The prevention of adolescent pregnancy is regarded as a major social and reproductive health issue in the United States. Although prevention is critically important, the focus of the Center for the Study of Social Policy (CSSP) is on addressing the developmental needs of, and improving services and supports to, adolescents who are already pregnant or parenting and their children—in particular young parents who are currently in foster care and those who have recently transitioned out—to improve the health and life outcomes of these youth and their children. CSSP emphasizes the importance of focusing on the young parent, the child and the parent-child relationship together in keeping with a two-generation approach, which is “a strategy that promotes children’s healthy development by expanding the resources and developing the abilities of parents or caregivers.” (The Center for High Impact Philanthropy, n.d., p.1). In support of the two-generation approach’s ability to reduce intergenerational poverty, Shonkoff (2013) stated, “Greater impacts could be achieved by innovative ‘two-generation’ programs that devise effective strategies for building the common core of adult capacities that are essential for success both at home and at work, while also increasing the development of these skills in young children” (para. 9).

CSSP conceives the developmental needs of expectant and parenting youth as the essential, interrelated experiences, knowledge, skills, attitudes and behaviors that form a foundation for this youth population to function well as parents and emerging adults. The developmental needs are organized in five domains: (a) physical, sexual and reproductive health and development; (b) cognitive and emotional development; (c) identity development; (d) social development; and (e) preparation for parenthood and self-sufficiency.

The designation expectant and parenting youth is used by CSSP to underscore the importance of considering both adolescent fathers and mothers in efforts to address the developmental needs of young parents and thereby improve their health and life outcomes and those of their children. Unfortunately, there is limited research on adolescent fatherhood. Similarly, relatively little is known about the developmental needs of expectant and parenting youth who are in foster care. Thus, this report focuses primarily on the developmental needs of adolescent mothers—with particular attention to those in foster care—as extrapolated from current adolescent pregnancy and parenting literature, including the voices of expectant and parenting youth.

The delineation of the developmental needs of this youth population was guided by an understanding of risk factors and the adverse outcomes that can result from adolescent pregnancy and parenthood, as well as the positive experiences that mitigate or prevent adverse outcomes. Listed below are the developmental needs of expectant and parenting youth considered in this report, organized by the five domains.

### Physical, Sexual and Reproductive Health and Development

1. Having an approachable, knowledgeable, nonjudgmental adult with whom one can freely discuss physical, sexual and reproductive health issues
2. Having access to and timely receipt of accurate medical, contraceptive and reproductive health care and information
3. Engaging in healthy behaviors, in particular eating nutritious food and avoiding drug use
4. Being sexually responsible to delay subsequent pregnancies and prevent sexually transmitted infections
Cognitive and Emotional Development

1. Having the motivation to seek medical, contraceptive and reproductive health care and information, as well as needed supports and services
2. Understanding the impact of general life stressors, parenting stressors, and traumatic experiences and building resilience despite adversity
3. Applying one’s strengths, learning to use one’s voice and gaining a sense of control over one’s life

Identity Development

1. Forging a satisfying personal and parental identity and having experiences that enable one to feel like a “normal” adolescent
2. Envisioning and exploring a positive future identity and the pathways to achieve it

Social Development

1. Building and sustaining relationships with trustful and supportive family members, other adults, peers and the co-parent if it is safe and appropriate
2. Being meaningfully involved in social institutions and environments that are safe, stable, supportive and equitable
3. Having access to and receiving comprehensive supports that focus on the dual needs of young parents and their children that are guided by an understanding of adolescent development and use a strengths-based, trauma-informed approach to working with youth

Preparation for Parenthood and Self-Sufficiency

1. Completing high school or a high school equivalency program; completing college or vocational training; securing employment with a livable wage; building healthy life skills; and learning to balance work and parental roles
2. Understanding the importance of and learning how to be a competent and nurturing parent
3. Being aware of one’s rights as an expectant and parenting youth in general, and those of youth in foster care, if one is in care

The identification and delineation of these developmental needs are grounded in an understanding of the following: adolescent sexuality, pregnancy and parenting as the product of individual, relational, community and social determinants; adverse outcomes that can result from adolescent pregnancy and parenthood; protective factors that mitigate or prevent adverse outcomes; and the positive experiences that promote healthy adolescent development and well-being. Expectant and parenting youth in foster care can be more effectively supported in their transition to adulthood and parenthood when practitioners and policymakers are guided by their parallel developmental needs as adolescents, parents and youth in, or recently transitioned out of, foster care. Addressing these parallel developmental needs will improve the health and life outcomes of expectant and parenting youth in foster care and those of their children.