

The Reproductive Health Equity Project for Foster Youth



Advancing Reproductive Health Equity for Youth in Foster Care



Introductions



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TODAYS

Agenda

What is RHEP? An Overview

Why Youth in Foster Care?

Top Tips for Youth Engagement

Resources

Youth Panel



Note on Language

All people deserve comprehensive reproductive and sexual health education and care no matter their sexual orientation or gender identity!

We strive to use neutral language in this presentation. In a few places, we use the term “women” to conform with cited research or data.

Content advisory: Although many of us are familiar with this data, this information can be heavy, please take care of yourself as needed.

What is the Reproductive Health Equity Project for Foster Youth (RHEP)?

WHO?

The National Center for Youth Law is the convener and backbone agency of RHEP. RHEP is made up of a network of diverse partner agencies and a youth advisory board.

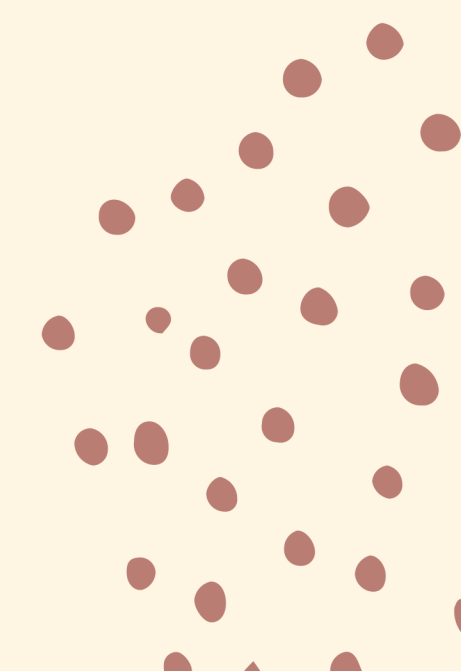
WHY?

To promote systems that normalize, support, and promote the bodily autonomy and healthy sexual development of youth in foster care.

Systems have failed to reach, engage, and guide youth in foster care across a sexual and reproductive health service journey that meets their needs, circumstances, and goals. The gap fuels disparities in sexual and reproductive health.

HOW?

RHEP works to change this by uplifting youth voices, supporting policy change, creating connections between systems, and piloting innovative programs designed in collaboration with stakeholders and youth to better meet their needs.



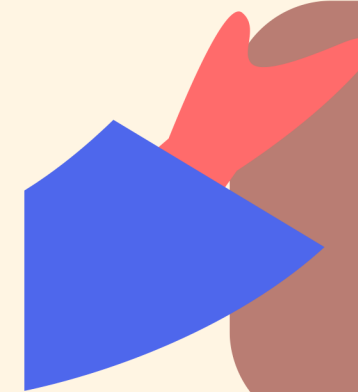
Head, Heart, Hands Model



Head: Policy, data,
litigation



Heart: Community
engagement &
communications



Hands: Training, education,
promising practices

Background

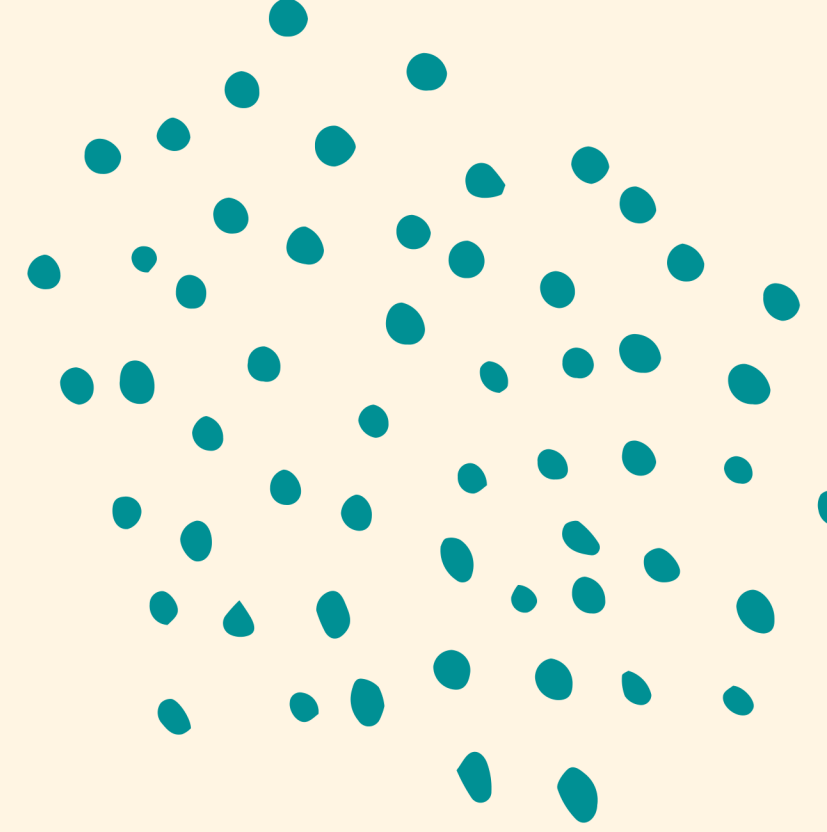


56,000

youth in foster care in California

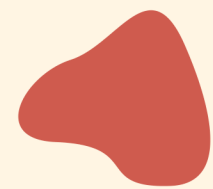
$\frac{1}{3}$ of youth live in Los Angeles County

46% of youth in foster care in California are 11-21 years old, compared to 35% nationally.

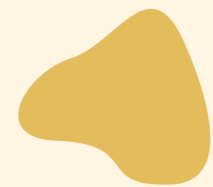


Youth of color and LGBTQ+ youth are disproportionately represented in the foster care system

In California, compared with white children...



Children who identify as Black are 2.97 times more likely to be in foster care



Children who identify as Native American are 2.42 times more likely to be in foster care



Children who identify as Latino/a/x are 1.29 times more likely to be in foster care



A study of youth formerly in foster care found that 30% of youth identified as something other than heterosexual/straight.



Many youth who identify as LGBTQ+ also identify as youth of color

Disparities in sexual and reproductive health outcomes for youth in foster care

STIs

Youth formerly in foster care reported having an STI at **twice the rate** of the general population

Pregnancy

Female foster youth reported having experienced pregnancy at **two to three times** the rate of youth in the general population

Pregnancy Outcomes

Foster youth surveyed at 17 who reported pregnancy:

- **42%** suffered stillbirth or miscarriage
- **20%** never received prenatal care

Expectant and parenting youth may avoid seeking services due to fear of family separation

A study done between 2009 and 2012 found that:

- Between birth and age three, **53%** of children born to mothers in care were reported to CPS
- **Over half** of reported children experienced a first report within five months of birth
- By age three, **26%** of children had been substantiated, and **1 in 5** had been removed and placed in foster care

Poor health outcomes are not the failing of our youth, rather they're the failing of complex, intertwined systems that don't allow us to put youth's needs at the center of their care experiences. - Rebecca Gudeman



Social Determinants of Health

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning and quality-of-life outcomes and risks. While these conditions affect young people's SRH experiences and access to services in all communities, their effects are amplified for young people in foster care.



Neighborhood & built environment



Education access & quality



Social & community support



Healthcare access & quality



Economic Stability

“Personally I did not have a regular clinic. I moved around too many times, over 16 different locations just in high school... each time I moved, it was a different clinic”

“I think if they started pushing more preventive ways on guys... that would change a lot...I feel like we put a lot of pressure on females, like, oh you need birth control. Oh, you need to make sure you don't get anything. The same pressure needs to be put on guys.”

“When I went to the doctor, the doctor asked if I had ever had sex. I didn't know how to answer. I went into foster care at 6 years old and had an STI then. Does that count? I try not to tell people that because I feel like they judge me and think I am dirty or something. But I was just a kid.”

“ Please understand that finding transportation is often really hard for us and we might move placements so it might be hard to come back for another appointment”



Top Tips for Youth Engagement

According to youth advocates with lived experience

01

We are more than the sum of our negative experiences

02

Avoid condescending and negative tone and comments

03

Have empathy

04

Use positive and active nonverbal communication

05

Our experiences are our own, no matter your degree or position

06

Avoid assumptions and ask for further insight

07

Be culturally aware in understanding trauma

08

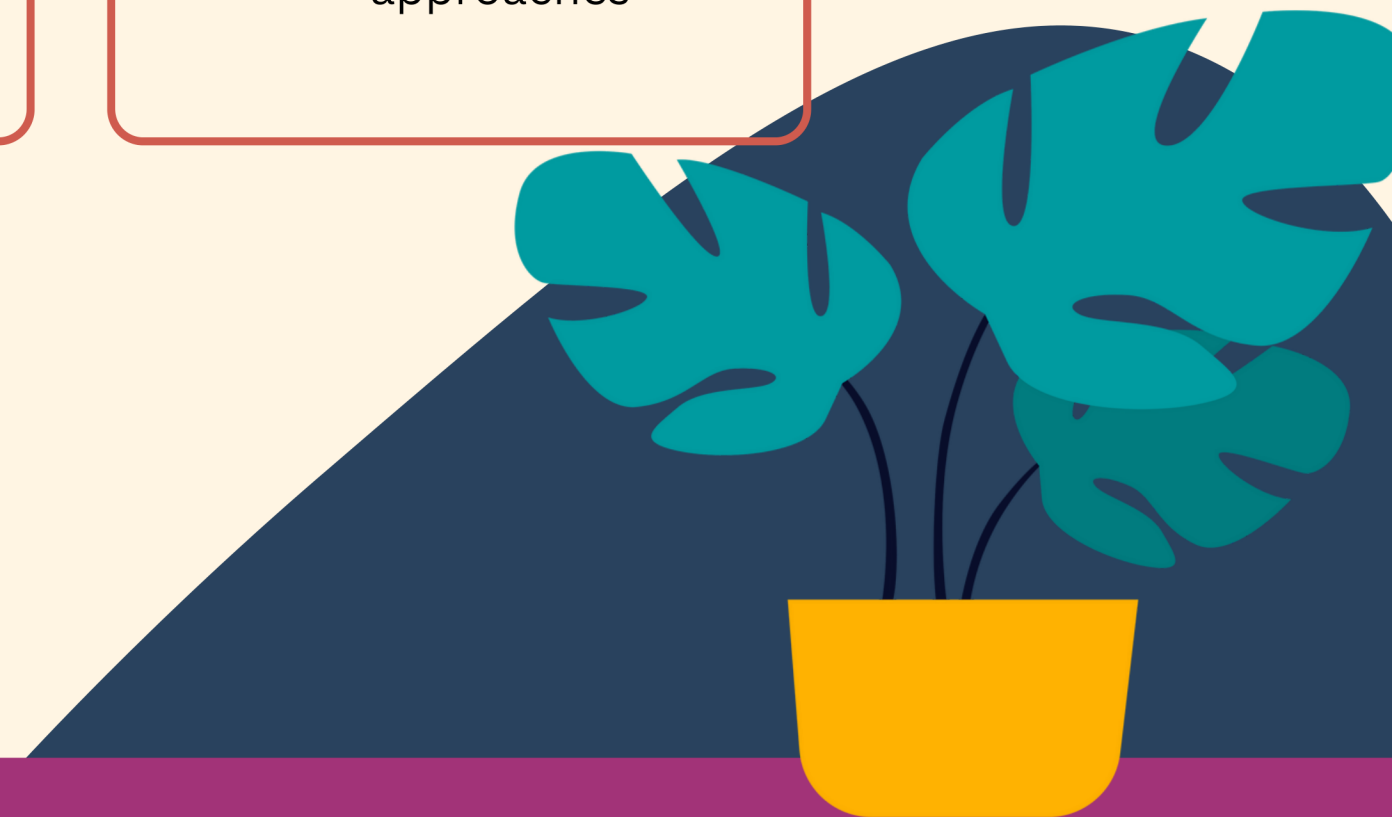
Use youth-centered approaches

09

Know your job, know your rights

10

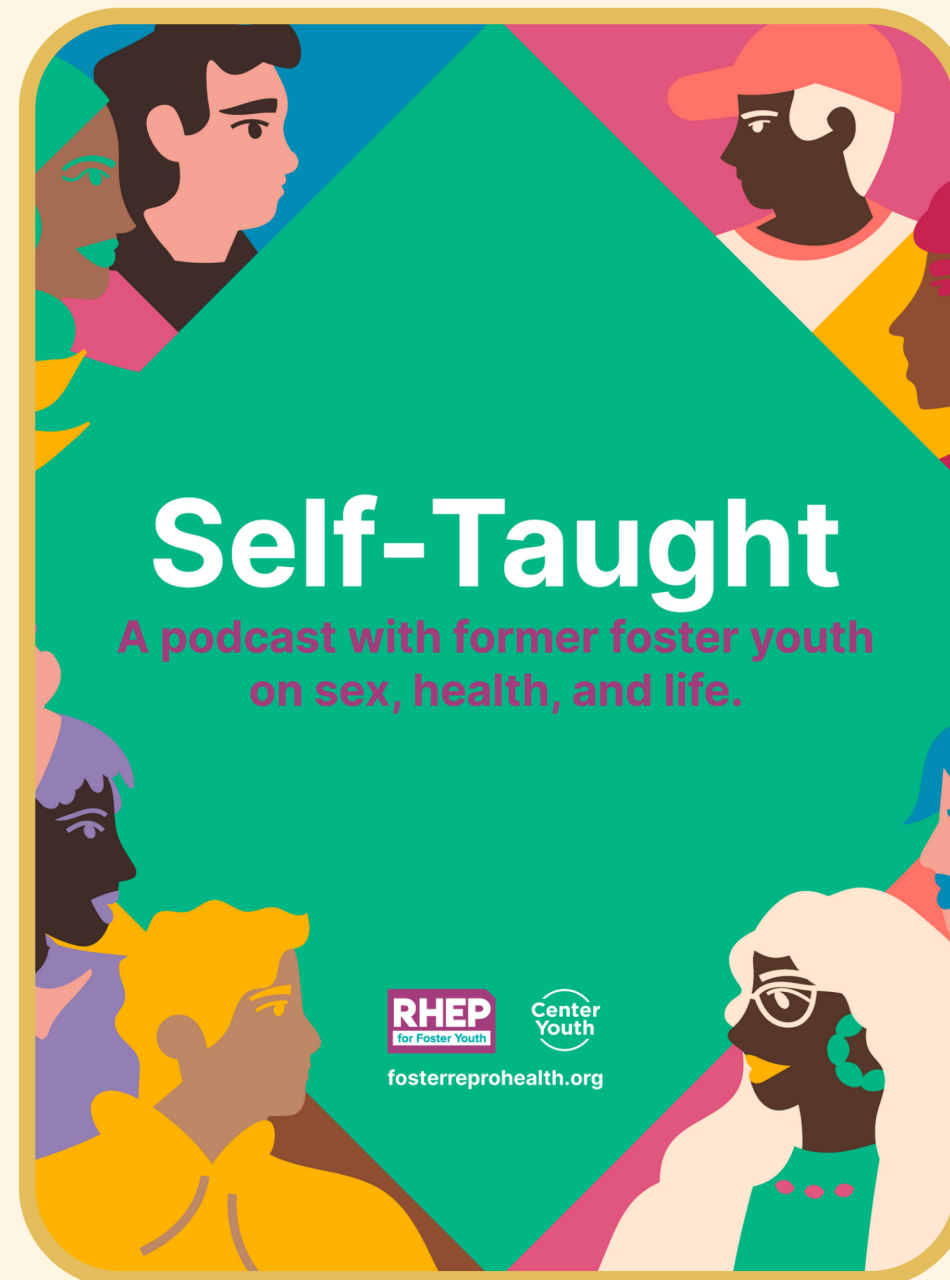
Respect and apply the correct pronouns and identities



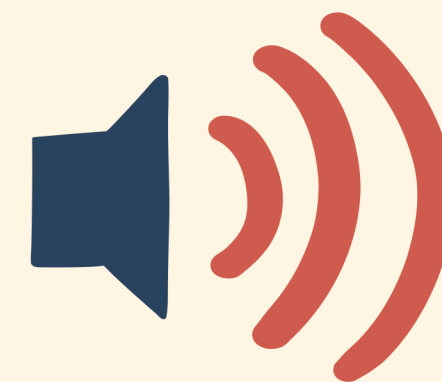
RHEP Podcasts



Reimagining “The Talk” with caregivers and foster youth. Important conversations though lived experience that provide helpful ideas, best practices, and resources.

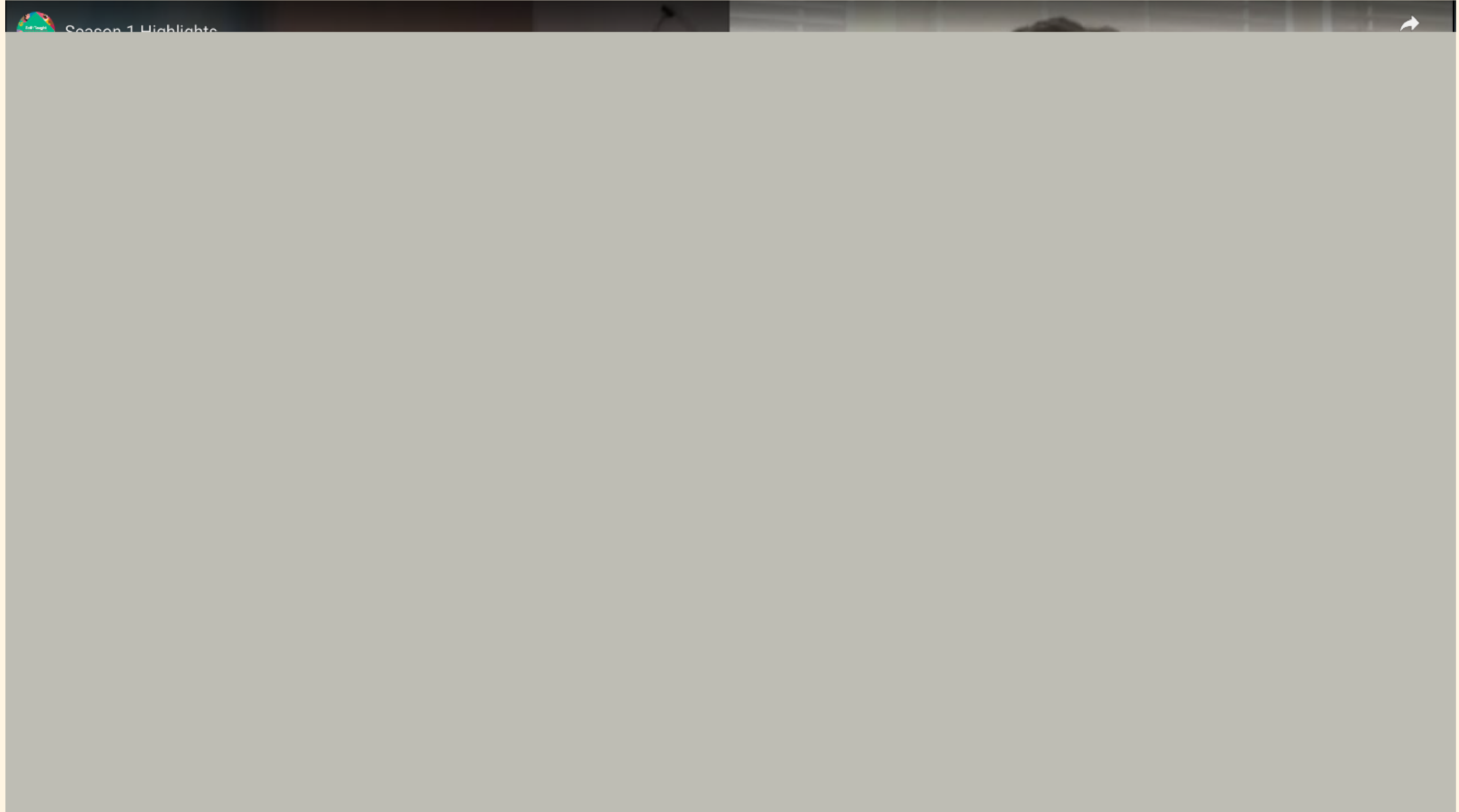


From foster youth for foster youth. These are the conversations about puberty, relationships, sexual health, identity and much more that we wish were part of our upbringing.



Available wherever you get your podcasts!

Self-Taught Highlights



Foster Youth Supplements & Tax Credit

Expectant Parent Payment

Provides **\$2,700** to pregnant minor and non-minor dependents 3 months prior to their expected due date

Infant Supplement

Provides **\$900** per month to foster youth who are custodial parents. The payment is made to the caregiver or placement provider, except in the case of non-minor dependents in SILPS.

Foster Youth Tax Credit

The new foster youth tax credit in CA allows young people who have experienced the foster care system to qualify for up to **\$1,083** when they file their taxes. Free tax filing services and guidance are available through JBAY.

Interested in more info? Check out:

- [Resources for Expectant and Parenting Youth in Foster Care in California](#) (Flyer)
- [Invest in the Nest](#) (Recorded Webinar)
- [Get Ready, Get Set: File! JBAY “Train-the Trainer” for Foster Youth Tax Credit](#) (Webinar on November 1st, 2023 at 10am)
- [Tax Filing & Tax Credits: Informational Resources](#)



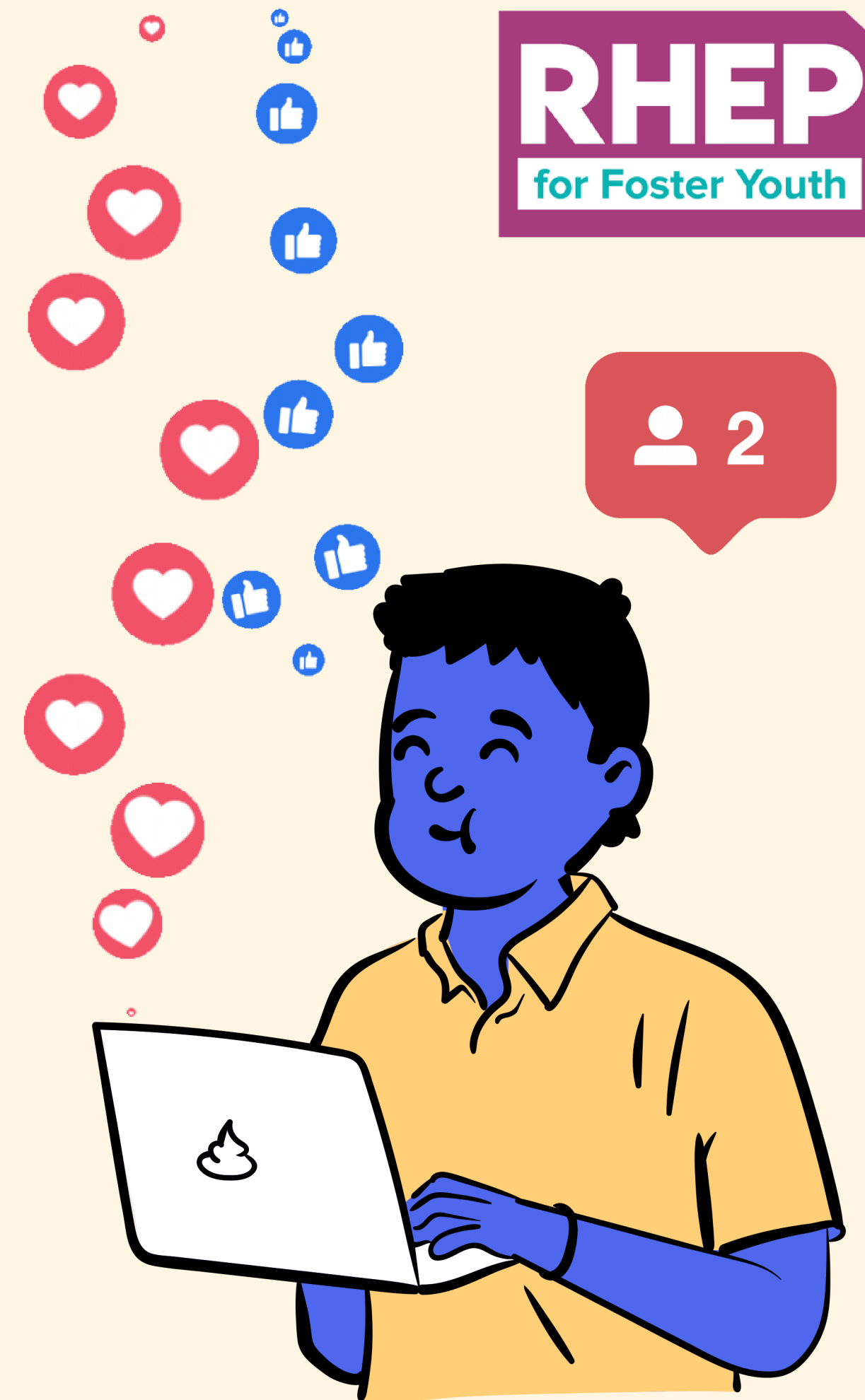
Sign up for the RHEP Newsletter & Follow us on Social Media !



Website: fosterreprohealth.org

Instagram: [rhep_ca](https://www.instagram.com/rhep_ca)

X (formerly Twitter): [@NCYLHealth](https://twitter.com/NCYLHealth)



Q&A Panel Discussion

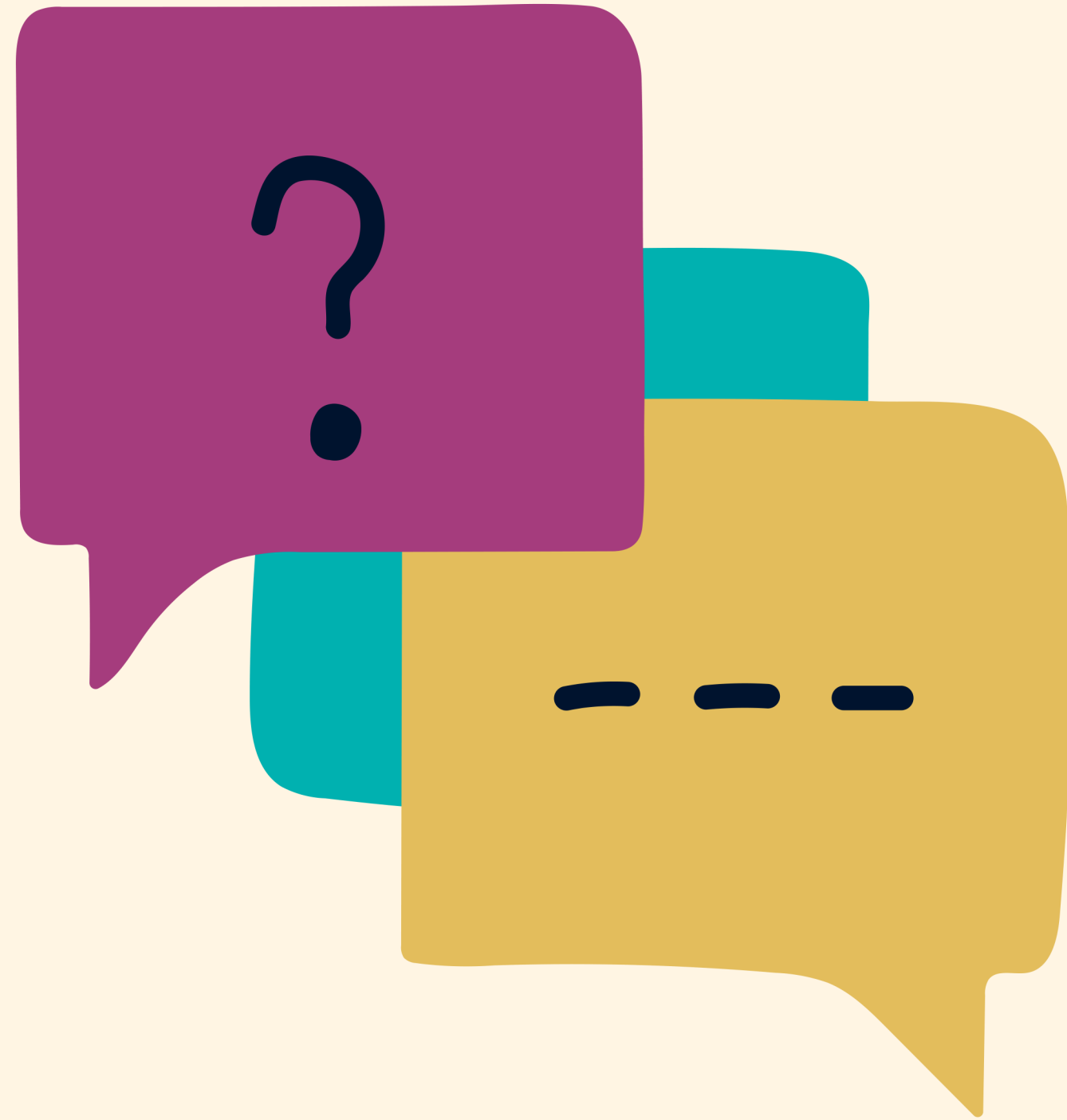


**What resources/support would
have been helpful for you
during/after your pregnancy?**

What barriers do expectant and parenting youth who experienced the foster care system face when home visitations are conducted?

What steps can an Outreach Specialist take to have more inclusive, trauma-informed interactions with prospective clients?

Do you have any tips or ideas to help Outreach Specialists find and connect with expectant and parenting youth who have experienced the foster care systems in L.A. County?



Audience Questions?

Thank you, please stay in touch!

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Advancing Reproductive Health
Equity for Youth in Foster Care

