



# CW360°

a comprehensive look at a prevalent child welfare issue



Safety



Permanency



Well-Being

*Permanency & Transitions to Adulthood*  
*Fall 2020*

## From the Editors

This issue of CW360° explores permanency and supporting transitions to adulthood for youth in foster care. The issue provides updates to our 2009 issue, titled *Permanency or Aging Out: Adolescents in the Child Welfare System*. The current issue highlights ways in which our knowledge has grown and evolved over the past decade while also identifying areas still requiring our attention and continued examination.

Since 2009, youth involved in the child welfare system have continued to face complex issues. Too many youth are aging out of the system without permanent connections and without stable and supportive networks. There is still a great deal of work to be done in supporting reunification and kinship care for older youth. We must push and challenge ourselves to think more creatively in terms of what constitutes permanent connections and to allow the youth that we are serving to show us other solutions. It is also important to remember that while many youth in care have similar experiences, they are still unique in their needs and their desires when it comes to achieving permanency and transitioning into adulthood.

Preparation for each issue of CW360° begins with an extensive literature review and an exploration of best practices in the field. Then, CASCW staff identify individuals who have emerged as leaders or have a unique contribution to write articles that offer insights on a range of policies, programs and strategies to inform the child welfare practice community.

CW360° is divided into three sections: overview, practice, and perspectives. The overview section explores the experiences and issues facing youth in foster care in the United States, including reunification for older youth, preparations for independent living, supports for youth with disabilities, healthcare needs, and supports around immigration and for unaccompanied minors. The practice section includes articles on evidence-informed, innovative, and promising practices for supporting youth in care and youth who have transitioned into independent living including supportive programming for LGBTQ+ youth, reconciling and grieving losses, youth-led permanency efforts, and much more. The perspectives section presents articles from a variety of voices of child welfare, highlighting key experiences, lessons learned, and ideas for moving forward.

We have included information and tools throughout this publication that will help you apply the research, practice, and perspectives to your own work setting. Please refer to the discussion questions at the end of the publication to guide conversations with staff and administrators at your agency. Note that we have removed the reference section from the printed editions of CW360° in order to make space for additional content. You can find a full listing of the citations in PDF format on our website at <https://z.umn.edu/2020cw360>. We hope you find this issue informative and useful in your work. We'd like to express a great appreciation for the dedication and hard work that professionals in the child welfare systems

give every day to support children and families. We would also like to express gratitude for youth, whom we should be listening to and allowing to lead this work more often.

Finally, it is important for us to also acknowledge that 2020 was not a typical year for the production of CW360°, just as it was an atypical year for the child welfare practice field. As our team worked to develop this publication, numerous events profoundly impacted us. Two of the most significant of these events include the COVID-19 global pandemic and the murder of George Floyd and the subsequent uprising in Minneapolis, Minnesota. The realities of health care inequities, social justice disparities and disproportionately violent treatment of America's Black, Indigenous, and other People of Color (BIPOC) citizens were exposed in critical and horrifying ways. Our staff and faculty live in the epicenter of our country's social unrest and bring that experience into our work on this issue of CW360°. We will continue to engage in the discourse that child welfare MUST engage in related to our critical antiracist work and the elimination of disparities and disproportionate involvement of BIPOC children and families in the child welfare system. These are the lenses that we have moving toward 2021 and our continued work at the Center for Advanced Studies in Child Welfare.



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## What We Currently Know: Achieving Permanency & Supporting Transitions to Adulthood

Amy Zimmermann, MSW, PhD, Whitney Rostad, PhD, Peter J. Pecora, PhD, Kirk O'Brien, PhD, & Matt Claps, MSW

For years, research has documented the mental and physical health struggles of youth from foster care compared to the general population (Turney & Wildeman, 2016). Aging out of foster care without permanency places youth at risk for completing less education and experiencing higher rates of unemployment (Courtney, Dworsky, Lee, & Raap, 2009; McDonald, Allen, Westerfelt, & Piliavin, 1996; Okpych & Courtney, 2014). Research and practice wisdom suggest that connecting youth with families before exiting foster care can mitigate a litany of challenges in adulthood. While federal legislation (*Fostering Connections to Success and Increasing Adoptions Act of*

if removal is necessary, that youth be placed with kin so that they can remain connected to their families, cultures, and communities. Casey is also committed to being a learning organization, which includes regularly engaging with social workers to ask questions about the data collected on youth and families. This practice has resulted in a series of reports called *From Data to Practice*.

Below are findings from two of these reports exploring the importance that family plays in supporting youth in foster care and the benefits for youth when they reside with a family member while they are in out-of-home care. For reference in the discussions below,

### From Data to Practice: Impact of Placement with Family

The sample examined for this investigation included 436 adolescents who were served in Casey out-of-home care. Youth were, on average, 12.1 years old and in care for 430 days; 45% were female; and 56% were Latino/Hispanic, 19% were Black/African American, and 15% were White. At follow-up, 59% of youth had achieved permanency, 29% had exited without permanency, and 12% were still in care.

Analyses demonstrated the positive impact of being placed with family, as more time placed with family while in care was associated with:

1. Better youth well-being, including school achievement, mental health, and physical health.
2. Obtaining and maintaining relational permanency.
3. Obtaining legal permanency.
4. Improved youth safety as evident by having less critical incidents while in care.

Compared to youth who were never placed with family in out-of-home care, youth who come into care not placed with family but were moved to a family placement were more likely to obtain relational and legal permanency.

2008; John H. Chafee *Foster Care Program for Successful Transition to Adulthood*, 1999) has provided additional incentives to connecting youth with family prior to exiting care, great numbers of youth continue to age out of foster care without that happening.

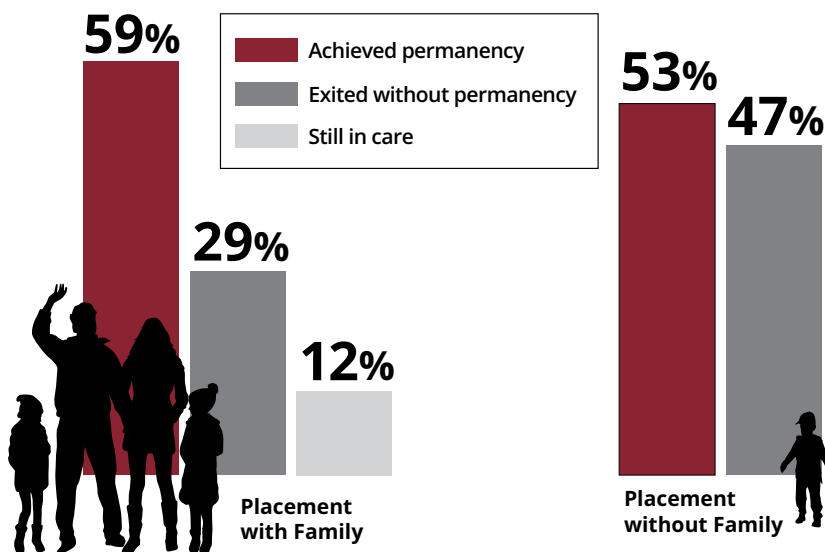
Like many agencies, Casey Family Programs (Casey) believes that every child deserves a safe, supportive, and permanent family. Specifically, Casey considers the principles of the Indian Child Welfare Act (ICWA) — that youth should remain with their families, and

placement with family refers to out-of-home care placement where the youth is residing in a trial home visit, relative placement, or placement with fictive kin. Alternatively, placement not with family refers to out-of-home placement where the youth is residing in a group home, residential treatment facility, non-relative home (licensed foster care or a court-ordered non-relative/non-fictive kin placement), juvenile correctional facility, respite placement, on runaway status, or supervised independent living.

### From Data to Practice: Impact of Finding Familial Placements

In contrast to the previous investigation, all youth in the second analysis came into care without being placed with family. There were 513 youth in this study who were served in Casey out-of-home care. Youth were, on average, 12.5 years old and had been in care 448 days; 49% were female; and 50% were Latino/Hispanic, 18% were Black/African American, and 21% were White. Of the 513 youth served, 272 (53%) achieved legal permanency and 241 (47%) exited without permanency.

Analyses demonstrated the positive impact of moving youth to a familial placement while in care. Specifically, compared to youth who were never placed with family in out-of-home care, youth who come into care not placed with family but were moved to a family placement were more likely to obtain relational and legal permanency. In fact, a powerful finding concerns needs assessed as part of the Child and Adolescent Needs and Strengths Assessment (CANS) (Lyons, 2009). Despite behavioral challenges being a common barrier to permanency, youth with a high level of need who moved to a family placement while in care were more likely to achieve permanency than youth with low needs who were never placed with family.



When combined, findings from the two investigations reinforce the cornerstone of Casey practice — connections with family are a key ingredient of success for central child welfare system outcomes. The findings below are relevant for agencies supporting youth in care.

### What's Working and What More Could We Do

To accelerate permanency, Casey staff suggest making these lesser used strategies part of the norm:

1. *Establish Positions Specifically Focused on Family Finding* to preserve staff time for other activities.
2. *Test Alternative Programming* that support youth in innovative ways. This could include using wilderness programming to support youth identity development, alternative trauma and healing-informed approaches to promote healing, and other prosocial family support and growth strategies such as in-home parent and relative coaching to support placement transition as a path to permanency (Purvis, Cross, Dansereau, & Parris, 2013).
3. *Build Communities of Hope* (preventative supports) that increase capacity for in-home and prevention work in local communities so that removal from family is not needed in the future.

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When combined, findings from the two investigations reinforce the cornerstone of Casey practice — connections with family are a key ingredient of success for central child welfare system outcomes.

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### Youth Transitions to Adulthood

Unfortunately, not all efforts result in connecting youth to permanent homes before they age out. Nearly 18,000 youth exited foster care in 2018 without a more permanent living situation such as reunification, guardianship, or adoption – with less than 1% (n = 736) leaving care as runaways (U.S. DHHS, 2019). In addition to connecting them with family, much can be done to better serve older youth while they are in care and to provide them with better opportunities as they transition out of the system. Programs that draw upon community resources, promote a system of care, link youth to mentors, and teach them life skills hold promise for improving their lives. As a result, more than 15 states have changed their laws to cover support for youth until age 21.

## Effective Activities to Support Youth and Families.

*Casey staff engage in many activities to support youth and families. Listed below is a small sample of activities that social workers stated as effective in their practice.*

- **Family Finding** is critical for engaging potential permanency resources. Key components include genograms, mobility maps, case mining, and conversations with youth and families.
- **Creating a Trusting Relationship** between Youth and Family is a necessary component of engagement. Potential strategies for connecting and strengthening bonds are letter writing, life books, video sharing, and visits.
- **Busting Barriers to Permanency** is another critical component that, if addressed, opens pathways to permanency. This could include connecting family to community resources, coaching around navigating the legal system, advocating on behalf of youth and families, providing financial support, and developing family support networks.
- **Teaming to Support Permanency** is another key strategy. Teaming can take many forms including Family Group Conferencing (FGC), multidisciplinary team meetings, and the use of specific tools to advance teamwork such as the Consultation and Information Sharing Framework (Lohrbach, 2000) to support case staffing or multidisciplinary team meetings, re-assessing safety threats with identified family members as possible permanency resources, and clearly defining foster families' role in supporting youth connection to family.

Studies have shown that until all states adopt this legislation, many children in the U.S. who leave foster care will do so at age 18, and will be less likely to benefit from the social support, education, adult guidance, housing, healthcare, and income assistance support documented for youth who stay in care past age 18 in California (Courtney et al., 2017) and Illinois (Dworskey & Courtney, 2010).

Life-skills preparation is also very important, covering such areas as daily living tasks, self-care, social development, career development, study skills, money management, self-determination, self-advocacy, and housing and community resources (U.S. DHHS, 2007). The weak empirical foundation for independent living programs and the concept of independent living, however, has been criticized as having various negative connotations or consequences, such as creating unrealistic and unfair expectations of youth, foster parents, and practitioners; giving the misconception that the need for youth to experience connectedness with other human beings is a sign of weakness; and placing the burden for preparation for adulthood largely on youth themselves (Courtney & Boost, 2002; Montgomery, Donkoh, & Underhill, 2006).

In summary, supporting youth while in care, especially older youth, is not an either/or

proposition: connecting youth with family to achieve permanency and preparing youth for adulthood are critical for youth development.

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## Relevant Federal Policy Timeline

The following timeline highlights federal policies relevant to permanency and adoption from the past ten years.

2 0 1 0

Enacted March 23

### Patient Protection and Affordable Care Act

Required the case review system for children aging out of foster care and independent living programs to include information about the importance of having a health care power of attorney for transition planning

Enacted December 20

### CAPTA Reauthorization Act of 2010

- Reauthorized the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978
  - > Efforts to promote adoption of older children, children of color, and children with special needs.
  - > Recruitment of adoptive families for children in foster care, including the development of relative/kin search and procedures.
- Authorized grants to states for increased placement rates of children in foster care

2 0 1 1

### Enacted September 30 Child and Family Services Improvement and Innovation Act

- Required each state to provide a plan regarding:
  - > Activities to reduce the length of time children under five are without a permanency option/family.



2014

**Enacted September 29**  
**Preventing Sex Trafficking and Strengthening Families Act**

- Amended the Social Security Act with provisions to prevent and address sex trafficking of children in foster care, to develop a reasonable and prudent parent standard to allow a child in foster care to participate in age-appropriate activities, to extend and improve adoption incentives, and for other purposes.
  - > *Required that children who are leaving foster care at age 18 or older be provided with a copy of their birth certificate, Social Security card, health insurance information, medical records, and a driver's license or equivalent State-issued identification card.*

2018

**Enacted February 9**  
**Family First Prevention Services Act**

- Created optional funding for kinship navigator programs that meet the previous kinship navigator grants requirements and that meet the promising, supported, or well-supported practices requirements of the title IV-E prevention services program, regardless of whether the children served are eligible for title IV-E.
- Renamed the John H. Chafee Foster Care Independence Program as the Chafee Foster Care Program for Successful Transition to Adulthood and revised it in the following manner:
  - > *Specified that the program is available to youth who have experienced foster care at age 14 or older*
  - > *Made education and training vouchers (ETVs) available to eligible youth ages 14-26*
  - > *Limited participation in the ETV program to five years total*
  - > *Permitted States and Tribes to provide the Chafee program to youth up to age 23 if the agency extended the age for title IV-E foster care to 21 or provides comparable services to those youth using nontitle IV-E funds*
  - > *Clarified that youth may be eligible for the program if they aged out of foster care at an age other than 18 as long as they have not reached age 21 (or age 23 if the State or Tribe has extended foster care to youth up to age 21).*

**Enacted October 24**

**Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act**

- Required States to ensure that former youth in foster care are able to keep their Medicaid coverage across State lines until age 26.



## Prioritizing Reunification as Process and a Permanency Plan

Marcia Hopkins, MSW, Dominique Mikell, AM, and Jenny Pokempner, JD

Ensuring that children and youth have permanency is one of the core duties of the child welfare system and is vital for the healthy development of the children in their care. While providing permanency is a legal mandate for all children, it is pursued with less urgency, creativity, and resources as youth age, and as a result, young people suffer real harm. Fortunately, the legal obligation to make reasonable efforts to achieve permanency is being discussed with more frequency (Edwards, 2018; Milner & Kelly, 2018) and it is essential that action follow this dialogue. This article explores an essential component of the reasonable efforts requirements to achieve permanency for older youth – valuing a youth’s relationships with their family of origin. Family reunification should be seen as a necessary process for all youth and a permanency outcome. Reasonable efforts to provide youth permanency must include valuing and supporting youth in addressing their connections with family. For more youth to achieve permanency, including reunification, the system must be organized to support youth to form healthy family relationships, be equipped to strengthen those connections, and be committed to supporting their durability long term.

Reunification is the most preferred permanency goal for youth in foster care. Children do best with the support, love, and identity provided by their family of origin (Child Welfare Information Gateway, 2014). While all supportive connections with caring adults are beneficial, a child’s family of origin should be the starting point for permanency planning. The importance of a child’s connections to their family of origin does not diminish as they age. Research shows that family connections during adolescence is associated with several benefits, such as self-acceptance, positive relationships, and personal autonomy during adulthood (Bell & Bell, 2009). Young people deserve the support of family as they transition to adulthood and we set them up for challenging life experiences and outcomes when we allow them to transition without family connections that come with love, guidance, and concrete resources (Schulenberg & Schoon, 2012; National Poverty Center, 2014).

Unfortunately, each year too many youth age out of the child welfare system without permanency and with precarious connections to their family of origin or any other support system. Based on research and the feedback of youth, most – if not all – want to be connected in some way to their family of origin. Research shows that young people in

foster care are in contact and connected with their family, regardless of support from child welfare professionals in maintaining those relationships. For example, almost two-thirds of youth in the Midwest Study reported feeling very close or somewhat close to their biological mother as they were leaving care (Midwest Study, 2004). In addition, about 50% of youth who had aged out of care the previous year in California reported living with their biological mother, father, or siblings (Courtney et al., 2016). Youth in care deserve support to process and develop these foundational relationships regardless of where they will lead, and families deserve concrete support to strengthen these relationships. Given the rate of reunification among older youth and the anecdotal information that reunifications of youth as they age out are not always sustained (ChildTrends, 2017), time and resources should be devoted to help youth address and navigate these connections and support families so that that reunification as a permanency plan will be long-lasting and durable.

Supporting youth in addressing and navigating family relationships must be done as early as possible by providing an array of concrete services and ensuring that they are adolescent friendly. This includes services that assist youth to address their feelings about the relationship, heal from hurt and loss, and manage feelings related to renegotiating the relationship. This also means placing youth in their communities and supporting frequent contact and visits that work for the youth and family members in terms of location and timing. Culturally responsive therapeutic services must be accessible to youth and families to help them to heal and maintain a strong bond (Child Welfare Information Gateway, 2017).

Finally, valuing the relationship with the family of origin leads to an approach to reunification as a permanency plan that focuses

on supporting the relationships long term rather than just working to get to case closure. Families benefit from continued support to work through reunification: they need support to weather the stress that comes with connection and reconnection. This is especially so for older youth who may have been away from the home for some time. Families may need time to process the time apart, new family additions, and the return of a child who has done a good deal of growing up. This support should include continued access to culturally responsive nonpunitive therapeutic services and other community-based service providers based on the family’s needs.

Older youth in care want and deserve a lifelong family, as all children and youth do. The child welfare system has consistently failed to deliver on its promise for permanency to large numbers of older youth. Prioritizing older youth’s relationships with family gives us the best chance of achieving permanency for these youth with their family of origin or newly developed familial connections. We must acknowledge the long-term harm we cause youth when we do not prioritize their family relationships and we must take concrete action to support the development and strength of their connections with their family of origin.

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## Addressing the Health Care Needs of Transition Age Youth

Shadi Houshyar, PhD and Alexandra Citrin, MSW

To be healthy, youth need safe, stable, and nurturing families, access to health care, healthy nutrition, stable housing, safe communities, healthy and affirming relationships, and high-quality schools. For youth involved in intervening public systems – like child welfare – there are often significant barriers to optimal health and development. Deep rooted and persistent systemic and structural inequities create and compound these barriers and, despite the best intentions, too often lead to systems that harm youth. For many youth, their experiences in foster care heighten past trauma, jeopardizing their health and well-being during a formative time in their lives.

Each year, over 20,000 older youth age out of foster care, while facing barriers including access to housing, education, and employment. So it is not surprising that older youth who age-out of foster care experience disparate outcomes compared to their peers including an increased risk for homelessness (Bender et al., 2015; Rosenberg & Abbott), fewer educational opportunities, high unemployment rates, and high rates of unplanned pregnancy. These youth are more likely to describe their health as fair or poor and they experience mental health disorders at rates 2 to 4 times higher than other transition aged youth (Courtney et al., 2007). Expectant and parenting youth and those who identify as gay, bisexual, transgender, or queer/questioning (LGBTQ+) face additional health care challenges and significant health disparities. These outcomes are even more pronounced for youth of color, where racism in child- and family-serving systems is a driver for many of these poor outcomes (Havlicek et al., 2013; see also Minoff, 2018; Trent et al., 2019).

The health needs of youth in care are further compounded by poor access to appropriate health and behavioral health services, often resulting from fragmented service delivery marked by frequent changes in providers, incomplete and inaccessible health information, limited access to appropriate screening, evaluation, and treatment, a shortage of Medicaid providers in some geographic regions, and a gap in coverage upon aging out (Szilagyi et al., 2015; Simms et al., 2000; Szilagyi, 2012). These outcomes are unacceptable.

We need to work together to reevaluate the way systems are currently organized to serve youth and actively dismantle barriers – including structural racism – that impact systemic and institutional policies and practices. To do this we must establish responsive and affirming policies that focus on strengthening the foundational supports



necessary to optimize the health and well-being of youth, develop collaborative and upstream approaches that bring together child- and family-serving systems to prevent deeper-end and often costly interventions, and actively support older youth as they transition to adulthood and independence. Below are strategies for improving health care for all transition age youth, including specific approaches to supporting expectant and parenting youth and those who identify as LGBTQ+.

move to another state after aging out of foster care until age 26 (SUPPORT for Patients and Communities Act, 2018).

### Specific strategies for improving health care access for transition aged youth include:

- Supporting child welfare staff who work with youth in understanding Medicaid benefits and approach to care. Looking ahead, an important opportunity to advance equity in Medicaid is value-based

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### Improving Health Care Access for All Transition Aged Youth

Foundational to meeting the health needs of youth in foster care is ensuring continuous access to health care. The Affordable Care Act (ACA) created a critical provision for advancing health equity for youth aging out of care — categorical eligibility for the full Medicaid benefit until age 26. Before the ACA went into effect, youth leaving foster care had no guaranteed path to continuous health care coverage and were often forced to forgo needed care. In fact, pre-ACA, over 48% of youth reported not having health insurance after leaving foster care (SPARC, 2017). Beginning January 1, 2023, this categorical eligibility will extend to all former foster youth, even if they

payment approaches that explicitly embed mechanisms for improving health equity. While these models are still emerging, they will likely be more widely utilized and relevant for adolescent health care and populations including former foster youth;

- Ensuring case planning includes strategies for connecting youth to health care coverage and meeting the ACA requirement for child welfare agencies to discuss a health care power of attorney with youth as they transition out of care; and,
- In states serving youth through managed care plans, employing strategies to match individual youth needs with the plans that offer the most responsive services (Fostering Connections Act, 2008).

### In Focus: Expectant and Parenting Youth

Pregnancy and childbirth have a huge impact on the physical, mental, and emotional health of young parents (Hodgkinson, et al., 2014). Access to comprehensive, reliable, and quality medical and behavioral health care is essential for all young people, especially for those who are expectant or parenting. Due to systemic barriers, adolescent parents in foster care experience disparate outcomes, including an increased risk for prenatal and postpartum depression (U.S. Dept. of Health and Human Services, Family and Youth Services Bureau, n.d.; Center for the Study of Social Policy (CSSP), 2015; “Improving Health”, 2018). They also face additional systemic barriers to health, education, and career opportunities as they transition out of care, including lack of childcare to allow them to pursue educational and career opportunities (“Connecting the Dots”, n.d.; “Twice the Opportunity”, 2019). Strategies that can advance equity and maximize the health and well-being of expectant and parenting youth include:

- Adopting policies and practices that meet the needs of both young parents and their children, including integrated care models such as Medicaid health homes, coordination among state programs such as Home Visiting, Early Head Start, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (via access to one-stop shops, co-location of staff, and automatic Medicaid enrollment), and incentivizing providers to specialize in adolescent health care that is responsive

to the needs of youth as parents and as adolescents;

- Increasing access to health care services and insurance by improving enrollment, eligibility, and portability processes and policies such as automatic enrollment criteria for all children of parenting foster youth and former foster youth who are enrolled in the state’s Medicaid plan; and,
- Providing access to quality prenatal care and ongoing health care including post-natal care, newborn and pediatric care, regular well-child visits, family planning, prescriptions, mental and behavioral health services, and treatment for sexually transmitted infections.

### In Focus: LGBTQ+ Youth

Youth who identify as LGBTQ+ experience significant health disparities including higher rates of depression and are six times more likely to develop a trauma-related disorder (Detlaff & Washburn, 2018; Russell & Fish, 2016). For youth who identify as LGBTQ+, particularly youth of color, navigating systems of racial, gender, and heterosexist oppression further jeopardizes their health and limits their access to care (Hadland, et al., 2016; Institute of Medicine, 2011; Lambda Legal, 2010; Wilkerson, et al., 2011; Wilson & Yoshikawa, 2007).

Supporting youths’ healthy identity formation is paramount and policies and programs must respect and value all youth and support and affirm their entire identity (Arnold, 2017; National Academy of Sciences, 2004; Tsang, et al., 2012; Catalano, et al.,

2002). Specific strategies include:

- Eliminating discriminatory and harmful practices including categorical prohibitions for state Medicaid dollars to be used for services related to sex reassignment and the use of conversion therapy;
- Developing resources and accountability mechanisms to inform and support providers, and ensure that providers offer non-discriminatory, competent, responsive health assessments, treatment, and interventions to LGBTQ+ youth; and,
- Ensuring sex education for all youth is inclusive of diverse sexual and gender identities and includes learning about healthy relationship building, understanding sexuality and sexual development, sexual orientation and gender identity, pregnancy prevention, sexually transmitted infections, and HIV.

Youth in care and those transitioning from foster care need and deserve the same supports and opportunities as their same-age peers as they navigate new experiences, forge their identities, and strive to reach their full potential. Systems including child welfare, health care, and behavioral health must be at the ready to ensure their success.

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## Youth-Centered Planning is Essential for Youth with Disabilities Who Age Out of Foster Care

Robin Harwick, PhD

Each year, approximately 65,000 (16-25 years old) are in foster care in the United States and nearly 21,000 leave foster care due to emancipation (Department of Health and Human Services, 2016). The number of these youth who have disabilities is not adequately tracked, however at least 40-47% of total children and youth in foster care have documented disabilities (Powers et al., 2012). It is important to consider how to better prepare youth who experience disability and foster care (YDFC) for adult life as they often suffer from more negative adult outcomes than their peers in foster care who do not have disabilities (Quest, Fullerton, Geenen, & Powers, 2012). This is disheartening as research in the U.S. reports that youth without disabilities who age out of foster care disproportionality face underemployment, low educational attainment, homelessness, early parenthood, and mental health issues (Daining & DePanfilis, 2007). Similarly, more recent international studies reported adverse outcomes for this population in education, employment, mental health, substance use disorders, involvement with the criminal justice system, and unstable housing (Häggman-Laitila, Salokkila, & KarKi, 2018; Gypen, Vanderfaillie, De Maeyer, Belenger, & Van Holen, 2017).

Youth in foster care with disabilities experience more barriers to services and go through frequent placement changes compared to their peers (Geenen & Powers, 2007). For example, Independent Living Programs (ILPs) designed to assist youth in foster care to prepare for adult life are often inaccessible, inappropriate for youth with disabilities, or do not adequately prepare them for independent living (Geenen & Powers, 2007; Harwick, Unruh, & Lindstrom, 2020). Additionally, youth with severe disabilities report difficulties transitioning from services that are tailored for children to adult services such as adult mental health or disability services or vocational rehabilitation. The transition between service providers is further hindered if professionals working with youth are not aware of what services will be necessary or are available for youth after they turn 18.

Furthermore, when YDFC lack knowledge about their disability and how it will impact them in adulthood and their rights under the Americans with Disabilities Act (ADA), it creates hardships during their transition to post-secondary education, independent living, and employment (Harwick, Unruh, & Lindstrom, 2020). Additionally, an increased number of placements, which are common

for YDFC, unfavorably impacts education, employment, financial literacy, and the ability to obtain adequate housing (Scannapieco, Smith, & Blakeney-Strong, 2016). Without careful planning, it is common for YDFC to lose their established safety net created by the system when they age out; and they often do not have consistent positive relationships with an adult that they can rely on to step in when they experience problems. (Harwick, Lindstrom, & Unruh, 2017).

The multiple barriers encountered and diverse needs of YDFC during their transition to adulthood requires a collaborative team approach by the professionals supporting them. Since the level of support available to youth aging out of care is inconsistent and depends on what is required by their states, YDFC need knowledgeable professionals to help them understand what beneficial services and supports are available and how to access them. Student-centered planning (i.e., person-centered or youth-centered) improves transition outcomes for youth with disabilities (Cobb & Alwell, 2009; Geenen & Powers, 2007; Agran, Benz, Lindstrom, & Yovanoff, 2000) and can be used to facilitate collaboration between and across agencies and professionals to create a coordinated service plan.

The goal in youth-centered planning is to empower YDFC by helping them identify their hopes and dreams for their adult life. Then, a team identifies the support and resources available and creates a concrete plan to help the youth succeed. It is critical that instead of implementing the plan for the YDFC,

professionals teach the youth how to set goals, self-advocate, and lead discussions related to their needs and desires for their future. Additionally, discussions about their future goals on their written plans can be a catalyst for teaching about their disability diagnosis, the use of accommodations, their rights under the ADA, and the appropriate timing and approach for disclosure of their disability to future employers (Doren, Lindstrom, Zane, & Johnson, 2007; Madaus, Gerber, & Price, 2008).

Collaborating with YDFC to create their transition plan can help them create a safety net that continues after they leave care. This is accomplished by identifying formal or informal services available to them (e.g., encouraging contact with extended family, maintaining adult relationships with foster parents, extending foster care, or finding housing programs for adults with disabilities). Having a solid plan to help YDFC achieve their hopes, goals, and dreams is critical so that they do not age out of foster care and experience an abrupt transition from being supported within a system to being entirely on their own (Harwick et al., 2017). A youth-centered plan that facilitates coordinated services may be the tool that helps prevent youth from falling through the cracks, instead launching them toward more positive adult outcomes.

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## (Re)Defining Permanency for Unaccompanied Immigrant Children in Foster Care

Thomas Crea, PhD

Unaccompanied immigrant children have been migrating to the United States in increasing numbers over the past decade. Many have experienced significant trauma in their home countries as well as during the migration journey (Aldarondo & Becker, 2011; Pine & Drachman, 2005). The effects of these experiences are often felt after their arrival in the United States. Existing research shows that immigrant and unaccompanied children struggle with social isolation, acculturative stress, and discrimination (De Genova & Peutz, 2010; Perreira & Ornelas, 2013) that heighten the likelihood of them experiencing behavioral problems and symptoms of PTSD (Carlson et al., 2012; Perreira & Ornelas, 2013). These mental health issues can contribute to problems with family members with whom children are placed (Roth & Grace, 2015) and threaten to disrupt foster care placements (Crea et al., 2017). The purpose of this article is to review existing literature on permanency and placement stability for unaccompanied children and youth and strategies for achieving permanency for this population.

In the U.S., most unaccompanied children come from El Salvador, Guatemala, or Honduras, with smaller numbers arriving from Mexico and other countries (Office of Refugee Resettlement [ORR], 2020). It is unclear whether the *Remain in Mexico Program*



of these children are placed in foster care, although reliable statistics are scarce (or absent) that show the number of children placed in care rather than reunited with families, detained, or deported.

A small but growing body of research has examined potential causes of placement stability and disruption for this population. In one qualitative study, unaccompanied children reunited with their families in the U.S. ( $n=19$ ) reported experiencing a number of traumatic events in their countries of origin, as well as difficulties adjusting to family reunification, and a lack of sufficient support during reunification (Roth & Grace, 2015). Also, among unaccompanied children in long-term foster care in the U.S. ( $n=256$ ), Crea et al. (2017) found that the likelihood of

groups with unaccompanied children service providers ( $n=79$ ) and found that strategies for support included making culturally competent foster placements, providing English language training, promoting relationships in the community such as mentors, and providing health and health-related services. O'Higgins et al. (2018) conducted a systematic review of research on placement types for unaccompanied children and found that culturally sensitive placements were associated with better mental health outcomes.

The public attention and debate around unaccompanied children in the U.S. are dominated by an immigration discourse that tends to ignore the humanitarian and child welfare needs and rights of these children. As authors have previously noted (Avrushin & de Haymes, 2018; Crea et al., 2018), more work needs to be done to operationalize the child welfare principles of safety, permanency, and wellbeing as applied to the unaccompanied children population. The foster care system for unaccompanied children serves a different purpose than domestic child welfare, in that the entry point is immigration rather than maltreatment (Crea et al., 2017). Therefore, the concept of permanency will look different than in domestic child welfare as unaccompanied children face different circumstances and needs.

In considering how to best support permanency for unaccompanied children in foster care, existing literature suggests requiring (a) focused attention on trauma-informed mental health care to address the effects of children's prior experiences; (b) culturally sensitive and informed foster placements to help children adjust; and (c) connections to community members, mentors, and peers that can help the children begin to integrate in their surrounding communities.

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### The foster care system for unaccompanied children serves a different purpose than domestic child welfare, in that the entry point is immigration rather than maltreatment (Crea et al., 2017).

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instituted by the Trump Administration has deterred unaccompanied children's migration patterns or whether they are being housed on the Mexican side of the border while they await asylum claims. Some border authorities have noted a substantial increase in the number of Mexican unaccompanied children deported from the U.S. who otherwise would be detained while they wait for court hearings (Fry, 2020). In any case, from FY2012-FY2018, more than 320,000 unaccompanied children were apprehended and released under U.S. government supervision (U.S. Customs & Border Protection, 2018).

Regardless of this recent lack of clarity, according to federal regulations (8 C.F.R. § 1236.3(b), 2014) unaccompanied children should be placed in the least restrictive environment possible while awaiting their immigration hearing. These placements are typically with a family member or a sponsor living in the United States. A small percentage

placement changes increased with children who experienced violence in their home countries and act out behaviorally. Jani (2017) examined sponsors of 100 unaccompanied children recently released from shelters ( $n=100$ ) and found that while sponsors frequently accessed schools and churches, they rarely accessed mental health services. A study of placement breakdowns in Flemish family foster care for unaccompanied children (Van Holen et al., 2020;  $n=107$ ) found that disruptions were precipitated by conflicts between foster parents and children, conflicts between foster parents and children's biological relatives, problems with parenting, and children running away. As in the Crea et al. study (2017), Van Holen et al. (2020) found that children who experienced trauma in their countries of origin were more likely to experience a placement disruption, while having strong peer and social networks served as sources of resilience. Crea et al. (2018) conducted interviews and focus

## Permanency Outcomes for Multi-System Involved Youth

Marc Winokur, PhD and Courtney L. Everson, PhD

Although the child welfare system was designed to protect youth from maltreatment (Schene, 1998), adolescents are increasingly entering child protective services for reasons related to behavioral problems and/or juvenile justice involvement (Children's Bureau, 2016).

According to the Annie E. Casey Foundation, "The nation's child welfare and juvenile justice systems were built to address specific issues: abuse, neglect and serious delinquency. But today, too many teens are being placed in these systems for unrelated reasons" (Holton, et al., 2015, p.2). It is vital that public child welfare agencies understand the outcome trends and experiences of this population, given the need to meet federal guidelines on safety, permanency, and well-being, and the fiscal impact of serving these youth within unprecedented budgetary constraints (Winokur, Orsi, & Crawford, 2015).

In response to this challenge, states like Colorado have passed legislation to promote community collaboration, family engagement in service planning, and culturally responsive practices tailored to the distinctive needs of diverse communities. Colorado is unique as it primarily provides services to multi-system involved youth through the child welfare (CW) system rather than through the juvenile justice (JJ) system as in other jurisdictions (Winokur & Elgin, 2019). In this article, we highlight two Colorado programs: Core Services and the Collaborative Management Program (CMP). Together, these programs demonstrate the power of collaborative, family-centered approaches in achieving permanency for multi-system involved youth.

The service array in Colorado is funded through a statutory requirement to provide strengths-based resources and supports to families when youth are at imminent risk of out-of-home placement or in need of services to return home. This approach recognizes that youth need a safe and stable familial environment to thrive and, consequently, separating youth from their families and communities removes natural supports, limits the ability to individualize services, and causes lasting trauma (Winokur, 2019). The Core Services Program is based on an evidence-informed foundation of family preservation (Schweitzer, Pecora, Nelson, Walters, & Blythe, 2015), in which families are supported in crisis through delivery of short-term services that improve parenting and family functioning while keeping youth in the home. CMP is designed to reduce duplication, eliminate fragmentation, and increase the quality, appropriateness, and effectiveness of services provided to families who would benefit from

integrated services. Both Core Services and CMP draw from theories that articulate model service delivery systems, including ecological, crisis intervention, family systems, and social learning (Barth, 1990).

Based on a predictor study of Colorado multi-system-involved youth typically served by Core Services and CMP (Orsi, Lee, Winokur, & Pearson, 2018), the following statistically significant findings demonstrate how using collaborative, family-centered approaches improve permanency outcomes for this population:

1. Youth with no initial out-of-home placement who received Core Services had a substantially larger likelihood of achieving permanency (return home) than youth who did not receive Core Services with initial at-home maintenance.
2. Youth with a prior residential placement were 41% *less* likely to achieve permanency (remain home) during their current case involvement than were youth without a prior residential placement.
3. Youth ages 10 to 17 who received Core Services were more likely to achieve permanency (remain home) compared to youth who did not receive Core Services.
4. Although older youth who received services achieved better outcomes, they were still less likely to achieve permanency than were younger youth, indicating that they are harder to serve as they age out of the system. Furthermore, these poorer permanency outcomes for older youth were related to longer CW involvement spans.

Collectively, findings from the predictor study indicate positive program effects for youth typically involved in CMP and Core Services, providing insight into the following practice strategies (Winokur et al., 2015):

1. The synergy between family preservation services, interagency collaboration, and integrated service delivery should serve as an ideal approach for promoting the permanency of multi-system involved youth.
2. Risk factors that hinder permanency for youth should be of equal concern to youth corrections, the courts, and child welfare.
3. To promote permanency, agencies should continue efforts to reduce the use of congregate care and develop alternatives for effectively serving youth in the community, including in-home services.
4. Agencies should target services to older youth that facilitate case closure, so they do not remain in the system long-term which puts them further at risk for not achieving permanency.

With a focus on collaboration and family engagement, models like CMP and Core Services find a natural fit with national efforts around the Family First Prevention Services Act, where prevention practices, family preservation, and expanded definitions of safety, permanency, and well-being are taking center stage. Research from the field in Colorado demonstrates how CW, JJ, and court systems can leverage integrated service delivery models within a Family First framework to move upstream in improving permanency outcomes for multi-system involved youth.

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### ABILITY TO ACHIEVE PERMANENCY

- No Initial Out-of-home Placement, Received Family Preservation Services
- Received Family Preservation Services (ages 10-17)



**More Likely**



**Less Likely**

- Prior Residential Placement
- Older Youth
- Youth with Longer CW involvement

## Engaging Youth in Discussions on Permanency and Well-being

Traci LaLiberte, PhD, Kristine Piescher, PhD, and Annette Semanchin-Jones, PhD

Engaging with youth can be exhilarating and also difficult at times. Add to that the myriad of complexities faced by many youth involved in child welfare and other service systems, and it can be challenging to know where to start. While nothing replaces good assessment and engagement skills, the addition of robust tools to guide conversations with youth can be invaluable. The Youth Connection Scale (YCS) and the Well-being Indicator Tool for Youth (WIT-Y) are two tools available to practitioners free of charge that have been instrumental in supporting conversations about relational permanence and youth well-being during transitions to adulthood.

being. One aspect of well-being that has gained considerable attention in recent years is permanency, specifically relational permanence. Youth who are placed in foster care often come to placement with connections to communities and adults who are important in their lives; yet, many of these connections are lost while they are in out-of-home care. Relational permanence is defined as youth having lifelong connections to caring adults, including at least one adult who will provide a permanent, parent-like connection for that youth (Louisell, 2008). Many experts and scholars now advocate for child welfare agencies to increase their focus on building permanent, supportive connections

their level of connectedness and the strength of their emotional, financial, and social safety nets. The YCS measures (1) the number of meaningful connections or relationships the youth has with supportive adults; (2) the strength of those connections, including the frequency of contact and the consistency of the support the adult provides for the youth; (3) the specific types of supports that have been identified as most important in the literature and in feedback from former foster youth; and (4) the overall level of connectedness of foster youth to caring and supportive adults. Using this information, the YCS provides an opportunity to have intentional and guided discussion with youth about their perceptions of adults in their lives.

While relational permanency is critical, research has taught us that balance in all aspects of well-being is also important. Similar to the YCS, the WIT-Y has been designed as an inventory for use as a conversation starter with youth about their overall well-being. While these tools are similar, the WIT-Y was designed with the sole purpose of supporting conversation with youth (rather than for use as a measurement tool). The WIT-Y consists of three parts which allow youth to self-assess their well-being in eight specific areas including Relationships (like the YCS), Safety and Security, Mental Health, Cognitive Health,

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The Youth Connection Scale (YCS) and the Well-being Indicator Tool for Youth (WIT-Y) are two tools available to practitioners free of charge that have been instrumental in supporting conversations about relational permanence and youth well-being during transitions to adulthood.

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Research and practice wisdom confirm for practitioners the need to consider a holistic view of well-being as youth transition to adulthood. We know that well-being can mean many things to many people, but having shared language is important for engaging youth in conversations as they become increasingly aware of and responsible for their own well-

being for youth while in out-of-home care (Charles & Nelson, 2000; Samuels, 2009).

The YCS is a measurement tool that was developed to identify and strengthen relational permanence with and for youth. The YCS is designed to be completed by the youth with their workers or another caring adult. This tool is used to capture the youths' perceptions about



## Youth Connections Scale

A tool for practitioners, supervisors,  
& evaluators of child welfare practice

- Measure permanent, supportive connections for youth in foster care
- Guide case planning around strengthening youth connections
- Evaluate practices and strategies aimed to increase relational permanence



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Learn more at [z.umn.edu/YCS](http://z.umn.edu/YCS)



Physical Health, Community, Purpose, and Environment. After completing the assessment, the youth receives a visual picture (the WIT-Y Snapshot) of their well-being based upon their answers and a worksheet (WIT-Y Blueprint) to guide steps for strengthening well-being in youth-selected areas. The tool is youth-informed, meaning youth decide what level of well-being they have within each domain (in crisis, just surviving, doing ok, doing good, doing great), as well as ways in which they might want to increase their level of well-being in any of the eight areas.

The WIT-Y may be used in partnership between a youth and a professional or caring adult. Conversations with the adult can help youth to understand the importance of balance across well-being in areas of their life. In this way, they might discuss how culture, values, and circumstances impact the youth's views of the domains and their level of well-being within each. Conversation between youth and caring adults may also result in providing youth with helpful resources they can use to increase support or increase their current level of well-being. Because this is a youth-driven

tool, the WIT-Y can also be used by the youth alone. Youth may not be ready to talk about or share their thoughts about their well-being with adults in their life. Youth should not be pressured or coerced into talking about their WIT-Y results.

User guides for both tools are available online for professionals and caring adults to learn more about their development and ways to engage with youth using the tools. The YCS and WIT-Y were developed for use with youth ages 15-21 years. The YCS and the WIT-Y were developed by the Center for Advanced Studies in Child Welfare with practice wisdom and financial support from professionals at Anu Family Services. The YCS and WIT-Y can be used free of charge and can be accessed on the CASCW website.

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## The Well-being Indicator Tool for Youth (WIT-Y)

The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota has partnered with Anu Family Services to develop the Well-being Indicator Tool for Youth (WIT-Y), a self-assessment tool for youth aged 15-21 years. The WIT-Y allows youth to explore their well-being across eight domains: Safety and Security, Relationships, Mental Health, Cognitive Health, Physical Health, Community, Purpose, and Environment.

*The WIT-Y consists of three components:*

**The WIT-Y Assessment, The WIT-Y Snapshot, and The WIT-Y Blueprint.**

*For additional information visit: [z.umn.edu/wity](http://z.umn.edu/wity)*



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## Supporting Youth Transitioning from Foster Care on Campus

Melanie McKoin Owens

Fall 2015 initiated a year of advancement for education in the state of Texas concerning the prioritization of youth in foster care. Institutions of public education, including higher education and K-12, were to implement Foster Care Liaisons on their campuses, establishing an advocate who would support students affiliated with the foster care system. While this was a critical step in supporting this population, it was an unknown step. Who was qualified to be a Foster Care Liaison and what did this really entail?

Texas A&M University in College Station, Texas, quickly identified the case management office to lead this charge. Student Assistance Services (SAS) within the Offices of the Dean of Student Life assumed the role and staff navigated the mandate. The reality of identifying foster care alumni at the university, understanding the needs of those students, and becoming trauma-informed and educated in the area of the foster care system were now all priorities for employees in SAS.

It is enlightening to reflect on the efforts from the past five years. Assuming the role in 2017, I inherited a program that, with little direction from the state-initiated mandate, had grown volumes since 2015. By 2017, the university had a method for identifying students who were once in the foster care system, staff collaborating with State agencies, and community support that was growing. However, my team and I knew we should continue to increase the support provided to the students. Over the past three years, SAS has worked to establish effective methods of engaging with students. Utilizing a 1:1 case management approach, staff engage with students to discuss life plans and personal goals, ultimately promoting healthy personal wellbeing and development of relationships. While SAS finds the 1:1 case management approach effective, we know socialization is essential; therefore, we prioritize discussions with students about engagement at the university, whether with other foster care alumni or the members of the greater student body. We are challenging the students yet supporting them through their transitions to independence. Ultimately, the mission is to empower foster care alumni by offering resources, support, and skill development that will help them succeed in their life endeavors.

As we continue to learn, more opportunity invites itself. In 2019, the Texas A&M System approached Texas A&M with the idea of creating a Supervised Independent Living (SIL) program in partnership with the Department of Family and Protective Services. Making Texas A&M an extension of foster care, students

who aged out of the foster care system in Texas would have the opportunity to opt back into care, reaping the benefits of 1:1 support and financial resources that would offset housing and dining costs. This financial support would complement the tuition and fee waiver offered by the state of Texas, which offsets tuition and fee costs at public institutions. Offering SIL at Texas A&M would open up more opportunities for students with limited financial means and promote equitable access for foster care alumni to obtain a college degree. Given the magnitude of this program, it was important for SAS to intentionally act, as it was apparent that SIL would need significant collaborations and the help of many. As the acting foster care liaison, I began working with Texas A&M System representatives and university administrators within financial aid, student business services, admissions, and residence life. As a team, we created processes to ensure the university could manage the logistical component of receiving funds from the state that would be dispersed to the students. In tandem, SAS built the programmatic components of SIL, which established the mission of empowering foster care alumni to succeed at Texas A&M, transitioning successfully into independence through actively engaging with academic and personal support services. Ultimately, the SIL curriculum will provide an experience that promotes holistic development, monitoring the progress of the whole student.

To be eligible for SIL at Texas A&M, a student has to be identified by the state, meaning they have aged out of the foster care system and are not yet 21; additionally, the student has to extend back into care voluntarily. Furthermore, the student has to work closely with the foster care liaison, meeting 1:1 to create an individualized plan of success that promotes holistic skill development and academic excellence. The student must want to continue their personal and academic development and maintain frequent communication with the foster care liaison. As of spring 2020, Texas A&M was thrilled to welcome the first student into the pilot program with hopes the program will continue to grow. Texas A&M hopes the SIL program will encourage society to help students realize college can be for them and motivate students to become an Aggie. The Texas A&M System has inspired many of the system schools to launch the SIL program, and Texas A&M is proud to be a part of this initiative.

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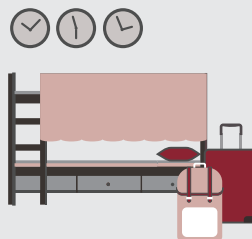
### How Texas A&M's SIL Helps Support Foster Care Alumni



Tuition and fee waiver



Educational training voucher



SIL program stipends pay for room and board (year round) and includes \$90/month for cell phone service and hygiene and food items



Federal Pell Grant



# What Are Best Practices That Support LGBTQ+ Youth?: That is the Wrong Question

Bill Bettencourt and Kristen Weber

More and more, well-intentioned people ask, “What are best practices for LGBTQ+ youth in child welfare to achieve permanence?”

This inquiry perpetuates a deeply flawed assumption that child welfare workers engaging in best practices will result in LGBTQ+ youth achieving better outcomes. The question misses that child welfare systems are currently designed to harm and oppress LGBTQ+ youth. Any current best practice innovation will align to the deeply entrenched structures, policies, practices, and culture of the system and will not be best for LGBTQ+ youth.

LGBTQ+ youth involved in the child welfare system are more visible, though many choose to remain closeted for their own protection from the people and systems that are supposed to keep them safe. Some systems are only beginning to collect more nuanced data to know more about who the kids in the system are, what they need, and what is or is not working for them. We know that LGBTQ+ youth are overrepresented in foster care, and they are disproportionately youth of color (Wilson, Cooper, Kastanis, & Nezhad, 2014; Dettlaff & Washburn, 2018). Youth are not consistently being supported and affirmed in their identities, nor do they receive the supports needed to make connections, heal, and thrive (Weber & Bettencourt, 2019). Ultimately, they are not achieving timely permanency. Their families are also not being supported to address their own biases and work toward healing.

We cannot truly support LGBTQ+ youth unless we directly address how systems are oppressive and how racism, homophobia, and transphobia are perpetuated by these systems. There are well-meaning practitioners and leaders pushing their systems to do better. There are well-meaning systems with non-discrimination policies, trainings on LGBTQ+ youth, safe spaces, interventions with caregivers, and other strategies to do better. And even with these reform efforts, systems are still fundamentally oppressive and are operating in a larger environment that attacks the well-being of LGBTQ+ youth. That environment is focused on debates about bathrooms, conversion therapy, or the national movement to allow for federal and state tax dollars to fund child welfare agencies that will not serve LGBTQ+ people on the basis of individual religious beliefs.

For the last six years, we have worked with our partners on the getREAL initiative – an effort to promote healthy sexual- and identity-development for all children and youth involved with child welfare, with a specific focus on LGBTQ+ youth. The acronym REAL

## Get REAL initiative

### Recognize

- Who are the young people and families we serve?
- What ways do we let them know we know them?
- How do they know we care about all aspects of who they are?

### Engage

- How do we regularly check in with them?
- How do we have conversations about their interests, experiences, questions, ideas, hopes, and dreams?
- How do we know on any given day what is causing them to be energized and hopeful?
- How do we know on any given day what is upsetting them, causing distress or unhappiness?
- How do we know they are safe and how do we ensure their safety if they are not?

### Affirm

- What language do we use to let them know we celebrate who they authentically are?
- What ways do we ask and discuss healthy development with them?

- How do we acknowledge that stigma impacts them and how do we affirm those aspects of who they are that others stigmatize?
- How do we provide them with ideas about ways in which they can navigate the stigma they experience, including micro-aggressions and overt aggressions?
- How do we build social connections, peer supports, and an environment that fosters self-love, healthy development, and long-term family stability?

### Love

- How do we express that the youth and families we serve are loved?
- How do we help our families to help youth learn the aspects of love, intimacy, friendship, relationships, and family?
- How do we help families to help young people learn to love all aspects of who they are so that they achieve a synthesis that leads to the self-love they need to achieve wellbeing?
- What are the daily reminders that families and young people see and hear to reinforce that we – and they – love all the aspects of their identity?

provides direction about what is required of best practices to support youth.

There are key elements to redesigning child welfare systems so that best practices have a chance to work. The values of the getREAL initiative along with the suggestions below are key elements for systems change:

1. An active, robust, and inclusive stakeholder group that reflects the youth/families/communities most impacted by the system. Members work on all aspects of the organization and continuously meet for quality improvement. The group holds meaningful power and can demand and get accountability from the child welfare system.
2. Anti-racist intersectional policies that go beyond non-discrimination and recognize the social effects of race, sexual orientation, gender identity and expression

(SOGIE), disability, and other aspects of identity impacted by stigma and systemic oppression. Policies recognize that omitting an analysis of race and SOGIE perpetuate experiences of oppression.

3. A strong quality assurance and accountability system that works to center the human experience with systems and ensure power is shared by families and communities.
4. Reasonable caseloads/workloads and supports to ensure the time and ability of workers to engage, affirm, and support youth and families.
5. Funding allocations, contracting and monitoring, recruitment and retention of services, and homes that align with anti-racist intersectional policies.

Continued on page 32

## Post Adoption Support for Families

Andrea Brubaker, MSW, LISW

There is no doubt that the adolescent years are turbulent for many youth and their families no matter how the family is formed. At the MN ADOPT HELP Program, we commonly talk to adoptive, foster, and kinship caregivers about the unique factors that are contributing stress to their families, marriages, and lives of their children. We know that there are many distinct layers for these youth that require a deeper knowledge and understanding by parents, professionals, and the broader society in order to help promote healing and resilience.

Studies of the brain show that the adolescent years are ripe with cerebral changes (Jim Casey Youth Opportunities Initiative, 2011). It is typical for teens to experience mood swings and shifts in interest during this time. We know that the effects of foster care, kinship care, and adoption can disrupt the typical patterns of development for a teen, adding complexity to an already busy picture. Adolescence is characterized by youths' quest for identity and belonging, as well as by their burgeoning need for autonomy and independence as they differentiate from their parents. For an adopted teen, this task can trigger attachment anxiety and fears. The parent-child relationship can be one of the most powerful sources of healing as they learn to trust that they are loveable, knowable, and capable beings.

As teens naturally engage in the push-pull relationship with their caregivers, some adopted teens can be especially sensitive to



Uncertainties, stressors, and challenges experienced by youth can lead to substance use and other unhealthy behaviors to cope with the discomfort and anxiety. This is where it is especially important for parents to recognize that while they may have known the adolescent years would be hard, they still may not have anticipated that their teen's needs would be so different than their own at that age or from their biological child's. Helping stressed families to remember that the relationship is most important to help teens feel secure and supported is essential to fortifying the attachment long-term.

Furthermore, members of these families are experiencing multilayered grief. Many

bewilderment and anger.

Adoptive parents may also experience grief related to lost expectations. They may have to work to maintain a relationship with their teen if they live in another place such as residential treatment, treatment foster care, or juvenile detention. Some parents may need the help of services that they never would have imagined including children's mental health, disability case management, day treatment, in-home therapy, psychiatry, and more. The world they grew into may look very different than the one they had in their dreams when they first decided to adopt: For some parents, that can be a heartbreaking reality.

Because of how complex these factors can be for families and youth, it is essential that they be connected to adoption-competent services. Support groups are amazing places to connect with others who have similar experiences. The assistance from adoption-competent services can help families to be more effective and to feel supported and guided in this new terrain. Adoption-competent therapeutic supports can be a lifesaver so that opportunities don't get missed. Assistance from an adoption-competent mental health provider can lead to the right service coordination for a family to address the underlying mental health needs of the family and decrease stress for everyone. The teen years are an amazing time to see a child grow and change into a young adult. These things can help families not just get through the adolescent years but also enjoy them.

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**Many [teens] have moved so many times that they don't have cohesive medical records, social histories, or a sense of their own story leaving gaps that create confusion and uncertainty.**

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concerns about graduating high school, getting a job, having romantic relationships, and balancing autonomy while still needing support and guidance from their parents. Adoptive parents must understand what is typical developmental behavior and what behavior is due to attachment injury or brain injury that may complicate how they do the attachment dance with their teens. This is also a time when a family's preparation, or lack thereof, to offer racial socialization and adoption socialization for their adopted children can bubble up the most. Questions of identity surface and are very common. "Who am I now in relation to who I thought I was and who I want to be in the future?"

teens who were adopted, in foster care, or in relative/kinship care may have had expectations that were never met and information that they are forced to live without. Many have moved so many times that they don't have cohesive medical records, social histories, or a sense of their own story, leaving gaps that create confusion and uncertainty. Additionally, rituals, traditions, and possessions that they had may be gone. They may have experienced a loss of culture and racial identity if they are transracially adopted or have a multiracial background. The losses can seem endless, and to the teen who is waking up to their identity, these losses (whether identifiable by the teen or not) can compound those feelings of loss,



**MN ADOPT** helps families create permanent placement for children in Minnesota by providing online resources, services, support and training. Visit [mnadopt.org](http://mnadopt.org) to learn more.

# The Intersection of Reconciling and Grieving Losses for Youth in Care

Darla L. Henry, PhD, MSW

By definition, permanency indicates that something has been made secure. In the field of child welfare, permanency has become the goal to assure that children have a safe and secure family and overall successes have been achieved for many youth in these efforts. However, a large percentage of youth age out of the child care system every day, indicating that they have not secured a supportive relationship (U.S. DHHS, 2019). An important question to consider is whether youth who have been prepared for permanency, through reconciling and grieving losses, are more ready for independence than those who age out.

Between the ages of 18-21, youth age out of care and must leave the system that has been meeting their needs without assurance

all caregivers and professionals who guide the readiness process:

1. know behaviors are grief expressions
2. be present
3. provide opportunities for expression of feelings
4. listen
5. affirm
6. speak briefly
7. and establish safety

Through the task of clarification, youth are engaged to know their story – who they are as a result of their life experiences. This includes the complicated and challenging events that occurred within their family network – the

knowing that grief expressions are occurring on a 24/7 basis.

Professionals working with youth are the guides for this task, using the seven skills to engage youth in activities to know their story. Life lines and life maps are two activities that provide tangible ways to capture these events. Life lines are visuals (using a horizontal line with vertical lines to indicate life events) of an individual’s journey through the losses of moves, changes, and relationships of their lives. Life maps are visual tools to recognize events, people, and feeling experiences along life’s pathways. It is a drawing of the journey, often using stickers to represent life events as youth chose to indicate or remember them. It may indicate time frames and lapses of time, significant others, and missing information, and it provides opportunities to obtain missing pieces of information.

It is essential that the story be the youth’s story, not the worker’s or caregivers’ story for the youth. One of the most often expressed experiences of young people in care is that no one listens to them. Even if a youth’s details are different than facts in a file or from the worker’s perspective, the details will change as events/information are clarified through engagements often using activities. Time with youth must occur with frequency so that the story has continuity. A worker’s engagement skills will contribute toward the success of youth doing this work. In 3-5-7 Model® practices,

Continued on page 32

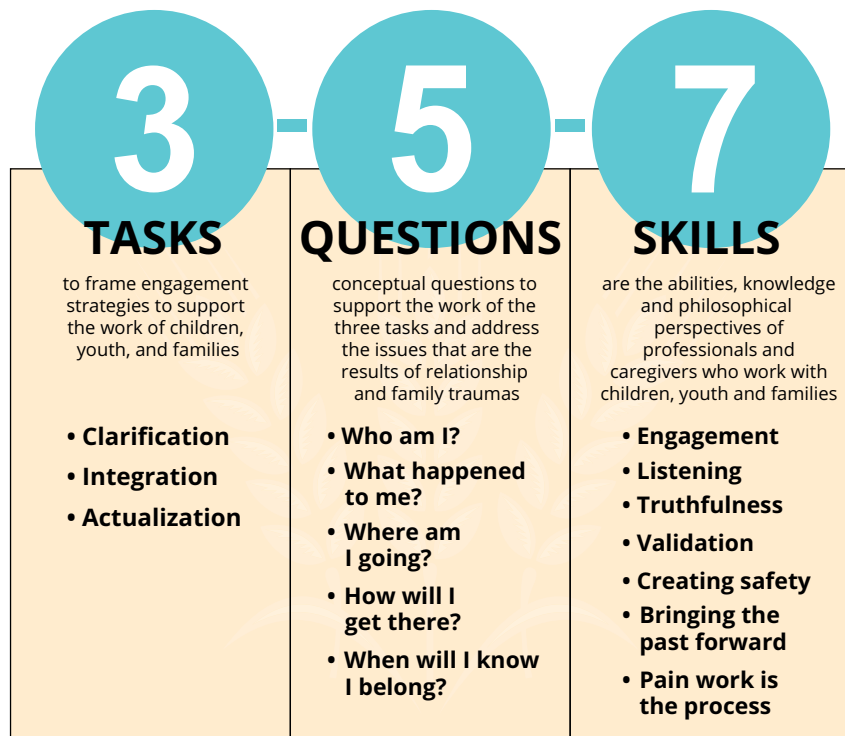
**Grief work is relationship work – a reciprocal process whereby feelings of loss are supported through responses to needs expressed in unlimited ways.**

or commitment of relational support. The experience may be one of stepping out into the unknown without a safety net. Limited data is available on successful reconnection between youth in care with their biological families and kin. While youth are in care, they establish important relationships with professionals, but often these relationships end when the youth age out of care. Many youth feel these relationships fade away, leaving them with feelings of abandonment and rejection.

Many successful independent living programs specialize in the readiness of youth to live on their own, providing hard skill services toward concrete goals, such as housing and employment. Enumerable youth have achieved independence through these services and these variables have been researched. Many, however, have not been as successful in their readiness preparation and so their capacity to provide for themselves is compromised.

In the language of the 3-5-7 Model®, a relational model, the task of actualization reflects readiness through engaging in the tasks of clarification and integration that support their work of exploring and grieving for lost relationships. Youth have opportunities to clarify identity and form reciprocal relationships so that the rejection and abandonment they may have experienced prior to entering care is not replicated when they leave care. Two known practice approaches are implemented toward readiness of relational permanence – “What is the story of my life?” (clarification) and “Who will be there for me?” (integration). The following seven skills are engagement strategies and responses used by

pain, the fears, and feelings of rejection when needs were not met. Grief work is relationship work – a reciprocal process whereby feelings of loss are supported through responses to needs expressed in unlimited ways. As the story is told, events are captured and given meaning by the storyteller toward a balance of good times and bad times. As the comforters of grief, caregivers must be present and must listen and affirm the feelings expressed in the story,



# YOUTH AND SOCIAL MEDIA



Visit the **Youth in Care and Social Media** resource page on the CASCW website! This webpage was developed in order to connect foster parents, caregivers, and other adults supporting youth in care to resources for safe social media use.

[z.umn.edu/Youth-and-SocialMedia](https://z.umn.edu/Youth-and-SocialMedia)



Center for Advanced Studies  
in **Child Welfare**



## Ampersand Families: Connectors in Partnership with Youth

Stacy Gehringer, MSW, LGSW

Ampersand Families has been laser-focused on its mission to recruit and support permanent families for older youth and to champion practices in adoption and permanency that restore belonging, dignity, and hope since its founding in 2008. We bring together people, resources, and ideas that help youth access, maintain, and build life-long relationships. While most of the work our permanency specialists engage in while doing child-specific recruitment is aimed at achieving legal permanency for young people whose parents' legal rights have been terminated, their youth-led efforts also require connecting with the youth, [re]connecting youth to relatives and kin, and connecting youth to one another.

At our agency, we talk about brave and safe spaces often. It takes bravery to engage youth in “*both/and*” conversations about permanency – who is *both* important to you *and* they may have hurt you? Would you *both* want to develop a relationship with a new family *and* stay connected with your birth family? Permanency specialists work to create a safe relationship to explore the messy, unpredictable, and tiring reality that many youth in foster care face as it relates to permanency. Adoption and permanency are incredibly abstract ideas and there are a variety of tools we use to help demystify the concept. By framing our role as connectors, we assure youth that our primary goal is to help deepen their pool of relationships so that they are better equipped to navigate challenges ahead. We consistently introduce, or re-introduce, important connections to their lives, and we tell them that we find families for kids, not kids for families.

We use tools such as mobility maps, genograms, and family tree buildings to directly engage youth in the permanency process and discuss the legal, emotional, and physical components of permanency. Ultimately, it is crucial that youth understand that the primary purpose of our work together is to make sure that they are connected to supportive people who will be part of their lives well into the future.

It is our core belief at Ampersand Families that birth family and kin relationships matter and that effective permanency work must include authentic, sustainable engagement with relatives and kin. In cases where there is no direct contact between youth and birth family, a psychological presence remains in the form of ambiguous loss (See Henry, p.18).

Permanency specialists advocate for sibling visitation and assist in transportation, logistics, and contact plans for those visits. They reach out to previous foster parents, teachers, and



coaches to ask for letters and photos to add to a youth's lifebook. They search to find relatives and, often, sit down face-to-face with them (sometimes after many attempts).

We spend a lot of time seeking clarity around relative and kin engagement. To remain youth-centered means to get curious, dig deeper, and ask smart questions. A big part of our role is helping challenge beliefs that are dismissive of birth families and encouraging professionals to be more realistic and humane in their understanding of the long-term consequences for youth when we sever them from relatives, kin, community, and culture. Our permanency specialists work hard to encourage other professionals to examine their own beliefs and practices.

- **There is a TPR...she cannot have contact with her mother.**  
*We explain that a termination of parental rights (TPR) is not the same as a no contact order; most youth are able to see and communicate with a parent who has lost their rights.*
- **Contact with birth dad is not safe or healthy.**  
*We ask, “What would safe or healthy contact look like, and how can the team make that happen?”*
- **The apple doesn't fall far from the tree.**  
*This idea has resulted in countless youth being totally severed from their family. Almost every family has people who are struggling. It is totally unfair to not do a thorough relative search that gives each person who wants to help a fair shot.*
- **That relative is not a permanency option.**  
*What about a respite option? Are they able to*

*commit to visits? What might the youth gain by having contact with this relative, even if they are not able to live with them?*

### Connecting Youth to Each Other

Part of engaging youth in their own permanency involves connecting youth with each other to lessen isolation and build community. With the support of Minnesota Department of Human Services, Ampersand Families recently launched a peer support program called Minnesota Youth Voice (MY Voice). This program serves youth with lived child welfare experience. MY Voice includes social events, leadership council meetings, panels, conferences, advocacy work, and mentorship/coaching opportunities. Each program component incorporates all three focus areas of connection, education, and change. Council meetings, using a project-based approach, provide a space for young people to share ideas about system change, learn about self and community, and offer mutual support for their peers. Youth serve as experts on panels and go to advocacy events to help educate others, provide visibility for young people, and develop skill building.

These opportunities are crucial for young people who crave and deserve a space to connect (see p.26, this issue). People heal in the context of relationships and our young people involved in child welfare desperately need people to show up who are not paid to be in their lives. Youth-led permanency efforts help to make those connections possible.

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## Housing as a Natural Solution for Permanency

Ruth White, MSSA

For centuries, archeologists have labored away digging out, unpacking, and dusting off evidence to tell the story of the human family the world over. One of the most fascinating artifacts depicting family life appeared in 1850, when a storm stripped the earth from a grassy knoll in Scotland, revealing a village hidden beneath since 3180 BC. In 1913, scientist William Watt compared these ruins with evidence from around the world and found that humans have domesticated in largely the same way for over 5,000 years (Bryson, 2011). Today, homes serve to protect and define the space of the family within their larger community. Domesticity exists in every human culture and though the size and the assortment of materials vary immensely, the configuration is predictable – floors, walls, windows, doors, locks, a roof, and privacy.

Thus, it is not surprising that social scientists repeatedly find that the availability of safe, stable housing eases and accelerates permanency for families along the child welfare continuum from preventing to reunification (Courtney, McMurtry & Zinn, 2004; Fowler, Henry, Schoeny, Landsverk, Chavira & Taylor, 2012; Glendening, Shinn, Brown, Cleveland, Cunningham, & Pergamit, 2020). Even when it comes to adoption, a family's ability to provide appropriate housing enhances efforts to secure permanency particularly for large sibling groups, children with disabilities, and older youth who are at risk of homelessness upon emancipation (Dave Thomas Foundation,

more common than one might think. There is virtually no child welfare agency in the U.S. that does not have a protocol for responding to housing problems that impede preservation and reunification. In fact, states have even started to apply housing interventions to increase the pool of adoption placements. Working with their state Housing Finance Agencies, communities can offer prospective adoptive parents the financing necessary to purchase larger homes to accommodate sibling groups. Interest-free loans are also arranged to cover the cost of home improvements to make a home accessible for a child with mobility challenges (New Jersey Housing and Mortgage Finance Agency, 2002).

These innovations are impressive; however, despite ample attention from child welfare leaders, research institutions, and the advocacy community, the availability of housing resources has remained inadequate and unpredictable throughout history – until recently. In 2016, a new crop of social scientists with a fresh set of eyes arrived on the scene to dig in and unearth a solution. This foster care alumni group, led by ACTION Ohio was propelled forward by a palpable frustration with the confusion, the waiting lists, and an ever-changing, elusive menu of housing options facing youth aging out of foster care. They observed increasing homelessness among their fellow foster youth aging out of care not as a lack of innovation, but as a much more mundane problem of distribution. Resources

discovered that FUP, for which child welfare-involved youth and families are already eligible, is an authorized use of the TPV (Gramlich, 2020; White, 2020).

The FSHO Coalition turned this discovery into a proposal and delivered the concept directly to HUD Secretary Ben Carson and his leadership team on March 4, 2019. HUD's legal team determined within weeks that the proposal was viable. Secretary Carson named the proposal the "Foster Youth to Independence" Initiative (FYI) and allowed Public Housing Agencies to begin distributing on demand vouchers to youth leaving foster care who are at risk of homelessness in July 2019 (Kelly, 2019). All but 10 states have referred youth to FYI and more than 800 young people have already enrolled in the program to rent homes of their own.

It is only fitting that this simple yet seismic shift in American social policy was brought by the youth themselves. To use an academic term, they are ethnographers and the policy insight they gained while standing at the intersection of adulthood and childhood facing the world alone is hard earned. Contributions to the literature by research institutions notwithstanding, the only way to inform policy based on experience is to personally navigate the intersection between public systems as if your life depended upon it – not just your research. This is why, despite my 20-year history of housing research, I did not identify the obvious synchronization problems nor did anyone else in the professional class.

The policy recommendation they made on behalf of their brothers and sisters in care is now being considered for families as well. If youth are eligible for on demand vouchers under FUP and TPV, then by that standard, families are as well. Providing FUP vouchers in a manner that is perfectly timed with need could accelerate reunification, eliminate the need for nearly 28,000 children entering foster care as a consequence of housing problems annually (Child Welfare Information Gateway, 2019), and increase the pool of adoptive homes.

We must follow the lead of these young policy scientists' by timing housing options with the moment a child welfare professional identifies a need to ease the transition to adulthood, prevent separation, accelerate reunification, or to facilitate adoption. There is simply no reason to wait. Archaeologists and evolutionary biologists have assured us for centuries that humans have longed for and needed forever homes, well, since forever.

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Quite simply, housing is and has always been key to finding and nurturing permanent connections in American family life.

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2017). Quite simply, housing is and has always been key to finding and nurturing permanent connections in American family life.

For decades, social workers have pursued partnerships between housing and child welfare in order to keep families together and safe. Cross-systems partnerships such as the United States Department of Housing and Urban Development's (HUD) Family Unification Program (FUP) are older and

were offered sporadically without regard to timing or the specific needs the youth presented when they reached adulthood in care. This group was determined to find a way, under existing law, to universalize housing options, synchronize resources with need, and eliminate geographic disparities in the distribution of these resources.

In 2019, they found a way. Working with the National Center for Housing and Child Welfare this alumni group, known as the "Fostering Stable Housing Opportunities" (FSHO) Coalition and led by ACTION Ohio, sifted through 30 years of regulations and found that HUD had an underutilized funding source called the Tenant Protection Account that can provide Tenant Protection Vouchers (TPV) (also known as "Section 8" vouchers) on demand, perfectly timed with a household's need and in increments as small as one, anywhere in the country. Furthermore, they



## Permanency on Purpose

Sharon McDaniel, EdD

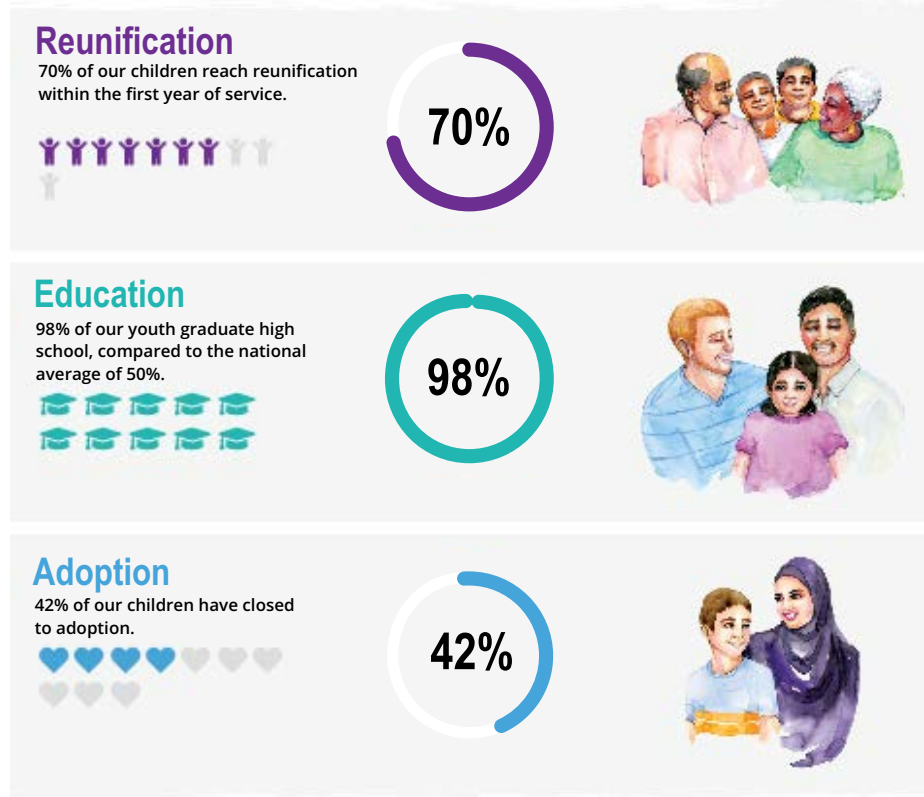
In July of 1994, I founded A Second Chance, Inc. (ASCI), a licensed foster care agency in Pittsburgh. ASCI's service delivery focuses on kinship care, which seeks to place youth with caring relatives or fictive kin when birth parents cannot care for them. Our model is one that puts family first; therefore we are intentional in placing family with family. As ASCI has grown, we have advocated and advanced kinship care by bringing greater attention to the needs of the kinship triad, which includes the birth parent, child, and caregiver.

My personal background and work in the child welfare system helped inform the path to ASCI. This path started for me as a youth in foster care. I recall the angst that I experienced about aging out and no one talking to me about permanency. After I graduated from college, I became a child welfare caseworker and created ASCI. At the time, I vowed that the experience I had would not happen to the children on my caseload or to those served by my agency. Today, in my role at ASCI, I ensure that youth achieve permanency. Each family defines permanency differently, and with their varied views and experiences in mind, we strive to disrupt cycles of helplessness, hopelessness, and despair. Every youth wants to matter and so do the people who care for them. ASCI is guided by these beliefs.

At ASCI, our work aims to strengthen the kinship triad, from influencing policy to constructing culturally sensitive initiatives. The agency's process and practices toward permanency are rooted in evidence-based research. About 20 years ago, ASCI was the first agency to research the possibility of federally subsidized legal guardianship as a permanency option in Pennsylvania. This option was presented to help long-term caregivers pay for the needs of, and provide permanency for, their kinship children without pushing for legal adoption. Half of the caregivers surveyed in our study chose guardianship over adoption, and this evidence convinced former Pennsylvania Governor Ed Rendell to fund the practice. Remarkably, we achieved this before a federal government mandate made it a choice for all states.

ASCI's unique focus established us as a community of thought leaders who believed in using the triad village to strengthen families. Rapid permanency, family group conferencing, and ideas developed through an ASCI-sponsored mental health roundtable helped to elevate our trailblazing work.

Today, ASCI is looking at and thinking more about how to address aging out for older youth in care. The child welfare system is governed by federal, state, and local mandates



in which the goal for all children is timely permanency. Yet more than 20,000 young people exit the foster care system each year by aging out (Children's Bureau, 2017). In fact, in some jurisdictions, parental rights are terminated without ever identifying a permanent family member or an adoptive placement for these children.

Far too many youth leave the child welfare system without reconciling with their families and often without a sustainable life plan. As advocates and practitioners, we

At ASCI, we support what is called relational permanency, as described by Gina Samuels (Samuels, 2008), but we call it "My Forever Home Agreement." We operate with the belief and value that permanency starts the first day of placement and does not end when the case closes. Our services remain available to those we have come to know; we believe there is no expiration date on trauma. ASCI meets the unique needs of kinship care families by providing an array of holistic, values-based services. We offer full-service case management,

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**Our agency is responsible for helping 83% of the county's youth in care find forever homes.**

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have an important question to ask: "Would this be okay for our own children?" I think our answer would be, "No, it is not." Child welfare practitioners recognized years ago that youth in care do not truly live independently. However, rather than change existing structural paradigms, particularly for youth, they simply changed the language to suit their policy interests – long-term foster care is now called Another Planned Permanent Living Arrangement APPLA (Adoption and Safe Families Act, 1997). Perhaps making the language more accessible would make the process more relevant and meaningful.

kinship navigation, comprehensive caregiver training, community engagement, support groups, youth programming, and much more. For more information about our programming, visit our website: <https://www.asecondchance-kinship.com>.

It has been more than 25 years since ASCI opened, and the work we do in Allegheny County has made kinship care a front door for permanency. Between January 2003 and July 2018, of the 1,664 children who achieved permanency in Allegheny County through a process called Permanent Legal Custodianship

# Trust Based Relational Intervention: Employed to Save the Next Generation

Kathleen Bush, PhD and David Cross, PhD

Trust Based Relational Intervention (TBRI) was originally created to meet the needs of families who had adopted internationally and whose adoptions were at risk. TBRI itself is attachment-based, trauma-informed, evidence-based, and multi-systemic. TBRI is a principles-based approach to care and practice, and includes four sets of principles: Connecting, Correcting, Empowering, and Practice.

The Connecting Principles are grounded in attachment theory, and include Mindful Awareness and the Engagement Strategies. Mindful Awareness is the core capacity of TBRI and is necessary for the proper deployment of

The Empowering Principles extend and support connecting and correcting through two sets of strategies, the Physiological Strategies and the Ecological Strategies. Physiological Strategies include management of blood sugar levels (e.g., through healthy snacks) and hydration (e.g., through provision of water bottles), both of which are known to impact a child’s capacity for self-regulation. Physiological Strategies also include attention to children’s needs for regular physical activity and sensory diets. The Ecological Strategies include scheduling for success, a focus on daily and life transitions, and the strategic use of artifacts (e.g., posters, calendars, and schedules).

that they scaffold the emerging competencies of children, youth, families, organizations, and communities.

TBRI provides the skills to enhance resiliency of the microsystem of an individual youth, using connection and play-based skill-building interactions within their mesosystems – i.e., relationships with primary support people. Continuing the use of the Practice Principle of “Systems Thinking,” a wave of TBRI practitioners and like-minded professionals are working across programs, agencies, environments, and across the nation to change communities into trauma-informed macrosystems. This allows each mesosystem the support from their environment that is critical to the development of resiliency of the individual youth.

According to Children’s Bureau (2017), there are more than 400,000 children in foster care; 89% exit the child welfare system to permanent homes, leaving 11% to age out to independence. The majority of youth in foster care have experienced some sort of relational trauma, such as physical abuse, neglect, sexual abuse, loss of a parent due to substance abuse, or abandonment. Children transitioning out of care have higher rates of mental illness, instability of relationships, unplanned pregnancies, and incidents of homelessness (Children’s Bureau, 2017). These youth are at a higher risk of renewing the cycle of unstable care with their own children. Early intervention with TBRI is geared to supporting parents with adverse childhood experiences (ACEs). Trust Based Relational Intervention has the potential to break the generational cycle of neglect and abuse through stabilizing and growing parenting skills and securing healthy

Continued on page 32

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**Trust Based Relational Intervention has the potential to break the generational cycle of neglect and abuse through stabilizing and growing parenting skills and securing healthy development for the next generation.**

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all the other TBRI principles and strategies. Because of the centrality of Mindful Awareness, we require that all TBRI practitioners participate in the Adult Attachment Interview, which has been shown to promote a personal journey toward complete integration and mindful awareness. The Engagement Strategies emphasize nonverbal modes of communication and interpersonal engagement, including eye contact, voice quality, healthy touch, playful interaction, and behavioral matching. A major purpose of the Engagement Strategies is to enhance a child’s sense of felt-safety through engagement and interpersonal connection.

The Correcting Principles provide specific strategies for promoting behavioral and emotional self-regulation. There are two sets of strategies, the Proactive Strategies and the Responsive Strategies. The Proactive Strategies include the Life Value terms (e.g., “Gentle and Kind”), which become the language of a trauma-informed culture, and the Behavioral Scripts (e.g., “You have two choices”), which help structure challenging interactions and promote social competence. The Responsive Strategies include “The IDEAL Response,” which is an acronym recommending that responses be Immediate, Direct (using the Engagement Strategies), Efficient (using “Levels of Response”), Action-based (promoting experiential learning), and Leveled at the behavior and not the child. The Responsive Strategies also include “Levels of Response,” which recommends that interactions remain playful as much as possible, but then move to Structured Engagement, Calming Engagement, or Protective Engagement as appropriate, given the situation.

The Practice Principles focus on how the other TBRI Principles and Strategies will be put into practice. One Practice Principle is to “be Trust-Based and Relational,” by which we mean that it is not enough “to TBRI” our children and youth, but we need “to TBRI” each other – our spouses, our coworkers, and the parents of our clients. It also means that we maintain integrity with the TBRI model and with the Karen Purvis Institute of Child Development. Another Practice Principle is “Systems Thinking,” which means that if we are really going to impact the lives of children and youth, we need to impact their entire ecology – their microsystem, mesosystem, and macrosystem. To take one more example (there are seven Practice Principles), we also encourage TBRI practitioners to “Ride the ZoPeD,” meaning



Learn more about TBRI at <https://child.tcu.edu/about-us/tbri/#sthash.qA9tZByK.dpbs>

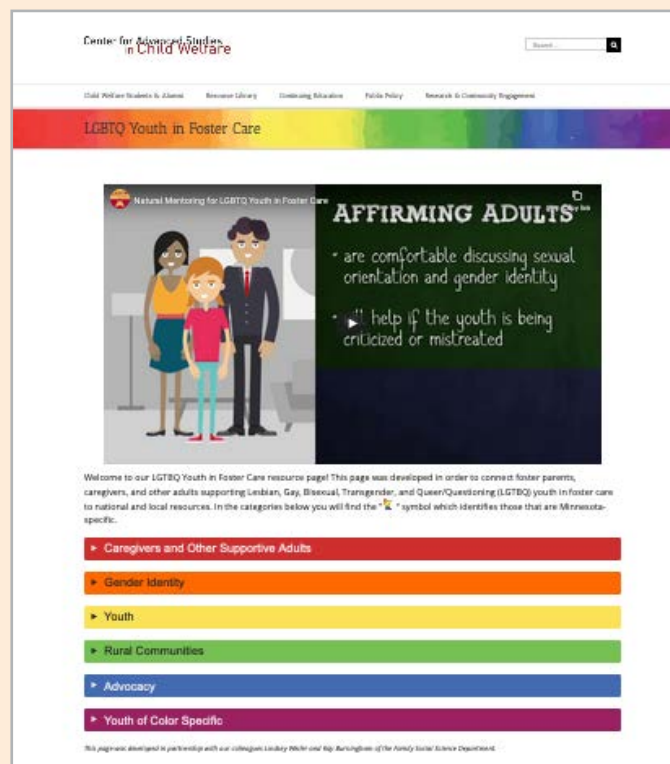


# Resources for Supporting LGBTQ Youth in Care

Visit the **LGBTQ Youth in Foster Care resource page** on the CASCW website! This webpage was developed in order to connect foster parents, caregivers, and other adults supporting Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTBQ) youth in foster care to national and local resources.

This webpage also features a new animated video on Natural Mentoring for LGBTQ Youth who have experience foster care.

[z.umn.edu/LGBTQresources](https://z.umn.edu/LGBTQresources)



## Finding and Using Your Voice: Armanda's Permanency Story

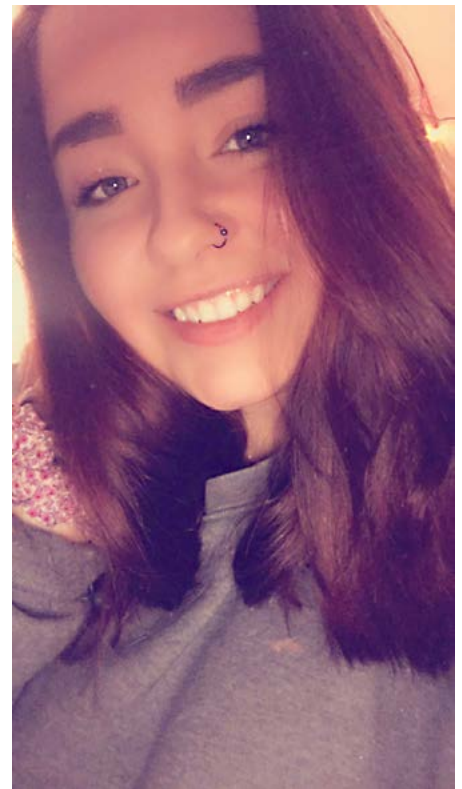
Armanda LaCroix, interviewed by Korina Barry MSW, LGSW

Armanda entered the foster care system at the age of 5. She was fortunate to be placed with her younger biological brother. Armanda describes stepping into a caregiver/parental role at a very young age to ensure her younger brother was safe and taken care of. During their time together in foster care, they were placed in three non-relative foster homes. When Armanda was 10, she and her brother were adopted by a family. This would not be her forever family, however: Her adoptive father groomed and sexually abused her for 5 years.

Armanda was removed from the home of her abuser and placed back into non-relative foster care. Armanda recalls the forensic interviewing experience – an excruciating 6-hour process she may never forget. She said the social worker assigned to her case at the time blamed Armanda for the abuse. “She read my case file and she chose not to get to know me; she told me that I was manipulative and a promiscuous child. She did not believe me and what I had been through.” Armanda’s worker had pushed for reunification with her adoptive family following the abuse, but Armanda was

Ampersand Families, Armanda led the process of identifying prospective adoptive families. She began to take her power back. “I was tired of people telling my story for me. I wanted to tell it myself,” she said. Armanda knew she deserved a good, loving family, and she wanted that for her future self, as well. She considered future children, if she were to choose to have them. She wanted those children to have grandparents – something she never had. She wanted support and the ability to call home to family if she ever needed anything. It was also important to her that a potentially adoptive family understand some of her lived experience as well as her needs as a teenager. She wanted to ensure that they understood trauma and that they would be there to support her during any mental health challenges. “I wanted a family that would accept the woman that I was,” she said.

Armanda’s abuser was eventually sentenced and by then, she had moved into the home of the family that would later become her forever family. However, Armanda still feared for and worried about her brother, who remained in




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**Know your worth, find your voice, use it, advocate for yourself and others. Find hope in every situation, know your rights, fight for your rights, and fight for your worth of having an adoptive family. —Armanda**

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determined to advocate for herself and pushed for a termination of parental rights (TPR).

At the age of 15, Armanda took her adoptive family to court. It was a painfully long and drawn-out process: The trial took 3 years. During the trial, the attorneys discussed a plea deal that would shorten her abuser’s sentence, and Armanda remembers thinking, “That is definitely not what I want. I want whole and complete justice.” But the plea deal happened without her permission. Two weeks later there would be a sentencing hearing, which she chose not to attend. She worked so hard, she fought so hard, and she felt deflated.

Despite the trial and her placement back into foster care, Armanda still wanted a forever family – something she strongly believed she deserved. Unfortunately, she felt unsupported by her social worker, who told her that searching for an adoptive family at the age of 16 was not a realistic idea and that she should be prepared to age out of the system. Armanda again felt unheard and pushed aside. Yet she remained determined and continued working toward her goal of finding a forever family.

With the support of her Guardian ad Litem and her adoption worker through

the care of their first adoptive family. He stayed in the home because those involved said he would be safe because he was a male. Armanda still cannot wrap her mind around this belief. She and her brother were rarely allowed to see each other or speak to one another. She still feels that there is a lack of clarity on whether there was a legal order stating they could have contact or not, but it was clear to her that she was not to see her brother until he turned 18. She missed him and worried for him every day.

Through grief and sadness, Armanda pushed through and worked toward her goals. She graduated high school and began a journey in post-secondary education. Armanda attended a community college for two years and transferred to a four-year university, where she studies social work with a minor in gerontology and human relations. Armanda’s forever family, through ups and downs, continues to support her during her journey through young adulthood, whether it is helping her pay for textbooks and bus cards, helping her move into dorm rooms and apartments or making regular trips to visit her and enjoy a meal together. All of the big things and all of the small things make a difference to her.

In addition to attending college and working multiple jobs, Armanda is a very active advocate for youth. She is a member of the Minnesota Education and Training Voucher (ETV) Advisory Board and she volunteers with MyVoice (Minnesota Youth Voices), a group for and by youth that have been impacted by foster care (see p.21, this issue). Armanda was interviewed for the CASCW Podcast channel to share more about MYVoice (see p.35 this issue).

Armanda is passionate about supporting young people like herself. “I personally find it important for people to find their voice, use their voice to advocate, and just make the world better around them.” Armanda offers this advice for other young people: “Know your worth, find your voice, use it, advocate for yourself and others. Find hope in every situation, know your rights, fight for your rights, and fight for your worth of having an adoptive family.”

Turn to page 21 of this issue to learn more about Ampersand Families and MyVoice MN.

## We Are Solving the Wrong Problem

*Amelia Franck Meyer, EdD, MSW, LISW*

The field of child welfare is filled with frequent references to “systems change” or “transformation,” but what does this really mean for the youth and families we serve? Does it mean that we do what we’ve always done, protect our power and positionality, but we do things a little bit better? Does it mean that we invite more families to our meetings, to our tables, and to our way of work, or do we truly transform the fundamental purpose of why we exist?

Our system was created from a set of assumptions we no longer believe to be true and have created disproportionate experiences and outcomes for youth and families of color. Our system was created from the perspective that removing children from their parents, from their families, and from their communities was best for children. However, this also meant that we removed them from their identities and culture and, therefore from their connections to belonging and healing. The child welfare system was built with good intentions – to keep children safe by removing them from their so-called bad parents and placing them with who we believed to be better parents. However, often what made someone bad was their socioeconomic status (being poor) or the color of their skin. What made a good parent was someone who could provide a better life – which was often code for wealth or whiteness.



uninterrupted sense of belonging within their family and community (Sugrue, 2019). If we invest in parents, in families, and do whatever it takes to avoid out-of-family placements, we do not have a permanency problem. We simply know better now, and therefore we must do better.

The challenge is that all our traditional systems, funding, roles, and mindsets reinforce avoiding risk (mostly our own risk) and separation. As one leader recently said, “When

mercy, even though they were likely harmed as a child, too. This belief of who is deserving of help or forgiveness is also rooted in racism and classism. Our system was set up to help the deserving poor (orphans and widows) and to punish all others, but the cure has become worse than the disease. We have no evidence to continue our current practices of separating families, but our system is slow to catch up to this knowledge.

Until the recent passing of the Families First Prevention and Services Act (FFPSA), Title IV-E child welfare funding was only available after separation had occurred. FFPSA has given us an opportunity to begin to build a new mindset and a new way of practice which fundamentally redefines our purpose. The new purpose of our work becomes learning to keep children safely with their families, not from their families.

Let’s treat the severing of relational connections as a nuclear option, because all nuclear actions have widespread fallout that harms not only those close to the blast but also the entire communities and populations surrounding them. Belonging, connection, and healing have the same widespread impact. Permanency starts at the beginning, not at the end. Permanency starts with supporting parents – in concrete, tangible ways – to be able to safely parent their children. And when families struggle, as all families do, we must partner alongside parents to do what love would do, which is what we would do for someone we loved.

*Amelia Franck Meyer, EdD, MSW, LISW is the founder and CEO of Alia. Contact: [amelia@aliainnovations.org](mailto:amelia@aliainnovations.org)*

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**We now know two key teachings from the research that are backed by centuries of Indigenous wisdom: Children thrive when they are with their people, and separation leads to lifelong predictive harm.**

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This process of rescuing and removing, while leaving families behind without the support needed to safely parent, has created systemic orphans. It has also created a national shortage of foster families to care for the children we have isolated and disconnected. And is the problem really that we have too few foster families? That is a supply problem frame, and I believe we have a different problem to solve. I believe we have too many children who cannot live safely at home. How do we work together to solve that problem? How do we curb the demand? If we solved the problem of too many children not living at home, we would have an overabundance of resource families.

We now know two key teachings from the research that are backed by centuries of Indigenous wisdom: children thrive when they are with their people, and separation leads to lifelong predictive harm. We also know that it is a primal need for children to have an

we play it ‘better safe than sorry’...who is safe, and who is sorry?” And of course, the answer is the professionals are safe, and the children and families are sorry. But the truth is, we are all sorry. We are all sorry when we have a generation of children suffering the trauma of removal, when we need more from our schools than they are funded or prepared to do, when our tax burdens cannot fund the rising needs, when we cannot find enough people to care for these hurting youth, when their pain-based behaviors clog up our juvenile justice systems. And we are sorry when they become parents and show up in our criminal justice system, and the cycle starts all over again.

So, what is the solution to improving permanency in child welfare. The solution lies in supporting parents and families to safely raise their own children. But those parents who can’t keep their children safe don’t deserve help, right? They deserve punishment and shame, but they don’t deserve empathy or

## Coming Full Circle: Healing, Hope, and Support that is Permanent

*Justice Anne McKeig*

Sonia Sotomayor once said, “People who live in difficult circumstances need to know that happy endings are possible.” We can all think of challenging times in our youth where we needed the guidance of others to assure us that everything would be okay. If asked, many of us could identify a pivotal person who helped us endure. But imagine that you had no one. You are a child of the system and the only stable people in your life are paid to help your family, yet you’re repeatedly told not to trust them. How would that impact your future?

I have worked in the field of child welfare my entire legal career. I began as an attorney in child protective services, advocating alongside social workers. We supported families plagued with abuse, neglect, and generational trauma. My intention was simply to make a difference, understanding that the children of today

him from his home, and he was placed into foster care. That removal was just one of 17 removals that started when he was only 2 years old. His childhood was replete with abuse, neglect, violence, poverty, and sadness. The removals only ended when he was sent to a juvenile detention center. Less than a year after his release, he entered the adult correctional system.

In 2016, I learned he would soon be released from prison. I contacted him, asking if I could visit and seek his wisdom about how the system could be improved. I had no idea how the visit would go or what I would say. When he walked in the room, I felt compelled to tell him that I was sorry. I was sorry for all he had experienced. I was sorry that I had failed him, that the system had failed him. I told him that it was not his fault. He was silent for a

had struggles. He told me he feared that I would cut off contact because of his setbacks. I explained that there were no conditions to my support. My support was permanent.

Today, he texts me several times a week with questions similar to those I receive from my children. He told me once that I was like a mother to him – not a replacement for his mother whom he loves but an additional mom. This was the greatest compliment he could give me. A few months ago, he called me and told me he had a girlfriend. I think he was nervous to tell me because I had suggested to him, “no women” upon his release until he was stable. He said, “I know you said no women, but I met someone. Her name is Monique, and she is on the phone with us.” I then heard a very nervous female voice say, “It is nice to meet you.” I had to smile. He wanted my approval; it was important to him. I gave them a speech about making good choices and being responsible and said that as long as she was helpful and not a hindrance all would be fine.

He is currently working, has an apartment, and is scheduled to take his driving test. He has never been out of prison long enough to have a driver’s license. He also recently applied to attend school. I am so proud of what he has accomplished. But more importantly, he is proud of himself.

The relationship I have built with this young man is unique, but his story is not. Our system is fractured. We valiantly try to help families overcome complex struggles. But we continue to see generations of abuse and neglect. Families entering child protective services need to know that we share their worries and fears and that we celebrate their successes, too. We need to overcome the communication barrier that is keeping them from recognizing our emotional investment. We need to build communities around them so that when their file closes, their support does not.

We are capable. It is our responsibility. It can be done. Many are counting on us.

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**People who live in difficult circumstances need to know that happy endings are possible. — Sonia Sotomayor**

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are the adults of tomorrow. However, good intentions do not equal positive results.

In 2014, I saw a familiar face on the inmate bulletin board of a correctional facility. He was 10 years in to a 12-year sentence – a tragic loss of time for a man who had just begun his adult life when he was imprisoned. I cannot say that I was surprised, but I was profoundly affected. I had known this man as a young boy. As a county attorney, I removed

moment. Then he hung his head, and he cried. He said no one had ever told him or that it was not his fault, or that he mattered – that people cared about him, or that he was thought of and remembered.

It was instantly clear that he had spent his childhood feeling hurt, alone, and abandoned. I promised to remain in contact. I wrote to him often, visited him on his birthday, and picked him up on his release date. He has



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Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau



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## Family Finding in the 21st Century: The Impact of Social Media and Genetic Testing

JaeRan Kim, PhD, MSW

While I was working as a child welfare worker in Minnesota in the mid-2000s I was greatly inspired by the Family Finding model for searching for family members. At this time, I turned to a new social media platform at the time, MySpace, in hopes of finding family members who might be able to be a permanency option for the youth on my caseload. Prior to the internet, there were limited options for family, finding and searches often took decades. Search angels and private investigators, if one could afford it, might be hired to help with the tedious leg work. Over the past decade, the variety, scope, and access to even newer technologies has allowed adoptees and former foster youth the ability to take charge of their own birth family search. Two technologies in particular have had a major impact on family finding – social media and Direct-to-Consumer (DTC) genetic testing companies.

potential to find genetically related relatives proactively rather than needing to pay only to confirm with a specific potential relative. DTC tests can cost from \$50 to \$200 and are less comprehensive in the information that would be provided in a traditional DNA test, but they provide a more affordable option than in the past. They also allow people to cast a wide net when searching.

The child welfare system operates from a clean slate philosophy – the belief that our past is the past and it's best for an adoptee or foster youth to start fresh with another family. But we are not blank slates, and attempts to minimize, erase, or reject our birth family members can contribute to feelings of ambiguous loss and split loyalty. As adults, many of us who experienced separation from our families of origin undertake the arduous task of searching for our biological family roots. This is difficult to accomplish in a society that promotes sealed

to third-party companies for research, including for pharmaceutical development. And more recently, law enforcement organizations have created false profiles on these sites using DNA from evidence collected in criminal investigations as a way to find close relatives who might be able to provide information for the cases. Both of these uses of DTC data pose privacy concerns for its users (May, 2018).

These technologies increase our options and allow us more control over our searches; however, we still need to have conversations about potential ethical dilemmas and how to best navigate the new challenges that are created with technological advances. We likely cannot begin to imagine what technologies will be available 10 or 20 years from now, but the same concerns about access, control, privacy, and boundaries will likely still be salient.

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Over the past decade the variety, scope, and access to even newer technologies has allowed adoptees and former foster youth the ability to take charge of their own birth family search.

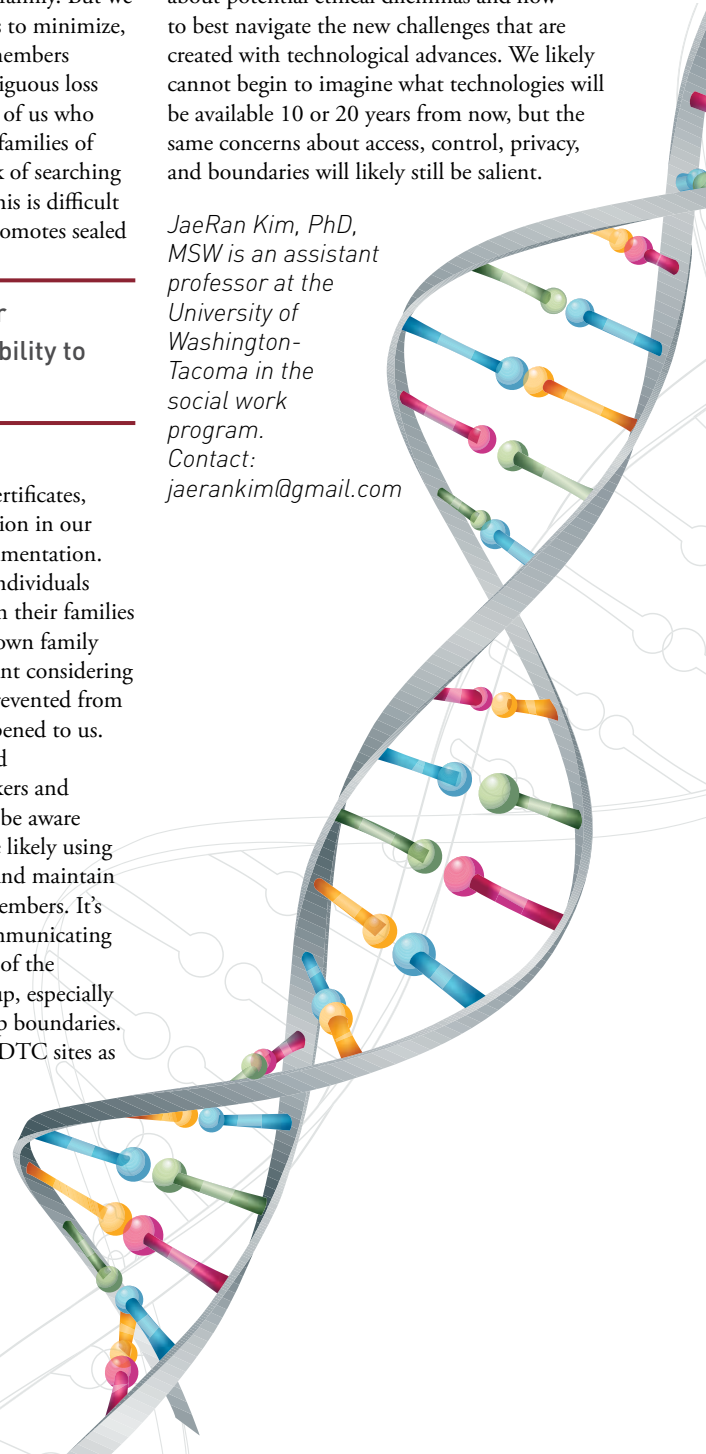
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One way that adoptees, foster alum, and birth families are using social media is to post photos of themselves and information about the person they are looking for and asking everyone in their network to share or re-post. Search engines like Google are more powerful than ever, and typing in the name of a birth parent or sibling brings up many more potential matches than we could have imagined a decade ago. In addition to social media sites and search engines, smartphone communication apps are helping reunited adoptive, foster, and birth family members stay in touch – even across countries and cultures. Many of these apps are free and can be used via WiFi or internet access, making them widely available and accessible.

During my own birth family search in 2000, I completed an expensive DNA test with a potential birth family. At that time, DNA tests involved a lot of time and expense and were used to verify genetic relationships. Today there are several DTC genetic test options such as 23&Me and Family Tree DNA available. This technology, previously used for other reasons (creating genealogy histories, health history, and ethnic ancestry), has become very popular with individuals who have been disconnected from their families of origin. It makes family finding easier because of the

records, amended/alterd birth certificates, name changes, redacted information in our social histories, and missing documentation. These newer technologies allow individuals who have been disconnected from their families of origin to take control of their own family finding process, which is important considering how much adoptees have been prevented from having a say about what has happened to us.

In the case of social media and communication apps, social workers and foster and adoptive parents must be aware that foster and adopted youth are likely using these platforms to connect with and maintain relationships with birth family members. It's crucial that adults are openly communicating with youth to talk through some of the ethical dilemmas that can come up, especially regarding privacy and relationship boundaries. There are ethical concerns about DTC sites as well. As with any family finding search technique, an individual found via DTC may not know about the searcher's existence and the discovery may be distressing – especially if there was a traumatic reason for the separation. DTC companies often use data from users to sell



## Legacy Youth: What is in a Name?

Judge Hilary Lindell Caligiuri, Judge David Piper, and Skylar, interviewed by Denise M. Cooper, MEd and Korina Barry, MSW, LGSW

### *What is in a name? More than meets the eye.*

The Honorable Judge Hilary Caligiuri and the Honorable Judge David Piper are district court judges in Hennepin County Minnesota. Hennepin County's juvenile court supervises approximately 300 cases for youth in foster care awaiting permanency each year. These youth enter the foster care system due to concerns of abuse and neglect related to drug and alcohol

justice-involved children were labeled within the child welfare system. They believed labeling these children as "wards of the state" was archaic, or, in Judge Piper's words, "it is impersonal, and it does not do the kids justice." They thought the youth deserved to be referred to in a way that more accurately described their uniqueness and beauty. Judges Piper and Caligiuri were determined to

through abuse and all kinds of neglect. We are the survivors. We deserve to be called legacies."

The name "Legacy Youth" is emblematic of both the resilience and the inherent gifts of these youth. This is an important change that will impact how adults see these children and how the children see themselves. A change in a name that could change a child's outlook on life and their belonging. It may feel like a small change to some, but it is a step in the right direction. And most importantly, it is a step that was led by and for youth themselves.

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**"We are in fact the ones who got out. The ones who made it out and into a better place than we were before. We have been through abuse and all kinds of neglect. We are the survivors. We deserve to be called legacies."**

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*Judge Hilary Lindell Caligiuri, Hennepin County Fifth Judicial Court District*  
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abuse and other issues. Unfortunately, these youth remain in long-term care and their parents' rights are terminated. When a parent's or parents' rights are terminated, the child welfare agency retains custody of the child. Traditionally, these children were deemed "wards of the state," a term used in Hennepin County and statewide.

Judge Piper and Judge Caligiuri firmly believed that a change was needed in how

change the term. To do this, they took a novel approach and called upon the youth to help select a new name that was a better fit.

Upon their request for suggestions, they received a note from a youth named Skylar. At the time Skylar was 17 years old and her note read "Legacy Youth." In her note, Skylar explained, "We are in fact the ones who got out. The ones who made it out and into a better place than we were before. We have been

*Judge David Piper, Hennepin County Fifth Judicial Court District*  
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**Permanency on Purpose**

Continued from page 23

– which results in positive outcomes such as decreases in system reentry and encounters with the juvenile justice system – 1,386 of them did so through ASCI. Therefore, our agency is responsible for helping 83% of the county's youth in care find forever homes. More impressively, 60% of those children and youth reached permanency within the first six months of service. The county's goal is to place 70% of youth in care into kinship care, and because of ASCI's work, it is currently placing 65% of these youth in permanent, loving homes.

Since ASCI opened, we have serviced more than 32,000 children between Pittsburgh and Philadelphia, and 93% of them have achieved permanency or found their forever homes. This success reinforces what I have long come to believe: When you protect the family, you protect the child. Investing in the preservation of families is in the spirit of what ASCI has always advocated.

*Sharon McDaniel, EdD, is founder, president and CEO of A Second Chance, Inc. Contact: <https://www.asecondchance-kinship.com/>*

**What Are Best Practices That Support LGBTQ+ Youth?: That is the Wrong Question**

Continued from page 17

Best practices occur when the system is designed to support LGBTQ+ youth. Interventions can be designed by teams whose members have the expertise to meet the varying needs of families based on their culture, identities, and presenting issues. At the end of the day, this is all about love – love for all our children and youth.

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**The Intersection of Reconciling and Grieving Losses: for Youth in Care**

Continued from page 19

worker guides are encouraged to introduce opportunities for youth to know their story in a fun, often dramatic way.

Lastly, the most essential tool is the life storybook (in a three-ring binder). Life storybooks provide a tangible, visual collection of the work being done by youth to unravel the hurts, confusions, joys, and caring relationships

of their lives. Through pictures, drawings, writings, etc., they visualize stories and important individuals that make up what has been happening in their lives and who they are, captured in their book, their autobiography. These books assure continuity and provide the opportunity to piece together experiences that their traumatized brains may have difficulty in otherwise capturing. They help make sense of meanings to events and relationships. Life storybooks are the unique property of those who create them. They are not documents for legal actions nor shared with anyone not approved by the youth. Youth are given the choice as to who maintains physical possession of their life storybook.

Through the task of integration, youth identify and explore meanings for all relationships that are important to them. They should not grieve alone nor in the absence of family. If aging out indicates a lack of relationships present to support youth as they leave care programs, then all efforts must be made to pursue and engage family members. This is the tough, messy work of bringing family members into the relationship-rebuilding process. Families who have chaotic living situations or mental health and/or substance abuse issues may seemingly have little to offer family members living in the care system. However, restoration work has been demonstrated through clarification and integration task work that supports grief work. Connecting with a mother or father and recognizing their pain, in concert with their love for their child, brings a powerful message to them as valued and capable parents. The practice of family group conferencing/family group decision making provides an established model for integrative relationship-building work and is encouraged.

Regardless of the goal determined when a child or youth enters care, the work is the same: Engage in activities to reconcile their experienced traumas (losses) and engage in relationships to get their needs met through supportive current and potential families. Within the 3-5-7 Model are the tasks that guide engagements with youth and families toward readiness for the safety of relationships.

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**Trust Based Relational Intervention: Employed to Save the Next Generation**

Continued from page 24

development for the next generation. Success in using TBRI for healing is demonstrated within the many programs that serve families across generations, such as foster care programs, adoption preservation services, trauma therapy,

court services, juvenile justice and residential treatment centers, schools, early intervention programs, and homeless shelters.

Trauma that occurs within relationships has the potential to heal with time, opportunity, and the support of a trauma-informed community. TBRI provides a critical trauma-informed skill base for child welfare professionals and other primary support people such as foster parents, teachers, and others who have opportunity to have a positive impact upon youth transitioning to adulthood from the foster care system. The education provided through TBRI helps support people understand the importance of their interactions and that quality care and connection creates the environment where healing and resiliency-building can occur. Through TBRI, the focus of interventions that address only the surface issues such as attitude, grades, and compliance, is shifted to a more effective intervention of healthy, trusting relationships provided within the quality of interpersonal relationships. The side effects of this change ultimately lead to other desired outcomes, such as emotional management, impulse control, and clarity of thoughts and decisions as they flourish naturally within nourishing relational environments.

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## Agency Discussion Guide

*The agency discussion guide is designed to help facilitate thoughtful discussions during supervision and team meetings about the information presented in this issue.*

### Discussion on Practice Implementation

1. Bettencourt and Weber write that in order to best support LGBTQ+ youth, agencies must: “include a stakeholder group who reflect the youth/families/communities most impacted by the system, anti-racist intersectional policies that go beyond non-discrimination, quality assurance, reasonable caseloads, and appropriate funding allocation.” How can we as professionals address each of these areas? What challenges do we/will we face around these specific areas of needed development?
2. Gehringer points out ways in which professionals can begin to challenge their beliefs and practices, specifically around birth family and relative connections for youth in care. Within your agency, discuss the following:
  - a. If there is a termination of parental rights (TPR), how can we as professionals still support the relationship?
  - b. If a relative may not be a permanency option at this time, how can we as professionals continue to support a connection between the youth and this relative?
  - c. What are some other common beliefs that we as professionals can begin to or continue to challenge/change the narrative?
3. In what ways can we as professionals do more around family preservation, especially for older youth, as McDaniel states, “when we protect the family, you protect the child?”

### Discussion on Agency- & System-Level Changes

1. Several articles discuss the systemic barriers surrounding permanency for youth. As discussed within several articles, in not achieving permanency, youth face even more barriers. That being said, permanency is much more than just a forever home. Permanency involves health care, healthy nutrition, stable housing, etc. How can professionals support a system that views permanency in a way that is far beyond just a home? For older youth or youth that will likely age out of care, how can we achieve permanency for them as well, even if it does not necessarily mean that we found a family for them to reside with?
2. Houshyar and Citrin write, “To be healthy, youth need safe, stable, and nurturing families, access to health care, healthy nutrition, stable housing, safe communities, healthy and affirming relationships, and high-quality schools.” However, as discussed within the article, youth who age out of foster care often face barriers to all of these important aspects of being and staying healthy. How does your agency support older youth and/or youth who age out of care surrounding health care, nutrition, housing, relationships, and high-quality schools? Discuss ways in which your agency could do more around each area.
3. What are ways in which your agency and/or the system has developed methods and/or practices that promote family preservation, especially for older youth?

## Resources

This list of resources is compiled with input from CW360° authors and editors as well as CASCW and MNCAMH staff.

### Governmental Organizations & Resources

- *Administration for Children and Families* <https://www.acf.hhs.gov>
- *U.S. Department of Health & Human Services* <https://www.hhs.gov/>
- *Children's Bureau* <https://www.acf.hhs.gov/cb>

### National Organizations & Resources

- *Foster Club* <https://www.fosterclub.com/>
- *Casey Family Programs* <https://www.casey.org/>
- *Support Services for Youth in Transition Resources* <https://www.childwelfare.gov/topics/outofhome/independent/support/>
- *Child Welfare League of America* <https://www.cwla.org/>
- *Child Welfare Information Gateway* <https://www.childwelfare.gov/>
- *Dave Thomas Foundation for Adoption* <https://www.davethomasfoundation.org/>

### Minnesota Organizations & Resources

- *Partnerships for Permanence* <https://www.partnershipsforpermanence.org/>
- *MN Adopt* <https://www.mnadopt.org/>
- *Ampersand Families* <https://ampersandfamilies.org/>
- *MyVoice MN* <https://www.myvoicemn.org/>
- *Foster Advocates* <https://www.fosteradvocates.org/>
- *Youth Leadership Councils* <https://mn.gov/dhs/people-we-serve/children-and-families/services/adolescent-services/programs-services/youth-leadership-councils.jsp>
- *STAY (Successful Transition to Adulthood for Youth) Program* <https://mn.gov/dhs/people-we-serve/children-and-families/services/adolescent-services/programs-services/stay-program.jsp>

- *Extended Foster Care to Age 21* <https://mn.gov/dhs/people-we-serve/children-and-families/services/adolescent-services/programs-services/extended-foster-care.jsp>
- *AspireMN* <https://www.aspiremn.org/>
- *Children's Law Center of Minnesota* <https://clcmn.org/resources/foster-youth/>
- *Alia* <https://www.aliainnovations.org/>
- *Wilder Research* <https://www.wilder.org/>
- *Village Arms* <https://villagearms.business.site/>

### Policy Specific Organizations & Resources

- *North American Council on Adoptable Children* <https://www.nacac.org/>
- *National Center on Adoption and Permanency* <https://www.nationalcenteronadoptionandpermanency.net/>
- *GrandFamilies* <http://www.grandfamilies.org/>
- *Movement Advancement Project* <https://www.lgbtmap.org/>
- *Center for the Study of Social Policy* <https://cssp.org/>
- *The Congressional Coalition on Adoption Institute (CCAI)* <http://www.ccaainstitute.org/>

### Adoption Exchange or Matching Resources

- *AdoptUSKids* <https://www.adoptuskids.org/>
- *State Adoption Exchange (SAE)* <https://www.mnadopt.org/waiting-kids/>
- *The Reel Hope Project* <https://www.thereelhopeproject.org/>



## NEW PODCAST CHANNEL

**CASCW** is committed to connecting child welfare professionals to relevant and accessible training resources. We are excited to bring you the latest in research, policy, and practice via **PODCASTS**.

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- Researchers • Frontline social workers • Community members
- Policy makers • And many others

### Topics will include

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- Person-centered practice • Supporting parents with disabilities
- And more!

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The Phoenix Learning Xchange (PLX) is an interactive, multidisciplinary, non-credit certificate program. PLX aims to broaden the knowledge of the development, challenges, positive engagement and wellbeing of youth and adolescents involved in the child welfare and other systems.

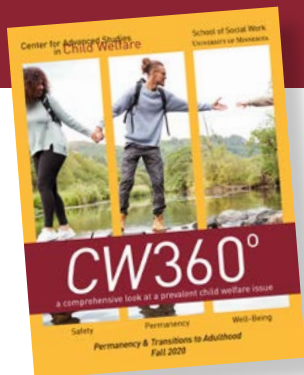
[phoenixlx.com](https://phoenixlx.com)

## About CW360°

Child Welfare 360° (CW360°) is an annual publication that provides communities, child welfare professionals, and other human service professionals comprehensive information on the latest research, policies and practices in a key area affecting child well-being today. The publication uses a multidisciplinary approach for its robust examination of an important issue in child welfare practice and invites articles from key stakeholders, including families, caregivers, service providers, a broad array of child welfare professionals (including educators, legal professionals, medical professionals and others), and researchers. Social issues are not one dimensional and cannot be addressed from a single vantage point. We hope that reading CW360° enhances the delivery of child welfare services across the country while working towards safety, permanency and well-being for all children and families being served.

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## In This Issue of CW360°

- Research, resources and best practices for working with and supporting older youth in foster care
- Youth-centered planning for youth who are aging out of foster care
- Youth with disabilities, health care, special populations, education and housing
- Kinship care as a permanency strategy
- Support of LGBTQ+ youth in foster care
- The definition of and finding permanency for unaccompanied immigrant children in foster care
- Reunification supports for older youth as an option for permanency
- Personal stories from former foster youth and those who work with them
- Health care needs of youth aging out

## CW360°

a comprehensive look at a prevalent child welfare issue

Feature Issue: Understanding Substance Use and Interventions in Child Welfare, Fall 2020

Executive Editor : Traci LaLiberte  
Managing Editor : Korina Barry  
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