



## Teen Pregnancy Prevention for Youth in Foster Care Conference Call Verbatim Transcript



**OPERATOR:** This is a recording of the “Teen Pregnancy Prevention for Youth in Foster Care” teleconference, with the National Campaign to Prevent Teenage Pregnancy, on Wednesday, September the 28<sup>th</sup>, 2005, at 2:00 p.m., Central Time. Excuse me everyone, thank you for holding. We now have today’s speakers in conference. Please be aware that each of your lines is in a listen only mode. At the conclusion of the presentation, we will open the floor for questions. At that time, instructions will be given if you would like to ask a question. I would now like to turn the conference over to Jodi Doane. Ms. Doane, please begin.

**JODI DOANE:** Thank you, Krista. Good afternoon, everybody, and thank you for joining us today. Welcome to the National Campaign and UCAN’s “Teen Pregnancy Prevention for Youth and Foster Care Conference Call.” On today’s call, you’re going to hear from four of the primary people who’ve been principally involved in this project. That’s Andrea Kane, the Senior Director of Policy and Partnerships with the National Campaign to Prevent Teen Pregnancy; Kristen Tertzakian, the Manager of State and Local Outreach at the National Campaign to Prevent Teen Pregnancy; Lois Thiessen Love, the Quality Improvement and Evaluation Manager at Uhlich Children’s Advantage Network in Chicago; and myself, Jodi Doane, the Director of Governmental Affairs at Uhlich Children’s Advantage Network in Chicago. We want to thank you all for being here. And you’re going to share information today on the first phase of our project. UCAN and the National Campaign to Prevent Teen Pregnancy have partnered on an initiative for nearly the past year to address teen pregnancy prevention, both primary and secondary for foster youth. You’ll hear more about the project later in the call.

The National Campaign is a national, non-profit, non-partisan organization dedicated to improving the well-being of children, youth and family. And UCAN, Uhlich Children’s Advantage Network, is a non-profit social service agency dedicated to helping children and families break the generational cycles of violence that have affected them for years. We’ve undertaken this project because while the U.S. has made dramatic progress in the past decade with a one-third decline in teen pregnancy and birthrates, the U.S. continues to have the highest teen pregnancy and birthrates in the fully industrialized world. One in three girls in the United States still becomes pregnant before age 20, totaling more than 850,000 girls per year. We know that in order to sustain the progress of the past decade, special attention must be given to populations with high rates. Foster youth are one such population. With more than a half million children in foster care, these youth are a group at significant risk for pregnancy. They’ve been largely overlooked in terms of teen pregnancy prevention and little is known about their

needs. Now while there is no nationwide data on the teen pregnancy rates for youth in foster care, a number of studies clearly demonstrate that youth in foster care have higher rates of teen pregnancy and births than other youth. For example, the National Casey Alumni Study, which surveyed foster care alumni from 23 communities across the country, found that the birthrate for girls in foster care is more than double the rate of their peers outside of the foster care system. A University of Chicago study of youth transitioning out of foster care in Illinois, Iowa, and Wisconsin found that nearly half of the females had been pregnant by age 19. And finally the Utah Department of Human Services found that girls, who had left the foster care system in the past five years of the study, had a birthrate that was nearly three times the rate for girls in the general population. These are just some examples of what research has shown as to some of the negative outcomes for foster care teens. And the children of these teen parents are adversely affected as well. However, little attention has been paid to the teen pregnancy and parenting rates, and prevention initiatives for the child welfare and foster care population specifically. During this project, we started thinking of some ways to develop research in these targeted areas. Now, I'm going to turn it over to Andrea Kane, the Senior Director of Policy and Partnerships with the National Campaign to Prevent Teen Pregnancy.

**ANDREA KANE:** Thank you so much, Jodi. Jodi and Lois Love, who you'll hear from shortly, have been wonderful partners on this project. I also want to acknowledge the tremendous work of my colleague, Kristen Tertzakian, on this project, including organizing this call. And also to thank Michael Rosst from the National Campaign for his help in summarizing the extensive focus group findings that you're going to hear about. We've just been told to speak a little louder, so hopefully this will be an improvement.

Before we begin the panel discussion, I just want to welcome all of you on behalf of the National Campaign. The advantage of a call like this is that it's an efficient way to communicate important information with a lot of people, without having to get on an airplane. And the disadvantage is that we can't see you, and we can't tell if we're coming through loud and clear, although one of our colleagues has told us we weren't. And we don't know exactly who's on the call, out there in cyberspace. Our sense is that the participants are a great mix of people, many of you working on teen pregnancy prevention, working with the National Campaign for many years, and we're so glad to talk to you today about this important new facet of our work. We're also thrilled to have a number of participants from the child welfare field that we probably haven't had the chance to work with before, so we hope this is the beginning of a long, new relationship.

As Jodi made clear, there's no question that there's a great need to do more to address teen pregnancy among youth in foster care. However, the research and knowledge base is relatively thin still. This past year, which we hope is the beginning of a much longer term project, has really been an opportunity to learn, and we don't pretend to have all the answers today, so we hope that you'll take what we have to share with you today in that spirit. We began this year by trying to understand simply where foster youth are coming from, specifically their attitudes and motivations about sex, relationships, and specifically teen pregnancy. We also wanted to better understand the role of birth parents, foster parents, case workers, peers, and other key influences in their lives, such as schools, the media, and church, when it comes to all of these important issues. To that end, the National Campaign and Uhlich Children's Advantage

Network, or UCAN, conducted focus groups with youth in foster care and with foster parents in the Chicago area. We also conducted an online survey with child welfare providers in the Chicago area, and we thank all of the people that participated in those focus groups and surveys. In addition, we conducted two roundtables with child welfare and teen pregnancy prevention staff in Chicago and D.C. as a chance to bounce off some of the things that we've heard against folks that are on the front lines working with these populations. Today, we're going to share with you with you some of the highlights of what we've learned to date. In November, we will release a report from the first phase of our work, which will provide some basic data, summarize the findings of the focus groups with teens and parents, and the provider survey, as well as draw out some initial implications and recommendations for the teen pregnancy prevention and child welfare field.

So again, today what you're hearing are our initial thoughts and highlights, and in November, stay tuned, and we'll have a much more thorough report to share with all of you. So, with that, I want to turn it to our panel discussion with Kristen and with Lois, and just ask them to share some of the highlights about what we've learned so far.

Lois, I'm going to start with you. Can you tell us a bit about the focus groups and who participated in them?

**LOIS LOVE:** Yes. We had 37 focus groups with approximately 150 different individuals. The important thing about a focus group is that each group is formed of people with particular characteristics, so that they're similar to each other. When we listen to their conversation, we can try to learn more about those in particular. Our groups were divided into, as you already know, foster parents and foster care youth. When we talk about foster care youth, we are not talking solely about young people in foster care homes. It is a term we're using that also represents young people who live in independent living situations, residential centers and group homes, but they are not living with their birth families. Of the 37 groups, we had 28 groups of foster care youth, and each group was divided by parenting youth or non-parenting youth, as well as separated by gender and race, and to the extent possible, by age. We had the younger teens together and the older teens together. The foster parents had a similar breakdown and each foster parent who participated had a teen living in their home. Some of the foster parents had teens who were parents themselves, and other foster parents had teens who were not parents. Of the 31 foster parents who participated, five were foster fathers. In addition, the foster families were divided by those which were relative homes, who were relatives of the teens living in their care, versus the traditional foster care. Primarily, our population was African-American, with three-fourths of the participants were African-American, and then probably another fifteen percent were Latino, and with a very small proportion who were Caucasian. Most of the participants were female -- we had about two-thirds female, but we did have 21 young men who are fathers already participate in our groups.

**ANDREA KANE:** Wonderful. That gives a great starting place to get into the conversation. Kristen, I know you've spent a lot of time analyzing these focus group findings, and I'd just like to have you share with us a couple of the findings that jumped out to you.

**KRISTEN TERTZAKIAN:** The thing that stood out most to me is the lack of caring relationships for foster youth. They have a unique situation because they've been removed out of their birth family's house and some move around from foster home to foster home. Many of the foster youth in our focus groups felt like the adults in their lives weren't full invested in developing a relationship with them. And when I reference adults, I mean foster parents, birth parents, and caseworkers. So specifically with the foster parents, most of the foster youth talked about their foster parents "being in it for the money", and that's in their own words, or that they don't care, and that they didn't take the time to get to know them. They spoke about moving around so much and not being in any one place long enough to truly connect to anyone. But so as not to paint the picture completely bleak, at the same time, there were some foster youth that spoke very highly of their foster parents and that they were a great support system for them.

And interestingly enough, we had stellar foster parents participate in our focus groups. Many of the parents talked about how the rewards outweighed the challenges in being a foster parent. They also spoke about the close relationship they had with their foster children about the opportunity to influence youth and instill values in them. They emphasized how important it is to spend time with their kids engaging of activities as a family, such as going out to dinner and going to the movies.

With caseworkers, some youth saw their case manager as a trusted confidant, like family, and they said that they could talk to them about anything, including sexuality issues. However, a number of youth and foster parents, said that their case manager didn't pay enough attention to them, that they didn't care, and that they also complained that they weren't pro-active and that they only responded to problems. They also talked about the high staff turnover for case managers, and the lack of consistency with managers, as well.

And then finally, with birth families, we found that the youth had mixed feelings about them. A number of the youth noted that they were not in contact with their birth family, and that they were a negative influence and they expressed disappointment about them. But some of those who were in contact with their families reported good relationships, and they saw them as positive role models, with valuable knowledge to share about sex and relationships.

And another interesting finding was the motivation to have a baby as a teen. This seemed to be directly related to the fact that they don't have some of these basic relationships with family. Some foster youth take it upon themselves to fill this void, to create these relationships and a family, through having a baby. Many of the teens we spoke with, especially the teen mothers, talked about a baby as a source of unconditional love or reliable affection. And again, that's in their own words. One teen mother, in referencing her son said, "The good thing is that he's always with you. He makes you smile even when you are sad." The youth also talked about babies creating stability as they move from foster home to foster home. This creates a family for them. Some of the teen parents expressed other benefits, such as how their child motivates them to achieve more in life, and to become more responsible.

Another motivator to have a child early, that was expressed by both parenting and non-parenting youth, is wanting to prove themselves better than their birth parents, and wanting to be

a better parent to their own child. Many of the foster youth spoke about not wanting to be anything like their own parents, and giving their children things that they did not have. However, of course, on the other hand, most of the youth did see a downside to becoming a teen parent. Whether they were parenting or not parenting, and especially the teen parents, they talked about their inability to hang out with friends, loss of freedom or the general demands of raising a child as a deterrent. So that's what really stuck out to me.

**ANDREA KANE:** That's very interesting, and it seems like those findings may have particular applicability or resonance for youth in foster care. Lois, it would be great to hear from you about some of the other themes, in particular those that may have more universal applicability to a wide group of youth.

**LOIS LOVE:** Yes, I think many of our youth, of course, in their daily life are interacting with their peers who are not foster care youth. They're living in the community and it's not surprising that much of their opinions about abstinence, their sense of pressure about sex, and the attitudes and use of contraceptives, may be very similar to what's recorded in other studies. In terms of abstinence, we did find that a number of the youth really do have some respect for abstinence as a way to go. Some of them said they respected it, but it wasn't right for them, and even some of them said they wished they had waited, including teen parents. And there's a few in some groups that really felt that abstinence was fairly passé. They talked about the subject, saying things from, "I just wanna be with her, so it doesn't matter if we have sex or not," to "I had to go two weeks without having sex, and it almost killed me."

Many of them did express that it was very difficult for anyone to abstain in the face of other social pressures. There's the perception that their peers are so sexually active, and so that it's basically expected of them, as well. The guys said that they felt pressured to have sex; they feel that it's very expected by their male peers, either as a status symbol or to prove their masculinity. Some talk about their peers labeling them as gay if they were not sexually active. And that it really was also seen as being very masculine and having status with their friends. One young man says, "Well, it's status in the hood, it all depends on who you're having sex with. If you're having sex with the girl that everyone wants to be with, then you the man for that." And the guys report feeling pressured by girls to have sex, and some of the girls even talked about, "Hey I'm the one pressuring them."

As for the girls, they did, too, talk about experiencing some pressure. They talked about the guys sweet talking them into having sex, telling them how much they cared for them. Some young women talk about how young women with low self-esteem, it's the only way that they can get attention from other men and help them feel better. Girls also talked about it's something to do to become popular and to fit in with their friends. One young girl says, "It could be awesome if your friends telling you, 'I did it, it was cool, it's like smoking a cigarette.' You want to do it because other kids are doing it. They thing they're cool."

And not surprisingly, oftentimes the subject of older men came up and that it was quite a concern for the young girls. Many of them believe that older guys take advantage of younger girls, and several of our young mothers actually said, "That's how I became a mother; my boyfriend was a lot older than me," even up until the age of the 30s, of at least one father. And

one young lady says, “You know, when I was 15, I was dating a guy who was a lot older than me. I was trying to impress him, trying to be as grown as I could be, and it was more of a pressure that way. They’ve done it and they expect you to.”

Now, they also probably have similar attitudes as other youth around contraceptives. The youth sounded fairly knowledgeable about contraceptive methods. They could talk about a variety of different methods, including condoms, the patch, pills, injections; but they also displayed incomplete knowledge about how contraceptives work. They report that it’s readily available to them; nobody really seemed to complain that they didn’t have access. They claim they get it from foster parents, clinics, schools, and stores. Sometimes they’re embarrassed to access birth control, and found that parental notification of insurance might be a barrier for them. They would definitely like a lot more information about contraception. They appreciate knowing the complete facts. They want to know how contraception works, and the details of methods and side effects. They just want to be informed consumers. They feel like they’ve often been given incomplete information.

And they would like the adults in their life to be able to talk to them about it. They would particularly like foster parents to be able to do that, as well, and recommended training for foster parents. Even though the youth are knowledgeable about contraceptives, we found that a number of them don’t use it regularly and refuse to use certain methods. Frequently, they express some distrust about the effectiveness of contraceptives. A number of the teen moms reported conceiving their child while using a particular method. The condom was seen as something that’s not that reliable, “It could pop inside you and it’s all over.” And frequently, the males would blame the females and the females would blame the males as contraception being something that the other one didn’t want to use, found it to, in some way, that they didn’t like it.

However, that being said, the youth did know that the way to prevent a baby was to be sure to use contraception, and many of the youth did recognize that they weren’t ready for a child. A number of the youth talked about their future goals, and how having a baby would be very disruptive to them. One young man told us, “I think it’s extremely important for me to wait, ‘cause I have a lot going for me. And for me to have a child right now, that would get in the way of a lot of my goals.” One young woman talked of being a lawyer. Another a singer, and each of them said, “You know, having a child just wouldn’t work out for me. It’d be a real problem.” However, and when we talked about, “Well when is a good time to have a child?” or “What’s the earliest age that it’s okay for someone to?,” there was a strong sense of consensus that finishing high school, getting a GED, perhaps some job training, was a very important step, and in particular, this was important because it would enable the young people to have enough resources to care for a child. They talked of not having to ask and beg for diapers when they became a parent. And some did say that they would like to have a stable, committed relationship with someone. They would like a partner to help in their child’s rearing, and even a few talked about marriage.

However, many of the youth talked about how the future is not on their minds when they are sexually involved with someone. They tend to be caught up in the moment, and contraception can be far away from their minds. As one young man says, “There’s a lot of information out there, but you know, you’re not prepared, because a lot of people get caught up

in the moment of doing things and they really don't think about what they are doing, until after they did it." Another guy says, "You don't think when you're with a girl. When you get to that point, you are thinking about what you wanna do. So after you are done, then you start thinking about the consequences."

And another aspect of adolescence is that most of these, many of these teens really thought that they were invincible. They didn't expect that their casualness about contraceptives would result in a pregnancy. And one young lady said, "I love my son to death, but it was an accident. I was 15 when I got pregnant; I was 16 when I had my son, and I'm like, dang, I used to look at Jenny Jones and be like, that is not going to be me, it is not going to be me." And another one said, "I felt for a long time I couldn't get pregnant. I thought, oh I can't get pregnant and I got pregnant." So in these ways, I think that their sense of invincibility, their casualness, inconsistent use of contraceptives, some of them definitely respecting and even following an abstinence approach, they are very similar to many of the other young people with whom they interact with every day.

**ANDREA KANE:** Thank you so much, Lois. And for all of you who may have really enjoyed hearing some of those quotes, we will have a lot of quotes in the report that comes out and we will not do a lot of editing. They're fairly straightforward, so you'll be forewarned.

Lois, in addition to being involved in the focus groups, you also helped to organize this online survey, with several hundred child welfare workers in the Chicago area. Can you tell us just the top lines of what came out of that finding? Because I know people will be able to also read about that later in the report.

**LOIS LOVE:** Well, I think what was really interesting is that we asked people who are in the child welfare community, from all levels, from case managers up to supervisors and program directors, and even vice presidents of programs, to answer this survey, and what was very interesting is that the majority of them basically reported that their programs do not have a planned prevention program around preventing teen pregnancy. When you remove the programs that were geared for pregnant and parenting teens, it's nearly three-fourths of all the respondents who said their program had not addressed teen pregnancy nor had any plan. The good part is that the majority of staff who said that they were directly responsible for an adolescent in their caseload, have talked to them and dealt somewhat with them on preventing pregnancy, that it has been a topic and particularly for those with the secondary prevention, when they're working with teen parents.

The providers were asked what approach they had been using that they thought was most effective, and not too surprisingly since we're asking about what they had done, the providers talk about their role in discussion with youth. That was the most popular response of just having talks with the teen. However, they did talk about the importance of openness, honesty, being frank and comfortable, and having a basis of trust. One provider says, "The most effective tool I use with my teens is open communication—to feel comfortable around me to discuss the unknown about sex and relationships." And another talks about, "Adults continue to focus with teens on all the reasons why parenting is negative, versus talking with teens on why they want to be parents, what parenting means to them, and then assisting teens to develop alternative ways to

find the gratification they feel they will find in parenting now.” That was a persistent theme that came through. We have to find ways to let the youth express their concerns and work with them have positive outcomes. Not surprisingly, the staff believe sex education is important, and they saw that in many formats, from workshops to within their conversations, one-on-one, in the work that they do with the teens. They felt that in sex education, it’s very important to dispel myths about contraception. They talk about the consequences of having sex, the STDs, pregnancy, what it means to become a parent. They’ve felt that one of the best vehicles for communicating this may be their peers, and teens who are already parents who could share with them their own stories, and also experiential methods, where teens would take the responsibility for caring for the doll, for example. But overall they did feel that they could share some of this information as well as from the teens.

And third, a very important approach that many talk about is youth development. We need to help the young people who are in foster care envision a different future for themselves, to engage them in activities, in sports, in education, in helping them gain an identity and feel like they are belonging to something that provides a broader and brighter future, and something to which they might realize, like becoming a singer like a previous example, that having a child would really distract, but that they need a different sense of themselves, and to not see this reality of becoming a parent as the primary, easiest role and milestone that they can achieve.

And finally, I think what was really interesting is some providers really just step back and said, “We need to work together differently. We need to have collaborative teams with other service providers and with foster parents.” They recommend that a program needs to be integrated at all levels, with clearly identified and shared responsibilities for the foster parents and staff. Others said, “It’s too easy to assume that someone else will be dealing with this issue. Communication needs to be open and clear between all of us who are involved in teens’ lives.” And another one said, “You know, with the team, each adult checking in with the child, all sharing the same commitment to the child -- the child may sense that they are genuinely cared about, which might ward off the need to bring a baby into the world.”

On the other side, service providers are very clear about what does not work, and basically that’s any singular approach. Distributing birth control to populations, just having it available - If that’s the only thing you’re doing, that’s not going to work. That said, if all you’re doing is having sex ed, that’s not going to work. If you’re teaching abstinence only, and that’s all you’re doing, that’s not going to work. They really perceived, as you heard earlier, that a multi-disciplinary, multi-strategy that seems to important, that seems to be the message they were sending.

**ANDREA KANE:** Great. Anything else on that, Lois?

**LOIS LOVE:** No, that’s it at this point.

**ANDREA KANE:** Thank you. That’s very helpful information, and we hope during the question and answer period, and especially from folks that are child welfare workers or providers who may be on the call, we’d love to hear your reaction to what you just heard. Kristen, in the work that that you’ve been doing around this project, can you share any examples of things that

we've been able to uncover in terms of states or communities that are implementing specific strategies to prevent teen pregnancy among youth in foster care?

**KRISTEN TERTZAKIAN:** Sure, we're aware of a few programs, but my hope is that there is more going on around the country that we just don't know about. I encourage those of you on the call to contact me directly, and my contact information is on the agenda, if you're implementing any prevention programs for foster youth, or foster parents, and even if you're implementing strategies here or there, to address this issue. We're very interested to hear more about it. And just as a note, we don't endorse any of the programs I'm going to talk about, but these are just some of the folks and program that we've worked with, and that programs that have been showing promising results.

Inwood House, in New York City, which is an organization that cares for homeless, pregnant teens in foster care, has teen pregnancy prevention programs throughout New York City schools where some foster youth attend. They also have a mother/baby foster care program, which places teenage mothers and their new babies in foster homes, where they both benefit from a safe, healthy family environment. They also encourage the teen mothers to finish school. They also just opened a small group home for parenting foster youth and their babies just three years ago.

Another example is right here in Washington, D.C., Sasha Bruce Youth Work, which is a private, non-profit organization that offers comprehensive programs and services for at risk youth and their families. Sasha Bruce partners with Planned Parenthood to conduct a health fair twice a year for at risk youth, including youth in foster care. The health fair has discussion groups and workshops on sexual health issues; they also have HIV and pregnancy testing with pre- and post-counseling. And also, something that I found very interesting, is that sexual health training is mandatory for all staff at Sasha Bruce. This one-day training is held once a year. They also offer more specialized training on sexual health for those staff who are interested. Thus all of their staff, whether they're working on housing for foster youth or mental health issues, have this sexual health and teen pregnancy prevention background.

Finally, the only curriculum that we're aware of is "Power through Choices," which is a pregnancy/HIV/STD prevention curriculum for foster care youth. It was developed by Rick Bath of the University of North Carolina School of Social Work and Marla Becker, who is with the Youth Alive Program in Oakland, California. What is interesting about this program is that foster care youth were involved in developing the program through pilot testing. The program actually underwent six revisions based on feedback from foster youth, who were regarded as the experts. The program is designed for 14 to 18 year olds. It includes ten sessions with interactive skill building exercises that reinforce themes of self-improvement, self-empowerment, and the impact of choices on one's future. The program also addresses the effects of past sexual abuse on one's sexuality, which can be important when you're working with youth in foster care. The program has not been rigorously evaluated. They did pre- and post-tests and found that 94 percent of participating youth thought it would be easier to practice safe sex after participating in the program. Eighty-two percent rated the curriculum as very good to excellent. The curriculum is available through the National Resource Center on Youth Development, University of Oklahoma. If you're interested in finding out about the other programs, such as Sasha Bruce and

Inwood House, please email me or give me a call and I can put you in contact with folks at those programs.

**ANDREA KANE:** Wonderful, and again as Kristen said, this is just to give you an example of a few of the things that are happening out there and our sense is that there unfortunately isn't that much right now happening specifically to address teen pregnancy prevention among these very high risk youth, and we'd love to be proven wrong. We'd also hope that this conference call and the work that we're doing will inspire an increase in what's happening.

Kristen and Lois, in addition to the qualitative research that we've been doing so far that you all have been working so hard on, both organizations conducted round tables with practitioners in Chicago and D.C. as we mentioned earlier. While we can't begin to capture the richness of those discussions on this call, I think it would be helpful for our audience to hear just a couple of the takeaways that you both gleaned from listening to the practitioners at those roundtables, in terms of where do we go from here. What are some of the recommendations? What are some of the implications of the work that we've done so far?

**KRISTEN TERTZAKIAN:** Sure—I'll just start off very briefly. Something that really struck me, and it should go without saying, is the power of involving foster youth when you're developing any program or policy. It is critical. And that's including both youth that are currently in the foster care system and those that have aged out of the system. Their opinions and their concerns bring much value. In fact at our roundtable that we held in D.C., we had a youth specialist from UCAN participate who was also a former foster care youth. She was definitely the hit of the roundtable. She brought so much of her past experiences and how she's been working with foster youth now. It was just really helpful. I think that overall we just need to make a more concerted effort to bring these foster youth to the table and to give them a voice. I think UCAN has done a great job of doing this in everything that they do.

And also something I found really interesting was that the youth who participated in our focus groups—they really enjoyed them. They appreciated the opportunity to speak with their peers and adults about these issues. In fact, some of them wanted to know when the next focus group was going to be held because they wanted to come again and participate. I think that it speaks to the power of involving foster youth, again in building strategies, developing a program, or any policy.

Another major takeaway is the need to not only focus on outreach and programs for teen parents, which is very important—especially when you're talking about preventing early, subsequent pregnancies—but also to focus on primary prevention. We heard loud and clear, from both foster parents and foster youth, that there needs to be more education from a variety of sources, and that it needs to start earlier. Some of the youth in our focus groups talked about not getting enough sex education and that it was occurring too late, whether it was school or a community program. The education was actually occurring after they became sexually active or even after they became a parent. So again, this primary prevention education should be developmentally appropriate. For example, it could start in the elementary school years, and it also needs to be comprehensive. So for me, those were the two major takeaways from the roundtables and all of the qualitative research we conducted.

**ANDREA KANE:** Thank you. Lois, do you want to add anything?

**LOIS LOVE:** I think overall the focus groups and the roundtable discussions have really clarified for us how complex the issue is and how great the needs are of these young people in terms of their own need to find ways to prevent teen pregnancy and how complex and difficult it is to address their emotional needs and their need for a sense of family. The Chicago roundtables included several young people who were alumni of the child welfare system, and throughout our discussions, it was very clear that they were very concerned about the quality of relationships that they had with case managers and with their foster families. If the system can't necessarily find ways to make changes in that, that they as peers, as recent grads of the system, can participate in programs for young people, to help them gain a new perspective and make different decisions in terms of pregnancy and contraception. The teens were very clear that the aspect of what is most influential to them is when they are listening to the stories of people's lives or from someone with their first hand experience. So using the peers and teens as a major part of the intervention just seemed critical. The teens in the focus groups and the young people in the roundtable did talk a lot about how willing they were to share with others in their own experience, so this is a resource that the child welfare community can involve.

**ANDREA KANE:** Great. Did you want to anything else to that, Lois? No?

Okay, with that, we'd now like to hear from those of you out on the other end of this phone line, and we encourage all of you to ask questions, to make any comments, or share any insights from your experience, and to share very briefly anything you may be doing out in the field to address teen pregnancy prevention among youth in foster care. We would just ask that you state your name and where you're from, and that you please try to keep the questions and comments brief so that we'll have time to hear from everyone that wants to join in the discussion. And just to reiterate, as Kristen said, if you have additional information that you'd like to share, please don't be shy about getting in touch with Kristen. Okay, Krista, so we're ready for questions now.

**OPERATOR:** Okay, thank you. At this time we will open the floor for questions. If you would like to ask a question, please press the star key, followed by the one key on your touchtone phone now. Questions will be taken in the order in which they are received, and if at any time you would like to remove yourself from the questioning queue, press star, two. Again, to ask a question, that is star, one.

**ANDREA KANE:** Thank you.

**OPERATOR:** Okay, one moment. Our first question comes from Brian Gorrin of Child Welfare.

**BRIAN GORRIN:** Wow, that was fast. Hello, folks, I'm from Eugene, Oregon. Thanks. I'm glad that I was able to tap into this and participate. Couple of comments first. I really appreciate the comment about the need to start this earlier. By the time you get to the teenage years, you're already too late.

There's a couple of things that are happening that I wonder if you're aware of. One of them has to do with a program called Advocates for Youth in Washington, D.C. They've been doing a multi-year study that's come out in an initiative called the Rights, Respect, and Responsibility Program, having to do with educating youth about sexuality, basically from a public health perspective, as opposed to any other perspective. Oregon is the site where they're working on implementing that initiative. We have some teen theater programs and a variety of other things that are happening, although they are not targeted specifically at foster youth. My question is, have you approached any of the states' independent living programs about looking at adopting any kind of a formal program to present to youth once they enter into the independent living programs?

**ANDREA KANE:** It's a great question, Brian. We have not yet. As we said at the beginning, this is really our learning year. So we don't feel like we're quite at that point yet. And I think it's safe to say, based on what Kristen shared, that there aren't, at least at this point, we're not aware of that many interventions that have been developed and tested for youth in foster care specifically. Now it doesn't mean that other approaches might not be appropriate or might not be able to be adapted, but we sort of don't feel like we have a menu of options that we could just readily point to, yet. But it's good to know what's happening out in Oregon.

**BRIAN GORRIN:** Okay, well that's helpful. I'll try and stay in touch with Kristen and maybe we can put something together. I've been working with some folks here trying to figure out how to do that connection and get some involvement with the ILP programs.

**KRISTEN TERTZAKIAN:** That would be very helpful, thank you.

**OPERATOR:** Thank you. Our next question comes from Patricia Moore-Pastides of the South Carolina Campaign to Prevent Teenage Pregnancy.

**PATRICIA MOORE-PASTIDES:** Good afternoon, everyone. I have a question. I work with programs around our state that serve pregnant and parenting teens, so I'm in the secondary prevention mode. One of the things that we're really concerned about in South Carolina is the high rate of sexual abuse in childhood. I think nationally, young people who have repeat pregnancies, it's thought that approximately 65 percent of them were sexually abused as children. Just anecdotally around the state in South Carolina, the providers tell me it's more like 75 percent.

And I'm wondering, I notice that the curriculum that you mentioned addresses this issue. I'm wondering if people have a sense for the young people who are in foster care situations, how many of them have been sexually abused in their childhood and what kind of resources are available to help people as they're growing up, to deal with that, and its effects on their lives? Because I think it really does color someone's sexual being. So I would just ask sort of as a general question, how prevalent is sexual abuse among our foster care population and does anybody know of good programs? I know counseling is critical and I've heard something about some type of healing circles programs, but don't really know much about those.

**ANDREA KANE:** Why don't I turn it to Lois, who is herself an expert on child welfare, and see if she has any thoughts. I think we'd love to hear from other people after the call and we can certainly pass along anything that we hear.

**PATRICIA MOORE-PASTIDES:** Okay, great.

**LOIS LOVE:** I wish I had the prevalence. We do know that it is a critical issue for children in foster care, and of course many of them come into foster care due to sexual abuse. The programs that I've been working with in the Chicago area, children for whom that is known, typically do go into individualized counseling with clinical social workers, who have expertise in trauma. So, that's the primary approach. I don't know of rigorous evaluation around a perspective which is the best approach, but I do know that the system is very concerned and does provide resources for children in that situation.

**PATRICIA MOORE-PASTIDES:** We have a program in South Carolina called "Darkness to Light." I don't know if you're all familiar with it. But they've developed a training program for adults, to basically take responsibility for protecting children from sexual abuse in childhood, and we've trained our staff as facilitators and with that, we're going out and trying to train other providers who work with young people to recognize how pervasive sexual abuse is. My hope is that maybe we can modify that program to help teen parents understand that this is not okay or acceptable in any way and how they might be able to begin to protect their own children, or at least think about it. Think about their risks and how that might be stopped. Because it seems to me that it just is a huge problem.

**LOIS LOVE:** Well, it definitely is. When they're training adults—are these parents or schoolteachers? What relationship to children to these adults have?

**PATRICIA MOORE-PASTIDES:** The Darkness to Light is actually training anybody who works with children, whether they work for a church, whether they're a coach, a teacher, or anybody who works with children. Some of the churches that they've worked with have made changes in how they work with young people. One thing I know they mentioned is that they put a window in every door in the church, so that no one could be unobserved, alone with a child. But they're marketing this program to anybody who works with children, basically. And just even parents as well, so that they begin to understand, who is the typical perpetrator, versus who we might believe to be the typical perpetrator. It's interesting, and they use a videotape that they've made with survivors and it's very moving.

**LOIS LOVE:** Well, it sounds like a fascinating program. Many of the children in foster care, of course, it's been someone who is related to the family, either, it might be unrelated by blood, but perhaps a partner of the mother.

**PATRICIA MOORE-PASTIDES:** Right.

**LOIS LOVE:** As a male perpetrator, or unfortunately, occasionally, a foster parent. It's frequently in a more intimate setting.

**PATRICIA MOORE-PASTIDES:** Right.

**LOIS LOVE:** And where it's very difficult to identify in advance at how to protect those children, but we'd love to find a way to ensure that we can make a difference in those lives, as well.

**PATRICIA MOORE-PASTIDES:** Right. Thank you.

**ANDREA KANE:** Thank you very much, and that's exactly the kind of information we'd love to collect from you and we're hoping that maybe we can compile some of these promising things that are happening around the country and share them with folks on the call and others who are interested through our website over the next few weeks. Next question or comment?

**OPERATOR:** Thank you. Okay our next question comes from Rachel Gustafson of The Children's Bureau.

**RACHEL GUSTAFSON:** Hi. I am in D.C. and we are looking at ways that we can start to focus on this issue among girls in foster care, and are particularly interested in any research or promising practices that center around the abstinence message as it pertains to foster girls and was wondering if anybody had any specific guidance in terms of where I might find some information in that area and also if anybody had been working on seeing how that message was reaching foster girls.

**ANDREA KANE:** This is Andrea at the Campaign. I think Lois talked a little bit about just some of the very qualitative findings--

**RACHEL GUSTAFSON:** Right.

**ANDREA KANE:** -- from our focus groups about abstinence. We obviously want, we probed on that, because it's obviously very important to get some sense of how these youth respond to an abstinence message, and I think as she said, there was a respectfulness of the message, at least among some of the youth, and some of them thought it was a good choice and wish they had pursued that choice, had they to do it all over again, but again, for other youth, it was something that didn't feel, for them, as something that was realistic. But that's just again with this very small sample, and that's really in terms of message as opposed to intervention. I'll just say, we're not, I don't believe that we're aware of an abstinence only message that has been specifically tried with youth in foster care, but that doesn't mean it's not happening. So again, this call is, as we said, sort of the beginning of the process, not the end, and we'd sure love to know, as you would, you know, what's happening out there and what people are learning. So, if there are people on this call that have information to share, please jump on or to get in touch with Kristen and we'll share that information afterwards. We're thrilled to know that you guys are looking at this.

**LOIS LOVE:** That's excellent and very exciting to know that the Children's Bureau is taking a look at foster care. From the service provider survey, it was very clear a good portion of the respondents work in agencies where abstinence was the message for religious reasons, but it's

not a rigorously planned program. The staff comments ranged from those who saw this as a message but would ensure that foster parents knew that the youth could be referred to Planned Parenthood or health clinic, if it looked as if the youth were sexually active. Though, where they didn't do the education or direct work themselves, so that was a part of how some staff handled it. Others were very clear that that's the way they approach it with their clients, and others who knew that this was the agency policy, so basically they avoided dealing with sexual issues [interposing] clients. So, it's not obviously a planned program, it's more a philosophy, that I am sure that they could develop into a much more effective plan in working with their youth. But again, like I said, we are unaware, outside of that one program, specifically designed for foster youth on sexuality and pregnancy prevention.

**RACHEL GUSTAFSON:** And as far as I understand it, the work that you're doing in this area, I just, my background actually is in Public Health, and I haven't read a lot about foster girls in foster care, in particular, and so it sounds like this is, some of the work that you're doing is some of the first, and I'm wondering if there is stuff that you're building on, or if it's true that this just hasn't been explored for this particular population.

**ANDREA KANE:** Well, I think it would be grandiose of us to say that we're the first people that ever tackled this subject. There certainly have been attempts in the past. I think the Child Welfare League had a fairly concerted effort to address this issue a number of years ago, and as priorities changed and resources shrunk, that has shrunk as well. And I think there may be things happening in individual states and communities and there was this one effort to develop a particular curriculum, but again, to our knowledge, and we really have been trying to ask everyone this question, there's just not a lot happening yet, so I think we all have more questions than answers, and we hope that this is the beginning of catalyzing much more attention to this really important population. I think that one other thing I would just add, and obviously, Lois and Kristen should jump in here too, is that with all of the attention on youth aging out of foster care nationally, our sense is that this is the right time. There's a lot of momentum behind beginning to look at this issue, because as youth are preparing to transition out of foster care, if they're transitioning as parents, or being pregnant, obviously the challenges just mount. So I think all of the focus on youth aging out and transitioning successfully are beginning to shine a new light on this issue. There has been some research by Mark Courtney, at University of Chicago, looking at a couple of states, and what the incidence of teen pregnancy is among the population of youth aging out, and a little bit about their sexual activity, but again, that's about what's happening, not about what to do in terms of intervention.

**RACHEL GUSTAFSON:** Well, this is really exciting, and as we are exploring this, I would love if you could pass on any information you hear from states about things that are going on, or other work that's being done in this area, so that we can use that as we're developing things on the federal level.

**LOIS LOVE:** Well, and we definitely would want to do that. The other thing I think that's interesting, and maybe it's an unfortunate thing, is we're talking, we've only had one male participate in our conversation. Most of my respondents to the survey were females and that's who's in child welfare. There's a lot of young men that we need to be paying attention to, and helping them with these messages. Some of the young men in the residential settings made it

clear that they didn't really know how to have a non-sexualized relationship with a girl. They didn't really know how to have a friendship, how to have, just do things without it being something where their main objective was to have a sexual relationship. And so it's a very critical area for us to address, to think about our strategies for the young men as well.

**RACHEL GUSTAFSON:** Mmhm.

**ANDREA KANE:** Thank you.

**OPERATOR:** Thank you. Our next question comes from Eugene Takahashi of the California Department of Health Services.

**ANDREA KANE:** Hello.

**EUGENE TAKAHASHI:** Hi. How do you do? Mine is really a question, I actually have two questions, and one is in your work, do you also touch upon the issue of culture? And for example, in California, three-fourths of the teen births are in Hispanics, and I know that some of them feel that they should be getting, having children at an early age. So that's one question. And the second question is, did you also look at things in terms of substance abuse?

**LOIS LOVE:** One of the reasons we divided the focus groups by race and ethnicity, was an attempt to try to identify major themes. Unfortunately, the recruitment of the Latino and Caucasians, to use comparative to the African-American, wasn't especially strong, so I can't say that we had large groups where you can say, "Oh, we know that this is a definite different trends." In a way a lot of the things they said were very similar. But one of the things that we did feel more among the Latino population, was perhaps, and it echoes what you're saying, a welcoming, the extended family celebrated these births, not only just loved the children and accepted them, but youth talk about how their birth families got extremely excited, and it really did seem to be something that wasn't seen as negative, as perhaps other sub-groups tend to look at adolescent pregnancy. I don't know if Kristen you had any other, or Michael, if you had any other comments, in regards to the differences, but that did seem to be one that we saw.

**ANDREA KANE:** I agree with you. In general, outside of the specific work about foster youth, the National Campaign has done things, or specifically focused on trying to help Hispanic parents and teens and it's something that we absolutely want to do more of, just given the demographic trends both in California and around the nation. And we're actually trying to do a research review and survey to see if there is any work that's been done specifically on the issue of teen pregnancy among Latino youth in foster care. So, again, if anyone on this call is aware of anything -- data, statistics, research, programs specifically addressing that population -- please let us know, it's very important. You also asked about substance abuse.

**EUGENE TAKAHASHI:** Yes, but before you go there, you said you wanted to know about any programs and, California is funding a project with UCSF, University of California at San Francisco, to specifically look at Latino youths and try to understand better why they have such high birth rates.

**ANDREA KANE:** Yes, we're definitely aware of that, we work closely with Claire Brindis who is involved in that research, and really look forward to staying in touch with that research as it develops. I guess what I was asking about specifically was about Latino youth in foster care, which again is sort of a subset of a subset, but a very, very important one.

**KRISTEN TERTZAKIAN:** And also in terms of substance abuse, we did not ask any questions that pertain to it, nor did it come up in the focus groups.

**LOIS LOVE:** I only remember about one reference, where the youth kind of, I mean they referenced that, yes, to use contraceptives when they're under the influence of substances, really was unlikely, but it wasn't a theme that we were pursuing at this point. It was hard to get it to stay to the hour-and-a-half discussion level, so we had to be very selective in the questions. It just wasn't one of the questions that we added at this point.

**ANDREA KANE:** Definitely is something that is worth exploring, as we move forward.

**EUGENE TAKAHASHI:** Okay, thank you very much.

**ANDREA KANE:** Thank you.

**OPERATOR:** Thank you. Our next question comes from Jay Bradford of the Arkansas State Legislature.

**JAY BRADFORD:** Thank you for recognizing me. I just, in listening to everybody talking, I was thinking, I'm also Chair of the Health Labor Welfare Committee in the House of Representatives, and it would appear to me that this segment of the population, since they're wards of the state, various states, that there might be a, it might be an area where there might be fewer barriers from maybe the extreme right to, focusing on this problem of teenage pregnancy, and convince the Department of Human Services, and maybe a governor in a state, since the birth rate is double the normal rate, you could not only be aggressive in attacking the problem, you could also show early progress probably, because of the double rate. And I know there's people on line here that are with the state and are much more able to give us a feeling about what reaction would happen out there, but the fact that these kids are wards of the state, there's a responsibility there that the legislature and the governor also should have, and it might be a targeted area that the campaign could come up with focus, which is what you're trying to do, I realize that. That they could really rifle into, rifle shot into that segment and really come up with something that would be good, and it could develop some data, too, on programs that would be meaningful to other segments.

**ANDREA KANE:** Thank you so much for that, Jay, we're so glad you found time in your schedule to join us.

**JAY BRADFORD:** Thank you.

**ANDREA KANE:** I think that the way you just framed that issue is very much why we decided to focus on this issue, because despite all the challenges that these youth face, one advantage that

they have in terms of trying to provide help for them, is that they're part of a system. As you said, they're wards of the state, so we can theoretically reach them, not just "we," but service providers generally, and people that want to try and help them prevent teen pregnancy, so there's a real opportunity there, and as you said, there's also a responsibility and also a financial incentive in some ways, because the state and the federal government and local governments are bearing the cost for young people to have children while they're in foster care, and healthcare costs, Medicaid, child welfare, etc., etc., so we are expecting that this is something that a number of states will be interested in pursuing, and we would love to work with Arkansas, if things, if people would be interested in pursuing it there, or certainly with any other governor or any other state. And if there are folks from governors' offices or state agencies on the line, again, please jump on and let us know what you think. Kristen, do you want to add anything?

**OPERATOR:** Thank you. Our next question comes from Linda Dixon of the Wyoming Children's Society.

**LINDA DIXON:** Yes, this is Linda Dixon, Wyoming Children's Society is an adoption agency and I am a pregnancy prevention and outreach coordinator, so I work with adoptive parents and birth parents, but I also work to promote prevention. I want to thank you for offering this information and this networking, because it builds on what I've been learning recently. I attended a conference earlier this month, sponsored by our state adoption council, and the name of this two-day conference was Creating Sexual Safety and Promoting Healing and Recovering in Foster Care and Adoption. One presenter is Dr. Wayne Duehn, that's D-U-E-H-N, from the University of Texas at Arlington, and he has researched extensively and teaches in the area of sexual abuse of children coming into foster care and special needs adoption children. He states that his research suggests that 84 percent of the children that our adoptive and foster parent families might be receiving have experienced sexual abuse, and he further predicts that 94 percent can recover if they have support systems and if they have comprehensive education. I won't go into any further detail because there are other questions, but he is an excellent resource because the kids who come in, who's boundaries have already been violated, have just an extra heaping problem of addressing the issue of what do I do and when the pressures of sexuality come upon me as a pre-adolescent or as an adolescent, so this is an excellent resource, and I will be contacting Kristen with the contact information.

**ANDREA KANE:** Thank you. Yeah, it's very exciting to learn that someone has actually done some in depth work. That'll be a real contribution.

**LINDA DIXON:** Yes. Thank you very much.

**OPERATOR:** Thank you. Our next question comes from Shirlene Flanagan-Isbell of the Division of Children and Family Services.

**SHIRLENE FLANAGAN-ISBELL:** In Arkansas, Senator Bradford, how are you? And everyone else. My question goes back to the Children's Bureau, as far as abstinence is concerned, were you talking about combining abstinence and if that did not work, you need to do this to prevent to prevent pregnancy, or were you looking at an abstinence only? It's been my experience that unless the abstinence is started early on, and we're talking about ages four and

up, being taught some of the premises around sexuality, it doesn't always work. Could you help me out there, please?

**ANDREA KANE:** I don't know, technically, if we can get Rachel back on the line, unfortunately.

**SHIRLENE FLANAGAN-ISBELL:** Oh.

**ANDREA KANE:** Because we have one person on at a time. This is sort of a linear process, I'm so sorry.

**SHIRLENE FLANAGAN-ISBELL:** Oh, that's okay, maybe I'll try to reach her, because I think one of the things that we have to look at, and it's very difficult, is the reality of the situation surrounding teen pregnancy. Having said that, my next question is, with foster parents, is there a certain program out there in teaching foster parents to be comfortable with working with teens around sexuality, and I'm not talking about abstinence. I'm talking about the pregnancy prevention side of it.

**KRISTEN TERTZAKIAN:** Hi this is Kristen. I believe that Inwood House in New York City, which I referenced earlier, has conducted trainings for foster parents on teen sexuality, teen pregnancy prevention, HIV and STD prevention. In addition, the D.C. Child and Family Services Agency plans to conduct such trainings for foster parents on those issues. Again, I'm sure there are other communities or state agencies that are doing the same thing, but we're just not aware of.

**ANDREA KANE:** We talked a lot today about focusing our efforts on teens, and I think this is a great excuse to just remind all of us that we're equally interested in trying to focus efforts on the foster parents, because just as we have sort of access to teens while they're in the system, we also have access to the adults in their life who are part of the foster care system, and they do receive a lot of training, as all of you know who work in child welfare, so there may be some real untapped opportunities here.

**SHIRLENE FLANAGAN-ISBELL:** Thank you.

**OPERATOR:** Okay, thank you, I just wanted to let you know that Rachel Gustafson was in queue to comment on the questions.

**ANDREA KANE:** Perfect.

**SHIRLENE FLANAGAN-ISBELL:** Oh, great.

**RACHEL GUSTAFSON:** Hi, can you hear me now?

**SHIRLENE FLANAGAN-ISBELL:** Yes.,

**RACHEL GUSTAFSON:** Okay. I just wanted to clarify in that we really are at the exploratory stages of developing anything, so in terms of what actually will come out, I don't know at this point. I do know that along with the administration's emphasis on abstinence, that that would most likely be an area that we would explore; I'm not sure how the other approaches will be, or if they will be included in that, or to what extent they will be, but we are of course wanting to address the issue in the most useful way possible, so I know that as we learn more, that will definitely influence the way that we proceed, so it is just the very preliminary stages of exploring the issue and how specifically this particular population of people is affected. So hopefully you all, and the knowledge that you have, you'll be able to get some information to me about things that are working. I do know, though, that I'm particularly interested in the abstinence message, and how it's being explored. So.

**ANDREA KANE:** Thank you, Rachel, we're glad you were able to get back on line.

**SHIRLENE FLANAGAN-ISBELL:** Thank you.

**OPERATOR:** Okay, thank you, and our next question comes from Mickey Kander of the Washington State Department of Health.

**MICKEY KANDER:** Hi, thanks for having the call. What I'm wondering about is policy. I've been a child welfare worker in my former life in two different states, and what I recall is how difficult it was to talk about, or talk to children in the foster care system, about sex, because it was a somewhat controversial topic. So, what I'd like to know from you is, did you get a sense from the focus groups about what kinds of policies that state or local child welfare agencies could adopt, in order to make comprehensive sex ed more available to kids in foster care?

**ANDREA KANE:** Lois, you want to take a first stab?

**LOIS LOVE:** I'll try to take a stab at that. I don't really think that that, I mean at the level of conversation with the youth, that there seem to be concern about a barrier. Now, I don't know that we have anything communicated to us from the State of Illinois, and mostly it's neglected, I think, rather than they're having a planned strategy. Of course, we're supposed to be focusing on the well-being and development of our young people, and to address what they need, so I don't think there's any restrictions on being able to refer young people for abortions, even, if that's an option that seems to make sense for the youth. So, I think at this point, it's there hasn't been a policy established for the State of Illinois, I think, as I said, in the State of Illinois, most of child welfare is done by non-profit agencies. The state contracts with the agencies and some agencies have their own policies, and our service providers are struggling with that, because the agency might say, "Our policy is abstinence. We don't teach birth control." But they didn't have a proactive pregnancy prevention program in other areas. So, I'm not sure if that makes sense, but --

**MICKEY KANDER:** No, no, no, absolutely. What I kind of, what I envision seeing happening already is that, if that policy could potentially impact whether or not some of these programs could get off the ground, because some contracts could stipulate nothing about comprehensive sex ed, and then people are sort of given free rein to teach, or do interventions, that are kind of

all over the map. When I was a child welfare worker in California, we had the question come up: Can kids in foster care even get condoms? And there was nothing. We had no policy or anything to guide us on whether or not, and it literally came down to if the group home or foster parent was comfortable giving it, those are the kids that got them, but if they weren't, then kids were just sort of left on their own. So, I just wanted to know if there was a sense, or maybe we could even begin to ask the question about policy and see if that's something we need to explore more.

**LOIS LOVE:** I think that's a fascinating question, particularly in a state such as Illinois, where you're contracting with non-profits who may have their own policies. Our own agency makes birth control readily available to young people and I'm sure that in our contract with the state, because we serve parenting teams, it's explicit that that's a part of our program. But it would be very interesting if the state said this must be a part of the program and then we have agencies who have different policies, themselves, that had religious positions, but they are in other areas of performance and child welfare, they're doing well. Those are very interesting questions.

**ANDREA KANE:** Very complex and challenging policy issues that I suspect would play out differently in different parts of the country and in different states.

**MICKEY KANDER:** Yeah, well, thank you very much.

**ANDREA KANE:** Thank you for raising it.

**OPERATOR:** Thank you. Our next question comes from Sookia Staggers of the Chatom County Links Program.

**SOOKIA STAGGERS:** Hi, my name is Sookia. My question is regarding secondary virginity, which I know is part of I guess abstinence. I'm interested in finding out more about it, so I'm wondering if anyone has heard of it and has used it with their youth in foster care and how successful that has been.

**JODI DOANE:** This is Jodi, good afternoon, I am not at all familiar with the program. It sounds like one that I would like to become familiar with.

**SOOKIA STAGGERS:** Yeah, my basic sort of understanding is that it's for I guess if you've already lost your virginity, that you get this sort of second chance to sort of go ahead and just abstain.

**LOIS LOVE:** I think that we had at least one participant, not reference this program, but used a phrase similar to that "I've taken mine back." I think it was a young parent who said that, so she may have been exposed to some program such as that. But it wasn't a general theme, but I do recall that one statement from a young woman around that area.

**ANDREA KANE:** Here at the National Campaign, we're certainly aware of the general concept and the fact that that's a theme that is prevalent in many abstinence programs. But to our

knowledge, we haven't seen that play out particularly with youth in foster care. Doesn't mean it's not happening, but it hasn't popped up on our radar screen yet.

**SOOKIA STAGGERS:** Okay, thank you.

**ANDREA KANE:** I think we're getting close to the end of our call. Krista, do we have a lot of other people on line, still?

**OPERATOR:** We have about three people in the queue. Just whatever you guys want to do, if you want to --

**ANDREA KANE:** Why don't we take one more, and then we'll wrap it up?

**OPERATOR:** Okay. Thank you. We'll take Shirley Lawson of the Council on Alcohol and Drugs.

**SHIRLEY LAWSON:** Yes. I never knew about this program, and my director told me to get into the conference call. And it was very informative. But I'm wondering, how do we go about getting to these foster kids, with organization we have to go through.

**KRISTEN TERTZAKIAN:** What state do you live in, Shirley?

**SHIRLEY LAWSON:** Houston, Texas.

**KRISTEN TERTZAKIAN:** You can contact your Department of Social Services or Human Services which

**SHIRLEY LAWSON:** Uh-huh.

**KRISTEN TERTZAKIAN:** -- which has programs for foster children and foster parents.

**SHIRLEY LAWSON:** Okay.

**KRISTEN TERTZAKIAN:** You could speak with whoever manages their child welfare or foster care program. You can find out how your program can interact with foster children and what community programs are available in Houston.

**SHIRLEY LAWSON:** Okay. So you said the Department of Human Services.

**KRISTEN TERTZAKIAN:** Yes.

**SHIRLEY LAWSON:** Uh-huh. And then ask for the department that, in charge of foster --

**KRISTEN TERTZAKIAN:** The foster care program.

**SHIRLEY LAWSON:** Foster care, okay.

**ANDREA KANE:** And they may in turn refer you to someone in the Houston or in --

**SHIRLEY LAWSON:** Yeah.

**ANDREA KANE:** -- specifically in your community.

**SHIRLEY LAWSON:** Right. 'Cause I'm a case manager, and I do work with the teens, but mostly the ones who are pregnant and substance abusers—using alcohol or drugs. So, I'm thinking, we never thought about the foster care, and I think there's a lot out there that could use our services, also.

**KRISTEN TERTZAKIAN:** Absolutely.

**ANDREA KANE:** That's exactly right, we're so glad that you've gotten interested.

**SHIRLEY LAWSON:** Yes! I mean, we have never thought of this, you know? We go in the homes and deal with youth in the schools, but there is a big need for that.

**ANDREA KANE:** Absolutely.

**SHIRLEY LAWSON:** And they're the ones I think would be using, doing substance abuse, if anything, because of the problems they have.

**ANDREA KANE:** Well, this is exactly the kind of new collaboration we hope to start with this call, so thank you.

**SHIRLEY LAWSON:** So we could get, you talk about a report that's coming out in November.

**ANDREA KANE:** Mhm. I'm going to tell everybody in just a minute how to get information about that.

**SHIRLEY LAWSON:** Okay. And, is there a number we can call you if we need some information.

**ANDREA KANE:** Yes, we're going to announce that in a minute, as well.

**SHIRLEY LAWSON:** All right. Thank you.

**ANDREA KANE:** But thank you so much.

**SHIRLEY LAWSON:** Okay.

**ANDREA KANE:** So this is great. We hate to cut off conversation here, but we also know that our phone lines are going to get shut down here in a few minutes. So we just wanted to wrap up with a couple of closing points. First, I'd like to thank Kristen, Jodi, and Lois for their

contributions. Not just on this call, but all the work that went into it. And thank all of you on the phone for being great participants and offering lots of great comments, suggestions, and questions.

So, just a few things, to reiterate, if you have additional comments, suggestions, information that you'd like to share, please feel free to contact Kristen directly. Her contact information is on the agenda that you received for this call, as are Lois' and Jodi's contact information. And Kristen, why don't you just give your phone number, just in case people don't have that other sheet?

**KRISTEN TERTZAKIAN:** Sure. It's (202) 478-8556.

**ANDREA KANE:** Second, if you'd like to get further information about teen pregnancy in general, and you don't already know about the National Campaign, you can go to our website and sign up for our email update, and that way you'll know when we have new research and data coming out on teen pregnancy generally. Or if you'd like Kristen to sign you up, just send her an email and she'll do that. Also, if you want to learn more about UCAN, our partners in Chicago, and they do a range of very interesting programs and initiatives, you can go to their website, which is [www.ucanchicago.org](http://www.ucanchicago.org). Third, in a few days, we'll post a transcript from this call on our website, so if you have colleagues that couldn't make it today, or you want to refresh your memory about all the ground that we covered, you'll be able to read a verbatim transcript. Our website, which I failed to mention earlier, is [www.teenpregnancy.org](http://www.teenpregnancy.org), and teen pregnancy is all one word. And we'll have all this information about this foster care project under a place on our website called "For Professionals." Is that right, Kristen?

**KRISTEN TERTZAKIAN:** Yes.

**ANDREA KANE:** And we're hoping to keep adding information to that, as we go with this project. You'll also find up on our website now, a PowerPoint presentation that has more detail about the focus group findings than we were able to present on this call. Again, this is preliminary, it's in anticipation, or it's before we publish our final report. But if you want to get a little bit more about the focus groups than you heard today, feel free to take a look at that. We will be posting the report that we're going to publish in November on the website. It'll also be available in hard copy and for anyone who wants to be informed about when that comes out, if you sign up for our email alert or you get in touch with Kristen, she'll make sure you know just as soon as it's available. So we encourage you to stay in touch and check back on that professional section of our website occasionally, to see what else is new. And last, but definitely not least, we have a favor to ask of you, which is if you would go to our website and complete a brief evaluation about this call. It'll take you just probably two minutes, and this'll help us continue to design activities that are useful for all of you and hopefully will help you in your work. So with that, we thank all of you for your participation today and we hope to be in touch with you soon.

**LOIS LOVE:** Thank you all very much for participating.