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MyPOV: Promoting Self-Efficacy and Empowerment Amongst Foster Youth

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Abstract

Trauma is a key player in the lives of young people within the child welfare system. Adverse childhood experiences define the course of life for many foster youths prior to entering the system, and for many, exemplify their time during and after foster care. The results of this trauma are often overwhelming and far-reaching, as traumatic behaviors often take the form of distrust and dysregulation. Moreover, trauma can disrupt one's sense of safety and contribute to feelings of disempowerment. For many, it is rare that our lives are representative of a complete lack of opportunity for self-efficacy and empowerment; however, this phenomenon showcases the lived experience for most foster youth.

Within the child welfare system, the sheer number of opportunities for youth to make decisions regarding their care is minimal. When this feeling of powerlessness is compounded with a lack of transparency and previous traumatic experiences, it often results in a child being retraumatized and an exacerbation of known trauma-related behaviors which can lead to disruptions in placement and adversely impact the social safety net. This paper examines the literature related to the absence of youth empowerment and choice within the child welfare system. The creation and implementation of a cellular application that provides education curriculum and trauma-informed resources is presented to increase foster youths' opportunity for self-determination, positive coping, and strength-based skills, all while promoting collaboration amongst secondary clients.

Introduction

In the United States, there are many social challenges that have plagued the nation for decades, some of which have left individuals struggling through the simple daily acts of living. One such challenge is the child welfare system and how prior traumatic experiences are addressed within the foster youth population. Foster youth continuously experience heartache after being removed from their families and often have minimal say in the day-the-day choices of their lives. Despite the constant effort of helping professionals to make a positive impact on these children through interventions and services, the nation continues to fail hundreds of thousands of children each year. One of the primary barriers foster youth face on a regular basis is the lack of transparency and knowledge on their case and the rights they have as children within the child welfare system. This can be seen by the number of foster youths forced to relocate schools, transfer to a new placement, or attend therapy sessions, all of which are conducted without their ideas or opinions taken into consideration. While the intention of the child welfare system is to support foster youth on their journey to permanency, there are many factors that have disrupted the overall happiness and health of young people in this system.

For these reasons, it is pivotal that new and reformed interventions and services are introduced that can be used to mitigate the effects of prior trauma and cultivate positive experiences for this population. Ensuring that foster youth have an age-appropriate understanding on their case status, while presenting opportunities for choice and self-determination, are ways to increase self-efficacy amongst these children. While there have been attempts to make such change, it is vital that new evidence-based practices are introduced to appeal to the upcoming generation, so that youth are capable and proficient at being present and proactive while in foster care. Hence, this paper examines the literature related to the absence of

youth empowerment and choice within the child welfare system. The creation and implementation of a cellular application that provides educational curriculum and trauma-informed resources is presented to increase foster youths' opportunity for self-determination, positive coping, and strength-based skills, all while promoting collaboration amongst secondary clients.

Practice Context: AGAPE Nashville

In the process of promoting social-emotional growth amongst foster youth, AGAPE Nashville, further referred to as AGAPE in this literature, has been a key player in protecting the overall welfare of these youth. AGAPE began in 1966 when Howard Justiss saw the growing need for services surrounding orphaned children (AGAPE, n.d.). As a good Samaritan, Justiss noticed the consistent patten of orphaned children stuck in institutionalized orphanages with a severe lack of resources designed to meet their most basic of needs. In 1966, Justiss partnered with Otter Creek Church of Christ, to initiate the funding of the first official AGAPE agency. Together, this collaboration worked to provide safe homes for youth who had to be removed from their homes for safety and health reasons. Over time, this passion shifted to support a variety of populations within the local community, instead of solely focusing on institutionalized orphans. Today, "AGAPE exists to strengthen children and families with the healing love of Christ through counseling and social services" (AGAPE, n.d.).

Within the social services program at AGAPE there are three prongs, including foster care, adoption, and maternity crisis. The maternity crisis care program within AGAPE is likely the most unfamiliar service that AGAPE offers. This program focuses on providing resources to "women facing an unplanned or crisis pregnancy" (AGAPE, n.d.). AGAPE strives to

emotionally support these women, while providing services to help the mother in reaching her desired goals. Such resources include finding employment or insurance, providing clothing, administering pregnancy tests, and offering free counseling services. AGAPE can further support the mother by coordinating in a privatized adoption or finding a safe foster home for the mom and baby, if the mom is within her teenage years (AGAPE, n.d.).

The second prong of the social services program at AGAPE is foster care. The foster care program within AGAPE works to place children from birth through age seventeen in "safe, loving, Christian homes" (AGAPE, n.d.). AGAPE works in tandem with the Tennessee State Department of Child Services (DCS). As youth enter the child welfare system, DCS works to evenly place these youth with contracted agencies that will actively work to meet their needs. When children are placed with AGAPE, a foster care case manager is assigned to each case to manage all moving parts in order to achieve permanency for the child. For each youth, permanency radically differs, meaning that case managers must ensure that each plan, and surrounding services, are highly individualized for each youth. Furthermore, AGAPE actively works alongside foster families to ensure that each child is receiving adequate care and actively working towards permanency goals. AGAPE staff can further provide transportation, foster parent training, and respite care, along with other services, to help support foster care youth. As an extension of this program, AGAPE "provides temporary, out-of-home placement … with fully trained and approved Christian foster parents" for families going through a parenting crisis (AGAPE, n.d.). This service ensures that children do not enter state custody but allows qualified staff to work alongside struggling families.

The third and final prong of the social services program is adoption. This program is multifaceted and often works in conjunction with the foster care program. AGAPE provides a

variety of adoption services, including those "for newborn infants who are placed for adoption, as well as older children in foster care" (AGAPE, n.d.). For foster youth who are unable to return home, AGAPE will work to find adoptive families for these children. In these cases, case managers must ensure that all reunification efforts have been exhausted and the proper legal channels are pursued before the child can be adopted. While adoption through foster care is the most common type of adoption at AGAPE, the agency can also provide infants, private, and inter-state adoptions. Since AGAPE doors have opened in 1966, "more than 1,100 children have been adopted into their forever family", and even more have found their way back home after temporarily experiencing the love of AGAPE foster families (AGAPE n.d.).

Foster Youth and Social Work Practice

Throughout the entirety of American history, there has always been a form of foster care for children within the country, however "organized child welfare did not exist before 1875" (Meyers, 2008). Since this time, social workers and other helping professionals have played an integral role in protecting the overall well-being of children (McLeod, 2018). Social workers within the child welfare field are not only responsible for ensuring a child simply survives, but thrives, while navigating this system. Just like every other individual, foster youth must experience the most basic of needs before they are able to experience a higher level of needs. Said another way, when foster youth are focused on scavenging for food/water or a sense of safety, they have minimal ability to form intimate relationships or pour into creative activities. This phenomenon is quite regular within the child welfare system, as it is more complex to cultivate positive environments that support all aspects of the needs hierarchy (McLeod, 2018).

One of the most powerful and dynamic ways to accommodate a higher level of needs amongst foster youth is to nourish and embolden self-efficacy and empowerment within this population. This can be accomplished by providing foster youth with transparent information and opportunities for self-determination within their case. In fact, these two concepts are key values within the social work profession. The National Association of Social Work [NASW] identifies six core values that intend to directly influence the practice of their helping professionals, one such value stating that "social workers respect the inherent dignity and worth of the person" (NASW, n.d.). One of the most effective ways to respect these inherent qualities with a client is to provide opportunities for self-determination. This value directly transcends into the realm of the child welfare system and is crucial when collaborating with foster youth. When working with these clients, social workers "shall value youths' voices and support older youths in developing decision-making skills" (NASW, 2013). Just as with any client, self-determination is pivotal when providing holistic care, but is nearly impossible when clients are removed from and unaware of opportunities to make their own decisions. As helping professionals, it is our role to empower youth to be involved in the decision-making process of their case, all while balancing the boundaries of safety and permanency.

Furthermore, the American Academy of Social Work and Social Welfare (AASWW) introduced twelve grand challenges for social work to help dissect the complexities of convoluted problems within our country. These challenges are intended to encourage a collaboration of multiple disciplines to solve some of society's most intricate barriers. One posed challenge focused on the holistic well-being of individuals and families is to "ensure healthy development for youth" (Grand Challenges for Social Work, 2022). This challenge focuses on the "power of prevention… to help all youth grow up to become healthy and productive adults"

(Grand Challenges for Social Work, 2022). Within this challenge, social workers are urged to introduce comprehensive preventative measures that work to support the mental, emotional, and behavioral well-being of children and their families.

Withal, social workers must also understand the different stages of child development and the critical role it plays in a youths' daily life. The National Association of Social Work Standards for the Practice of Social Work with Adolescents emphasizes the importance of understanding the "critical role of education in healthy adolescent development" and how the brain interprets information at various development stages (NASW, 2001). Recent research further accentuates the way traumatic experiences impact youth development, showcasing developmental regression in youth with multiple adverse childhood experiences. In other words, foster care youth who have high levels of exposure to traumatic experiences are likely to perform at a lower cognitive and developmental level than those with lower levels of trauma exposure. In the midst of traumatic experiences, foster youth are unlikely to fully comprehend their circumstances and the radical changes within their environment. Even more so, high levels of trauma almost always make it increasingly difficult "to concentrate or make decisions" (US Department of Veteran Affairs, 2018). For foster youth, it is already challenging to understand the basics of their situation, let alone the gravity of making challenging decisions that have the power to change their family dynamics and course of life.

Even though foster youth are in a vulnerable situation, helping professionals have the unique capacity to "ensure the participation of adolescents in decisions about the programs and services designed to meet their needs" (NASW, 2001). By providing developmentally appropriate trauma informed curriculum to foster youth, while presenting opportunities for self-determination in valuable decisions, social workers can ensure foster youth are actively involved

in their case and empowered to voice their opinions and desires. By increasing self-efficacy in foster youth, these children can become "active participants in their case planning and service delivery" (NASW, 2001), further empowering the youth to advocate for their needs. By amplifying the voice of the youth within foster care, social workers can highlight the inherent strengths of their clients and further embark on a journey of helping these youth realize their full potential.

Literature Review

Child Welfare System Defined

The child welfare system is composed of a multitude of entities in collaboration with the sole goal of supporting children and their families. Together, child welfare services are "designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families" (Child Welfare Information Gateway, 2020*a*). One of the primary agencies within the child welfare system is the foster care and adoption system. For the purpose of this literature, the child welfare system will be used in reference to the foster care and adoption system. The child welfare system is composed of two states departments, DCS and Child Protective Services (CPS). Each state has different regulations for these establishments and often these terms are seen to be interchangeable. In Tennessee, CPS is solely responsible for leading investigations when the safety of a child is called into question. Once the child is removed from the home, which is often completed by CPS, DCS is then responsible for ensuring a safe placement and reaching permanency for the child. These two state organizations work in conjunction with private and public agencies to ensure healthy development and protection for foster youth (Child Welfare Information Gateway, 2020*a*).

While the overall goal is to keep children out of all aspects of the child welfare system, there are specific situations when CPS and DCS must intervene. A child will be removed from the home under three circumstances, known as committal status, which include: "if the child is found to be neglected or abused", "if the child is found to be delinquent", and "if the child … is in need of treatment or rehabilitation" (DCS, n.d.). In other words, "when children are not able to stay safely in their own homes … they often have to [go] into state custody" (DCS, n.d.). Once a child officially enters the child welfare system, appropriate measures will be taken to ensure that the child receives a safe placement, either in juvenile detention, a rehabilitation or treatment center, or a kinship/foster placement.

During a child's placement, specific steps must be taken in actively open cases. Initially, an intake assessment will be completed to gather basic family demographic information, such as health records and behavioral history, to ensure that the child can be properly cared for while in state custody (DCS, n.d.). Secondly, a home visit will be made by a DCS case manager to "obtain information to assess the strengths and needs of the child and family". Then, a child and family team meeting will be established to ensure that all members of the team are updated on the current status of the child. This team will often consist of "parents and guardians, DCS staff, the child, attorneys, and any others who have significant influence in the child's life" (DCS, n.d.).

Within thirty days of the child entering state custody, a permanency plan must be established. This plan will highlight risks, strengths, and goals for the child and family, and will be reviewed during every child and family team meeting (DCS, n.d.). In this plan, specific responsibilities will be laid out for every member of the child and family team. The goal of this team is to create a collaborative environment to ensure that these goals are met so that the child

can return home. If the goals are not met by any member(s) of the team, alternative measures will be taken to ensure that the child is able to achieve permanency with a family. While these steps outline the norm for each case within the child welfare system, each case is highly individualized. For this reason, it is likely that the steps to achieving permanency will look radically different for each child and family. Furthermore, it is important to remember that "foster care is meant to be a temporary service until the family (or child) can address the problems that made placement necessary." It is only when the goals are not met and solutions to the problems are not achieved that "other permanent options are sought" (DCS, n.d.).

Risk Factors for Foster Youth

Often times, youth placed in state custody have been raised by families who have been identified as being at-risk (CDC, n.d.). There are a variety of factors that determine if a child is at-risk for foster care, which often involves children who have experienced multiple adverse childhood events. In total, there are ten adverse childhood experiences (ACEs), which include: physical neglect, emotional neglect, emotional abuse, sexual abuse, physical abuse, mental illness within the home, incarcerated relative, substance abuse within the home, domestic violence, and divorce. Furthermore, there are four traumatic community experiences, including: racism, violent neighborhood, poverty, and natural disasters (CDC, n.d.). In the past decade, new research has emerged regarding ACEs and the impact they have on the overall health of individuals. Current research has shown the detrimental side effect that results from high levels of traumatic life events, some of which can result in death. When looking at the biological impact of ACEs, "at least five of the top ten leading causes of death are associated with ACEs" and "conditions like depression, asthma, cancer, and diabetes in adulthood" increase as the number of ACEs get higher (CDC, n.d.). Aside from physiological concerns, ACEs also have the

ability to increase risky behaviors and decrease education and job potential. This means that youth with a high ACE score are more likely to experience suicidal thoughts and behaviors, homelessness, incarceration, and death.

Complex Trauma

In the more recent years, new research has surfaced regarding the impact of ACEs on the overall development of children. Instead of looking at ACEs individually, researchers now categorize these events as complex trauma. Complex trauma is defined as the "ongoing or recurrent exposure to interpersonal trauma" which results in developmental setbacks and the "emergence of psychiatric and behavioral difficulties" (Knoverek, n.d.). Such examples of complex trauma are repetitive abuse or neglect, captivity, or terrorism. It is important to note that complex trauma differs from acute stress, such as what is experienced by an upcoming test or attending a new school. Complex trauma occurs from stress that is caused by consistent and repetitive trauma exposure. There are eight domains of impact that complex trauma has on the overall development and well-being of victimized children, including affect regulation, behavioral control, physical health, cognition, dissociation, self-concept, attachment, and future orientation. In other words, the lifelong impact that trauma has on a child is far-reaching and significant, which can have a detrimental effect if proper preventative measures are not put into place (Knoverek, n.d.).

Moreover, researchers have coined the term *Fight-Flight-Freeze-Fawn* as an automatic response to complex trauma. When this response system is triggered, it "compels a person to engage their defenses to prevent or avoid as much damage to the body and mind as possible", which then causes the sympathetic nervous system to respond accordingly (Bickham, n.d.). For

many foster youths, the manifestation of traumatic events often poses as aggression, disobedience, or distrust amongst adults (AdoptUSKids, n.d.). When youth enter the child welfare system, they are removed from their biological family, which automatically adds an ACE to their life. More so, youth are often deprived of knowledge of their circumstances, removed from siblings, and given minimal choice in any decision made. Together, these experiences result in feelings of disempowerment and chaos, which can trigger the response system to turn on. Furthermore, when youth are placed into homes where trauma informed practices are not implemented, these feelings are often accentuated, which can then re-traumatize the youth. Re-traumatization can occur when an individual who has experienced chronic trauma becomes triggered to where "the intense dynamics associated with the original traumatic experience" are recreated (BrightQuest Treatment Centers, n.d.). The process of being re-traumatized is often more detrimental than the initial traumatic experience, as youth often experience an irreversible degree of distrust, hopelessness, and fatalism (BrightQuest Treatment Centers, n.d.).

Best Practices

While the effects of chronic trauma may seem overwhelming and unconquerable, measures can be taken to decrease the lifelong impact of events foster youth may have experienced. One of the most prominent and effective ways to mitigate the repercussions of adverse childhood experiences for foster youth is by approaching the situation through a trauma informed lens. While operating through a trauma informed lens initially seems complex, it simply entails "an ongoing awareness of how traumatic experiences may affect children [and] families" (Child Welfare Information Gateway, 2020b). By shifting the child welfare system into facilitating through a trauma-informed lens, traumatized youth will be encouraged to find a

trusted adult within their environment to depend on so they can begin to process the experienced trauma.

Slowly, this shift in the child welfare system has begun, as three grants have been put into place to begin this transformation. Together, these grants explore the foundational changes that are needed to morph the child welfare systems to operate from a trauma-informed perspective. These grants examine "routine screenings and assessments, workforce development, acknowledgement, and treatment of [secondary traumatic stress], measurement-driven case planning and referral to evidence-supported treatment, changes to data systems, and sustainability". By introducing trauma-informed care into the child welfare system, helping professionals can begin to "develop the protective capacities that help children thrive, strengthen parents and caregivers, result in fewer ACEs while buffering those that already exist" (Child Welfare Information Gateway, 2020b).

Moreover, building constructive ways to alleviate the burden of chronic trauma means building resilience amongst foster youth. Similarly, to the "correlation between ACEs and negative health consequences, [research] also shows that positive childhood experiences can mitigate those effects (Bethell, 2019). For this reason, it is pivotal that helping professionals work to weave protective factors into the natural fabric of our society. By ensuring that foster youth have access to basic needs and healthy relationships, these strengths can further be developed into natural coping skills (Healthy Outcome from Positive Experiences, n.d.). This framework, known as the Health Outcomes from Positive Experiences, "actively promotes positive experiences for children and families to encourage healthy development and offset ACEs and other negative environmental influences" (Alliance for Children and Families, n.d.)

MyPOV App

Even though developments have been made to supplement empowerment for trauma amongst foster youth, many of these efforts have yet to fully integrate the desired change. The introduction of a cellular app, called MyPOV, will increase the awareness and knowledge of multiple individuals, ultimately allowing empowerment and independence to greatly flourish amongst foster youth. The name of this app, which stands for "**My P**oint **O**f **V**iew" lays the framework for the ideal goals for this new service. This downloadable app will allow for foster youth, along with secondary clients, to access important and needed information relevant to their sole aspect of the case. Together, all the functions within the app will allow clients to easily access information and gain knowledge regarding their rights and options within the child welfare system. In turn, these attributes will increase self-efficacy and empowerment of foster youth and reduce barriers for families.

Inserted below is a logic model that outlines the MyPOV app proposal in more detail:

Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Measurement Tools
Web/App Designer Supportive Grant Standardized Measurement Scales Clients with access to technology Case Managers	Resource Page Calendar Client Documents Coping Tools Four Access Points	MyPOV: Downloadable App for Foster Youth, Foster Families, Birth Families and Case Managers	**1a** Increased awareness amongst foster youth, foster families, and birth parents on case status. **2a** Efficient communication between case managers and clients **3a** Accessible information for foster youth	**1b & 3b** increase self-determination amongst foster youth. **1c & 3c** empowerment amongst foster youth **1d** improved adherence to permanency plan for foster youth and birth parents **1e** increase completion of paperwork from foster parents. **2b** reduction of miscommunication between staff and clients	Foster Family Satisfaction Survey Youth Efficacy and Empowerment Scale Permanency completion Case Manager Satisfaction Survey Paperwork Completion

As briefly mentioned above, foster youth will have access to a plethora of resources and information, all through the MyPOV app, that can help them during their stay in the child welfare system. Each foster youth will have access to "*my current status*", which will provide youth with transparent information related to their case plan and status. This will ultimately provide clarity and collaboration between providers and youth. Furthermore, youth will also have easy access to an abuse reporting hotline and customizable coping resources, such as deep breathing exercises and self-regulation games, to assist during times of high anxiety and stress. These resources, along with many more, will create a way for foster youth to be educated on their case and find youth-friendly information regarding common experiences in the child welfare system. As foster youth become more educated about the child welfare system, their options, and legal rights, youth will become more engaged in the decision-making process and empowered to advocate for themselves while in state custody.

While MyPOV primarily supports foster youth, the app will have a total of four access points to accommodate secondary clients within each case. These access points include foster youth, foster parents, birth parents and case managers. Each individual will have a variety of tools and resources specifically designed to serve their particular responsibilities and needs. Furthermore, MyPOV will be password protected and require state issued ID numbers to access the provided information to protect and respect the confidentiality and privacy of clients. Within each there will be overlap in resources, however, each individual will also have access to information geared towards their specific responsibilities and roles. For example, each client will have access to the client's right information, customizable calendar for important dates, and necessary documents, but only foster and birth parents will have paperwork checklist to ensure each submission is done by the required dates, and foster parents will have access to the state

issued training requirements and schedule, while birth parents have access to their permanency plan and goals.

Together, the functions will support three out of five of the guiding principles that establish trauma-informed care. First and foremost, MyPOV will increase empowerment amongst foster youth by "providing an atmosphere that allows individuals to feel validated and affirmed" (Buffalo Center for Social Research, 2023). This will be specifically targeted through *tell my story* and abuse reporting hotline aspects of the app. Secondly, MyPOV will promote collaboration between providers and clients by "sharing power and [providing] significant roles in planning and evaluating services" (Buffalo Center for Social Research, 2023). Lastly, this app will establish a sense of choice by implementing a "clear and appropriate message about [clients] rights and responsibilities" to ensure that each "individual has choice and control" over their plan (Buffalo Center for Social Research).

Inserted below is a curricula table that outlines the four access points of the MyPOV app proposal in more detail:

Four Access Points			
Foster Youth	**Foster Family**	**Birth Family**	**Case Manager**
Client Rights (legal rights, court visits, client expectations, etc.) Specialized Tabs ("tell my story", "current status", etc.) Abuse Reporting Hotline Calendar (supervised visits, home visits, doctor appointments, therapy sessions, court dates, etc.) Client Documents (social security card, medical documentation, permanency plans, safety plans, family information, etc.) Coping Tools (self-regulation games, customizable coping strategies, etc.) Contacts (case managers, foster parents, birth parents, etc.)	*Individualized for each foster youth.* Client Rights (legal rights, court visits, client expectations, etc.) Calendar (supervised visits, home visits, doctor appointments, therapy sessions, court dates, etc.) Permanency plans (goals, steps, checklist, responsibilities, etc.) Youth Documents (social security card, medical documentation, permanency plans, safety plans, family information, etc.) Foster Parent Training (training schedule, signup, current status) Foster Parent Paperwork (checklist, downloadable forms, online submissions, etc.) Contacts (case managers, foster parents, birth parents, etc.)	Client Rights (legal rights, court visits, client expectations, etc.) Calendar (supervised visits, court visits, lawyer appointments, etc.) Permanency plans (goals, steps, checklist, responsibilities, etc.) Youth Documents (when appropriate) Client Documents (legal information, medical information, scans/screenings, etc.) Birth Parent Paperwork (checklist, downloadable forms, online submissions, etc.) Contacts (when appropriate: case managers, foster parents, foster youth, etc.)	*Individualized for each foster family, foster youth, birth family.* Calendar (supervised visits, court visits, lawyer appointments, etc.) Permanency plans (goals, steps, checklist, responsibilities, etc.) Documentation (foster youth, foster family, birth parents, etc.) Streamlined Documentation/Forms (permanency plans, demographic information, etc.) Contacts (foster parents, foster youth, etc.) Intake Tracking information (checklist, home visits, supervision, appointments, "done-by" dates, etc.) Foster Family Paperwork/Training Tracking (paperwork checklist, trainings, etc.)

Evaluation Plan and Analysis

As previously stated, the primary goal of the MyPOV app is to increase empowerment and self-determination amongst foster youth. To evaluate the effectiveness of the downloadable app, an adapted version of the Youth Efficacy/Empowerment Scale-Mental Health (YES) and Youth Participation in Planning Scale (YPP) will be conducted as pre and post-test surveys. The YES Scale was originally adapted from the Family Empowerment Scale and was used to evaluate youths' confidence and self-determination in regard to managing their own diagnosis and services, along with using their knowledge to help peers and improve service systems (Walker & Powers, 2007). Similarly, the YPP scale was developed from a previous scaled geared towards caregivers, but now focuses on "whether interdisciplinary teams that create service, care, or treatment plans support meaningful youth participation in the planning process" (Walker & Powers, 2007).

Together, these scales evaluate the way in which empowerment and efficacy transform overtime at three different levels. These levels include "self: managing one's condition; service/support: managing services and supports so that they are consistent with the young person's goals and values; and system: using one's experience to benefit others" (Walker & Powers, 2007). The validity of the YES and YPP Scales has been evaluated through a sample of 188 participants, ages 14-21, who had received team planning in that prior year. The participants covered a diverse population sample; however, the majority of the participants were seen to be white males, at the age of 16 years old with a median household income. These youth had been diagnosed with a range of mental health disorders, the most common being ADHD, depression, and bipolar disorder, and a diverse living situation, such as living with parents, in foster care or

residential treatments. Together, the "results of this initial study show evidence of a clear factor structure and good reliability for the two measures" (Walker & Powers, 2007).

When it comes to evaluating the effectiveness of the MyPOV app in regard to improving empowerment and self-determination, foster youth will complete an adapted version of the YES and YPP scale, called Foster Youth Empowerment/Efficacy and Planning scale (FYEP). The FYEP scale pulls survey questions directly from YES and YPP; however, these questions have been rephrased to focus on the foster youth population (see Appendix A). Additionally, the FYEP scale has restructured all reverse scoring questions and removed prompts that are not applicable to the foster youth population or the variables being measures. The FYEP scale will be conducted on a quarterly basis, around every twelve weeks, starting in week three of the child's stay in care. All questions are written in ordinal format, with five representing *always or almost always* and one representing *never or almost never.* Completed surveys will include a cumulative score, which totals the response from each question. As a youths' length of stay in the child welfare system increases, the cumulative score should become higher than the prior test. A continuation of increasing scores will indicate higher levels of empowerment and self-determination are being seen amongst foster youth participants. While each youth will be given this scale at the start of their programming and throughout their stay in care to show trends in increased empowerment, other factors will also indicate the success of the MyPOV program. Such outcomes of a prosperous outcome may also include less disruption in cases and improved communication between clients and providers. These measurements will be calculated by monthly reports from case workers.

Strengths and Limitations

The multi-access-point intervention showcases three immediate strengths. The first presented strength is the high percentage of anticipated usage by AGAPE's clients. In the United States, almost "92% of people have their own personal smartphone and 85% of time spent on smartphones is spent using apps" (Flynn, 2023). While most of the information included in the app can be found elsewhere, such as online or paper pamphlets, creating an organized and central location for critical resources will allow all clients, but notably foster youth, to have easy access to crucial knowledge. Furthermore, with the booming era of technology, creating a safe online environment for foster youth to engage with their case is pivotal for connecting with the current generation. A second strength that can be found within the proposed intervention is that no other professional app is currently being used to support youths within the child welfare system. It is for this reason this app has the potential to be the only cellular app actively support foster youth and secondary clients. The third strength this proposal has is the easy transferability to other organizations and government agencies. Even though this project is aimed to specifically support clients involved in AGAPE's social services program, this proposal reveals applicability to other agencies serving similar populations (e.g., Department of Children Services, Camelot Care Center, The Omni Family, Youth Villages, etc.).

While there are more strengths that surround this proposal than what has been mentioned above, there are inevitable limitations that will occur despite having a well-rounded intervention and thoroughly executed implementation. First and foremost, the most pressing limitation is the financial cost of building MyPOV. The suggested cost of creating this platform has the potential to reach tens of thousands of dollars, which is beyond the scope of AGAPE's financial capacity. Moreover, the app building process requires a multitude of highly skilled professionals in the app

development field that are willing to have a long-term commitment to the project. For these reasons, it is likely that developing and maintaining the MyPOV app will be dependent on financial aid from grants within the professional field. A second limitation that is relevant to the introduction of the MyPOV app is the accessibility for clients who are not in possession of a cellular device or readily available internet connectivity. Even though research does indicate that a majority of Americans have access to these resources, many of the clients that AGAPE works alongside are part of the lower to middle economic class. While a web-browser format is part of the ultimate plan for MyPOV, it is important to ensure that accommodations are made for clients who will be unable to access the app entirely.

Implications for Practice

The number of youths involved in the child welfare system is alarming and unsettling. When this number is compounded with secondary clients, the cumulation of people interacting in the best interest of the child can become overwhelming. Even though these individuals intend to advocate on behalf of the child so goals can be met, power is often stripped away from the youth during this process. As time goes on, youth become increasingly dependent and more disempowered as they get lost in the chaos that is foster care. By introducing the MyPOV app, helping professionals can encourage foster youth, along with secondary clients, to advocate on behalf of themselves. However, before this self-advocacy process may begin, clients must have a clear understanding of their rights and options within the child welfare system. The curricula aspect of MyPOV will address this educational barrier and will be reflected in higher levels of age-appropriate self-determination amongst foster youth and secondary clients.

If the concerns of disempowerment and low self-efficacy are not addressed within the foster youth population, the outcomes could be detrimental and potentially deadly. Thorough research reveals that foster youth often experience homelessness, incarceration, or death during or after their stay in foster care. Furthermore, foster youth often attain a lower educational level than their counterparts, "with only 50% of youth completing high school and 10% completing a four-year degree" (Robles, 2022). As a direct effect, this means that foster youth have a higher likelihood of experiencing poverty, drug usage and family/domestic violence. Without reinforcing self-efficacy and increasing the self-advocacy skills of youth within the child welfare system, foster youth will continue to experience barriers preventing healthy and successful lives.

While these implications may be astounding and pressing for helping professionals, the MyPOV app can be a starting point for making these changes. As mentioned previously, this new app will hold a variety of features that will attack various challenges within this government system. Through this single online space, foster youth will be able to receive education on their client rights, their current status within the child welfare system, and have access to what options are available to them as individuals with legal rights. Through these various services the app will offer, helping professionals can come alongside foster youth to act as empowerees and advocates to ensure these youth develop strength-based skills, such as self-determination and positive coping, that will enable foster youth to not only survive, but thrive, while in the child welfare system.

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Appendix A

Foster Youth Empowerment and Planning Scale

Foster Youth Empowerment and Planning Scale					
	Always or almost always	**Mostly**	**Sometimes**	**Rarely**	**Never or almost never**
SELF					
1. I focus on the good things in life, not just the problems.	**5**	**4**	**3**	**2**	**1**
2. I make changes in my life so I can live successfully with my emotional or mental health challenges.	**5**	**4**	**3**	**2**	**1**
3. I feel I can take steps towards the future I want.	**5**	**4**	**3**	**2**	**1**
4. I know how to take care of my mental or emotional health.	**5**	**4**	**3**	**2**	**1**
5. When problems arise with my mental health or emotions, I handle them pretty well.	**5**	**4**	**3**	**2**	**1**
6. I feel my life is under control.	**5**	**4**	**3**	**2**	**1**
SERVICE					
7. When a service or support is not working for me, I take steps to get it changed.	**5**	**4**	**3**	**3**	**1**
8. I tell service providers what I think about services I get from them.	**5**	**4**	**3**	**2**	**1**
9. I believe that services and supports can help me reach my goals.	**5**	**4**	**3**	**2**	**1**
10. My opinion is just as important as service providers' opinions in deciding what services and supports I need.	**5**	**4**	**3**	**2**	**1**
11. I know the steps to take when I think that I am receiving poor services or support.	**5**	**4**	**3**	**2**	**1**
12. I understand how my services and support are supposed to help me.	**5**	**4**	**3**	**2**	**1**
13. I work with providers to adjust my services or supports so they fit my needs.	**5**	**4**	**3**	**2**	**1**
PLANNING					
14. During planning, I have plenty of opportunities to express my ideas.	**5**	**4**	**3**	**2**	**1**
15. I understand what is in my plan.	**5**	**4**	**3**	**2**	**1**

16. I help decide what is on the agenda for my team meetings.	**5**	**4**	**3**	**2**	**1**
17. Team members have specific tasks to do for my plan.	**5**	**4**	**3**	**2**	**1**
18. During planning, we make changes to my plan based on my ideas.	**5**	**4**	**3**	**2**	**1**
19. I get an up-to-date copy of my plan.	**5**	**4**	**3**	**2**	**1**
20. Before a meeting, I am able to get answers to any questions I have about my participation in the meeting.	**5**	**4**	**3**	**2**	**1**
21. My plan fits with my background and values.	**5**	**4**	**3**	**2**	**1**
22. Before a meeting, someone helps me decide how I want to express my ideas to the team.	**5**	**4**	**3**	**2**	**1**
23. I get to make decisions about the best way to reach the goals in my plan.	**5**	**4**	**3**	**2**	**1**
24. Before a team meeting, I am told about all the topics that will be on the agenda.	**5**	**4**	**3**	**2**	**1**
25. Team members report to me about what they are doing for my plan.	**5**	**4**	**3**	**2**	**1**
26. I understand everything that is decided while we are working on my plan.	**5**	**4**	**3**	**2**	**1**
27. I help decide who is invited to my meetings.	**5**	**4**	**3**	**2**	**1**
28. My plan helps me see that I can use my skills and abilities to reach my goals.	**5**	**4**	**3**	**2**	**1**
29. During a meeting, the team makes clear decisions about who will do what for my plan.	**5**	**4**	**3**	**2**	**1**
30. My plan is more about what I want than about what other people want.	**5**	**4**	**3**	**2**	**1**
31. Team members follow through on what they have agreed to do for my plan.	**5**	**4**	**3**	**2**	**1**
32. Someone from the team helps me plan the things I want to say at the meeting.	**5**	**4**	**3**	**2**	**1**
33. My plan includes the goals that are most important to me.	**5**	**4**	**3**	**2**	**1**
CUMULATIVE SCORE					