

Addressing the Needs of Pregnant and Parenting Youth in Foster Care: A Primer on Interagency Collaboration for Children's Bureau Grantees



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Around the country, promising practices and innovative supports are increasing the ability of service providers to help youth in out-of-home care avoid or overcome the challenges they face. Youth in care are more likely to experience homelessness or poverty, low self-esteem that leads to risky behaviors, lower education attainment, and teen pregnancy and parenting (Child Trends, 2015). Youth in care who are pregnant or parenting face additional challenges, including increased placement instability, increased likelihood of experiencing homelessness or poverty, and an even greater strain on their ability to have normal adolescent experiences (Taylor, 2013). The good news is that these unique challenges can be overcome when they give rise to strengths that can lead to positive outcomes. Strong collaboration between programs and individual service providers is essential for offering effective, comprehensive support to enhance protective factors for youth in care who are pregnant or parenting.

The Federal Department of Health and Human Services funds many programs to support pregnant and parenting youth and pregnancy prevention efforts with youth in out-of-home care, including **the John H. Chafee Foster Care Program for Successful Transition to Adulthood**, also known as Chafee or Independent Living (IL) programs or services, and **Adolescent Pregnancy Prevention (APP)**. These programs share many common goals and are uniquely positioned to work together to impact outcomes for youth who are pregnant or parenting while in out-of-home care. Collaborative practices between these programs can streamline service delivery and increase access to needed resources and supports. These efforts can help pregnant and parenting youth in out-of-home care turn challenges into protective factors and promote the confidence needed to improve their lives and meet their goals.

This tip sheet explains the services available under each program and offers strategies for using them together to improve outcomes for pregnant or parenting youth in out-of-home care.

The different approaches of Chafee/IL programs and APP programs to these services is summarized in the following table.

Pregnant and Parenting Youth in Foster Care by the Numbers

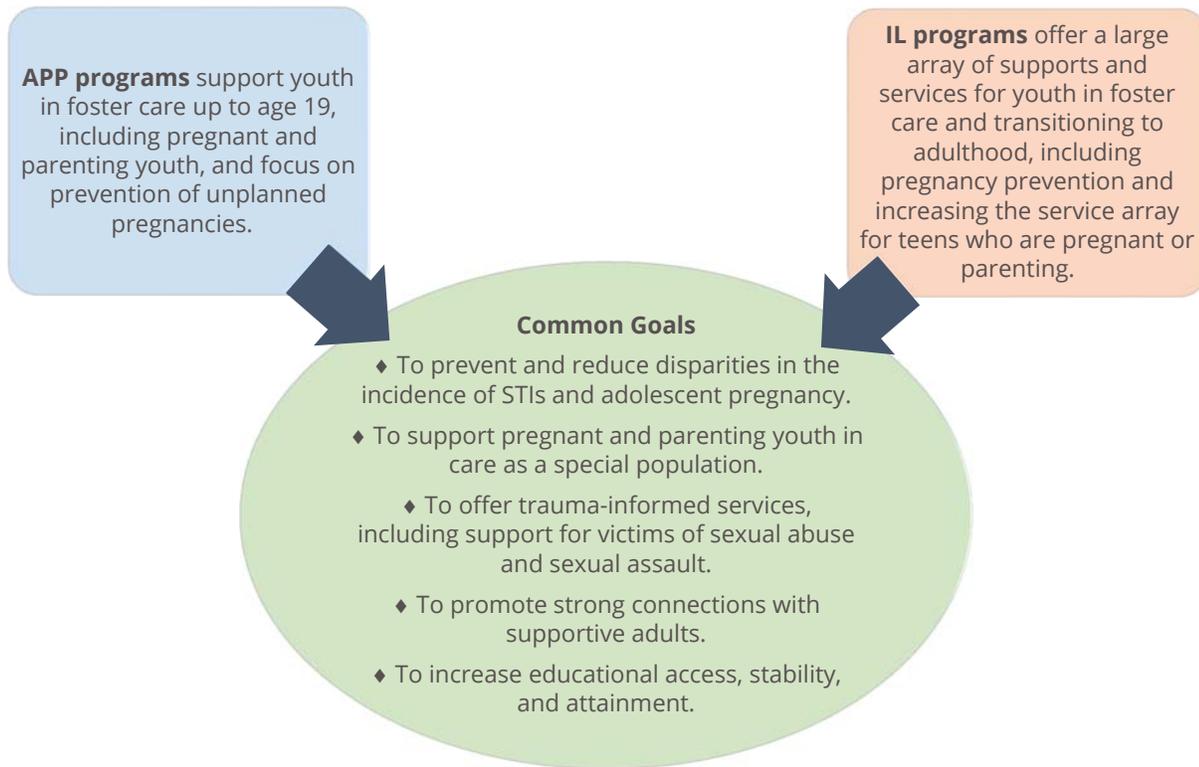
- ▶ By age 17, 5 percent of youth surveyed gave birth or fathered a child; at age 19, 12 percent of girls in foster care had at least one child; and between age 19 and 21, 25 percent of youth in care gave birth or parented a child (NYTD, 2017).
- ▶ Some states experience pregnant or parenting youth in foster care at even higher rates. For example, data from California indicate that 35.2 percent of girls in foster care, surveyed at age 17, had given birth at least once (Putnam-Hornstein et al., 2016).
- ▶ Data from Midwestern states show that by age 19, more than 50 percent of youth in foster care had been pregnant at least once compared to 27.3 percent of youth not in foster care (Dworsky & Courtney, 2010; Manlove, 2011).

Goal	APP Program Features	Chafee/IL Program Features
Promote a healthy transition to adulthood	Programs use a Positive Youth Development (PYD) approach, an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families.	Programs help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult. Programs assist children who have experienced foster care at age 14 or older engage in developmentally appropriate activities, and facilitate positive youth development, and experiential learning that reflects what their peers in intact families experience.
Incorporate training in self-sufficiency	Services include adult preparation subjects: <ul style="list-style-type: none"> ▶ Adolescent development ▶ Educational and career success ▶ Financial literacy ▶ Healthy life skills ▶ Healthy relationships ▶ Parent-child communication 	Programs support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services, such as assistance with: <ul style="list-style-type: none"> ▶ Obtaining a high school diploma ▶ Postsecondary education information and exploration ▶ Career exploration ▶ Vocational training ▶ Job placement and retention ▶ Training and opportunities to practice daily living skills.
Address adverse childhood experiences (ACEs)	Programs adopt a trauma-informed care approach, support mental health and the development of coping strategies, and work to increase protective factors. These programs also provide referrals to mental health and other services.	The transition to adulthood experienced by youth in foster care may be complicated by trauma that results from ACEs. Most providers of Chafee/IL services use a trauma-informed approach to serve youth. In addition, the Chafee/IL program supports youth participating in age-appropriate and normative activities as a method to promote healthy development and reduce trauma.
Prevent teen pregnancy and sexually transmitted infections (STIs)	The Family and Youth Services Bureau (FYSB) supports state, tribal, and community efforts to teach abstinence and contraceptive education that is medically accurate, culturally relevant, and age appropriate.	The Chafee/IL program promotes transitional services including preventative health activities such as pregnancy prevention.

Programs That Support Pregnant and Parenting Youth in Care

Federally-funded Chafee/IL and APP programs provide opportunities for states to implement services for older youth in care, including pregnancy prevention, parenting support services, and other support for youths' transition to adulthood. Chafee/IL and APP programs share common goals and are both aimed at enhancing protective factors through focused services (figure 1).

Figure 1: Goals of APP and Chafee/IL Programs



Chafee/IL and APP programs strive to help young people successfully transition to adulthood with the strengths, supports, and services they need, including the shared goals of a healthy transition to adulthood, training for self-sufficiency, addressing adverse childhood experiences, and preventing teen pregnancy.

Chafee/IL Programs

The Children's Bureau administers Chafee/IL programs to provide funds to states to provide services for older youth in care, including IL programs. While APP programs are not funded through Chafee, both Chafee/IL and APP programs are aligned with the goals of the Chafee/IL program, including:

- ▶ Providing continuation of services around education, training, employment, and self-sufficiency
- ▶ Providing personal and emotional support to youth through mentors and promoting interactions with dedicated adults
- ▶ Ensuring that youth have ongoing opportunities to engage in activities appropriate for their age and consistent with other youth who are not in care

Find the Independent Living Coordinator in your state by viewing the [State Independent Living and Education and Training Voucher \(ETV\) Coordinators list](#) via the Child Welfare Information Gateway website. The following table lays out the different services that fall under the Chafee/IL program. Additional information can be found at <https://www.acf.hhs.gov/sites/default/files/cb/pi1806.pdf>.

Program	Program Focus	More Information
Foster care	State and tribal child welfare agencies operate foster care programs that provide for the safety, permanency, and well-being of children and youth who are unable to remain at home. All states and tribes operate foster care programs until age 18, but many states offer either federally funded or state-supported extended foster care programs to age 21. While in foster care, many placement types qualify as foster care, including foster homes, relative homes, and others. After age 18, states may allow young adults in foster care to live in other settings, such as dorms, Chafee/IL programs, or other transitional housing. States and tribes operate their foster care programs differently and can either be state- or county-administered. In some states, foster care is privatized.	For more information on foster care, see: https://www.childwelfare.gov/topics/outofhome/
Chafee/IL services	These are state and tribal programs that assist youth in a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and connections to caring adults for older youth in foster care. Chafee/IL services can start at age 14 and generally end at age 21. Some states and tribes have elected to provide services to age 23. States and tribes have flexibility in what services are provided and how they are offered.	For more information on Chafee/IL services and programs see: State Independent Living and Education and Training Voucher (ETV) Coordinators list
Educational and Training Vouchers (ETV) program	This program provides resources to meet the postsecondary education and training needs of youth aging out of foster care, including postsecondary education and training vouchers, for youth likely to have trouble as they transition to adulthood after age 18. This program makes available vouchers of up to \$5,000 per year per eligible youth for postsecondary education and training.	For more information on the ETV program see: State Independent Living and Education and Training Voucher (ETV) Coordinators list

APP Programs

FYSB funds programs for state, tribal, and community efforts to prevent pregnancy, reduce the spread of STIs among adolescents, teach abstinence, and promote contraceptive education. The location of grantees can be found at: <https://www.acf.hhs.gov/fysb/grants/fysb-grantees>. This interactive FYSB grantee map includes contact information for every APP grantee. The following table lays out the different programs that fall under this umbrella of services.

APP Grant Program	Eligibility and Specific Goals	More Information
State Personal Responsibility Education Program (PREP)	States and territories receive funds to educate young people on abstinence and contraception to prevent pregnancy and STIs.	See State PREP factsheet
Tribal PREP	Tribal entities receive funds to educate young people on abstinence and contraception, in which programming is intended to honor tribal needs, traditions, and cultures.	See Tribal PREP factsheet
Competitive PREP (CPREP)	Competitive grants are made available to organizations to educate young people on abstinence and contraception to prevent pregnancy and STIs.	See Competitive PREP factsheet
Personal Responsibility Education Innovative Strategies Program (PREIS)	Competitive grants are made available to organizations for research and demonstration projects that implement innovative strategies for preventing pregnancy among youth aged 10 to 19 years.	See PREIS factsheet
Title V State Sexual Risk Avoidance Education (SRAE)	States and territories receive funds for implementing education exclusively on sexual risk avoidance that teaches participants to voluntarily refrain from sexual activity and addresses the social, psychological, and health gains to be realized by refraining from nonmarital sexual activity.	NA
Title V Competitive SRAE	Competitive grants are made available to organizations and communities in states that did not accept Title V State SRAE funding to implement projects that teach youth how to voluntarily refrain from nonmarital sexual activity.	NA
General departmental SRAE program	Competitive grants are made available to organizations for the implementation of sexual risk avoidance education to teach participants how to voluntarily refrain from nonmarital sexual activity and learn the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, resisting sexual coercion, avoiding dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.	NA

Collaboration is Key

The common goals of these programs call for greater collaboration at the organizational, programmatic, and individual levels to maximize services and improve outcomes for youth in care who are pregnant or parenting. APP and Chafee/IL programs work independently through isolated funding sources while operating programs that have overlapping features and goals. This can lead to a redundancy in programming and a reduction in innovation. Collaboration between APP and Chafee/IL services and providers can help:

- ▶ Maximize resources, including financial, staffing, and other resources.
- ▶ Develop shared strategies to meet goals.
- ▶ Provide avenues for sharing data, ideas and practices to foster innovation, improve practices, and reduce “reinventing the wheel.”
- ▶ Ensure youth in care have access to as many resources, supports, and opportunities as possible.

The following tips can help foster more efficient coordination between Chafee/IL and APP programs.



Tip 1: Contact and Communicate

Collaboration starts by reaching out. Identifying, contacting, and learning about the programs and services in your state and area, both APP and Chafee/IL programs, as well as other programs that support youth in foster care is the first step in building partnerships that can increase impact and improve outcomes.

- ▶ Know your counterparts across programs and states:
 - For Chafee/IL Programs, see: <https://www.childwelfare.gov/nfcad/>
 - For APP Programs, see: <https://www.acf.hhs.gov/fysb/grants/fysb-grantees>
- ▶ Identify existing relationships to build on and increase efficient collaboration across programs.
- ▶ Find state and community programs that are working to support youth in care. When possible, conduct onsite visits to understand how other programs are working in practice.
- ▶ Hold routine meetings and cross-program trainings to enhance collaboration. Consider factors like level and frequency of training, as well as logistics of training parameters such as location and costs.

Promising Practice Spotlight: Rhode Island’s Department of Health identified an existing relationship with the state’s Department of Education and initiated collaborative discussions to better serve Rhode Island’s youth in care through programs aimed at reducing STIs. By combining efforts in this area, they were able to focus on the specific population of youth in care and deliver more targeted services.



Tip 2: Share Information

When programs develop clear mechanisms for sharing information about funding structures, legal requirements, and procedures they lay the foundation for creating working collaborations and aligning services.

- ▶ Understand funding opportunities and implementation across programs, states, and communities.
 - Establish joint website or public space to identify programs and services, and track monetary resources and implementation of program funds.

- Establish meetings to discuss program elements such as funding models, funding streams, and target populations being served across states.
- Understand how communities are serving youth in care populations, and know what is being funded in your community.
- ▶ Understand legal requirements and procedures across programs and states.
 - Discuss opportunities and barriers around the legal requirements and framework of funding.
 - Ensure that all parties understand what funding source is being discussed.

Promising Practice Spotlight: The state health authority of Utah operated APP programs that struggled to reach targets for youth participants. In response, program implementers collaborated with the state Chafee/IL Programs Coordinator to develop a consolidated curriculum. Through this collaboration, and the resulting curriculum, “Be Proud! Be Responsible!”, the APP and Chafee/IL programs enhanced policy outcomes and participant level outcomes by offering the curriculum to a new group of youth and increased their outreach targets. Chafee/IL participants were offered an innovative, evidence-based curriculum without Chafee/IL programs using resources to duplicate efforts, and the APP program was able to count those youth in its outputs.



Tip 3: Understand the Language and the Population

Programs can reduce duplication of strategies and more effectively support the youth populations that benefit from these programs by increasing their understanding of the terms they each use to find a common language.

- ▶ Take time to understand the language across programs to increase awareness on terminology and as an opportunity to delve deeper into understanding goals and strategies.
- ▶ Be intentional about the language you use, and ask for clarification if you don’t understand terminology being used when speaking with other programs. For example, you may need to spend time talking about who is in foster care in your state (see definition below).
- ▶ Decide on common terms. Some examples of terms used across programs that may need clarification include: pregnant and parenting, parents, foster care, and prevention.
- ▶ Understand what programs best match a specific population’s needs. Know what opportunities, referrals, and connections are available to specific populations of youth in the state or community:
 - Certain youth in care populations benefit from community-based services and can participate in normal teen activities, while others may have more specific needs such as trauma-based services.
 - Collaboration can help expand resources for youth. For instance, a community workforce program for youth may stem from an employment program rather than foster care. Youth in care or in the juvenile justice system may have additional specific needs or barriers that overlap between the child welfare and juvenile justice systems.

The table below explains the slight differences in terminology used by APP and Chafee/IL programs.

Phrase	APP Programs	Chafee/L Programs
Pregnancy prevention	Programs are committed to the prevention of pregnancy and the spread of sexually transmitted diseases among adolescents through abstinence and contraceptive education that is inclusive of gender and sexuality.	Programs are designed to support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services, including preventive health activities, such as smoking avoidance, nutrition education, and pregnancy prevention.
Pregnant and parenting	Pregnant and parenting youth who are younger than 21 years of age are targeted populations for services in SPREP, CPREP, TPREP, and PREIS grant programs.	Programs aim to assist youth in out-of-home care who are pregnant or have become parents while residing with kin, or in foster homes, treatment homes, or residential programs.
Foster care	Youth in or aging out of foster care are a targeted population for services in all APP grant programs. Often, AAP programs use this term to be inclusive (e.g., for child welfare foster care is a type of out-of-home care). Many APP programs use the phrases “foster care” and “child welfare” interchangeably.	Children and youth in foster care (also known as “out-of-home care”) may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living. Youth in foster care, potentially up to age 21 (depending on state) are eligible for Chafee/IL programs, potentially up to age 21 (depending on state).
Youth	Adolescents and young adults aged 10 to 19, or 20 if pregnant and parenting.	“Youth” and “young adult” refers to young people between the ages of 18 and 23. This definition encompasses youth in states with extended foster care, as well as those who have left care but still receive transitional services.



Tip 4: Identify and Support a Champion

Identifying and showcasing staff that demonstrate persistence, leadership, innovation, and creativity in working with pregnant and parenting youth can create opportunities to promote effective and innovative approaches across programs and states. “Champions” must have support from leadership to continue to move collaborative efforts forward. To successfully support champions:

- ▶ Identify motivated, dedicated, and creative staff and offer flexibility and support in service provision
- ▶ Help them establish and maintain relationships in order to build collaborative practices and enhance service provision
- ▶ Encourage collaboration by offering time to connect and share with meaningful community supports

Turning Challenges Into Strengths and Protective Factors

For youth in care, the experience of pregnancy or parenting can create unique challenges and even exacerbate the challenges they face from being in care. At the same time, new insight shows that this experience can motivate youth in care and open new opportunities for connection, support, and resources. As a result, challenges pregnant and parenting youth can face may often uncover strengths that can arise from their experience and serve as protective factors. Some common challenges faced by pregnant and parenting youth and the strengths that they may give rise to are described below.

Challenges	Strengths (Protective Factors)
<ul style="list-style-type: none"> ▶ Reduced opportunities for normal adolescent activities. ▶ Fewer resources or services to support youth in transition: Teen parents are more likely to be disconnected from educational opportunities and rely on public assistance as adults, while their children are more likely to experience developmental and educational challenges (Ricks, 2015). ▶ Increased chance of poverty or homelessness (Taylor, 2013). ▶ Increased likelihood of removal of their child(ren) from their care (Taylor, 2013) ▶ Increased trauma, since a significant percentage of young women in care become pregnant due to sexual abuse or nonconsensual sex (Manlove 2011). This leaves many young women in care as single parents left to cope with significant trauma. 	<ul style="list-style-type: none"> ▶ Increased responsible behaviors, goal development, and improved self-esteem through a sense of pride and accomplishment (CWIG, 2015). ▶ Improved access to resources to support their transition to adulthood and parenting competencies, as well as renewed educational focus and access to educational or job opportunities available to parents (CWIG, 2015). ▶ Reduced risky behaviors, such as drug and alcohol use and sexual activity. ▶ Improved drive and motivation, since youth may be compelled or inspired to refocus on life goals out of desire to create positive and stable futures for themselves and their children (Ricks, 2016). ▶ Increased potential for healthy relationship development and positive adult connections (CWIG, 2015).

Conclusion

The above tips and strategies will help Chafee/IL program coordinators and APP grantees collaborate on ways to share resources, enhance communication, and coordinate goals to prevent pregnancy among youth in care and improve supports for pregnant and parenting youth. Through these partnerships, the challenges that these youth in care face can be reduced and their strengths and protective factors can be enhanced to improve their overall outcomes.

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