



# YOUTH WELL-BEING PROJECT



Family Support Services  
OF NORTH FLORIDA INC.

Assessment and  
Recommendations  
for an Enhanced  
Model to Support  
and Heal Youth  
in Foster Care

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## INTRODUCTION

In August 2018, Family Support Services of North Florida (FSSNF), the lead agency for foster care, adoption and family preservation services for Nassau and Duval Counties, partnered with BRITE Consulting Services to assess the causes and conditions of poor permanency and well-being outcomes for youth in its foster care system. BRITE Consulting Services is an independent consulting firm that partners with state and local jurisdictions to transform child welfare practices and systems approaches in serving vulnerable children and families

Entitled the **“Youth Well Being Project”**, BRITE Consulting Services conducted a quantitative and qualitative assessment encompassing a literature review; data analysis and focus groups with foster youth, frontline staff, child welfare administrators, contracted service providers and caregivers (i.e., foster parents and group home providers). Furthermore, assessment findings were incorporated to inform the analysis and recommendations for an enhanced model of interventions or system that improves well-being outcomes for older youth.

The **“Assessment and Recommendations for an Enhanced Model to Support and Heal Youth in Care”** portrays the challenges facing child welfare systems throughout the country struggling to serve the multiple, complex needs of older youth in foster care. The following analysis uniquely captures the collective voices of caregivers, youth and agency staff while also integrating national best practices and evidenced based research. Its aim is to offer FSSNF’s most committed advocates and caregivers a set of thoughtful, informed recommendations on building a child welfare system that cultivates the best environment for youth to grow and, ultimately, heal from trauma.

## PROJECT SCOPE AND ASSESSMENT FRAMEWORK

Despite ongoing efforts by FSSNF to attend to the specific needs of its older youth in care, the agency continued to experience chronic instability in this population’s permanency and well-being outcomes. Concerns regarding foster youth ages 12-17 who concurrently experienced multiple placement disruptions and crossed multiple service systems (e.g., mental health, juvenile justice and child welfare) compelled FSSNF to re-examine root causes issues that may contribute to system insufficiencies in its current array of services and practices.

Recognizing that multiple perspectives and research-based practice elements may be missing from its current system, the **“Youth Well-Being Project”** designed a comprehensive approach to assess root causes that included:

- 1) Conducting a series of focus groups with foster youth ages 12-17, caregivers, contracted service providers and frontline youth workers. This qualitative analysis integrated multiple, not just singular, perspectives to gain a closer proximate of actual causes and conditions;
- 2) Conducting individual interviews with foster youth ages 12-17 in out of home care;
- 3) Hosting and facilitating a “*Stakeholder Convening on Older Youth in Care*” comprised of more than twenty (20) of FSSNF’s external partners with expertise in administering, managing and delivering services for older youth in care;
- 4) Reviewing quantitative data of youth to include, but not limited to: placement setting and history; mental health diagnosis; psychotropic medications; gender, etc. to complement the qualitative analysis and assessment findings; and
- 5) Conducting a literature review regarding trauma-informed practices and evidence-based programs.

**TABLES 1-3** illustrates demographics of focus group participants in the qualitative analysis.

**TABLE 1: FOCUS GROUPS & NUMBER OF PARTICIPANTS**

Focus Groups and Interviews	Number of Participants
Service Providers and FSSNF Staff	22
Foster Parents	19
Group Home Staff	4
Youth	40
<b>Total</b>	<b>85</b>

**TABLE 2: YEARS OF EXPERIENCE AND NUMBER OF PARTICIPANTS**

Number of Years	Number of Foster Parents
Less than 1 Year	4
1-5 Years	4
6-9 Years	4
10-14 Years	2

More than 15 Years	5
<b>Total</b>	<b>19</b>

**TABLE 3: AGE AND NUMBER OF YOUTH PARTICIPANTS**

Age of Youth	Number of Youth
10-12 Years	1
12-15 Years	22
16 Years	8
17 Years	9
<b>Total</b>	<b>40</b>

## DATA PROFILE: WHO IS OUR OLDER FOSTER YOUTH?

From September 1<sup>st</sup>, 2017 to August 31<sup>st</sup>, 2018, FSSNF served 199 youth in out-of-home care in Duval County. **TABLE 4** details data of youth placement type, permanency goal, placement moves, psychotropic medications and runaway episodes.

**TABLE 4: PROFILE OF YOUTH AGE 12 -17 (Data Below is Point-in Time on 12/17/2018)**

PLACEMENT TYPE:	
Adoption	8
Corrections	13
Foster Home	62
Hospital/Mental Health	1
Parent	15
Relative/Non-Relative	41
Missing Child	9
Group Home	37
Residential Treatment	9
Visitation	4
Total Children	199
PERMANENCY GOAL:	
Maintain and Strengthen	8

No Court Approved Goal	4
Permanent Guardianship	10
Reunification	56
Adoption	92
APPLA	15
Blank	14
<b>Number of Youth with 3 or More Placement Moves:</b>	82
<b>Number of Youth on 2+ Psychotropic Medications:</b>	25
<b># of Runaway Episodes:</b>	September 1, 2017-August 1, 2018 255

The data confirms the large number of youth that have numerous placements and runaway episodes. Both data points show the need for more stability for youth in care, which affects all aspects of their well-being. There are also a large number of youth, 92 total (46%) that are up for adoption and need a family and 56 youth (28%) with the goal of reunification.

## **SERVICE ARRAY: HOW DO WE SERVE OUR OLDER FOSTER YOUTH?**

Ideally, child welfare systems should be informed about its service array capacity, quality and effectiveness. If permanency and well-being outcomes are not being met, child welfare systems should continuously review system practices and implement adaptations to achieve targeted outcomes. FSSNF contracts with an array of service providers that serve older youth in care. Below are programs FSSNF contracted with over the past twelve (12) months specifically targeted at supporting older youth and caregivers:

- Justice Works:** Provides services for “crossover” youth served by the Department of Children and Families and the Department of Juvenile Justice (DJJ). Crossover youth are defined as foster youth with two (2) or more arrests and academic failure. Case managers have caseloads of no more than eight (8) children with whom they spend six (6) hours of face-to-face time per week. Two (2) staff provide case management services, serving a total of sixteen (16) youth.
- Children’s Home Society Acute Intervention Team (AIT):** The AIT responds to crisis situations at foster and group homes within 1-hour of a call. The team deescalates the crisis, conducts an assessment and provides clinical support. Staff are Licensed Clinical Social Workers who provide services after hours and follow-up the next day. Program

goals are to stabilize placements; enhance supports to youth and their foster caregivers; and prevent involuntary mental health placements (i.e., Baker Acts) and juvenile justice involvement. The AIT is deployed by FSSNF staff and has operated since October 2018.

- **Family Resource Advocate (FRA):** Advocates are utilized to support first-time placements for foster parents and occasionally for high-risk teens. FRA connects to foster parents within 24-hours; navigates caregivers through the foster care system and provides concrete supports for foster youth (school clothes, toiletries, etc.).
- **Clinical Services:** FSSNF’s Case Management Organizations (CMOs) provide clinical services to children in care and limited in-home counseling to families.
- **Private Pay 1:1:** FSSNF provides 1:1 American Psychological Association (APA) certified behavioral health counselors in homes to support caregivers and youth when needed.
- **Mentor Program:** FSSNF provides children with mentors that commit to spending a minimum of 4 hours per month for one year with assigned youth. **Table 5** show the number of youth in licensed foster homes who have mentors:

**TABLE 5: NUMBER OF FOSTER YOUTH WITH MENTORS** (As of 12/4/2018)

Number of Youth in Care	Age	Mentors	Percent of Youth with Mentors
11	13	1	9%
17	14	3	18%
24	15	6	25%
27	16	6	22%
24	17	6	25%

## **ASSESSMENT FINDINGS: WHAT ARE WE SAYING ABOUT OLDER FOSTER YOUTH?**

The qualitative component of the *Youth Well-Being Project* encompassed a series of focus groups with internal and external stakeholders, caregivers and foster youth ages 12-17. The following articulates common themes specific to each group regarding their concerns and recommendations for fostering youth permanency and well-being.

## STAKEHOLDERS

FSSNF administrators, front-line youth service workers, and contracted service providers assembled to participate in a *Stakeholder Roundtable Convening* regarding system and practice issues in serving older youth with complex needs. The following summarizes the major themes from stakeholders:

- **Insufficient System Capacity and Innovation:** Stakeholders expressed concern regarding their capacity to ensure older youth well-being due to system inflexibility, instability and inconsistency. Rigidity in legal mandates, agency policies and procedures; unreasonable time frames and caseload pressures; lack of specialized behavioral and medical service providers; absent non-judicial service options; and insufficient funding to expand placement options or specialized youth services were cited as variables that prohibited the adaptability, creativity and commitment necessary to ensure safety, permanency and well-being of older youth.
- **Unhealthy Parallel Process of System and Families:** Stakeholders described a troubling dynamic of youth who “*game the system*” by disrupting placements via absconding foster homes, voluntarily requesting placement moves and demanding financial supports absent of compliance with program or service requirements. Stakeholders acknowledged that youth who “*game the system*” may serve as “*survival tactics*” and attempts to gain “*a sense of control*”. Yet, stakeholders were most troubled by the system response to these dynamics in cultivating entitlement and dependency among youth and its lack of accountability of youth. Interestingly, it was noted that a system characterized by a lack of commitment and accountability as well as entitlement and dependency mirror the exact behaviors the system ascribes to non-compliant parents and youth.
- **Staff Experience Workforce Fatigue and Secondary Trauma:** Stakeholders highlighted workforce fatigue and secondary trauma of staff who are overwhelmed and undervalued serving an often misunderstood and overlooked population. Again, we observe another parallel process. Families in the child welfare system often express the same feelings of despair and discouragement. Aptly stated by one frontline staff “*the system does not take care of the people who work in the system [and we have] sick people taking care of sick people*”.
- **Poor Perception of Older Foster Youth Population:** Stakeholders possessed genuine empathy and compassion for older youth and for their work. They are, however,

frustrated that youth are perceived as “*delinquents and not traumatized children*”. “*How we see them is how we treat them*” resonated among the collective regarding the unrealistic expectations and lack of normalization for foster youth versus adolescents who never experience foster care. The system’s struggle to offer “*real homes*” with committed caregivers and its view of foster youth as a “*a business transaction not a person*” appeared counterintuitive to its mission of ensuring permanency and well-being.

- **The Need for a Trauma-Informed System:** Stakeholders advocated for trauma-informed responses that addressed pain-based behaviors driving their destructive behaviors. Staff’s fear of failing youth due to their inability to “*make real connections*” and leverage their strengths prompted stakeholders’ advocacy for increased awareness about the older youth experience and improved system capacities to serve them.
- **More Commitment and Care:** Stakeholders expressed a need for increased commitment internally and externally at every level within the system. The need for relentlessly committed caregivers who “*don’t give up on youth*”; volunteer Guardian ad Litem (GALs) who prioritize older youth as they do young children; and community partners who commit funding, time and attention to youth development was a resounded among participants. Finally, stakeholders expressed a desire for a system committed to their own safety and well-being as they work to serve a challenging population.
- **More Trust, Autonomy and Capability in the System:** Stakeholders discussed the need for a well-resourced system with specialized services; transparent information and data; and trust in its workforce to exercise autonomy, flexibility and creativity while serving older youth. A desire for more space to authentically engage and normalize youth coupled with more intentional collaboration across the system were noted as key levers to promoting system and youth stability.
- **Continue Dialogue and Improvement of System:** Despite their frustrations regarding system challenges, stakeholders praised the local system (e.g., FSSNF and its partners) for its efforts to acknowledge its struggles and examine how it can improve. The evidence of teamwork and collaboration among local partners; existing resources and benefits specific to older youth; and caregivers who adopt older youth reaffirmed guests’ commitment to their work.

## CAREGIVERS: FOSTER PARENTS AND GROUP HOME STAFF

As of October 2018, FSSNF reported only 20 (7%) out of 289 foster homes designated as placements for youth ages 12-17. Of the twenty (20) foster homes, nineteen (19) foster parents participated in focus groups. The following themes emerged from caregiver responses:

- **Need for Increased Communication and More Experienced Case Managers:** Foster parents called for more frequent, substantive communication with case managers who are well trained and well informed. Caregivers observed that the majority of youth service workers tend to be young and inexperienced. Consequently, the case manager's youthfulness defaults into a dynamic where they appear more aligned with youth giving little weight to engaging or soliciting the caregiver's perspective. Although caregivers affirmed the evidence of committed, responsive case managers, overall communication with them is poor. Foster parents desire a team approach in permanency planning for foster youth.
- **Need to Reassess Current Service Array:** There was mixed responses among caregivers regarding the efficacy of Justice Works ranging from "very helpful" to concerns that the program fosters dependency among youth. Foster parents commented that Justice Works "*provides too much [handholding] with youth*" leaving them unprepared for adulthood. Foster parents reported that Children's Home Society's Acute Intervention Team (AIT) was not consistently responsive and needed to be a 24/7 service. Some caregivers stated AIT either "*takes too long*" or avoids responding onsite rendering the service useless in real time crisis. Although not the case in every situation, the overall response from caregivers was that AIT needs improvement with its response times.
- **Lack of Community Activities and Opportunities:** Foster parents expressed frustration regarding the lack of available jobs and recreational activities for youth. Jacksonville's high crime rate coupled with foster youth failing academically were serious concerns among caregivers. Foster parents recommended expanding youth vocational opportunities; offering an array of community and social activities afterschool and on weekends and increasing monetary allowances for youth as strategies to improve well-being.
- **Need for Meaningful Support to Preserve Placement and Youth Stability:** A recurring theme emerged regarding the system's easily granting youth's request for placement moves with little attempt to preserve placements. Caregivers noted that this dynamic happens frequently among teens attempting to avoid conflict and consequences. Foster

parents expressed a desire for case managers to more thoroughly assess the situation and offer substantive supports prior to moving the youth. Caregivers stated that these tenuous situations offer an opportunity for youth to learn conflict resolution skills they can leverage throughout life.

- **Need to Hold Youth Accountable:** Many foster parents commented that the child welfare system caters to youth by *“letting them get away with too much”* and does not support efforts to hold them accountable for disruptive or harmful behavior. Caregivers believe they possess little leverage in holding youth accountable and that youth are often rewarded by the system despite negative behaviors. The overall sentiment among caregivers was the need for more leverage from the system that support their efforts to instill discipline and structure for youth placed in their care.
- **Need for Better Communication and a Teaming Approach:** Caregivers noted that the lack of communication among multiple parties results in inconsistent standards and consequences for youth and increased frustration among caregivers. Foster parents shared that case managers and other helpers (GALs, mentors, etc.) often schedule meetings, visits and appointments for youth or grant permission for activities without consulting or informing them. Caregivers requested more respect and engagement from the system since they are the 24/7 caregiver. A teaming approach where there is consistent communication, coordinated planning and consensus among partners was suggested as ideal for achieving youth permanency and well-being.
- **Need for Proactive Services and Increased Funding:** Foster parents stated they do not receive funding or fiscal guidelines at initial placement. Caregivers suggested providing clothing and monetary support at placement as well as clarity regarding the agency versus caregiver fiscal responsibilities. For example, foster parents stated they were unsure as to whether they or the case management agency is responsible for purchasing cell phones for foster youth.
- **Need to Better Prepare and Transition Youth from Foster Care:** Caregivers were concerned that youth are not prepared to live independently and do not receive meaningful life skills training. It was recommended that youth be engaged earlier in life skills services to help prepare them for adulthood. Suggested topics for life skills development include: budgeting, computer literacy, cooking and peer-to-peer learning.
- **Need for Increased Support to Foster Parents who Serve Older Youth:** Foster parents report feeling disconnected from other foster parents. A robust network of informal and

formal supports and specialized training for caregivers of older youth was highly recommended.

- **Need to Support Youth in Processing Trauma and Living Healthier Lifestyles:** Group home staff felt youth needed therapy to “*work through*” the trauma of family separation. Staff advocated for increased contact with family and loved ones to support youth in their quest for identity and self-worth. Alternative well-being activities such as martial arts, yoga, meditation and positive social connections to promote well-being and minimize aggression was also recommended by group home staff.
- **Need for More Teens Homes and Male Mentors:** A need for strong male mentors and more foster parents willing to care for older youth was a collective ask among caregivers. Although some foster parents thought mentors were unhelpful, the majority stated they were beneficial. Ensuring the right fit between youth and mentors and a mentor’s ability to comfortably engage with adolescents were offered as strategies to improve mentoring programs.

## FOSTER YOUTH

Forty (40) youth ages 12-17 in foster care participated in focus groups and individual interviews. The following themes captures their collective voice regarding their needs today and hopes for the future:

*When asked what they need most in foster care, the common response from youth was family, love and support.*

- **Youth Want Supportive, Caring and Patient Caregivers:** When asked what they would change about the foster care system, most youth stated they wanted equity and fairness in parenting by caregivers. Youth consistently described their experience of foster caregivers parenting their biological children “differently or better” and threatening them with placement moves when perceived as “*bad*”. Youth expressed a consistent desire for caregivers who are patient, supportive and caring and who cultivate their self-esteem and well-being.
- **Youth Want a Loving Family and Home:** Most youth specifically declared wanting a permanent home and committed, loving parents. Other youth simply wished for supportive, caring adults who genuinely cared for them and their well-being. A support system of positive adults to mentor them was also requested by youth.

*We want to be loved like we’re their own child and not a foster child they’re being paid to keep.*

*Youth*

- **Youth Want the System to be Selective about Foster Homes:** Youth were adamant that the system needed to be relentlessly judicious in foster home selection. They reported craving a family setting where they are comfortable and accepted. Youth shared that foster homes were not *“family-like”* and too restrictive. Youth felt they were a *“bother”* to caregivers who were *“doing it for a paycheck”*. They disclosed instances such as purchasing their own hygiene products, being prohibited from the kitchen after hours and not sharing the same food as their foster parents. Youth suggested that *“running”* from a placement is often prompted by youth feeling unsafe and unworthy in homes where they are bullied, treated unfairly and living in a chaotic or overly controlled environment.
- **Youth Want Increased Allowance for Basic Necessities and Activities:** Youth requested an increase in discretionary funds for clothes, basic necessities, and recreational activities. Some youth indicated their allowance was sufficient for basic hygiene products while others disagreed. Regardless, there was consensus that cell phones were extremely important yet not all youth had one.
- **Youth Want Comfort, Space and Understanding when Life Seems Difficult:** When having a bad day or experiencing difficulties, youth want adults to listen and understand them, to speak words of encouragement, to comfort and calm them and to offer a safe space where they can process emotions.
- **Youth Want Case Managers who are Accessible and Show Concern:** Youth reported that many case managers are hard to reach and *“don’t really know what’s going on”* in their foster home. Consequently, youth suggested case managers conduct unannounced home visits. Youth also shared that some case managers *“don’t seem to care”* about them and want one who *“actually wants to help”*.
- **Youth Want Increased Contact with Biological Family and Relatives:** Youth stated the system needs to do more in keeping families together and helping them maintain connections with their biological families. Many youth disclosed they wanted to live with their biological families and actively maintained connections with them.
- **Youth Want More Support, Encouragement and Positivity in Their Life’s.** Youth lamented that adults seem to constantly *“point out what’s wrong”* with them and are critical of their behaviors and choices. From the youth perspective, they want more people in their lives to recognize their strengths and build their self-esteem.

- **Youth Want More Activities and Life Skills to Help Them Succeed:** Youth mentioned the lack of activities and opportunities to learn necessary life skills for adulthood. Several youth approaching adulthood believe the system has not prepared or taught them tools to thrive. The **Just Like Me** program was mentioned as a worthwhile program for youth aging out of foster care.

Interestingly, the findings differed between caregivers and youth in terms of what they needed most. While caregivers requested **tangible** items such as concrete services and supports as well as improved communication and coordinated case management; youth expressed a need for **intangible** items such as family, love, connection, support, guidance and understanding.

Youth's shared experience regarding unfair or inequitable treatment by caregivers coupled with their profound feelings of anger, confusion and unworthiness affirms their unifying plea for a permanent, loving family that parents them as their own. Alternatively, caregivers called for more discipline and accountability for youth that are disruptive or "game the system" and want to parent them as their own. Despite variations in themes, both caregivers and foster youth agree more activities that cultivate youth development and opportunities to learn life skills are needed from the foster care system.

Stakeholder responses encompassed elements that aligned with caregivers and foster youth yet more emphasis was placed on the need for a trauma-informed system that balances addressing youth's pain-based behaviors while also holding them accountable. Stakeholders shared similar perceptions of foster caregivers that some foster youth "*game the system*" to avoid accountability.

Regardless, a collective theme among stakeholders, caregivers and foster youth was the desperate need for tangible and intangible support for foster youth and caregivers. A whole system response that is well informed and well equipped to meet the specialized, complex needs of older youth in care is required to achieve permanency and well-being outcomes.

## **WHY TRAUMA MATTERS FOR OLDER YOUTH WELL-BEING**

Achieving well-being outcomes for foster youth continues to challenge child welfare agencies that struggle to stem the tide of "crossover" youth, runaway episodes, and lack of placement

stability or options. Common practice in serving older foster youth typically involves an evolving door of therapy mixed with medication as case managers and caregivers desperately seek to find the “right” combination to “stabilize” youth. Child welfare’s conundrum continues as the system clings to a belief that a prescribed number of time limited therapy sessions will “fix” chronic feelings of grief and loss due to family separation and multiple placement moves in foster care.

*“The most traumatic aspects of all disasters involve the shattering of human connections. And this is especially true for children. Being harmed by the people who are supposed to love you, being abandoned by them, being robbed of the one-on-one relationships that allow you to feel safe and valued and to become humane—they are profoundly destructive experiences. Because humans are inescapably social beings, the worst catastrophes that can befall us inevitably involve relational loss.”*

*Dr. Bruce Perry*

Prolonged exposure to cumulative trauma and loss results in a foster youth population that is unable to self-regulate, form healthy attachments and emotionally heal. Unfortunately, child welfare systems have yet to incorporate cutting edge research regarding children’s trauma, resilience and self-regulation as a pathway to promoting children’s safety, permanency and well-being. ***Traditional practice models of medication and therapy dictated by funding streams while necessary are woefully insufficient.***

According to Dr. Bruce Perry, a nationally renowned neuroscientist and expert on children’s trauma, relationships are “key to a person’s ability to process a bad experience and move on.”<sup>i</sup> Further, Dr. Perry argues that social programs and countless hours with a therapist are no substitute for supportive relationships that help heal past trauma. Perry believes children can navigate their own healing process over time if they have a strong “social fabric using the people around them as needed.”<sup>ii</sup> In Dr. Perry’s view, “traditional therapy models –some of which are considered ‘trauma informed’ – might be getting a few key details wrong about how to best help kids heal from trauma. . .[such as] forcing a child to attend a therapy session with a stranger –where traumatic memories are activated longer than the child can handle –can be counterproductive.”<sup>iii</sup>

***Social Programs and countless hours with a therapist cannot stand in for supportive relationships that help heal past trauma.***

Further, family separation was found to be a deeply traumatic experience as research demonstrates devastating impacts on children’s well-being and development. Again, Dr. Perry postulates that traumatizing experiences greatly affect youth and shape how the brain is organized and impacts their emotional, cognitive and physiological activities and responses.<sup>iv</sup>

In support of Dr. Perry’s research, the Children’s Bureau developed key protective factors that promote the well-being of children in foster care. The following are the most prominent protective factors<sup>v</sup>:

- **Self-regulation skills:** Refers to a youth’s long-term ability to control emotions and behavior as well as her ability to understand the emotions of others. This skillset leads to relational harmony and self-development skills that help to secure employment.
- **Relational Skills:** Indicates a youth’s ability to positively relate to his/her family and peers. This skillset promotes healthy attachment and bonds to foster parents, teachers and friends.
- **Academic Skills:** Addresses educational status and level of achievement. Strong academic skills are related to “greater stability in out-of-home placements”.
- **Parenting competencies:** Both foster and birth parents are encouraged to develop skills that include disciplining and bonding with children.
- **Presence of a caring adult:** An adult advocate or friend makes a significant difference in the lives of our youth. Young people who have one caring adult in their lives are less likely to engage in criminal activity, be homeless, and experience less stress.
- **Living with family members:** Living with one’s kin boosts well-being. Often, children placed in a home with a family member exhibit improved social behavior and steer clear of the juvenile justice system.

Recent data from Florida Department of Children & Families (DCF) provides further evidence regarding positive placement outcome for children connected to family members and natural supports. **TABLE 6** show the number of Florida’s foster youth who remain in placement at 90 days from removal, with the highest numbers in relative placements (82.11%) and non-relative placements (63.70%).

**TABLE 6. Initial Placement Status Living Report-OCWDRU Report #1153**

Within 90 Days	Type of Original Case	Exited Care	Moved to Foster Care	Moved to Group Home	Moved to Another Placement Setting	Moved to Relative/Non-Relative	No Change	Grand Total	% No Change
	Foster Home	333	1519	271	6	939	1428	4496	31.76%
	Non-relative	146	213	119	2	255	1290	2025	<b>63.70%</b>
	Relative	446	294	93	10	438	5878	7159	<b>82.11%</b>
	Residential	130	405	442	19	287	425	1708	24.88%
	Grand Total	1175	2735	1030	65	2120	9742	16867	57.76%

Child Welfare systems have invested countless training dollars to understand the impact of trauma yet the field is two decades removed from the groundbreaking *Adverse Childhood Experiences (ACES)* study conducted by the Center for Disease Control and Prevention and Kaiser Permanente.<sup>vi</sup> ACE's reports that over two-thirds of roughly 18,000 participants experienced at least one adversity in early childhood ranging from household dysfunction, physical and sexual abuse and neglect.<sup>vii</sup> The implications include, but are not limited to: an increased risk of negative adult health outcomes, a higher rate of suicide, depression, mental illness, substance abuse disorders and incarceration. Unfortunately, child welfare's response to ACES and childhood trauma does not address its complexity thereby resulting in inadequate intervention and services that neglect the vital importance of healing children's trauma in the context of relationships.

Older youth in care routinely display troubling behaviors such as anger, isolation, mistrust, emotional dysregulation and an inability to form social connections. The National Child Traumatic Stress Network found that many of these "*behaviors*" are largely due to grief and loss that generate a fight or flight response.<sup>viii</sup> Thus, it is no surprise caregivers and case managers observe foster youth repeatedly "*acting out*" as it more accurately depicts their attempts to emotionally protect themselves from the pain of repeated trauma. Dr. Perry states, "*understanding the power of traumatic events to shape the brain helps us to better determine what a child needs to heal*".<sup>ix</sup> **Child welfare is learning that although negative early life experiences have the ability to shape children's developing brain, relationships can also be protective and reparative.**

Research indicates that children depend exclusively on parents or caregivers for survival and protection—both physically and emotionally.<sup>x</sup> When trauma impacts the parent or caregiver, the relationship between child and caregiver may also be strongly affected. Without the support of a trusted parent to help youth regulate strong emotions, they often experience overwhelming stress and frustration with their inability to effectively communicate what they feel or need. Consequently, youth can display troubling behaviors and disturbing emotions that caregivers can misunderstand and mishandle. Thus, it is imperative child welfare pay close attention to caregiver capacity to self-regulate when facilitating reunification or foster placement. Building trust, ensuring consistency and providing a sense of safety are key components in helping children heal from trauma, separation and loss.<sup>xi</sup>

Caring for children who have experienced traumatic events come with a set of challenges for the child welfare workforce. Due to our overdependence on evidenced-based treatment modalities, frontline case managers and service providers neglect unconventional approaches that can increase youth's connectedness and belonging<sup>xii</sup> Cultivating a healthy, non-judgmental

and mutually respectful relationship with traumatized youth establishes a healing process that incorporates a trauma lens for differentiating pain based versus “bad” behaviors.

*Our current mental health, child welfare, and judicial systems, as well as child-placing agencies deal with traumatized and maltreated children as if they were completely unaware of these essential findings in development, attachment, and trauma. We have few metrics to measure the number, quality, and patterns of healthy (or unhealthy) relational interactions; we move traumatized children from therapist to therapist, school to school, foster home to foster home, community to community. Indeed, our systems often exacerbate or even replicate the relational impermanence and trauma of the child’s life. . . . We expect “therapy”—healing—to take place in the child via episodic, shallow relational interactions with highly educated but poorly nurturing strangers. We undervalue the powerful therapeutic impact of caring teacher, coach, neighbor, grandparent, and a host of other potential “co-therapists.”*

– Dr. Bruce Perry<sup>1</sup>

## **RECOMMENDATIONS: WHERE DO WE GO FROM HERE?**

Research and practical wisdom confirm that the adolescent stage of development can be challenging for any parent. Parenting an adolescent who has experienced abuse and neglect and the trauma of family separation presents additional challenges for foster caregivers and service providers. The following recommendations offer a guiding, research informed framework that child welfare systems can incorporate in building a trauma responsive system for older youth permanency and well-being.

Although the recommendations do not guarantee success in healing every foster youth, they offer a collective language on how child welfare can better serve older youth with trauma histories; trauma’s impact on youth development; and methods to help youth heal from trauma. The recommendations incorporate our quantitative and qualitative assessment grounded in the foundational principle that **cultivating connection and safety in the context of healthy relationships is the primary driver in healing and supporting youth.**

## RECOMMENDATION 1: FOCUS ON CONNECTIONS VERSUS SERVICES

Child welfare system should focus on providing every youth in care with a positive, permanent connection to support and guide them throughout their life. Research from trauma expert and neuroscientist, Dr. Bruce Perry, unequivocally advocates the importance of connections in a traumatized child's life and the poor substitute medication and therapy offers to help children heal.<sup>xiii</sup>

*The healthier relationships a child has, the more likely he will be able to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.*

*Dr. Bruce Perry*

Child welfare systems traditionally offer contracted, prescriptive services rather than fully engaging their community to identify mentors and families for youth. It is recommended that FSSNF craft a robust mentor program and exhaust all community resources to cultivate meaningful, permanent and healthy connections with adult caregivers and supports.

Additionally, given that youth adamantly reported wanting to live with their biological families, it is recommended that deliberate efforts be made to facilitate family connections in the context of safety and healing. Two (2) evidenced based programs that demonstrate strong results in safely facilitating youth connections with their biological families are Multisystemic Therapy (MST) and Functional Family Therapy (FFT). The following offers a brief description of both programs:

**Multisystemic Therapy (MST):** An intensive family and community-based treatment program for serious youth offenders ages 12-17 years and their families. MST's goals are to decrease youth criminal behavior and prevent out of home placement or detention due to delinquency, violence, substance abuse, behavior problems and family conflict. Recommended duration is 3 – 5 months with the youth and their family in home or community settings several times a week at initiation with less frequency as treatment progresses.<sup>xiv</sup>

*A fifty-minute therapy session may be part of treating trauma, but ideally, it's simply one thread in a much larger web of therapeutic encounters.*

*Dr. Bruce Perry*

**Functional Family Therapy (FFT):** is a short-term, evidenced informed intervention program with an average of 12 to 14 sessions over three to five months. FFT works primarily with 11- to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school or child welfare systems. FFT is a strength-based model built on a foundation of acceptance and respect. At its core, is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development.<sup>xv</sup>

## RECOMMENDATION 2: BUILD OR INCORPORATE ELEMENTS OF A TRAUMA INFORMED SYSTEM

Although no specific model is being proposed due to contextual variations inherent in each system and community, there are several foundational components to building a trauma informed system in any system or model that include:

- Shifting system structures and interventions from one that emphasizes **healing** (*cultivating connections and relationships*) versus **treating** (*therapy and psychotropic medications*);
- Assessing and promoting self-regulation techniques of biological parents and foster caregivers;
- Attending to the workforce well-being and secondary trauma of staff and caregivers.

Although therapeutic interventions are necessary, they are insufficient. Traditional therapeutic models address only a piece of trauma's complex puzzle. Trauma experts indicate that traumatized children need to control when and how they tell their story.<sup>xvi</sup> Forcing children to tell their story with a stranger in therapy can re-active trauma to prolonged, counterproductive levels.<sup>xvii</sup>

Furthermore, recognizing and understanding the trauma of parents who have teens in the system is critical to the foundational issue of healing and strengthening families and supports the notion that the best place for any child is with their own family. Although this will not be possible in all cases, it is imperative that we recognize the trauma of biological parents and do everything we can to support their healing. Not only have most experienced years of trauma in their own lives, they too lack connections and tools to support their healing.

According to Florida's National Youth in Transition Database results from Spring of 2018, 67% (578) of young adults ages 18-22 report having a close relationship with a member of their biological family. This tells us that most teens still have a relationship with their families and many will go back and live in that home once they age out. If we help parents heal, we ultimately help the child.

### **RECOMMENDATION 3: PROVIDE TRAUMA INFORMED TRAINING FOR CAREGIVERS**

Foster caregivers routinely shared their challenges parenting and disciplining youth through a trauma-informed lens citing the lack of tools, training and skills. Stories of caregivers struggling to hold foster youth accountable while remaining mindful of their abuse and trauma histories continued to confound their understanding of how to appropriately parent disruptive or destructive foster youth.

Specialized caregiver training and support that addresses parenting of traumatized foster youth is highly recommended. **Ideally, caregiver training would encompass ongoing coaching post training and opportunities for foster caregivers to cultivate a network of community support.** One evidenced-based program found to be effective in strengthening trauma responsive skills for caregivers is described below:

**Trust Based Relational intervention (TBRI):** Training is conducted in groups utilizing a trauma informed holistic approach that offers caregiver support in self-regulation, mindful awareness and resiliency. Targeted for foster parents with traumatized youth who experienced multiple placements, the training curriculum is grounded in the principles of connecting, empowering and correcting as the framework for enhancing caregiver skills.<sup>xviii</sup>

### **RECOMMENDATION 4: INCREASE THE NUMBER AND QUALITY OF SPECIALIZED FOSTER HOMES FOR OLDER YOUTH**

Youth consistently voiced wanting to be understood, heard, loved and treated equitably by foster caregivers. Given the multiple needs of older youth, foster parents often find it challenging to provide the level of support and attention they require; especially if they are caring for more than one adolescent.

Thus, it is important that child welfare systems specifically target foster care recruitment efforts for older youth that not only increase the number of available foster homes but also the cadre of foster parents committed to parenting adolescents. Careful selection is required to ensure prospective caregivers understand the complexity of parenting foster youth whose trauma coupled with their length and age in time of care requires intensive time, guidance and love.

Additionally, child welfare systems need to provide role clarity regarding their expectations of foster caregivers. Clarity regarding spending allowances and whether the agency or foster parent is responsible for providing basing necessities, hygiene products, clothes and

extracurricular activities is one example. Child welfare systems should also be specific regarding their expectations that foster parents act as advocate in the youth's education, facilitate opportunities for youth development and ensure youth are actively engaged in their community.

## **RECOMMENDATION 5: CREATE SPECIALIZED TEEN UNITS THAT FOSTER COMMUNICATION AND ACCOUNTABILITY**

In an effort to enhance and streamline communication among the multiple parties involved a foster youth's life, a dedicated unit or team specialized in adolescent issues should be created that:

- Identifies staff that have a passion for working with youth;
- Minimizes miscommunication among case managers and service providers; and,
- Fosters more frequent interactions and collaboration between all individuals involved in the youths' life.

A specialized unit or formal teaming process that allows multiple partners and youth to routinely assess and plan for well-being also fosters youth accountability. A teaming approaches demonstrates to youth that the adults in their lives are aligned and collaborating to ensure their development and success. Youth service workers should also be well trained on special topics such as restorative practices, rapport building, sexual identity, and recognizing gang affiliation.

## **RECOMMENDATION 6: INCREASE CAREGIVER SUPPORT**

Foster caregivers require immediate concrete support at initial placement of a youth in their home. Items such as clothing, school supplies, basic necessities and monetary support for educational or extracurricular activities are important ways to stabilize placements and promote youth well-being. A higher allowance for youth also benefits caregivers in relieving some financial burden and helps support youth autonomy.

More importantly, foster caregivers require structured support and a meaningful network of other caregivers who care for older youth. Periodic contact to share experiences, exchange information and learn both formally and informally is critical in retaining foster parents and fostering placement stability.

## **RECOMMENDATION 7: EXPAND YOUTH WELL-BEING OPPORTUNITIES**

A comprehensive holistic approach to youth well-being involves creating opportunities for youth to share their story while also empowering them to take steps toward their own well-being. Child welfare systems have a moral imperative to ensure traumatized youth are afforded every opportunity to be prepared for adulthood-physically, emotionally, mentally and socially. Caregivers and system partners can begin the process of planting positive, loving seeds of change that foster their development and well-being. Formal activities and unconventional, holistic approaches that address youth social, emotional and physical health needs can include:

- Healing Toolboxes
- Meditation and Mindfulness
- Yoga
- Creative Arts
- Workshops: improving self-esteem, managing emotions and self-regulation, establishing healthy boundaries and identifying safe people

Many youth report continued contact with biological families with a plan to reunite once they transition from foster care. Thus, teaching youth healthy boundaries is paramount in helping them re-establish positive relationships, handle conflict and manage any emotional and physical safety issues.

In addition, engaging community partners is critical in creating opportunities for youth. It is recommended that the agency work with the city, faith-based communities, businesses and community organizations to expand opportunities and provide youth with tools needed for healing and future success.

## CONCLUSION

FSSNF and child welfare systems throughout the nation have worked tirelessly to serve a growing population of older youth whose multiple needs are compounded by trauma. Yet, we continue to learn more is needed as the field begins to understand trauma's impact on youth permanency, stability and well-being. The assessment and report recommendations are not an absolute to healing traumatized youth in foster care. Healing from trauma and loss can be a lifelong process which extends beyond our current model of time-limited therapies and may be outside our youths' time in care. As emerging research and evidence compels us to shift our philosophical frameworks and practices, child welfare systems committed to improving youth permanency and well-being can evolve into the positions of healers and not just helpers.

The complexities of trauma and loss and its ensuing feelings of grief are not easy to process for anyone-especially a child. We need to be patient with the unique healing process of each youth within our care. It is critically important to remember there is no "silver bullet" or "one shot intervention" that resolves trauma as people respond and process its complexities differently.

Every person in the child welfare system serves as an answer to healing children's trauma. As we care for and nurture ourselves as well as each other, we expand our capacity to offer the patience, grace and understanding foster youth require to heal and thrive. It is paramount that those working directly with youth understand a youth's trauma history and their ability to self-regulate, manage emotions and feel safe. More importantly, front line staff and caregivers must be well equipped and well supported to care for traumatized youth with an understanding that every person plays a critical role in their healing process. Furthermore, we must involve the entire community in order to find connections and families for our youth and to support biological parents, staff and caregivers. It's not the government's job to fix families and heal trauma, healing must be rooted in local communities.

*It is not someone's else job to heal the youth. It is anyone who has contact with the youth, we are co-therapist and all healers in the process.*

Thus, it is imperative that a focus on relationships, connection, and healing be at the core of any child welfare system's approach. Child welfare systems can *shift from being reactive, trauma inducing systems to proactive, trauma responsive systems* as we diligently work to inform all system partners the impact trauma has on foster youth. A commitment from the entire child welfare system to cultivate a culture of healing for everyone is the first step in radically supporting our youth, biological families, caregivers, child welfare workforce and stakeholders.

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- <sup>i</sup> “Inside the Bruce Perry Show,” by Christie Renick, May 23, 2018, *The Chronicle of Social Change*.
- <sup>ii</sup> Ibid.
- <sup>iii</sup> Ibid.
- <sup>iv</sup> Perry, B.D., & Szalavitz, M. (2006). *The Boy Who Was Raised as A Dog. And Other Stories from A Child Psychiatrist’s Notebook. What Traumatized Children Can Teach Us About Loss, Love, and Healing*. New York: Basic Books.
- <sup>v</sup> Ibid see Children’s Bureau “Promoting Protective Factors for Children and youth in Foster Care”
- <sup>vi</sup> Center for Disease Control and Prevention “Adverse Childhood Experiences”  
<https://www.cdc.gov/violenceprevention/acestudy/index.html>
- <sup>vii</sup> Ibid.
- <sup>viii</sup> National Child Traumatic Stress Network <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma>;
- <sup>ix</sup> Ibid. Perry, B.D., & Szalavitz, M. (2006)
- <sup>x</sup> Ludy-Dobson, C.R. & Perry, B.D. “The Role of Healthy Relational Interactions in Buffering Childhood Trauma: [https://childtrauma.org/wp-content/uploads/2014/12/The\\_Role\\_of\\_Healthy\\_Relational\\_Interactions\\_Perry.pdf](https://childtrauma.org/wp-content/uploads/2014/12/The_Role_of_Healthy_Relational_Interactions_Perry.pdf)
- <sup>xi</sup> Ibid.
- <sup>xii</sup> Van der Kolk, B.A. (2014). *The Body Keeps the Score: Brain, mind, and body in the healing of trauma*: Penguin Books
- <sup>xiii</sup> Ibid. Perry, B.D., & Szalavitz, M. (2006)
- <sup>xiv</sup> California Evidenced Based Clearinghouse “Multisystemic Systems Therapy”  
<http://www.cebc4cw.org/program/multisystemic-therapy/>
- <sup>xv</sup> “Functional Family Therapy”. <https://www.fftllc.com/about-fft-training/clinical-model.html>
- <sup>xvi</sup> Ibid. “The Long Shadow: Bruce Perry on the Lingering Effects of Childhood Trauma”, by Jeanne Supin, November 2016, *The Sun*.
- <sup>xvii</sup> “Inside the Bruce Perry Show”, by Christie Renick, May 23, 2018, *The Chronicle of Social Change*.
- <sup>xviii</sup> California Evidenced Based Clearinghouse “Trust Based Relational Intervention (TBRI) – Caregiver Training”  
<http://www.cebc4cw.org/program/trust-based-relational-intervention-tbri-caregiver-training/>