

TELLING OUR OWN STORIES: FORMER FOSTER YOUTH EXPERIENCES WITH BARRIERS AND HEALING DURING COVID 19

**By the Foster Youth-Led
Intersections Working Group**

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**REPRODUCTIVE HEALTH EQUITY
PROJECT FOR FOSTER YOUTH**

NATIONAL CENTER FOR YOUTH LAW

**MADE POSSIBLE BY A GRANT FROM
THE CONRAD N. HILTON FOUNDATION**

August 2021

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INTRODUCTION

THIS PROJECT STARTED OUT WITH THE INTENTION OF UNDERSTANDING the impact of COVID on young people's ability to access sexual and reproductive health care, but along the way, we discovered how incredibly challenging it is to disentangle reproductive and sexual health needs and barriers from other issue areas like housing, education, employment, and overall health. That's where "intersectionality" comes in.

We are the Intersections Working Group (IWG).

We are a subset of the Reproductive Health Equity Projects (RHEP) for Foster Youths' Youth Advisory Board (YAB). We draw on Kimberly Crenshaw's lens of intersectionality, or "a lens through which you can see where power comes and collides, where it interlocks and intersects," to explore the subtle complexities and hardships of being a young person with experiences in the foster care system, and how they intersect and interlock with other systems such as race, gender identity, sexuality, socio-economic status, among others.



As reproductive and sexual health advocates, we firmly believe that every young person has the right to decide if, when, and under what circumstances to have a family and we are committed to empowering them in these decisions. Building on the legacy from Sister Song's work on Reproductive Justice, we frame reproductive and sexual health expansively to also include people's access to housing, education, and job security.

We understand that reproductive and sexual health includes our roles as parents, which can make it more difficult to find employment or pursue higher education because we have to coordinate, pay for, or find someone we trust to provide childcare. We understand that reproductive and sexual health includes the ways in which we navigate a multitude of relationships, whether that be intimate relationships, work relationships, friendships, family relationships, or the relationship that we have with ourselves. Especially the relationships we have with ourselves.

As a cooperatively created project, the goal of this study was to provide knowledge about the range of experiences from former foster youth, using all the team members' strengths and skill sets. The data presented here come from an analysis of testimonios, interviews, listening sessions, and summer learning webinars with people who self-identified as former foster youth.



THE INTERSECTIONS WORKING GROUP

Born and raised in Los Angeles, California, **JACI CORTEZ**, is Guatemalan and Asian Indian. They were in foster care from the ages of 4-21 and have been advocating for foster care systems since the age of 16 at organizations such as Children's Law Center, Alliance for Children Rights, and Jovenes Inc. They recently started their own non-profit for foster youth in 2020 called Sunflower Foster Youth Investment, where they are working to provide services to transition age foster youth who are aging out and need resources to develop a sustainable career and are able to lead stable, productive, and healthy lives. They currently attend Cal State LA for Communication Studies.

CINDY EVANS is a single mother of two and currently expecting a child on the way. She graduated from East Los Angeles College (ELAC) with a degree in sociology. Cindy was in foster care from ages 13 to 18, during which she was a victim of domestic violence. She's worked with RHEP, NextUP in ELAC, and Leaders Involved in Creating Change (LINC) at Cerritos College,

Cindy wants readers to know, that she advocates for foster youth and tries to bring awareness to her siblings in care, and that we are not victims just because we are in the system. We're survivors.

JAY R. is a mother of two and a graduate student at Pepperdine University where she is obtaining her Master's in Clinical Psychology with an Emphasis in Marriage and Family Therapy. Jay R. was born and raised in LA County, California. Her experience in the foster care system includes the ages of 13-21. She has been working alongside RHEP for about 2-3 years and also conducts research that focuses on the mental health stigma that exists in the LatinX community. She has a passion for improving the lives of current and former foster youth through change surrounding mental health, academic resources, and resources for foster youth who are also parents.

Former foster youth and advocate, **AUTUMN TAYLOR** is a pillar in her community. Autumn enjoys providing her input and guidance to help dismantle systematic barriers in the community and aims to transform trauma into triumph through healthy experiences and assuring youth receive the resources and opportunities that are created for them. She is passionate about lending her voice and sharing her own experiences to inspire others, and has done so through her work with the Opportunity Youth Collaborative, the Arts Education Collective in LA County, iFoster TAY AmeriCorps, and the Youth Advisory Board at the Reproductive Health Equity Project.

ALEXANDRA-GRISSELL GOMEZ is a facilitator, femtor, pleasure activist, and mother to a fierce four-year old. Alex has worked with young people in a multitude of ways, including assisting with the first California-wide assessment of youth organizations with Building Healthy Communities (BHC) Initiative. Alex has worked alongside social justice researchers including the Mothers of Color in Academia (MOCA) de UCLA on a project called “Sin Mamás No Hay Revolución! Organizing for the Rights of Parenting Students” and the Williams Institute think tank at the UCLA School of Law. Alex graduated with her M.A in Women’s Studies from San Diego State University with an emphasis on queer mothering and Chicana/Latina feminisms.



FELICIA REYES worked for the National Center for Youth Law (NCYL) in their Reproductive Health Equity Project for Foster Youth campaign. In her role as Program Associate and Senior Program Associate, she oversaw the Youth Advisory Board, acting as a liaison between RHEP’s leadership team and the young leaders who inform RHEP’s projects. Felicia received her degree in American Studies & Ethnicity from the University of Southern California in 2017, where she spent most of her time carrying out several youth-centered projects. Wanting to continue her work on youth issues, she joined Just in Time for Foster Youth where she managed three programs for transition-age youth that focused on college and career planning, housing, and mentorship. She spent the year prior to her tenure at NCYL teaching English and working with migrant women and children in Mexico as a Fulbright scholar. Her interests lie at the intersections of systems and their impact on young people, and Felicia’s primary goal is to continue to be an advocate for system-impacted youth through law, policy, advocacy, and community engagement. She will be attending Columbia Law School in August 2021 as an incoming JD candidate.

YOUTH-LED RESEARCH

Youth-led research is an engagement strategy where young people lead every part of the research project, from the conception of the research question, to gathering data, to writing the report and disseminating the findings. This approach centers young people and aims to further develop leadership, advocacy, problem solving, and community engagement skills. Unlike traditional research that works to advance assessments and evaluations, youth-led research aims to elevate young voices to influence policies.¹

¹ “Youth-Led Research: What is it and How it can harness Long-term Change” (2020) Richard Dzikunu

TELLING OUR STORIES AS HEALING WORK: YOUNG PEOPLE SHARE *TESTIMONIOS* ABOUT THEIR LIFE IN THE MIDST OF A PANDEMIC

STORYTELLING IS A POWERFUL TOOL that Women of Color feminist scholars use to re(claim) narratives about their lived experiences. As a CuranderaScholarActivist, Irene Lara describes *testimonios* as a methodological tool in research that has the potential to bridge healing, scholarly work, and holistic engagement as researchers through our BodyMindSpiritHeart. With roots in Latinx cultural oral storytelling, human struggles and social responsibility, *testimonios* are first-person narratives used by Chicana feminist scholars to, “challenge objectivity by situating the individual in communion with a collective experience marked by marginalization, oppression, or resistance.” Solidarity among each other was central to the experience of creating these *testimonios*. Although we wrote our individual and personal *testimonios*, the writings were informed by each other’s collective stories, interpretations of inequities, and analysis of different sociopolitical contexts.

BodyMindSpirit check-ins at the beginning of meetings, storytelling and listening, and casual conversations created solidarity and collective experience among each other, and thus informed the construction of each of our own *testimonios*.

We were guided by social justice and decolonial approaches to research and use Aurora Levins Morales' "The Historian as a Curandera" framework:

- **CENTER WOMEN TO CHANGE THE LANDSCAPE**
- **IDENTIFY STRATEGIC PIECES OF MISINFORMATION AND CONTRADICT THEM**
- **MAKE ABSENCES VISIBLE**
- **ASK QUESTIONS**
- **DISCUSS EXPERIENCES WITH COMPLEXITY BY EMBRACING AMBIGUITY AND CONTRADICTIONS**
- **REVEAL HIDDEN POWER RELATIONSHIPS**
- **SHOW CONNECTION AND CONTEXTS**

By using *testimonios* to write about our COVID experiences, we were able to draw on particular attention to how the social and political landscape affected our access to sexual and reproductive health. The following *testimonios* personalized the research and gave us agency over our stories. What we wanted to share, and how much. This work also seeks to reach across borders of social issues, including gender, class, race, and age. In Autumn's experience with COVID, we can see the many questions that arise for her during her reflection regarding privilege because she maintained an at-home employment, while loved ones were asked to return to work. She also reveals her journey with self-love and mental health that she navigates as a former foster youth. Cindy writes about not having a network of care for her children during the pandemic, and brings to attention the often missed experiences of working class single parents from the foster care system. Jay R.'s *testimonio* invites contradictions that she experiences as a Latina former foster youth: holding together her desire for independence because she felt discomfort in not being able to function while she had COVID, while also her commitment to creating support networks within her neighborhood. In Jaci's *testimonio*, we see how their experience with depression and anxiety worsens as the pandemic goes on, and what it was like for them to navigate housing insecurity after they lost employment due to the pandemic.

FORMER FOSTER YOUTH *TESTIMONIOS* ON EXPERIENCES WITH COVID-19

AUTUMN'S COVID EXPERIENCE:

Being employed during a pandemic is a blessing and I am grateful for that. But it's impossible to not see the inequities that exist during the pandemic. Who gets to work from home? Who has to work in-person? Who can stay at home without a job? Having the ability to work from home while I see my family members still commuting to work is a difficult thing to digest.

“**How is it that a person over 65 is still having to go to work and potentially expose themselves to COVID, while I am in my 20's, working comfortably from home? Honestly, how can I not be outraged? We are only guaranteed one thing in life - change. But if I had a choice, I would rather have my family working from home in a safer environment. Quarantine has humbled me and made me value the privileges that I have.**

My work consists of helping connect people to needs that need to be met, taking calls from citizens voicing concerns about the city. Every work day is different; the routine stays the same. I am receiving psychological releases from community members about situations related to COVID. De-escalating strong emotions, entitlement and demands while effectively communicating. It is so easy to get stuck in this daily routine when you have a stable job.

Most people look at what I have and think I have it all put together - the job, the housing, the car, the stability, but in reality the mental anguish is real.

Being in the system, I wasn't taught to love myself. I remember the first time I watched this video, and they said, "you need to love yourself" I was like what? I'm supposed to love myself? I thought my aunt and uncle were supposed to love me. Or other people. So the accumulation of experiences when I aged out of the system, like conferences with other foster

youth, or my personal relationships, my own research, I started to learn about what love was. At one point I did have a stable therapist. So, I feel like “love” was something I was supposed to know. No one really taught me. I had to redefine it for myself. I had to learn how to have patience with myself, how to communicate with other people, how to create boundaries to protect my energy. I’ve also learned a lot about being codependent and having patience with myself through this pandemic, with work, family or relationships.

But since I have aged out of foster care, I have not been able to build a solid relationship with a therapist, and now with the pandemic. Therapists are overloaded right now, so I was discharged after meeting with my therapist for only three sessions. I would like to have ongoing therapy so that I can begin to work on my mental health, especially because when COVID began, depression and anxiety kicked in. I feel like only those who came from a similar background will understand where I am coming from, bottom line. Trauma. Hurt. Neglect. Abuse. Disadvantages. What does that look like? It looks like being alone all the time, and receiving no connection. What does that feel like? It feels like being unwanted yet having to battle issues alone and not having support because of the lack of understanding of how mental

health affects a person. Nevertheless, I’ve found some helpful tools to help me recenter. Like, I truly believe taking time out for Yoga and Meditation has truly made a positive impact in my life. I have learned to take better care of myself and to do what makes me happy. Life is very short and there is so much fun to be had.

CINDY’S COVID EXPERIENCE:

I am a mother of two who transitioned out of the foster care system. This pandemic has made life for a single mother who has no family support nearly impossible to cope with. I’m from the system—I don’t have a mom or a grandma or a dad who I can go to for support, or who I can ask to babysit my kids to get what I need to get done, let alone get some much-needed alone time. At the beginning of the pandemic I enjoyed the extra time I had with my children. However, as the pandemic progressed it became stressful. Money became an issue—the bills were stacking up and I wasn’t working. I didn’t get any alone time, and my mental health deteriorated.

Right before the pandemic, I was in the process of getting a job. I was excited for having been so close to start, but COVID-19 froze the position. So the job search continued. And the job search was so limited for me. I could only look

for graveyard shifts due to my lack of child care options. Finally, after months of looking I was able to secure a job in early January 2021. The entire process was very stressful. For example, the onboarding process alone was difficult because I had to find sites where I could take certain tests, and these sites were limited because of COVID-19.

“ In my experience in the foster system, I was able to get in contact with people much faster to receive resources and information, but the pandemic has changed all of that.

What has also affected my life with COVID is the lack of resources. Now, it is harder to get a hold of social services providers and resources because some social service offices, like those who oversee child care and the housing authority, are still closed. It is hard to get a hold of someone for these services because the telephone lines are either too busy or no one answers. It feels like we, working class parents, are not a priority during the shut-down. The lack of access to these resources has a big impact for me in my everyday life because my family and I depend on these services. Both my housing and education have

also been impacted by this pandemic. In particular, I have had to stay in an uncomfortable housing situation because services have stalled and responses have slowed. As for education, my classes for school got cancelled and then I stopped receiving financial aid because I couldn't keep up with zoom school for the fall semester, which was an issue since I used that money to help pay for rent and other bills. Additionally, being in zoom meetings constantly throughout the day while trying to take care of my children and make sure they are set up with their online school has been really difficult. This past Christmas, I tested positive for COVID and was admitted to the hospital. I felt so badly and sick that I thought I was not going to make it. Thankfully, I fought through and I've been getting better every day. Since that day, my anxiety has increased and being around people and/or going to crowded places is nearly impossible for me. Thankfully, we have a vaccine for COVID, and I hope this will improve our community and things can start going back to normal in the sense that the schools, restaurants, parks, beaches, and business will be open again.

JACI'S COVID EXPERIENCE:

This whole year has felt like one long day for me. I'm trying to be my normal self, but it's not working out. I've been reading books and trying to take care of my BodyMindSpirit. Though, in reality, COVID-19 has amplified the negative symptoms of my mental health, ability to continue my college education, maintain employment, and take care of loved ones in ways that I wish I could.

The unknown is also one of the scariest parts of COVID-19. 🗨️

Being a former foster youth, I've always battled with anxiety and depression, but COVID has made me more anxious and depressed than usual. After three months into the pandemic, I went really deep in depression. I shaved my head with a razor. And then I was just isolating myself. Even at work at [a group home] my attitude had changed. Before, I was very bubbly at work. You know? Very playful, very- "Hey how y'all doin? How my girls doing?" Because I would work with girls in foster care. Afterwards, I was just so serious. Very by the script: "Hey. How are you?" and not by their nicknames. I wouldn't go above and beyond and everyone noticed the change. I think it was because I got really anxious and stressed about COVID. I didn't trust my employers to protect us from getting

COVID, I didn't trust that the girls didn't have COVID, so I got tested for COVID constantly. And as my mental health deteriorated, I stopped going to my therapist. I know it might not make sense, but I knew that if I saw her, she would increase my medication, and I didn't want to increase my medication. I don't like taking it.

And then, my workplace got shut down because of COVID. I lost a great position and much needed income. I'm pretty good at saving money for a rainy day. And now I've used all of my savings money to pay rent after being laid off. Even though I've been getting unemployment, it's not the same amount as I was getting paid before in my job. I get it. You know? I understand how that stuff works. Now I have no money saved, I'm living with people. Living check by check. And I'm trying not to lose my small 1 bedroom 1 bathroom apartment. I'm saving money and going to food banks and drives, to get free food to make sure I have enough rent money.

COVID-19 has also impacted my personal relationships. Last year, my partner and her family tested positive for COVID. I felt so bad because I wasn't able to take care of them because I feared contracting the virus so much so it affected the way I showed up for loved ones. And I also try

“ I've always been kind of independent.

not to bother people with my problems. Even through struggling, My sister would send me food from Amazon, or send me things I needed. So I didn't have to go to the store and I could save money. But then it got hard on her so she wasn't able to help me anymore. For the past 2 months I haven't gotten anything, and I let her know that it was hard and I

“**People in my life, they do what they can when they can.**

understand.

Some mentors have dropped off some food. Everyone is trying with what they can.

Covid has also affected my journey from a community college graduate in May of 2020, to questioning if I can and will continue to a university. I am not a remote learner, so I don't want to waste time and money since that is what my experience will be like with the pandemic. However, this has put a halt in my education plans and I'm not sure what that means for my trajectory. Not knowing what to expect from COVID in my everyday life makes

JAY R.'S COVID EXPERIENCE:

I feel like we're not empowered as foster youth and that follows us when transitioning out of foster care.”

Many of the ideas I had about caring for myself, or how to care for myself, initiated while in the system. It's taken me some time to unlearn them. Like, I wasn't really taught that I need to take care of myself physically and mentally. Not that people in the foster care systems didn't care. It just felt like our mental and physical health was part of a standard procedure-- in each and every foster home I was in, except for the last one. There wasn't any conversation about how I'm actually doing physically or mentally. It was just: check these boxes, then we're out. That's the structure that I had and it wasn't until recently that I was like, I have to really take care of my Body, Mind, and Spirit, because if I don't do it, no one else will. In regards to my mental health specifically, I had been searching for a therapist for roughly a year before COVID began and had been unsuccessful in finding one. When COVID hit, it became even more difficult to find a therapist. Most therapists didn't accept the kind of insurance I have, a version of Medi-Cal that is specific for former foster youth who age out of the system. I found myself paying out of

pocket for a therapist because I noticed the drastic deterioration my mental health was taking. After months of searching, I was able to find a therapist from an organization that specializes in working with former foster youth. I was so relieved to have found a therapist, and I'm proud of myself for allowing myself an hour a week to attend therapy while my oldest child watches their siblings in the room over. More importantly, I really am grateful to have found a therapist that understood the issues that foster youth face.

“Something else I have noticed throughout the pandemic is the balance and seemingly contradictory beliefs in independence and interdependence that I learned through experiences in foster care homes.

For example, I noticed that I wanted to be really independent when I got COVID. I was having a lot of anxiety and stress because I had to ask my fiancé for so much help, whether this was help with making the food, caring for me, or caring for the kids. I leaned on him a lot, and it was very uncomfortable for me. I wasn't used to it. I've started to notice this pattern in my life, where I want to be really independent because I've learned that if I don't get things done, no one else

will. At the same time, I also knew I could count on neighbor support. My upstairs neighbor and I got COVID at the same time, and we were a huge support system for each other. When one of us needed to get groceries, I could leave my kids with her. At one point, she thought she was going to have to go to the hospital because she couldn't breathe, and I let her know I would watch her kids if she needed to do that. So it was really interesting to see how my desire to feel independent within my household, and at the same time, build a system of care within my neighborhood.

Specific to reproductive health, I have been struggling with issues related to my menstrual cycle. I had begun speaking to my doctor about these issues before COVID began. My doctor provided me with a referral to see a specialist, but when the stay at home order hit in March of 2020, all of the attempts to obtain the medical attention I needed regarding that issue were put on hold and that delayed my process of obtaining the help I needed regarding my sexual and reproductive health. On the other hand, I was very appreciative that the nurse at my doctor's office followed up with me to make sure that I received the necessary care for my menstrual cycle. It felt good that someone had paid attention to the rough experience I was having. It also motivated me to take care of my health and not ignore it any longer.

“IF IT AIN’T COVID, IT’S NOT IMPORTANT”: BARRIERS TO SEXUAL AND REPRODUCTIVE HEALTH FOR FORMER FOSTER YOUTH

Just recently, I had to tell a resident that was suicidal that the police department, fire department, which are called for that stuff, right? didn’t have her as a priority. And she goes, “So I’m not important.” And I said, “you are important. You’re our number one priority. But that’s a different association and I can’t control what they prioritize.” And I did explain why COVID-19 was important, so I had to check on the resident because she was very disappointed and sad and confused because foster youth are already in society seen as a burden and all this other negative stuff, and then me, as a staff, having to tell this foster youth, “ay i get you because I was a foster youth.” You know? And suicide being a need that’s not being treated properly.”
(Quote from group home staff, Summer Learning Series)

IN ADDITION TO WRITING OUR PERSONAL TESTIMONIOS, we also gathered stories about COVID experiences through one-on-one interviews and the Summer Learning Series. In our bi-weekly meetings, a similar theme came up for us: if it ain’t COVID, it’s not important. This was how we were seeing how we and our loved ones were experiencing barriers. With the wide list of barriers we shared in through our bi-weekly Zoom gatherings, we wanted to know what this looked like for other young people with foster care experience.



Our process of creating and collecting data flowed naturally throughout our time together, and we allowed for flexibility with what thoughts came up about how the research should be framed.

In the first meetings, we decided to hone in on mental health and healing, creativity and self-care, and advocacy and education. Initially, we planned to capture these experiences for former foster youth through survey data. We collectively brainstormed about what questions to include in the survey. However, there was little research on foster youth's experiences during COVID, and qualitative research is best used during exploratory phases of research. We decided to shift to one-on-one interviews for two reasons. One, the survey was limiting to the depth that we were intending to capture. How would we capture loneliness and feelings of despair in the midst of a pandemic in which acts of white supremacy blatantly rise across the States? Would open-ended questions on a survey suffice for the "other" barriers folks were experiencing that we couldn't think of putting in the questions? The second reason we shifted into one-on-one interviews was to continue with our guiding principles of decolonizing and social justice research tools, so we came back to the act of storytelling. Our research consultant, Alex, created an interview protocol based on the gatherings and barriers we had mentioned during our meetings and Summer Learning Series. She conducted interviews with our team to model interviewing skills and assure that all questions were appropriate, grounded with respect for young people, and still probing into their real lived experiences.

In order to narrow down our research, we decided to use purposive sampling. The RHEP program associate, Felicia, reached out to our foster youth networks and email lists to invite former foster youth who were in the RHEP database to participate, and each IWG member reached out to people in their personal networks for anyone who might meet the following qualifications: 18 years and older, self-identify as youth, living in Los Angeles County, and prior experience with the foster care system. The young people who participated in the interviews were compensated with a \$20 gift card. To honor the

complexity of identities and resist the boxes and labels that can be limiting, we asked an open-ended question about any identities that participants wanted to share. Participants shared ethnic and racial identities such as Latina, Black, and Asian; role identities such as mothers and caregivers. Most participants shared identifying as women, followed by non-binary, and men.

Interviews followed a protocol ([See Appendix A](#)) which was split into two sections. The first section included questions about the participant's background with sexual and reproductive health. The second section included questions specific to their experiences accessing

Can you tell me about an experience with accessing sexual and reproductive health resources during this pandemic (COVID-19), if any?

Have you come across barriers while trying to access reproductive/sexual resources?

After we completed our interviews, we filled out a summary sheet ([Appendix B](#)) that captured main points that came up during the interviews. Our analytical approach included a discussion with the team using the summary sheets to capture main themes. Within those themes of barriers we found the most salient included: economic barriers, barriers to human contact, and lack of access for parenting/care giving folks.

The last form of data collection was through a summer learning series called: "Courageous Conversations: Perspectives, lived experiences, and advice about supporting Youth's health and relationship needs in the time of coronavirus". This series was planned by Youth Advisory Board members after the initial request for programming that young people wanted to create. Four co-researchers from the IWG were involved in organizing, facilitating and participating in the series. We leaned into the stories from a wide range of panelists to help inform how we understood the barriers that we discuss below.

1. BARRIERS FACED BY FORMER FOSTER YOUTH PARENTS

All former foster youth who were caregivers described a rise in barriers with COVID-19. In the interviews and in the weekly meetings with the IWG, caregiving responsibilities were at the forefront. Young people described how it affected their ability to seek and/or maintain employment, the lack of space and privacy, how the erasure of “me-days” took a toll on their mental health, and their difficulties balancing education for themselves and their children.

Little-To-No Support

One theme that came up for former foster youth parents was having little and/or no support to care for children and house work during the pandemic. As women take on most of the care work in the home, mothers were particularly impacted by this loss of support.

mentally health first before I allow him to be around the kids.... I think for us women, we bury so much because we carry the child. We deliver the child. We raise the child. We feed the child. We do everything. And everybody expects the mother to hold it down.”
(Summer Learning Series)

Unfortunately, I'm a single mother. The father of my kids is not in the picture at the moment. Um, there's some personal issues going on right now. I'm making sure he takes care of his



Mental & Physical Health

Former Foster youth parents described not having time for self-care because their child(ren) are home 24/7, which can result in sometimes feeling snappy and running on a short-fuse. They shared caring for children day in and out is stressful and anxiety producing. While some described attempts to receive therapy, they also described the risk of being interrupted due to children barging in at any time. Feeling overwhelmed and tired due to caring for a child non-stop limits ability to focus and concentrate.

“I’ve been actually depressed because I feel like I can’t give my child a better life. Also my citizenship has a lot to do with it. But I do plan on going back to school so I could give him a better life. It has also affected my housing. I’ve been trying to get housing on my own, with my boyfriend. But with the whole housing and covid it’s really hard.”

(Summer Learning Series)

“I have two kids, and going past full-time for school, working with internships. Time has been a barrier and I keep putting it off, or go another time. And periods don’t last all month, so I’ll just deal with it next month. Time and Access to child care has been a barrier, especially now with COVID. Just like in general, I can’t get up and say I’m gonna go to my doctor’s office. And even there, doctors appointments are different as well. So everything is through telehealth and even that, not having much privacy because my kids are in and out of the room, and that kind of also has to do with privacy.”

(Youth Interviews)

Employment

Former foster youth parents also described unique barriers to seeking and/or maintaining employment during the pandemic. Some of those include: no liberty to take on certain shifts, no liberty to work due to lack of school/childcare; being afraid that working will put family and self at risk for COVID-19; limited availability of who can care for children due to others being afraid of contracting COVID-19.

“At first I enjoyed it because I was spending more time with my kids. Something that I kinda, not really regret, but kept in mind. I would always work and go to school and was concerned about my kids. Who’s gonna watch them? Who’s going to take care of them? Raising them right, teaching them the right

things, or even feeding them...those were my concerns. It felt good knowing that I was able to spend time with my kid. But then also, after that time, I didn’t realize how long this whole pandemic was going to last. Now I’m kinda stressing out, worrying about jobs. I didn’t get my stimulus check. I’m still waiting. It was so hard trying to get a hold of the IRS. Trying to get a hold of somebody. So it’s just been a little stressful over that. Hopefully I get this stimulus check, or this pandemic will end, or I’ll find a little graveyard job. It’s just really hard because of everything being closed early. I’m really limited and it just kinda sucks.”

(Summer Learning Series)

Education

Former foster youth parents discussed barriers with navigating education, including the lack of child-care limits time available to study at home. Online classes are sometimes disrupted due to children barging in the room. The only time to have peace and quiet to study is at night when children are sleeping.

“I had to put everything on hold. Either I had to take fall classes or not online because my kids are also not going to school and since they’re not going to school, they’re also going to take online classes and im not to sure if im going to be able to handle it, because I have two kids they’re both young and their going to start school and we have to get used to the whole zoom meetings and I feel like it’s going to be a lot for me to carry.”

(Youth Interview)

“Once the classes got transferred online, I couldn’t keep up with my work having to take care of the baby and run around with her because she’s 15 months old and getting into everything, and I couldn’t keep up with the work so i got dropped from the class.”

(Summer Learning Panel)



2. LACK OF HUMAN INTERACTION

Many former foster youth described a lack of interaction with other people as barriers to their sexual and reproductive health. Human interaction is a key component that the Reproductive Health Equity Project seeks to understand because of the impact that relationships have on the young people's physical, emotional, and spiritual well being. This looked different for the young people interviewed, ranging from conflict that arose in romantic relationships, to not having the same support systems that they did before COVID-19 with regards to health visits, economic support, and the support they got while providing carework.²

Strain on Intimate Relationships

Former foster youth felt a strain on intimate and sexual relationships. One mentioned that they no longer were engaging in sexual relationships, and another mentioned an increase in caution they took when engaging sexually because of COVID. Those who were in romantic relationships and were living together mentioned an increase of tension in cohabitating, especially when one or both partners got COVID-19.

“It was stressful not having any savings. Like, I had a partner to help me out, but I don't like being taken care of in that way.”

(Youth Interview)

“I mean, I just went through a lot and I realized... You know when it's... you're going to see somebody. Like it's the ending. I think it's just that. And, um, it's kinda of been weighing on my sexual health, but that's okay. I think because when quarantine happened, that kind of like puts more of like, you know you can't be social. It's just kind of like breaking up during the quarantine and sit here and think, you know?”

(Youth Interview)

² Carework is the work of caring for others. As theorized by Joya Misra. (2007), carework includes “taking care of children, the elderly, the sick, and the disabled, as well as doing domestic work such as cleaning and cooking.”

“Given that we’re in a pandemic, consent is crucial, because I know I got guys telling me, “if we die, we die.” No. I don’t want to die from the coronavirus, over like 2 seconds? No, thank you.

(Summer Learning Series)

Lack of Emotional Support When Navigating Systems

Former foster youth discussed having to access systems such as physical and mental health care systems, education, housing systems, and employment systems. Two systems that stood out in the interviews were barriers in accessing support for mental and reproductive health. This looked like either:

“As a foster youth, it wasn’t a great time for me. I, um, I have a problem with trusting people in a more, in a professional role like that. Anyone who works in something like that. Like therapy, mental health services, social work, any kind of thinking. I don’t really care for interacting with people like that.”

(Youth Interview)

“It’s also a little awkward when you go into a clinic, or like say you go to Planned Parenthood...or just anything anywhere that has to do with women’s health, now you can’t bring in your partner to talk to you about anything, you know, so it’s kind of like...its a little scary too if you don’t have that support system with you. If you’re used to it all the time. My friends are used to always taking someone with them to the clinic or something so something as simple as a check up and now we can’t do that. We have to go alone. And if you are getting really important news, you don’t want to go alone”

(Youth Interview)

Safety Network

Young people with experience in the foster care system tend to have smaller communities and people to lean on, or what we call safety networks. Therefore, the number of people they can turn to in times of crisis is usually smaller than others. During this world wide pandemic, people they would normally connect with for support, were also affected and unable to show up for them in the way these young people needed. This goes beyond individual supporters or mentors, and also includes supportive programming that may have slowed down or altogether halted during the pandemic. These young people, who would have normally found their connections and community through these avenues had them shut down, while also navigating the wide scale barriers that were the effects of the pandemic. This, of course, brought up issues of deteriorating mental health, isolation, uncertainty, and instability.

“With my foster mom, she has been my support for a long time, but even when we were on the phone, she felt a little bit inaccessible. Even for school, I could see the support changing. [My] social support was limited even though we had telehealth and zoom...it’s not the same”.

(Youth interview)

“People didn’t feel as easy to reach because everyone was going through the same thing. People who I would normally have turned to for support felt like they didn’t have as much time and phones/emails can only so much. On the other hand, I also wasn’t as readily available as normally would’ve. My capacity to support and serve as a mentor or advocate definitely dwindled as the pandemic continued. I was battling with my own mental and physical health issues so I knew I couldn’t really help others the way I wanted to or would have before COVID”.

(Youth Interview)

3. ECONOMIC INSECURITY

Many people worldwide were economically impacted by the onset of COVID-19. There wasn't a day this past year where we didn't wake-up to headlines about loss of jobs, business closures, or market crashes. Young people with lived experience in foster care felt the impact more deeply than many others. They felt it particularly strong in both the housing space and employment outcomes—which of course are interrelated and impact each other.

Housing Insecurity

Former foster youth had a range of experiences with housing insecurity. For some, it looked like facing difficulties with larger systems, such as Section 8 housing. They shared that offices were closed and/or the response time was slow. For others, this looked like living in their cars. In one particular interview, the young person shared how living in their car was a barrier to accessing their sexual and reproductive health.

“I had to push myself to go to a clinic ‘cause i was living in a car. It was kind of weird going to a clinic, you know living in a car and carrying all this stuff around with you trying to figure out a place to eat and shower... A lot of people don't know you don't need an address for that, I found out you didn't.”

(Youth Interview)

Employment

Almost all of the participants in our project were impacted in their employment opportunities. For some, it was either a loss of employment or had hours reduced because of COVID. For others, it was not getting jobs because the jobs were no longer available.

“I had applied to starbucks and i had gotten the interview. And the interview went well and then their hiring processes got frozen during the pandemic, so I wasn’t able to get a job as a barista.”

(Summer Learning Series)

“Before COVID, I was working full time. Even over. First it was a few hours they cut down, then it was many hours. The facility was too small to practice their safety procedures for COVID. How could you practice 6ft apart if you were in this tiny hallway? So they let us go. Well like, they said that if they were able to open up again, they’d hire us. But I never got a call back. I was without a job for 2 months. Applying but no luck. Everyone was applying for the same jobs or something. Then I got a job at a shelter. But the COVID procedures weren’t being followed so the beginning staff was let go. They hired all new staff again, because one of their staff had gotten COVID. So that was another job lost to COVID. It affected my job stability, because one person’s negligence can mess it up for everybody.

(Youth Interview)

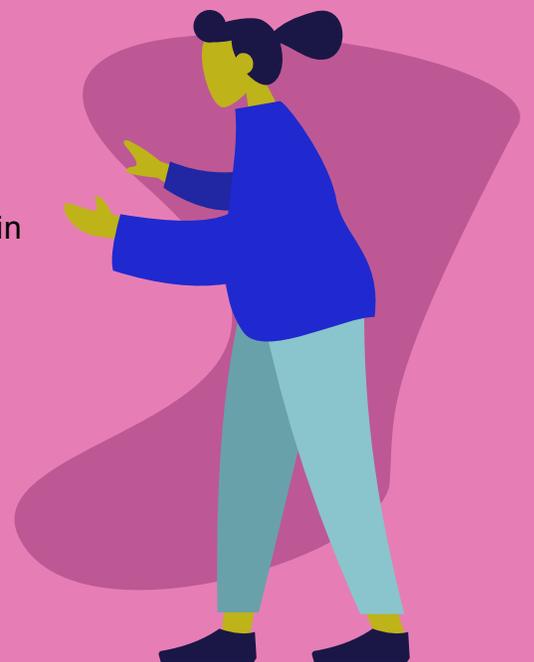
WE ARE NOT ALONE: HERE ARE OUR TAKEAWAYS

WE HAD TWO MAIN AIMS WITH THIS PROJECT. The first aim was technical and research oriented—we wanted to report out the data and findings on former foster youth’s experiences during COVID-19 to help create policy recommendations for stakeholders. The second aim was to create a space where we, as young people, felt empowered to support our community of foster youth

What was not an intention, but rather, an unexpected outcome, was that this project led each of us through our own healing journeys- we had created a healing space during our process that was incredibly humanizing.

The meetings were a time where we grounded ourselves in our BodyMindSpirit wellness and that allowed us to bring our authentic selves to the space. Opening up about the challenges we were facing or speaking about the stories we collected brought vulnerability to the center—for some of us, vulnerability came easy, for others, opening up in this way was new and transformative. Through this project, we held space for each other’s tears after losing loved ones; we held space for each others’ frustrations with our inability to focus on our education, or our jobs because of the chaos that was happening in and outside our homes. There were many moments when we all felt the difficulties of managing time. We were trying to balance work and kids and meetings, and responsibilities felt endless; yet, the culture of our group was to allow for grace for missed meetings or unexpected situations. On calls, we heard children laughing and talking in the background, and we uplifted each other for the strength that it took to mother and caregive during this time. We became a holding community for each other.

**We let each other know
that we are not alone.**



“Community” came up paradoxically. Community was what kept us together through this time

Community was what kept us together through this time. We leaned on our loved ones to help with rent, on our neighbors to help with child care, on our mentors to connect us with resources. And just like it was one of the most powerful mediators to the deterioration of our mental and physical well-being, community was also one of the things that was severely impacted. Within the RHEP team, we had our own experiences with being cut off from the community because of the anxiety around interacting in our COVID world or because people’s capacities to connect and socialize had decreased due to job insecurity, health of loved ones, or just mental health issues. Even though virtual spaces became more common and sometimes made it easier to connect logistically, many of our takeaways from young people and conversations amongst ourselves suggested that it was not the same. Community was impacted in the form of programming as well, with programs slowing down or halting altogether, this left many in our community struggling for connection and support.

Mental health came up in all aspects of the barriers and *testimonios* shared in this report.

We anticipated this would be the case because of how impacted we, as collective members felt. In the barriers section, as we described issues with housing, education, employment, and sexual and reproductive health—we also saw mental health affected or was affecting these different areas. This looked different for everyone. Many of us were seeking mental health support already. Yet, barriers still presented themselves. We had difficulties finding someone who understood experiences of former foster youth; some of our insurance did not cover these specialty therapists and the cost of therapy was high; we didn’t have privacy to have the telehealth therapy sessions in our home. For one of us, we knew that our mental health was deteriorating, and we didn’t want to seek therapy because that would mean an increase in medication. Mental health also impacted some of our ability to leave our home to go to doctor’s appointments, regardless of whether clinics were

open or not during the pandemic. Mental health affected our ability to stay connected to one another and led to high levels of isolation and loneliness. And although mental health has been an issue prior to the pandemic, this past year really put a magnifier on the importance of our mental health and how much it can severely impact our livelihood.

Additionally, and most likely the strongest realization from our findings was that the issues we've highlighted throughout this report are not new.

Young people with lived experience in foster care have been battling with housing and economic security before COVID-19 changed anything. Our social support networks were already much smaller than others and our mental health was something that we've always needed more resources for. What COVID-19 did was exacerbate these issues for us and our community and made us understand how deeply entrenched these systems and issue areas are with each other—they do not exist in silos.



Lastly, we would like to end this by bringing to attention the strength and resilience of young people from the foster youth community.

The majority of us working on this project all have lived experiences in foster care and used those experiences and our determination to advocate for this community to fuel our action and produce this report and its recommendations below. We want advocates and other stakeholders to recognize the barriers in place, but we also want them to recognize young people's power—working with both of these in tandem will help better support this community as we begin to transition from a post COVID world.

RECOMMENDATIONS

THE FOLLOWING DESCRIBES some of the key recommendations we have based on the challenges faced by young adults with experience in the foster care system.

1. PRIORITIZE MENTAL HEALTH

We know that youth in foster care, even once exiting the system, carry trauma. Entering the system on its own is traumatic, let alone adding the reasons why the young person entered. Prioritizing Mental health resources needs to be prioritized alongside other major resources such as housing, education, sexual and reproductive health, because mental health actually overlaps with the barriers in accessing these resources.

2. DON'T UNDERESTIMATE THE POWER OF COMMUNITY AND CONNECTION

Feelings of belonging are a necessary part of the human experience. As former foster youth, ones belonging can feel challenging to obtain. For this reason, we advocate for creating strong connections and community. This is particularly important to note because during major economic shifts, such as this pandemic, funding for programming often gets cut or slowed. When budget cuts affect youth programming and social safety networks, we feel a decrease in community and belonging.



3. INVEST IN MORE SUPPORTIVE SERVICES FOR PARENTING YOUTH

The pandemic showed that parents, particularly mothers, took an economic, psychological, and mental hit because of demands of child rearing when schools and child care centers closed down.

Parenting youth spoke about their unique experiences because they typically do not have a biological family to rely on for support with children. Part of our vision in reproductive health is for us to be able to parent our children in healthy ways, but many of us could not maintain our upward mobility because we had to quit or turn down jobs and withdraw from college in order to care for our children. We recommend increasing the options for low cost and/or free child care services.

4. THINK HOLISTICALLY ABOUT YOUNG PEOPLE

We are all humans with individual experiences and want to be treated as our whole selves.

Many resources ask us to “check boxes” and run through meetings quickly without attention to our whole self: Body, Mind, and Spirit.

We offer a recommendation to increase this humanizing experience both within and outside of the foster care system and organizations that support current and former foster youth. This also means thinking about the intersectionality of identities, systems, or experiences that young people with lived experience in foster care carry with them.

APPENDIX A: INTERVIEW PROTOCOL

Thank you for completing that initial background questionnaire. In terms of the open ended part of the interview, I want to start with questions about your background. I am going to start the recording now.

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. <https://www.unfpa.org/sexual-reproductive-health>.

A. Background

1. Most of this interview is going to be about your current experiences with sex and reproductive health since covid-19. But first, I want to get some background on your sexual and reproductive health support network.

- a. To start, are there any identities that you feel comfortable sharing with us in this circle? (i.e race, ethnicity, sexual orientation, age, gender identity, disabilities)?
- b. Perfect. Now, I want to know if there are any cultures, traditions, and/or religion(s) that you grew up with that may have informed how you approach sexual and/or reproductive health?
- c. Who/what/where did you typically turn to for support and/or resources about about sex, love and relationships, and reproductive health?
 - i. We can start with sex. Who/what/where do you turn to about resources or support about sex?
 - ii. Next, I'd like to know who/what/where you turn to for support or resources about love and relationships?
 - iii. Finally, where do you turn to for support or resources about your reproductive health. This can be anywhere from family planning, to information about STD's, to birth control, parenting and child care?

PROBE: Would you say that you felt supported by this person/place/service?
Can you describe what made you feel/not feel supported?

2. Thank you for that! We also want to make sure we get a sense of people's experiences with different systems and how being in these systems impacted their sexual and reproductive health.

- a. Can you share a little bit about your experiences learning about sexual/reproductive health while in the foster care system?
 - i. Is there a time when you accessed sexual/repro resources while in care?
 1. If so, what was that experience like?
 2. If not, what were some barriers you experienced to accessing?
- b. Were there any other systems that played a role in your development of sexual and or reproductive health support or resources? (incarceration, immigration)

B. COVID and Sexual/Repro Health

Now, I'm going to ask you some questions about what your experience has been like with sexual and reproductive health since the start of COVID-19.

1. Have you been able to access sexual and reproductive health resources during this pandemic (COVID-19)?

- a. Can you tell me about this experience?
- b. How has being a former foster youth played a role in that?

2. Have you come across barriers while trying to access repro/sexual resources? When we think of access to sexual and reproductive health resources, this could look like many things. I'm going to read a list of barriers we may face, and ask if you experience barriers with any of the following:

1. Mental/physical health issues
2. Lost income and/or low income
3. No access to health care
4. No support from Public benefits
5. Lack of Transportation
6. Lack of Privacy small living spaces
7. Housing security
8. Lack of support from friends/partner(s)/family
9. Unhealthy relationships
10. No time
11. No access to child care

3. ***How does reproductive and sexual health impact other areas of a former foster youth's and vice versa?***

Did we cover everything, anything we missed, or any recommendations?

APPENDIX B: INTERVIEW SUMMARY SHEET

Intersections Youth Advisory Board Team: Interview Summary

Your name:

Date of Interview:

Length of interview:

Name of Interviewee:

Identities shared:

What went well during the interview?

What was challenging, if anything, about this interview?

Summarize the interview below. If you are quoting the interviewee, make sure you put “quotes” around what they said. If appropriate, feel free to cut and paste interview questions in the space below.

1. To start, are there any identities that you feel comfortable sharing with us in this circle? (i.e race, ethnicity, sexual orientation, age, gender identity, disabilities)?
2. Are there any cultures, traditions, and/or religion(s) that you grew up with that may have informed how you approach sexual and/or reproductive health?
3. Who/what/where did you typically turn to for support and/or resources about about sex, love and relationships, and reproductive health?
4. Can you share a little bit about your experiences learning about sexual/ reproductive health while in the foster care system?
5. Were there any other systems that played a role in your development of sexual and or reproductive health support or resources? (incarceration, immigration)
6. Have you been able to access sexual and reproductive health resources during this pandemic (COVID-19)
7. How has being a former foster youth played a role in that?
8. Have you come across barriers while trying to access repro/sexual resources? When we think of access to sexual and reproductive health resources, this could look like many things.
9. ***How does reproductive and sexual health impact other areas of a former foster youth's and vice versa?***
10. Barriers they DID experience:

APPENDIX C: CONSENT FORM

Former Foster Youth's Sexual and Reproductive Health during COVID-19

CONSENT TO PARTICIPATE IN RESEARCH – YOUNG ADULTS AGE 18+

You are invited to take part in a research study conducted by the Intersections WorkingGroup of the Youth Advisory Board from the Reproductive Health Equity Project. Before you decide whether or not to participate in the study, you should read this form and ask questions if there is anything that you do not understand.

PURPOSE OF THE STUDY

The purpose of this study is to better understand former foster youth's access to sexual and reproductive health resources during the COVID-19 pandemic.

STUDY PROCEDURES

If you decide to participate in this study you will be asked to participate in a one-on-one or focus group interview. The interview will include questions about your past experiences with sexual and reproductive health and how COVID-19 has affected the access to resources with sexual and reproductive health.

TIME REQUIRED

The survey will take approximately 20 minutes.

POTENTIAL RISKS AND DISCOMFORTS

You will be asked about your personal background and experiences with sexual and reproductive health support systems. You may skip any questions that make you feel uncomfortable. You may take a break from the survey at any time. Your well-being is our priority and we want to make sure you are as comfortable as possible throughout the interview.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

Although there will be no direct benefit to you for taking part in this study, your participation in the research may inform state efforts to increase access to sexual and reproductive health resources for former foster youth during this COVID-19 pandemic.

CONFIDENTIALITY

Any information that you share that can identify you will remain confidential. We will not share your personal information with anyone outside the research team.

PARTICIPATION AND WITHDRAWAL

The decision to participate in this study is completely voluntary. You do not have to participate. If you decide to participate in this study, you may change your mind and withdraw at any time without consequences of any kind. Whatever you decide will in no way affect your relationship with your local youth organization. You may also refuse to answer any questions you don't want to answer and still remain in the study.

RIGHTS AND COMPLAINTS

If you have any questions or concerns about the research, please feel free to contact Alexandra Gomez at alexandragrissell@gmail.com or (562) 270-2399.

SIGNATURE

If you would like to participate, please verbally say "Yes". If not, please "no

APPENDIX D: INTERSECTIONS PROJECT TIMELINE

May 2020

Based on YAB feedback, Intersections Working Group formed to interrogate and investigate implications of COVID-19 on former foster youth.

Based on YAB's feedback, the RHEP team organized a Summer Learning Series as a platform for young people to speak about current barriers and solutions for current and former foster youth.

June 2020

Intersections Working Group met with and hired a Facilitator-Activist consultant, Alex Gomez. Together, they center major themes in their research: intersectionality's impact, COVID-19's role in issues, and centering mental health. Research would be conducted through surveys and YAB narratives.

June 2020–August 2020

YAB members and other former foster youth prepped for the four learning series webinars throughout the summer of 2020.

Felicia Reyes documented the stories and messaging that YAB members and other former foster youth wanted to convey to the audience during the learning series.

YAB, supported by RHEP team, hosted the Summer Learning Series Webinars and Workshops titled:

- Youth Speak: How we are experiencing COVID 19 and the best way to meet our healthcare needs
- Youth and Caregiver Speak: Creating stronger caregiver-youth relationships by embracing awkward conversations
- Parenting Youth Speak: How we are experiencing COVID 19 and ways to support us
- Advice from Youth for Youth: Self-Love, Sexual Intimacy, and Healthy Relationships amid COVID 19

September 2020

Intersections Working Group held bi-weekly dialogues to discuss research questions, data collection, and action plan. In line with feminist and youth-led research models, the Intersections Working Group shifted from collecting survey data to conducting interviews and writing testimonios.

November–December 2020

RHEP and the YAB hosted two listening sessions to collect more information about the needs of youth.

Intersections Working Group developed the interview protocol, consent form, and interview questions.

Intersections Working Group conducted one-on-one interviews with former foster youth.

January 2020–February 2021

Intersections Working Group wrote their personal testimonios.

Intersections Working Group brainstormed, outlined, and wrote the first draft of this report and decided to include Summer Learning Series data within the report.

March 2020-May 2021

Felicia and A met weekly to revise and continue to edit this report.

Draft was completed and submitted to IWG members for feedback.

July 2021

Report was finalized and disseminated.

August 2021

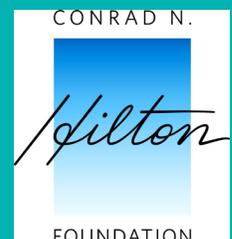
“Intersections Plenary Panel” YAB Members to present findings at RHEP’s 2021 Annual conference and facilitate a workshop about their findings.



Telling Our Own Stories: Former Foster Youth Experiences with Barriers and Healing During Covid19 was developed by the Reproductive Health Equity Project for Foster Youth, a program within the National Center for Youth Law, and made possible by a grant from the Conrad N. Hilton Foundation.

It was authored by Autumn Taylor, Jaci Cortez, Jay R., Cindy Evans, Felicia Reyes, and Alexandra-Grissell Gomez

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