Improving Outcomes for Pregnant and Parenting Youth in Foster Care: Federal Policy Recommendations
Introduction

Pregnant and parenting youth in foster care and their children represent a particularly vulnerable population. Though national data do not exist (and local data are often not tracked), youth who spend time in foster care are at a high risk for teen pregnancy and multiple pregnancies while still young. Studies show these youth are more likely to have had sex as teenagers, are less likely to use contraception and are approximately twice as likely to have a child by age 19.¹ A large study of three Midwestern states found that three-quarters of girls in foster care report having a pregnancy by age 21 (compared to one-third of non-foster care youth) and almost two-thirds have more than one pregnancy by age 21.² Youth aging out of foster care are already at greater risk for dropping out of school, homelessness, unemployment and mental illness; teen pregnancy and parenting heightens these risks.

The children born to mothers in foster care also face challenges. Children born to teen parents are more likely to be born prematurely, have difficulties in school and go to prison later in life.³ In addition, children of parenting foster youth are at an elevated risk of entering foster care themselves.⁴ Some experts report the children of foster youth are five times more likely to spend time in the foster care system than the children of same-aged mothers who are not in care.⁵

The urgency for child welfare agencies to implement successful policies for this population of youth is growing as states move to extend the age in which youth can remain in foster care. The majority of youth in foster care who become pregnant do so in their late teens and early 20's.⁶ As states increasingly extend foster care from 18 to 21 years of age, they can expect to have a larger portion of their foster care population pregnant or parenting and they need to be better prepared to meet these two-generational needs.

This guide offers federally-focused recommendations for charting a way forward to more effectively address the complex needs of pregnant and parenting youth who are in foster care or transitioning out of it. The recommendations are derived from the Center for the Study of Social Policy’s (CSSP) analysis of federal laws and policies, current research and numerous conversations and interviews with federal, state and local policymakers, researchers and other experts in the fields of foster care and teenage pregnancy.

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Recommendations for Executive Branch Action

The Department of Health and Human Services (HHS) should prioritize supporting state and local efforts to improve the two-generational outcomes of pregnant and parenting foster youth and their children by demonstrating national leadership on the topic, developing guidance and directing resources toward this area of youth well-being.

HHS is in a unique position to be a national leader in changing child welfare practice to improve the outcomes for these youth by raising the visibility of the issue, developing greater knowledge and disseminating information on innovative and best practices for state and local agencies and organizations. Steps HHS should take include:

- Convene national, state and local experts to review the challenges and opportunities for serving this population and disseminate findings on innovative approaches to local and state agencies.
- Direct the Federal Interagency Work Group on Child Abuse and Neglect to work on issues facing pregnant and parenting foster youth and their children. This workgroup is cross-agency and therefore provides an ideal organizational framework for HHS to develop opportunities to help state and local agencies address the needs of these youth in more comprehensive ways.
- Incorporate an expanded focus on pregnant and parenting foster youth into work HHS is already doing in areas of youth development. For example, HHS provides information on numerous topics relevant to pregnant and parenting foster youth, such as "Working With Parenting and Pregnant Teens Tip Sheets" but has not extended these resources to focus specifically on the unique challenges and issues around supporting pregnant and parenting youth in foster care.
- Direct more resources toward research aimed at understanding the challenges facing pregnant and parenting foster youth and pathways for their success. A review of research projects underway by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Office of Planning Research and Evaluation (OPRE) suggests there is no clear work underway in regard to this population of youth.

Effectively addressing the unique challenges of pregnant and parenting foster youth and their children needs to be a priority for local, state and federal policymakers. Over the last decade, HHS has undertaken important initiatives and implemented policies to increase state and local focus on improving child well-being outcomes, but it has yet to place specific focus on this particularly vulnerable group. A review of recent HHS initiatives, issues undertaken by the Administration on Children and Families and summary reports to Congress currently make no mention of pregnant and parenting foster youth. Pregnancy also continues to be ignored as a child well-being indicator in the Child and Family Services Reviews.
The Children’s Bureau and the Center for Medicaid & Medicare Services (CMS) at HHS should collaborate to provide joint guidance to states to help promote health insurance enrollment of youth aging out of foster care and former foster youth.

Joint guidance from the Children’s Bureau and CMS on health insurance for current, former and aging out foster youth will be tremendously important for helping child welfare agencies support these youth in enrolling in health insurance plans. In addition, the Children’s Bureau could be instrumental in monitoring the progress states are making enrolling these youth. Some states have auto-enrollment for youth aging out of foster care, but other states require youth involvement for enrollment and see lower levels of participation. Though this recommendation is not specific to pregnant and parenting foster youth, effective implementation for all foster youth is the best way to keep pregnant and parenting foster youth connected to health services as they age out of foster care.

Having health insurance coverage is extremely important to supporting the well-being of current and former foster youth. This is even more important for pregnant and parenting foster youth who have additional pre- and post-partum health care needs. The Patient Protection and Affordable Care Act of 2010 (ACA) made extremely important changes to insurance coverage rules to help support the health and well-being of former foster youth. Beginning on January 1, 2014, the ACA requires states to extend Medicaid coverage until age 26 for youth who were in foster care on their 18th birthday (or when they aged out) and were enrolled in Medicaid. This includes youth under age 26 who aged out of foster care prior to the passage of the ACA. However, because this extension of coverage is not automatic and enrollment efforts will be critical to youth actually receiving the health coverage to which they are entitled, it is important to support child welfare agencies’ efforts in navigating the intricacies of health insurance participation.

The Maternal and Child Health Bureau (MCHB) should raise the visibility of the benefits of - and ensure access to - home visiting programs serving pregnant and parenting foster youth.

To more fully realize the potential of the program for pregnant and parenting foster youth, MCHB can enhance their program administration in two ways. First, a significant percentage of the home visiting funds have gone toward the implementation of the Nurse-Family Partnership home visiting model because the model has an impressive history of research demonstrating its effectiveness. But this home visiting model requires pregnant mothers to receive their first home visit by the 28th week of pregnancy, which effectively excludes many pregnant foster youth whose pregnancies are often unknown to the child welfare agency until after that point. The MCHB, in conjunction with the Children’s Bureau, could play a central role in helping states and local agencies consider ways to better ensure this vulnerable population is not being excluded from participation in this historic investment in home visiting programs by targeting outreach and early identification efforts to this population; thereby, better ensuring these young people are able to enroll and benefit from this important program.
Second, the MCHB should become a better resource on how local communities could implement home visiting programs to better serve this small but highly vulnerable population. Despite the emphasis the law places on reaching pregnant and parenting youth under age 21 and families with histories of child abuse, the technical assistance, resources and webinars provided by MCHB have not yet placed a focus on supporting the delivery of home visitation to foster youth. Greater attention and focus by the bureau, in collaboration with state and local child welfare agencies, would raise the visibility, needs and challenges faced by this population of parents and would likely lead to more resource allocation and better service delivery.

As part of the ACA, Congress allocated an unprecedented $1.5 billion over five years for the funding of early childhood home visitation programs aimed at promoting “improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development outcomes, school readiness, the socioeconomic status of such families and reductions in child abuse, neglect, and injuries.” Home visitation programs have the potential to be extremely helpful in providing a two-generation approach to improving the well-being of pregnant and parenting foster youth and their children by targeting both the parent(s) and the child. Some child welfare agencies consider engagement in home visiting programs to be central to their efforts to serving pregnant and parenting foster youth. This landmark legislation requires service providers to prioritize serving pregnant women under the age of 21 as well as to prioritize serving families that “have a history of child abuse or neglect or have had interactions with child welfare agencies.” This priority language clearly encompasses serving pregnant and parenting foster youth, giving this major expansion in the availability of home visitation services the potential to have an important impact on the well-being of pregnant and parenting foster youth and their children.

Ensure the eligibility restrictions in the Fostering Connections to Success and Increasing Adoptions Act of 2008 do not create a barrier to providing services to older parenting youth in foster care.

Fostering Connections included a number of key reforms to help states improve services to youth in foster care, including allowing states to extend federal support to youth until age 21. However, this extension applies only if youth are engaged in school, vocational training, employed, “participating in a program or activity designed to promote, or remove barriers to, employment” or have a medical condition that prohibits such activity. It is unknown the extent to which these restrictions create barriers for newly parenting foster youth ages 18-21 from remaining in the foster care system or returning if they exited at 18. It is important however, to ensure that they do not. Pediatricians and child development experts all point to the importance of allowing mothers and infants sufficient time to bond, and federal law has previously recognized the need for supporting this important relationship when it comes to program benefit eligibility. HHS should make clear that interpretation of Fostering Connections does not exclude newly parenting foster youth who are unable to meet the conditions while caring for a newborn.
Create a competitive pilot demonstration program for state and local child welfare agencies to test innovative programs and practices for improving the well-being of pregnant and parenting youth in foster care and the children they are raising.

The administration should dedicate funding to create a pilot program to fund a limited number of state and local child welfare agencies to pursue two-generational, trauma-informed and developmentally appropriate policies aimed at improving clearly defined outcomes for pregnant and parenting foster youth and their children. This pilot program would act to expand innovation and inform future directions for policymakers and program administrators.

Expand access to high quality early learning programs and child care assistance and help states remove barriers to child care assistance for parenting youth in foster care.

The Child Care and Development Block Grant (CCDBG) only provides child care assistance for approximately 1 in 6 eligible families and allows states wide latitude in who is prioritized for assistance. One way to reduce barriers to the educational or employment success for parenting youth in foster care is to ensure they have access to child care. A small number of states have chosen to prioritize providing child care assistance to these youth, but more states need to follow their lead. To promote these important policies, in addition to bringing attention to the needs of this population, the Office of Child Care at HHS could amend the state plans for CCDBG to specifically mention children of parenting foster youth as a priority population, and the Office of Head Start should issue guidance encouraging local programs to prioritize enrollment of these children.

Providing parenting foster youth with access to high quality early learning programs for their children is important for both the foster youth and their child. High quality early learning opportunities that include a parent engagement component can lead to better development and learning outcomes for children as well as improved parenting skills and parent-child relationships. Access to a program such as Early Head Start would serve to help parenting foster youth develop their parenting skills, work toward life goals, and support the development of their infants and toddlers. Lack of safe and stable child care arrangements can be a significant barrier to the well-being of parenting youth in foster care or those who have aged out because it can interfere with youth continuing in school or employment.

Require that child welfare agencies collect data about the incidence of parenting youth within the foster care population and assess their current service array for serving this population.

Amend the Child and Family Service reviews (CFSR) to gather information about this population and to require states to identify what they are doing to ensure that pregnant and parenting youth in foster care are assisted in keeping their children safely with them and out of foster care. Other potential data collection opportunities: Statewide/Tribal Automated Child Welfare Information System (SACWIS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS).
Recommendations for Congressional Action

Authorize a competitive pilot demonstration program to state and local child welfare agencies to test innovative programs and practices for improving the well-being of pregnant and parenting youth in foster care and the children they are raising.

Congress should pass legislation for a pilot program to fund a limited number of state and local child welfare agencies to pursue two-generational, trauma-informed and developmentally appropriate policies aimed at improving clearly defined outcomes for pregnant and parenting foster youth and their children. This pilot program would act to expand innovation and inform future directions for policymakers and program administrators.

Request a study by the Government Accountability Office (GAO) to evaluate what federal laws and regulations create barriers or opportunities to advance the well-being of pregnant and parenting foster youth and to assess the data currently collected by states related to this population.

A study and report by the GAO would cut across jurisdictional limitations and provide a more comprehensive understanding of the ways in which policies could be enhanced to support better the outcomes of pregnant and parenting youth in foster care and their children. The study should include a focus on data – to assess the data currently collected by states related to this population and to determine areas in which additional data collection could help state and local agencies better serve this population. The report should include recommendations for policy changes geared toward a better process for collecting, using and reporting data.

Another potential study could evaluate whether the reforms instituted by the Fostering Connections to Success and Increasing Adoptions Act of 2008 were implemented to include services that delay first and subsequent births with a focus on the potential usefulness of additional guidance to support improved two-generational outcomes for pregnant and parenting foster youth and those aging out of the system.

Support legislation that improves school districts’ efforts to meet the educational needs of pregnant and parenting students.

Federal legislation aimed at increasing the attention school districts place on supporting the needs of pregnant and parenting students would lead to an increased focus and greater accountability in meeting the educational needs of these youth. A potential opportunity would be prioritizing this population in key provisions in the reauthorization of the Elementary and Secondary Education Act. Such legislation would help pregnant and parenting foster youth by requiring states and many local school districts to develop individualized two-generational education plans for pregnant and parenting students, track educational outcomes to enroll,
attend and succeed in school and to track and report non-personally identifiable data on enrollment, academic achievement and graduation rates for this population.

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**Foster youth are at very high risk of dropping out of school and not going to college. The risk for disruptions to education is even greater for pregnant and parenting foster youth.**¹ One study found pregnancy and parenting doubled the risk of dropping out of high school for foster youth.¹ Another study found subsequent births dropped the likelihood of high school graduation an additional 45 percent.¹

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**Continue the federal commitment to evidence-based programs that focus on preventing youth pregnancy and supporting young mothers, such as the Personal Responsibility Education Program.**

Continued federal commitment to programs specifically aimed at delaying teenage pregnancy and supporting young mothers among at-risk populations is very important to state and local efforts to address the needs of parenting and pregnant foster youth. The Department of Health and Human Services (HHS) currently provides $75 million annually through the Personal Responsibility Education Program (PREP) to states and local organizations for implementation of evidence-based programs designed to (1) educate adolescents on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections and (2) address at least three of the adulthood preparation subjects listed in statute, including topics such as healthy relationships, education and career success and healthy life skills. PREP focuses on serving at-risk populations, specifically prioritizing foster youth, and is also meant to support pregnant youth and mothers under age 21. When PREP expires at the end of fiscal year 2014, it is essential that federal commitment to evidence-based programs for foster youth, such as PREP be continued.

**Amend Titles IV-B and IV-E of the Social Security Act to place specific focus on child welfare agencies meeting the needs of pregnant and parenting youth in and aging out of foster care.**

Title IV-B and Title IV-E of the Social Security Act, including the Chafee Foster Care Independence Program, should be amended to place explicit focus at the federal, state and local levels on improving the two-generational outcomes of pregnant and parenting foster youth and youth aging out of the foster care system. Despite the high prevalence of early pregnancies among teens in foster care, the major federal child welfare laws include no provisions (except one about financing placement of their child) addressing the needs of this population of foster youth. Changes to provisions in state plans, case plans, transition planning and other statutory requirements in IV-B and IV-E would increase intentionality and focus by federal, state and local child welfare agencies on specifically supporting pregnant and parenting foster youth and their children and those transitioning out of care. Statutory changes to facilitate data collection that serve to clarify the scope of these issues for policymakers and program administrators would be an important step. This data would also allow states to be held accountable for their efforts in preventing pregnancies among foster youth and youth transitioning out of foster care as well as for the well-being of the children born to these youth.

http://www.chapinhall.org/sites/default/files/ChapinHallDocument_2.pdf

3 It's Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care (2010). The National Campaign to Prevent Teen and Unplanned Pregnancy.  


5 The John Burton Foundation. (April 3rd, 2013). Power Point Presentation from Web seminar Recording of “SB528: Supporting Parenting Youth in Foster Care”  


7 The stated aim of this work group, on which more than 40 federal agencies are represented, is to “provide a forum through which staff from relevant federal agencies can communicate and exchange ideas concerning child maltreatment related programs and activities; to collect information about federal child maltreatment activities; and provide a basis for collective action through which funding and resources can be maximized.”


10 http://www.nursefamilypartnership.org/communities/model-elements