Reproductive and Sexual Health for Children in Foster Care

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Agenda

• What is LA RHEP?
• Background on reproductive health and prevention of unintended pregnancy among foster youth
• Rights of youth in care
• Responsibilities of social workers and caregivers
• New law: Senate Bill 89
• Having Sexual Health Conversations
• Available Services in California
• Resources and additional information
What is LA RHEP?

LA RHEP is a partnership of adult advocates and foster youth working to dismantle systemic barriers in an effort to improve access to sexual and reproductive health care services for youth in care.
The LA RHEP Leadership Team
Our Goals

To develop a resilient collective impact campaign.

Increase foster youth’s access to reproductive & sexual health care & information.

Significantly reduce unintended pregnancies experienced by foster youth in LA County.
Reproductive and Sexual Health Disparities for Youth in Foster Care
California has grown a rich network of sexual and reproductive health information and services to address adolescent needs

**Highlights:**
- Mandatory comprehensive sexual health education in public middle and high schools
- Consent rights that allow adolescents who need it to confidentially access care
- A network of clinics, specially trained to address adolescent needs
- Public funding streams for sexual health services to ensure free access
- State agencies coordinating coverage, and
- Trustworthy information for teens and adult caregivers

(c) LA Reproductive Health Equity Project for Foster Youth
Services and programs have effectively reduced pregnancy for teens overall

Teen birth rate in CA down 77% since 1991

Greatest percent reduction in US, along with CT and MA

https://powertodecide.org/what-we-do/information/national-state-data/california

(c) LA Reproductive Health Equity Project for Foster Youth
Yet, almost 50% of females in foster care in CA will have been pregnant at least once by age 19.

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 and at Age 19 (2014, 2016).

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### Are these pregnancies intended?

#### Young women in foster care at age 17:

<table>
<thead>
<tr>
<th>Wanted to become pregnant:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely no</td>
<td>30%</td>
</tr>
<tr>
<td>Probably no</td>
<td>14%</td>
</tr>
<tr>
<td>Neither wanted nor didn’t want</td>
<td>26%</td>
</tr>
<tr>
<td>Probably yes</td>
<td>18%</td>
</tr>
<tr>
<td>Definitely yes</td>
<td>7%</td>
</tr>
</tbody>
</table>

#### Young men in foster care at age 17:

<table>
<thead>
<tr>
<th>Wanted partner to become pregnant:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely no</td>
<td>31.8%</td>
</tr>
<tr>
<td>Probably no</td>
<td>11.7%</td>
</tr>
<tr>
<td>Neither wanted nor didn’t want</td>
<td>23.1%</td>
</tr>
<tr>
<td>Probably yes</td>
<td>16.5%</td>
</tr>
<tr>
<td>Definitely yes</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

24.3% report using contraception at last pregnancy

23.3% report using contraception at last pregnancy

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 (2014).

(c) LA Reproductive Health Equity Project for Foster Youth
Of foster youth surveyed at 17 who reported pregnancy:

- Live Birth: 42.70%
- Stillbirth or Miscarriage: 35.80%
- Abortion: 11.80%

42% report miscarriage or stillbirth.

 Miscarriage rate for females age 15-19 in US in 2010 was just 15 percent.

20.7% of foster youth never received prenatal care

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 (2014).

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What are the implications of unintended pregnancies among foster youth?

At age 19, of those who had not enrolled in higher education, 30% cited the need to care for children as a major barrier to returning to school.

At age 24, having a child reduced a woman’s odds of being employed by 30%—even after holding education attainment constant.

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.*

*Remember that foster youth are already involved and supervised by the child welfare system.
Foster Youth Face Unique Barriers

Foster youth were more than twice as likely to report not using contraception during intercourse in the last year (32.7% vs. 14.8%)

Just a third of child welfare workers reported that they felt adequately trained on this topic. Many report that it has not been clear who is responsible for sexual health.

- School and placement instability
- Non-public school
- Waivers

California Planned Parenthood v. Promesa Behavioral Health
Rights of Youth in Care Related to Sexual and Reproductive Health
Children & Youth in Foster Care Share the Same Reproductive Rights as all Youth in California

The right to **consent to or decline medical** care (without need for consent from a parent, caregiver, guardian, social worker, probation officer or the court) for

1. The prevention or treatment of pregnancy, including contraception, at any age (except sterilization)
2. An abortion, at any age
3. Diagnosis and treatment of sexual assault, at any age
4. The prevention, diagnosis, and treatment of STIs and HIV, at age 12 or older

All rights are listed with legal and regulatory citations in ACL 16-82

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The right to patient **confidentiality** regarding medical services and records including those listed on previous slide unless there is written consent to disclosure or through court order.

* Youth has a right to withhold consent to disclosure

The right to **privacy for examination** or treatment by a medical provider, unless the youth specifically requests otherwise.

* * * 

**All rights are listed with legal and regulatory citations in ACL 16-82**
What does the right to confidentiality 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.**

• Youth may ask their doctor before receiving care if the doctor will maintain confidentiality.

• Youth has the right to withhold consent to disclosure.

*All rights are listed with legal and regulatory citations in ACL 16-82*
Case: Inez

Inez is a fourteen year-old youth in foster care. Her foster parent brings her to her regularly scheduled doctor’s visit. When Inez is called into the exam room, her foster mom joins her.

The provider explains that every youth receives a few minutes alone with the provider and that the provider will be asking foster mom to step outside in a little bit. Foster mom says that she is required to be with Inez at all times and that she will not leave.

What are Inez’s rights to care?
Case: Inez

After the provider explains the importance of private time for Inez, Inez’s foster mom does agree to step out. Inez expresses interest in birth control.

The provider explains that Inez can get contraception on her own, but, if she got a prescription, the doctor would have to tell Inez’s foster parent and include this information in the paperwork that goes back to child welfare. Inez says “Never mind then.”

What are Inez’s rights to confidentiality?
Children & Youth in Foster Care also Have Special Rights

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.

All rights are listed with legal and regulatory citations in ACL 16-82

(c) LA Reproductive Health Equity Project for Foster Youth
Children & Youth in Foster Care also Have Special Rights

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.”

The right to obtain, possess and use the **contraception** of their choice, including condoms

• “Group home and short-term residential therapeutic program (STRTP) staff may not confiscate a youth’s contraception as part of its disciplinary program.”

All rights are listed with legal and regulatory citations in ACL 16-82

(c) LA Reproductive Health Equity Project for Foster Youth
Children & Youth in Foster Care also Have Special Rights

The right to have **private storage space** and to be free from unreasonable searches of his or her personal belongings.

The right to receive **medical services** and to choose his or her own health care provider.

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.

*All rights are listed with legal and regulatory citations in ACL 16-82*

(c) LA Reproductive Health Equity Project for Foster Youth
Obligations of Caseworkers and Caregivers to Support Healthy Sexual Development

Source: CDSS, A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention (2017); CDSS ACL 16-88; Welfare and Institutions Code 16501.1(g)(20),(21)
Required Responsibilities of Caseworkers

- **Inform** youth of their rights upon entry into foster care and at least once every six months
  - “…ensuring the youth understands their rights based on their age and developmental level.”

Provide **access** to age-appropriate medically-accurate, and culturally sensitive information about all of the following:
- Sexual development
- Reproductive and sexual health care
- The prevention of unplanned pregnancies
- Use of birth control
- Abortion
- The prevention and treatment of sexually transmitted infections (STIs)

(c) LA Reproductive Health Equity Project for Foster Youth
Required Responsibilities of Caseworkers

- Inform foster youth of their right to consent to sexual & reproductive health care
- Ensure barriers to services are addressed in a timely and effective manner
- Inform foster youth of their rights to confidentiality and written consent prior to any disclosure(s)
- Ensure youth are up-to-date on their annual medical appointment
- Ensure personal biases and/or religious beliefs are not imposed upon foster youth

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Addressing Barriers to Care

Some examples of typical barriers the youth have faced:

• Youth is unaware of their insurance information or doesn’t have a copy of his/her medical card
• Youth doesn’t know how to schedule a sexual health doctor’s appointment or is too embarrassed
• Youth doesn’t have transportation to a medical appointment
• Youth reports that placement prohibits or confiscates contraception
• Youth reports that placement refuses to let youth seek sexual health care at preferred provider
• Regular care provider doesn’t feel trustworthy to youth
Case: James

James, a fifteen year-old foster youth, shares with his case manager during a monthly check in that he wants to go to the doctor to be examined for an STI, but the only appointments available are during school hours. He tells his case manager that he is embarrassed and doesn’t want to tell his foster parent why he is seeing the doctor. He is unsure how to be excused from class without a note from his foster parent. He asks the case manager if he should just skip school so that he can see the doctor.

What is the Case Manager required to do?

Case: Carmen

Carmen, a county social worker, finds that her personal beliefs are conflicting with her roles and responsibilities as a social worker. Carmen believes that homosexuality is a sin and is working with Staci, a fourteen year-old youth who identifies as lesbian. Staci frequently asks Carmen questions about safe sex and relationships which make Carmen feel very uncomfortable.

What is the Case Manager required to do? What are best practices?

Personal Biases and/or Religious Beliefs

The case manager:

• Shall not impose their personal biases and/or religious beliefs upon the foster youth.
• Shall not sway, force, judge or coerce foster youth
• Should show respect and professionalism
• Should work with youth in culturally inclusive and trauma informed way


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Required Responsibilities of Resource Families and Residential Facilities

- Use Reasonable and Prudent Parent (RPP) standard to support the healthy sexual development of youth
- Assist the youth and/or NMD access health services
- Communicate with the caseworker if referrals must be made or they require assistance accessing resources and services
- Maintain the youth’s privacy and confidentiality
- Direct youth to reliable sources of information
- Arrange for timely transportation to health-related services
- STRTPs must provide a locked storage container to all youth so they may store condoms, birth control, emergency contraception pills etc.

Source: CDSS ACL 16-88, California Plan to Address Unintended Pregnancy (c) LA Reproductive Health Equity Project for Foster Youth
Case: Theresa

Theresa, a sixteen-year old foster youth, has shared with her foster parent that she is pregnant and wants to terminate her pregnancy. Theresa has scheduled an appointment for an abortion and asked her caregiver to drive her. The caregiver shares with Theresa’s social worker she is not comfortable with taking Theresa to an appointment for an abortion. Theresa’s social worker feels it is the caregiver’s responsibility to transport Theresa to the appointment.

What are the obligations of the caseworker and caregiver?

Important New Law: SB 89 (effective 7/2017)

Case Plan Provision: New requirements to document that certain activities have been completed

Training Provision: New training requirements for social workers, caregivers and judges.
Case Plan Provision: Child Welfare Worker Must Indicate in the Case Plan

Youth has received the required comprehensive sexual health education in school, at least once in middle school and at least once in high school

- Applies to youth 10 years of age or older and NMDs
- If the youth/NMD did not receive the instruction in school, that case plan shall document how the county will ensure that they receive the education

(c) LA Reproductive Health Equity Project for Foster Youth
Comprehensive sexual health education in CA schools

California Health Youth Act (CHYA), enacted 1/1/16

15 Teaching Criteria
(partial list below)

- Age appropriate
- Medically accurate and objective
- Affirmatively recognize that people have different sexual orientations
- Teach pupils about gender, gender expression, gender identity
- Accessibility for disabled youth
- Culturally sensitive and appropriate for all ethnic backgrounds
- And more!

16 Required Topics
(partial list below)

- Nature of HIV
- Effectiveness and safety of all FDA approved methods that prevent or reduce the risk of contracting HIV and other STIs
- Objective discussion of all legally available pregnancy outcomes
- Sexual harassment, sexual assault, sexual abuse, and human trafficking
- Adolescent relationship abuse and intimate partner violence
- And more!

Full list of requirements: Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Ed. Code

(c) LA Reproductive Health Equity Project for Foster Youth
Common Barriers Faced By Foster Youth In Receiving the Required Comprehensive Sexual Health Education (California Healthy Youth Act)

- School Instability
- Placement Changes
- Attendance at Non Public Schools
- Waiver for Religious Reasons

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Child Welfare Worker Must Also Document

That they have Informed youth 10 years and older and NMDs of:

- Their **right to access** age-appropriate, medically accurate information about reproductive and sexual health care.
- Their **right to consent** to sexual and reproductive health services and his or her confidentiality rights regarding those services.
- **How to access** reproductive and sexual health care services and facilitated access to that care including removing any **barriers** to care.

*These rights aren’t new!*

*But requiring these activities have been completed to be documented in the case plan annually is!*
SB 89 Training Provision

Three groups are required to be trained:

Caregiver

Social Worker

Judge

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Training is required to include:

1. The **rights** of youth and nonminor dependents in foster care to sexual and reproductive health care and information, to confidentiality of sensitive health information, and the reasonable and prudent parent standard.

2. How to **document** sensitive health information

3. The **duties and responsibilities** of the assigned case management worker and the foster care provider in ensuring youth and nonminor dependents in foster care can obtain sexual and reproductive health services and information.

4. Guidance about **how to engage and talk** with youth and nonminor dependents about healthy sexual development and reproductive and sexual

5. Information about current **contraception methods**
Having Sexual Health Conversations

1. Supportive relationships between the youth and a caring **trusted adult**.
2. Comprehensive, **accurate information** from reliable sources about healthy relationships, safety, sex, reproductive health, pregnancy and contraception.
3. Motivation to make careful decisions is tied to the ability to envision a **bright future**.
4. Access to **tools and services** that allow them to realize their decisions
Effective Communication with Youth

- **Do:**
  - Stress positive attributes of teen, praise good work
  - Deliver clear messages
  - Treat his or her comments seriously, resolve conflicts together
  - Inform communication by reflecting on your own experiences as a teen
  - Keep sense of humor

- **Don’t:**
  - Compare with other teens
  - Lecture or moralize
  - Be judgmental or overly critical
  - Engage in power struggles
Communicating with Youth from Youths’ Perspective

• Use broad open questions
• Watch physical cues for signs of anxiety or stress
• Don’t assume we are all sexually active and don’t assume we are not - we are not homogenous
• Some of us may already have experienced something nonconsensual
• Don’t set a lower bar for us just because we are in foster care
• Make sure there are no language barriers. Did youth really understand?
Available Services in California
Available Services in CA

STD screening, Prenatal and Abortion for Teens

- Insurance must pay.
- No co-pay in Medi-Cal.
- **No-cost access to PrEP** (pre-exposure medication to reduce risk of HIV infection)

**Sexual health education and guidance**

- Federal and state funding pays for online resources
- State law requires public schools to provide comprehensive medically accurate sexual health education at least once in middle and once in high school

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Where to find services and clinic referrals?

In addition to a youth’s own Medi-Cal provider, there are over 2,200 public and private clinics, health centers, and providers across the state with FamilyPACT and Title X funding to support access to free confidential sexual and reproductive health care and information for adolescents.

www.TeenSource.org
Broad Insurance Coverage

Birth Control for Teens

• Public and private insurance must pay for ALL METHODS.
• Must be free, no co-pays.
• Can request 12 month supply of pills, patches and rings at one time

• Free CONDOMS for teens through Condom Access Project via www.teensource.org
# Adolescent sexual development—What is normal?

<table>
<thead>
<tr>
<th>STAGE</th>
<th>FACTS</th>
</tr>
</thead>
</table>
| **Early Adolescence** | • Puberty/concern with body changes and privacy  
• Development of first crush  
• Sexual fantasies common  
• Sexual intercourse not common before age 13 |
| Females: 9-13 years old  
Males: 11-15 years old |                                                                      |
| **Middle Adolescence** | • Increasing concern with appearance  
• Peer influence strong  
• Dating/Experimentation with relationships and sexual behavior common  
• Sexual behavior doesn’t always match orientation |
| Females: 13-16 years old  
Males: 15-17 years old |                                                                      |
| **Late Adolescence** | • Firmer and more cohesive sense identity  
• Ability to establish mutual trusting relationships  
• More abstract thinking |
| Females: 16-21 years old  
Males: 17-21 years olds |                                                                      |


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## Foster Youth Face Unique Circumstances and Risks

<table>
<thead>
<tr>
<th>STAGE</th>
<th>General Population Facts</th>
<th>Things to know about youth in care</th>
</tr>
</thead>
</table>
| Early Adolescence      | • Puberty/concern with body changes and privacy  
• Development of first crush  
• Sexual intercourse not common before age 13                                                                                                               | • Youth who have experienced trauma may enter puberty up to a year earlier than peers.  
• Twice as likely to identify as LGBTQ                                                                                                                                                                                   |
| Middle Adolescence     | • Dating/Experimentation with relationships and sexual behavior common  
• 27% 15-17 year olds have had sex  
• 11% report forced sex before age 19                                                                                                                       | • About 20% of female foster youth and 7% of males report sexual molestation while in care  
• 49% report forced sex at some point before age 19  
• 52% foster youth ages 15-17 report having had sex                                                                                                          |
| Late Adolescence       | • Ability to establish mutual trusting relationships                                                                                                                                                                       | • The majority of sexually trafficked youth are involved in child welfare  
• Over 90% of foster youth are youth of color. Many youth face intersectional bias and discrimination.                                                                                                                   |
# Intersecting obligations of caregivers and workers to meet youth needs and honor their rights

<table>
<thead>
<tr>
<th>Service need/right of youth</th>
<th>Caregiver obligation</th>
<th>Caseworker obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation to appointment</td>
<td>Shall facilitate transportation</td>
<td>In collaboration with foster caregiver, ensure barriers to care are addressed.</td>
</tr>
<tr>
<td>Access to medically accurate, age appropriate, culturally sensitive sexual health information</td>
<td>In consult with caseworker, ensure youth in long term care receive information</td>
<td>Shall provide access to age appropriate medically accurate information about services and rights</td>
</tr>
<tr>
<td>Confidentiality and consent rights</td>
<td>Respect private storage space as it relates to reproductive health</td>
<td>Shall inform youth of their consent and confidentiality rights</td>
</tr>
<tr>
<td></td>
<td>Respect confidential appointments</td>
<td>Appropriately document</td>
</tr>
<tr>
<td>Appointments</td>
<td>Shall ensure youth receive annual health exams</td>
<td>Shall ensure youth are up to date on annual health exams</td>
</tr>
<tr>
<td>Neutral, nonbiased information and support for healthy sexual development</td>
<td>Shall not impose personal biases. Shall use reasonable and prudent parent standard to support normalcy</td>
<td>Shall not impose personal biases. Shall ensure barriers to care and information are addressed.</td>
</tr>
</tbody>
</table>

Sources: CDSS ACL 16-88, Not all obligations are listed in this chart

(c) LA Reproductive Health Equity Project for Foster Youth
All children and youth in California have these rights – even yours!

Foster youth don’t “lose them” when they become dependents

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See www.TeenHealthLaw.org
Resources for Professionals

- **LA RHEP:** [www.fosterreprohealth.org](http://www.fosterreprohealth.org)

- **National Council of Juvenile and Family Court Judges,** [www.ncjfcj.org](http://www.ncjfcj.org)  (775) 784-6012
  - “When You Decide,” A Judge’s Guide to Pregnancy Prevention Among Foster Youth (includes checklists)
  - Critical Judgment: How Juvenile and Family Court Judges Can Help Prevent Teen and Unwanted Pregnancy
  - Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency

- **Public Health Institute,** [www.phi.org](http://www.phi.org)  (510) 285-5500
  - Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties
  - No Time for Complacency, Sexual Health Needs of California’s Foster and Transitioning Youth, Spring 2009

(c) LA Reproductive Health Equity Project for Foster Youth
Resources for Professionals

- **California Adolescent Health Collaborative** (a PHI project), [www.californiateenhealth.org](http://www.californiateenhealth.org) (510) 285-5712
  - Promoting the Sexual and Reproductive Health of Adolescents in Foster Care
- **National Center for Youth Law**, [www.youthlaw.org](http://www.youthlaw.org) (510) 835-8098
- **California Dept. of Social Services**, Healthy Sexual Development Project, [http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project](http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project)
- **L.A. County Department of Public Health**
  - An Epidemiologic Profile of HIV and AIDS in Los Angeles County 2009, [http://publichealth.lacounty.gov/hiv](http://publichealth.lacounty.gov/hiv)
Resources for Parents and Caregivers

- LA RHEP: [www.fosterreprohealth.org](http://www.fosterreprohealth.org)

- The National Campaign to Prevent Teen and Unplanned Pregnancy, [www.thenationalcampaign.org](http://www.thenationalcampaign.org) (202) 478-8500
  - 10 Tips for Foster Parents to Help Their Foster Youth Avoid Teen Pregnancy


- California Department of Social Services, Resources for Caregivers, [http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project/Resources-for-Caregivers-SW-PO](http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project/Resources-for-Caregivers-SW-PO)

- [TalkWithYourKids.org](http://www.talkwithyourkids.org) for caring adults (Essential Health Access)
Resources for Youth

- Teen Source, http://teensource.org
- Planned Parenthood, http://www.plannedparenthood.org
- MTV’s It’s Your Sex Life, http://www.itsyoursexlife.com
- Sex Etc. (by teens for teens), http://www.sexetc.org
- It Gets Better Project (for LGBTQ youth), http://www.itgetsbetter.org
- Go Ask Alice (Columbia University), http://www.goaskalice.columbia.edu
- www.DontThinkKnow.org
- www.bedsider.org
- LA County STD Hotline, 800-758-0880
- Text CLINIC +your zip code to 61827 to find clinics near u

(c) LA Reproductive Health Equity Project for Foster Youth
Questions?

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