

# Briefly...

## Opportunities to Help Youth in Foster Care: Addressing Pregnancy Prevention in the Implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008

Teen childbearing and unplanned pregnancy among young adults is associated with a number of important social issues, including poverty and income disparity, educational attainment, and overall child well-being, and has direct consequences for the child welfare system. At present, there are about half a million children living in foster care in the United States. These young people are at greater risk of early pregnancy than teens generally and many teens in foster care become parents, either while they are in the foster care system or shortly after transitioning out of the system.<sup>1</sup> Teen childbearing is also costly—it is estimated that teen childbearing cost the child welfare system at least \$2.3 billion nationally in 2004 alone.<sup>2</sup>

- One study found that by age 17, 33 percent of girls in foster care had been pregnant at least once. The proportion of girls in foster care who had been pregnant at least once increased to 48 percent by age 19,<sup>3</sup> and 71 percent by age 21.<sup>4</sup>
- Teen girls in foster care are 2.5 times more likely than their peers not in foster care to get pregnant by age 19.<sup>5</sup>
- Sexually-active teens who age out of foster care are less likely than youth in foster care to report using condoms or birth control in the last year.<sup>5</sup>
- Young teen mothers (aged 17 and younger at the time of birth) are 2.2 times more likely to have a child placed in foster care than mothers who delay child-bearing until age 20 or 21, and they are twice as likely to have a reported case of child abuse or neglect compared to mothers who delayed childbearing.<sup>5</sup>
- Half of 21-year-old men aging out of foster care report they had gotten someone pregnant compared to 19 percent of their peers who were not in the system.<sup>6</sup>

These data suggest that it is necessary to help youth in foster care and those transitioning out of foster care to avoid early pregnancy. It is also important to help those who are already parents delay

future pregnancies until they are better prepared to take on additional family responsibilities.

The Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351), enacted in the Fall of 2008, amends parts B and E of Title IV of the Social Security Act to support relative caregivers, improve permanency outcomes (establishment of stable, permanent and legal living arrangements) for children in foster care through subsidized guardianship and adoption, provide for direct tribal access to federal foster care and adoption funding, improve incentives for adoption, direct resources to improve child well-being, and for other purposes.<sup>7</sup> Fostering Connections is the most comprehensive child welfare reform law in more than a decade. The Act's numerous improvements are all intended to achieve better outcomes for children and youth who are at risk of entering, or who have already spent time in foster care. Many observers also believe that the Act will help to reduce the racial disparities in the treatment of children that plague child welfare systems.<sup>8</sup>

Several provisions in this Act offer important opportunities to provide youth in and transitioning out of foster care with appropriate education and health services to help them avoid early pregnancy. The Act requires: the development of a transition plan for youth aging out of care, the expanded use of Title IV-E training funds by states for private child welfare staff, relative guardians, and court personnel, and increased coordination between the state's child welfare agency and Medicaid office with respect to health services for children and youth in foster care. Specifically:

- **Section 202 - Transition Plan for Children Aging Out of Care** requires a case review system to include a procedure for assuring that a case worker aids and supports a child aging out of foster care in developing a personalized transition plan.<sup>9</sup> Transition plans must be developed 90 days before transitioning from care and include at the direction of the child, specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services.

- **Section 203 - Short-Term Training to Private Child Welfare Agencies, Relative Guardians, and Court Personnel** allows states to claim federal reimbursement for the cost of short-term trainings, and phases in increased expenditures for training for public agency staff and staff in private child welfare agencies, court personnel, attorneys, guardian ad litem, court appointed special advocates, foster and adoptive parents and prospective relative guardians.
- **Section 205 - Health Oversight and Coordination Plan** requires each state working through the state child welfare agency and the state agency that administers Medicaid to create a plan to ensure the oversight and coordination of health care services for any child in foster care placement.<sup>10</sup> Health services and coordination of those services include mental and dental health, a schedule for screenings and immunizations, how medical information will be updated and shared, and a plan to ensure continuity of health care services including the establishment of a medical home<sup>11</sup> and oversight of prescription medicines.

As federal, state, and local governments prepare to apply the provisions of the Fostering Connections Act, there are important opportunities to ensure that teen pregnancy prevention is addressed through a combination of regulations, guidance, training, and partnerships. The following steps could be taken to incorporate teen pregnancy prevention services when sections 202, 203 and 205 of the Act are put in place:

## Federal Level

### Section 202 Recommendations:

1. In any guidance and/or regulation that is developed to aid states in meeting the requirements of this section of the law, include access to sexual health services including birth control in the list of personalized options.

### Section 203 Recommendations:

1. Include pregnancy prevention and adolescent sexual health in any guidance detailing options for trainings.

### Section 205 Recommendations:

1. Recommend the inclusion of adolescent health physicians and OB/GYNs as part of the team developing the state standards for the coordination of health services plan.

## State Level

### Section 202 Recommendations:

1. Include sexual health education and services in the health section of the transition plan.
2. Encourage case workers to distribute resources on sexual health, healthy relationships, the consequences of early

pregnancy and parenting, and pregnancy prevention and to connect clients to health services in their communities.

### Section 203 Recommendations:

1. Develop trainings and tools for staff and guardians to increase their ability to discuss healthy decision making about sexual health, relationships and parenting with youth.
2. Expand existing trainings on health to include adolescent sexual health and pregnancy prevention.
3. Collaborate with community partners whose expertise is providing education and services related to pregnancy prevention.

### Section 205 Recommendations:

1. Include regularly scheduled, age-appropriate health screenings—including sexual health for youth—into health coordination plans.
2. Develop and include a clear plan for the transition from pediatric care to an adolescent/young adult provider.

In addition to the above recommendations, there are other ways that pregnancy prevention can be addressed. Child Welfare agencies are encouraged to consider the following actions:

1. Ensure that any existing Life Skills curricula include medically accurate and complete information about sexual health and teen pregnancy prevention.
2. If the existing transition to independent living plan contains an assessment of knowledge on health issues, add the following measures to help assess the sexual and reproductive health knowledge and skills of youth transitioning out of foster care to ensure that they are prepared to make healthy decisions about their lives:
  - a. Understand the consequences of early pregnancy and parenting,
  - b. Know and effectively use birth control options if they are sexually active, and
  - c. Understand how to prevent HIV/AIDS, Hepatitis and other STIs.
3. Contact local and state teen pregnancy prevention professionals to determine if there are possible areas of collaboration and to share resources including print materials and trainings.
4. Expand the outline of medical services to include pregnancy prevention counseling and services.

The National Campaign to Prevent Teen and Unplanned Pregnancy encourages those involved in administering the Fostering Connections Act at the federal, state, and local level to incorporate these recommendations into regulations, guidance,

and implementation plans. Doing so will help young people make a successful transition to adulthood, help them achieve their educational and other goals, reduce the number of children at risk of entering foster care, and reduce costs for the child welfare system.

For additional information on the National Campaign's teen pregnancy prevention among youth in foster care project, see [www.thenationalcampaign.org/fostercare/resources.aspx](http://www.thenationalcampaign.org/fostercare/resources.aspx) or contact Itege Bailey at [ibailey@thenc.org](mailto:ibailey@thenc.org) or 202-478-8556.

For additional information on the Fostering Connections to Success and Adoption Act, see [Fostering Connections to Success and Increasing Adoptions Act: Frequently Asked Questions on the Provisions Designed to Impact Youth and Young Adults](#).

We also invite you to tell us about innovative strategies that are being pursued, or could be pursued, to help address early pregnancy and parenting among youth in and aging out of foster care.

## SOURCES

1. Love, L.T. McIntosh, J., Rosst, M., & Tertzakian, K. (2005) Fostering Hope: Preventing Teen Pregnancy among Youth in Foster Care. Washington, DC: The National Campaign to Prevent Teen Pregnancy. [www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope\\_FINAL.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope_FINAL.pdf)
2. Hoffman, S.D. (2006) By the numbers: The Public Cost of Teen Childbearing. Washington, DC: The National Campaign to Prevent Teen Pregnancy. [www.thenationalcampaign.org/resources/pdf/pubs/BTN\\_Full.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/BTN_Full.pdf)
3. Bilaver, LA., & Courtney, M.E. (2006). Foster Care Youth. Science Says #27. The National Campaign to Prevent Teen Pregnancy. [www.thenationalcampaign.org/resources/pdf/SS/SS27\\_FosterCare.pdf](http://www.thenationalcampaign.org/resources/pdf/SS/SS27_FosterCare.pdf)
4. Courtney, M.E., Dworsky, A., Ruth Cusick, G., Havlicek, J., Perez, A., Keller, T. (2007). Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21. Chicago: Chapin Hall Center for Children at the University of Chicago.
5. Why it Matters: Teen Pregnancy and Child Welfare. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. [www.thenationalcampaign.org/why-it-matters/pdf/child\\_welfare.pdf](http://www.thenationalcampaign.org/why-it-matters/pdf/child_welfare.pdf)
6. Policy Brief: Preventing Pregnancy Among Youth in Foster Care. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. [www.thenationalcampaign.org/policymakers/PDF/Briefly\\_PolicyBrief\\_Youth%20in%20Foster%20Care.pdf](http://www.thenationalcampaign.org/policymakers/PDF/Briefly_PolicyBrief_Youth%20in%20Foster%20Care.pdf)
7. Public Law 110-351 110th Congress: Fostering Connections to Success and Increasing Adoptions Act of 2008. [www.gu.org/documents/A0/PublicLawweb.pdf](http://www.gu.org/documents/A0/PublicLawweb.pdf)
8. Fostering Connections to Success and Increasing Adoption Act: Frequently Asked Questions on the Provisions Designed to Impact Youth and Young Adults. Washington, DC: National Foster Care Coalition <http://www.nationalfostercare.org/pdfs/NFCC-FAQ-older-youth-2009.pdf>
9. Fostering Connections to Success and Increasing Adoption Summary, Center for Law and Social Policy. [www.clasp.org/publications/FCSAIAActLongSummary091608.pdf](http://www.clasp.org/publications/FCSAIAActLongSummary091608.pdf)
10. Stoltzfus, E. (2008) CRS Report to Congress. Child Welfare: The Fostering Connection to Success and Increasing Adoptions Act of 2008. [www.floridalegal.org/Training/2008/december/foster/resource/CRS%20Summary.pdf](http://www.floridalegal.org/Training/2008/december/foster/resource/CRS%20Summary.pdf)
11. The Medical Home is an approach to providing care that is accessible and family centered and provides high quality care that is comprehensive, coordinated, compassionate, and continuous over time. In addition to these qualities a foster care medical home should be staffed by child health care professionals who understand the unique culture of foster care. (<http://www.medicalhomeinfo.org/tools/Downloads/Foster%20Care.doc>)