



## What are some strategies for **supporting pregnant and parenting teens in foster care?**

### **What are the unique needs of teens in foster care and their children?<sup>1</sup>**

Regardless of involvement in foster care, all teen parents need support in becoming a parent and successfully navigating the developmental stages of adolescence. Teenagers experience significant changes related to cognitive, emotional, and physical maturity as the brain continues to develop into their mid-20s. As a result, all teen parents need strong support networks and resources in order to develop into successful adults and to parent effectively.

Teen parents in foster care face additional challenges that are unique to their situation. Teens in foster care are less likely to finish their schooling and more likely to suffer from mental illness, unemployment, and homelessness than teens not in foster care. Many teen parents in foster care have experienced maltreatment, endured multiple placements, and been separated from parents and other important people. These experiences result in significant trauma that, if left untreated, can impact their mental health and ability to form lasting relationships with a trusted and caring adult, and even their own child. And, according to at least one study, teens who have already had one child are at increased risk of having another prior to age 21.



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Children born to teen parents in foster care also present a unique set of needs. They are more likely to be born premature, experience difficulties in school, enter foster care, and go to prison later in life. Because parents set the stage for a child's success in school and life, and children benefit from the involvement of healthy mothers and fathers in their lives, programs aimed at both parents can support the health and life outcomes of the child.

## What are some challenges that agencies face in providing effective services for this population?

Teen parents in foster care need support to finish school, become self-sufficient, address trauma, receive help for any mental health issues, and prevent additional pregnancies.

But agencies face several barriers to reducing rates of pregnancy among teens who are already in foster care, and providing them effective services. These barriers include:<sup>2</sup>

- Difficulty—on the part of resource parents, group home staff, and caseworkers—with discussing sexual activity with teens and confusion regarding who is responsible for providing sex education to teenagers.
- Limitations regarding outreach to teen males who may not be involved with the system.
- Disruptions in placement and heavy caseloads that contribute to confusion surrounding who, if anyone, is providing teens with sex education.
- Inaccurate or inconsistent counts of the number of teens in foster care who are pregnant or parenting.
- Insufficient tracking as to whether teens are receiving the services they need to learn to parent effectively.
- Teens, staff, and resource parents' lack of awareness of the outcomes associated with being a pregnant and parenting teen in foster care.

## PREGNANT AND PARENTING TEENS ARE...<sup>3</sup>

- Less likely to graduate from high school.
- Less likely to receive adequate health care.
- More likely to have mental health challenges, such as depression and anxiety.
- More likely to smoke, have inadequate nutrition, and deliver babies with a low birth weight.

## TEENS IN FOSTER CARE ARE...<sup>4</sup>

- At high risk for pregnancy—they are more likely to have sex as teenagers and less likely to use contraception than teens not in foster care.
- Twice as likely to be reported for abuse and neglect and have their children removed from their care when compared to older mothers.
- Twice as likely as their peers to have a child by the age of 19.

- Insufficient services provided by professionals trained to work with pregnant and parenting teens, including whether those services are developmentally appropriate and responsive to the needs of the teens, their children, and the teens' caregivers.

## What are the goals of effective programs for pregnant and parenting teens in foster care?

Pregnant and parenting teens in foster care need help to guide them along positive developmental pathways and provide their children with the care they need to learn, grow, develop, and reach their full potential.<sup>5</sup>

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## DON'T FORGET ABOUT TEEN FATHERS

There are many reasons why teen parenting programs don't focus on fathers. These include:

- Funding streams dictate the service recipient to be the mother.
- Paternity may be difficult to determine.<sup>6</sup>
- Teen fathers may be unwilling to seek help for fear of reprisal.<sup>6</sup>
- There are fewer teen fathers than teen mothers, as fathers involved in teen pregnancies tend to be older than 20.<sup>6</sup>

Yet teen fathers face the same risk factors as mothers do, including an increased risk for being involved in subsequent pregnancies, which in turn leads to a higher likelihood of poverty.<sup>3</sup> Additionally, teen fathers are more likely to contend with employment challenges, which may make supporting their children challenging.<sup>6</sup>

Actively including fathers in parenting programs, when safe and appropriate, is a key strategy.<sup>3</sup>

Effective programs can help reduce the risk of negative educational, relational, health, and economic outcomes by improving teen parents' responsiveness to their child, parent-child interactions, and knowledge of positive parenting behaviors and child development.<sup>7</sup> According to the Center for the Study of Social Policy, programs that address a teen parent's physical health, socio-emotional health, well-being, and need for education and self-sufficiency should focus on the following three overarching goals.<sup>8</sup>

## 1. Ensure healthy development of the teen parent by:

- Ensuring the parent receives consistent medical attention, including prenatal and postnatal care.
- Providing supports that promote age appropriate developmental goals and address relevant mental health issues, including the impact of trauma.
- Providing education related to substance abuse (specifically the risks that substance use poses to the developing child), sexual health, the prevention of second pregnancies, and sexually transmitted infections.
- Encouraging healthy relationships with partners, peers, family members, and other supportive people.
- Promoting self-sufficiency and independent living outcomes for pregnant and parenting teens by helping them obtain high school diplomas/GEDs and pursue additional education and employment opportunities, or job training, depending on their interests.<sup>3</sup>

## 2. Ensure healthy development of the child by:<sup>8</sup>

- Ensuring the parent receives consistent medical attention, including prenatal care, to increase the likelihood of a healthy birth.
- Assisting the parent in registering for other supports such as Medicaid and Supplemental Nutrition Assistance Program so the child receives regular medical care, including developmental screenings.
- Connecting the children of teen mothers and fathers with developmentally appropriate resources, childcare, and services for the child, including transportation and educational opportunities.



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## 3. Develop strong parent-child relationships that promote attachment and bonding by:<sup>8</sup>

- Providing access to programs that promote positive parenting and emphasize nurturing as well as age-appropriate discipline.
- Connecting teens to models of good parenting practices and programs that provide education about essential parenting skills and the importance of responsive parenting.
- Offering opportunities to practice parenting skills in a supportive environment.

## What are the key components of effective programs for teen parents in foster care?

Certain programs for pregnant and parenting teens in foster care have a case management component and can be offered through either a school, community program, or hospital. Other programs may involve regular home visits that continue throughout pregnancy and beyond, while others may be connected to community medical and social services.<sup>6</sup> Regardless of how the program is delivered or who delivers it, effective family life education programs typically:<sup>7</sup>

- **Offer clear goals and objectives** that define the program's purpose and intended impact, outline benchmarks, and provide tangible next steps.
- **Build programming activities based on theory and research** related to teen parenting, including teaching parents emotional communication skills and how to interact positively and often with their child.

- **Reflect appropriate dosage and intensity**, given research showing that longer programming is better than shorter programming in the case of teen parenting programs. (Programs lasting at least four months to a year provide time for teen parents to build trusting relationships and offer sufficient practice and learning.)
- **Incorporate support from multiple sources** and consider multiple influences on participants' lives.
- **Use active learning approaches** that provide actual practice of the skills of parenthood through interactions with their children, as active learning approaches have been found to have the greatest effect on parenting behaviors over time.
- **Address the dual development** of teens and their babies, rather than one or the other in isolation.

## What are some effective programs?

**Inwood House**, part of The Children's Village in Queens, New York, provides education and support for pregnant and parenting teens in foster care. Inwood's continuum of care model is designed to help teens become independent, increase their sense of self-worth, complete school, and enter the workforce. It also aims to reduce additional pregnancies, enhance parenting skills, and improve the health of the mothers and their babies. Findings from a four-year study found outcomes significantly better than local and national norms for teen parents. For example, one year after delivery, 92 percent of teen mothers were still in school or had graduated, and 82 percent had a bank account. Nearly 100 percent had health insurance, had fully immunized their babies,



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and had completed an average of four well-baby visits. Additionally, nearly 100 percent had custody of their baby and the child was in regular contact with the father.<sup>9</sup>

**St. Anne's**, located in Los Angeles, California, serves pregnant and parenting teens who are in or transitioning from foster care. The program's goal is to build safe, nurturing, and resilient families by supporting mothers while they pursue educational opportunities and develop job skills. This support ideally leads to increased self-sufficiency, permanent employment, and stable housing. St. Anne's operates a residential treatment program, a transitional housing program, and a workforce development program, as well as

multiple early education centers, to support pregnant and parenting teens in foster care. The agency's 2016 annual report revealed that 96 percent of the teenagers in its residential treatment program were enrolled in school; 66 percent of the women enrolled in the transitional housing program raised their income; and 75 percent of those enrolled in the workforce development program completed an internship and were working or in school.<sup>10</sup>

Other effective programs that help **all** pregnant and parenting teens and young adults are listed in the following table, which highlights areas where they have demonstrated effectiveness:

PROGRAM	PROGRAM	PROGRAM
<a href="#">Parents as Teachers (PAT) — Partnering with Teen Parents</a>	PAT promotes parental knowledge of early development by educating parents through group meetings and personal visits. The teen curriculum is a training for professionals who work with teen parents and offers insights on teen parents, their challenges and struggles, and their children.	PAT has shown promising results in the areas of child development and school readiness, family economic self-sufficiency, positive parenting practices, and reductions in maltreatment. <sup>11</sup>
<a href="#">Early Intervention Program (EIP) for Adolescent Mothers</a>	EIP for Adolescent Mothers is a home visiting program for teenage mothers delivered by nurses during pregnancy and through the first year after giving birth.	This program was effective in guiding mothers to immunize their children. The infants of mothers who participated also spent less time in the hospital during the first six weeks of life as compared to a control group. <sup>12</sup>
<a href="#">Three Generations Project</a>	A home-visiting program designed to educate teen mothers about parenting strategies, health care, contraception use, and the importance of completing their education.	Project participants returned to school and graduated at a higher rate than those in the control group, and showed significant improvement in managing expectations of their children. <sup>12</sup>
<a href="#">Nurturing Program for Teenage Parents and their Families</a>	A home-visiting program for teenage mothers designed to improve mental health outcomes.	Mothers in this program had a lower level of inappropriate expectations of their children and demonstrated lower levels of parent-child dysfunction than a control group. <sup>12</sup>

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