and other advocates have worked to improve these disproportionate outcomes for youth who age out of care. Each year, communities and systems invest considerable time, money, and effort to support youth who will age out. Despite this monumental effort, poor outcomes for youth who age out of care persist.
Introduction

Think of Us has been focused since its founding on improving the life outcomes of transition-age youth and youth who age out of foster care. In 2019, Think of Us formed a research team to investigate: Why do poor outcomes for youth who age out of care persist? What are the current lived experiences of youth who age out of care? In what ways does child welfare continue to fall short for youth who age out of care?

This study is designed to understand the experiences of transition-age youth in their transition out of foster care

Between fall 2019 and spring 2020, Think of Us partnered with Bloom Works (Bloom) to conduct a participatory research study to answer these questions. Together, Think of Us and Bloom worked with five child welfare locations across the United States to better understand youth’s experiences aging out of foster care, the transition process, and how the system is falling woefully short for these youth.

The research team traveled to each of the five participating locations and conducted in-field research sprints using participatory research methodologies. Think of Us partnered with sites who opened their doors, their hearts, and their minds to this project in their commitment to improving the life outcomes for foster youth. These partner sites were: Santa Clara County in California, First Place for Youth in Solano and San Francisco Counties in California, The New York Foundling in New York City, Hennepin County in Minnesota, and Uplift Family Services in San José, California.

During these sprints, the research team engaged a wide range of foster youth, former foster youth, child welfare staff and leadership, supportive adults, foster parents, and more, speaking with a total of 206 people in 92 research sessions. The team conducted research using a combination of in-depth interviews, ad hoc discussions, observations, and participatory design workshops.

Throughout the study, our inquiry used a broad lens, taking an interest in any topic that might elucidate the experiences of young people aging out of care and centering their experiences, hopes, and fears as youth grapple with the free fall that is exiting the state’s custody.
Introduction

Youth aging out of the system are left unhealed, unprepared, and unsupported

For foster youth, we found that “aging out” is simply a system-sanctioned euphemism for being abandoned and left to their own devices—unhealed, unprepared, and unsupported. This study found three key issues where the child welfare system is most failing transition-age youth, and where we must urgently focus our attention. This report is organized around these key themes.

1/ Healing and Dealing with Trauma

2/ Preparing for Adulthood

3/ Building a Supportive Network

The needs of transition-age foster youth are intensifying

In December 2020, Think of Us published the first edition of this report based on these three key issues. The goal was to share these findings and recommendations with the broader child welfare community. Since that time, this report has had profound ripple effects throughout the ecosystem. It has informed a national conversation and coalition around how to address foster youth’s trauma as well as emotional and mental health. Think of Us has partnered with the State of Washington to build on the recommendations of the report and co-design adolescent services that ensure youth exit care healed, prepared, and supported. Thankfully, the report continues to inspire momentum.

Since publication, the needs of transition-age foster youth have only intensified. The response to the COVID-19 pandemic has increased and exacerbated isolation, uncertainty, and economic pressure on transition-age youth as well as exposed them to additional trauma. Due to the growing urgency to address the needs of transition-age youth and the building momentum around these topics, we are compelled to publish this second edition of the report.
Introduction

Who are transition-age youth and how are we failing them?

In this second edition, you will first meet Hasan, Christian, Verónica, Alex, and Latoya. We wanted to ground this report in the stories of the young people we engaged. To do so, we have compiled five archetypes: fictional characters whose backstories and attributes are amalgamated from those of the 81 youth who participated in this study. We hope these archetypes provide a way to understand the profiles of transition-age youth and center foster youth’s humanity as you engage with the findings of this report.

The first chapter, Healing and Dealing with Trauma, explores the impact of trauma on the lives of foster youth. The chapter considers how entry in foster care is in and of itself evidence of trauma, how the foster care system can be a source of additional trauma, how some trauma is hard to define, how helping youth heal from trauma needs to be the goal of foster care, how childhood trauma can affect long-term health and well-being, how youth want tools and resources for healing, how the system needs to move beyond its reliance on psychotropic medication, and that healing from trauma is possible.

The second chapter, Preparing for Adulthood, discusses the system’s attempts to prepare youth for adulthood and their transition out of care. The chapter explores how better preparation must start with a shared understanding of the transition process, how young people have their own priorities for transition, and how the system must prioritize youth’s goals for themselves.

In the third chapter, Building a Supportive Network, we study youth and staff experiences with and mental models around the unpaid supportive adults in youth’s lives. The chapter demonstrates that foster youth do have supportive people in their lives, young people may intentionally “protect” their support network from the foster care system, experiences before and during foster care affect how youth manage relationships, and that the system needs to intentionally engage supportive adults in caring for youth.

Each chapter includes a Summary, the Findings, and Recommendations. The Summary highlights the central themes of the chapter. The Findings are the detailed insights we uncovered about the theme, which are supported by direct quotes from participants as well as youth artifacts from the participatory design workshops. All direct quotes are identified with a participant code to preserve anonymity. The Recommendations are for advocates and leaders in child welfare to begin designing a better world for transition-age foster youth.

Lastly, the Appendices include more detailed information around the methodology and cite the references.
What do we mean by transition-age youth?

Meet Hasan, Christian, Verónica, Alex, and Latoya

The transition out of foster care begins years before foster youth officially age out

The system is mandated to provide “permanency” to foster youth. This happens through adoption—wherein they become legal members of another family, reunification—wherein they return home to their families, or another permanent family relationship. Should permanency seem unlikely, the system asks youth as early as the age of 14 to engage (with varying degrees of agency) in a process to plan for aging out.

Hasan, Christian, Verónica, Alex, and Latoya are examples of what the system calls transition-age youth: youth who are of the age to plan for and experience that aging out transition. Through these five archetypes, we hope to represent the breadth and depth of experiences that aging out youth face, based on their age, race, gender, sexual orientation, parental status, length in care, placement, geographic location, educational attainment, interaction with the juvenile justice system, and other factors that highly affect how youth experience foster care and the aging out transition.
What do we mean by transition-age youth?

Hasan, 17
Brooklyn, NY

Grappling with the incoming cliff

Background Information
Hasan is almost 18. He is a Black high school student, with a part-time job. Hasan has a six-month-old son, with whom he wants to have a relationship, even though he struggles with getting enough money to care for him.

Length of time in care
Hasan has been in and out of foster care since he was a toddler. He got involved in juvenile justice when he was nine.

First interaction with foster care
At age 3, Hasan entered care when a neighbor reported his mother had left him home alone for a day. She had been struggling to leave an abusive, domestic violence relationship and was trying to get a job.

Current Placement
Hasan is currently in a group home, though he considers living independently after he turns 18. However, he is worried if he can afford rent and cover his and his son’s needs.

Backstory
Hasan regularly took care of his mother and was self-reliant at an early age. After he was removed from the home, his mother became addicted to Percocet, which resulted in termination of rights due to noncompliance.

At first he lived with his grandmother and saw his mother in waves when she came to visit him. He was very close to his grandmother, who passed away suddenly when he was eight. He was placed in licensed foster care but returned home from school one day to find his placement disrupted and his belongings on the front porch in garbage bags, without any explanation. He stayed in a hotel with an after-hours social worker for a week, and was made fun of at school for smelling because he did not have access to clean clothes that week. Upset, he broke a lamp in his hotel room, which resulted in the hotel security guard calling the police and nine-year-old Hasan being arrested.

In the intervening years, Hasan has been through 22 different placements.

Since the birth of his son six months ago, Hasan had to get a job to support his child. He and the baby’s mother have a contentious relationship and he only gets to see the baby if he shows up with supplies. His child’s mother is considering child support, which could potentially lead Hasan from financial instability to a downright financial crisis.

Due to his late work hours at Popeyes, he has been too tired to wake up to go to school and has stopped attending. Hasan is turning 18 soon, and is not sure if he wants to go into extended care or not. He longs for a meaningful relationship with his son, but he is worried that if his juvenile records are not sealed, he will not be able to secure a job or housing in the future.
What do we mean by transition-age youth?

Christian, 22
Bridgeport, CT

Struggling to ask for help

Background Information
Christian is 22. He did not complete high school, and does not have a job. He tries to get by, by stealing, doing small legit work, relying on mutual favors, or getting in a relationship that helps out.

Length of time in care
Christian has been in care for most of his life. After he turned 18, he was not in school, he was not working, so he was no longer eligible to stay in the system.

Current Placement
Christian is currently homeless, staying with men that he knows and friends’ houses. He believes that no one is there for him, because if they were, he wouldn’t be couchsurfing.

Backstory
Christian has been in care for as long as he can remember, and went through many placements, most of them quite short in duration. He was adopted at the age of 6. At 13, he came out as gay. This disrupted the adoption, because his adoptive parents claimed this violated their religious beliefs. At a later placement, he stayed for one year, but had to leave because the parents did not feel like it was a good fit between him and their biological kids. At another placement, there were issues because he had very strict foster parents who gave him a tight curfew and a lot of rules he did not agree with, so he would stay out late.

Christian has three siblings, one older and two younger. His younger brother and sister are still in the system. When he asked his social worker to see them, he got “I can’t” excuses.

First interaction with foster care
Christian came into care at the age of four because of neglect, with his parents on drugs.

His older brother pops up here and there but has his own challenges. Christian tries to be supportive of his mother, but she does not listen. He does have a lot of aunts and uncles, but they all seem busy so he has not really explored a relationship with them.

Christian is triggered by people lying or giving false promises. He does not feel like people are reliable, and has a strong mental model that “things do not work for me.”

While he does have friends that he can depend on for certain things, Christian is unemployed, and has a record for petty theft, which he needs to get expunged as it hinders his ability to get a job and be more self-reliant. He eventually wants to go to back and finish school, but does not see a pathway to it.
What do we mean by transition-age youth?

Verónica, 15
Antioch, CA

Finding her footing after a shakeup

Background Information
Verónica is a 15-year-old Latina who was born and raised in the Bay Area. She is currently in high school.

Length of time in care
Verónica has been in care for less than a year. She does not identify as a “foster youth,” though appreciates connecting with other youth and attending care-related programs.

First interaction with foster care
Verónica and her sibling recently entered the system after their mother was detained.

Current Placement
Verónica and her sibling are placed with their aunt in a kinship placement. They live in a home where it does not feel like there is space for everyone.

Backstory
Verónica joined the foster care system eight months ago with her sister after their mother was detained for a prostitution charge. They were both placed with their aunt, who was not prepared to care for them. As a result, Verónica’s aunt exhibits a lot of resentment toward Verónica and her sister.

Additionally, the house of Verónica’s aunt is located a long way from school. Verónica misses her old neighborhood, where she could meet up with her classmates and friends after school. Now, she is only able to see them at school or communicate with them over the phone, and she feels like she is missing out on a lot.

Verónica hopes to be reunified with her mother if she can comply with court orders. Unfortunately, her mother has not been able to meet court requirements to date.

Verónica feels as though she is in a holding pattern. She is been disengaged from high school work, and after falling behind, she was placed on an Individualized Education Program (IEP) “for no damn reason,” according to her. She is aware that her low grades are due to a lack of engagement and interest rather than a reflection of her cognitive ability.

Verónica is not at all thinking about aging out of foster care because she is young and has no doubt that she and her sister will be reunited with their mother before she reaches the age of 18. In light of this belief has not really been paying attention to any information on extended care and Independent Living Programming that was offered to her, and she considers it to be irrelevant to her situation.
What do we mean by transition-age youth?

Alex, 19
New York, NY

Navigating their own path

**Background Information**
Alex is from Tonawanda, NY. They are a non-binary Native American college student. They want a job but are not currently employed.

**Length of time in care**
Alex came into care at the age 14. They opted into extended care.

**First interaction with foster care**
Alex and their siblings entered foster care after their grandmother, who was their primary caretaker, passed away. They have no relationship with their biological mother.

**Current Placement**
Alex left their foster home at 18 and went to college. They now live in the dorm at the City University of New York (CUNY).

**Backstory**
Alex is a part of the Dorm Project, a program that enables students in foster care to attend college and live on campus. They are currently in their first semester at CUNY.

While they were so excited to attend college at first, as this was a huge goal of theirs, it turns out that school is more challenging than they anticipated. They are averaging a 1.0 GPA, and trying to take advantage of The Dorm Project resources, including the College Success Coach with whom they have been discussing their study habits and long-term academic plan. As it stands, Alex has a lot of anxiety about failing and getting kicked out of The Dorm Project. Additionally, with the holidays approaching, They are worried that they do not have a place to go, and would end up homeless during break.

Alex is trying to get a job while in school to cover more of their expenses, but having trouble finding something that works with their school schedule and The Dorm Project weekly programming. Alex also has ADHD, and struggles to get medication with the right dosage to be able to focus on schoolwork.

At CUNY, Alex is finally finding the vocabulary to speak about their gender identity. They started going by they/them pronouns, and are glad that other students are accepting their identity, even if everyone does not entirely understand it. This would have never happened back in Tonawanda.

They dream of doing well at school, graduating college, finding a job, helping advocate for their siblings, and hopefully one day mending their relationship with their mother.
What do we mean by transition-age youth?

Latoya, 16
Dorchester, MA

Imagining life after foster care

**Background Information**
Latoya is a biracial 16-year-old adolescent with a nine-month-old child. She is currently in high school.

**Length of time in care**
Latoya has been in foster care almost her entire life. Latoya intends to go into extended care after turning 18.

**First interaction with foster care**
Latoya entered foster care when she was a baby. She does not know much about the reasons why she ended up in care, and does not really care to know.

**Current Placement**
Latoya lives in a foster home for youth with children. This is her favorite home as she gets to be with other youth moms and it is a supportive environment for her son.

**Backstory**
Latoya is in high school, and wants to go to college. She wants to be an actress or perhaps a doctor. She perceives college as the ultimate escape, where she can build her independence, graduate, get a job, and earn a lot of money for her family.

She has been in care ever since she can remember, and lived in a home with a relatively good experience, until age 14 when she got in a fight with her foster mom. She spent time in many group homes all over the area. During that time, she was frequently running away and would often go AWOL, until she got pregnant.

After giving birth, Latoya was placed with a family that could better support her and her baby. The Powells are a placement she hoped to get. They foster other young moms like her, and are helpful and caring.

She appreciates and gets along with the Powells and the other foster youth moms. She recently found out that her biological mom passed away. As she was dealing with the trauma and grief from losing her mother, she was offered to go on medication, but declined based on her own preferences. She continues to go to therapy, and is very carefully saving up all the money that she receives while in care so that she has a financial cushion as a safety net for her son.

She is nervous about how she will take care of herself and her son in the long run, but is grateful that Mrs. Powell will take care of him while she is at school. She is excited to go into extended care and being a part of the Independent Living Programs she has heard so much about.

“I have mixed emotions about being on my own, but I have to make a good life for my son.”
1/

Healing and Dealing with Trauma
1/ Healing and Dealing with Trauma

Summary

Too many youth age out of care unhealed

“We need to start addressing the trauma and grief the very first day they enter care.”

— Program staff (PS-SC-ADH)

We believe that unhealed trauma is the elephant in the room in child welfare. It is the unspoken issue, the missing link that child welfare is failing to address for all of its youth and for transition-age youth in particular.

While there are many definitions of trauma in the clinical realm, this study did not choose a particular clinical definition for this research. Instead, we considered trauma to be anything that the system itself and young people named it to be—including separation, loss, grief, crises, distress, among others.

To begin when it all starts, foster youth are placed in the custody of the government’s foster care system when youth or their families are going through a crisis. Youth entering foster care may have experienced abuse, neglect, violence, unstable living situations, unstable placements, poverty, and/or loss of loved ones. Then—by definition—all foster youth have experienced the trauma of the initial removal from their families, loved ones, and communities.
Once placed in care, youth are sometimes exposed to a cascade of additional system-induced traumas, including well documented occurrences of sexual, physical, emotional, and mental abuse. System-induced trauma also includes the everyday pain and heartbreak of moving from placement to placement, having no permanent relationships, not knowing if anyone loves you, having no meaningful agency over your body or your life conditions, and feeling like you have no home.

Some trauma is hard to define

Though all foster youth experience trauma prior to entering care, and many experience additional trauma once in care, the foster care system often does not address, speak to, or name the trauma that youth experience. This is often because the losses that foster youth face are ambiguous. Staff lack a shared vocabulary to address this loss.

“We need a systematic approach to helping our youth deal with grief, loss, and separation. (...) We do not know what to say. We do not have language. At a funeral you say “I’m sorry for your loss.” How do we say “I’m sorry you got separated from your family.”? We do not have a vocabulary. We do not have a way to talk about it.”

— Program staff (PS-SC-IN-10)

Academics define ambiguous loss as “a form of loss in which there is no verification of death, no certainty that the person will come back, or no assurance that the person will return to the way they used to be.” In child welfare, ambiguous loss occurs when youth are separated “from one’s parents or guardians, either literally through the separation and transition into foster care or figuratively when the caregiver remains in the home but is emotionally disconnected from the child (Samuels, 2008).”

The losses that many foster youth face are ambiguous; they are not definitive. A child enters care, and initially, they are often told that their placement in child welfare is temporary. Then, they often move from foster home to foster home, never knowing if they will return back home, if these foster parents are “forever” connections, or if they will ever form permanent adult relationships. Transition-age youth face heartbreaking ambiguous loss after heartbreaking ambiguous loss, until they eventually realize they will not achieve permanency and will eventually age out of care. Even then, the system fails to properly acknowledge the heartbreak that comes with aging out of care.
1/ Healing and Dealing with Trauma / Summary

The system never officially “gives up” on the goal of finding permanency for teenagers, and officially “abandons” them, leaving them without a guardian or custodian. This means that the system never has an opportunity to acknowledge and address the deep well of sadness that often started at the moment of the initial removal and compounds with the knowing that you will age out, having never achieved permanency—the one goal that the system you entered into is designed to help you meet.

Without even a vocabulary to address ambiguous loss, the system cannot reliably name the enormous grief that youth feel. Without naming this grief, the system does not prioritize the healing from trauma as a mandate of its existence or goal of its programming, and youth and staff are left to their own devices to address youth’s’ grief and trauma in makeshift ways. Staff at one site, designed a beautiful, ad hoc way to address grief.

Story from the field

On the very first day of this study, the research team walked into a foster youth drop-in center in Santa Clara County. There, we encountered a Día de los Muertos altar in the lobby and learned how staff had developed their own grief ritual for youth. Some years ago, staff at the drop-in center realized there was no meaningful way for youth to mourn the loss of a former foster youth who had recently passed away. Wanting a ritual to address this loss and recognizing that 70% of foster youth in the county are Hispanic, one staff member had the idea to create a Día de los Muertos ceremony.

That first year, she created an altar in line with the Día de los Muertos tradition and invited foster youth to put a flower on the altar in memory of the young person who had passed. Interestingly, the foster youth quickly expanded the scope of the ritual and claimed ownership of the ceremony, and used it as an opportunity to also acknowledge the various other traumas in their lives, specifically the people in their lives who had passed away, including biological parents, extended family, foster parents, siblings, friends, and more.

Now, this special Día de los Muertos tradition has become an annual event, including an opening and closing ceremony led by a local grief counselor. The altar stays up for two weeks (PS-SC-ADH). This story was the first indication to our research team that there is a tremendous amount of trauma, loss, and grief that foster youth experience, and no system-wide practices to address these painful matters.
Helping youth heal from trauma needs to be a goal of foster care

Staff and youth in this study indicated that unhealed trauma may be the one issue that impacts all of the other aspects of youth’s life, but routinely goes unaddressed in any meaningful way. For transition-age youth, the system prioritizes education, employment, and housing as named, explicit goals. Notably, healing from trauma is not identified as a goal. This can mean that youth who enter care with trauma, and experience additional traumas at the hands of the system, are not given an opportunity to adequately and meaningfully heal from this trauma, and can exit this system less well than when they entered.

Childhood trauma can affect long-term health and well-being

The stressful, traumatic events that youth experience before and during foster care are often Adverse Childhood Experiences (ACEs) that negatively impact their health, well-being, and life outcomes. Emerging research shows that ACEs—if unhealed—can impact someone’s physical, emotional, mental, behavioral, and relational health for decades to come (CDC, 2020). A high ACE score can dramatically reduce life expectancy by up to 20 years (Brown et. al., 2009).

Because of the diverse ways that the symptoms of ACEs can manifest, it is important for the child welfare system to take a comprehensive, holistic approach to healing and addressing ACEs. For example, many leading doctors and researchers of trauma and ACEs like Dr. Nadine Burke Harris, who was the first Surgeon General of California, are looking to nutrition, exercise, meditation, yoga, and more to help heal the root causes of ACEs (Harris, 2018).

The youth we spoke with want tools and resources for healing

Young people in this study consistently indicated their desire for diverse, robust tools and resources to help them cope with and heal from trauma. In the youth workshops, we asked youth to take out a piece of paper and draw a mobile phone app that would help them prepare for and manage their transition out of foster care. Thereafter, our team studied the features that youth included in their apps. The second-most common features related to physical, emotional, and mental health. These features included:

- Services to manage depression and stress
- Access to therapy and other health services
- Aid with sleep
- Assistance with meditation
- Other healing and coping mechanisms

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The system needs to move beyond its reliance on psychotropic medication as the only way to heal

Trauma experts utilize a robust toolkit to address the complex physiological manifestations of ACEs and trauma. In contrast, there was only one treatment modality that youth in our study mentioned having consistent access to: psychotropic medication. Use of psychotropic medication in the foster care population is higher than in the general population (Stambaugh et. al., 2012), and additional evidence points to the inappropriate and potentially harmful use of psychotropic medication with youth in foster care (Children’s Bureau, 2015), including a lack of meaningful informed consent or a full patient history prior to prescription (Children’s Rights, 2019). Medication should be a part of a broader set of approaches and healing modalities. Inappropriate reliance on psychotropics can be damaging, and medications do not address the root causes of trauma.

Unfortunately, youth in this study expressed that they were overprescribed psychotropic medication, wrongly diagnosed, unsupported during withdrawals from psychotropics, or felt they were given medication because no one wanted to “deal” with their emotions. Youth understood that sadness and grief would be met by staff with dramatic or overly medicalized consequences, making youth feel there was no room to safely feel sad.

“I just want to be sad. Let me be sad.” — Foster youth (FY-SJ-WS-01)

Healing from trauma is possible

To help youth heal, it is important to address trauma in a holistic, responsible, and culturally sensitive way to avoid re-traumatization and to help heal the root cause of trauma-related symptoms.

Participants in this study make clear that a youth’s trauma must be addressed the moment they enter care. We believe that unhealed trauma is driving many of the poor life outcomes for foster youth. If youth are given a chance to heal from this trauma, it may also tangibly support their goals around permanency, education, employment, and housing.

If we do not stop the cascade of system-induced traumas and support healing at the earliest possible opportunity, the trauma can have a compounding effect which can negatively influence brain development, physical health, emotional health, mental health, quality of relationships, and personal, professional achievement, and longevity (CDC, 2020). The system needs a robust plan to help youth address this trauma because healing from trauma is possible.
1/ Healing and Dealing with Trauma

Findings

Disproportionately and continuously experiencing trauma

Finding 1.1.
100% of foster youth have experienced trauma because the initial removal from the home is a trauma.

Participants in this study indicated that trauma impacts the entire foster youth population. Many youth enter care because of the traumas of loss, abuse, or neglect. Then all experience the trauma of being removed from their home. Though there is wide acceptance amongst staff about this, there is little collective understanding within the foster care system of what will most help foster youth heal their trauma.

“The experience of being in foster care is demoralizing, it is traumatic, it is really a drag.”

— Paid staff (PS-SJ-IN-02)

Finding 1.2.
Once in the system, foster youth often experience a cascade of additional system-induced traumas.

After the initial trauma of being removed from the home, foster youth in this study often experienced a cascade of additional traumas because of their involvement with the system. These traumas ranged in severity from physical or mental abuse at the hands of foster parents or staff to the emotional exhaustion that comes with continuously moving from foster home to foster home.

“Being taken away from your family is always an enormous trauma.”

— Court appointed special advocate (PS-SF-IN-02)
These traumas can negatively impact development and physical health. Emerging research suggests that multiple foster care placements can harm a child’s brain, with foster children being diagnosed with post-traumatic stress disorder (PTSD) at a rate greater than Iraq war veterans (Bauer & Thomas, 2019).

Finding 1.3. Foster youth experience additional, non-system related trauma.

Foster youth are exposed to many traumas that the system is aware of, including but not limited to abuse or neglect, the removal from their home, and the frequent changes of placement. Foster youth are also exposed to many additional traumas that the system may be unaware of.

The research team was prepared to learn stories of trauma that youth experienced before foster care and at the hands of the system. Yet, we were disconcerted to learn about the many instances of additional traumas that foster youth also experienced outside of their system involvement. Many foster youth we spoke to experienced the loss of family members or critical supportive people in their lives to premature death due to chronic illness. Foster youth reported losing biological parents, siblings, foster parents, extended family, and grandparents prematurely to chronic illnesses like diabetes, heart disease, stroke, and cancer.

Even without death, many foster youth have known the fear and intense stress of living with or caring for someone with a serious chronic illness.

The system may be unaware of these losses as they may not impact placement or permanency. Be that as it may, these losses are deeply impacting youth. These losses are additional traumas that foster youth often bring with them into the system.

These losses also critically weaken the youth’s community of supportive adults surrounding them, which often keep youth out of formal foster care. By way of example in this research, a former foster youth was placed in a successful placement with their grandmother. Thereafter, the grandmother died prematurely from chronic illness. She was a critical support to her grandchild, and because she passed, the youth entered into foster care.

If the system is to create a healing environment for youth, it must acknowledge these additional losses and provide a pathway for youth to heal from all trauma—no matter the source.

“My mom died of a heart attack...At 32. She had cancer before that. She was like sick, sick, really sick... After that my great-grandmother died, and my brother and sister were removed from my dad’s house.”

— Foster youth (FY-SO-WS-01)
Finding 1.4.
Foster care programs and services fail to reliably provide a nurturing, stable environment that helps youth heal.

For many participants in this study, foster care is not a stable environment. The average youth aging out of foster care has experienced multiple foster care placements. Because of the constant instability for foster youth, foster youth lack the stability for healing to happen organically. This makes it even more imperative for the system to take a proactive approach to prioritize healing.

“We need a systematic approach to helping our youth deal with grief, loss, and separation. (...) We do not know what to say. We do not have language. At a funeral you say “I’m sorry for your loss.” How do we say “I’m sorry you got separated from your family.”? We do not have a vocabulary. We do not have a way to talk about it.”
— Program staff (PS-SC-IN-10)

Foster care is sometimes understood to be an “ambiguous loss” (Samuels, 2008). This may account for why there is no shared vocabulary for the losses in child welfare.

Finding 1.5.
The system lacks a shared vocabulary to address the grief and loss that foster youth experience.

In order to heal, we often have to first understand what was lost. Staff in this study indicated that this can be a critical first step to creating programs and a culture that supports youth healing. Without this vocabulary, it is difficult for the system to address healing.

Finding 1.6.
Youth’s healing and emotional well-being are a “check the box” exercise and not a holistic, prioritized, or even named goal.

To achieve emotional healing, healing must be an explicit goal of foster care programs. Participants in this study indicated that healing and emotional well-being are not explicit goals of the system. Instead, the system frequently assesses emotional health through a “check the box” activity: Is the young person in therapy? Are they on medication? Are they seeing a doctor? These activities are not ends in themselves. These activities should be in the service of the larger goal of advancing emotional and physical healing to ensure the long term emotional, mental, physical, and relational health of the young person. The foster care system does not seem to apply a framework for healing from trauma. And too often, bureaucracy can get in the way.
“As a trauma-informed organization, (we make) sure that young people have access to mental healthcare. In this county, I’ve seen really good therapy. (...) If you decline mental health support, but then later you decide you want it, you will have to start at the beginning and you’ll be at the end of the line.”
— Program manager (PS-SO-IN-04)

Finding 1.7.
Emotional needs and healing are often more pressing and urgent than other needs.

Foster care programs routinely focus on meeting youth’s basic needs for housing, employment, and education. Even though these needs are fundamental to survival, many youth are struggling with—arguably—even more basic needs, such as: to feel well and whole, to feel worthy and loved, to have meaningful relationships, and to have their stress response system recalibrated to homeostasis. These needs, if they remain unaddressed, often underlie and affect everything else, including youth’s ability to sustain relationships, housing, work, and school.

“We talk about a broad range of topics—from a new car to (the young person’s) birthday to Thanksgiving to work to school to programming. We cover a lot of ground, but no one goes into much emotional depth.”
— ILP case manager (PS-SF-OBS-01)

In the youth workshops at each site, the research team asked youth to draw and design a mobile phone app that would help them prepare for and manage their transition out of foster care. Then, our team studied the features that youth included in their apps. Youth commonly included features in their apps related to improving their physical, emotional, and mental health.

Finding 1.8.
Resolving emotional needs can sometimes resolve other important needs.

Emotional needs can be so fundamental that resolving them will sometimes resolve other important needs.

One former foster youth we interviewed reflected on his behavior growing up. He realized his unhealed trauma would cause him to push away people he loved, including one particularly close foster mother he had during adolescence. He realized this trauma had negatively impacted his brain development. He believed this played a role in his moving from home to home while in care. Now that he is older and understands more of what was going on, he wishes that he and the adults around him had been more well educated about adolescent development and trauma at the time. He said:

“I wish people understood brain science… my relationship with my foster mom would still be here.”
— 25-year old former foster youth (FFY-RM-IN-04)

In this case, this former foster youth believes if the system had identified, addressed, and provided a path to heal from trauma, he would have maintained the important relationship with his foster mother, and he would have maintained his placement. This is an example of how emotional needs and healing may be underlying the other important needs of housing, relationships, and more.
In many cases like this one, resolving or improving the emotional need will be critical to meeting the other urgent needs. Child welfare must consider how meeting youth’s emotional needs may help fulfill its mandate of preparing youth for life after care.

**Finding 1.9.**
The system creates the conditions for strong or “negative” emotions, and then often reacts too harshly when youth express those emotions.

Foster youth in this study have lived realities that many could only imagine. Appropriate emotional responses to these circumstances left youth, at times, feeling sad, angry, fearful, or other strong, “negative” emotions. However, youth often expressed that the system overreacts or reacts too harshly when they express these strong emotions.

“It is triggering to have the suicide hotline as the first suggested hotline number when you just want to talk to somebody.”

— Foster youth (FY-SJ-WS-01)

In one youth workshop, many youth expressed that there was no space for them to feel sad or upset. If youth expressed these strong feelings, they would be met with overly draconian interventions, such as the suicide hotline or the threat of medical intervention.

Of course, agencies likely believe they are helping youth by responding quickly and aggressively to youth who express sadness. Yet, in practice, staff’s strong reactions often encourage youth to bury or hide their emotions, and these reactions are not acknowledging the root cause of youth’s sad feelings.

“...Teach foster parents how to help someone who is struggling or crying or self-harming rather than just straight to “you’re self-harming and I need to call someone.” Not every time you’re crying, it means you need to be hospitalized.”

— Foster youth (FY-SJ-WS-01)

All children deserve the opportunity to express their emotions safely without fear of dramatic repercussions. Foster youth especially need these opportunities because of their trauma, grief, and life circumstances. By creating the conditions for foster youth to bottle up their emotions, we can delay healing and perpetuate the negative effects of trauma.

**Finding 1.10.**
Foster care does not systematically provide opportunities to safely grieve, such as collective grief rituals.

Because all foster youth have experienced at least one major loss—the removal from their home, usually with their biological family—and most foster youth have experienced multiple serious losses, foster youth need a safe place to grieve.

Foster care programs do not offer reliable, system-wide opportunities to grieve. This leaves staff without a playbook to help youth address their grief. As a result, some staff create ad hoc opportunities for youth, like the Día de los Muertos ritual and altar in Santa Clara County (PS-SC-ADH).

“We need to start addressing the trauma and grief the very first day they enter care.”

— Program staff (PS-SC-ADH)
This study revealed that the system does not name healing from trauma as an explicit goal. Therefore, the system does not routinely identify opportunities for foster youth to achieve healing or emotional well-being. At best, the system may tell foster youth about opportunities for counseling or psychiatry. However, to address the deep wounds many foster youth face, participants indicated that they want a more robust toolkit of modalities and interventions, beyond medication and talk therapy alone.

“When you have bottled up frustration, a case manager would tell you to take meds and find a coping mechanism.”

— Foster youth (FY-SC-WS-01)

“I wish the system tapped into finding me long-term healthy relationships...Not being a pill-pushing system, but teaching me yoga, meditation.”

— Former foster youth (FFY-RM-IN-03)

During participatory research workshops, the research team asked foster youth to design a solution that could help minimize their fears and/or achieve their dreams as they transition out of foster care. As part of this exercise, some youth expressed an interest in having services to deal with depression and stress, accessing free therapy, improving sleep, meditation, coping skills, and other health services.

Beyond mental health, youth also highlighted self-actualization needs, which they sought to address through motivational quotes and videos, daily affirmations, inspiration from people with shared experience, “finding oneself” tips, and journaling, among others (FY-SC-WS-01, FY-SC-WS-02, FY-SO-WS-01, AND FY-NY-WS-01).

Many foster youth we spoke to had independently discovered their own path toward emotional healing. Youth used exercise, meditation, music, and drawing to overcome their emotions. One youth used nutrition to manage the strong withdrawal symptoms he experienced when tapering off of psychotropic medication (FY-SC-IN-01). In these cases, youth seemed to stumble on these resources independently, rather than learning about them from the system.

Nadine Burke Harris, MD—the first Surgeon General of the State of California—and other doctors who are specializing in patients with ACEs have developed concrete tools to help patients overcome the physiological effects of trauma. These tools include proper sleep and nutrition, exercise, meditation, strong relationships, and mental health services. The child welfare community can learn from these significant developments, and ensure foster youth know about and have access to these important tools for healing.

Many foster youth and youth who age out of care are nutritionally deficient, and this was evident among youth in this study. Food scarcity is, of course, an issue for those living closest to poverty. But access to food is not the only challenge foster youth may face.
Quality of food is also a serious obstacle which can impact their emotional and physical health.

“I am stuck worrying about having the protein or the right nutrients in my body. I am not getting breakfast, lunch, and dinner. I try not to just get snacks but to save up for meals so that I can get the nutrients I need.”
— Former foster youth (FFY-RM-IN-02)

“(On food provided during workshop programming) not much healthy stuff. We tried to get healthier stuff but they do not eat it so there is no point.”
— Program staff (PS-SF-IN-03)

According to a 2017 statement from the Centers for Disease Control and Prevention (CDC), only 9% of Americans eat at least the minimum recommended daily amount of vegetables. Vegetable consumption is lowest among men, young adults, and adults living in poverty. According to the report, “seven of the top 10 leading causes of death in the United States are from chronic diseases.

Eating a diet rich in...Vegetables daily can help reduce the risk of many leading causes of illness and death, including heart disease, type 2 diabetes, and some cancers” (Lee-Kwan et. Al., 2015).

Because trauma impacts the physiology of the body, those who have experienced multiple ACEs, as many foster youth have, are at a greater risk of developing chronic health conditions like certain autoimmune diseases. Optimal nutrition is an important tool to preventing these chronic conditions, managing them, and reversing them (Harris, 2018). In short, proper nutrition can be critical to overcoming the physiological effects of trauma.

Unfortunately, foster youth who are most in need of optimal nutrition, often do not have access to it.
Recognizing the effects of psychotropic medication

Finding 1.13.
The system’s leading pathway to address youth’s trauma was psychotropic medication.

Throughout this study, participants revealed that psychotropic medication is the go-to pathway for the system to address foster youth’s trauma. This may explain why in the United States, foster youth are disproportionately prescribed psychotropic medication in (Breland-Noble et al., 2004).

Participants shared that medications are often seen as the only tool for emotional health, rather than part of a holistic system of care. Because of this, some youth in this study felt they were wrongly diagnosed, overprescribed medication, and pushed to medication when they would have preferred exploring other methods.

“I was wrongly diagnosed. The system was pills and therapy, pills and therapy, pills and therapy. I do not even remember having a psych evaluation... I feel like they failed me.”
— 28-year old former foster youth (FFY-RM-IN-03)

Some felt the system prescribed psychotropic medication to make youth easier for the system to manage—rather than to help youth heal.

Youth feel like the system does not have the capacity to address when youth express strong feelings. Or worse, some felt that the system perceived their strong feelings as a liability to the system. As such, they feel the system looks for ways to make youth’s feelings go away. In fact, some participants in this study felt that the system used psychotropic medications to sedate foster youth and avoid dealing with them or their trauma.

“If you have an issue with the staff, they will resort to medicine rather than fixing it... they would rather give a strong medicine rather than fix the mental health aspect of this.”
— 25-year old former foster youth (FFY-RM-IN-01)

Finding 1.15.
Some experienced intense withdrawal symptoms from psychotropic medication.

Youth lacked general awareness about their long term treatment plan, including how or when they would eventually come off of psychotropic medication. When they did come off the medication, several foster youth in this study reported experiencing very strong withdrawal symptoms. In these cases, these youth felt the system did not address or support the withdrawal symptoms.

In one workshop, youth had a robust group discussion about their emotional well-being. Many youth feel that the system finds it difficult and inconvenient when foster youth have big feelings.

One youth described a very intense four month withdrawal from psychotropic drugs. To manage the withdrawal symptoms, he developed his own tools, particularly relying on nutrition to support him during the transition. He even enrolled twice in the same nutrition workshop with his independent living provider to learn more about how nutrition could support his withdrawals and overall health.
“I got into food and diet shortly after I got off the drugs to manage the withdrawal symptoms... it did not totally get rid of (the withdrawal symptoms). The symptoms were physical, emotional, spiritual, and sexual... they lasted four months.”

— 19-year old foster youth (FY-SC-IN-01)
1/ Healing and Dealing with Trauma

Recommendations

1. Acknowledge system-induced trauma

Foster care exists to provide children and youth a reprieve and safety from abuse, neglect, and trauma. Too often, however, participants in this study revealed how foster care exposes foster youth to further traumatic events that can compound the trauma that youth experienced before care.

As a first step, the child welfare system must acknowledge the harm that it does and can do to foster youth. Each child welfare system should pause to understand and take stock of the rates of abuse that occur within that system, including the rates of physical, mental, and sexual abuse reported by foster youth in that system.

Acknowledging system-induced harm also includes understanding how system-induced trauma can cause toxic stress that can manifest as symptoms—such as running away or other behaviors—that the system then punishes or pathologizes. In reckoning with the trauma it causes, the system must meet youth’s stress responses with understanding and grace, rather than punishment, diagnoses, or blame shifting.

Each system must then work in tandem with its foster youth to develop plans to meaningfully address and reduce this system-induced harm.
Center youth’s healing in care

Nearly everyone we spoke to—youth, staff, supportive adults—understood, in one way or another, that trauma, and healing through trauma, is the elephant in the room for child welfare. Those involved in child welfare seem to know that unhealed trauma is the root cause of many of the struggles for transition-age youth. However, the system does not name or prioritize healing from trauma.

For transition-age youth, the child welfare system prioritizes post-care employment, education, and housing. The system must also begin centering youth healing in its work. Because the symptoms of trauma can manifest in a multitude of ways, the system must prioritize youth’s emotional, mental, physical, and relational health in order to heal from trauma. The system should not be further traumatizing youth and then letting them exit care with no meaningful support to address the trauma that they system caused. Meaningful, authentic healing from trauma must be an explicit, named, and prioritized goal for transition-age youth, where youth themselves have control over designating and addressing this goal.

Develop a vocabulary for youth to talk about ambiguous loss

Participants in this study reveal an important reason that healing in child welfare has gone unaddressed: there is no shared vocabulary to address the many ambiguous losses of child welfare that youth experience.

Without a shared vocabulary to address these difficult, complicated losses, staff often default to saying nothing, to not addressing loss with words. Silence, however, can be the most devastating choice. The system must develop a shared language for humanely and respectfully addressing the losses that foster youth face, including being removed from family, being moved from foster home to foster home without notice or explanation, being placed in group care, experiencing separation from siblings in care, or failing to achieve permanency and aging out. Additionally, the system must train staff to show up for youth as they are facing loss.
4 Develop a diverse set of tools to support youth’s healing from trauma

Predominantly, foster youth we spoke to reported that child welfare provided only one path to address trauma: psychotropic medication. They felt they were over prescribed medication and that staff used medication to cover-up or manage youth’s symptoms, rather than heal the root cause of trauma. Addressing trauma through the use of psychotropic medication alone is too narrow of an approach to address the complex trauma that foster youth are facing.

Trauma and childhood trauma can disrupt brain development and the nervous system and can cause symptoms that can manifest in a multitude of ways including physically, emotionally, mentally, behaviorally, and relationally (van der Kolk, 2014). A one-size-fits-all approach to addressing trauma with psychotropic medication is too narrow of a lens to heal these diverse symptoms. Child welfare must develop a robust set of tools and modalities to help foster youth truly heal from trauma.

The good news is that there are a plethora of physicians who are studying the physiology of trauma and achieving success with helping patients heal trauma’s symptoms. World leaders in the healing of trauma like Drs. Nadine Burke Harris and Bessel van der Kolk advocate for the use of these modalities in healing of trauma: meditation, mindfulness, proper nutrition, exercise, yoga, and more (Harris, 2018, and van der Kolk, 2014). Other experts are pointing to the therapeutic effects of spending time in nature, animal therapy like equestrian therapy, and art therapy. To build a robust, holistic toolkit to address trauma, the system should be incorporating the findings of this emerging research into its practice and program. Foster youth should be among the first—not the last—to benefit from the new science of trauma.

Often without guidance or support from the system, young people we spoke to developed their own coping mechanisms to address their trauma. Modalities we heard include using better nutrition, exercise, meditation, music, taking hot showers, or joining an online music or anime community. As we develop meaningful ways to help foster youth heal from their trauma, we should also be incorporating the wisdom of those who know best: other foster youth who have resiliently found their own paths to healing.
5 Enable youth to be in control of their healing process

Many foster youth reported feeling disempowered: a youth had their power taken away during physical or sexual abuse, when they were moved into a placement where they did not want to live, during the case planning process that did not ask or respect their wishes about their own life, or when they were not consulted about their own health. Healing can correct this, by giving youth an opportunity to reclaim their own power.

One of the principal tenets of trauma-informed care is empowerment. This means seeking out successful opportunities for youth to have choice and control, as trauma involves a loss of power and control that makes one feel helpless. However, when youth are given real opportunities to make choices for themselves and their care, they can feel empowered and promote their own wellness.

After developing a language to talk about trauma and providing a robust toolkit for addressing trauma, youth should then be given the opportunity to select the modalities they want to heal and design a path to healing that is most resonant with them. Staff should support youth on their path, provide feedback, and offer counsel, but the youth should be in the driver’s seat of this process.

Healing from trauma should not be one more disempowering process where the system tells youth how to heal. Healing should be an empowering process that allows youth to reclaim their power over their own life—on their own terms and at their own pace.

6 Create a culture of healing in foster care

Too often, child welfare points to what has gone wrong, what has been taken, or what has been “broken.” Instead of these false narratives, the system should work to create a culture focused on healing.

A culture of healing should be centered around the wisdom of those who know best: foster youth and former foster youth who have resiliently found their own paths to wellness. A culture of healing can elevate and share the stories of those who have healed their bodies, minds, hearts, and relationships of the effects of trauma. This culture can celebrate the stories of survival, resistance, empowerment, and self-reclamation, which can be useful guides and potent inspiration for other foster youth.

This culture of healing should not mask, ignore, or suppress the real grief that many foster youth feel, and it should not sugarcoat the challenge of overcoming trauma. It also does not absolve the system of its role in perpetuating trauma. Instead, a culture of healing can offer a beacon of hope—allowing those who have healed and come before to light the way for what is possible.
Preparing for Adulthood
Too many youth age out of care unprepared

The child welfare system spends considerable effort, time, and money preparing transition-age foster youth for aging out and life after care. At every site we visited, staff had programs and services for transition-age youth to help meet their needs with preparedness. Despite this, we found that there is no youth-centered definition of preparedness. As a result, many of the system’s well-intended efforts to prepare youth for adulthood got lost in translation or failed to address youth’s transition goals entirely.
Better preparation starts with a shared understanding of the transition process

Some youth lacked even basic facts about what would happen to them after aging out of care. For some, this is because important details about the transition process literally got lost in translation.

For example, we talked with staff at one site about how they prepare youth for the end of extended foster care at age 21. We also spoke with the young people about this same transition. Both staff and youth understood that extended care ends at 21. However, when the research team probed further, we discovered that several young people believed that foster care lasted through age 21 (the end of 21) as opposed to until age 21 (the end of 20).

Staff and youth would talk to each other about care ending at 21. While they believed they were on the same page, they actually perceived a transition date that was an entire year apart. This highlights how important it is that staff use language that is defined by and understood by youth.

Young people have their own priorities for transition

Preparedness efforts can also fall short when the system fails to ask youth about their goals for transition. We cannot know what is most urgent for youth unless we ask them. One site we visited had a meaningful, compelling way to surface and center youth’s priorities.

Story from the field

In Hennepin County in Minnesota, youth can participate in an optional Youth Transition Conference (YTC). This is a meeting designed to empower youth as they prepare for their transition out of care. Youth can decide if they want an initial meeting, if they want follow-up meetings, who is invited, and what the meeting will be about. To prepare, YTC staff ask foster youth a simple question: what is the most important thing in your life? Together, they design a meeting around that topic.

Interestingly, the topics of these YTC meetings often do not align with the system’s typically covered issues of housing, education, and employment. Often, what is most important to the youth is something entirely different. For example, YTC staff report that there have been many YTC meetings about youth questioning or transitioning gender identities (PS-HC-IN-08).

If you are trans, non-binary, or gender questioning, it makes sense that the most important topic in your life may be this subject. However, if no one ever asks you about what is most pressing in your life, your needs around this topic might be inadequately supported or addressed.
It is critical for child welfare to find ways, such as the YTC meeting, to meaningfully surface youth’s needs. If we fail to do this, staff may paternalistically assume they know a youth’s goals when in reality they do not.

**For the aging-out process to succeed, the system needs to prioritize young people’s goals for themselves**

Even in cases when the system asks youth about their goals post-care, the system does not always prioritize youth’s aspirations and dreams, validate them, or help design a path to fulfill them.

Despite the common misconception that foster youth do not have big aspirations for their future, our study found that many foster youth aspire to thrive post-care. During the participatory workshops, our researchers gave youth a piece of paper. On one side, we asked youth to list their fears related to aging out. On the other side, we asked youth to share their hopes. Youth shared wanting to feel loved and whole, obtain independent housing, attain some form of post-secondary education, generate income and build wealth, cultivate strong connections with family and/or loved ones, and fulfill other professional and personal dreams.

While youth revealed that they had big dreams, they were not always supported in translating those visions into manageable plans that allow for safe failure and room for growth. And too often foster youth exit care only to face significant systemic conditions beyond their control—especially around housing, employment, and financial resources—that can feel as though they are simply being set up to fail.

“The most stressful thing I’ve ever had in my life is moving from being a teenager to an adult. People still treat you like a kid, but you have the responsibilities of an adult.”

— 20-year old foster youth (FY-SF-IN-01)
2/ Preparing for Adulthood
Findings

Failing to center youth’s needs while in care

**Finding 2.1.**
Youth’s most urgent needs are not always the system’s most urgent needs.

Youth have different needs than the system. This is a central breakdown in child welfare.

The child welfare system is focused on ensuring transition-age youth find permanency and prepare for adulthood via stable housing, education, and employment. The court mandates that the child welfare system meet these needs. However, many foster youth shared having entirely different needs from those of the system, and perceived their own needs as being more important. Some staff felt this tension as well.

“We are serving more of the court’s purposes than the youth’s purposes.”
— Paid staff (PS–HC–IN–08)

While the child welfare system often focuses on housing, education, and employment for transition-age youth, youth often have their own goals for the future. In Hennepin County in Minnesota, when the county provides youth with the opportunity to state what matters to them the most as they age out, youth often bring up topics and questions that do not align with the system’s typical topics around housing, education, and employment. We cannot know what is most urgent for youth unless we ask them.

It is critical for child welfare to find ways to meaningfully surface youth’s needs.

“Whether a young person got their needs met was largely a roulette wheel (...) It was all on the minor themselves in terms of accessing services.”
— Paid staff (PS–HC–IN–12)
Finding 2.2. The complexity of the system introduces bias and gatekeeping in accessing services.

The child welfare system provides foster youth with access to programs, resources, and services that are critical to getting their needs met and preparing for life after care.

For foster youth, getting referred to and accessing the wide range of available programs and resources can be overwhelming. Youth are not in a position to know what is available to them. Their limited ability to meaningfully navigate these resources on their own makes staff *de facto* gatekeepers, even as staff themselves often have a hard time keeping up with current resources and changes in legislation. Staff as the *de facto* gatekeepers introduces bias in the referral process.

In one instance, an enterprising staff in this study created her own personal spreadsheet to track the roughly 30 different programs she was responsible for referring youth to, along with the programs’ varying eligibility criteria (PS-RM-IN-01). Without clear organization, staff can feel overwhelmed by the array of services, making it difficult for them to refer youth to the most relevant programs that fit their needs.

“I see a lot of opportunities to leverage technology smarter. And to move away from a bias of individual decision-making that has no gates or checks on the quality of the decisions.”

— Foster America Fellow (PS-SC-IN-04)

Finding 2.3. There are critical barriers to youth participating in programs that program incentives do not remove.

Navigating a complex array of services is not the only barrier to accessing resources and programs. Other factors can also get in the way.

Youth frequently cited transportation as a challenge to accessing programming. Others cited fatigue and busyness as barriers since some programs required youth to juggle meetings with a number of different staff members with other system programming, as well as school, employment, and day-to-day activities.

“I am so busy I am just trying to fit things in any free moment I can.”

— 19-year old foster youth (PS-SF-OBS-01)

Participants in this study indicated that the opportunity cost of attending programming is the primary factor determining whether or not they will attend. As such, despite the presence of financial incentives to encourage program participation, as was the case for many of the services the team observed, the type and amount of the incentives are not always sufficient to justify the cost of attending programming, including the cost of transportation and time away while being in services.
Finding 2.4. The physical location of programming is an important determining factor for youth attendance.

Where staff physically conduct programming for transition-age youth is a key factor in determining youth participation. There are two important factors that increase participation.

First, when programs intentionally take place at a location that is convenient to youth—such as at their home, school, or work—youth are more inclined to attend the program, even without monetary incentives in some cases. “New York Foundling is about in-home servicing.”

— Program director (PS-NY-IN-13)

Additionally, when agencies offer a physical location where foster youth feel welcome to drop-in, youth are more inclined to participate in programming. This is especially true in cases where the youth’s housing situation is not stable or welcoming. For instance, the researchers heard many accounts of youth who were not allowed to be by themselves at their foster homes. This meant that these youth could not go home immediately after school or before their foster parent(s) came home from work. These youth needed a space to go and hang out after school until they could go home (FY-SC-WS-02), and the agency’s drop-in center provided a place for them to go. Because these youth were already physically at the drop-in center, they could more easily take advantage of programming.

However, for youth who were embarrassed about being in foster care or not comfortable being labeled as “foster youth,” they were hesitant about wanting to go to a space that publicly advertises as serving foster youth.

Finding 2.5. Some youth are surviving on program incentives.

At all five sites, staff provided incentives for transition-age youth to attend important programs and workshops. These incentives included meals, gift cards, or other modest financial incentives. These incentives are designed to make programs more appealing to young people and encourage them to attend so they can learn valuable information or skills. While staff perceive these incentives as a modest bonus or perk of attending programs, some foster youth were essentially living off of program incentives, and the incentives were a key part of their income.

For example, as an incentive to attend weekly programs, one location provided food and a Target gift card to participating youth. However, the youth we met all deplored receiving a Target gift card. They needed money for transportation and groceries, which they could not buy at Target or could purchase more cheaply at other businesses. To meet their needs, youth developed creative ways to convert the Target gift card into cash, including buying items and returning them for cash, requesting cash back at Target, or using the Target card to buy a more versatile gift card like Visa (PS-SF-OBS-02). The fact that these youth would go to such lengths to convert the Target gift card into cash reveals how reliant they were on the financial incentive as a key source of income.

“$25 at Foods Co gets you a lot more food than at Target. It does not even last until the next workshop. A lot of us are living workshop to workshop.”

— 19-year old foster youth (FY-SF-IN-01)
One young woman we spoke to was so reliant on the stipend from the weekly independent living workshop that she traveled by bus over 90 minutes each way to attend the workshop so she could receive the $25 gift card each week.

Finding 2.6.
There is no formalized way to surface and address “emergent needs” for foster youth.

Unlike needs that can be predicted and accounted for in advance, “emergent needs” are needs that arise unexpectedly. Participants in this study reported emergent needs that included a last-minute place to spend the holidays when needing to vacate their college dorm and the need for a suit to go to a job interview or a funeral. Because of the unpredictable and highly varied nature of a foster youth’s emergent needs, it can be hard for agencies and staff to formalize a channel to surface these ad hoc needs and pull in the right resources and skills to address them in a timely manner.

“We spend more time managing crises than we would like, so that purposely sitting down and working on your goals and making steps towards them can be hard when you’re just trying to save the kid’s placement all the time.”

— Case manager (PS-HC-IN-06)

Overall, participants in this study perceived that youth having more staff as a part of their team was positive since more support staff can increase youth’s access to resources and potentially lead to better outcomes.

“The number of support people that show up usually correlates to the success of the youth.”

— Program director (PS-NY-IN-02)

However, as more staff engage in a foster youth’s life, there is a trade-off as more staff means that the complexity of coordination and the overlap of responsibilities increases. Coordination often represents additional work for staff—who are already overburdened with responsibilities— in order to ensure that the full team is updated on the youth’s case.
Coordination is particularly important when youth do not understand the difference between staff roles, and when youth require support to understand which staff has which responsibility.

“Youth do not know who is who.”
— Program director (PS-NY-IN-15)

Finding 2.8.
Paperwork designed to facilitate interaction with foster youth actually replaces or prevents it, especially for staff with heavy caseloads.

Finding 2.9.
Youth will not engage with staff on critical issues without first establishing trust on smaller things, but the system is not designed to provide opportunities to progressively gain foster youth’s trust.

Staff across sites lamented the burden of paperwork. While personalized support, face-to-face contact, and other one-on-one interactions between staff and youth are preferred and considered to be the most effective, these personalized interactions are not always possible in the face of bureaucracy and heavy caseloads.

At one site, staff reported only having 4 case managers for all their older youth aged 18-21. This meant that after age 18, many young people stay working with their youth case manager, while they are placed on the waitlist for a case manager who serves 18-21 year olds in care (PS-SC-ADH). This is one example, of many that we heard, of heavy caseloads.

The need to document and complete paperwork can get in the way of staff’s ability to meaningfully engage with youth. Instead of helping youth feel heard and needed, youth expressed that they sometimes feel staff are overworked and merely checking off boxes.

“I always talk to case workers, I feel like they are trying to extract information from me so they can write their report.”
— Foster youth, as quoted by program director (PS-NY-IN-03)

To successfully engage with youth in care, agencies and staff need to gradually earn foster youth’s trust and demonstrate they are in the youth’s corner. Often, however, the system requires staff to engage foster youth on challenging topics first.

In this study, child welfare staff indicated that engaging youth too quickly on topics that are difficult to discuss can lead youth to disengage. Staff noted that foster youth’s propensity to disengage comes from their experience in child welfare: youth are used to having relationships interrupted and disconnected after they invested in that connection and became comfortable with that person (PS-NY-IN-06).

Instead, staff shared that a preferred approach is to start by engaging foster youth in simple ways, such as always saying hello when walking in the door (PS-NY-IN-17), deviating from closed-ended questions in standardized assessments used during intake to have more of a two-way conversation (PS-SO-IN-02), or even helping youth learn to complete small tasks like pumping gas (FY-SC-WS-01).

Some staff got creative at finding their own ways to build trust with foster youth by starting small.

“We help our students solve problems. Little ones at first, math problems. But then (youth) draw a line, and they can see that you can help with other (problems).”
— Program director (PS-NY-IN-03)
Finding 2.10.  Consistency is highly valued but not prioritized in light of high staff turnover and burnout.

Consistency is critical for engaging with foster youth. All of the staff we interviewed highlighted how important it is to show up, be consistent, and reliable to meetings with foster youth. Staff emphasized that consistency is especially important to foster youth who have experienced the trauma of removal from family, and that consistency is critical to maintain even when youth flake on staff or try to push them away (PS-NY-IN-09).

“It almost matters less who you are and more that you show up.”
— Case planner (PS-NY-IN-09)

While consistency is important to build trust with youth and increase their engagement, staff changes disrupts those goals. With frequent staff changes, youth are left having to constantly reengage with new staff throughout their time in care.

“You’re just another stranger in my life. I do not know who you are, I do not know what your intentions are.”
— Program staff and former foster youth (PS-SC-IN-01)

Staff changes were often a result of high staff turnover and burnout. Staff turnover and burnout were common themes that surfaced in interviews, and staff across sites were working to figure out how to provide consistency to youth in spite of these challenges. One site reported that, on average, therapists spend 18 months with a youth (PS-NY-IN-16). This reflects national data which shows that for the past 15 years, child welfare turnover rates have been estimated at 20-40% (Casey Family Programs, 2017).

“Burnout, money, everything... (our) retention rate is horrible. If I had a magic wand I would love to change the turnover rate of workers.”
— Program director (PS-NY-IN-02)

Finding 2.11.  Foster youth with intersecting systems may need specialized rather than combined case management and support.

The research team interviewed a number of transition-age youth from intersecting systems, including parenting foster youth, youth who have interacted with the juvenile justice system, and Commercial Sexual Exploitation of Children (CSEC) youth. The needs for each of these sub-groups are highly specific, and therefore will not be addressed in depth in this report.

However, a pattern worth noting is case management for youth who interact with multiple systems tends to be additive rather than specialized. For example, a youth who interacts with both the child welfare system and the juvenile justice system will have services and staff from both systems. While this support is additive, the support is not routinely specialized. Support from multiple systems does not ensure the youth has individualized or coordinated case management across systems.

“They get all these service providers: social worker, child service worker, child-specific worker, extended foster care worker. Everybody’s writing a plan. How many plans are there?”
— Case manager (PS-HC-IN-06)
Defining and striving for post-care preparedness

**Finding 2.12.**
There is no youth-driven definition of preparedness.

When a system acknowledges that a teenager is likely to age out of foster care, and not have a permanent placement prior to age 18, the system becomes very focused on preparing the youth for their transition out of care, or “preparedness.” Child welfare has a specific understanding of what preparedness means for youth who will age out. However, this study revealed that there is no youth-driven understanding or definition of “preparedness.” If young people do not know what preparedness means, or the definition is not meaningful for them, it will be hard for staff and youth to be aligned around preparedness.

“Aging out was like my umbrella was going away”.
— former foster youth (FFY-RM-IN-03)

**Finding 2.13.**
Youth sometimes lack basic facts about the transition out of care.

Though agencies are very focused on preparing older foster youth for their transition out of care, many youth still lack even basic facts about what happens when they transition out of foster care.

Some important facts can be literally lost in translation. For example, at one site, we talked with staff about how they prepare youth ahead of their transition at the end of extended foster care at age 21. We also spoke with the young people about this transition at 21. Both staff and youth understood that extended care ends at 21. However, when we dug in further, the research team discovered that several young people believed that foster care lasted through 21—as opposed to until 21 (the end of 20). Staff and youth would talk to each other about care ending at 21. While they believed they were on the same page, they actually perceived a transition date that was an entire year apart.

Staff are very familiar with the transition process out of foster care, as they have walked many young people through it. And they are adults who have been through the personal journey of becoming an adult themselves. However, young people have never been through either of these experiences before. They do not know what they do not know.

“You do not know how to do anything on your own when you get out.”
— Former foster youth (FFY-RM-IN-01)

**Finding 2.14.**
The success of programs meant to prepare foster youth for their aging out transition focuses on attendance and participation metrics, rather than preparedness itself.

Independent Living Programs (ILP) are designed to prepare foster care youth for adulthood and life after care.

“I strongly feel like it is my job to get our youth prepared to handle the real world.”
— Case manager (PS-SC-IN-02)
Programs vary tremendously from state to state and even among implementing agencies, though all share the common thread of helping aging out youth transition to independence. When it comes to assessing program success, programs often measure attendance, participation, and utilization metrics rather than how prepared youth actually are.

“The real meat of what we do is not in any of the checkboxes, it does not really capture what we do.”

— Program manager (PS-SC-IN-07)

As a consequence, it is unclear how youth preparedness is tracked or even defined prior to youth aging out. In the case of one agency, to find out if a youth is ready to graduate from one of their ILP programs, staff simply asked them if they are ready (PS-NY-IN-01). Even if staff believe they are preparing youth for life post-care, they do not have a framework by which they spell out what preparedness means and track progress towards it.

**Finding 2.15.** Programs are not designed for youth to learn by failing safely.

“Adolescence is where you make mistakes and have the safety to have another try.”

— Program manager (PS-HC-IN-09)

Adolescence is a time when many young people learn and grow through making mistakes. However, too often in child welfare, even simple adolescent mistakes can be met with harsh consequences, like having to move placements, sever important relationships, lose visitation with family or siblings, interact with mental and behavioral health services, and more.

Across sites, the research team repeatedly heard from youth and staff that youth need more opportunities to fail safely without the fear or overly harsh consequences.

Additionally, programming often does not provide meaningful room for failure. Because most ILP programming is tied to finite funding and timeframes, any setbacks can cost youth their ability to continue accessing resources.

“I think our court system enables our young people because it is like ‘the social worker has to do everything.’ I think we should be training our young people to do some of this. And if they fail, they fall. Then it is: how can we help pick them back up?”

— Case manager (PS-SC-IN-02)

Child welfare often focuses its attention on providing tangible resources to youth, like a driver’s license and a place to live. Doubtless, these are important. Yet, youth also need help cultivating intangible skills like learning how to apologize, to mend a relationship, and to try again. Many of these skills are naturally developed in response to learning from mistakes.

“(Youth need) an adult who’s skilled in letting them fail but still being there to catch them.”

— Paid staff (PS-HC-IN-12)

**Finding 2.16.** Youth were often unprepared at the end of care, and many need support beyond 18 or 21.

With no shared goalpost for preparedness and despite considerable effort by staff to begin preparing youth early on, youth reported being or feeling unprepared when the time came to exit care. In fact, it was common for youth under 18 to not meaningfully know what’s coming after care (FY-SC-WS-02).
Due to this lack of preparedness, some staff allowed program-specific exceptions for people to remain in ILP programming. For example, one young woman kept delaying discharge because she was too nervous about losing the support she had in the system, and the staff felt that her circumstances justified her remaining in the program (PS–NY–IN–16). This raises the question around the need to extend the age of support later in a youth’s life, as opposed to attempting to begin transition earlier in their teenagehood when youth are not in the mindframe thinking about their future.

“Providing services for a longer period is needed.”

— Program director (PS–NY–IN–13)

Finding 2.17. Milestones are tracked based on numerical age, which is not a proxy for cognitive or emotional capacities.

The system engages foster youth in services based on their age and birth date. Age does not necessarily reflect youth’s cognitive ability, emotional capacity, or ability to think about their future, set goals, follow through on their plans, or fail safely. Tying services and milestones to age also creates a “threshold”—a stark experience where one day is dramatically different from the next.

“My whole vision is that the 18 threshold is less intense. There is nothing magic about 18. We are trying to make it more flattened, so it is not a huge transition.”

— Paid staff (PS–HC–IN–05)

Finding 2.18. Feelings of “entitlement” are ascribed to youth when the system fails to let them know what is expected of them and give them the chance to meet those expectations.

In a few instances in this research, staff referred to foster youth as “entitled” (PS–UN–IN–01, PS–UN–IN–03, PS–UN–IN–04, and PS–UN–IN–12). Staff referenced entitlement predominantly in relation to youth getting access to supports that some consider to be “freebies,” such as free laptops, stipends, or universal basic income.

Interestingly, the comments about entitlement are linked to the abruptness of aging out. The underlying sentiment was that it was acceptable for youth to access services before they turned 18. However, after youth turn 18, they should not feel entitled to services anymore.

“The whole landscape is that if you are 17 and in care, we owe you something. But if you are 18, it is up to you and your family.”

— Program director (PS–NY–IN–03)

However, being in care does entitle foster youth to certain services and resources, by virtue of their situation. We heard several instances of youth realizing they had rights that they were not previously aware of, such as one foster youth who did not know she had the right to an allowance and was “fooled by (her) foster parents” (FY–SC–IN–03). Without knowing their rights, youth cannot be fully aware of what they can justly feel entitled to, which sets an unfair judgment on them.

“There’s a lot you have to do to have the things you feel entitled to.”

— Program staff (PS–NY–IN–01)
Youth’s perspectives on the support they need as they age out

During participatory research workshops at each site, the researchers asked youth to list their fears and their hopes for when they age out of care. Next, we asked youth to use a piece of paper to design a fictional app that could help minimize those fears and/or achieve their hopes. This activity was intended to get a deeper understanding of the kinds of support that transition-age youth truly need when aging out of care, and bring tangibility to what could otherwise be an abstract inquiry.

After the workshops, the team analyzed all of the apps, studied the various features of the apps, and grouped the features into categories.

The categories of features that youth designed in their ideal apps are listed on the following page. The features are listed below in order of how often they occurred in the study.
## Sought after features

### Overall guidance and advice
This includes information to ask for general advice, guidance, and help, tips for aging out and how to “adult,” places to ask questions, mentorship and coaching, etc.

### Mental and physical health support
This includes services to deal with depression and stress, access therapy, sleep aids, meditation, coping skills, free health clinics and services, etc.

### Familial and social connections*
This includes social media, ways to remain connected to family, ways to connect to peers and people with shared experience, other foster youth, etc.

### Financial education and literacy
This includes information on savings, financial institutions, credit scores, loans, budgeting and cost cutting, wealth building, emergency funds, entrepreneurship, retirement, insurance, etc.

### Leisure and recreational needs
This includes music, comics, sports, dance, vacations and travel, spaces for relaxation, hair, poetry, etc.

### Self actualization needs
This includes motivational quotes and videos, daily affirmations, inspiration, “finding oneself,” journaling, etc.

### Housing resources
This includes information on apartment listings, housing programs and requirements, rental costs, shelters, etc.

### Education resources
This includes information on education programs and institutions, financial aid, college applications, etc.

### Time and goal management
This includes appointment calendars, reminders for important deadlines, forming future goals, steps to achieving goals, etc.

### Legal information and resources
This includes information on where to seek legal help and opportunities, learn about one’s rights, eviction cases, etc.

### “Paid” staff connections*
This includes ways to contact social workers, case managers, and other paid staff, etc.

### Transportation and childcare resources
This includes information on car permits, car donations, public transit, childcare services, etc.

### Document management
This includes a place to store important documents, passports, IDs, etc.

### Employment and career resources
This includes information on job permits, jobs, internships, etc.

*There were also a few mentions of a way to “rate” paid staff or foster parents by youth.
This young person designed an app to help with searching for jobs, finding legal and housing resources, and finding all the resources that they are eligible for in one place.
Finding 2.19.
Foster youth do not have sufficient opportunities to practice goal setting or forming a vision for their future that they are excited about.

Goal setting and forming a vision for the future requires practice, and can be difficult for youth to grasp.

The child welfare system provides the Transition Independent Living Plan (TILP) as a central method for foster youth to identify goals and to practice forming a vision of their future. Yet, participants in this study cited several ways that the TILP process falls short in preparing youth.

First, some participants noted that the TILP format asks youth to set goals that are too broad. Youth need help practicing how to break down their bigger goals into more tangible, accessible tasks.

“The (TILP) goals are so big, they need to be broken down.”
— Program manager (PS-SC-IN-07)

Also, some questioned if the TILP process meaningfully engages young people. Because the child welfare system mandates that transition-age youth have a TILP, staff must ensure that youth have a TILP in their case file. The TILP is often used in court and held as the source of truth for determining youth access to specific programming. Yet, because staff are often overworked and stretched thin, youth and staff indicated that foster youth are not always deeply, authentically engaged in the process of creating the TILP. In some cases, creating the TILP can feel like another check-the-box activity.

“You can tell when a social worker filled (the TILP) out without much thought behind it, when it says, ‘youth and ILSP...’, ‘youth and ILSP...’, ‘youth and ILSP...’ without even specifying their names.”
— Program manager (PS-SF-IN-01)

Consequently, youth’s career and educational goals often tend to be canned and formulaic, rather than specific to the unique goals of a particular youth. Foster youth we spoke to frequently expressed goals and visions for their future that mirrored those of staff and paid professionals in their lives. For example, the research team was struck by how frequently youth wanted to explore careers in social work, health care, or law enforcement once they aged out of care. These are the professions that foster youth interact with most often while in care. We took this as a potential indication of a lack of meaningful opportunities for youth to explore their dreams and envision a life they are truly excited about—beyond the bounds of life in the system.

“I want to be a parole officer. Or a lawyer.”
— 16-Year old foster youth (FY-SC-IN-04)

Additionally, the plans that youth are asked to make do not provide any room for failure. Because most ILP programming is tied to finite funding and timeframes, any setbacks can cost youth their ability to continue accessing resources.

“I think our court system enables our young people because it is like ‘the social worker has to do everything.’ I think we should be training our young people to do some of this. And if they fall, they fall. Then it is: how can we help pick them back up?”
— Case manager (PS-SC-IN-02)
Finding 2.20.
The goal setting process is supposed to empower youth but is a core point of oppression in the system and the point that hinders development the most.

If oppression is defined as “unjust control,” TILP plan-making puts staff in control of the goal-setting process for youth, while the consequence of these goals—the TILP—dictates everything for youth. This places staff in a position where they often have more control over the youth’s future than the youth does themselves. This is a point where youth face the dissonance of needing to think and act like adults, yet being treated like children.

“The most stressful thing I’ve ever had in my life is moving from being a teenager to an adult. People still treat you like a kid, but you have the responsibilities of an adult.”
— 20-Year old foster youth (FY-SF-IN-01)

Finding 2.21.
For some, the only goal is to get out of the system at all costs.

“We have a number of kids who can’t wait to get out of the system, even if you tell them that they’d be better to take services until 21. So they leave unprepared, and alone, and isolated. And from their perspective, anything is better than what we’re doing.”
— Paid staff (PS-SJ-IN-02)

For some transition-age foster youth, their primary goal is to cut ties with the system as soon as possible. This can prevent these youth from getting the full benefit of programs designed to prepare them for independence, making their transition out of care even rockier. This can also deprive them of benefits that may help make the transition smoother.

For example, one site sees a significant number of young people who at age 18 decline to continue in Extended Foster Care (EFC), which can last until 21. Staff shared that many decline EFC because of a strong desire to depart the system as soon as possible. However, once youth turn 18 and leave care, many have difficulty making ends meet. After several months, many end up reentering care into EFC to take advantage of the EFC benefits, such as the monthly stipend. This process of exiting care at 18 and then reentering adds burden to the foster youth and the system.
Understanding young people’s fears and hopes

During participatory research workshops, our researchers asked youth to list the fears and hopes that they had about aging out of care. In reviewing these lists, we highlighted a few points.

Youth are striving for “permanency,” a sense of “being stable,” or finding one’s “forever” family.

Given that “permanency” is a common concept in ILP programming vocabulary, it begs the question as to what that actually means from the point of view of youth.
This young person noted “permanency” as an aspiration for their life.

Having strong familial connections, parenthood, and “starting a family” are a recurring aspiration for foster youth as they think about growing up.
This young person is hoping for a family in the “far future.”

Other commonly cited hopes and aspirations include: having a support system and good relationships, having a job and financial security, having stable housing, attaining education, having a car.
This young person aspires to be happy, loved, and stable, with access to housing and a car they can drive.

Commonly cited fears include: homelessness and housing insecurity, being alone and without support, substance abuse, ability to deal with mental health issues, and rupture of existing relationships.
This young person fears losing support and severed relationships.

Some youth blame themselves (e.g., procrastinating, lacking motivation, expectation of failure, etc.) when explaining why they might “fail” when aging out.
This young person listed a fear of “forming bad habits” such as procrastination and lack of motivation.
Thriving amidst systemic barriers post-care

Finding 2.22.
Youth want independent, stable housing after leaving foster care, likely because of housing instability and other placement trauma they experienced while in care.

Finding 2.23.
There are not enough affordable housing options that meet youth’s housing goals after foster care.

It is well-established that foster youth experience highly unstable placements: a third of youth aging out of care at 18 lived in at least three different places while in foster care, while 20 percent lived in four or more (National Conference of State Legislatures, 2019). This housing instability while in care means that foster youth value independent, stable housing as one of their primary goals for their life after foster care. When researchers spoke to current foster youth about their aspirations for the future, youth were clear: they want to be living independently in their own place, and some specifically mentioned not wanting to end up in transitional housing. Youth want a clean slate after care, and a home that will not trigger the trauma of their past.

“A lot of kids do not want to go back to where they started from. If they grew up in the projects, they do not want to live in the projects. They do not want to go to where the trauma occurred.”
— New York City Administration for Children’s Services representative (PS-RM-IN-01)

While youth know that they want independent, stable housing, there is a lack of affordable housing options available for youth who age out of care. Most youth we spoke to would prefer modern, market rate apartments. However, the increasingly high cost of housing—especially in large cities—makes this desire out of reach for most foster youth. On the other hand, public or affordable housing is in limited supply, has long waitlists, and is a big challenge for foster youth to access. In New York City, staff report youth having to wait for New York City Housing Authority (NYCHA) housing for 2 to 2.5 Years (PS-RM-IN-01), and that staff must begin looking for housing as soon as a youth turns 18 as it can take until they are 21 to find an option (PS-NY-IN-12). Too often, these realities lead to homelessness for former foster youth: 1 in 5 youth who age out of care at 18 are homeless (National Conference of State Legislatures, 2019).

“Housing is a problem. That’s not a New York problem, that’s an everyone problem. DC, California, etc. The issue is there is not enough housing.”
— New York City Administration for Children’s Services representative (PS-RM-IN-01)
Even when youth do have access to affordable or public housing, it is often not the ideal environment for youth to thrive.

“I think the system can do better with transitioning them. New York City Housing Authority is in poor neighborhoods, with heavy crime involvement. I wish there was something better that we could do for them, like the opportunity to apply for Section 8 housing, and really just take out their own apartment.”
— Program director (PS-NY-IN-02)

Finding 2.24.
Conflicting eligibility requirements for benefits can force youth to make impossible trade-offs between independent housing, employment, education, and permanency.

Conflicting eligibility requirements for benefits can put youth’s goals for housing, employment, education, and permanency at odds with each other. In San Francisco, for instance, staff cited that eligibility for low-income housing means that youth cannot be full-time students (PS-SF-IN-04). In New York City, NYCHA requires youth to be employed and to verify employment with a pay stub (PS-NY-IN-12). However, for those who attend college, their salary is barely enough to pay for tuition and they cannot pay rent (PS-NY-IN-03), unless they are able to participate in rare programs like New York Foundling’s Dorm Project. This creates an impossible trade-off for aging out foster youth to navigate, as education attainment can be one of the best pathways for them to earn enough income to seek market rate housing options.

“You can only make so much money ($21,000) and qualify for low-income housing. At the same time, you can’t make more than $14,000 and still qualify for food stamps. The numbers do not add up. (...) It is (like we need to find) a formula that gets them out of poverty.”
— Program administrator and former foster youth (PS-SF-IN-04)

One staff member in New York described the impossible choices some older foster youth end up needing to make, where they must decide between a permanency option like adoption at 17 or aging out of care in order to get education benefits for college.

“Nobody wants young people in foster care to choose between permanency and their education. But that’s the decision that they are having to make.”
— Program director (PS-NY-IN-03)

Finding 2.25.
Like their non-system peers, foster youth experience financial difficulties. Yet they do not have the safety net to ensure that the consequences do not trap them in a cycle of poverty.

Many Americans, regardless of income level, routinely have financial difficulties. Statistics show that only 48% of Americans report no difficulty in making ends meet, and only 39% feel confident that they can come up with emergency funds if an unexpected need arose in the next month (Lin et.al., 2016). These financial hardships may be exacerbated by the challenges of foster care.
Many foster youth who age out of care have limited options for earning income that allows them to meet their basic needs. Economic well-being outcomes for former foster youth are well-documented: at age 26, fewer than half of former foster youth are employed, most of those who are employed do not earn a living wage, and nearly half experienced at least one economic hardship, including food insecurity, during the past year (Courtney et. al., 2011). During our research, we heard several accounts of foster youth finding jobs but not being able to meet their basic needs, such as food, transportation, grooming, or a winter coat (FY-SF-IN-01 and PS-NY-IN-14).

“All I need is money. I’m tired of being broke.”
— 18-year old foster youth and mother of 7-month old baby (FY-NY-IN-02)

Others in this study were able to meet their basic needs, but did not find predictable or reliable income. For example, some youth in this study found employment through the gig economy or sex work. But these jobs did not provide stable income or labor protections against exploitation from clients or employers. This lack of stable income and credit history often pose additional difficulties for youth, especially when seeking housing.

These realities are exacerbated by the fact that foster youth rarely have the network and safety net to be able to bounce back in case of emergencies or an unexpected income drop. This can increase their reliance on oftentimes insufficient social safety net programs. As a result, these financial realities can create predicaments where foster youth can find themselves trapped in a cycle of poverty.
Define preparedness from youth’s perspective

The system tends to define terms and concepts using language that the system understands. However, throughout this study, we found that these concepts were sometimes lost in translation to young people.

The system must work to define key concepts of preparedness and aging out of care in ways that are understandable and meaningful to transition-age youth. To do this, the system must test the language it is using with young people to ensure the system and young people are interpreting the preparedness goals in the same way. It is imperative that the system learns from the ways young people define and determine their own readiness.
2 Set youth-centered preparedness goals

Goal setting is a key function of child welfare, especially for transition-age youth via their case plan and TILP. However, too often the goal setting process is a generic, standardized process, and not tailored to the specific needs, desires, or dreams of the individual youth. The system must create opportunities for youth to explore, identify, and share their goals for the future and help youth make plans to help meet those goals.

For transition-age youth, the system often prioritizes employment, education, and housing. While these are necessary topics to address in the transition process, youth need the freedom to explore and share their specific, individualized goals for these topics. For example, at one site, transition-age youth are put, by default, on the waiting list for public housing. While this may be a reasonable back-up option for youth, youth should have the opportunity to identify their individualized goals around housing—which may be something other than living in public housing—and staff should support them in the attainment of this goal.

Employment, education, and housing are not the only topics that are important to youth at the time of transition. Many transition-age youth have other pressing goals at this time. These might include navigating a relationship with a biological parent or navigating their sexual orientation or gender identity. If the system only sets goals related to employment, education, and housing, youth may have no opportunity to surface these other critical topics, and the system will be unaware of what is most important to the youth and unable to help. The system must ask youth open-ended questions such as, “what is the most pressing problem in your life?” Or “how do you want to be prepared before your transition out of care?” Then, it must help youth formulate goals around these topics and help youth build a plan to make these goals a reality.

3 Track progress against youth’s aging out dates

Throughout this study, many staff we spoke to who work with transition-age youth did not have an easy way to know which youth were aging out and when. This makes it difficult to properly prioritize services for youth with the least amount of time remaining in care. We heard one case where a staff keeps photos on her door of youth she needs to prioritize. With no easy way to otherwise see which youth are aging out, this technique is considered a best practice.

Staff who work with transition-age youth should have a way to easily see the dates that youth in their care will age out. This allows staff the chance to ensure that those with the least amount of time remaining in care are prioritized. The system used to track youth’s aging out date should also be shared with youth so they can clearly comprehend when they will age out.
3/
Building a Supportive Network
Too many youth age out of care unsupported

The importance of having a healthy, supportive network for foster youth is well-established. Research shows that when youth have ongoing, caring relationships, they have access to guidance, support, help, and even improved psychosocial, behavioral, and academic outcomes (Thompson et. al., 2015).

Supportive people can also act as important buffers who can mitigate the long-term health effects of trauma (Harvard University, 2020). Former foster youth who leave care with a strong support network are more likely to pursue post-secondary education, find employment, and secure housing than peers who leave care without a network (Rosenberg, 2018).
Foster youth do have supportive people in their lives

Our researchers spent considerable effort exploring a central myth of child welfare — that foster youth do not have supportive people in their lives. Ultimately, this study rejects this claim. Foster youth in this study did have supportive people in their lives. However, staff were often unaware of youth’s supportive relationships.

One staff person shared a story of how she came to learn this. Unfortunately, one of her foster youth passed away. She knew the youth well, and knew that they did not have a large supportive network.

Given what she knew about the youth, she expected to see very few people in attendance. However, she was pleasantly surprised that there were lots of people there at the funeral, including many adults and some adult members of the youth’s family. She wondered how she did not know about all these relationships before, and why they were not around to support the youth when the youth was alive (PS-UN-IN-03). Then, she realized that perhaps they were indeed there where the young person was alive, and it was the staff who were unaware of the relationships.

“I have gone to so many funerals with foster youth who have died. And you see so many people at the funeral. And I’m like: ‘where were you?’”

— Staff (PS-UN-IN-03)

To better understand youth’s relationships and mental models around relationships, this study asked youth in the youth workshops to take out a piece of paper and draw the network of people in their lives. Every youth drew at least one person on their network map. The vast majority of youth had many, many people in their drawings. So, why do staff in child welfare not know about them?

How you ask young people about their supportive relationships matters

Our researchers learned that you have to ask youth about their supportive people in specific ways. For example, when our researchers simply asked youth if they had supportive people in their lives, youth would often answer, “no.” However, when our team asked youth questions like, “if you got sick at school, who would come and pick you up?” or “if you needed a ride to a job interview, who would take you?” youth would name the person in their life who would do this for them. This revealed that youth do have supportive people in their lives, but it matters how you ask about them. Another staff had realized this, too.
3/ Building a Supportive Network / Summary

Story from the field

At Uplift Family Services, one staff designed a unique, meaningful tool to help young people identify the supportive people in their life. This staff knew that foster youth often have barriers to the way they talk and think about the supportive people in their life. So, he created a tool to help guide this conversation with youth, and he shared it with us. He called this tool a “Heart Map.”

When he first meets with a youth, he leads them through the process of creating a Heart Map—a map of the most important people in their life. To start, he takes out a piece of paper and draws a heart. From that heart, he extends two lines. Then he asks the youth, “Who are the two most important people in your life?” He explained that it is important to draw two blank lines because if you draw only one line it might not spark youth’s creativity. But, if you draw more than two lines, it may feel overwhelming to youth who do not feel like they have a big support network.

He said that youth are almost always able to easily identify the two most important people in their life. Those two names get the conversation started, and then youth are likely to reveal the additional supportive people in their life, which allows the staff to complete more lines on the Heart Map. For him, the Heart Map is a critical tool to helping him understand youth’s supportive network, which is a precursor to designing a meaningful way to engage supportive people in the foster youth’s life.

Young people may intentionally “protect” their support network from the foster care system

The research team found that, while youth have supportive people in their lives, youth are also very protective of those relationships. For example, a goal of this project was to speak with the supportive people in the lives of foster youth we talked to. We planned to use a snowball recruitment method, where we asked young people to refer one of their supportive adults to speak with us. When the research team asked young people to introduce us to the supportive person that they talked about in their interview, not a single youth felt comfortable enough to refer their supportive person to us, even when we confirmed that their supportive person would be compensated for their time and participation in the interview.

In one instance, a youth in Extended Foster Care disclosed that he was staying with an old roommate’s mom because she needed someone to help her financially, so he knew the stipend from the interview could help pay rent. Even in a case where that supportive person could have used the financial compensation, the youth did not want to introduce her to the team (FY-SC-IN-02). We took this as an indication that foster youth are highly protective of their personal relationships, and they do not want to strain or risk the relationships.
Experience before and during foster care affects how youth manage relationships

Youth have a complex web of relationship dynamics that they are managing at all times. This is true, of course, for all adolescents. But some of these dynamics are specific to foster youth. Foster youth’s experiences with traumatic and unreliable relationships greatly affect a number of areas, such as:

- Their mental models around closeness, trust, and connection
- Their ability to form new relationships, maintain existing ones, or leave others
- Their willingness to rely on supportive people for help and guidance as they transition out of care

For example, some foster youth feel that any time they expose someone they love to the child welfare system, bad things will happen to that relationship. Other youth feel embarrassed to be in foster care, so they do not want everyone to know that they are in care. Others are in relationships with people who they are legally not allowed to be in contact with, like a biological parent. Sadly, many young people are afraid to ask for help, fearing that they may be let down.

The system needs to intentionally engage supportive adults in caring for youth

Foster youth should not exit care with fewer relationships than they came in with. Yet too often this happens because child welfare views its job as directly meeting the needs of young people rather than empowering the youth’s supportive network to care for the youth. Facilitating youth’s supportive relationships—either by repairing the relationship with the parent or guardian or by helping youth build or strengthen other relationships—should be the central task of child welfare. Instead, child welfare relies on paid staff to meet the needs of foster youth, and these relationships are impermanent by design.

“For the majority of our kids’ lives, if they are aging out of care at 21, most people who have supported them have been paid to be in their life, and that includes parents. So when no one’s getting paid anymore, what support exists?”

— Executive director at private agency (PS-HC-IN-04)

Supportive people are imperative to a foster youth’s success during and after care. Supportive people can play a critically important role in helping youth feel loved and supported, complete essential tasks like applying for college, and gain key preparedness skills like learning to drive. Most importantly, supportive adults can help form the protective network that can catch youth on the other side of foster care, once paid and staff relationships come to an end.

Properly engaging a youth’s supportive network while in care is critical to rebuilding and strengthening the relationships that will help youth thrive after care. To do that, the child welfare system will have to understand the nuanced ways that youth protect their relationships and restore trust with youth who feel the system has broken their trust.
3/ Building a Supportive Network

Findings

Understanding youth’s relationship mental models

Finding 3.1.
Youth have and crave connection.

During participatory research workshops with foster youth, our researchers asked youth to draw a map of the people in their lives on a piece of paper. Then, we asked youth to identify the people on the map who they trusted and could ask for help.

All youth—except for one youth—had multiple supportive people on their network map, and youth overwhelming revealed that they have healthy connections with many people they can trust. Common relationship types that appeared across youth’s network maps, included: peers like friends, significant others, and housemates. Also included were family connections like siblings, extended family, cousins, aunts, and uncles. In one example, one youth’s younger sibling went to college, which allowed them to realize that was something that was possible for them too (PS–NY–IN–09). Through this network map, youth reveal that they have and crave connection.

“(Youth) crave that familial connection. They crave it, they will find it, and they will move towards it.”

—Probation officer (PS–SO–IN–03)
3/ Building a Supportive Network / Findings

**Findings 3.2.**
Some youth consider staff to be like family.

“CASA volunteers become like family.”
— Program director (PS-NY-IN-15)

Child welfare staff play such an important role in the lives of foster youth that many foster youth consider staff as being “like family.” This poses an interesting challenge when youth age out of care, as the role of paid staff officially comes to an end at that point, whereas the role of true family continues on indefinitely. This also raises the question: are youth placing greater weight and expectations for perfection on staff relationships because other relationships are underdeveloped or overlooked?

“We are trying to do a workshop to get young people to think about who will be there for them and put them in categories. We are a support. But we are not your friends. We are not your family. So who will be there when you turn 21? It is a difficult conversation to have with young people, because they really see us as family.”
— Program staff (PS-SO-IN-02)

**Finding 3.3.**
Foster youth have unpaid, supportive people in their lives, though paid staff are often unaware of these relationships.

Our interviews and workshops with foster youth revealed that youth, in fact, do have relationships with unpaid, supportive people in their lives. This finding stands in sharp contrast to the perception that many staff have, which is that foster youth do not frequently have adult relationships outside of staff. This research found that young people are protective of their relationships and do not disclose them to staff. That explains why many staff are surprised to eventually learn about relationships that young people have.

“Part of intake is to ask young people to identify how many support people they have. On a good day, it is three people. It is only after you know them and talk to them that you get to see the support people. ‘Hey, it sounds like that person might have been a support person.’”
— Program manager (PS-SO-IN-04)

**Finding 3.4.**
Youth want to protect their relationships. They do not want to expose them to the system for fear of losing them.

A goal of this research was to speak with foster youth’s supportive people by asking youth to refer one of their supportive adults to interview with us. Even when the research team assured youth that we would compensate their supportive adult for their time and participation in the interview, not one youth felt comfortable enough to refer the supportive person to us.

Site partners coordinated our initial interviews with youth. Accordingly, youth associated our research team with their agencies and more generally to child welfare. For youth, the child welfare system is a destroyer of relationships: the system constantly removes them from their families, their communities, and their friends, or exposes their relationships to a part of their life that they are not willing to share. In short, for youth, nothing good comes from introducing their people to child welfare, and vice versa. As such, youth are highly protective of their personal relationships, and they do not want to strain or risk severing them by making them known to their caseworkers or other staff.
In our conversations with the Youth Transition Conference (YTC) team in Hennepin County in Minnesota, YTC staff indicated that youth do not always feel comfortable inviting close friends or support people to their transition conference for fear that they may learn something about the youth that the youth did not want them to know. Youth want to be able to decide what personal information about them gets shared, and they cannot always do that once a support person becomes introduced to the system (PS-HC-IN-08).

“I could see why the adolescent wants to protect their supportive adult relationships. Who wants to walk into a room where you’re getting judged?”
— Director of foster care programs (PS-HC-IN-04)

Youth also protect their relationships by keeping some relationships secret. For example, some relationships may be prohibited by a judge. A youth would not want to tell their social worker that they are talking to their biological parent, when doing so may violate a court order. One former foster youth was maintaining a relationship with her biological sister, who still lived with their dad, when their dad did not want them to have a relationship. In this way, youth can keep certain relationships private in order to protect them.

**Finding 3.5.**
Youth have their own ways of vetting the people in their lives.

While youth’s maps of their personal networks varied in size and other ways, all youth had a method of vetting or ranking the supportive people in their lives. For all youth, it was relatively easy for them to judge which supportive adults were “closer” to them than others. Youth were able to prioritize or rank the different sub-groups of people they identified, or exclude anyone that was not a part of their “inner circle” (however they defined this). To do so, they relied on a number of criteria to “vet” the people in their lives, and assess their trustworthiness, authenticity, or shared experience.

One former foster youth, for example, noted that she found it easier while in care to trust Black or Hispanic people right away, whereas it took her longer with white people (FFY-RM-IN-05). Some of the current foster youth noted how they valued “realness,” which they could assess by seeing if people gave them “default” canned answers when giving advice as opposed to guidance that was specific to them, if they told them the truth, if they were good listeners, if they did not come across as “fake,” and if they shared personal stories (FY-SC-IN-01, FY-SC-IN-02, and FY-SC-IN-03).

“I do not have trust issues, but I’m careful with trusting other people (...) I trust (people that) do not sugarcoat things, whether it hurts you or not, you’re gonna be thankful for it eventually.”
— 16-Year old foster youth (FY-SC-IN-03)

**Finding 3.6.**
Youth and staff often express a belief that foster parents are not in it for the right reasons, and youth have difficulty asking foster parents for help.

Throughout this research, transition-age foster youth consistently voiced and staff occasionally expressed their belief that foster parents were not always doing the job “for the right reasons.” Transition-age foster youth had the strongly-held belief that many foster parents were doing this job for their own personal benefit, rather than for the benefit of the child. As such, many youth and staff raised the question of needing to recruit better foster parents and/or improve
the training given to foster families (PS-NY-IN-17 and PS-NY-IN-18). It is also worth noting that in cases in which youth identified foster families in their networks, none of them listed their foster parents as people that they would enlist for help.

“When I give speeches to new foster parents, I say, ‘This is not a 9–5 job, you do not get to clock out. This is an emotional job. If you do not have the heart, please do not do this job because in the long run, the only person you are really hurting are the kids.’”
— Foster youth (FY-NY-WS-01)

Finding 3.7.
Youth have difficulty asking for and receiving help from non-paid supportive people.

Even though foster youth have supportive people in their lives does not mean that youth feel like they can or know how to ask them for help. In the case of one agency, a staggering 95% of youth reported on their intake form that they have a permanent connection or someone they can rely on and reach out to. However, no youth called on these supportive people to help them achieve their independent living program plans (PS-SC-IN-03).

“Youth struggle to ask for help.”
— Program director (PS-NY-IN-02)

When staff asked youth why they did not reach out to their supportive people for help, youth revealed that it is better to ambiguously have people in your corner whom you feel will help you, rather than actually asking for help and knowing for sure if they will or will not help you.

“With a lot of the youth, they do not want to be rejected if they ask. They’ll say: ‘what would happen if they say no?’”
— Program staff (PS-SC-IN-08)

If and when youth are able to ask for help, they may not know how to ask in ways that can be most productive. One staff raised the need to help youth in formulating their “asks” before they involve people (PS-NY-IN-02). Additionally, the help that a youth seeks may not align with what the supportive person is able to offer, showing a gap between the expectations around seeking and offering help. For instance, one supportive adult drew a boundary around money; while she wanted to help youth with things they needed, she did not want to only give cash (FP-RM-IN-02). In other cases, the availability of time can play a role in the capacity for supportive people to help.

“(Youth) do have caring people, but they seem to be busy. They can’t always dig deep into a specific issue the youth needs help with.”
— Tutor (PS-NY-IN-11)

Lastly, it is worth noting that from the point of view of youth, receiving help can feel transactional and like it needs to be reciprocal. If a youth receives help, they may feel like they need to reciprocate. In one instance, for example, a youth’s friend helped him get a job at Tesla. Following that, he felt like he owed her something for getting him a job, so he gave her two free boba teas from his barista job (FY-SC-IN-01).
Mapping the people in youth’s lives

During participatory research workshops with foster youth, the research team asked youth to draw the people in their lives, as well as identify those that they trusted and/or those they could ask for help. In analyzing these network maps, we highlighted several themes.
Theme 1

Shame and willingness to share

There is a clear delineation between youth who perceive to have a lot of people in their lives, and thus produced “full” network maps, compared to those who do not have a support system in place. As you can see below, some maps were nearly empty, even in the amount of space they used to highlight that emptiness on a piece of paper. Notably, youth who produced scarce network map sketches were far more likely to ask the research team not to share them as artifacts.

This was a rare instance in this research when a participant drew only one support person in their network map.
This map showcases when a youth perceives themselves to have many connections and people in their life.
Theme 2

Mental models of “closeness”

While the network maps varied dramatically with regards to the number and type of people foster youth considered to be in their lives, it was relatively easy for youth to determine which of those people were “closer” to them than others. They were either able to prioritize or rank the different sub-groups of people they identified, or excluded anyone that was not a part of their “inner circle” (however they defined it).

Example of how a young person categorized and ranked the people in their life, differentiating between their “close friends” and “others.”
Theme 3

Definition of “family” for paid staff

It was very evident that, though they were not blood relatives, some of the paid staff foster youth encountered in their lives meant so much to them that they considered them to be “like family.” This poses an interesting challenge when it comes to aging out foster youth, as the purview of paid staff comes to an end.

Aside from their family, their best friend, and their best friend’s family, the most prominent relationship this young person highlighted is the one with their ILP case manager, Sarah.
Theme 4

Importance of peers and siblings

Asking youth to identify “the people in their lives” was intentionally broad so as not to focus only on adults. In fact, many youth disclosed having their closest relationships with siblings, friends, and/or significant others. When talking about the need for foster youth to have a “significant adult connection,” the role that these peers (and siblings if they are still minors) can play may be overlooked.

This young person’s network map consists only of peers: a friend, a sibling, and a significant other.
Theme 5

Role of the housing situation

Sometimes, the housing situation in which the foster youth were in determined their view of what their “world” was. As such, some youth’s network maps overlapped fairly closely with the people they shared a roof with. Given the known placement and housing instability that foster youth face, it can be challenging if their perception of who the people they can rely on is equated to only their housemates.

This young person’s network map was closely tied to the group home in which they lived.
Finding 3.8.
Identifying adult relationships is seen as important, but not prioritized.

Across sites, staff believe that it is very important for the system to quickly and effectively identify the youth’s supportive relationships as soon as the child enters care. Yet, no system we visited meaningfully prioritizes these efforts, and few agencies provide robust training to prepare staff for this work. At one site, staff reflected that they would like to prioritize this work but are often overburdened by other tasks that take priority.

Without identifying the natural, organic supporters in a youth’s life and without cultivating those relationships, many important relationships weaken and expire during the duration of the time the youth is in care. At precisely the time that youth need supportive adults the most, often those relationships are weakened. This can lead to a situation in which youth can exit care with a weaker social network than when they initially entered the system.

“I do not think the system helps preserve relationships. A lot of time, youth come into the system with more relationships than they leave with.”
— Youth Transition Conference team (PS-HC-IN-08)

Finding 3.9.
The system only pursues relationships that might lead to permanency or placement.

Throughout this study, participants revealed that, at best, the system works to develop relationships that may lead to permanency or placement for the youth. However, the system frequently does not cultivate or strengthen other relationships that could be critical to an adolescent’s success. Too often, this reality deteriorates useful, protective relationships and misses the important opportunity to further strengthen them.

For example, a youth’s aunt may not be available for placement. Yet this person may be critical to helping the youth thrive out of care by helping the youth mitigate the emotional and physical effects of care, by helping the youth prepare for adulthood, and more. The system must nurture and develop all important, meaningful supportive relationships with youth so that youth can have a stronger network of supporters.

“There are people who want to be involved, but not necessarily parent. We need to give opportunities for supportive people to participate without having to be the parent. This is one of the reasons why the relationships get severed while in care.”
— Youth Transition Conference team (PS-HC-IN-08)

Finding 3.10.
Frequently, the system does not acknowledge youth’s relationships with biological parents.

Participants in this research shared that foster youth routinely maintain a connection or relationship with biological parents, despite what the system thinks, wants, or expects.
However, the system often does not acknowledge these connections. Even in cases where connections with biological parents are prohibited by a judge, many youth are quick to reconnect with their biological family once they age out of care.

“People do not just not go to mom’s.”
— Csw program manager (PS-HC-IN-07)

Predominantly, youth enter foster care because of a breakdown in the relationship with their biological parents or other primary caregiver. As such, these are often the relationships that are most in need of support and most in need of healing. Though the system does not acknowledge the relationship with the biological parents, the relationship does not go away; the relationship often persists in the background. The system misses an important opportunity to help youth navigate, manage, and heal these relationships. And many youth are left to manage their most difficult relationships on their own or without the support from staff.

“The system does not acknowledge the relationships with the bio parents, even when they are there. We need to acknowledge this relationship so we can strengthen it.”
— Executive director of private agency (PS-HC-IN-04)

The transition process is meant to prepare foster youth for life after care. For many youth, one of the biggest aspects of transition is coming in closer contact with their biological families once again. Without adequate preparation, foster youth are often unprepared for how to navigate these challenging relationships.

“I see a lot of foster youth struggling with bio parents after they age out. Youth will get apartments, and the bio parents will move in. It will often cause too much pressure and the youth will get evicted.”
— Former foster youth (FFY-HC-IN-01)

Finding 3.11.
Without an organization-wide strategy for building youth’s supportive networks, staff develop their own best practices in silos.

Many staff at agencies have developed their own individual strategies for identifying and cultivating youth’s relationships with natural supporters. Many of these strategies have a lot of wisdom from which the rest of the organization would benefit. However, because building out the youth’s supportive network is not always prioritized, this wisdom often does not get shared across the organization, and this wisdom does not get scaled.

One staff showed the research team a robust set of questions he had developed to understand a youth’s supportive network, including tips for engaging those supporters in a productive way. For example, he has found that when a staff contacts a natural supporter for the first time, the staff should not make the supporter feel like this is a conversation about placement or adoption. Instead, ask the supporter a simple question such as: do you have a family photo album that you could share with the child? Or, do you know of other supportive people in this youth’s life?

“Do not make the (supportive) person feel like you are asking them to raise the child. You will get hung up on...You can cold call a potential supporter and say, ‘we are wondering if you have a photo of the child you could share? A photo album? Are you connected to anyone else in the family?’”
— Staff (PS-SJ-ADH-03)
Encouraging people to play a supportive role in youth’s lives

Finding 3.12.
Supportive adults initiate their support by stepping up when they identify a need and they have the capacity and know how to help—not because a youth asked.

“(Youth) will do just about anything if they feel like they have somebody supporting them.”
— Program supervisor (PS-SO-IN-01)

People who step up to become a support person in foster youth’s lives are motivated by a variety of reasons, from wanting to help, to knowing the foster youth or their loved ones personally, or witnessing a specific point in time in their experience when they felt compelled to intervene. No matter the motivations, the common thread is that those people stepped up without being explicitly asked by the foster youth to do so. In one case, a supportive adult turned foster parent noted how hard it was for the youth to ask for help, and how she had to always offer help first. This meant that when the youth asked for help on her own, the supportive adult knew it was a big deal (FP-RM-IN-02).

Because it can be difficult for foster youth to ask supportive people for help and express their needs, it is essential for supportive people to find out the youth’s needs so they can volunteer to help. Staff can play a meaningful role by surfacing youth’s needs to supportive adults, so supportive adults can meet those needs.

Finding 3.13.
There is no defined role for a supportive person.

The lack of clarity around what it means to be of support to a youth can be a major hindrance for adults or peers to step up and help when they are not being asked. When the potential support person has an existing predefined role in the youth’s life (for example, a teacher or guidance counselor), they are not always sure if they can step outside of the boundaries of those roles. The narrowly-defined scope of potential supportive adults in youth’s lives (e.g. “Just an English teacher”) can be a blocker to expanding that role. In other cases, it is hard for a person to know how to draw boundaries between what type of help and support they are willing to offer and what they are not. This poses an important challenge: how might we surface youth’s needs to people who care? And how can we do so in a way that aligns with how those people envision their help to entail?

“I did not want to be an ATM. I wanted to get them winter gear, go out to eat.”
— Supportive adult (FP-RM-IN-02)

Flexibility can be a welcome trait for supportive people as their support role may change over time. In one case, for example, a supportive adult was able to shift her role according to what the youth needed, starting as a mentor, and eventually offer her a place to live after she turned 18 (FP-RM-IN-02).
However, while flexibility is necessary, change cannot happen abruptly or without providing the opportunity to seek closure.

“You can’t just take someone out of my life who I’ve been asked to connect with. Even if this happens, we need to give youth a chance to close out and have some closure.”

— Program staff and former foster youth (PS-SC-IN-01)

Creating a defined, yet flexible role of the supportive person will help more adults step up to be supportive for foster youth. And it will create the shared understanding that supportive people are critical to foster youth’s lives.

Youth need incremental touchpoints to develop supportive relationships steadily and gradually over time.

To repair old supportive relationships or develop new ones, youth need opportunities to gradually improve these relationships over time. Youth want to see that the supportive person will be consistent and authentic over time. Supportive people will earn youth’s trust if they show up reliably. In some cases, something as simple as meeting consistently for a zoom hangout can build trust. These “small” encounters can add up to a big impact over time.

During one youth workshop, a foster youth expressed how staff had gone to great lengths to support their family. Yet, this was ultimately unfulfilling because the underlying relationship was not strong enough. Here is how they recount their story:

“(Staff) did so much for my family, they took my whole family to Disneyland for my graduation. It was really amazing. But the thing was, we did not have that good of a connection while we were even there. We need to have those good steps before we even get to that amazing place... You can’t just put people into a situation where they have to talk to each other. The family also needs some type of therapy and way to speak about what’s on their mind so we can all get back together and have an actual conversation, instead of just putting them into ‘fun’ situations.”

— Former foster youth (FY-SJ-WS-01)

Here, the big event of going to Disneyland with their family was not as rewarding as they wanted because the underlying relationship with the family was not strong. In this case, the youth feels they would have benefited from having more positive interactions with family before this big day. Systems can design for these incremental touchpoints to strengthen relationships.
Map youth’s support networks

Foster youth should not exit care with fewer or weaker personal relationships than when they entered care. The first step to preserving and strengthening youth’s personal network during care is for the system to understand who is in their network.

As soon as youth enter care, staff must work with youth to identify the supportive people in their lives and develop a plan to maintain and strengthen these relationships while the youth is in care. This exercise should be completed routinely throughout care, as youth may develop new supportive relationships during their time in foster care.

Many youth are highly protective of their personal relationships, because they do not trust the system to respect these relationships. The system must take on the challenge of designing meaningful, safe ways for youth to engage in a dialogue about their personal relationships. Only when trust is restored can the system truly know who might be available to play a supportive role in the young person’s life.

Other times, it is the family members and supportive adults who do not feel safe engaging with the system. In some cases, family or community members want to help the foster youth and be engaged in their life, but they are too afraid to interact with the child welfare system for fear it might be a threat to their own children. This can be especially true for Black, Brown, Indigenous, and other families of color who experience disproportionate policing and scrutiny from child protection. The system must work to reconcile with its racist, inequitable practices, propose ways forward that reparate and rectify past misdeeds and harm, and commit to less violent and harmful practices.
3/ Building a Supportive Network / Recommendations

2 Ask youth if anyone in their life could be a placement option for them

Too often, the system fails to ask youth in care a simple question: is there anyone in your life who you want to be living with? Without this prompt, youth sometimes fail to consider this question on their own.

One teenager in this study and her siblings were sent to live in a group home. On her first night in the group home, the youth was video chatting with her friend. As they were video chatting, the friend’s mother walked past her daughter’s phone, and asked the foster youth “where are you right now?” The foster youth stated that she had just arrived at a group home. Aware of this new information, the friend’s mom immediately offered to take in the foster youth and her two siblings. The mom was a single mother of three children of her own and did not have much extra bandwidth, but she said that if her children were in foster care, she would want someone to help them. Thus, she took in the youth and the two siblings, growing her household to six children.

In this case, the foster youth had someone in her life who was willing to take her in and get her out of the group home setting. Yet the system did not know about this relationship. The system must ask youth if they have someone in their life that they want to be living with because a healthy, meaningful placement might be hiding in plain sight.

3 Engage youth’s supportive people beyond placement

In this study, we listened to staff who report that they only engage supportive people when they can be a permanency or placement option for the youth. If the adult cannot serve in those capacities, the system does not invest in them. Without cultivation, these important relationships can deteriorate over time. Like all youth, foster youth need a wide array of supportive people in their life. Just because a supportive adult cannot provide a placement option does not mean they are not a valuable, critical person in the youth’s life.

Moreover, many staff believe their job is to personally meet the needs of the young person. If the youth needs a drivers license, the staff is responsible for ensuring they get one. Supportive adults, however, can be a critical resource in meeting the needs of foster youth. In this example, the staff could ask a supportive adult to help the youth attain the driver’s license. That will accomplish two goals: getting the driver’s license, and further strengthening the youth’s relationship with that adult.
Appendices
Appendices

Appendix A. Methodology

The findings of this report are based on primary research that uses well-established, human-centered design and ethnographic research principles. Research began in October 2019 and concluded in March 2020, and focused on:

- Establishing a clear picture of the entire aging out process;
- Understanding Independent Living Programs (ILP) and the ILP plan-making process, and assessing ILPs as a potential touchpoint to influence the aging out process;
- Understanding the existing tapped and untapped relationships and connections that foster youth have, and their mental models around the people they have in their lives;
- Unearthing how we can support youth and programs to identify and activate support networks in the context of ILPs (specifically looking at how those programs can be leveraged for those connections to be formed).

While the research goals remained the same throughout the study period, some of the recruiting and research methods were adjusted to adapt to the realities the team came to uncover while working in the field (Tavoulareas, 2020).

Research team

The team was comprised of members from Think of Us, a systems change non-profit that focuses on leveraging technology to upgrade the foster care system and its programs to improve the life outcomes of its youth, and Bloom Works (Bloom), a consultancy that brings technical assistance leveraging best practices in technology and design to bear on the most difficult challenges in government and the social sector. The team at Think of Us has extensive experience with the foster care system and provides deep access to and understanding of the technical context, while Bloom team members are professionals with extensive experience in design research, synthesis, ideation, and design in the public and social sectors.

The team included a combination of individuals with lived experience in foster care, individuals with extensive professional experience in child welfare, as well as individuals with process expertise in design research and ethnographic research in the public and social sectors.
Research protocol

Leveraging partnerships with five site partners, the team identified research participants that included:

- Foster youth, including both current foster youth (referred to the team by the site partners in the research locations) and former foster youth (some of whom were interviewed remotely).
- Staff, including paid professionals (such as social workers, probation officers, case managers, and others) and unpaid volunteers (such as Court Appointed Special Advocates or CASA).
- Supportive people, including adults and peers.

The research was completed through a combination of qualitative methods aimed at centering the lived experience of those aging out of the foster care system as well as the people they interact with during that transition:

- In-depth interviews with foster youth, staff, or supportive people, held in the site partners’ locations or remotely, each lasting from 60 to 90 minutes.
- Ad hoc interviews with additional staff at the site partners’ locations, each lasting from 5 to 30 minutes.
- Participatory research workshops with foster youth, taking place over two hours at the site partners’ locations and revolving around participatory activities (Fathallah, 2021), which included:
  - A network mapping activity where youth sketched out the people in their lives, perceived connections and relationships, as well as trust and closeness levels, etc.
  - Role playing and scenarios to understand how and where youth would seek guidance and help if certain situations happened.
  - A co-design activity where youth were first tasked to list their fears and dreams about growing up, then design their ideal app that would help them minimize those fears or achieve those dreams.
- Observations of youth–staff interactions, including youth workshops facilitated by staff, 1:1 meetings between youth and staff, referral to services, etc.
### Appendices / Appendix A. Methodology

#### Research by the numbers

<table>
<thead>
<tr>
<th>Location</th>
<th>Research sessions</th>
<th>Research participants</th>
<th>Foster youth</th>
<th>Child welfare staff</th>
<th>Supportive people</th>
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<tr>
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<td>14</td>
<td>33</td>
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<tr>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>206</strong></td>
<td><strong>81</strong></td>
<td><strong>120</strong></td>
<td><strong>5</strong></td>
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</table>

In total, the team conducted 92 research sessions with 206 participants, who were recruited through:

- For youth, participants were recruited using purposive sampling, a non-probability technique that selects subjects based on predetermined participant characteristics and the objective of the study and communicated by the team to the site partners.
- For supportive people, we intended to use snowball sampling where we would ask existing youth to identify and recruit participants from among their peers, friends, and acquaintances who might also be interested to participate. However, we were unsuccessful in getting youth to disclose supportive people in their network to us, which represents a limitation in our sampling that is worth noting, and explains the low number of supportive people that we interviewed.
- For staff, the majority of participants were selected through a convenience sampling approach, with the exception of *ad hoc* interviews which sometimes used a snowball sampling method.

Willingness to participate in the research was the primary inclusion criteria. Informed consent was obtained from all participants, verbally for interviews conducted remotely and for in-person interviews with staff, and in writing from youth. Any participant who was not a paid child welfare staff was compensated for their participation in the study.
The team traveled to three states, visiting five partners:

- The San Francisco Bay Area of California, home to three partners:
  - Santa Clara County
  - First Place for Youth locations in Solano County and San Francisco County
  - Uplift Family Services in San José
- New York City, home to partner:
  - The New York Foundling
- Minneapolis in Minnesota State, home to partner:
  - Hennepin County

Additional interviews were conducted remotely with former foster youth, supportive people, and government representatives.
Appendices / Appendix A. Methodology

Research data

The research process yielded paper output (i.e., handwritten notes in notebooks, observation sheets or debrief sheets, artifacts from workshops) that were converted to electronic format (i.e., notes scanned and/or transcribed, photos taken of drawings and other artifacts), and saved in the project’s digital archive. Additionally, interviews with staff and those conducted remotely were audio recorded, with the recordings and their transcripts saved in the same drive folder. For synthesis, all data was anonymized, and all identifying information was removed for all participants. Non-identifiable descriptors are sometimes used to provide context, but with care given not to trace any information back to the participants.

Throughout this document, we use direct quotes, which are edited for clarity, not substance. Each quote is attributed to the participant(s) using a code. Each participant code was generated and maintained throughout data collection, enabling the team to scrub sensitive and identifying information while being able to accurately reference participant data. Each code references the location of the research session, the type of research session, and the participant’s primary relationship to foster care. For example, a quote attributed to the fourteenth foster youth participatory workshop participant from Solano is coded as FY-WS-SO-14. The full categories are shown in the table below.

Participant codes

<table>
<thead>
<tr>
<th>Primary Relationship to Foster Care</th>
<th>Location</th>
<th>Research Session</th>
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<tbody>
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<td>Minnesota Hennepin County HC</td>
<td>In-depth interview IN</td>
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<tr>
<td>Former Foster Youth</td>
<td>New York City NY</td>
<td>Ad-hoc discussion ADH</td>
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<tr>
<td>Foster Parent</td>
<td>Remote RM</td>
<td>Participatory workshop WS</td>
</tr>
<tr>
<td>Paid Staff</td>
<td>San Francisco County SF</td>
<td>Observation session OB</td>
</tr>
<tr>
<td>Supportive People</td>
<td>San José SJ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Santa Clara County, SC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Solano County SO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified UN</td>
<td></td>
</tr>
</tbody>
</table>
Throughout the data collection period, the research team conducted debriefs to surface and reflect on major learnings, as well as evaluate if there is a need to reframe the research questions or activities moving forward. After the site research, the team systematically reviewed all research notes to look for noteworthy data, quotes, opportunity areas, and preliminary themes and patterns emerging from the collected data. Subsequently, a more in-depth synthesis workshop was organized where the team analyzed what surfaced from this review in detail. We primarily used a grounded theory approach, a social sciences inductive reasoning methodology where collected primary research data is analyzed for repeated themes. These themes were then grouped into categories which became the basis for constructing new insights.

Research limitations

While the team believes the data presented in this report is broadly representative of the experience of aging out foster youth, a few limitations are worth noting:

- The research sprint took place in two of the largest urban areas in the United States, namely New York City and the San Francisco Bay Area. While this aligns with the fact that the majority of foster youth are concentrated in large metropolitan areas (35.3%) and fringe metropolitan areas (49.5%) (Wulczyn et. Al., 2017), the findings in this report are not representative of the experiences of foster youth in exclusively rural areas.
- The team’s strategy for recruiting supportive people as research participants relied on a snowballing approach where, after talking with youth, the team would identify supportive people in their lives and ask to be introduced to them. Unfortunately, it was difficult to do so due to the reluctance and nervousness of foster youth at disclosing and connecting us with those relationships. Although this was an insight in and of itself, the research currently lacks a stronger representation of supportive people’s voices.
Appendices

Appendix B. References

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