

CALL TO ACTION

WAYS TO
ADDRESS
TEEN
PREGNANCY
PREVENTION
AMONG
YOUTH IN
FOSTER
CARE

AUTHENTICALLY ENGAGE YOUTH IN SOLUTIONS

Youth in foster care often feel left out of the conversations and decisions that impact their everyday life—this includes conversations about their sexual health. Do not make assumptions that pregnancy is inevitable among youth in foster care. Listen to what youth have to say about their sexual and reproductive health needs and use that information to develop programs and policies. Involve youth in their own case planning process by including an explicit conversation about when and under what circumstances they might decide to have a baby. If they are not seeking pregnancy, they should be provided information about all forms of contraception, including abstinence.

INTRODUCTION

Despite historic declines in teen pregnancy in the United States, teens in foster care experience disproportionately high rates of teen pregnancy and childbearing compared to their peers. To address this critical need, we engaged more than 100 professionals in a national conversation about how to address teen pregnancy among youth in foster care. Over the course of one and a half days, we heard from former foster youth, researchers, practitioners, and policy experts about myriad strategies for improving outcomes for this important and often overlooked population.

We've identified 10 key ways that funders, decision makers, child welfare leaders, and others who are interested in improving the health and wellbeing of youth in foster care can begin to make progress on reducing teen pregnancy among youth in foster care.

TEENS IN FOSTER CARE EXPERIENCE RATES OF TEEN PREGNANCY TWICE AS HIGH AS THAT OF THEIR PEERS.

“DOES THERE HAVE TO BE AN ASSUMPTION THAT ALL FOSTER YOUTH AUTOMATICALLY PLAN TO HAVE A CHILD WHILE IN CARE? I KNOW MY SON WAS NOT PLANNED AT ALL. A CHANGE IN THE APPROACH TO HOW WE HAVE THESE CONVERSATIONS WOULD MAKE ALL THE DIFFERENCE AND IT MIGHT HAVE HELPED.”

— FORMER FOSTER CARE YOUTH PANELIST

INTEGRATE TEEN AND UNPLANNED PREGNANCY PREVENTION INTO EXISTING CHILD WELFARE PROGRAMS FOR YOUTH AND ADULTS

One key provision of the *Preventing Sex Trafficking and Strengthening Families Act of 2014* is to support normalcy for children in foster care through implementation of a “reasonable and prudent parent standard.” Normalcy refers to age- and developmentally-appropriate activities and experiences (i.e. participation in sports, field trips, and spending time with friends). A “reasonable and prudent parent standard” allow foster parents to make parental decisions that support the wellbeing of youth in foster care.

Healthy sexual development is one part of wellbeing which opens the door to integrate teen pregnancy prevention into normalcy work. This could include providing training to foster care parents about sexual and reproductive health and how to communicate with youth, discussing reproductive and sexual health with youth during

case planning, and providing youth with a list of their sexual and reproductive health care rights. Also consider broadening the scope of trainings beyond just sex and contraception; we heard from youth that they want guidance from the adults in their lives about how to form healthy relationships, what constitutes a healthy relationship, and how they can reach their future goals.

Specific education about teen and unplanned pregnancy prevention also fits well within Independent Living Programs and Transition Planning Programs. In particular, several child welfare agencies mentioned that they include evidence-based teen pregnancy prevention programming within their Independent Living Programs.

“ZERO CONVERSATION WHATSOEVER. I DIDN'T HAVE A CASE WORKER OR GAL (GUARDIAN AD LITEM) OR ANY ADULT WHO I WAS INTRODUCED TO THROUGH MY INVOLVEMENT IN FOSTER CARE WHO EVEN SAID A SINGLE WORD ON THE SUBJECT OF SEX, CONTRACEPTION, RELATIONSHIPS, PREGNANCY—ALL OF THE ABOVE.”

— FORMER FOSTER CARE YOUTH PANELIST

USE DATA TO INFORM LOCAL AND STATE POLICY AND PRACTICE AND BUILD A CASE FOR SUPPORTING PREGNANCY PREVENTION SERVICES

Despite a lack of comprehensive data collection on pregnant and parenting teens in state or county child welfare systems, there are at least three studies that can be used now to inform policies and practices and build a case for support.

ON AVERAGE, BIRTHS TO ADOLESCENTS IN FOSTER CARE WERE **60% HIGHER** THAN THE GENERAL POPULATION

3

INTEGRATE DATA COLLECTION AND ANALYSIS ON PREGNANT AND PARENTING YOUTH IN CARE INTO CURRENT CHILD WELFARE CASE MANAGEMENT SYSTEMS

A key challenge to addressing teen pregnancy among youth in foster care is the lack of consistent and comprehensive data on pregnancy and parenting youth. For the first time, the *Preventing Sex Trafficking and Strengthening Families Act of 2014* (sec. 115) requires states to include the number of children in foster care who are pregnant or parenting in their annual reports. While this Act requires data reporting, it does not specify how best to collect such data. States and localities will need to determine how to efficiently integrate this data collection requirement into existing data collection systems and provide case managers with training to ensure data quality.

- ✦ **The Midwest Study.** A longitudinal study of young people transiting out of care in Iowa, Wisconsin, and Illinois found that young people in care were more than twice as likely to ever be pregnant by age 19 as youth not in care.
- ✦ **Data linking from California.** The Children's Data Network at the University of Southern California used California birth records and Child Protective Services (CPS) data to determine population level birth rates in California among current and past system-involved youth as well as looking at health and safety outcomes among children born to adolescents in care. On average, births to adolescents in foster care were 60% higher than the general population. The birth rate also increased with age suggesting that states providing extended foster care will need to address both prevention and support services to fully meet the needs of youth in extended foster care. Researchers also found that the rate of maltreatment of children born to young women in foster care was two times higher than for children born to youth not in care.

CONVENE LOCAL AND STATE EXPERTS ON HOW BEST TO PUT UNPLANNED PREGNANCY PREVENTION POLICIES INTO PRACTICE

One example of putting a state-level policy into practice comes from California. In 2013, CA enacted a statewide policy, Senate Bill 528, requiring child welfare systems to inform youth in foster care about their reproductive and sexual health care rights. Based on this state-level mandate and in partnership with community organizations, Orange County Social Services Agency developed a Reproductive Health and Parenting Policy that clarifies the roles and responsibilities of social workers, caregivers, and the child welfare agency in providing information about reproductive and sexual health services and youth's rights as well as access to such services. Every six months, child welfare staff must inform youth of their rights to access services and provide information about reproductive and sexual health. Child welfare staff and caregivers must attend trainings that support the implementation of such policy.

+ Power Through Choices (California, Maryland, Oklahoma). A randomized control study to test the efficacy of the updated and expanded Power Through Choices (PTC) teen pregnancy prevention curriculum found that youth living in group homes had much higher rates of risky behavior than expected. Nine out of 10 youth in PTC reported some lifetime experience with sexual intercourse. One in three reported their first experience with sexual intercourse before the age of 13 years old. The majority of the youth in PTC have had three or more sexual partners in their lifetime and one-third reported not using a condom in the past three months. All of these results are higher than national averages. (Data presented here is published in The Impact Report from the Evaluation of Adolescent Pregnancy Prevention Approaches: Power Through Choices report.)

All three research studies illustrate the high need for sexual health and pregnancy prevention programs for youth in foster care. As states collect data on the incidence and prevalence of pregnant and parenting teens in their states and counties, these data should be used to guide decisions about prevention programs and support services.

DEVELOP NEW EVIDENCE-BASED PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE THAT ARE TRAUMA-INFORMED, INCORPORATE THERAPEUTIC MODELS LIKE MOTIVATIONAL INTERVIEWING, AND HELP YOUTH EXPLORE HEALTHY RELATIONSHIPS

Of the 37 evidence-based teen pregnancy prevention programs on the HHS *Teen Pregnancy Prevention Evidence Review* only one program has been adapted to youth in foster care—*Making Proud Choices for Youth in Out-of-Home Care*. While other programs, such as *Power Through Choices*, are currently undergoing a rigorous evaluation, there is still a dearth of available programs focused on this population.

New and innovative programs need to be developed, or current programs need to be adapted, to meet the needs of youth in foster care. New programs should keep in mind that there is a growing set of older and already parenting youth in foster care, and should address the needs of youth in extended foster care as well. In addition, programs should be trauma-informed, incorporate therapeutic models, and include information about healthy relationships. These programs should be developed in such a way that they recognize the transient nature of youth in foster care and provide information that is easily accessible and meets the full needs of youth in care including an exploration of why youth in care might want to have a baby.

“AS A CHILD IN FOSTER CARE THERE WAS A REASON I ENTERED FOSTER CARE. IT WAS BECAUSE OF THE LACK OF HEALTHY RELATIONSHIPS AROUND ME OR WITH ME. SO HOW WAS I EVER GOING TO HAVE A HEALTHY RELATIONSHIP FOR MYSELF? THESE WERE THE MESSAGES I RECEIVED.”

— FORMER FOSTER CARE YOUTH PANELIST

ENSURE THAT EACH YOUTH IN FOSTER CARE HAS A TRUSTED ADULT IN THEIR LIFE WHO IS ABLE TO TALK TO THEM ABOUT REPRODUCTIVE AND SEXUAL HEALTH

Research shows the positive impact of youth having at least one trusted, caring adult in their lives. While for many youth this may be a parent, youth in foster care often do not have this connection. However, as we heard repeatedly from the former foster youth panel, there are often caring adults with whom youth develop relationships. These might be a court appointed special advocate (CASA), guardian ad litem (GAL), foster care parent, or social worker. Additional training on how to have conversations about sexual and reproductive health is important for CASAs, GALs, foster care parents, and social workers to be effective and comfortable communicating with youth about sensitive topics such as pregnancy prevention. Ongoing training on trauma and the unique needs of youth in foster care as it relates to reproductive and sexual health is also necessary.

A panel of former youth in foster care identified the following adults to help them navigate sex, contraception, and relationships:

- + Mentors
- + CASAs
- + Foster care parents
- + Grandparents
- + Guardians ad litem

“EVEN THOUGH WE NEVER SPOKE ABOUT SPECIFICS ABOUT SEX OR CONTRACEPTIVES, [MY CASA WORKER] TAUGHT ME THAT I WAS A VERY IMPORTANT PERSON. THAT I WAS A DIAMOND, THE MOST EXPENSIVE AND RARE DIAMOND AND THAT I SHOULDN'T LET ANYONE TAKE ME AWAY OR DIMINISH ME. IT'S NOT JUST ABOUT TALKING ABOUT SEX. IT'S ABOUT LETTING THE YOUTH KNOW THEY'RE IMPORTANT AND SHOULDN'T BE GIVING OUT THEIR GOODIES TO EVERYBODY.”

— FORMER FOSTER CARE YOUTH PANELIST

WORK ACROSS SYSTEMS TO INTEGRATE AND PROVIDE TEEN AND UNPLANNED PREGNANCY PREVENTION SERVICES

Child welfare agencies cannot do this work alone. Partnerships with public health, education, judicial, and private sector organizations can be beneficial for ensuring that youth have access to reproductive health services and education. For example, child welfare agencies can partner with public health departments to ensure reproductive and sexual health care services as well as evidence-based prevention programs are available and accessible to youth in foster care.

Explore the possibilities of unique partnerships. In Los Angeles a medical-legal partnership has been established to ensure youth in foster care have access to the services they need. In this partnership, a lawyer works collaboratively with medical providers to help providers understand the multiple needs of youth in foster care (food, housing, etc.) and minor consent laws as well as with youth to help them navigate the medical system. The partnership also helps to bring training to providers on confidentiality, diversity, and handling sensitive issues.

ADDRESS POLICY GAPS AT THE FEDERAL, STATE, AND LOCAL LEVEL

EXAMPLES OF POLICY GAPS THAT NEED TO BE ADDRESSED INCLUDE

- + Medicaid portability across state lines. Currently, if a person changes residence to non-Medicaid expansion state, they may not be covered in the new state. This is especially important for youth transitioning out of care and former foster youth because it is often a lengthy and cumbersome process for youth to provide documentation that they were in foster care in another state. Simplifying this process could help youth access health care services more easily.
- + Lack of childcare subsidies and prioritizing childcare assistance for parenting youth in foster care. For parenting foster care youth, not having childcare can be a barrier to achieving their goals. The Child Care and Development Block Grant, which provides childcare assistance, allows states to determine priority populations for enrollment. Only a few states have identified foster care youth as a priority. To bring more awareness of this population and their needs to states, the Office of Child Care at the U.S. Department of Health and Human Services could amend the block grant to identify children of youth in foster care as a priority population and the Office of Head Start could provide guidance to local programs to prioritize children of foster care youth for enrollment.

10

CREATE NEW PROGRAMS AND SERVICES FOR YOUNG ADULTS AND PARENTING YOUTH IN FOSTER CARE THAT FOCUS ON REPRODUCTIVE HEALTH—ESPECIALLY IN THOSE STATES THAT EXTEND FOSTER CARE TO AGE 21

In CA, approximately two in three of all first births by age 21 among youth in foster care occurred after the age of 18. This highlights the opportunity and need to provide prevention programs and services to 18–21 year-olds. It also highlights the need to provide a support system for parenting youth in foster care including housing, childcare, resources, etc. While there are no evidence-based programs for older youth, program developers should consider how to adapt and/or develop new programs for young adults in care. In addition, child welfare agencies should include reproductive and sexual health education in transitional planning and coordination (See #2).

“THERE’S NO PARENTAL SUPPORT. WE’RE FOCUSING ON TEEN PREGNANCY PREVENTION, BUT WE ALL KNOW WE’RE HERE BECAUSE IT STILL HAPPENS. BUT WHERE IS THE AFTER CARE FOR THAT? WHERE IS THE PARENTAL SUPPORT GROUP? I JUST WANT TO BE A MENTOR FOR YOUNG MOMS THAT ARE DOING THIS AND MAKING IT WORK.”

— FORMER FOSTER CARE YOUTH PANELIST

CONCLUSION

Dramatic declines in teen pregnancy and childbearing over the past two and a half decades suggest that progress is possible. As child welfare agencies and professionals continue to work to help the more than 20,000 youth who age out of foster care each year prepare for a successful transition, addressing teen and unplanned pregnancy needs to be a part of the conversation. Although pregnancy planning and prevention alone won’t solve the many challenges facing transition-age youth, attention to this issue can provide additional time for youth and young adults to participate in other services, complete schooling, and find living wage employment.

FOR MORE INFORMATION ABOUT DATA IN THIS PUBLICATION, PLEASE VISIT

- + Children’s Data Network at the University of Southern California
<http://www.datanetwork.org/research/1005>
- + Midwest Evaluation of the Adult Functioning of Former Foster Youth
<http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>
- + Power Through Choices
<http://www.powerthroughchoices.org/>

ABOUT THE AUTHORS

Becky Griesse is the Senior Manager of Programs, Jennifer Driver is the former Manager of Programs, and Katy Suellentrop is the Vice President of Programs at The National Campaign to Prevent Teen and Unplanned Pregnancy.

This publication was funded by the Annie E. Casey Foundation. We thank them for support but acknowledge that the information provided in this report is solely the responsibility of the authors and do not necessarily represent the official views of the foundation.



**1776 Massachusetts Ave NW,
Washington, DC 20036**

202.478.8500

www.TheNationalCampaign.org