A Plan for Investing in the Social, Emotional and Physical Well-Being of Older Youth in Foster Care

Connected by 25





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By Barbara Hanson Langford and Sue Badeau August 2013





Introduction

Positive social, emotional, and physical well-being are core aspects of a young person's development. To be healthy and well, young people need to be able to develop and maintain relationships and social networks, and successfully interact within their community. Young people also need to be able to effectively recognize, understand, and express emotions and to channel those emotions into healthy behaviors. In addition, young people need to be physically healthy and fit and be able to make safe and constructive life choices.

All young people require attention to and care for their social, emotional, and physical well-being. However, older youth currently in or transitioning from foster care often experience lower levels of social, emotional, and physical well-being than their peers. Many of these young people face social and emotional challenges stemming from abuse or neglect and separation from parents. Frequent foster care placement changes also have emotional and behavioral impacts. These social and emotional challenges affect young people's abilities to develop cognitive skills and also make it difficult for them to develop a strong sense of self, regulate emotions, manage stress, make decisions and plan for the future. These challenges can also impede young people's abilities to interact with others, to negotiate social situations, and to form and sustain healthy relationships.

Older youth experiencing and transitioning from foster care who are not able to safely and effectively manage these social and emotional challenges face significant hurdles throughout their transition to adulthood. Without the capacity to effectively deal with a mental health challenge, it can be incredibly difficult to form and sustain the relationships that create the foundation for lifelong permanence or fully participate in educational opportunities. Without healthy coping skills, it can be hard to deal with challenges in a school environment, with a roommate, or in a workplace. Without strong social networks, it can be difficult to succeed in school, find a place to live, and find and keep a job.

Well-being remains a critical gap in the field of child welfare and is an issue of particular importance for older youth currently in and transitioning from foster care. Child welfare systems have not typically viewed assuring well-being as their responsibility. It was not until the passage of the Adoption and Safe Families Act of 1997 that the concept of "well-being" was added to the established pillars of safety and permanency as part of the creation of the Child and Family Service Reviews. However, no specific well-being measures were included in the law. With the important exception of a few recent new federal discretionary grants,¹ relatively little current public or private investment is directed toward social, emotional, and physical well-being.

The Youth Transition Funder's Group (YTFG) is a network of grantmakers whose mission is to help all youth make a successful transition to adulthood by age 25. YTFG's Foster Care Work Group (FCWG) works to ensure youth in foster care have lifelong family, personal, and community connections and



Introduction

the opportunities and tools to succeed throughout adulthood. The FCWG published its first investment agenda in 2003, *Connected by 25: A Plan for Investing in Successful Futures for Foster Youth*. That document called for a series of investments to support the economic success of young people transitioning from foster care at a time when issues related to education, workforce development, financial literacy, and asset development received little attention.

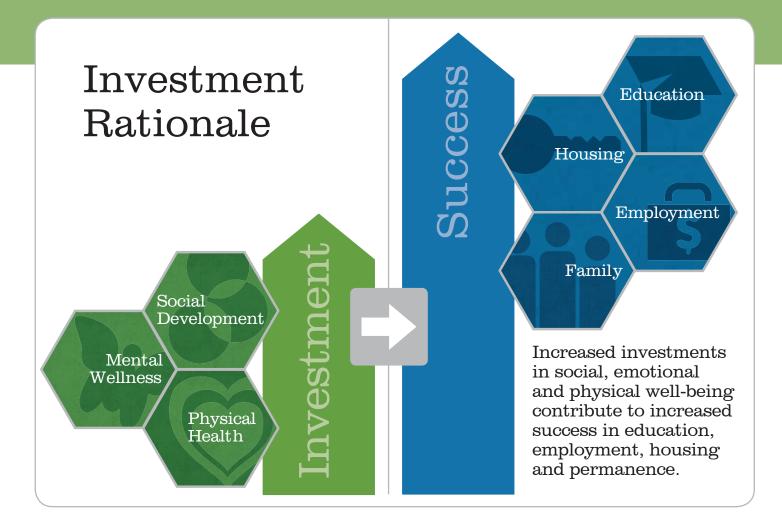
This investment agenda seeks to bring a similar focus to the critical issue of social, emotional, and physical well-being by leveraging and advancing new and emerging interest within and outside the federal government and research and advocacy communities to better understand and support social, emotional, and physical well-being for older youth in foster care. The FCWG encourages public and private funders to invest in a coordinated series of funding strategies—as individual funders and working together in funder collaboratives—to improve the social, emotional, and physical well-being of youth transitioning from foster care.

This investment agenda focuses on strategies to support older youth and young adults ages 14 to 25, in alignment with YTFG's target population. This age range intentionally includes **older adolescents** who are currently experiencing foster care as well as young adults who are transitioning from foster care.² This population notably includes 26,000 young people who age out of the foster care system each year without a permanent legal connection to a caring adult.

No young person should age out of the foster care system without a permanent relationship with a caring adult. Investments that support the social, emotional, and physical well-being of young people entering and transitioning from foster care will increase the odds that they will both achieve and sustain these permanent relationships. Investments in social, emotional and physical well-being will also improve related outcomes of educational and employment success, and ultimately reduce the number of young people who age out of foster care each year.

In developing the recommendations contained in this agenda, the FCWG sought to reflect several approaches and philosophies:

- First and foremost, the FCWG's recommendations are grounded in a positive youth development approach that seeks to help young people acquire the knowledge and skills they need to become healthy and productive adults while building on young people's strengths and recognizing their unique contributions.
- Additionally, these recommendations are grounded in an understanding of the developmental stage of emerging adulthood. Adolescents must take on distinct developmental tasks in order to move through emerging adulthood and become healthy, connected, and productive adults.³ During this developmental phase, young people are developing a sense of identity, beginning to make more independent decisions, creating career goals, adopting a value system, and developing increased impulse control. These tasks are critical components of social, emotional, and physical well-being.



Finally, these recommendations take into account **new understanding of adolescent brain development.** Research clearly shows that maltreatment and exposure to trauma can have profound and long-term effects on brain development. However, it is also clear that the brain continues to develop throughout adolescence, providing critical windows of opportunity to build resilience and develop new knowledge and skills for adulthood. Moreover, chemical changes in the brain that prepare adolescents for risk-taking also present important opportunities for young people to learn from mistakes and acquire greater self-regulation, coping, and resiliency skills.⁴

This document begins by highlighting the current status of well-being of older youth currently in and transitioning from foster care and examines the implications of that research for new investments. Next, it presents a new framework for well-being for older youth in foster care and a theory of change underlying the investment agenda. Finally, this document includes a series of recommended investment strategies for public and private funders and funder collaboratives seeking to improve the social, emotional, and physical well-being of older youth transitioning from foster care.

Current Status of Well-Being of Older Youth Currently in and Transitioning from Foster Care

Most children who come into the child welfare system have experienced abuse or neglect and separation from a parent. These often-traumatizing experiences can lead to a variety of behavioral and emotional challenges. Moreover, many children not only come from, but also are placed in, high-risk home environments characterized by poverty and instability.⁵ The experience of foster care itself can be a challenging context that can create additional barriers to healthy development.

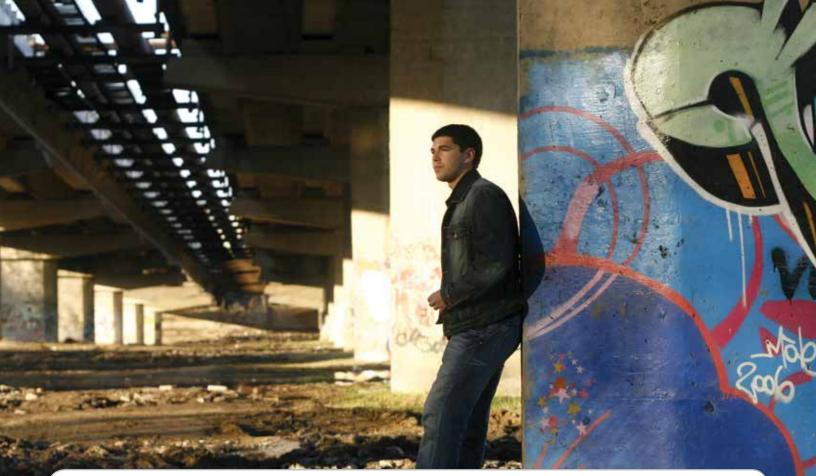
Older youth currently in and transitioning from foster care face a myriad of social and emotional challenges—some that may have manifested prior to entry into care, some that may have developed or worsened once in care, and some that may have become even more challenging when they exited from care. Generally speaking, older youth in foster care experience poor outcomes across a range of broader well-being measures—from health to education to employment. Although causal relation-ships between social and emotional well-being and other outcomes are still emerging, social and emotional challenges clearly contribute to poor outcomes in many other areas of a young person's life.

Social and Emotional Well-Being

Not surprisingly, given the stress and/or trauma that many children and youth experience prior to being removed from their families, mental and behavioral health issues are prevalent among children and youth in foster care. One study found that up to 80 percent of young people in foster care have significant mental health issues.⁶ Among young people in foster care, forty percent have behavior problems⁷ and more than one-fourth of children ages 6 to 17 have *high levels* of behavioral and emotional problems.⁸ Research has also found that more than one-third of children in foster care have fewer social skills than their peers who are not in care.⁹

A partial explanation for some of the differences between young people in foster care and their peers who are not in care may come from the field of trauma research. This research establishes clear links between trauma, brain development, and the ability to form and sustain healthy relationships. Heightened stress and trauma has been shown to impede the development of the prefrontal cortex the area of the brain responsible for executive functions, including controlling and focusing attention, creating and following plans, decision making, and impulse control.¹⁰

The quality and reliability of relationships in young people's lives significantly affect the development of key social and emotional skills. Although little research exists on older youth, studies of



Older Youth Currently Experiencing or Transitioning from Foster Care¹¹

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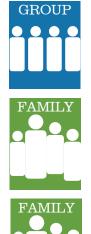
26,000 Each year, more than 26,000 young people "age-out" without a

"age-out" without a permanent family.

More than **25%** of young people exiting foster care report having experienced 5 or more placements.



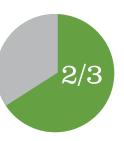
About **one-third** of all children and youth in foster care are between the ages of 14-20.



One in three youth who age out of foster care report that their last placement was a non-family setting (such as a group home).



One in five children who enter care are age 14 or older.



More than **twothirds** of young people aging out of foster care identify themselves as belonging to a racial minority. Current Status of Well-Being of Older Youth Currently in and Transitioning from Foster Care



young children have found that children who have healthy, compassionate, and responsive relationships with their primary caregivers are more likely to develop empathy, stronger cognitive skills, and greater social competence.¹² Children who have less healthy and responsive relationships with caregivers are less likely to develop these critical social and emotional skills.

Within the child welfare system, research has also shown a concerning overreliance on pharmaceutical treatments to address mental and behavioral challenges. Young people in foster care are more likely than their peers to be treated with psychiatric medications. One study found that older youth in foster care are sixteen times more likely than their peers to receive a psychiatric diagnosis and eight times more likely to be prescribed psychotropic medication.¹³

For young adults who have aged out of foster care, mental health issues remain a persistent concern. Among 25- and 26-year-olds followed in the *Midwest Evaluation of the Adult Functioning of Former Foster Youth* (Midwest Study), nearly one in four

reported having experienced at least two weeks of feeling sad, empty, or depressed for most of the day during the past year, and more than one in five reported having lost interest in most activities they usually enjoy. Notably, one in five Midwest Study participants reported receiving mental or behavioral health care services during the past year, with psychotropic medications being the most common type of service received.¹⁴

Research also has documented the critical interplay between placement stability and social and emotional well-being. Youth who experience fewer placement changes also generally experience fewer school changes, less trauma and distress, and fewer mental health and behavior health problems. They also are more likely to achieve academically and experience lasting positive relationships with adults.¹⁵ Conversely, experiencing multiple placements has also been associated with an increase in externalizing behavior problems.¹⁶ Although increased age is associated with more placement disruptions,¹⁷ behavior problems remain one of the strongest predictors of placement instability.¹⁸ There is a growing recognition that trauma-informed attention to social and emotional well-being provides a strong foundation for improved placement stability and leads to improvements in other outcomes.¹⁹ Physical health also remains a critical concern for older youth experiencing or transitioning from foster care. Research has shown that between 87 and 92 percent of children enter foster care with health issues.²⁰ In addition, forty percent of adolescents in foster care did not receive preventative health care in the past year.²¹

Many older youth who experience the child welfare system face social and emotional challenges stemming from abuse or neglect, separation from a parent, and frequent placement changes. These social and emotional challenges impact young people's abilities to develop cognitive skills, develop a strong sense of self, regulate their emotions, manage stress, make decisions, and plan for the future. These conditions also impede young people's abilities to interact with others, negotiate social situations, and form and sustain healthy relationships. Without managing these social and emotional challenges in an effective and productive way, older youth face significant hurdles in managing their daily lives, succeeding at school, and finding and keeping a job.

Other Well-Being Outcomes

Education and Employment

- Children in foster care are more likely to change schools and receive lower grades than children who are not in foster care.²²
- More than one-third of school-age children and youth in foster care have low levels of engagement in school.²³
- Twenty percent of youth who age out of foster care by age 25 do not have a high school diploma or a GED.²⁴
- Only 8 percent of young people who age out of foster care have a post-secondary degree from either a two- or four-year school.²⁵
- Young people who age out of care are less likely to be employed, and they earn significantly less than their peers. The difference in median annual earnings between the groups is more than \$18,000.²⁶

Pregnancy and Parenthood²⁷

- Nearly 80 percent of the 25- and 26-year-old women who have aged out of foster care have been pregnant, compared with only 55 percent of their peers.
- Nearly one-third of the young women who have aged out of care have been pregnant before age 18.
- For young men who aged out of foster care, two-thirds of the 25- and 26-year-olds reported that they had gotten a partner pregnant, compared with 39 percent of their peers.

Toward a Common Definition and Framework of Well-Being

The FCWG developed a working definition of well-being that encompasses standard domains of human development in the context of both child welfare goals and positive community supports. This definition, and associated recommended investments, is grounded in a "normalcy" standard—that is, that youth transitioning from foster care need and deserve the same opportunities, experiences, and high expectations as all other youth in the community. At the same time, it is necessary to recognize the unique challenges these young people face, including the factors that brought them into the foster care system and the hurdles they face once in care. This understanding is necessary to inform strategic investments designed to enhance and support optimal growth and adult outcomes. The FCWG's vision for the well-being of youth transitioning from foster care reflects this duality:

Youth and young adults who have experienced foster care have lifelong personal, family, and community connections that help them to navigate life's ups and downs in a healthy and effective way, to deal with problems, to meet their needs, to see opportunity in the future and to realize success.

Domains of Well-Being

The FCWG defines well-being for youth transitioning from foster care in three broad areas: (1) social, emotional, and physical well-being; (2) safety and permanency; and (3) economic success. All three of these areas are undergirded and strengthened within a strong community context. Attention to each domain is necessary for youth to effectively make the transition to adulthood. In particular, investors interested in supporting healthy and positive outcomes for youth experiencing and transitioning from foster care need to recognize and support the critical child welfare goals of safety and lifelong family permanence for all young people. With that crucial starting point, this document focuses primarily on social, emotional, and physical well-being for a number of reasons.

The FCWG's original Connected by 25 investment agenda focused principally on economic success for youth transitioning from foster care. The guiding principles and recommended investment strategies in that document and subsequent related publications²⁸ continue to be vital, relevant, and effective approaches to help ensure young people moving into adulthood from foster care have sufficient tools and opportunities for economically stable and successful adult lives. This document builds upon—but does not repeat—those recommendations.

In addition, the FCWG recognizes that there is a significant gap in the field related to understanding, defining, and supporting the social, emotional, and physical well-being of this population. There is





Intellectual Potential	Social Development	Mental Wellness	Physical Health	Safety and Permanency	Economic Success
Are exposed o stimulating earning environments Have the opportunity to participate in netrests Have appropriate critical-thinking, oroblem-solving, blanning, and decision- making skills Are able to set and commit to ealistic and productive goals	 Incent Agenda: Social, Incent Agenda: Social, Incent agendation of the set of the s	Emotional, and Primental health and wellness Are able to manage mental distress in a healthy way Are able to access resources to manage mental health diagnoses in a healthy way Are full participants in treatment decisions Have health insurance for mental health insurance for mental health Have access to meet needs, including access to non-pharmaceutical treatments Are provided trauma-specific education	 Jysical Well-Being to maximize physical health, strength, and functioning Have access to a spectrum of healthy activities that reflect their interests and capabilities Have access to information to make informed health-related decisions Engage in healthy behaviors Have health insurance for physical health Have access to health services to effectively meet needs Have information about and access to reproductive health Have a connection to a primary care physician and a medical home Are able to and have support for living with a physical challenge or limitation 	SAFETY to ensure they are physically and psychologically safe and free from abuse and neglect Have tools to cope when they feel unsafe Make informed choices related to risky behavior Take reasonable precautions to avoid becoming victims of crime and/or violence PERMANENCY to belong to a family for a lifetime Have at least one adult to rely on for a lifetime Feel connected and a sense of belonging to a supportive family network Have a sense of belonging to their culture and community	EDUCATION to achieve educational success to their fullest potential, including secondary and post-secondary completion Access to education that matches interests and abilities, ignites passions, and inspires lifelong learning Acquire education and training that enable them to attain marketable skills that can lead to steady employment EMPLOYMENT to obtain and retain steady employment that provides both a living wage and a career path Gain work experience that matches interests and abilities and contributes to their needs HOUSING to obtain safe, stable, and affordable housing
Community Con Young people are supported by communities that:	journeys ntext Cultivate healthy Seek to grow res Cultivate opport Support healthy	, safe, and inclusive env silient local economies unities that are cultura parenting and caregiv unities for civic engage	ally rich and vibrant ers		

ongoing interest within and outside the federal government—and within the research and advocacy communities—in deepening the understanding of and capacity to measure well-being across these life domains. It is the goal of the FCWG that this document will make a significant contribution to that conversation. Below is a brief description of the definition of success in each of the domains of well-being.

1. Social, Emotional, and Physical Well-Being

Social, emotional, and physical well-being includes cognitive functioning, social and emotional wellness, mental health and wellness, and physical health.



Cognitive Functioning—*Every young person should have the opportunity and support needed to maximize intellectual ability and functioning.*

For young people to maximize their intellectual abilities—regardless of ability or disability—they need to be continually immersed in rich, stimulating learning environments—both inside and outside of traditional educational venues. In-home supports, placement settings, and community-based out-of-school enrichment programs should expose youth to the broadest possible array of creative expression, the arts, academic success, real-world problem solving, and lifelong learning. Beyond such exposure, youth need support to pursue activities that spark their interest through both formal and informal channels.

Youth who have experienced trauma, in particular, need opportunities to strengthen brain development and executive functioning in order to emerge into adulthood with key skills in the areas of critical thinking, problem solving, goal setting, planning, and decision making. As a result, young people develop the capacity to set, commit to, and work toward meaningful, personally rewarding, realistic, and productive goals.



Social Support and Emotional Wellness—Every young person should have the opportunity and support needed to cultivate a strong and resilient self-identity, supportive and nurturing relationships, and to feel hopeful about life and the future.

Social support and emotional wellness requires both a strong sense of self-efficacy and selfesteem as well as supportive, nurturing, and mutually satisfying relationships. This begins and is nurtured throughout life within the context of a lifelong family. Thus every young person needs the opportunity to have a meaningful and positive experience of living in, connecting with, and belonging to a family.

In addition, youth need the ability to recognize the difference between healthy and unhealthy relationships, to cultivate supportive relationships, and to make good decisions about all the relationships they engage in—both physically and emotionally. Socially and emotionally healthy youth will be able to effectively communicate their wants and needs and cope with the routine ups and downs and stressors of life. Youth who have experienced trauma as well as those who have experienced multiple moves often have difficulty acknowledging, regulating, managing, and expressing their own emotions, as well as interpreting emotional signals communicated by the people around them. Resilient youth will learn to gain competence in emotional management and self-regulation and engage in positive social behaviors throughout life.

Additionally, youth and young adults need to be supported in discovering and expressing their own spirituality and/or spiritual identity. Although it is often neglected when considering the well-being needs of youth in foster care, research has demonstrated that attention to spiritual development is as important as attention to development in other life domains. Among other things, spirituality includes religious expression, having a belief in a higher power, developing a moral compass, and affiliating with a set of rituals and beliefs.²⁹



Mental Health and Wellness—*Every young person should have the opportunity and support needed to manage mental health and wellness.*

Mental health and wellness begins with ensuring that all youth have the information and skills needed to manage the naturally occurring mental distresses they will face in adult life. Youth who live with one or more mental health diagnoses need information and resources to fully understand their diagnoses in order to be full participants and make informed decisions about care and treatment options.

Health insurance that provides mental health coverage and access to an array of services and resources (including non-pharmaceutical options) are essential elements in young people's abilities to successfully manage their mental health and wellness in ways that are non-stigmatizing, healthy, and conducive to stable adult living.



Physical Health—*Every young person should have the opportunity and support needed to maximize their physical health, strength, and functioning.*

Maximizing physical health begins early in life, as youth are exposed to and encouraged to participate in a wide rage of healthy activities that reflect their interests and capabilities. As they grow and develop, young people need information about all aspects of physical health, including nutrition, exercise and fitness, disease prevention, and sexual and reproductive health. This knowledge will increase the likelihood that youth and young adults will continue to engage in healthy behaviors—including regular exercise—well into adulthood, and will be proactive in addressing and managing their own health care needs.

Youth who are connected to a primary care physician and medical home are best equipped to make informed lifestyle and health care decisions and effectively utilize appropriate resources.



Youth living with physical challenges or medical conditions need information about their conditions, including knowledge of day-to-day and long-term care needs, legal rights, available financial and other community supports, and opportunities to maximize their independence and full participation in the community.

2. Safety and Permanency

The child welfare field has long recognized that safety and permanency are fundamental and necessary for every child and youth. The need for safety and permanency extends into adult life, although the markers by which they are measured may look different for older adolescents and young adults than they do for younger children.



Safety—Every young person should have the opportunity and support needed to ensure that they are physically and psychologically safe and free from abuse or neglect.

While youth are in foster care, ensuring safety is the responsibility of the child welfare system, and as young people approach their transition to adulthood they need to learn how to manage and maintain their own safety. This includes recognizing the signs and triggers in their lives that make them feel unsafe and developing a set of tools to help them. In addition, youth need to understand how to assess the risks associated with various behaviors so they can make informed choices related to risky behaviors. Finally, youth and young adults who have experienced foster care are often at a higher risk than their peers for becoming victims of relational or community violence and/or crime. They need support to develop the skills necessary for assessing situations and taking reasonable and appropriate precautions to prevent such victimization.



Permanency—Every young person should have the opportunity and support needed to belong to a family for a lifetime.

Well-being in this domain begins with recognition that permanence is more than placement, and youth need lasting adult connections long after they need child welfare placements. No young person should leave foster care without at least one adult with whom he or she will be connected for a lifetime; this encompasses the concepts of both relational and legal permanency. Youth and young adults should feel connected to a supportive family network while also having access to the tangible and intangible benefits afforded by legal connection to a family—not only in childhood but also in adulthood. Genuine permanence extends beyond the bonds of a single family relationship to include a sense of belonging to one's culture and community.

3. Economic Success

Economic success encompasses educational attainment, employment, and housing.



Education—*Every young person should have the opportunity and support needed to achieve educational success to their fullest potential.*

Educational opportunities begin early in life with access throughout the school years to academic settings, educational options, and individualized remedial or special education assessments and plans (when necessary and appropriate) that are developmentally sound, linguistically and culturally competent, and include high expectations for all youth. School stability throughout grades K-12 should be a high priority for all children and youth in the foster care system, and every youth in care should have access to educational opportunities that support high school graduation and that match their interests, ignite their passions, nurture talents and abilities, and inspire a love of lifelong learning.



Young people should also have support for exploring a broad range of post-secondary options including two- and four-year colleges, community colleges, apprenticeships, certificate programs, and other vocational, service, or interest-oriented post-secondary opportunities. In addition, support for completion should be provided to all youth. As a result of this continual and intentional focus on educational needs, youth are more likely to exit from foster care with marketable skills that can lead to steady employment.

Employment—*Every* young person should have the opportunity and support needed to obtain and retain steady employment that provides both a living wage and a career path.

Young people in foster care need opportunities for part-time, after-school, and summer employment, including volunteer service, internships, work-study programs, and career exploration activities. Early exposure to a broad range of career options, information about the necessary educational requirements to achieve career goals, and opportunities to gain work experience in areas that match their interests and abilities are necessary precursors to successful employment and career development throughout adult life. These opportunities should be afforded to all youth, regardless of ability level or behavioral health status. Youth also need opportunities to obtain all the necessary documents required for entering and succeeding in the workforce and support in gaining financial management skills, including saving and building assets.

Housing—*Every young person should have the opportunity and support needed to obtain and retain safe, stable, and affordable housing upon leaving foster care.*

For many youth and young adults, acquiring safe, stable, and affordable housing requires support to develop a credit history, obtain sufficient funds for a down payment or deposit on housing and utilities, and skills navigating the housing market, landlord relations, and related challenges.

Community Context

Communities can support social, emotional, and physical health and wellness or can thwart and undermine well-being goals. Youth transitioning from foster care should have opportunities to live in communities that are safe, healthy, and inclusive environments for living, working, and recreation. Communities should also provide cultural opportunities, support for healthy parenting and caregiving, and opportunities for civic engagement.

Theory of Change for the Well-Being Investment Agenda

The theory of change for this investment agenda describes how investment strategies lead to improvements in shorter-term interim measures and longer-term youth-level measures. This theory of change begins with the clear vision, described above as part of the framework, of what well-being looks like for older youth currently in and transitioning from foster care: *Youth and young adults who have experienced foster care have lifelong personal, family, and community connections that help them to navigate life's ups and downs in a healthy and effective way, to deal with problems, to meet their needs, to see opportunity in the future, and to realize success.*

This vision acknowledges the critical importance of healthy and lifelong relationships. It also recognizes that young people will inevitably encounter challenges and problems along the path to adulthood and that they need support to develop the knowledge, skills and connections essential for meeting their physical, social, and emotional goals. Importantly, this vision also includes an explicit statement regarding feeling a sense of hopefulness, seeing opportunity in the future, and realizing success—all key aspects of wellness.

Inputs: Investment Strategies

Based on that vision, the theory of change includes a series of inputs – five sets of priority investment strategies intended to improve the social, emotional, and physical well-being outcomes for youth transitioning from foster care.

- 1. **Improve, Expand, and Sustain Practice**—investments in the design of practice tools, including assessments and case management models, training in the use of new and existing tools, and addressing gaps in practice within and across systems.
- 2. **Policy and Advocacy**—investments to support policy change and to increase awareness of and support for the social, emotional, and physical well-being of youth transitioning from foster care.
- 3. Community Supports and Opportunities—investments that provide direct support for young people to take advantage of opportunities that positively improve social, emotional, and physical well-being and that seek to build the capacity of communities to be aware of and support the well-being of young people transitioning from foster care.



Investment Agenda Theory Of Change



Youth and young adults who have experienced foster care have lifelong personal, family, and community connections that help them to navigate life's ups and downs in a healthy and effective way, to deal with problems, to meet their needs, to see opportunity in the future, and to realize success.

Inputs: Investment Strategies	Interim Indicators	Longer-Term Youth Indicators	Desired Result	
 Invest in improving, expanding, and sustaining practice 	Support and guidance from caregivers that nurtures social, emotional, and physical	Young people transitioning from foster care:	Young people transitioning from foster care are healthy	
 Invest in policy and advocacy Invest in community 	well-being Increased public awareness of the importance of social, emotional, and physical well- being	Have a network of safe, stable, permanent relationships that nurture well-being	in mind, body, and spirit.	
supports and opportunities		Develop and maximize their cognitive abilities	Interconnected Result	
4. Invest in cross-systems collaboration	Public policies focus on and improve young people's social, emotional, and physical well- being; public systems measure and are accountable for well- being outcomes Increased public funding and private-sector investment in supports for social, emotional, and physical well-being	Have the opportunity to pursue interests and participate in activities	Permanence Every young person has at least one adult to rely on for a	
 Invest in research, demonstration, and evaluation 		Have the capacity to make good decisions about and engage in physically and emotionally healthy relationships	lifetime and a supportive family network. Education Young people have access to education that matches	
		Develop supportive networks that help them achieve their goals	interests and abilities, ignites passions, and inspires lifelong learning.	
	Communities provide opportunities that promote high expectations	Are able to access mental health supports and services that effectively meet their needs	Young people are able to achieve educational success to their fullest potential, including secondary and post-secondary completion.	
	Public systems and community partners offer supportive programs and resources for social, emotional, and physical well-being	Are able to effectively manage their mental health and wellness	Employment Young people are able to obtain and retain steady employment that provides a living wage. Housing Young people have safe, stable, and affordable housing and have access to transportation for work and school.	
		Have improvements in symptoms of mental health issues		
		Are able to access physical health supports and services		
		Are able to effectively manage their physical health and wellness		

- 4. Cross-Systems Collaboration—Moving the dial on broad social, emotional, and physical wellbeing outcomes necessarily involves the active and coordinated commitment of many human service systems that share the responsibility for supporting young people in foster care. Accordingly, these investment strategies focus on cross-systems connections and collaboration to improve service delivery and quality.
- Research, Demonstration, and Evaluation—investments in designing new programs and services; better understanding well-being needs; and building the base of evidence for what works to improve social, emotional, and physical well-being for young people experiencing and transitioning from foster care.

Measures of Progress: Interim Indicators

Specific investment strategies (or inputs) are expected to lead to shorter-term measures of progress (interim indicators) related to improvements in key aspects of the family, community, and policy context in which a young person lives—such as the environment created by caregivers, supportive public policies, investment of adequate resources, and supportive communities. Specific interim indicators include:



- Support and guidance from caregivers that nurtures the social, emotional, and physical well-being of young people experiencing and transitioning from foster care.
- Increased public awareness of the importance of social, emotional, and physical well-being for young people experiencing and transitioning from foster care.
- Public policies that focus on and improve the social, emotional, and physical well-being of young people experiencing and transitioning from foster care; public systems that measure and are accountable for well-being outcomes.
- Increased public funding and private-sector investment in supports for social, emotional, and physical well-being.
- Communities provide opportunities that promote high expectations (social capital).
- Public systems and community partners offer supportive programs and resources for social, emotional, and physical well-being.

Measures of Progress: Longer-Term Youth Indicators

Targeted investments (inputs) and improvements in family, community, and policy context (measured by interim indicators) are intended to produce longer-term improvements in youth-specific indicators. The theory of change posits that young people transitioning from foster care will:

- Have a family and network of safe, stable, permanent relationships that nurture well-being.
- Develop and maximize their cognitive abilities.
- Have the opportunity to pursue interests and participate in activities.
- Have the capacity to make good decisions about and engage in physically and emotionally healthy relationships.
- Develop supportive networks that help them achieve their goals.
- Be able to access mental health supports and services that effectively meet their needs.
- Be able to effectively manage their mental health and wellness.
- Have improvements in symptoms of mental health issues.
- Be able to access physical health supports and services.
- Be able to effectively manage their physical health and wellness.

Desired Results

The final piece of the theory of change is the desired result—the ultimate goal that investors seek to achieve. With the input of a series of targeted investments, the FCWG expects to see improvements in interim indicators related to the community and policy context in which young people live, as well as improvements in longer-term measure of well-being for individual youth. Ultimately, these shorter-term and longer-term indicators will produce the desired result:

Young people transitioning from foster care are healthy in mind, body, and spirit.

This result represents an ambitious aspiration that provides a clear focus on social, emotional, and physical well-being. It is a result that is applicable to all young people as well as all adults—to quite simply be well.

Interconnected Results

Although having a healthy mind, body, and spirit remains the primary focus of this investment agenda, investments in social, emotional, and physical well-being will likely also contribute to improvements in other interrelated areas. The final part of this logic model includes four sets of interconnected results in which investments in social, emotional, and physical well-being are also expected to contribute to improvement: permanence, education, employment, and housing.

Investment Strategies

Based on the well-being framework and investment theory of change, the FCWG recommends five sets of priority investment strategies intended to improve the social, emotional, and physical well-being outcomes for youth ages 14 to 25 experiencing and transitioning from foster care. Because issues of well-being are complex and interconnected, these investment strategies are necessarily broad in scope and interrelated. Although individual investors—public or private—may be limited in the types of investments they are able to make, the strength of this investment agenda is that it provides a coherent framework for diverse sets of funders with varying interests and priorities to collaborate in pursuit of a common goal: improving the well-being of young people experiencing and transitioning from foster care.

Meaningful youth engagement should remain a centerpiece of all investment strategies presented below. All investors should consider how best to engage youth who are currently in foster care as well as those are alumni of care in efforts to improve social, emotional, and physical well-being. Investments in skill-development, including media and advocacy training, as well as ongoing leadership opportunities, such as youth leadership boards, result in important and lasting outcomes for young people—and they also provide an effective cadre of advocates to advance investment goals.

1. Invest in Improving, Expanding, and Sustaining Innovative and Evidence-Informed Practice

A critical starting point of this agenda is to better serve older youth when they first enter care (and to ultimately reduce the number of older adolescents entering care at all.) A first set of investment strategies focuses on improving, expanding, and sustaining the practice of child welfare agencies.

Functional assessment tools. The social work adage, "what is measured matters," is particularly relevant to improving well-being of young people served by the child welfare system. Developmentally appropriate metrics and tools for measuring the well-being status and progress of older youth in care have not been agreed upon nor implemented in most child welfare systems. Assessment is a critical first step toward designing appropriate interventions and gauging their effectiveness. Most useful are functional assessments (for youth and their families) that not only provide a point-in-time snapshot of strengths and needs but also document progress (or lack thereof) over time. Investments that support the development, training, and use of evidence-based functional assessment tools are critical.



Practice model development. Practice models are defined as "the values, principles, relationships, approaches, and techniques used at the system and casework practitioner level to enable children and families to achieve the goals of safety, stability, permanency, and well-being."³⁰ Good practice models influence the work at every level of the agency from individual case management, to supervision, to administration and leadership. Although many child welfare systems include achieving well-being as part of the goal of a practice model, it is unclear whether practice models currently in place in many jurisdictions adequately address the well-being outcomes desired for all youth.

Practice models need to ensure well-being in a broad sense, including reflecting the critical interconnection between social, emotional, and physical well-being and permanency and safety. New investments are needed to enhance the focus on well-being within existing practice models while also creatively designing and testing innovative new models of case management, supervision, and administration. Such models would:

- Value youth engagement and increase opportunities for youth to develop and practice (and to safely fail) self-advocacy, problem-solving, and other skills needed for lifelong social, emotional, and physical well-being;
- Strongly emphasize lifelong family connections and the role of family in supporting the wellbeing of older youth and young adults through the development of practice approaches to engage birth families in their children's lives; to effectively support kinship involvement in academic, health, mental health, social, and other settings; to strengthen sibling connections and provide for intensive family-search and family-finding efforts to ensure better linkages between the permanency and well-being outcomes for youth;
- Understand and employ developmentally appropriate strategies that recognize the changing strengths, characteristics, and needs of adolescents and young adults; and
- Utilize a team-planning and decision-making process with the inclusion of cross-discipline team members with expertise in areas of social, emotional, and physical well-being.
- Support for children of immigrants in the foster care system. The intersection of child welfare and immigration unveils gaps in knowledge, policy, law, and practice that affect many social and ethnic groups. Given migration trends in recent years, Latino families and children present important and unique needs.³¹ One study found that compared with other children in care in Texas, Latin American children were placed with relatives less often, were more often placed in group homes and institutions, and were less likely to have case plans associated with reunification and relative adoption.³² Investments are needed to support child welfare practitioners in navigating complex federal and state policies that affect children of immigrants, such as their ability to access special relief options—like Special Immigrant Juvenile Status—before they age out of foster care.
- Support for additional vulnerable populations. A practice model, as described above, provides a solid framework for quality practice. Nevertheless, child welfare agencies must continually guard against utilizing a "one-size-fits-all" approach to serving all youth and their families. Adaptations of the basic practice framework are needed in order to ensure that practice is always culturally and linguistically competent and also addresses the particular circumstances and challenges of



specific vulnerable populations. In particular, investments are needed to develop, test, implement, scale, and sustain approaches to support the immediate and long-term well-being of specific vulnerable populations of youth and young adults:

- Across the spectrum of gender identity, expression, and sexual orientation (LGBQT youth);
- Of Native American heritage;
- Involved with the juvenile justice system;
- With disabilities (cognitive, mental health, physical and/or medical); and
- Who are pregnant or parenting.

Support professional development and implementation. A well-trained, well-supported, effectively supervised and stable workforce, together with caregivers (birth families, kin, foster and adoptive parents, residential facility staff) who are equally well-trained, supported, and engaged are all essential to ensuring that the values and strategies described in a practice model are implemented at the case level. Workers and caregivers need to have opportunities to reflect on practice challenges and successes within an agency that values continuous learning and quality improvement at all levels. Investments that support enhanced and ongoing professional development of those working with older youth and young adults are urgently needed. Priority investments include:

- Developing competency-based training for workers, supervisors, and care givers;
- Ongoing coaching and mentoring to develop expertise among the child welfare workforce and caregivers;
- Support for effective management practices, including setting reasonable caseloads;
- Evidence-supported approaches such as reflective supervision; and
- Recognition and addressing of secondary trauma in the workforce and among caregivers.

2. Invest in Policy and Advocacy

A second set of investment strategies focus on efforts to support policy change and to increase awareness of and support for a focus on the social, emotional, and physical well-being of youth experiencing and transitioning from foster care.

- Support for new and emerging advocacy efforts around priority policy changes. Investments in advocacy efforts including public education and public will-building, as well as coalition-building among key local stakeholders are critically important to highlight needed policy changes. New policy priorities that warrant investment include:
 - Policies requiring the most "family-like" and least restrictive placement possible for young people under age
 18. Young people do best when they are raised in supportive families. The less family-like the placement setting,



the less likely it is that a young person's developmental needs will be met. Investments are needed to support policy development to incentivize and require the most family-like placement possible while continuing to support permanent families for all youth, to reduce use of APPLA ("another planned permanent living arrangement"), and to **end the option of allowing young people to age out of a group setting.**

For states that allow young people to stay in foster care beyond the age of 18, policies should provide placement options that are developmentally appropriate for young adults, including supervised independent living placements such as dorms and supportive housing options, while still supporting connections to family-like relationships.

 Extension of Title IV-E eligibility across all IV-E programs, including foster care, adoption assistance, and guardianship assistance. With the passage of the Fostering Connections to Success and Increasing Adoptions Act in 2008, states have an unprecedented opportunity to extend supports and services for older youth beyond age 18. Research demonstrates better outcomes for young people who achieve permanence and/or stay in foster care until the age of 21 compared to those who leave without permanence at age 18.³³ Consider investments that support planning to design supports and services beyond age 18, state legislative efforts to extend eligibility, and training and capacity-building efforts to prepare state and local partners for implementation.

- **Policies that ensure effective transition planning.** While the Fostering Connections Act of 2008 included a new requirement for transition plans to be in place at least 90 days prior to emancipation, to ensure an effective transition to adulthood, planning must take place far earlier than three months prior to a planned exit. Effective transition planning should be led by the young person, be integrated into the overall case planning process, and take into account developing social and emotional skills and ensuring access to resources that support social, emotional, and physical health.
- **Ensure access to extended Medicaid coverage to 26.** The passage of the Affordable Care Act (ACA) expanded eligibility for Medicaid coverage for older youth in foster care. Beginning January 1, 2014, states *must* provide Medicaid coverage for individuals under age 26 who were in foster care at age 18 and who were receiving Medicaid. Note that these young people will be eligible for full Medicaid benefits (not the Alternative Benefits Plan) and as such, they will have access to benefits that include Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) services, such as preventative and early intervention services, diagnostic services, and treatment for physical and mental health conditions. Investments are needed for the development of policies and practices to ensure continuous eligibility and coverage that is portable from state to state as well as for increasing the health care provider community's knowledge of and support for young people transitioning from foster care.
- Ensure access to other physical and mental health services. Consider investments that encourage states to broaden the definition of "medical necessity" for those who have experienced trauma, expand home-based and therapeutic services for older youth in foster care, and establish minimum benefit levels under Medicaid to ensure adequate coverage for physical and mental health services.
- Support for ongoing advocacy efforts around priority policy changes. Advocacy efforts around several policy priorities have been underway for some time, but have not yet achieved success. Given their importance in supporting social, emotional, and physical well-being, the FCWG recommends continued investments in ongoing and established advocacy efforts related to:
 - Establishing supportive policies around *sibling connections* to ensure siblings remain connected throughout transitions and for strengthening sibling relationships.
 - *Reducing the use of psychotropic medications* through investments to assist states to expand the access to and use of non-pharmaceutical therapies.

- Providing sufficient supports—financial and others—to ensure appropriate *supply of quality resource (foster, kin, and adoptive) families.*
- *Ensuring access to records* that are required to access health services, education, and workforce supports, and to open a bank account.

3. Invest in Community Supports and Opportunities

A consistent theme expressed by youth and young adults experiencing foster care is the paucity of opportunities to engage in "normalized" adolescent activities such as extracurricular sports, arts, clubs, or recreational events due to stringent foster care regulations or lack of financial and other necessary resources. When young people in foster care do not have opportunities to participate in these activities, they not only miss many significant and memorable moments shared by their peers, they lose critical opportunities for social, emotional, and physical growth and development. As a result, they are also denied options that could influence their educational, lifestyle, and career choices in the future, which diminishes their opportunities to thrive and flourish.

For these reasons, the FCWG calls for a third set of investments to provide direct support for young people and their families—biological, kin, foster, or adoptive—to take advantage of opportunities that positively improve social, emotional, and physical well-being and that seek to build the capacity of communities to be active, aware, and engaged in supporting the well-being of young people experiencing and transitioning from foster care. The intention of these investment strategies is to expose young people to opportunities to express and nurture their interests, talents, and strengths.

- Ensure access to opportunities for young people to build passions and participate in healthy social networks by removing child welfare system barriers. The child welfare system itself often creates challenging barriers for youth to fully engage in healthy opportunities. Many states and localities are starting to recognize this as an issue and some are taking steps to address it through application of a "Prudent Parent Standard."³⁴ Investments should support similar standards and remove related barriers in other jurisdictions.
- Ensure access to community opportunities for healthy activities. While it is unlikely for a community to specifically exclude youth in foster care from participating in school or neighborhood sports, arts, clubs, or recreational activities, exclusion is an unintended consequence of eligibility criteria and/or the fees or equipment and supplies needed for participation. These challenges can be addressed by investments in:
 - Assessments of and modifications to eligibility standards: For example, requirements that youth must have been in the school or community for a certain length of time before becoming eligible, must have an original birth certificate to enroll, or must maintain a specific grade point average to retain eligibility often unintentionally exclude youth in foster care. Youth with physical, behav-

ioral, and/or cognitive challenges should also have opportunities to participate in community enrichment activities similar to and on par with their non-disabled peers.

- Participation scholarships: For example, provide support for youth in foster care to enroll in sports teams, music, art, dance, or theatre programs or other activities such as horseback riding, swimming, martial arts, and the prom as well as enable them to attend afterschool and/ or summer camp programs.
- *Provision of equipment or supplies:* Sponsorships for young people in foster care to obtain or rent athletic equipment, musical instruments, special uniforms or costumes, and other equipment or supplies needed for full participation in community activities.
- Provide community engagement and service opportunities. Opportunities to be needed, to contribute to the common good, and to "give back" are critical components of healthy social and emotional development. Intentional investments that link young people in foster care to community organizations offering service, volunteer, and leadership development opportunities benefit individual young people, the participating organizations, and the community at large. Investments can also be utilized to provide training, skills, and capacity-building among community agencies as they recruit and support young people with foster care experience.
- Support for foster parents and caseworkers to become aware of opportunities in the community and to actively support the pursuit of those opportunities. Kin, foster, and adoptive parents; residential care staff; and caseworkers are the conduits for young people to gain access to and be supported as they participate in community activities. Investors can support caregivers and caseworkers by providing information about available activities, scholarships, transportation, or other logistical supports. Investors can also encourage caseworks and care givers to proactively take the lead in getting young people in their care involved with at least one extracurricular or community-based activity.

Assistance for foster parents and caseworkers to support the spirituality of young people. Foster parents are typically given little guidance about their role in supporting the spiritual development of youth in their care. At a minimum, caregivers and caseworkers must know the spiritual preferences of young people and respect those beliefs and traditions. In addition to supporting young people in attending religious services of their choosing, this support may include knowledge of important spiritual customs, rituals, or taboos in the home related to such things as exposure or access to particular foods, alcohol, music, clothing, and more. Investments may be needed to provide transportation, religious education materials (Bible, Koran, etc.), or opportunities to celebrate specific rites of passage (Bar or Bat Mitzvah, for example).

4. Cross-Systems Investments

Improving social, emotional, and physical well-being outcomes necessarily involves the active and coordinated commitment of many systems that have both responsibilities for and opportunities to support young people in care. Accordingly, the fourth set of strategies focuses on investments to support multidisciplinary cross-systems connections and collaboration to improve service delivery, quality, shared accountability, and outcomes.

- Ensure well-being issues for transitioning youth are included in broader youth initiatives. In recent years, the federal and state governments—along with large national foundations—have supported a variety of broad multidisciplinary initiatives to support young people and their families, particularly those deemed "vulnerable."³⁵ These initiatives have focused efforts on positive youth development, youth engagement and leadership, and successful transitions to adulthood. Few of these initiatives specifically identify youth in or transitioning from foster care as a target population. Investors can work to ensure that youth who have foster care experience are included in the planning and development of these initiatives and that well-being issues are a focus within these broader youth efforts.
- Develop planning, infrastructure, and data systems. Many efforts to coordinate and collaborate across public agencies and/or between public agencies and communities fail to realize the envisioned potential or widespread community impact—or they are not able to sustain the work beyond a pilot or demonstration period due to a lack of adequate and effective planning and infrastructure. Investments in leadership, planning structures, and data systems can ensure that good intentions and innovative ideas blossom into sustainable vehicles for producing good results.

While individual systems typically have their own data collection and management tools, many community initiatives lack the ability to track and analyze data across systems and across multiple domains of youth well-being. Data systems that are integrated, or which can easily communicate with one another, are essential for state and local leaders to ensure that young people's needs are identified and met, gaps are planned for, and overlapping programs are minimized. Investments in these data systems—and, importantly, in the training and expertise needed to effectively harness the power such systems offer—is essential to support planning, service delivery, and sustainability of effective programs and initiatives.

Develop strategic partnerships with specific youth-serving systems. In addition to supporting broad, community-wide, multidisciplinary initiatives, the child welfare system in particular needs to develop finely tuned, strategic partnerships with the critical agencies that share responsibility for the safety and well-being of youth in or transitioning from foster care. Investments that incentivize and support such partnerships with the following agencies can go a long way toward supporting the well-being goals outlined in this document.



- **Dependency, Juvenile, and Family Courts.** Most children enter or leave foster care with some level of court involvement. Therefore, the courts and legal representatives for young people in care have an enormous opportunity to highlight and support well-being outcomes for youth and young adults. Court-related investments pertaining to well-being include:
 - Training. Judicial personnel can receive training to include knowledge about trauma, youth development, transition planning, and how to include inquiries about social, emotional, and physical well-being during hearings related to disposition, safety, permanency, and discharge from care.³⁶ Judicial hearings should focus on these questions:
 - 1. Does the placement setting support the young person's social, emotional, and physical well-being?
 - 2. Does the young person have access to effective supports and services to ensure his or her emotional and physical health?
 - 3. Does the young person have access to opportunities that interest him or her and that provide ways to connect with peers, develop healthy relationships, and to meaningfully contribute to the community?
 - Convening. Judges are often highly effective in their role as conveners, bringing together leaders and stakeholders across multiple systems to address identified needs such as how to improve well-being for youth in foster care.
 - Representation. Investments that ensure that all parties (particularly birth parents and youth) have effective, well-trained representation in court are consistent with meeting the goals of improved well-being outcomes.
- Education and Workforce Systems. Effective partnerships between the child welfare system, the K-12 educational system, post-secondary educational institutions, and workforce readi-

ness and support systems are vital to meeting the well-being needs of youth and young adults. Investments should focus on:

- Supporting school stability for youth in care at all levels;
- Increasing awareness of the unique needs of youth in foster care among providers of education and job-training programs;
- Training for education providers so they are equipped to mine the strengths and interests of young people, ensuring that programs and supports continue to fuel their passions and support lifelong learning; and
- Providing coaching, mentoring, and related supports for young adults in post-secondary programs and career-development programs.
- **Health Care Systems.** The healthcare system is often the first point of contact for youth in care when it comes to learning about living healthy adult lives. Investments that support health care partnerships should focus on:
 - Ensuring that all young people have access to a culturally and linguistically competent medical home that can provide improved coordination and access to both mental and physical health services;
 - Ensuring that all young people are enrolled in and are accessing services through Medicaid; and
 - Increasing the health care provider community's knowledge of and support for young people transitioning from foster care.
- Mental Health, Behavioral Health, and Wellness Providers. Young people with foster care experience report that in many cases the mental health and wellness supports, opportunities, and interventions they had access to were limited to traditional therapies, provided only after a problem reached a state of crisis, and were overly reliant on pharmaceutical options. Investing in creative and inclusive partnerships with the mental health and wellness community to support youth in and transitioning from foster care can focus on:
 - Increasing the knowledge base among mental health providers about the unique strengths and needs of young people with foster care experience, particularly around trauma and resilience;
 - Building the capacity of mental health providers to offer developmentally, culturally, and linguistically appropriate service and to expand the array of mental health and wellness offerings, including trauma-informed services; and
 - Reducing the reliance on pharmaceuticals and ensuring that, when needed, they are appropriately prescribed and monitored.
- **Housing and Transportation Systems.** As young people prepare to transition from foster care into adulthood, two of the biggest hurdles they often face are obtaining and maintaining safe, stable, and affordable housing and securing access to safe, reliable transportation necessary for school, work, health care, and community engagement. Investments that support partnerships between the child welfare system and the housing and transportation systems help bridge the gaps in the current service system for youth and young adults.



5. Invest in Research and Evaluation

This final set of investment strategies seeks to design new programs and services, to better understand the well-being needs of young people in foster care, and to build the base of evidence for what works to improve social, emotional, and physical well-being for young people experiencing and transitioning from care.

- Expand capacity to measure well-being. The framework and theory of change presented in this agenda provides a foundation for defining well-being in a comprehensive way. A critical set of investments is needed to operationalize these results and indicators into measurable constructs, review existing constructs related to well-being, and test new constructs in order to create valid and reliable measures and to design effective data-collection tools and strategies. It is also important to provide investments in technical support for state child welfare agencies and in service providers for administering these data-collection tools, including guidance in incorporating well-being measures into agency assessments and evaluation efforts.
- Clarify what we need to know more about. Investments into new areas of research related to wellbeing will help to expand the knowledge base around well-being and target issues for additional support. Priority research areas include:
 - Assessing the longer-term effects of psychotropic medication on brain health—While research has documented the frequent use (and overuse) of psychotropic medication on older youth in foster care, little is known about the longer-term side effects of these medications on a developing brain. Research on the longer-term side effects of psychotropic medication can help support

decision making around appropriate use, usefulness, and duration of treatment using these medications with older adolescents.

- Exploring what types of therapies work best for older youth and how best to use interventions with strong evidence—The child welfare field utilizes a variety of types of cognitive and behavioral therapies, yet little research exists comparing which therapies are best suited to the developmental needs of young adults and under what conditions. Additional research is warranted to assess which therapies work best for older adolescents and young adults and to strengthen the base of evidence for these therapies with this particular population.
- Assessing characteristics and attributes of placement settings and care givers that work well with older youth and young adults—As discussed earlier, the stability of placement has significant correlations with a number of well-being outcomes. Research is needed to investigate the nature of placement settings that yield not only stability for older youth, but also support their unique developmental needs. Additionally, inquiry is needed to explore the unique sets of skills care givers should possess in order to effectively support older youth in foster care.
- Exploring circumstances that create the "later front door"—Entries into care for young teens (ages 12 to 14) tend to center around behavioral issues. Additional research is needed to better understand entries of young teens into the child welfare system through this "later front door," which supports are needed for both families and teens to prevent entry, and what gaps exist in the behavioral health and educational systems to address these needs.
- Further inquiry into understanding the implications of trauma and extending research into practice— While research into the effects of trauma has grown over the past decade, further inquiry into the implications of the layering of traumatic events for older youth and effective therapies for addressing and healing from complex trauma remains a critical area for investment. Additionally, investments into translating what is known about trauma into effective practice models are also warranted.
- Design new interventions that focus on social, emotional, and physical well-being. In addition to improving capacity to measure well-being and expanding the knowledge base about well-being issues, investments to design new interventions focused on improving social, emotional, and physical well-being are also important. Priorities for intervention design include: *improving cognitive interventions*, including those for young people with cognitive disabilities, and *designing and improving interventions that support relational and emotional wellness*, including those that support building and sustaining healthy relationships.
- Evaluate efforts to expand the evidence base of promising programs. As new interventions are designed and tested, investments to ensure these interventions are rigorously evaluated are also important. Potential investments include support for rigorous evaluation design and to increase take-up of both new and existing programs or interventions with demonstrated effectiveness—as well as the de-scaling of programs that do not work—within agencies and providers through professional development and skill building.

Conclusion

Social, emotional, and physical well-being is critical for young people to form and connect with networks of families, friends, and communities that support their transitions to adulthood. Many older youth and young adults who experience the child welfare system face social and emotional challenges stemming from abuse, neglect, trauma; separation from their parents, siblings, extended family, and culture; and/or frequent placement changes. These social and emotional challenges impact young people's abilities to develop cognitive skills and a strong sense of self, to regulate



their emotions and manage stress, and to make decisions and plan for the future. These challenges also impede young people's abilities to interact with others, to negotiate social situations, and to form and sustain healthy relationships. Without managing these social and emotional challenges in an effective and productive way, older youth face significant hurdles in managing their daily lives, achieving and sustaining family permanence, succeeding at school, and finding and keeping a job.

This agenda calls for a new and focused series of investments by public and private funders that seek to ensure young people transitioning from foster care are healthy in mind, body, and spirit. Through coordinated investments in improving, expanding, and sustaining practice; policy and advocacy; community supports and opportunities; cross-systems investments; and research and evaluation, funders can improve social, emotional and physical well-being outcomes for older youth experiencing and transitioning from foster care. And by doing so, these investments can also contribute to improvements in interrelated outcomes of permanency and economic success as well.

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Endnotes

- 1 In FY2012, the Administration for Children and Families made available \$28 million in five separate discretionary grant programs to promote social and emotional well-being: Integrating Trauma-Informed and Trauma-Focused Practice in Child Projective Service Delivery; Improving Service Delivery to Youth in the Child Welfare System, Child Welfare-Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement & Child Welfare-Education Systems Collaboration to Increase Educational Stability, Family Connections Grants, and Permanency Innovations Initiative.
- 2 Throughout the document, the term "experiencing" foster care will be used when referring to youth ages 14 to 18, and "transitioning" from foster care will refer to young adults ages 18–25.
- 3 Arnett, J. J. (2007). Emerging adulthood: What is it and what is it good for? Child Development Perspectives, 1(2), 68-73.
- 4 Jim Casey Youth Opportunities Initiative (2011). The Adolescent Brain—New Research and Its Implications for Youth People Transitioning from Foster Care.
- 5 Pilowsky, D. (1994). Psychopathology among children placed in family foster care. *Psychiatric Services* 46: 906-910. Ehrle, J. & Geen, R. (2002). Kin and Non-Kin Foster Care—Findings from a National Survey. Children and Youth Services Review, 24: 55-78.
- 6 Dore, M. (2005). Child and adolescent mental health. In G. Mallon and P. Hess (Eds.), *Child welfare practices in the twenty-first century: A handbook of practices, policies and programs* (148-172). New York: Columbia University Press.
- 7 Clausen J.M., Landsverk J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. *Journal of Child & Family Studies*. 7:283–296.
- 8 Kortenkamp, K. & Ehrle, J., (2002). The well-being of children involved with the child welfare system: A national overview, Urban Institute, New Federalism: National Survey of America's Families Series B, No. B-43.
- 9 National Survey of Child and Adolescent Well-Being, 2007.
- 10 National Scientific Council on the Developing Child (2010). Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10. Cambridge, MA: National Scientific Council on the Developing Child.
- 11 Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2011 data.
- 12 National Scientific Council on the Developing Child, 2004. Young children develop in an environment of relationships. (Working Paper No. 1). Cambridge, MA: National Scientific Council on the Developing Child.
- Racusin, R., Maerlender, A.C., Sengupta, A., Isquith, P.K., & Straus, M. (2005). Psychosocial treatment of children in foster care: A review. *Community Mental Health Journal*, 41, 199-221.
- 14 Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Chicago, IL: Chapin Hall at the University of Chicago.

Courtney, M.E., Dworsky, A., Lee, J.S., & Raap, M. (2010). *Midwest* evaluation of the adult functioning of former foster youth: Outcomes at ages 23 and 24. Chicago, IL: Chapin Hall at the University of Chicago.

- 15 Gauthier, Y., Fortin, G. & Jéliu, G. (2004). Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care. *Infant Mental Health Journal*, July/Aug, 25 (4), 379-397.
- 16 Strijker, J., Zandberg T.J., & van der Meulen, B.F (2002). Indicators for placement in foster care. *British Journal of Social Work* 32, 217–231.
- Oosterman, M., Schuengel, C., Slot, N., Bullens, R., & Doreleijers, T. (2007). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review*, 29, 53-76.

- 18 Newton, R.R., Litrownik, A.J., & Landsverk, J.A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect*, 24(10), 1363-1374. Lindhiem, O., & Dozier, M. (2007). Caregiver commitment to foster children: The role of child behavior. *Child Abuse and Neglect*, 31, 361-374.
- 19 For example, the National Child Welfare Resource Center for Organizational Improvement and the National Child Traumatic Stress Network recently partnered on a Breakthrough Series Collaborative to demonstrate the use of improved trauma-informed child welfare services to improve placement stability.
- 20 Chernoff, R., Combs-Orme, T., Risley-Curtiss, C., & Heisler, A. (1994). Assessing the health status of children entering foster care. Pediatrics, 93(4), 594-601. Hochstadt, N., Jaudes, P., Zimo, D., & Schachter, J. (1987). The medical and psychosocial needs of children entering foster care. *Child Abuse and Neglect*, 11, 53-62.
- 21 Kortenkamp, K. & Ehrle, J., (2002). The well-being of children involved with the child welfare system.
- 22 Eckenrode J., Laird, M., & Doris, J. (1993). School performance and disciplinary problems among abused and neglected children. *Devel-opmental Psychology*. 1993;29:53–62. Chernoff, R., Combs-Orme, T., Risley-Curtiss, C., & Heisler, A. (1994). Assessing the health status of children entering foster care. *Pediatrics*, 93(4), 594-601. Flynn, R. J. & Biro, C. (1998). Comparing developmental outcomes for children in care with those for other children in Canada. *Children and Society* 12: 228–33.
- 23 Kortenkamp, K., & Ehrle, J., (2002). The well-being of children involved with the child welfare system.
- 24 Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Chicago, IL: Chapin Hall at the University of Chicago.

- 28 The FCWG's original investment agenda, along with all of its subsequent tools and publications, can be found on its website: www. fostercareworkgroup.org.
- 29 DiLorenzo, P., Wilson, M., Badeau, S (2004). Untapped Anchor: A Monograph Exploring the Role of Spirituality in the Lives of Foster Youth.
- 30 As defined by the Child Welfare Policy and Practice Group, 2008. Available at: http://dcfs.co.la.ca.us/katieA/docs/Practice_Model_LR.pdf
- 31 Dettlaff, A. J. (2011). Disproportionality of Latino children in child welfare. In D. K. Green, K. Belanger, R. McRoy, & L. B. Bullard (Eds.), *Challenging racial disproportionality in child welfare: Research, policy, and practice* (pp. 119-129). Washington, DC: CWLA Press.
- 32 Vericker, T., Kuehn, D., & Capps, R. (2007). Foster care placement settings and permanency planning: Patterns by child generation. Washington, DC: Urban Institute.
- 33 Courtney, M.E., Dworsky, A., Lee, J.S., & Raap, M. (2010). Midwest evaluation of the adult functioning of former foster youth: Outcomes at ages 23 and 24. Chicago, IL: Chapin Hall at the University of Chicago.
- 34 An early example is California's 2005 state legislation (SB358) known as the "Reasonable and Prudent Parent Standard." Defined as "the standard characterized by careful and sensible parental decisions that maintain the child's health, safety and best interests," this specifically allows foster parents and other caregivers to use their own parental status and judgment to allow youth to participate in extracurricular and other community activities.
- 35 Examples of some of these include Collective Impact, Ready by 21, the Opportunity Youth Initiative Fund, the National Forum on Youth Violence Prevention, Promise and Choice Neighborhoods, Safe Streets, Strong Communities, and related efforts.
- 36 Useful tools include Judicial Checklist to Meet the Educational Needs of Youth and Engaging Older Adolescents in the Courtroom Engaging Older Adolescents in the Courtroom. Available at www.americanbar.org.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

THE YOUTH TRANSITION FUNDERS GROUP

The Youth Transition Funders Group (YTFG) was formed in 2001 by funders dedicated to improving the lives of our nation's most vulnerable young people. Foundations involved in YTFG are committed to achieving a common mission—ensuring that this nation's young people are successfully connected by age 25 to institutions and support systems that will enable them to succeed throughout adulthood. YTFG has adopted the theme, "Connected by 25," to describe this mission. A young person who is Connected by 25 has attained five critical outcomes: educational achievement in preparation for career and community participation, including a high school diploma, postsecondary degree and/or vocational certificate training; gainful employment and/or access to career training to achieve life-long economic success; connections to a positive support system—namely, guidance from family members and caring adults, as well as access to health, counseling and mental health services; the ability to be a responsible and nurturing parent; and the capacity to participate in the civic life of one's community. To achieve this mission, YTFG members are committed to working together, thereby enhancing the likelihood that investments from individual foundations will make a real difference in promoting young people's attainment of these outcomes. For more information about YTFG, visit www.ytfg.org.

THE FOSTER CARE WORK GROUP

The Foster Care Work Group (FCWG) is one of three work groups of YTFG. FCWG members work to ensure that all youth in foster care have lifelong family, personal, and community connections and the opportunities and tools to achieve economic success and well being. FCWG members seek to coordinate and leverage investments that: help to build the capacity of communities to effectively support young people transitioning from foster care; strengthen federal and state policies for youth leaving care; and raise public awareness of the needs of youth currently in or transitioning from foster care. Together, members of the FCWG work to build a national movement of funders, community leaders, young people, policymakers, practitioners and researchers with a shared focus on supporting successful futures for youth who have experienced foster care.

MAINSPRING CONSULTING

The FCWG is staffed by Mainspring Consulting, a firm that works with foundation officers, policymakers, and state and community leaders to design effective programs and initiatives for children, youth and families, develop sound strategies to leverage resources, and to create effective plans to move from good thinking to action.



Youth Transition Funders Group www.ytfg.org