

Pregnant and Parenting Youth in Foster Care

Part I: A Guide to Service Improvements

Center
for the
Study
of
Social
Policy

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Introduction

This guide offers preliminary policy and program recommendations for state, local and tribal administrators and practitioners committed to addressing the complex needs of pregnant and parenting youth in foster care. It can be used by child welfare systems and their partner agencies and organizations to assess the strengths and gaps in their current array of policies and services, and to determine priorities to achieve better results for pregnant and parenting youth in foster care and their child(ren).

The recommendations grow out of a year-long effort to examine and evaluate what states and localities are currently doing to serve this population. Equally importantly, the recommendations build on conversations and interviews with national, state and local experts. Coupled with a review of the research, this year-long effort helped to identify gaps in service delivery that must be remedied to adequately help these young parents and their children.

Based on the themes that consistently emerged during CSSP's research, the guide is divided into five sections covering the following domains:

- State Infrastructure for Service Delivery, Financing, Monitoring and Accountability
- Legal Rights, Placement and Permanency
- Physical, Socio-Emotional Health and Well-Being
- Education and Self-Sufficiency
- Engagement of Fathers

Each section contains policy and program recommendations, spotlights on existing policy, programs and resources that are consistent with those recommendations and a self-assessment checklist that can assist administrators and managers in conducting a review of their jurisdiction's efforts.

Taken together, the recommendations contained within the guide suggest a comprehensive approach for addressing the special needs of pregnant and parenting youth and their children. They are intended to improve the following set of desired results and indicators.

Young Mothers and Fathers in Foster Care and their Children are:

Healthy

- Young parents are free of substance abuse or addiction.
- Babies are born full-term and without drug exposure.
- Youth and their children meet appropriate developmental milestones.
- Youth and their children have positive peer relationships.
- Youth who are already parents do not experience a subsequent birth while in care.

Successful in School

- Youth are performing at grade level.
- Youth do not drop out of high school.
- Youth complete high school or an alternative equivalency program.
- Youth enter and complete college.
- Youth obtain a secondary credential and have access to employment.
- Children are enrolled in a preschool or early care and education program.
- Children meet educational milestones.

Safe in Their Families and Communities

- Young parents are placed with their children.
- Children, youth, and families are free of abuse or neglect.
- Youth and their children have stable placements while in care and are safely reunified or placed with permanent families.
- Youth and their children are connected to safe, stable, and affordable housing.
- Youth are connected to a family or other permanent caring adult.

This initiative also encourages the use of a protective and promotive factors framework to support healthy development for the parenting youth and their child. The following protective and promotive factors have been identified in the research literature as being connected to optimal development in both young children and in youth.¹

- **Resilience:** The ability to respond flexibly and productively to day-to-day stressors and unexpected circumstances; to persevere at difficult tasks; and to maintain hope, optimism, and effort in the face of challenges. *Young parents are supported in building their resilience as individuals and as parents.*
- **Social Connections:** The network of caring family members, friends, and trusted others who you can turn to for advice, support, and assistance. *Young parents have strong social connections with families, peers and communities.*
- **Knowledge of Development:** The understanding and appreciation of typical milestones associated with different stages of development, as well as ways to promote healthy outcomes. *Young parents have the information they need about their own development, the development of their child and how to parent effectively to support their child throughout childhood.*
- **Concrete Support:** The availability of crisis intervention and skill building services and resources. *Young parents have access to concrete supports that will promote their healthy development and allow them to secure the resources they need to care for their child.*

¹ See appendix for a more complete description of how the Protective and Promotive Factors Framework has application for working with and supporting pregnant and parenting youth and their children.

- **Developmental Competencies:** The ability to engage and master age-appropriate tasks associated with different domains of development. *Young parents have the tools and skills to support and promote their own social, emotional, cognitive, moral and physical development and the development of their children.*

Some of the policy and practice recommendations will be easily implementable by the child welfare agency. Others will require additional resources and the creation of new partnerships with schools, public health, mental health practitioners, fatherhood programs, and other public, private and community resources. We also recognize that some are more specific and others more general. While there is an intentional focus on the needs of *currently* pregnant and/or parenting youth in foster care and their young families, the strategies outlined below should be embedded within a larger jurisdictional effort to *prevent* adolescent pregnancy and promote healthy sexual behavior.

We anticipate that by partnering with jurisdictions over the next two years, we will sharpen and refine the comprehensive list of recommendations to guide the child welfare field in improving outcomes for pregnant and parenting youth and their children.

State Infrastructure for Service Delivery, Financing, Monitoring and Accountability

State child welfare systems are responsible for ensuring that all youth in foster care are safe, healthy, permanently connected to families and have the skills needed to be successful. There is an emerging recognition that designing service delivery specifically for pregnant and parenting youth in foster care is a critical part of this responsibility. State child welfare systems are thus realizing that in order to do so, it is critical to know who these youth are. Gathering and analyzing accurate data, providing needed training for staff, and shifting funding and resources for serving this population is an utmost priority. Nationally, we do not know the exact number of pregnant and parenting youth in foster care; whether these youth are receiving the services necessary to successfully parent and develop as a family; and the overall outcomes for the young parent and baby. Ensuring that jurisdictions know the numbers of pregnant and parenting youth in care within their systems is the first step toward developing services for reaching them and improving outcomes for them and their child(ren).

Recommendations

- **States, local jurisdictions and tribal entities must capture, analyze and use data to inform policy and practice.**

An essential step for understanding and adequately serving this population is knowing exactly how many youth within foster care are pregnant and parenting. Not only should workers document key demographics, outcomes and service issues related to their clients, but information

Spotlight on Policy

California enacted legislation (Welfare Institutions Code 16004.5) that requires child welfare agencies in all counties to annually collect data on the number of minors in foster care who give birth and the number of minor parents who remain in placement with their children. It also emphasizes the need to recruit, train, and retain quality foster care providers for youth in foster care who are parents and requires the department to develop a more cost-effective infant supplemental payment rate structure that adequately reimburses caregivers for the cost of infant care and teen parent mentoring.

In **Pennsylvania**, the Philadelphia Department of Human Services is implementing a protocol to collect data and on the number of pregnancies of clients in substitute care.

In **Idaho**, case plans for teen parents in the Department's custody are required to include a plan for the young child, even when that child is not in custody. The teen parent's Alternate Care Plan is expected to address the needs and future of their child. If the teen parent and child are placed separately, each will need their own Alternate Care Plan, but can share a case

must be included in the state's management information system to allow for regular and ongoing reviews of the trends in numbers and outcomes and the service needs of these young families.

➤ **Use population-specific qualitative reviews to shed light on pregnant and parenting youth, their needs, outcomes and the responsiveness of the service delivery system.**

Qualitative case record reviews can assist child welfare systems seeking to improve their ability to meet the needs of children and families. Given that so little is known about the challenges these particular youth face and the ability of the system to respond to their needs, a qualitative assessment can help augment quantitative information that the agency collects and shed light on the story behind the data. Qualitative reviews should also include an analysis of whether there is evidence in the case plan of efforts aimed at building protective and promotive factors.

➤ **States should implement the federal option to extend foster care to age 21**

States should extend foster care until age 21 for youth in their custody, an option that is especially important for youth who are pregnant or parenting. Research indicates that youth who remain in care delay parenting, are less likely to be homeless, are more likely to attend college and have a higher overall earning potential. To simultaneously meet federal requirements and promote positive outcomes, systems leaders should broadly define the conditions for young people to remain in foster care until age 21 and allow young people to re-enter care if they so choose (see next recommendation). If structured well, policies that extend benefits to age 21 can ensure continued supports for parents and their children, including access to Medicaid, opportunities for higher education, employment opportunities, transitional housing, and early childhood development opportunities. These components help to ensure that young people achieve positive outcomes, make a successful transition to adulthood, and increase the odds that they can become self-sufficient and successful in their parenting role.

➤ **Allow youth who choose to exit foster care prematurely to re-enter at any time before they turn age 21.**

A significant challenge to serving young people in foster care is the number of youth who leave care voluntarily before 21. Not surprisingly, many youth are anxious to exit the system as quickly as possible without fully understanding the repercussions of doing so. A common, and understandable, perspective of youth is that success is defined by independence from the child welfare system. Most often, young parents are committed to supporting their new family and making it on their own. They want better outcomes for their children than what they had while they were in foster care, and may feel they have learned how to achieve them simply from knowing what *not* to do. In reality, young parents take an even greater risk by emancipating early because failure to secure adequate housing, employment, etc. can threaten the safety of their children and potentially make them even more vulnerable to repeating the cycle of abuse,

neglect, and/or system involvement. System leaders can reduce these risks by adopting a flexible grace period for re-entry that is straightforward and ensures protections are in place for parenting youth that do not threaten the custody of their child(ren).

➤ **Use Title IV-E foster care maintenance payments to meet the placement needs of the children of young parents in foster care.**

Title IV-E regulations allow for a payment increase on behalf of a young parent in foster care to ensure that the needs of the infant can be met in the same foster care setting. The infant does not have to be in custody in order for the Title IV-E maintenance payment to accommodate the needs of the child. As detailed in the Federal Child Welfare Policy Manual, Section 475(4) (B) of the Act requires “that foster care maintenance payments for a minor parent in foster care cover a child of such parent if the child is placed with the minor parent. Neither the statute nor regulations require the State to have placement and care responsibility for the child in order for such costs to be included in the minor parent’s foster care maintenance payment.” It should be noted that if the foster youth is not in custody, Title IV-E administrative costs cannot be claimed on behalf of that child.

➤ **State and local training and staff development resources need to ensure that staff and resource parents have the knowledge of youth development, skills and expertise needed to support pregnant and parenting youth up to the age of 21.**

Staff and partners who have the skills to conduct developmentally appropriate discussions about sex, pregnancy prevention, health pregnancy outcomes, and healthy intimate relationships are in the best position to build trusting, secure relationships with youth. Engaging pregnant and parenting youth in meaningful assessments and service delivery requires qualified staff who have been trained to support these young adults to build, prepare and maintain their own support teams; identify appropriate placements for themselves and their children; engage in healthy relationships; and ensure their children’s healthy development. Youth should be encouraged to take the lead in their own planning and decision making. State child welfare staff must also have the administrative supports and skills to coordinate with medical practitioners, and individuals with expertise in child development, trauma-informed practice, parenting, financial literacy, career development and employment services. Case planning and appropriate teaming with resource parents and external supports and providers must be structured to support the needs of both the adolescent and the developing child, regardless of whether the child is in custody. Agencies need to recruit, train and assist resource parents who have the interest and skills to play the dual role of raising an adolescent and supporting that youth in a parenting role.

SELF ASSESSMENT CHECKLIST: STATE INFRASTRUCTURE FOR SERVICE DELIVERY, FINANCING, MONITORING AND ACCOUNTABILITY

In using the following self-assessment checklist, jurisdictions are urged to evaluate whether they have adequate policies, programming, resources and accountability measures to ensure that each recommendation strategy is reaching all pregnant and parenting youth.

- **State management information systems must capture, and states must analyze and use, the following information about the population, its needs and outcomes:**
 - Number and percent of youth in foster care who are pregnant and their demographic information (age, race, ethnicity, placement history, educational status).
 - Number of children of youth in foster care and their placement status.
 - Custodial status of parents of youth in foster care.
 - Number and percent of young men in foster care who are fathers and their demographic information (age, race, ethnicity, placement history, educational status).
 - Number and percent of fathers of babies who are actively connected and involved in their baby's growth and development.
 - Number and percent of young parents who complete high school, are enrolled in college or postsecondary education program or have access to meaningful job training or employment opportunities.
 - Number and percent of young parents who are connected to housing prior to exiting foster care.
 - Number and percent of young parents who exit foster care to family.
 - Number and percent of babies of young parents in foster care who are born full-term and without drug exposure.
 - Number and percent of children born to young parents in foster care who are enrolled in a high quality early care and education programs.
 - Number and percent of youth who remain in care to age 21 and/or re-enter care.

- **Population-specific qualitative reviews are used to shed light on pregnant and parenting youth, their needs, outcomes and the responsiveness of the service delivery system.**
 - Quality case reviews are adapted to collect information about the specific needs of young parents and their children.
 - Annual reviews of service delivery to pregnant and parenting youth are conducted.

- **Workers document in the family case plan and record in the state child welfare information system the following:**
 - Report of Pregnancy
 - Confirmation of Pregnancy/Delivery
 - Decision regarding pregnancy
 - Permanency goal or goals

- Legal and physical custody status of minor parent and infant.
 - Efforts to place minor parent and infant together when that is the plan.
 - Confirmation that young men in foster care have become fathers.
 - Status of living arrangement, permanency status, educational attainment, and employment of young parents exiting or aging out of foster care.
 - Alleged and confirmed father information
 - Medical provider and legal contacts
 - Services offered, refused and subsequent attempts to encourage participation.
 - Services provided or linkages to services
 - Federal, State, and local benefits offered, applications completed, and benefits received.
- **Fiscal policies are adjusted to provide maintenance payments and support for youth in foster care and their babies until age 21.**
 - Title IV-E funding for minor parents in care is used to cover support for both the parent and the child without bringing the baby into state custody.
 - Foster care eligibility continues to age 21.
- **Youth are allowed to re-enter foster care at any time before they turn age 21.**
 - Youth who exit before the age of emancipation are informed of their right to return to care.
 - Youth who re-enter are placed with their children unless there are safety concerns to indicate otherwise.
- **State and local training and staff development resources ensure that staff and resource parents have the skills and expertise needed to support pregnant and parenting youth.**
 - Agencies have dedicated staff, advocates and mentors with targeted skills in working with pregnant and parenting youth in foster care.
 - Resource parents' training focuses on the developmental needs of youth and the approaches for modeling positive parenting.
 - Outreach and training are done to educate community stakeholders, including schools, mental health professionals and others about the unique needs of pregnant and parenting youth in foster care.
 - Family team approaches support the young family, and youth regularly are involved in planning for their futures and all decision making affecting them and their child(ren).
 - Mother and child, and whenever appropriate the father, share a family case plan and are assigned the same caseworker.
 - Training and contracts with providers address the protective and promotive factors shown to enhance youth and child development.

Legal Rights, Placement and Permanency

The issues surrounding legal rights, placement needs and permanency of pregnant and parenting youth are multifaceted and require individualized case planning and service delivery tailored to the youth's situation. It is crucial to ensure that the youth are both aware of, and fully understand their legal rights and options from day one, including family planning decisions, paternity rights, custody rights, and placement options for themselves and their children.

The young person should also be assisted to safely pursue permanency for him/herself, while simultaneously considering how to ensure the permanency of his/her own child(ren). As with the foster care population as a whole, pregnant and parenting youth are not a one size fits all population. Some young people first enter the foster care system when they become pregnant, or already have a child(ren), while others become pregnant once in foster care. All situations require caregivers to be prepared to nurture and support youth while also helping him/her to carry out his/her new parenting role, with attention to the need for strong bonding and attachment between parent and baby. In applying a multi-generational approach, child welfare needs to view each member – parent and child – as an integral part of a unified family rather than viewing the family as a collection of separate clients with separate and disconnected service needs.

Recommendations

- **Every youth who is pregnant or is the father of a child should receive counseling on his/her legal rights, responsibilities, and options.**

Spotlight on Policy

Kansas' policy manual states that "The teen parent's case plan shall reflect a need for services, goals, and objectives which will allow the infant to remain in placement with their parent."

Arizona's policy and administrative regulations require that regardless of the youth's decision related to the pregnancy, the out-of-home care provider must not verbally abuse, threaten or make humiliating comments, unreasonably deny privileges, contact and visitation, or isolate the child. The out-of-home care provider should also be fully informed and aware of the medical, health, nutrition, and other prenatal, medical and emotional needs of the child and be willing and able to meet her needs.

A **New York** policy details placement procedures in protective and non-protective situations, with an emphasis on keeping the mother and child together. It calls for close scrutiny in cases of voluntary agreement, requires reasonable efforts to provide the minor parent (s) with supports and services for custody to remain with them, and places responsibility on the caseworker to decide if the presence of the foster parents or residential program staff might also offset any risks. The court has a non-placement option of having the custody (of the infant) remain with the (minor) parent and ordering the local district to exercise supervision. The directive also requires that current cases where physical or legal custody had been relinquished be re-evaluated within three months.

Regardless of the youth's ultimate decisions surrounding the pregnancy, it is important that both mothers and fathers are aware of their legal rights and are directly and immediately connected to quality legal representation. When young women in foster care first become pregnant, they need to be informed of all their options by someone who can present accurate, unbiased, and value-neutral choices. This includes information about family planning, parenting, legal guardianship, voluntary placement, and adoption. Such information should be given by persons who are qualified to provide full disclosure, such as nurses and attorneys, and the pregnant youth should be assisted to make decisions related to the pregnancy free from the pressures of her caretakers, caseworkers, and others. Once the decision is made, the caseworker and resource parent can develop a case plan with the youth that is supportive of the young person's choices. In addition, all youth who are parenting must be provided with information and expertise to navigate the system, including but not limited to information on maternal and paternal rights, the legal system, agency policy, the placement process and available placement options.

- **Decisions regarding the legal and physical custody of infants should be guided by a commitment to preserving the family unit to achieve permanency for the young child and his/her parent together.**

The United States Supreme Court has ruled that parents have a fundamental right to the custody of their children and to guide their upbringing, although it has never specifically addressed the rights of young parents. For this reason, the practice of removing the infant without a substantiated claim of abuse or neglect and solely based on the mother's age or foster care status may violate the constitutional rights of the parent. Removal of the infant of a young parent in foster care should only occur when there is an imminent threat to his/her health or safety or when reasonable efforts to maintain the placement with appropriate support services have been exhausted or are inappropriate.

Considering the importance of the mother-child attachment bond, it is imperative to keep the young mothers and their infants together, whenever safely possible, while pursuing the safest and most appropriate permanency options and services. Separating an infant from his/her mother is a traumatic experience and is likely to have lasting effects on healthy bonding and attachment. In non-protective situations, the young woman should always be placed together with her infant and be given every opportunity to care for the infant with appropriate support services. In cases where the safety of the child is in question, reasonable efforts should be made to provide and maintain placement of the infant and parent together in an effort to preserve the family unit. If the mother is unable to adequately parent the child, the agency should consider maintaining placement of the infant with the mother in a home or facility that is uniquely designed to support attachment and bonding and that can ensure the safety and well-being of the parent and infant.

In cases in which the child of a young parent in foster care must be removed from his/ her custody, the removal of an infant should never be used as a threat or leverage point in dealing

with these young parents. Instead, the young parent must be afforded regular visitation with the infant as well as appropriate services and supports that can help her regain custody. Given the importance of the first few months of life for ensuring a close bond and attachment between parent and infant, the standard should be for daily visits to occur. Efforts should also be made to search for extended family members or others who are known to the young parent and who can be a temporary placement resource for the child. If this is not possible, the youth should be matched with a resource parent who is committed to helping the young parent stay connected to and ultimately reunify with her child(ren).

- **Ensure that young parents and their children have access to a continuum of placement settings that can ensure their safety and well-being, with priority given to placement within a young person's family system.**

The environment in which a young parent raises his/her child is instrumental for the adolescent's development, the infant's development, and the development of a safe and healthy parenting relationship. Given that this population is not homogenous in terms of need, a range of settings is appropriate. This range might include helping the youth return home to their family of origin, live with a relative or other adult with whom they have a strong attachment, be placed in a foster home that is specially trained to help young mothers and fathers become successful parents, or be placed in a residential treatment where pregnant mothers/new mothers and babies can be together while parents address past trauma. The first priority is for the least restrictive and most home-like settings for young mothers, fathers, and their children. Toward this end, placement within a young parent's family of origin should be considered first, including the father's family of origin. If placement with birth parents is not safe for the young parents or their children, placement with another relative or caring adult is the next best possible option.

If placement within the family network is not possible, the young family should be placed with a resource parent who is equipped to manage the young parent and her baby. Assessment of the willingness and capacity of the resource parent to care for both the youth and baby is essential so that the young parent is supported in forming a strong attachment to her baby, and has a safety net should she need assistance with learning appropriate parenting behaviors. It is critical to ensure that young people are not stigmatized or re-traumatized by resource parents or others because of the pregnancy or their decision to parent. Careful matching between resource parents and the pregnant/parenting youth is required to ensure that resource parents who only want to parent an infant are weeded out for consideration. If the young person is in group care or residential treatment, an assessment of the suitability of that placement should also be made to ensure the safety of the mother and child. Finally, ensuring the stability and continuity of placements will enable the young families to maintain stability in school, medical care, and mental health treatment.

Spotlight on Promising Programs

Shared Family Care

SFC is a model for serving adolescent parents in foster care and their children in which the entire family is temporarily placed in the home of a family trained to mentor and support the parents. SFC promotes the safety of children while preventing family separation. Its long-term intended effects are: safety of children in participating families; greater stabilization and self-sufficiency and improved well-being of children and parents.

Key elements of this model include:

- Mentor families who are carefully screened and who receive extensive training in child safety and welfare issues, child development, parenting, adult communication, conflict resolution, community resources, etc.
- Careful matching between mentor and participant families, a rights and responsibilities agreement, an individualized service plan developed jointly by the participant and mentor families, a case manager, a child welfare worker, and anyone else involved with the participant family.
- Services including: teaching and mentoring parenting and living skills, clinical treatment and counseling, and helping parents establish positive connections with community resources.

Source: Abandoned Infants Assistance Resource Center

For more information:

http://aia.berkeley.edu/media/pdf/sfc_evaluation_plan.pdf

<http://www.childwelfare.gov/outofhome/types/shared.cfm>

When a young parent has treatment needs that cannot effectively be addressed in a home-like setting, placement in residential treatment should be considered as a last option. Residential treatment facilities that allow mothers and babies to stay together, provide families and fathers safe access to the baby and parent, and use evidence-based treatment modalities can provide young parents with the opportunity to address past trauma in a safe environment. In cases where residential treatment is needed, planning for transition to community and family should begin on day one.

➤ **Pursue permanency through reunification, guardianship, adoption or a strong relationship with a caring adult while simultaneously helping young parents make a successful transition to adulthood.**

Youth transitioning from foster care with a child or the imminent birth of a child need many of the same things that all transitioning youth need – a safe and stable place to live, health care, transportation, and educational and employment resources. However, this type of transition planning should compliment *and not replace* legal and relational permanency goals. It is critical that when pregnant and parenting youth do exit the system, they have achieved the highest level of legal permanency available for themselves and their child. Therefore, permanency planning efforts and timelines for permanency must be uniquely designed to address the needs of the young parent and child without one being at the expense of the other. If legal permanency cannot be achieved, older youth who are pregnant and parenting should be helped to identify at least one caring and reliable adult who is committed to providing unconditional and lasting emotional support. This person should be a source of encouragement, involved in the youth's life and support them in their parenting role, and should be someone they feel they can turn to in times of need. The odds of achieving legal and/or relational permanency for young people in foster care and their children will be much stronger if the young person has access to services that can help address past trauma and other mental health issues that often present barriers to forming lasting relationships (see section on Physical, Socio-Emotional Health and Well-Being).

SELF-ASSESSMENT CHECKLIST: LEGAL RIGHTS, PLACEMENT AND PERMANENCY

In using the following self-assessment checklist, jurisdictions are urged to evaluate whether they have adequate policies, programming, resources and accountability measures to ensure that each recommendation strategy is reaching all pregnant and parenting youth.

- **Every youth who is pregnant or is the father of a child receives counseling on his/her legal rights, responsibilities, and options.**
 - Youth receive legal representation regarding custody of their child.
 - Youth are informed about applicable notification and consent laws.
 - Youth are provided with legally accurate information about family planning.
 - Youth are able to access appropriate family planning services.
 - Youth are connected with family planning or adoption agencies.
 - Youth are connected to appropriate counseling services.

- **Decisions regarding the legal and physical custody of infants are guided by a commitment to preserving the family unit to achieve permanency for the young child and his/her parent together.**
 - Infants are not brought into custody solely because one or both parents are in foster care or solely as a strategy to access financial resources or services for the infant.
 - Staff is trained to make expert custody decisions and to advocate for appropriate custody decisions in court, with the clear understanding that babies of young parents in foster care do not have to be in state custody in order to pay for their care.
 - Young mothers in foster care maintain legal and physical custody of their infants unless there is sufficient evidence to file a petition to the court for removal based on abuse or neglect. In situations when the safety of the infant is questionable, the young mother and child(ren) are to be placed together with additional safety support services, and the young mother should maintain custody.
 - Youth and their infants are placed with relatives (including paternal family members) whenever possible or with a foster family that is committed and has the skills to support the youth in her/his parenting role or to support visitation and reunification when separation between mother and infant is necessary due to safety concerns.
 - The father or the father's family is involved in the consideration of placement resources.
 - In situations when an infant is removed from his/her parent's custody, daily visits are arranged, as well as services and supports that can help the young parent regain custody.
 - Staff understand the importance of building relationships from a developmental perspective, including the mechanisms for sustaining positive familial and non-familial relationships.

- **Young parents and their children have access to a continuum of placement settings that can ensure their safety and well-being, with priority given to placement within a young person's family system.**
 - Staff conduct an immediate assessment of the safety and appropriateness of the existing living arrangement with special considerations regarding the needs of the mother and baby.
 - Pregnant and parenting youth and their children are placed in the least restrictive, most home-like based settings that can accommodate their specific needs, with priority on placement within the youth's family network.
 - Resource parents are assessed for their appropriateness as a resource for pregnant and parenting youth in foster care, for their commitment and skills to help care for both the mother and baby and for their ability to support the teen in a parenting role.
 - If residential treatment is essential to address past trauma the mother and baby are placed together and planning for transition back to the family and community begins from the first day of placement.

- **Goals for young parents and their children are established to achieve legal or relational permanency through reunification, guardianship, adoption or a strong relationship with a caring adult while simultaneously assisting young people with the transition to adulthood.**
 - Permanency goals are prioritized, while simultaneously helping youth meet developmental needs associated with transition to adulthood.
 - Young parent(s) and their children, persons close to them and other formal supports are actively engaged in an ongoing teaming, assessment and planning process focused on permanency for all of the members of the family.

Physical, Socio- Emotional Health and Well-Being

The dimension of the child welfare agency's mission that seeks to ensure the well-being of children in their care is particularly complicated for pregnant and parenting youth in foster care. Adolescence in general is marked by significant changes in a child's cognitive, physical and emotional maturity. Finding a balance between nurturing these developmental changes and embracing the responsibilities of adulthood poses a challenge for all youth and their caretakers. Parenthood adds another dimension, requiring child welfare to balance the physical and mental health needs of young parents in foster care and the physical health and safety of their children.

Services and supports designed to ensure healthy development of a young person in foster care and his/her children should have three major priorities: 1) ensuring the healthy development of the young parent, 2) ensuring the healthy development of the infant/toddler, and 3) nurturing the parent-child relationship to promote attachment and bonding. A multigenerational approach with a focus on well-being and the promotion of protective capacities is conducive to addressing past trauma and can also be used as an opportunity to help youth in foster care understand how pregnancy and/or parenting fit into their plans for the future. As foster youth, the lack of a supportive network may already put them at a serious disadvantage; when coupled with the enormity of being an adolescent parent, multiple risk factors present both challenges and critical opportunities for positive intervention.

Spotlight on Policy

In **Alaska**, the policy manual requires that the worker address the following as applicable, in assessment and case planning: help to the minor mother with family, peer, and other significant relationships, including paternal involvement and socialization and support opportunities for single young mothers. Caseworkers must also find counseling and subsequent services for abortion and adoption when appropriate.

Arizona's policy manual recognizes that meeting the health needs of children is a responsibility shared among parents, CPS Specialists, out-of-home care providers and medical providers. Each party shares the responsibility of assuring that the child receives early and consistent medical care including the review and communication between all parties of the child's medical and health condition, any other prenatal medical, nutritional and emotional needs, and any health or safety issues, such as substance abuse concerns. Arrangement of transportation to medical and other appointments must also be secured.

In **Kentucky**, the worker must ensure that the pregnant youth receives mental health services, if needed, convene a family team meeting including mental health therapist, if applicable, and assist the youth with a referral to Family Support for needed services.

Recommendations

- **Ensure that pregnant/parenting youth and their infants and children receive early and consistent medical attention, including prenatal and postnatal care, to ensure healthy birth outcomes and development.**

In order to ensure the physical health of both parents and children, a comprehensive medical assessment and consultation should be made as soon as a youth's pregnancy is determined. If the young mother is unsure of her decision to continue with the pregnancy, she should be given thorough and medically accurate information about family planning options.

If she chooses to carry the pregnancy to term, every step should be taken to reduce the likelihood of complications during pregnancy or after birth. Prenatal care must be accessed in the first trimester and a plan for on-going medical attention should be developed. Research has shown that maternal alcohol and substance abuse may result in premature birth, miscarriage, low birth weight, and a variety of behavioral and cognitive problems after the child is born. Providing early screening for alcohol and drug use, medically accurate information about the risks of substance abuse during pregnancy, and a treatment plan for the youth when appropriate will increase the likelihood of healthy birth outcomes for the infant and healthy life choices for the youth.

In order to ensure that young parents in foster care and their children have access to these crucial health services, they should be provided with assistance in receiving the full range of benefits available to them including Medicaid, WIC, SNAP, developmental screening for infants, maternal and child health programs, substance abuse treatment programs etc. It is also critical to provide transportation to prenatal visits, support during prenatal exams, and general assurance of continuity in medical care. Beyond ensuring the health of the mother and infant, getting the young woman and her support persons involved prenatally presents an opportunity to help the youth understand fully the implications of the pregnancy and to begin the process of developing a healthy bonding and attachment with the child. Young mothers and fathers who receive education about infant health, childbirth classes, immunizations, nutrition, breastfeeding, etc. before the baby is born are more prepared upon delivery.

Finally, many young parents do not receive health education through other avenues while they are in care. During the pregnancy, young parents may be more responsive to education about sexual health, the prevention of secondary pregnancies and STDs and substance abuse. Some agencies rely on public health nurses who are trained to talk to youth about their options and can present medically accurate information. Youth who are fully informed will make smarter decisions that will contribute to their own healthy development, and the healthy development of their child(ren).

Spotlight on Promising Programs

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Evidence Based)

TFCBT is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents, including foster youth, who have experienced maltreatment, domestic violence, traumatic loss, and other psychological traumas. Trained therapists initially provide parallel individual sessions with children and their parents (or guardians), then increasingly incorporate conjoint parent-child sessions.

Components of the PRACTICE treatment model include: Psycho-education and parenting skills; Relaxation skills; Affect expression and regulation skills; Cognitive coping skills and processing; Trauma narrative; In-Vivo exposure; Conjoint parent-child sessions; and, Enhancing personal safety.

Source: National Registry of Evidence-based Programs and Practices (NREPP)

For more information:
<http://tfcbt.musc.edu>

- **Promote healthy development by providing services and supports that are guided by a full understanding of adolescent development and the impact of trauma on brain development.**

Adolescence is a critical juncture for all youth. It is during this time a young person begins to develop his/her personal identity, exhibit greater autonomy, and establish emotional and psychological independence. It is also a period in which the brain is undergoing great change. Recent research indicates that the adolescent brain continues to develop into the mid-20's and that even when youth have experienced complex trauma, with developmentally appropriate trauma-informed supports and services youth have the opportunity to thrive. Such services must be guided by an understanding of the developmental opportunities that exist during the adolescent years and driven by the tenets of positive youth development (PYD). Common goals of PYD programming include:

- Promoting positive relationships with peers
- Emphasizing youths' strengths
- Providing opportunities to learn healthy behaviors
- Connecting youth with caring adults
- Empowering youth to assume leadership roles

Finally, it is critical that the youth's adolescent development and well-being be acknowledged as distinct from their role as a parent. Many of the young parents have experienced both maltreatment and the subsequent trauma that results from separation from their family, multiple placement moves and disruptions in key relationships. Consequently, adolescents, agency workers, caregivers and others who are part of the young person's team need to understand the impact of these experiences on the youth's mental health issues. Unresolved trauma can set the young person up to fail in their efforts to

achieve a lasting relationship with a family or other adult connection, and will likely impact how they see themselves as a parent. However, providing youth with trauma-informed practices can help to strengthen adolescent capabilities. Furthermore, dealing with unresolved trauma early

and consistently can help prepare the young person to form healthy relationships with their young children, and with other adults, family members, and peers who will be critical to achieving their permanency goals.

- **Infants and children must be connected to developmentally appropriate environments and resources.**

For infants and young children, access to high quality early care and education can help ensure that they are receiving services geared to the unique needs of this age group. Children of minor parents, regardless of their custody status, should have access to free or affordable high-quality programs or evidence-based interventions that support their healthy development. Early childhood education programs can create an environment that supports the parent in participating in the child's socio-emotional and cognitive growth. Those that intentionally promote the development of protective factors in parents have been shown to prevent the occurrence of child abuse and neglect. Finally, such programs also allow the parent to participate in school and work with confidence that their child(ren) is safe and secure.

- **Parents and their children should have access to services and supports to promote positive parenting relationships.**

Evidence-based programs that teach positive parenting help lay the foundation for becoming a strong family unit and for breaking the cycle of abuse and neglect. Ideally, youth should have models of good parenting practice as well as the opportunity and guidance to establish and refine his/her own parenting skills. Given what we now know through research about the importance of the first few months of an infant's life, it is crucial that young parents are supported in their role as primary caregiver. Parenting education resources play a critical role in developing this relationship.

Spotlight on Promising Curricula

Ages and Stages Questionnaire (ASQ)

The *Ages and Stages Questionnaire (ASQ)* helps professionals conduct developmental and social-emotional screening for children ages one month to five-and-a-half years old. ASQ identifies strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children.

Source: Ages and Stages

For more information:

<http://agesandstages.com/>

The Lionheart Foundation Power Source Curriculum

This is a primary intervention program designed to give at-risk teen parents the guidance and skills they need to be loving, effective parents and raise healthy children. The curriculum is written for at-risk teen and young adult parents and the professionals who support them, either individually, in parenting groups or home visiting or counseling sessions. Among the topics included are: creating a healthy attachment, coping with stress, implementing positive discipline, managing three-generational living, establishing healthy relationships with partners, breaking cycles of domestic violence, and working with young fathers.

Source: The Lionheart Foundation

For more information:

http://www.lionheart.org/youth/about_power_source_parenting

Therefore, in addition to learning essential parenting skills, parents also need help understanding the importance of responsive parenting and attachment strategies

Spotlight on Promising Programs

Strengthening Families™ - Protective Factors Framework

An ecological model, developed by the Center for the Study of Social Policy, *Strengthening Families* identifies five factors that contribute to the prevention of abuse and neglect. The model has helped to transform the delivery of early care and education. The protective factors are parental resilience, social connections, knowledge about parenting and child development, socio-emotional competence, and concrete support in times of need.

For more information:

<http://www.cssp.org/reform/strengthening-families>

SELF-ASSESSMENT CHECKLIST: PHYSICAL, SOCIO-EMOTIONAL HEALTH AND WELL-BEING

In using the following self-assessment checklist, jurisdictions are urged to evaluate whether they have adequate policies, programming, resources and accountability measures to ensure that each recommendation strategy is reaching all pregnant and parenting youth.

- Pregnant/parenting youth and their infants receive early and consistent medical attention, including prenatal and postnatal care.**
 - Youth are encouraged to report pregnancies early, without fear of stigmatization.
 - Youth are provided with medically accurate information about family planning options.
 - Youth are educated about the importance of prenatal care, breastfeeding, childbirth, etc.
 - Youth have transportation and accompaniment to all medical appointments.
 - Youth have ongoing education and conversation about puberty, sexual health secondary pregnancy prevention, and substance abuse.
 - Youth have access to federal, state, and local health benefits such as Medicaid, WIC, SNAP, maternal and child health programs, and developmental screening services for infants.
 - Youth have continuity in health care providers and relationships are developed between providers, the young person, and caseworkers.
 - Youth are enrolled in evidence-based home visiting programs.

- **Promote healthy development by providing services and supports that are guided by a full understanding of adolescent development and the impact of trauma on brain development**
 - Youth services are guided by a full understanding of adolescent development.
 - Youth are provided with Positive Youth Development opportunities including normative adolescent experiences and developmentally appropriate social events.
 - Youth are provided with opportunities for constructive engagement with school and community.
 - Youth are provided with trauma-informed services and supports for dealing with issues such as their own physical, emotional, or sexual abuse histories, and the impact of their foster care experience.
 - Youth are provided with mental health supports for addressing their feelings and grief related to termination or adoption of their babies, or for dealing with post-partum depression.
 - Youth are connected to existing and potential supportive and healthy relationships.
 - Staff assist with father identification and engagement when appropriate.

- Case planning and service delivery for young parents and their children are guided by efforts to build protective and promotive factors.

➤ **Infants and children are connected to developmentally appropriate environments and resources.**

- Infants and young children receive regular medical care and developmental screenings.
- Young children are enrolled in Early start, Head Start, and other early care and development programs.
- Early care and education programs have adopted a focus on promoting protective factors for healthy development.
- Young parents, relative caregivers, resource parents and residential placements have age appropriate educational resources for emotional and cognitive stimulation and development (books, learning tools, etc).
- Staff, resource parents and young parents are educated on the importance of early care and education, including how it contributes to healthy development.

➤ **Parents and their children have access to services and supports to promote positive parenting relationships.**

- Staff and resource parents are trained in how to model positive parenting practices.
- Youth are provided with opportunities to practice his/her own parenting skills.
- Youth obtain parenting education resources (books, peer sessions, classes).
- Staff, resource parents and young parents are educated about how to build protective and promotive factors in the parenting relationship.
- Young parents are connected to Strengthening Families™ parent and youth cafés.

Education and Self-Sufficiency for Youth

While it is imperative that young people are not pushed to exit the foster care system before they are ready, it is prudent to begin the planning and preparation for this transition throughout the length of their placement in care. Many foster youth are determined to provide for their young family but are faced with obstacles that make that goal feel impossible to reach. Their lack of financial independence particularly impedes their ability to become fully self-sufficient. Typically, youth who get pregnant or become fathers have not yet completed high school, do not have all of the skills needed to be self-sufficient, nor have they necessarily learned the skills and perspectives needed to be successful parents. The need to continue their education, secure employment, and locate stable housing only compounds the challenges of raising a child as young, and often single, parents. Youth who experience the child welfare system as negative may, understandably view independence as their best option for success. They may choose to emancipate prematurely even when educational and housing supports are available should they stay in care. Regardless of the age at which these youth exit, doing so without the necessary supports undermines their chances for success. As mentioned previously, by extending care to age 21, adopting a positive youth development approach, and re-shaping services so that they take into account an understanding of what is taking place in the adolescent brain, child welfare will be more likely to successfully engage these youth.

Thinking about how to re-shape these services requires an understanding that balancing school, work, and parenthood is stressful and overwhelming. A lack of housing and means to self-sufficiency may also threaten these parents' capacity to retain custody of their children, compounding stress and reducing their chances for positive outcomes. Therefore, for youth who are pregnant and parenting, nurturing these skill-sets is particularly critical. Achieving self-

Spotlight on Policy

In **Illinois**, the Teen Parenting Services Network (TPSN) places a great deal of emphasis on school enrollment and as such, provides incentives for teams who get their clients to enroll and attend school. Workers are continuously encouraged to motivate their clients to return to school. In addition, TPSN provides Educational Liaisons to assist in removing barriers preventing clients from enrolling in an educational program.

In **Alaska**, child care assistance is available through the state's child care assistance programs administered by Division of Public Assistance and Department of Education and Early Development to teen parents up to age 19 who are in school working on their high school diploma or GED and maintaining school attendance, and to low income working parents.

In **Kentucky**, the worker ensures that the pregnant youth completes an online Ansell-Casey Life Skills Assessment to determine areas in which the youth has strengths and/or needs assistance. The policy also requires that youth be referred for services such as life skills classes and mentoring, if not already participating.

sufficiency may require a creative combination of monetary benefits, incidental supports, life-skills training, and residential services coupled with manageable educational and employment goals. Policy and practice strategies focused on improving outcomes for pregnant and parenting youth in foster care must address their need for educational continuity and supports, career-oriented skills that can be used in the workforce, as well as the comprehensive range of skills necessary to take care of themselves and their evolving family.

Spotlight on Promising Programs

Cal-SAFE Program (California)

Cal-SAFE Program is a community-linked school-based program that serves expectant and parenting females, age 18 and younger, and their children. Cal-SAFE is designed to improve the educational experience, increase the availability of support services for enrolled students, and provide child care and development services for their children, who are eligible for services until age five or entry into kindergarten, whichever comes first.

Over 75 percent of the students left Cal-SAFE having successfully completed their high school education. Less than 3 percent of the students were expecting another child when they enrolled or exited the program. Over 75 percent of the children of Cal-SAFE students attended a child care center sponsored by Cal-SAFE and received programming and services based on an assessment of their developmental needs.

For more information:

http://www.cde.ca.gov/ls/cg/pp/le_greport.asp

Recommendations

- **The circumstances surrounding pregnancy and parenthood should not disrupt or impede current and future educational goals.**

Becoming pregnant or parenting while still in high school poses a challenge for young women and is made even more complicated for those in foster care. School policy on serving youth who are pregnant and parenting varies widely and is often reflective of community values. Schools are not always responsive to the needs of these young mothers and fathers, resulting in higher dropout rates for young parents. Youth may face stigmatization from administrators, teachers, and peers or may not be allowed to return to school. These youth need someone to advocate on their behalf, and to be in an educational environment that supports and accommodates their special circumstances. For some, temporarily withdrawing from school may be the most appropriate decision. Others may choose to re-enroll in a substitute completion program. Regardless of the path youth select, they should be encouraged to secure a high school diploma or alternative equivalency degree without fear of repercussion and with the appropriate supports in place to ensure their success.

Education is a key stepping stone to financial independence and the decision to remain in high school is a critical juncture for pregnant and parenting youth in foster care. Educational continuity can be maintained by allowing the young person to stay at her current school during the pregnancy and following the birth of her child. Minimal disruption in the schooling and education process

also promotes continuing education goals. Securing a high school diploma is not sufficient, however. Post-secondary education or vocational training can put these youth on the path to self-sufficiency and youth need to be encouraged to participate and enroll in such programs. Some colleges and universities offer specifically designed programs developed to increase opportunities and meet the unique needs and circumstances of young parents in foster care. Whenever available, caseworkers should connect youth to these programs.

- **Pregnant and parenting youth should be helped to identify and pursue employment opportunities that lead to financial independence and are conducive to raising a young family.**

In situations where all required schooling has been completed, or when completion of a current school program (college, for example) is no longer a goal, thoughtful discussion and planning about acquiring a career-oriented skill can help lead young parents to financial independence and economic self-sufficiency. Managing parenthood and workforce preparation is always a balancing act, especially for young parents in foster care. Strong case managers can assist the youth in the most challenging parts of this process. This includes locating programs conducive to their unique scheduling needs, getting the young parent enrolled, and securing adequate financial support for these endeavors. Talent and interest assessments are also helpful to guide a youth's career planning process. Connecting pregnant and parenting youth to trade or skills development programs that are consistent with their aptitudes and interests provides an incentive for youth to remain active within these programs. Thus, securing the necessary supports for these youth early on will both maximize the likelihood of successful completion and help youth to take charge of their own futures.

- **Every youth who is parenting should have equal access to free or affordable child care.**

Child care is one of the critical supports needed by parents so that they can continue with their educational or skills development activities as they prepare to join the workforce. It is an essential component upon which all other self-sufficiency goals and commitments rest. Limited access to high quality child care thus becomes a barrier to fulfilling work or school requirements which, in turn impacts young parents' access to financial security. This situation can be rectified by advocating for enrollment and for the necessary subsidies to ensure that the children of parenting youth attend high quality early care and education programs. While not the norm, there are many high schools and other educational settings with child care services available on-site for students. More of these types of programs and supports should be encouraged and developed. Whenever necessary, case managers should actively assist the parenting youth in accessing needed transportation so that their children can receive high quality early care and the parent can continue with minimal disruption to schooling or other training and/or job related commitments.

Spotlight on Promising Programs

Family Unification Program (FUP)

The Family Unification Program (FUP) is a Department of Housing and Urban Development program. Housing Choice Vouchers (HCVs) are provided to: families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child or children in out-of-home care, or in the delay in discharge of the child or children to the family from out-of-home care; for youth at least 18 years old and not more than 21 years old who left foster care at age 16; or older and who lack adequate housing. FUP vouchers used by youth are limited by statute to 18 months of housing assistance.

Public Housing Agencies (PHAs) administer the FUP in partnership with Public Child Welfare Agencies (PCWAs) who are responsible for referring FUP families and youths to the PHA for determination of eligibility. In addition to rental assistance, supportive services must be provided by the PCWA to FUP youths for the entire 18 months in which the youth participates in the program; examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation.

For more information:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/family

- **Young families should have priority access to safe and affordable housing that accommodates their need for safety, stability and life skills development.**

Pregnant or parenting youth need a stable place to live, bearing in mind that special accommodations may be necessary to ensure that the home or facility is safe and suitable for raising a child. Due to the lack of stable housing, former foster youth with young children are disproportionately represented in homeless shelters. This cycle is difficult to break, especially when a lack of resources is coupled with the stigmatization of young parenthood. Increased access to subsidized housing programs is needed to address the housing needs of young parents and their children.

Additionally, pregnant and parenting youth can benefit from the opportunity and guidance to hone the skills and gather the resources required to live independently. Seemingly mundane activities of adult-life such as food shopping, laundry, and cooking may become tasks that are foreign and overwhelming to this population, especially because they are not only doing them for themselves but also for their baby. Learning these skills is not only crucial to self-maintenance but also to basic parenting. Training programs exist that both develop these skills and promote financial literacy, money management, and career development.

Another major concern for youth who are transitioning out of care is the lack of essential documentation. Forms and certificates that typically follow children such as a child's birth certificate, social security card, driver's license/picture ID, school records, job resumes/references, health records, insurance cards, benefit cards, etc. are often difficult to locate, and affects the young parent's ability to secure housing, access child care, obtain employment and acquire health care. Caseworkers

must ensure youth have access to these documents prior to exiting care.

- **Utilize federal, state, and local public and private assistance to support youth in achieving financial independence.**

When a young person in foster care is pregnant or fathers a child, the accompanying financial burden becomes a primary and immediate concern. Although financial independence is the ultimate goal, youth need support to manage existing and impending expenses. Access to the full range of programs and assistance available in the state is important to simultaneously facilitate and supplement employment, career development, wealth management, and asset development. Referrals for applicable benefit programs can be done directly by the child welfare agency, or through partnership with relevant local public agencies and/or private organizations knowledgeable about the youth's needs and available benefits, including youth driven service organizations. Pregnant and parenting youth need extra support from caseworkers to navigate the maze of potentially helpful income support benefits and housing, healthcare and employment programs. They also need information about eligibility criteria, help filling out forms and overcoming bureaucratic hurdles, developing self advocacy skills, and overcoming confidentiality concerns.

Spotlight on Promising Programs

Jim Casey Youth Opportunities Initiative- Opportunity Passport™

To address the issue of savings, asset building, and developmentally appropriate financial literacy for young people between the ages of 14 and 24, The Jim Casey Youth Opportunities Initiative designed the Opportunity Passport,™ which includes an IDA program. An individual development account (IDA), also known as a matched savings account, can help young people learn financial management, obtain access to the mainstream banking system and save money for assets. This IDA program allows young people to purchase approved assets - education, vehicle, housing, investments, microenterprise and health care - and receive a dollar for dollar match, up to \$1,000 per year based on the participant's savings. In addition to the IDA, young people receive financial literacy training, and have a personal bank account. Asset training is also offered to teach young people how to purchase and maintain their assets. Research shows that IDAs create financial stability within families and that, among other outcomes, low-income, single mothers' assets are positively associated with children's educational attainment.

For more information:

<http://www.jimcaseyyouth.org/savings-and-asset-building>

SELF-ASSESSMENT CHECKLIST: EDUCATION AND SELF-SUFFICIENCY

In using the following self-assessment checklist, jurisdictions are urged to evaluate whether they have adequate policies, programming, resources and accountability measures to ensure that each recommendation strategy is reaching all pregnant and parenting youth.

- **Pregnant or parenting youth’s current and future educational goals are not impeded or disrupted.**
 - Pregnant and parenting youth are connected to educational advocates or school liaisons to ensure equitable and fair treatment in schools.
 - Youth have academic plans with the current school that will ensure completion of high school.
 - Youth receive support with re-enrollment in school, GED, or alternate high school equivalency programs.
 - Youth are connected to tutoring pre- and post-birth to prevent falling behind academically.
 - Parenting youth receive education about financial assistance for postsecondary education and are given priority access for courses in community college programs.
 - Youth in postsecondary school are enrolled in colleges/universities that provide evening courses and free or low-cost child care.
 - Youth are connected to community organizations and local businesses that support programs and scholarship opportunities for young parents to continue with their educational goals.

- **Pregnant and parenting youth are connected with employment opportunities that lead to financial independence and are conducive to raising a young family.**
 - Parenting youth receive priority access for courses in skill development and work experience.
 - Youth are connected to employment opportunities that reflect their interests, talents and career goals.
 - Youth are introduced to workforce preparation programs in fields that are growing, present opportunities for advancement, and can lead to self-sufficiency.
 - Youth employment opportunities are in line with short and long-term goals identified by the youth.

- **Youth have access to free or affordable childcare.**
 - Youth have access to child care that is available, accessible, and high quality.
 - Youth are provided with adequate financial subsidies for child care.
 - Staff collaborate with schools, employers and job assistance programs to develop more on-site child care options.
 - Youth have access to transportation to childcare facilities.

- Staff ensure that all early care and education programs are working to promote protective factors to prevent child abuse and promote healthy development.

➤ **Young families have equal or priority access to safe and affordable housing that accommodates their need for safety, stability and life skills development.**

- Youth have a birth certificate for parent and child, social security cards, driver's license/ picture ID, school records, job resumes/references, health records, insurance cards, and benefit cards, etc. for mother and baby regardless of whether the baby is in state custody.
- Youth are educated on eligibility criteria, self advocacy, how to fill out forms, and how to overcome financial barriers to participation.
- Youth are provided with specialized transitional housing or appropriate special accommodations to ensure the safety of the children within the facility.
- Staff adapt education and work requirements to accommodate special circumstances of pregnant and parenting youth, especially if the inability to do so would impact their access to benefits.
- Staff partner with public housing agencies and low-income housing initiatives for priority access to housing for young parents.

➤ **Utilize federal, state, and local public and private assistance to support youth in achieving financial independence.**

Youth are connected to the following supports when eligible:

- Temporary Assistance for Needy Families (TANF)
- Medicaid
- Early start, Head Start and other early care and development programs
- Family Unification Program Vouchers(FUP) or other housing assistance, if appropriate
- Food assistance, including WIC and SNAP
- Mental health assistance, particularly trauma informed services
- Educational access, job training, and career counseling
- Child Support
- Transition from foster care benefits, including Chaffee, benefits to age 21, Medicaid, etc.
- Individual Development Accounts (IDAs)
- Maternal and child health programs, including prenatal care, developmental screening for infants, home visiting, etc.

Engagement of Fathers

There is scant information available regarding the needs of and strategies for serving young fathers of a baby whose adolescent mother is in foster care or if the fathers are in foster care themselves. Similarly, many of the programs designed to support pregnant and parenting youth in foster care tend to be oriented toward supporting and meeting the needs of adolescent mothers while ignoring the needs of young fathers.

The issue and challenge of proactively engaging and supporting young fathers is a complex one. For many young fathers, their child is in the mother's custody and they may or may not have a continuing relationship with her. There are also three different types of fathers to consider: fathers who are in foster care and the mother is not, fathers and mothers who are both in care, and fathers who are not in care while the mother is in care. The obligations of the child welfare system vary depending on the population. Obviously, the first priority must be to serve the mothers and their children who are in care. But young men in foster care are also entitled to a range of services that not only meet their own needs but also address their role as fathers. Regardless of the population, the child welfare system has an interest in promoting the involvement of fathers in the lives of their children, yet must do so in a way that: a) is in the best interests of the child, b) respects the nature of the specific relationship the adolescent mother in its care has with the child's father, and c) is responsive to any relevant safety and/or other concerns. These complexities challenge the foster care system's ability to engage young fathers, but *not* doing so can result in long-term negative outcomes for the young father, mother and their child.

There is significantly more information available about "responsible fatherhood" programs and other programs designed to encourage increased father engagement in the lives of their children. Much of this information, however, is about fathers in general, and not specifically about young fathers who are in foster care. The policy and practice considerations highlighted below have as a focus the improvement of outcomes for young fathers who are in foster care themselves, or who are fathers of a child whose mother is in foster care.

Spotlight on Policy

In **Texas**, if a father is in substitute care, the caseworker must address the plan for the infant in the father's plan of service.

Illinois' administrative policy states that the needs, rights and responsibilities of young fathers (acknowledged, adjudicated, and putative) are equally important, should receive full attention in the provision of services, and extend beyond the obligation of financial support. The father should share responsibility with the mother for the child's overall welfare, including his/her health, personal development and support. The caseworker is required to provide information and support to fathers, including information about rights and obligations with respect to the Putative Father Registry, child support and the establishment of paternity. Placement and services are to be secured to actively encourage fathers for whom the Department is legally responsible to engage in child rearing.

Recommendations

➤ **Ensure that father identification takes place as soon as the pregnancy is confirmed.**

When young men find out about the pregnancy and want to have a legally recognized relationship with the child, they must frequently go through a formal process of establishing paternity. Depending on the jurisdiction, this process can be confusing, cumbersome, and expensive – all of which are potential barriers to increased levels of father engagement in the lives of their children. Moreover, many of the fathers are not familiar with their legal rights and responsibilities. There are some programs in existence that support fathers in establishing paternity (both in terms of covering the financial cost and assistance with completing the process), familiarizing the fathers with their legal rights and responsibilities, as well as assisting them in assuming / adjusting to the roles and responsibilities of responsible fatherhood. Case workers should connect fathers to these programs regardless of whether they are in foster care or not. More such programs are needed, especially programs with staff who are familiar with and responsive to the particular experiences of adolescent parents in foster care.

While many child welfare agency staff acknowledge the challenge of accurately identifying fathers of children whose mothers are in foster care, there are some agencies that have developed thoughtful processes for doing so. For example, some have incorporated formal questions that gather information about the father and members of the paternal family into the initial screening and placement discussions. When doing so, staff members acknowledge that the purpose is neither to determine what the nature of a relationship between the mother and father should be nor to force a relationship. Rather, it is to ensure the mother and child's safety and well-being and to proactively support the engagement of the father with his child and, when appropriate, in the mother's continuing service planning discussions with the agency. Agencies should develop similar processes for fathers who are in the child welfare system. Caseworkers should be aware if a youth is a father and must then have the ability to connect him to services that support his engagement with his child. Agencies need to be open to engaging not only biological fathers, but also other father-like figures, including new boyfriends, uncles, grandfathers, etc.

➤ **Ensure that staff promote the importance of father engagement.**

As mentioned above, agency staff with experience engaging fathers should make it clear to the mothers that their (staff) role is not to determine the nature of the relationship she has with the child's father, but to promote the healthy involvement of the father in his child's life, as well as the mother's life if that is her choice and it is safe to do so. Early discussions with the mother and the father clarify the ways in which the father will be involved, the nature and timing of visits, as well as the nature of his participation (if determined appropriate) in ongoing team/service planning and decision making processes. Specific counseling and other learning opportunities should be made available to fathers who are both in foster care or out of care to

assist him in understanding the ways in which he can be most supportive of both the child (with information about attachment, early learning and development processes, etc.), and the mother (again, to the extent safe and appropriate). Agencies that have developed deliberate father engagement strategies have made it clear that fathers are more likely to stay involved when they feel like the agency or organization staff are not only “open to” their involvement with the young mother and child, but are both welcoming *and* actively supportive of their continuing (albeit constructive) involvement.

Spotlight on Promising Programs

Father’s Time Fatherhood Academy

The intent and purpose of the Father’s Time Fatherhood Academy is to systematically engage men in the embracement of values that are life-giving and life-sustaining, for the benefit of themselves and their families. It is a multicultural educational class for fathers and fathers-to-be, which teaches the basic fundamentals and essentials of fatherhood referred to as Life Values. Fathers are given the tools and the process to create their own personal visionary plans, which can be directly implemented in their homes and relationships.

For more information:

<http://www.cebc4cw.org/program/father-s-time-fatherhood-academy/detailed>;
www.fatherstime.com

➤ **Ensure that young fathers are connected to a full array of services.**

Young fathers share many of the developmental needs of young mothers. In this regard, adolescent fathers, whether or not in foster care, frequently need: access to academic enrichment supports while still in school; financial assistance for and support with getting connected to continuing / higher education programs; similar financial support for enrolling in career-oriented skills development and trade programs; support in locating and securing affordable and stable housing; as well as access to programs that develop independent living and other self-sufficiency skills. Young fathers also need access to information that builds their practical understanding of the developmental needs of young children and develops their skills as responsible and effective fathers. Caseworkers should have the tools to connect fathers in foster care or out of care to the full array of needed services and supports.

SELF-ASSESSMENT CHECKLIST: ENGAGEMENT OF FATHERS

In using the following self-assessment checklist, jurisdictions are urged to evaluate whether they have adequate policies, programming, resources and accountability measures to ensure that each recommendation strategy is reaching all pregnant and parenting youth.

- **Father identification takes place as soon as the pregnancy is confirmed.**
 - Staff formalize a process for gathering information from mothers about their child's father.
 - Young mothers, fathers, as well as professionals, are educated about the rights of fathers to be involved in the lives of their children.
 - Fathers and mothers have easy-to-read information readily available about the formal process of establishing paternity.
 - Young men are connected with individuals/organizations that can assist them in completing the process of establishing paternity.
 - Young males are asked whether they have any children upon entry into care or change of placement.

- **Staff promote the importance of father engagement.**
 - Staff and resource parents are trained on how to talk with young mothers about the important role of fathers in the development of young children.
 - Staff and resource parents are trained on how to talk effectively with fathers about their relationship with their children, including their roles, rights and responsibilities.
 - Staff are familiar with the various reasons fathers may not be engaged in the lives of their children.
 - Staff develop and/or otherwise make available easy-to-read information resources that highlight the importance of fatherhood, and the critical role fathers play in the lives and development of their children.
 - Staff create an environment that welcomes fathers, including the presence of men and fathers illustrated in posters, signs, and other visible images.
 - Agencies and organizations have designated (and private) space available for staff to meet with fathers, both individually as well as with the mother as appropriate.
 - Young mothers and fathers are educated about the importance of each of their roles in their child's life.

Staff develop and distribute "tip sheets" about the critical role of fathers in their child's development. Tip sheets use clear language, are easy-to-read and may include topics such as understanding the early years, constructive play with children, disciplining children, co-parenting, being a great dad, spending consistent time with children, among others.

- **Young fathers are connected to a full array of services.**

- Staff identify and create a list of fatherhood programs that can be helpful in educating young fathers on appropriate child developmental milestones and meeting the child's socio-emotional needs, especially those which are familiar with the experiences of youth in foster care.
- Staff organize partnerships with appropriate community organizations, faith institutions and/or develop community coalitions to develop and support this work when specific programs are not available.
- Staff members are familiar with and provide information about other community resources and supports that are available to support those young fathers who are not in care.
- TANF and child support enforcement policies ensure do not inadvertently discourage father engagement.

Appendix: Taking a Protective and Promotive Factors Approach to Supporting Pregnant and Parenting Youth

The Center for the Study of Social Policy (CSSP) has worked over the past ten years to help state partners and local programs adopt a protective factors approach to improving outcomes for young children and their families through its Strengthening Families™ Initiative. This initiative, currently active in over 30 states, mobilizes those working with young children and their families to help them build protective factors shown by research to be associated with reducing the likelihood of child abuse and neglect and improving the chances for optimal child development.

In addition to focusing on young children and their families, CSSP understands how critical it is to have a conceptual framework that reflects a development perspective; that is, one that incorporates age-related competencies across the lifespan and contextual characteristics. To this end, CSSP has developed a complementary framework to that of Strengthening Families™. The YouthThrive™ initiative, which is aimed at youth ages 11-24 and those working with youth in foster care, identifies protective and promotive factors shown by research to be associated both with reducing risk for this age group and fostering healthy development and well-being.

Pregnant and parenting youth in foster care may face numerous challenges which can undermine their own transition into adulthood and their confidence in their ability to be a good parent. For example:

1. Changes occurring during their own developmental stage may make them react more negatively and unproductively to the day-to-day stresses of being both an adolescent and a parent.
2. They may feel unfairly judged about their fitness to be a good parent.
3. They may have little knowledge about their own development as well as the developmental needs of their child and have access to few adult models who could help them build appropriate skills.
4. The experiences that resulted in them entering the child welfare system may disrupt their own family experience.
5. They may have few trusted others who could help them reflect on and understand their own experience within the child welfare system, as well as the impact of that experience on their parenting role.

A protective and promotive factors approach provides an important frame for addressing these challenges and providing needed special attention and support to pregnant and parenting youth in foster care. The following chart describes:

- the protective and promotive factors common to both the Strengthening Families™ Protective Factors framework and the YouthThrive™ framework, and
- examples of ways to build these protective and promotive factors in working with pregnant and parenting youth in order to promote their own personal development and to help them have the facility to parent their young children effectively.

<p>Protective Factors</p>	<p>Examples of Ways to Build the Protective and Promotive Factors to Promote Pregnant and Parenting Youths' (PPY) Personal Development</p>	<p>Examples of Ways to Build the Protective and Promotive Factors to Promote Pregnant and Parenting Youths' (PPY) Parenting Efficacy</p>
<p>Resilience: The ability to respond flexibly and productively to day-to-day stressors and unexpected circumstances; to persevere at difficult tasks; and to maintain hope, optimism, and effort in the face of challenges.</p>	<ul style="list-style-type: none"> ▪ Providing experiences for PPY that support the development of self-confidence, self-compassion, positive self-concept, and personal responsibility. ▪ Helping the PPY to identify and develop proactive coping strategies. ▪ Encouraging the PPY to seek help when needed. 	<ul style="list-style-type: none"> ▪ Identifying proactive ways for the PPY to manage stress (e.g., taking a walk with the baby in a stroller). ▪ Encouraging the PPY to finish high school or get a GED in order to get additional education or training that will enable the future to be brighter for the youth and the child.
<p>Social Connections: The network of caring family members, friends, and trusted others who you can turn to for advice, support, and assistance.</p>	<ul style="list-style-type: none"> ▪ Helping PPY to establish healthy, supportive, caring relationships with adults who can provide positive advice and promote high expectations. 	<ul style="list-style-type: none"> ▪ Helping PPY to develop and sustain social networks that are supportive of their parenting status and can provide assistance and positive norms around their parenting role.
<p>Knowledge of Development: The understanding and appreciation of typical milestones associated with different stages of development, as well as ways to promote healthy outcomes.</p>	<ul style="list-style-type: none"> ▪ Helping PPY to acquire accurate information and understandings about healthy youth development and well-being. ▪ Helping the PPY to identify and reflect on their own strengths. 	<ul style="list-style-type: none"> ▪ Encouraging the PPY to reflect on how their own experiences as a child influence their parenting. ▪ Helping the PPY to identify reliable resources (e.g., people, websites, classes) to turn to for parenting and child development advice.
<p>Concrete Support: The availability of crisis intervention and skill building services and resources at the time when you need them.</p>	<ul style="list-style-type: none"> ▪ Providing opportunities for PPY to have additional skill building (e.g., tutoring, counseling) and psychoeducational assistance (e.g., cognitive, behavioral and academic assessment and services). ▪ Ensuring that crisis assistance is available (e.g., mental health, substance abuse, intimate partner violence, health, housing, workforce development, legal, recreation, respite). 	<ul style="list-style-type: none"> ▪ Ensuring that appropriate services are in place to support the developmental needs of both the youth and their young child. ▪ Having discussions about the basic services a young child needs to maintain good health and development. ▪ Helping the PPY to learn skills to navigate service systems and to serve as an advocate to ensure their child has what they need, now and once they leave the child welfare system.
<p>Developmental Competencies: The ability to engage and master age-appropriate tasks associated with different domains of development</p>	<ul style="list-style-type: none"> ▪ Providing experiences that enable PPY to develop self-regulation and to learn impulse control. ▪ Providing experiences that build critical thinking, planning, decision-making, conflict-resolution and communication skills. ▪ Providing experiences that will enable PPY to feel positive emotions (e.g., joy, optimism, faith). 	<ul style="list-style-type: none"> ▪ Encouraging the PPY to provide consistent, warm, and affectionate care. ▪ Helping PPY to learn to provide responsive care by matching their caregiving with the child's needs. ▪ Helping PPY to learn ways to teach their child to express their feelings with words, to develop self-regulation, and to learn to interact positively with others.

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