SEXUAL AND REPRODUCTIVE WELLNESS IN FOSTER CARE

SB 89 PRE-APPROVAL MODULE

Trainer Guide
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## LESSON PLAN

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<td>Segment 1</td>
<td><strong>Introduction</strong>&lt;br&gt;Review goals of the training and conduct pre-test.</td>
<td>3 minutes</td>
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<tr>
<td>Segment 2</td>
<td><strong>Why is Sexual and Reproductive Wellness in Foster Care important?</strong>&lt;br&gt;Overview of related statistics and the need for and purpose of the law.</td>
<td>5 minutes</td>
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<tr>
<td>Segment 3</td>
<td><strong>Sexual and Reproductive Wellness Rights of Youth in Foster Care</strong>&lt;br&gt;Review the sexual and reproductive wellness rights and corresponding scenarios. Share two helpful resources related to youth rights.</td>
<td>15 minutes</td>
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<tr>
<td>Segment 4</td>
<td><strong>Duties and Responsibilities of the Caregiver and Case Worker</strong>&lt;br&gt;Clarify the duties and responsibilities of the caregiver and the assigned caseworker. Run through scenarios to illustrate.</td>
<td>12 minutes</td>
</tr>
<tr>
<td>Segment 5</td>
<td><strong>How to Engage with Foster Youth About Sexual and Reproductive Wellness and Information about Contraception Methods</strong>&lt;br&gt;Review recommendations and approaches for engagement and review age-appropriate resources about contraception and sexual wellness. Share three youth resources that are age and developmentally appropriate.</td>
<td>7 minutes</td>
</tr>
<tr>
<td>Segment 6</td>
<td><strong>Questions, Post-test &amp; Answer Review</strong>&lt;br&gt;Attendees will take a post-test to see what they retained; review answers and debrief</td>
<td>3+ minutes</td>
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TIPS FOR TRAINING ON THIS CURRICULUM

Duration: 45 minutes to an hour

This curriculum is intended to be a module that can be adapted for current Resource Family pre-approval training to meet the caregiver training mandates under the Foster Youth Sexual Health Education Act (Senate Bill 89). The goal of the curriculum is to inform Resource Families of:

- The sexual and reproductive health rights of youth in foster care
- Their duties and responsibilities as a caregiver as well as those of the caseworker
- How to engage with youth about sexual and reproductive wellness
- Current contraceptive methods and age-appropriate resources to share with youth

The trainer should be familiar with SB 89. The factsheet can be found here: [https://www.jbaforyouth.org/wp-content/uploads/2019/05/SB-89-Fact-Sheet-5.15.19.pdf](https://www.jbaforyouth.org/wp-content/uploads/2019/05/SB-89-Fact-Sheet-5.15.19.pdf)

Trainers should be familiar with SB 89 implementation activities outside of this pre-approval training as well. Other implementation activities include, but are not limited to:

- Creation of training curriculum for various professionals
  - 8-hour curriculum for case managers and 90-minute online module for adults working with foster youth developed by the California Social Work Education Center (CalSWEC) [https://calswec.berkeley.edu/sexual-and-reproductive-wellness-foster-care-sb-89](https://calswec.berkeley.edu/sexual-and-reproductive-wellness-foster-care-sb-89)
  - Caregiver curriculum developed by the California Department of Social Services (CDSS) [http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project/Available-Trainings](http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project/Available-Trainings)

- Community of practice, technical assistance, resource development to help various entities (counties, Short-Term Residential Therapeutic Programs, Foster Family Agencies, etc.) align policies and procedures with the law
  - CDSS Healthy Sexual Development Workgroup [http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project](http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project)
  - John Burton Advocates for Youth [https://www.jbaforyouth.org/sb89](https://www.jbaforyouth.org/sb89)
  - Los Angeles Reproductive Health Equity Project for Foster Youth [https://fosterreprohealth.org/resources](https://fosterreprohealth.org/resources)

CDSS has published an accompanying document for SB 89, A Guide for Children’s Residential Facilities and Resource Families: Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care, the most recent version of which can be found here:
This document contains:

- Role of the Resource Family, Required and Recommended Duties
- Tips for Talking with Youth
- Case Scenarios (and the answers to the questions)
- Online Resources

The trainer should also be familiar with and supportive of the Foster Care Youth's Sexual and Reproductive Health Care and Related Rights which can be found here:

http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf

It may be beneficial to research and become familiar with local services and resources on sexual health and wellness to provide local-level referrals for resources families.
1. INTRODUCTION

Segment Time: 3 minutes

Description of Segment: Review goals of the training and conduct pre-test.

Materials: Pre-test

Slides: 1-3

Slide 1-2: Introduce the topic and review the goal of the training which is to inform caregivers of:

- The sexual and reproductive health wellness of youth in foster care
- Their duties and responsibilities as a caregiver as well as those of the caseworker
- How to engage with youth about sexual and reproductive wellness
- Current contraceptive methods and resources to share with youth

It is important to clarify that any mention of foster youth includes both minors and non-minor dependents (NMDs).

Slide 3: Prior to moving on to the next section, have the audience take the pre-test and note that the group will take it again after the module to debrief on the content learned.
2. WHY IS SEXUAL & REPRODUCTIVE WELLNESS IN FOSTER CARE IMPORTANT?

Segment Time: 5 minutes

Description of Segment: Overview of related statistics and the need for and purpose of the law

Materials: None

Slides: 4-8

Slide 4: Why is this topic important? In recent decades, services and programs have effectively reduced pregnancy for teens overall. Teen birth rate in California is down 77% since 1991.

Slide 5: Unfortunately, that trend has not yet translated over into the child welfare system as over 70% of youth in foster care were pregnant once by age 21, compared to 34% of the general population. When we look at if the pregnancy was intended or not, the majority (70.7% of women and 66.3% of young men) reported that it was not intentional.

Slide 6: Sexually Transmitted Infection (STI) rates among foster youth are almost double those of the general population’s rate.

Consider discussing why these disparities exist: Foster youth face unique barriers when it comes to their sexual and reproductive health such as inconsistent access to sexual health education due to school/placement instability, placement in disadvantaged neighborhoods, lack of knowledge, resources, and access to services, lack of trusted, stable relationships, policies not clear on who is responsible for a foster youth’s health, etc.
Slide 7: What are the implications of unintended pregnancies? Having a child makes going to college a lot tougher. At age 19, of those who had not enrolled in higher education, 30% cited the need for childcare as a major barrier to returning to school. It also creates economic instability for both the youth and child welfare system as having a child poses additional educational, employment, and mental health costs. At age 24, having a child reduced a woman’s odds of being employed by 30%—even after holding educational attainment constant. Additionally, children born to foster youth were 3 times more likely to have a substantiated report of maltreatment by age 5 than children born to the same-age youth not in foster care.

Mitigate the third point on this slide: Rates of substantiated reports may be more prevalent because foster youth are already in a system that has more service provider involvement and case management.

Slide 8: Given the disparities and related outcomes just discussed, it became clear that foster youth needed more intentional support to ensure they receive education, information, and services about their sexual and reproductive health. SB 89, which became effective in 2017 aims to do this for young people in foster care age 10 and older:

- By ensuring that they receive comprehensive sexual education by requiring case workers to document when they receive it in middle and high school or arrange youth to receive it if they missed it in school
- Specifies that foster youth be informed of their sexual and reproductive wellness rights
- Mandates training for case workers, judges and caregivers on this topic so those supporting foster youth are knowledgeable and can help support healthy sexual development for those in their care (specifically, this training that we’re doing today).
3. SEXUAL AND REPRODUCTIVE WELLNESS RIGHTS OF YOUTH IN FOSTER CARE

Segment Time: 15 minutes

Description of Segment: Review the sexual and reproductive wellness rights and corresponding scenarios. Share two helpful resources related to youth rights.

Materials: Youth Brochure
Slides: 9-23

Slide 9: Introduce segment.

Slide 10: Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity…” Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experience, free of coercion, discrimination, and violence as a form of empowerment and choice. It is part of young people’s rights as human beings and involves more than prevention and includes pleasure, safety, and choice.

Slide 11: Important for the trainer to note that many of these rights (i.e. rights #1-3) are rights of all Californians. SB 89 underscores that foster youth do not lose these rights because they are in foster care.

At any age, foster youth can consent to:

- Contraception, including Long Acting Reversible Contraception (LARC) and Emergency Contraception
- Pregnancy Testing
- Prenatal and Postnatal Care
- Abortion
• Diagnosis and treatment of sexual assault

At age 12, youth can consent to prevention, diagnosis, and treatment of STIs and human immunodeficiency virus (HIV).
This means:
• They can receive this care without the need for consent from a parent, caregiver, guardian, social worker, probation officer or the court
• A provider cannot require consent from anyone else but the youth
• A provider cannot provide the care without a youth’s consent

For more information about minor consent laws, please refer to www.teenhealthlaw.org

Slide 12: Run through scenario and discuss.

Only Emily can consent to an intrauterine device (IUD). The foster mom cannot consent for Emily.

Slide 13: Foster youth have the right to privacy in exams, meaning the caregiver or caseworker cannot be in the room when receiving care unless the youth requests so.
The medical provider should not be starting conversations or asking questions with the youth while caregivers or case worker are present, unless the youth requests so.

Slide 14: Foster youth have the right to patient confidentiality regarding sexual and reproductive health services and records. What does this right mean? If youth receives reproductive and sexual health services and/or asks questions about sex, contraception or other related topics during a health appointment, the provider cannot share with the youth’s parents, caregivers, group home, social worker, probation officer or others without the youth’s written consent. Services can include:
• a youth seeing a doctor for birth control
• getting a cervical exam/pap smear
• having an IUD inserted
• seeing a doctor for a pregnancy test

**Slide 15:** Foster youth have the right to obtain, possess and use the contraception of their choice, including condoms.

*Run through scenario and discuss.*
Jason has the right to take those condoms and sexual health pamphlets regardless of his caregiver’s beliefs.

**Slide 16:** Foster youth have the right to private storage space and to be free from unreasonable searches of their personal belongings.

*Note, that it will be discussed later in the module, but for youth under 18, Resource Family shall use the Reasonable and Prudent Parent Standard to determine whether it is appropriate for the youth to have access to medication for self-administration. Regardless, Resource Families cannot deny access to contraception due to beliefs or personal feelings.*

**Slide 17:** Foster youth have the right to receive medical services, including reproductive and sexual health care, and to choose their own health care provider if service is covered under Medi-Cal or their health insurance.

*Run through scenario and discuss.*
Raquel has the right to go to the drug store to get her emergency contraception instead of the local pediatrician.

**Slide 18:** Foster youth have the right to be provided transportation to reproductive and sexual health-related services. Many reproductive health services are time-sensitive (e.g. emergency contraception, abortion); therefore, transportation must be provided in a timely manner in order to meet the requirement. Since Resource Families are the front lines of care for the youth, it is the caregiver’s responsibility to arrange the timely transportation. Caregivers cannot refuse to provide or arrange transportation due to religious affiliation or beliefs.
Emphasize that it is the caregiver’s duty to do this.

Slide 19: Foster youth have the right to have access to age-appropriate, medically accurate information about:

- reproductive and sexual health care;
- the prevention of unplanned pregnancy including abstinence and contraception;
- abortion care;
- pregnancy services; and
- the prevention, diagnosis, and treatment of STIs, including but not limited to the availability of the Human Papillomavirus (HPV) vaccination.

Caregivers are not expected to automatically know the answers to all the questions, but they should facilitate that information gathering and suggest they look up the answers together or refer to appropriate resources.

Slide 20: Foster youth have the right to independently contact state agencies regarding violations of rights to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints. They can contact the California Office of the Foster Care Ombudsperson or the California Department of Social Services, Community Care Licensing Division to do so.

Slide 21: LGBTQI youth enter the foster care system for many of the same reasons as non-LGBTQI youth in care, such as abuse, neglect, and parental substance abuse. Many LGBTQI youth have the added layer of trauma that comes with being rejected or mistreated because of their sexual orientation, gender identity or gender expression. LGBTQI = Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex. Gender non-conforming means that the youth does not identify as male or female or switches fluidly between the two.

LGBTQI foster youth have the same rights as all other foster youth and non-minor dependents (NMDs). They should receive sexual and reproductive health care education, available services, placement, care, treatment and benefits like any other youth. As mandated by AB 2119, LGBTQI youth have the right to receive gender-affirming health care consistent with their gender identity by practitioners that have expertise in gender-affirming care.
It may be good to remind caregivers that LGBTQI youth can still get pregnant, get STIs, and need access to sexual and reproductive care and information just like any other youth and not assume based on their sexual orientation or gender identity or expression. This is why AB 2119 is important and mandates access to practitioners who have experience working with LGBTQI youth who can provide comprehensive services and care in a sensitive manner. For more information about AB 2119, review this All-County Letter: http://www.cdss.ca.gov/Portals/9/ACL/2019/19-27_ES.pdf.

Slide 22: CDSS has created a youth brochure that lays out all of the sexual and reproductive wellness rights of foster youth. The link to get the electronic copy is on the slide and you can also request print copies from SexualDevWorkgroup@dss.ca.gov. They are available in Spanish as well. Youth will most likely receive this brochure from their social worker as they are required to inform youth of their sexual and reproductive wellness rights annually starting at age 10.

Slide 23: Another resource that discusses sexual and reproductive wellness rights is referenced here: a series of youth fact sheets to help trusted adults discuss their rights with them. Fact sheets are developed for three age groups (tweens/early adolescents, middle adolescents, and transition-aged youth/young adults) and also include additional age-appropriate resources. Accompanying it is a guide that includes conversation starters and developmental characteristics of each age group to help navigate these sensitive conversations.
4. DUTIES AND RESPONSIBILITIES OF THE CAREGIVER AND CASE WORKER

Segment Time: 12 minutes

Description of Segment: Clarify the duties and responsibilities of the caregiver and the assigned caseworker. Run through scenarios to illustrate and direct to helpful resources to fulfill duties.

Materials: CDSS Guide for Resource Families

Slides: 24-37

Slide 24: *Introduce segment.*

Slide 25: So foster youth have rights, but whose job is it to make sure their rights are upheld? Both the caregiver and case worker have various duties to ensure healthy sexual and reproductive development and wellness. CDSS created a guide specifically for Resource Families which runs through the required and recommended duties, tips for talking to youth, runs through scenarios and answers, and provides additional online resources.

Slide 26: What is your duty as a caregiver? #1) You should be using the Reasonable and Prudent Parent (RPP) Standard which is “Careful and sensible parental decisions that maintain the child’s health, safety, and best interests while at the same time encouraging the emotional and developmental growth of the child.”

- Youth engage in age and developmentally appropriate social activities
• Respect and protect youth’s right

*When going through the recommended questions when applying RPP Standard, provide an example and run through it with the questions on slide.*

**Slide 27:** Caregiver should assist the youth in accessing sexual health services which include all of the services they can consent to as minors.

*Run through scenario.*

Answer could be:

• The caregiver can review the Reproductive and Sexual Health Care Rights with the youth.
• The caregiver can offer reliable, non-biased information on safe sex and birth control to the youth.
• The caregiver can direct the youth to reliable websites with information about various types of birth control methods for pregnancy prevention.
• The caregiver can assist the youth in making an appointment with a health provider who can explain different birth control options.
• The caregiver shall provide transportation to the health care appointment.

**Slide 28:** Caregivers should be respecting the private storage and personal belongings of the youth in your care. When it comes to prescribed medication, however, guidance directs caregivers to refer to Reasonable and Prudent Parent standards for self administration of medicine for minors. Youth may privately store condoms and spermicide purchased over the counter or acquired from a medical provider, as personal items. For youth who are 18 or older, the Resource Family shall permit the youth to access medications necessary for self-administration.
Slide 29: It is the Resource Family’s duty to communicate with the caseworker if referrals must be made or they require assistance accessing resources and services. It is important to maintain the confidentiality of the youth and only disclose information that the youth allows. When discussing with the caseworker, communicate:

- Topics discussed
- Resources and information provided
- Offers to remove any barriers

This disclosure describes the action taken to assist the youth rather than protect information about the youth.

Slide 30: Reminder -- health providers can not share information with the youth’s parents, caregivers, group home, social worker, or probation officer without the youth’s consent. Youth have a right to withhold consent to disclosure and not have the provider tell the caregiver what care or information they shared with the youth. This is a right that applies to all minors and youth do not lose this right when they enter foster care.

If the youth does disclose information to the caregiver—because sexuality is a sensitive and highly personal subject—it is important that the caregiver maintain the youth’s privacy and confidentiality related to sexual and reproductive wellness. This includes but is not limited to:

- Sexual orientation
- Use of contraceptives
- Past services utilized

Slide 31: Caregivers should be directing youth to reliable sources of information that are medically-accurate, age-appropriate, non-biased and non-judgmental. We are not expecting caregivers to be adolescent health experts but caregivers can still direct youth or help facilitate access to information they need or work together to find answers. JBAY’s website has a page of youth resources on sexual and reproductive health that is tailored to three developmental groups: early adolescents, middle adolescents, and transition age youth (link on slide).
Slide 32: It is the duty of the caregiver to arrange for timely transportation to health-related services, as many reproductive health services are time-sensitive.

**Emphasize that this is the caregiver’s duty regardless of belief or religion.**

Slide 33: It is the duty of the caregiver to not impose personal biases or beliefs. Be respectful and professional. Do not force, coerce or judge youth. Do not refuse to address any issue based on your own feelings or beliefs and be sensitive to trauma and cultural identity which can greatly affect how youth view their own sexuality. We will discuss some trauma-informed approaches in the next segment.

Slide 34: Conduct the perspective-taking exercise and discuss.

How can I set my assumptions aside so I can get to know this person as this person is? Perspective-taking involves taking another person’s viewpoint intentionally. Try to imagine what it might feel like to be an LGBTQI youth who is meeting with a caregiver for the first time. What thoughts might come to mind? What might you worry about, or look forward to?

Slide 35: Now onto the caseworker’s duties. We briefly discussed SB 89 earlier. Another provision of SB 89 builds upon an existing law, the California Healthy Youth Act (CHYA). The CHYA requires every school district to provide comprehensive sexual health education (CSE) once in middle and once in high school.

However, due to placement changes and school instability, foster youth may miss the course when CSE is offered. SB 89 addresses this by requiring caseworkers to document that they have verified that foster youth received a CHYA-compliant CSE course from their public school once in middle school and once in high school, and if they missed it, caseworkers are required to ensure the youth receives it.
Caseworkers can first attempt to work with the youth’s school to have the student take it out of sequence, or they can also work with a community-based provider who offers CHYA-compliant CSE.

**Trainers should be familiar with the California Healthy Youth Act and what it entails. For more information visit this website:** [https://www.cde.ca.gov/ls/he/se/](https://www.cde.ca.gov/ls/he/se/) or view this fact sheet: [https://www.aclunc.org/docs/fast_facts_about_the_california_healthy_youth_act.pdf](https://www.aclunc.org/docs/fast_facts_about_the_california_healthy_youth_act.pdf). **Being CHYA-compliant includes meeting several requirements to ensure that the sexual education provided is comprehensive, medically accurate, and inclusive. Important to note that the educational right holder is the only person that can opt out a child from CSE. This would not be the caregiver unless a court specifically designates them as the education rights holder.**

**Slide 36:** Each year, caseworkers are also required to document that they informed youth age 10 and older of their sexual and reproductive health right to access information, their right to consent to services and their confidentiality regarding those services. They must also inform youth how to access services. They must do all of this in an age and developmentally appropriate and medically accurate way.

**Slide 37:** Caseworkers are also required to document that they facilitated access to care including assisting with any identified barriers to care as needed.

**Run through examples where a social worker may facilitate access to care.**
5. HOW TO ENGAGE WITH FOSTER YOUTH ABOUT SEXUAL AND REPRODUCTIVE WELLNESS & INFORMATION ABOUT CONTRACEPTION METHODS

Segment Time: 7 minutes

Description of Segment: Review recommendations and approaches for engagement and review age-appropriate resources about contraception and sexual wellness. Share three youth resources that are age and developmentally appropriate.

Materials: None

Slides: 38-45

Slide 38: Introduce segment

Slide 39: Talking to youth about sex begins and ends with someone giving the young person some information. That’s it. This is important, but there is more to do for that information to be understood and retained.

We want to ENGAGE WITH youth about sex. This means:

- AT LEAST as much listening as talking, usually a lot more
- Responding thoughtfully with appropriate resources and information
- Asking questions and checking for comprehension—don’t just check their comprehension, check your own as well. It can often be helpful to repeat back to them what you think they are saying to be sure YOU understand
• Following up on previous conversations or referrals
• Listening some more
• Being reliable and consistent is how trust is built
• Having gentle and compassionate curiosity about what youth are experiencing, and what they need and want related to their sexual and reproductive wellness
• Then listen some more again

The potential positive effects of this deeper engagement can be enormous.

**Slide 40:** Foster youth are more vulnerable than peers as they often lack the support of a trusted adult who can provide guidance throughout their development, and often have a history of trauma. They also disproportionately experience commercial sexual exploitation. It is important that when caregivers navigate these conversations, to ensure communications and guidance be trauma-informed, meaning being sensitive and careful as to not trigger their trauma and aware of how you can make the conversation as safe as possible while accomplishing what needs to be done to fulfill their rights.

*Provide scenarios as you go through each example that a Resource Family may encounter.*

**Slide 41:** Prepare yourself! It may be helpful for you to explore your own attitudes and biases. Review resources and update your knowledge about sexual and reproductive wellness. You don’t have to be a subject matter expert. It is okay to say, “I don’t know – what do you think or let’s find out together.” Be familiar with the law and understand foster youths’ rights related to their sexual wellness and strive to use every day as a teachable moment.

**Slide 42:** It is important to provide resources that are medically accurate and age and developmentally appropriate. Development differs from age as we all develop at different speeds, keeping in mind that physical and cognitive development do not always align. In the youth fact sheets previously mentioned, there are resources carefully selected for three developmental stages: early adolescent,
middle adolescent, and transition age youth/young adults. The accompanying guide also provides an overview of the developmental characteristics for each developmental group so you can be aware of what is likely to be going on during each stage. This resource you see here is one for early adolescents. Amaze.org provides animated engaging videos to provide sex education in a way that younger youth can easily understand.

**Slide 43:** Stayteen.org is a resource that you can refer middle adolescent youth to. Youth can find a health center and it provides both articles and videos on various topics including birth control, relationships, sex and advice.

**Slide 44:** Then for the older youth, there is bedsider.org as an example resource to share for this age group. It is a great way to learn about all of the birth control options and details about each one.

**Slide 45:** This website would also be a helpful site for you as a caregiver to review to understand all of the available contraception methods. It provides various tools to help compare methods. This one outlines the rates of effectiveness. You can also do side-by-side comparisons and see what each of their side effects are, whether they protect against STDs or not, how easy they are to get, etc. I encourage caregivers to use this website to get familiar with all options currently available.
6. QUESTIONS, POST-TEST & ANSWER REVIEW

Segment Time: 3+ minutes

Description of Segment: Attendees will take a post-test to see what they retained; review answers & debrief

Materials: Post-test and Evaluations

Slides: 46

Slide 46: We went over a lot of information in a brief amount of time but we hope that this provides caregivers with some of the foundational knowledge needed and will encourage you to support healthy sexual development and wellness for the youth that come into your care. I encourage you to take advantage of the resources and additional training available. CalSWEC recently developed a 90-minute online module and an 8-hour curriculum that provides more in-depth content on the topics that were discussed today; that link can be found in the slide. CDSS also created a 2-3-hour curriculum for caregivers that can be found at second link on the slide. Now, let’s run through the post-test, debrief and go over any questions you may have.

Post-Test

1. By age 21, _________of foster youth have been pregnant at least once.
   a. 10%
   b. 25%
   c. 50%
   e. 70%

2. Under California law, a minor can get contraception and pregnancy services without parent or guardian permission at what age?
   a. At any age
   b. 12 years or older
   c. 16 years or older
   d. Any minor under 18 must have parent/guardian permission for these services
3. Whose primary duty and responsibility is it to provide timely transportation for foster youth to receive sexual health services.
   a. Case Worker  
   b. Resource Family  
   c. The school nurse  
   d. The youth

4. When a resource family brings a youth to a doctor, the resource family has a right to be informed by the doctor about the information and treatment received by youth.
   a. True  
   b. False

5. A 14-year old youth has just found out she is pregnant and would like to get an abortion. Whose consent is needed to proceed with an abortion?
   a. The youth alone  
   b. The resource family alone  
   c. Both youth and resource family  
   d. Youth, resource family, and caseworker  
   e. Both the youth and caseworker

6. Youth in foster care who disclose their gender identity should be receiving health care services that align with their gender identity, not their sex assigned at birth which might be on their case record.
   a. True  
   b. False

7. I feel confident in my knowledge about the sexual and reproductive wellness rights of foster youth and my ability to assure that those rights are upheld.
   a. Strongly Agree  
   b. Agree  
   c. Neutral  
   d. Disagree  
   e. Strongly Disagree  
   f. Don’t Know

*Discuss if anyone feels more or less confident after going through the module. Provide support or guidance on what areas where clarification or additional training is needed.*
8. I feel comfortable with engaging with youth and having conversations about sexual and reproductive wellness.

a. Strongly Agree
b. Agree
c. Neutral
d. Disagree
e. Strongly Disagree
f. Don’t Know

Discuss if anyone feels more or less confident after going through the module. Provide support or guidance on what areas where clarification or additional training is needed.
7. **APPENDIX-FREQUENTLY ASKED QUESTIONS**

<table>
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<tr>
<th>QUESTION</th>
<th>ANSWER</th>
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<tr>
<td><strong>Segment 1: Why is Sexual &amp; Reproductive Wellness in Foster Care Important?</strong></td>
<td></td>
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<tr>
<td>Why are there sexual and reproductive health disparities among foster youth?</td>
<td>Foster youth are more vulnerable than peers their same age given that as a population they:</td>
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<td></td>
<td>• Often lack the support of a trusted adult who can offer them guidance throughout their development, which can create all sorts of challenges;</td>
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<td>• Experience placement and school instability that have negative effects on their academic achievement and increased likelihood of missed sexual health education;</td>
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<td>• Have a history of trauma, even if that is limited to whatever circumstance brought them into care in the first place, and trauma complicates all areas of life;</td>
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<td></td>
<td>• Are disproportionately represented in populations of commercially sexually exploited youth; and</td>
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<td></td>
<td>• Are impacted by institutional barriers that exist for youth in care that are not present for peers out of care—such as extra rules, limited transportation, and lack of privacy.</td>
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<tr>
<td>How did SB 89 get passed?</td>
<td>Advocacy efforts related to SB 89 began in 2015 when a convening was held by the Child Development and Successful Youth Transitions Committee, a committee under the Child Welfare Council, to bring together stakeholders to identify core needs and recommendations related to sexual and reproductive wellness in child welfare. Around the same time, the California Department of Social Services (CDSS) developed their Plan for Prevention of Unintended Pregnancy which carried many of the same ideas and interventions. In 2016, CDSS formed the Healthy Sexual Development Workgroup which provided leadership for the state about the sexual and reproductive wellness of foster youth. The 2016 CA Healthy Youth Act (CHYA) mandated Comprehensive Sexual Health and HIV Education which is an important law that SB 89, also known as the 2017 Foster Youth Sexual health Education Act, built upon as it became...</td>
</tr>
</tbody>
</table>
clear that foster youth needed more intentional support to ensure they receive this sexual education. For more information about CHYA, please visit: [https://www.aclunc.org/our-work/know-your-rights/sex-education#chya](https://www.aclunc.org/our-work/know-your-rights/sex-education#chya)

For more information about SB 89, please visit: [https://www.jbaforyouth.org/sb89/](https://www.jbaforyouth.org/sb89/)

<table>
<thead>
<tr>
<th>What does substantiated report of maltreatment mean and why is there a higher rate among parenting foster youth?</th>
<th>Maltreatment includes physical injury, sexual abuse/exploitation, emotional abuse, child neglect or abandonment. When a report of maltreatment is substantiated, it means that the allegation of maltreatment or risk there of was supported or founded. Multi-generational involvement in the child welfare system is not uncommon and a history of maltreatment is a significant risk factor. Higher rates of substantiated reports of maltreatment may also be attributed to foster youth being in a system of care involving more service provider-involvement and oversight. For more information: <a href="https://www.cde.ca.gov/ls/ss/ap/childabuserreportingguide.asp">https://www.cde.ca.gov/ls/ss/ap/childabuserreportingguide.asp</a></th>
</tr>
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</table>

**Segment 2: Sexual and Reproductive Wellness Rights of Youth in Foster Care**

<table>
<thead>
<tr>
<th>What are California’s minor consent and confidentiality laws?</th>
<th>Foster youth have the same rights to consent and confidentiality as all Californians. For a chart that summarizes all of the situations in which a minor may consent to their own health care in California and related information on confidentiality, please visit: <a href="http://teenhealthlaw.org/consent/">http://teenhealthlaw.org/consent/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>So foster youth can consent to an abortion at any age?</td>
<td>Yes. This means they do not need permission from the caseworker, judge, foster parent or anyone else. This is California law (Cal. Family Code § 6925) and the health care provider is not permitted to inform the foster parent or case worker without a minor’s signed authorization (Cal. Health &amp; Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11)</td>
</tr>
<tr>
<td>Can a health care provider share information with a foster parent about the sexual and reproductive services and information shared with the foster youth in their care?</td>
<td>No, health care providers cannot provide information to anyone without the written consent of the youth. This is a right of all Californians and foster youth do not lose this right because they are in foster care.</td>
</tr>
</tbody>
</table>
I have a provider that I trust but my foster child wants to go to another provider. Do I need to take them to the provider of their choice?

Yes, foster youth have the right to choose the provider they see as long as service is covered by their insurance provider.

How about youth that are sexual offenders - do they have a right to store and lock condoms or contraceptives?

The right to store and lock contraceptives extends to all youth. However, if the youth is a sex offender there may be conditions of probation that prevent them from exercising these rights.

How do I know what is developmentally appropriate information to share with youth?

Development is different from age as we all develop at different speeds, keeping in mind physical and cognitive development also do not always align. A young person may appear physically mature but not capable of understanding complex future-oriented topics. The youth fact sheets and guide may be good resources to look into as they provide an overview of developmental characteristics of three age groups and appropriate resources to share for each group.

https://www.jbaforyouth.org/sb89-factsheets-and-guide/

My foster child is LGBTQI. How do I make support them in their sexual wellness?

The caregiver:

- Can provide reassurance to the youth and can ask the youth what would help them feel safe and supported.
- Can assist the youth by thoughtfully directing them to helpful websites for LGBTQI youth, programs, and resources for information and to find answers to the questions they may have.
- Can help the youth get connected to a positive LGBTQI mentor
- Cannot disclose information regarding a youth’s sexual orientation or gender identity without the youth’s permission.

For resources on how to support LGBTQI youth, please review: https://www.childwelfare.gov/pubs/LGBTQyouth/

Segment 3: Duties and Responsibilities of the Caregiver and Case Worker

When you refer to case worker, are you referring to FFA or county worker?

Caseworker is the county social worker.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>My beliefs do not align with the sexual and reproductive health services that the foster youth has requested. Do I need to arrange transportation that goes against my values and beliefs?</td>
<td>Yes, it is the caregiver’s duty to arrange timely transportation to sexual and reproductive services and care regardless of religion, values and beliefs. Regardless of beliefs, caregivers must coordinate timely transportation for the youth in their care either by providing it themselves or arranging for someone else to provide transportation for the youth. If assistance is needed or barriers are encountered, caregivers must communicate with the social worker to ensure foster youth’s right to timely transportation is upheld.</td>
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<tr>
<td>Under Reasonable Prudent Parenting Standards (RPP), if a caregiver has suspicions that their youth has drugs locked in their storage that contains contraceptives, does the caregiver have the right to search their belongings?</td>
<td>The youth have a right to be free from unreasonable searches of his or her personal belongings. However, we do expect caregivers to use RPP, so if there is a valid suspicion that the youth has drugs, the caregiver can ask to search the belongings.</td>
</tr>
<tr>
<td>Should I be allowing my foster child to self-administer birth control pills?</td>
<td>Guidance directs caregivers to use refer to Reasonable and Prudent Parent standards when it comes to self-administration of prescribed medication for minors. Access to birth control cannot be taken away from youth as a punishment or due to caregiver’s religious beliefs or personal feelings. For youth 18 and older, the Resource Family should allow the youth to access their birth control for self-administration.</td>
</tr>
<tr>
<td>Is the resource parent still responsible for tracking birth control medication on the medical tracking logs?</td>
<td>No. Since the youth can take birth control pills and store them without notifying the resource parent, they are not responsible or required to track their usage.</td>
</tr>
<tr>
<td>What are the legal concerns if a child has complications after a medical procedure and did not communicate with caregiver or social worker?</td>
<td>The youth has a right to get certain services without notifying the caregiver or the social worker. As a result, unless there was something they should have foreseen, caregiver will not be held reliable. In general, the caregiver and social worker are responsible for ensuring that the youth are in good health, so regardless of them knowing whether a procedure took place, they should at the very least check in on them to see that they are feeling and doing well.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>How am I supposed to communicate with the caseworker about getting</td>
<td>When discussing with the caseworker, communicate:</td>
</tr>
<tr>
<td>assistance accessing resources without disclosing information that</td>
<td>• Topics discussed about sexual and reproductive wellness;</td>
</tr>
<tr>
<td>the youth does want me to share?</td>
<td>• Resources and information provided about sexual and reproductive wellness to the youth; and</td>
</tr>
<tr>
<td></td>
<td>• Offers to remove any barriers the youth may experience accessing reproductive health.</td>
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<td></td>
<td>This disclosure describes the action taken to assist the youth, rather than protected information about the youth.</td>
</tr>
<tr>
<td>So, a foster parent cannot be in the room with the foster youth when a</td>
<td>That is correct—unless the youth specifically requests otherwise. It is the duty of the caregiver to respect the foster youth’s privacy.</td>
</tr>
<tr>
<td>provider provides sexual and reproductive health services?</td>
<td></td>
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<tr>
<td>What instances of sexual intercourse involving a minor would a foster</td>
<td>A foster parent is required to report to child protection or law enforcement when sexual intercourse is coerced or in any way that is not voluntary, when it involves sexual exploitation or trafficking and, in a few cases, based on age difference between the partner and the minor. For more details, you can review this chart developed by the National Center for Youth Law:</td>
</tr>
<tr>
<td>What are indicators to pay attention to when identifying victims of</td>
<td>For some red flag and indicators, you can review this chart developed by National Human Trafficking Resource Center: <a href="https://humantraffickinghotline.org/resources/what-look-healthcare-setting">https://humantraffickinghotline.org/resources/what-look-healthcare-setting</a></td>
</tr>
<tr>
<td>human trafficking?</td>
<td></td>
</tr>
<tr>
<td>How are social workers supposed to confirm whether or not foster youth</td>
<td>Policies may vary across counties but it may include contacting the individual school or working with the County Department of Education. Regardless, it is the duty of the caseworker to confirm receipt of CSE and document that they verified receipt or how the youth will receive the class if they missed it in school.</td>
</tr>
<tr>
<td>received comprehensive sexual education (CSE) once in middle school and</td>
<td></td>
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<tr>
<td>once in high school?</td>
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</tbody>
</table>
### Can I opt my foster child out of the comprehensive sexual education offered in school or the education coordinated by the caseworker?

No, only the educational rights holders can opt the foster youth out of receiving CSE which is not the foster parent. Under the California Healthy Youth Act (CHYA), receiving CSE is an automatic opt-in policy and parent/educational rights holder have to request in writing to excuse the child from receiving the education. For more information on CHYA, visit: [https://www.cde.ca.gov/ls/he/se/faq.asp](https://www.cde.ca.gov/ls/he/se/faq.asp)

### If social workers are going to be having annual conversations about sexual and reproductive wellness with foster youth, do I as the foster parent need to discuss it with them?

Yes. Foster parents are the first line of care and should be facilitating access to information on sexual and reproductive wellness for foster youth. For age-appropriate resources, check out: [https://www.jbaforyouth.org/youth-sexual-health-resources/](https://www.jbaforyouth.org/youth-sexual-health-resources/)

### Segment 5: Engaging with Foster Youth about Sexual and Reproductive Wellness & Contraceptive Methods

#### How do I make sure that I don’t trigger additional trauma for foster youth when discussing sexual and reproductive wellness?

To learn more about trauma-informed approaches, check out the SB 89 Guide (noted in the resource list) which provides suggestions and additional resources. [https://www.jbaforyouth.org/sb89-factsheets-and-guide/](https://www.jbaforyouth.org/sb89-factsheets-and-guide/)

#### What contraception is the most effective?

The implant, hormonal IUDs, and copper IUDs are the most effective. For more details about current contraceptives, its side effects, how to use the method, its effectiveness, and more, visit: [www.bedsider.org](http://www.bedsider.org)