

Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

AB 1120 (Elhawary) – As Introduced February 20, 2025

**SUBJECT:** Foster care: rights of foster youth

**SUMMARY:** As a provision of the Foster Youth Bill of Rights, requires the California Department of Social Services (CDSS) to provide educational resources related to grooming and hygiene products appropriate for a child's culture and ethnicity to their foster parents and others as appropriate.

**EXISTING LAW:**

- 1) States that the purpose of foster care is to provide maximum safety and protection for children who are currently being physically, sexually, or emotionally abused, being neglected, or being exploited, and to ensure the safety, protection, and physical and emotional well-being of children who are at risk of that harm. Specifies that safety, protection, and physical and emotional well-being may include the provision of social and health services to help the child and family and a balanced focus on the health and well-being of the child along with the preservation of the family. (Welfare and Institutions Code [WIC] § 300.2(a))
- 2) Declares legislative intent to, whenever possible preserve and strengthen a child's family ties and ensure that if the child is removed from their family, the state shall work to secure as nearly as possible for the child the custody, care, and discipline equivalent to that which should have been given to the child by their parents. Further, states legislative intent to reaffirm its commitment to children who are in out-of-home placement to live in the least restrictive setting and as close to the child's family as possible, as specified. (WIC § 16000(a))
- 3) Enumerates the rights afforded to all children placed in foster care, either voluntarily or after being adjudged a ward or dependent of the juvenile court. These rights also apply to nonminor dependents (NMDs) in foster care, except when they conflict with NMDs' retention of all their legal decision-making authority as an adult. The rights are as follows:
  - a) To live in a safe, healthy, and comfortable home where they are treated with respect. If the child is an Indian child, to live in a home that upholds the prevailing social and cultural standards of the child's Indian community, including, but not limited to, family, social, and political ties;
  - b) To be free from physical, sexual, emotional, or other abuse, corporal punishment, and exploitation;
  - c) To receive adequate and healthy food, adequate clothing, grooming and hygiene products, and an age-appropriate allowance. Clothing and grooming and hygiene products shall respect the child's culture, ethnicity, and gender identity and expression;

- d) To be placed in the least restrictive setting possible, regardless of age, physical health, mental health, sexual orientation, and gender identity and expression, juvenile court record, or status as a pregnant or parenting youth, unless a court orders otherwise;
- e) To be placed with a relative or nonrelative extended family member if an appropriate and willing individual is available;
- f) To not be locked in any portion of their foster care placement, unless placed in a community treatment facility;
- g) To have a placement that utilizes trauma-informed and evidence-based de-escalation and intervention techniques, to have law enforcement intervention requested only when there is an imminent threat to the life or safety of a child or another person or as a last resort after other diversion and de-escalation techniques have been utilized, and to not have law enforcement intervention used as a threat or in retaliation against the child;
- h) To not be detained in a juvenile detention facility based on their status as a dependent of the juvenile court or the child welfare services department's inability to provide a foster care placement. If they are detained, to have all the rights afforded under the United States Constitution, the California Constitution, and all applicable state and federal laws;
- i) To have storage space for private use;
- j) To be free from unreasonable searches of personal belongings;
- k) To be provided the names and contact information for social workers, probation officers, attorneys, service providers, foster youth advocates and supporters, Court Appointed Special Advocates, and education rights holder if other than the parent or parents, and when applicable, representatives designated by the child's Indian tribe to participate in the juvenile court proceeding, and to communicate with these individuals privately;
- l) To visit and contact siblings, family members, and relatives privately, unless prohibited by court order, and to ask the court for visitation with the child's siblings;
- m) To make, send, and receive confidential telephone calls and other electronic communications, and to send and receive unopened mail, unless prohibited by court order;
- n) To have social contact with people outside of the foster care system, including, but not limited to, teachers, coaches, religious or spiritual community members, mentors, and friends. If the child is an Indian child, to have the right to have contact with tribal members and members of their Indian community consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe;
- o) To attend religious services, activities, and ceremonies of the child's choice, including, but not limited to, engaging in traditional Native American religious practices;
- p) To participate in extracurricular, cultural, racial, ethnic, personal enrichment, and social activities, including, but not limited to, access to computer technology and the internet,

consistent with the child's age, maturity, developmental level, sexual orientation, and gender identity and expression;

- q) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status;
- r) To have caregivers, child welfare and probation personnel, and legal counsel who have received instruction on cultural competency and sensitivity relating to sexual orientation, gender identity and expression, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender children in out-of-home care;
- s) To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court, child welfare, medical, or vital records, to be referred to by the child's preferred name and gender pronoun, and to maintain privacy regarding sexual orientation and gender identity and expression, unless the child permits the information to be disclosed, or disclosure is required to protect their health and safety, or disclosure is compelled by law or a court order;
- t) To have child welfare and probation personnel and legal counsel who have received instruction on the federal Indian Child Welfare Act of 1978 and on cultural competency and sensitivity relating to, and best practices for, providing adequate care to Indian children in out-of-home care;
- u) To have recognition of the child's political affiliation with an Indian tribe or Alaskan village, including a determination of the child's membership or citizenship in an Indian tribe or Alaskan village; to receive assistance in becoming a member of an Indian tribe or Alaskan village in which the child is eligible for membership or citizenship; to receive all benefits and privileges that flow from membership or citizenship in an Indian tribe or Alaskan village; and to be free from discrimination based on the child's political affiliation with an Indian tribe or Alaskan village;
- v) To access and receive medical, dental, vision, mental health, and substance use disorder services, and reproductive and sexual health care, with reasonable promptness that meets the needs of the child, to have diagnoses and services explained in an understandable manner, and to participate in decisions regarding health care treatment and services. This right includes covered gender affirming health care and gender affirming mental health care, and is subject to existing laws governing consent to health care for minors and nonminors and does not limit, add, or otherwise affect applicable laws governing consent to health care;
- w) To view and receive a copy of their medical records to the extent they have the right to consent to the treatment provided in the medical record and at no cost to the child until they are 26 years of age;
- x) Except in an emergency, to be free of the administration of medication or chemical substances, and to be free of all psychotropic medications unless prescribed by a

physician, and in the case of children, authorized by a judge, without consequences or retaliation; the child has the right to consult with and be represented by counsel in opposing a request for the administration of psychotropic medication and to provide input to the court about the request to authorize medication; and, the child also has the right to report to the court the positive and adverse effects of the medication and to request that the court reconsider, revoke, or modify the authorization at any time;

- y) To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections;
- z) At any age, to consent to or decline services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services and health care services for sexual assault without the knowledge or consent of any adult;
- aa) At 12 years of age or older, to consent to or decline health care services to prevent, test for, or treat sexually transmitted diseases, including HIV, and mental health services, without the consent or knowledge of any adult;
- bb) At 12 years of age or older, to choose, whenever feasible and in accordance with applicable law, their own health care provider for medical, dental, vision, mental health, substance use disorder services, and sexual and reproductive health care, if payment for the service is authorized under applicable federal Medicaid law or other approved insurance, and to communicate with that health care provider regarding any treatment concerns or needs and to request a second opinion before being required to undergo invasive medical, dental, or psychiatric treatment;
- cc) To confidentiality of medical and mental health records, including, but not limited to, HIV status, substance use disorder history and treatment, and sexual and reproductive health care, consistent with existing law;
- dd) To attend school, to remain in the child's school of origin, to immediate enrollment upon a change of school, to partial credits for any coursework completed, and to priority enrollment in preschool, after school programs, a California State University (CSU), and each community college district, and to receive all other necessary educational supports and benefits, as described in the Education Code;
- ee) To have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for career, technical, and postsecondary educational programs, and information regarding financial aid for postsecondary education, and specialized programs for current and former foster children available at the University of California, the CSU, and the California Community Colleges;
- ff) To attend Independent Living Program classes and activities, if the child meets the age requirements, and to not be prevented by caregivers from attending as a consequence or punishment;

- gg) To maintain a bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan;
- hh) To work and develop job skills at an age-appropriate level, consistent with state law;
- ii) For children 14 to 17 years of age, inclusive, to receive a consumer credit report provided to the child by the social worker or probation officer on an annual basis from each of the three major credit reporting agencies, and to receive assistance with interpreting and resolving any inaccuracies;
- jj) To be represented by an attorney in juvenile court; to have an attorney appointed to advise the court of the child's wishes, to advocate for the child's protection, safety, and well-being, and to investigate and report to the court on legal interests beyond the scope of the juvenile proceeding; to speak to the attorney confidentially; and to request a hearing if the child feels their appointed counsel is not acting in their best interest or adequately representing their legal interests;
- kk) To receive a notice of court hearings, to attend court hearings, to speak to the judge, to view and receive a copy of the court file, subject to existing federal and state confidentiality laws, and to object to or request the presence of interested persons during court hearings. If the child is an Indian child, to have a representative designated by the child's Indian tribe be in attendance during hearings;
- ll) When a child is entitled to receive a copy of the court report, case plan, and transition to independent living plan (TILP), those items shall be provided in the child's primary language;
- mm) To the confidentiality of all juvenile court records consistent with existing law;
- nn) To view and receive a copy of their child welfare records, juvenile court records, and educational records at no cost to the child until the child is 26 years of age, subject to existing federal and state confidentiality laws;
- oo) To be involved in the development of their own case plan, including placement decisions, and plan for permanency. This involvement includes, but is not limited to, the development of case plan elements related to placement and gender affirming health care, with consideration of the child's gender identity. If the child is an Indian child, the case plan shall include protecting the essential tribal relations and best interests of the Indian child by assisting the child in establishing, developing, and maintaining political, cultural, and social relationships with the child's Indian tribe and Indian community;
- pp) To review the child's own case plan and plan for permanent placement if the child is 10 years of age or older, and to receive information about their out-of-home placement and case plan, including being told of changes to the plan;
- qq) To request and participate in a child and family team meeting, as follows:
  - i) Within 60 days of entering foster care, and every six months thereafter;

- ii) If placed in a short-term residential therapeutic program, or receiving intensive home-based services or intensive case coordination, or receiving therapeutic foster care services, to have a child and family team meeting at least every 90 days;
  - iii) To request additional child and family team meetings to address concerns, including, but not limited to, placement disruption, change in service needs, addressing barriers to sibling or family visits, and addressing difficulties in coordinating services; and,
  - iv) To have both informal and formal support people participate, consistent with state law.
- rr) To be informed of these rights in an age and developmentally appropriate manner by the social worker or probation officer and to be provided a copy of these rights at the time of placement, any placement change, and at least once every six months or at the time of a regularly scheduled contact with the social worker or probation officer;
  - ss) For a child who speaks a primary language other than English, to be provided a copy of the child's rights in the child's primary language; and,
  - tt) To be provided with contact information for the Community Care Licensing Division of CDSS, the tribal authority approving a tribally approved home, and the Office of the Foster Care Ombudsperson (OFCO), at the time of each placement, and to contact any or all of these offices immediately upon request regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints. (WIC § 16001.9)

**FISCAL EFFECT:** Unknown, this bill has not been analyzed by a fiscal committee.

**COMMENTS:**

**Background:** *Foster Youth Bill of Rights*. AB 899 (Liu), Chapter 683, Statutes of 2001, adopted California's Foster Youth Bill of Rights and required social workers and probation officers to periodically inform children of these rights in an age-appropriate manner; OFCO to, in consultation with stakeholders, develop and disseminate information on these rights; and, any facility licensed to provide foster care for six or more children to post a listing of these rights. Two previous bills — AB 2923 (Bates) of 1994, and SB 1974 (Watson) of 1996 — had sought to codify the rights of children in foster care but were vetoed by then-Governor Pete Wilson.

Proponents of AB 899 acknowledged that regulations at the time contained a number of rights of foster children, but they argued that the lists of these rights tended to vary and were not conveyed consistently to foster youth. Staff of OFCO also acknowledged that most of the rights contained in AB 899 were consistent with those provided by OFCO to youth, but experienced difficulty to uniformly convey this information. OFCO also pointed to an insufficient process of accountability when youth were not provided with this information.

The Foster Youth Bill of Rights has been amended to add and clarify rights over time, most recently with, AB 1735 (Bryan), Chapter 405, Statutes of 2022, which clarified in the Foster Youth Bill of Rights, that youth have the right to be provided a copy of the Foster Youth Bill of Rights in their primary language. The current list of rights for youth in foster care includes 41

enumerated rights, such as the right to: live in a safe, healthy, and comfortable home where they are treated with respect; be free from any abuse, including physical, sexual, emotional, or corporal punishment; receive adequate and healthy food, clothing, and, an age-appropriate allowance.

*Culturally Appropriate Hair Care.* California's child welfare system serves thousands of children and youth from diverse cultural, racial, and ethnic backgrounds. Similarly, the child welfare system is filled with resource families of diverse cultural, racial, and ethnic backgrounds. However, a child who is being taken away from their parents does not typically have a choice in the racial background of their placements. Grooming and hair care needs for foster youth vary based on their heritage. While intercultural norms might be transferrable in many areas, hair can pose different challenges. Indisputably, children with textured hair have different needs than those without textured hair to keep their hair clean, combed, and styled. "Textured hair" encompasses a wide range of hair types and textures found among people of African descent, typically characterized by curls, coils, and kinks, with varying curl patterns, thickness, and density.

When placed with caretakers of different cultural backgrounds, some foster youth can have their culturally specific hair care needs go unmet due to a lack of caregiver education, lack of understanding of the importance, resources, and in some cases, willful negligence about culturally appropriate hair care. The absence of culturally appropriate hair care can have long-lasting impacts that cause emotional distress and weaken the youth's connection to their culture and community of origin. The American Academy of Dermatologists recognizes the medical difference and importance of taking care of Black hair because Black hair is "fragile and prone to injury and damage." For example, brushing textured hair while dry will lead to breakage. Conversely, brushing non-textured hair while wet leads to breakage. So, if a resource family with opposite hair knowledge is unaware of this difference, then they could be creating long-lasting damage to the child's hair.

According to a 2023 University of Minnesota publication titled, *The Person Beneath the Hair: Hair Discrimination, Health, and Well-Being*, "Discrimination toward Black hair is pervasive in today's society. Hair discrimination is negative bias manifested toward Black natural or textured hair styles typically worn by persons of African descent."

The publication also describes how hair, beauty, self-image, and identity are inextricably linked and influence each other and notes that hair and hairstyles have been reported as an important aspect of beauty, confidence, and self-identity. The article states, "Hairstyle choice is a response to numerous factors including individual perception of beauty and its relation to dominant beauty standards. Therefore, those who believe straightened hair is 'good hair' or beautiful may choose to change their natural hair in pursuit of this beauty ideal. In contrast, some persons may decide to style their hair against their natural preferences due to 'fear of' or to prevent hair discrimination."

From the early 1800s until the late 1960s it was common practice for Native youth to be taken from their homes to attend federally sponsored boarding schools where students were forced to use English names and wear haircuts conforming to the dominant white culture as part of assimilation. In many tribal cultures, hair is considered sacred and significant to a person's identity as part of a family and community. The length and style of hair is often guided by the values of a particular family and tribe. For example, a case litigated by the California Indian

Legal Services in the Central Valley more than two decades ago, came about due to a Native youth who was required to shave his head by school administrators due to a lice outbreak on campus. According to an article published by The74million.org, “. . . in his culture, hair was sacred and only to be cut on specific occasions, usually after the loss of a loved one, so the family refused. Rather than finding a compromise, the school reported the family to child protective services for educational neglect.”

Research has shown hair discrimination can have significant effects on self-image, health, and well-being. Hair discrimination in school-age children is perpetuated through bullying, and school appearance policies and codes. Also called hair-bullying, the article notes the negative effects of bullying in school-age children include poor academic achievement and absenteeism. Bullying is also associated with poor mental health outcomes including depression, anxiety, self-harm, and suicidality. The effects of childhood bullying not only impact current health but can also persist well into adulthood.

*This bill* expands the existing right for foster youth to receive adequate and healthy food, clothing, grooming and hygiene products, and an age-appropriate allowance, plus requiring clothing and grooming and hygiene products to respect the child’s culture, ethnicity, and gender identity and expression, by also requiring CDSS to provide educational resources to foster parents related to grooming and hygiene products appropriate for the child’s culture and ethnicity.

**Author’s Statement:** According to the Author, “For foster youth, hair care is more than just grooming- it’s identity, culture, and confidence. [This bill] ensures that every child in the system has access to the products and support they need to feel seen and valued. As caregivers, we have a responsibility to honor and uplift their full identity, and this bill helps make that a reality.”

**Equity Implications:** While the racial and ethnic background of resource families (foster parents) is not widely reported in a centralized dataset, it is well established there are racial and ethnic disparities in the child welfare system. The proportions of Black and Native American youth in foster care are around four times larger than the proportions of Black and Native American youth in California overall. As a result of this overrepresentation, it is likely that a youth could be placed with a family who has a different racial and/or ethnic background from them. The provisions of this bill aim to address the fundamental rights of foster youth to access culturally appropriate hair care that addresses their specific needs.

*This bill* seeks to improve outcomes for foster youth by providing education for foster parents on culturally appropriate hair care practices. By ensuring that youth in foster care receive hair care that aligns with their cultural, racial, and ethnic identities, *this bill* aims to reduce mental health challenges related to self-confidence and to foster better communication between youth and their caregivers.

A child already undergoing the distress of entering the child welfare system should not also stress about their basic hygiene.

#### **RELATED AND PRIOR LEGISLATION:**

*AB 1735 (Bryan), Chapter 405, Statutes of 2022*, see comments above.



***AB 175 (Gipson), Chapter 416, Statutes of 2020***, expanded the rights of foster youth, including: enumerating the right to receive grooming and hygiene products regardless of sexual orientation and gender identity; adding substance use disorder services among other currently required health-related resources to be provided to foster youth; and, specifying that the current right to freedom from the administration of medication or chemical substances shall be without consequences or retaliation.

***AB 2119 (Gloria), Chapter 385, Statutes of 2018***, codified the right for youth in foster care to have access to gender affirming health care and gender affirming behavioral health services, if requested.

***AB 1067 (Gipson), Chapter 851, Statutes of 2016***, required CDSS to convene a working group to develop standardized information about the rights of all foster youth.

***AB 899 (Liu), Chapter 683, Statutes of 2001***, adopted California's Foster Youth Bill of Rights.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

California Behavioral Health Association (Sponsor)  
Alum Rock Counseling Center  
El Hogar Community Services  
HealthRIGHT 360  
Hillsides Pasadena  
SISTAHFRIENDS  
Turning Point Community Programs

##### **Opposition**

None on file.

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