

Center  
for the  
Study  
of Social  
Policy

# EXPECTANT & YOUTH IN PARENTING FOSTER CARE



ADDRESSING THEIR  
DEVELOPMENTAL NEEDS TO  
PROMOTE HEALTHY PARENT  
AND CHILD OUTCOMES

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Photo by William J. Serson

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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



The developmental needs of expectant and parenting youth, organized by the five domains

## 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.

# INTRODUCTION

The prevention of adolescent pregnancy is regarded as a major social and reproductive health issue in the United States. The National Campaign to Prevent Teen and Unplanned Pregnancy (The National Campaign) asserted, “By preventing teen and unplanned pregnancy, we can significantly improve other serious social problems including poverty (especially child poverty), child abuse and neglect, father-absence, low birthweight, school failure, and poor preparation for the workforce” (2015, para. 1). Although attention to 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 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, 2015; CSSP, 2013a).

Pregnancy among foster youth creates challenges for the state systems responsible for them, young people themselves and their children. Foster care systems must house and support teen parents and their children. For the 20,000 youth who “age out” of foster care each year, pregnancy and parenthood can compound the already difficult process of finding housing and a job or continuing education (Comlossy, 2013, p. 1).

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 expectant and parenting youth 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 (Healthy Teen Network, n.d.; Scott, Steward-Streng, Manlove, & Moore, 2012). Similarly, Dworsky and DeCoursey (2009) stated that relatively little is known about the developmental needs of expectant and parenting youth who are in foster care. Thus, this report will focus 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. Relevant information about adolescent fathers will also be included as identified. Background information about the rates, outcomes and determinants of adolescent parenthood is included to establish the context for the reported developmental needs.

## Rates of Expectant and Parenting Youth

In the United States, approximately 3 in 10 girls become pregnant by age 20 (The National Campaign, 2015). In 2013, there were 26.5 live births—273,105 infants born—for every 1,000 adolescent females aged 15-19 in



Teens in foster care have a higher chance of becoming parents and need support to achieve better outcomes.

the United States (Martin, Hamilton, Osterman, Curtin, & Mathews, 2015; Office of Adolescent Health, 2015a). This represents a significant decline in adolescent pregnancy rates across all racial and ethnic groups over the last two decades, and the 2013 rate is the lowest ever recorded in the United States (Ventura, Hamilton, & Mathews, 2014). Similarly, the 2010 rate of adolescent fatherhood showed a significant decline across racial and ethnic groups over the last two decades, from 25 to 16 per 1,000 males aged 15–19 (Guttmacher Institute, 2014). However, “despite these declines, geographic, socioeconomic and racial and ethnic disparities persist” among expectant and parenting youth. (Centers for Disease Control and Prevention [CDC], National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 2014a).

Youth in foster care are a segment of the adolescent population who still have high rates of births while they are in foster care and shortly after transitioning out of the child welfare system compared with their peers who have never been in care (CSSP, 2014a; CSSP, 2013a; Love, McIntosh, Rosst, & Tertzakian, 2005). “While adolescents in the general population are at risk for pregnancy, youth in foster care often face additional circumstances out of their control that can leave them even more vulnerable to pregnancy” (The National Campaign, n.d., p. 1). Although there are limited data about the prevalence of pregnant and parenting youth in the child welfare system (CSSP, 2013a), over the last several years, the findings from the Midwest Evaluation of Adult Functioning of Former Foster Youth (Midwest Evaluation) longitudinal study (Courtney et al., 2011) have served as the standard source of data and information about this population. For example, Midwest Evaluation findings showed:

*A teen girl in foster care is 2.5 times more likely to become pregnant by age 19 than her adolescent peers not in foster care. Also, approximately half of 21-year-old males transitioning out of foster care reported getting a partner pregnant compared to 19% of their non-foster care peers.*

(The National Campaign, n.d., p. 1)

Recently, a large-scale study conducted in Los Angeles County has yielded prevalence data and contributed to an understanding about child welfare involvement among teen mothers and their children. Some of this data revealed that:

- 4 in 10 adolescent mothers were reported as alleged victims of abuse or neglect before pregnancy and 20 percent had a history of substantiated maltreatment
- 40 percent of adolescent mothers involved in child welfare had a second child during their teen years
- rates of abuse and neglect among children born to adolescent mothers with a history of maltreatment are greater than two times the rates of children whose teen mothers had no child protective services involvement (Cederbaum, Putnam-Hornstein, King, Gilbert, & Needell, 2013; Putnam-Hornstein, Cederbaum, King, Eastman, & Trickett, 2015).

## Outcomes of Adolescent Parenthood

Adolescent pregnancy and parenting remain an important public health and economic issue despite overall rate declines. The Office of Adolescent Health (2015b) reported, “teen childbearing costs U.S. taxpayers billions of dollars due to lost tax revenue, increased public assistance payments, and greater expenditures for public health care, foster care, and criminal justice services” (para. 2). For example, Comlossy (2013) indicated, “compared to parents who are just a few years older, teen mothers overall are twice as likely to be reported for neglect or abuse. Their children are twice as likely to be placed in the child welfare system—at an annual public cost of \$2.8 billion” (p. 1).

***A teen girl in foster care is 2.5 times more likely to become pregnant by age 19 than her adolescent peers not in foster care. Also, approximately half of 21-year-old males transitioning out of foster care reported getting a partner pregnant compared to 19% of their non-foster care peers.***

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

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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.

Risk factors and the negative personal consequences of adolescent pregnancy and parenthood have been the dominant focus of research on this population. Although understanding the complexities of these risks and adverse outcomes is important, CSSP emphasizes the need to also examine the positive experiences that build protective factors and are associated with better outcomes for expectant and parenting youth and their children. CSSP's delineation of the developmental needs of expectant and parenting youth was guided by an

## Adverse Personal Outcomes

In addition to the economic costs of adolescent parenthood, studies have found a range of immediate and long-term adverse personal outcomes for adolescent mothers, fathers and their children when compared with their peers who delay parenthood or older parents.

The challenges of teen parenthood are clear, but teen parents in foster care have additional vulnerabilities that make it even more difficult for them—and their children—to thrive. For example, the history of abuse faced by many teen mothers in foster care may act as a barrier to improving outcomes for themselves and their children (if this trauma is not adequately addressed). (Manlove, Welti, McCoy-Roth, Berger, & Malm, 2011, p. 5)

**Limited Education, Employment Opportunities and Income.** Adolescent mothers and fathers are less likely to complete high school or receive postsecondary training necessary to qualify for a well-paying job ( Hoffman, 2006; Jaffee, Caspi, Moffitt, Belsky, & Silva, 2001; Office of Adolescent Health, 2015b; The National Campaign, 2015; Schuyler Center for Analysis and Advocacy, 2008; SmithBattle & Leonard, 2012). This severely limits adolescent parents' career options, affects young fathers' ability to financially support their children and increases the likelihood of adolescent parents and their children living in poverty. The Midwest Evaluation of Adult Functioning of Former Foster Youth found that, of teens aging out of the system. . . by age 21, one in six not attending school cited the need for child care for children as a barrier, (and) about a third of those in school or working said finding child care was difficult, or that they had to miss school or work because they couldn't find child care. (Comlossy, 2013, p. 1)

**Mental Health Problems.** Adolescent mothers tend to experience higher rates of mental health problems, such as prenatal and postpartum depression, substance abuse and posttraumatic stress disorder, which in turn can adversely affect their functioning and parenting behavior (Hodgkinson, Beers, Southammakosane, & Lewin 2014; Hodgkinson, Colatuoni, Roberts, Berg-Cross, & Belcher, 2010; SmithBattle & Leonard, 2012). Also, the results from several studies suggest that youth in and transitioning out of foster care have a higher prevalence of mental health challenges than their peers who were never involved with the child welfare system (Burns et al., 2004; Courtney et al., 2011; Pecora et al., 2005).

**Increased Likelihood of Poor Child Outcomes.** Infants of adolescent mothers are more likely to have poor medical outcomes over the course of their lives than children born to older mothers because adolescent mothers are less likely to receive adequate prenatal care during their first trimester and their infants are less likely to visit a medical provider (; Kaye, 2012; National Association of County and City Health Officials, 2009; Office of Adolescent Health, 2015b; SmithBattle & Leonard, 2012). Poor medical outcomes increase the probability of child health and developmental problems (e.g., chronic respiratory problems, cerebral palsy, cognitive delays, hyperactivity), as well as infant mortality (Schuyler Center for Analysis and Advocacy, 2008). In addition, infants and young children of adolescent mothers are less likely to receive proper nutrition or cognitive and social stimulation. As a result, they are at risk for poorer

educational outcomes and higher levels of behavioral problems than are children of older parents (Hoffman, 2006; Hoffman & Maynard, 2008). Also, several studies found that the daughters and sons of adolescent parents are more likely to become expectant and parenting youth themselves, perpetuating the cycle of early childbearing and parenthood (Hoffman & Maynard, 2008; Schuyler Center for Analysis and Advocacy, 2008; Sipsma, Biello, Cole-Lewis, & Kershaw, 2010).

The likelihood of poor outcomes increases for children of expectant and parenting youth in foster care (Manlove et al., 2011). For example, Cederbaum and colleagues (2013) examined the relationship between the maltreatment history of adolescent mothers with substantiated cases of abuse or neglect and their infants' outcomes. Their findings "suggest that maltreatment history of adolescent mothers is associated with low infant birthweight. . . . These data indicate that maternal maltreatment not only may have consequences for the victim but also may contribute to intergenerational health disparities" (p. 197).

**Intergenerational Child Protective Services Involvement.** Several studies have yielded information about the high risk of children born to adolescent mothers also becoming involved in the child welfare system (see, e.g., Cederbaum et al., 2013; Putnam-Hornstein, et al., 2015). Based on the work of Dworsky and DeCoursey (2009), CSSP (2014a) reported that "children of parenting foster youth also experience a greater risk of being abused or maltreated and are five times more likely to spend time in the foster care system than children of same-aged mothers in the general population" (p. 2). Manlove and colleagues (2011) concluded, "teens in foster care who become parents have fewer resources to help them avoid passing on to their children a legacy of disadvantage linked to early parenthood, to high levels of abuse and neglect, and to greater risk of entering the foster care system themselves" (p. 8).

## Experiences Associated with Better Outcomes

Several factors are associated with better outcomes for youth, in general—and adolescent mothers, fathers and their children, in particular (see, e.g., Bolger & Patterson, 2003; Clemmens, 2001; Comlossy, 2013; Cooley & Unger, 1991; DeVito, 2010; Gee & Rhodes, 2003; Harper, 2013; Healthy Teen Network, 2006, n.d.; Jaffee, Caspi, Moffitt, Taylor, Dickson, 2001; Kretchmar & Jacobvitz, 2002; Pinzon & Jones, 2012). These include:

1. Actively participating in a motherhood or fatherhood program that has staff who: (a) are engaging, encouraging and supportive; (b) intentionally work to build a trusting relationship with youth; (c) understand adolescent development; and (d) assume that the young mother or father wants to be a responsible and responsive parent
2. Connecting to comprehensive services with easy access and considerable support
3. Connecting to supports and services that focus on the dual needs of expectant and parenting youth and their children
4. Maintaining positive mother-father relationships
5. Having supportive family relationships—including the paternal family—that enable the young parent to stay in school
6. Forming positive peer relationships, including positive relationships with other expectant and parenting youth
7. Understanding and appreciating the attitudes, knowledge and behaviors necessary to be a responsible and responsive parent
8. Receiving advice and support about the legal rights and responsibilities of adolescent mothers and fathers
9. Remaining in school, working toward completion
10. Learning life skills
11. Delaying a subsequent pregnancy or insemination
12. Achieving and maintaining a positive sense of self—as an individual and as a young parent
13. Having confidence and a sense of control over one's life
14. Building resilience—learning to function well in the face of stress, adversity or trauma
15. Learning to regulate one's emotions and behavior
16. Obtaining regular employment
17. Engaging in regular, nurturing, responsive interaction with the infant
18. Providing early, quality child care for the infant

In addition to the above, experiences found or theorized to be associated with better outcomes for expectant and parenting youth in foster care and their children include:

**Staying in Foster Care to Age 21.** Data from the Midwest Evaluation indicated that “youth who stay in foster care to age 21 tend to fare better than those who leave at age 18. They are more likely to delay parenting, go to school, or be employed” (Comlossy, 2013, p. 2).

**Foster Care Placement Stability.** Putnam-Hornstein, Cederbaum, King, and Needell (2013) found that the rate of childbirth among adolescents in foster care in California varied by factors of foster care placement, including episode length, placement stability and placement type. The highest birth rates were observed among youth who had four or more placements.

**Access to Safe, Stable, Affordable Child Care.** Given that the lack of child care was identified in the Midwest Evaluation as a significant impediment to attending school or going to work (Comlossy, 2013; Courtney, et al., 2011), having access to safe and quality child care could be associated with better outcomes for adolescent parents in foster care.

**Interacting with Better Trained Adults.** Based on peer-conducted interviews with youth in foster care, The National Campaign (n.d.) concluded that having better trained foster parents, social workers and others who work with youth in foster care (for example, in regard to sex education, making mental health referrals, being non-judgmental and sensitive to their needs) would help expectant and parenting youth in foster care make healthy decisions about sexual and reproduction matters.

**Being Aware of One’s Legal Rights as a Youth in Foster Care Who Is Also a Parent.** “Counseling pregnant and parenting youth on their legal rights, responsibilities, and options surrounding issues of permanency, adoption, guardianship and placement” (CSSP, 2013a, p. 3) was identified as a possible measure for improving outcomes for expectant and parenting youth in foster care.

**Father Involvement.** A young mother in foster care and her child can benefit from the involvement of the child’s father when it is safe and appropriate. Research findings indicate a positive association between the involvement of non-resident fathers and child-well-being outcomes (Florsheim, et al., 2012; Florsheim, et al., 2003; Wilson & Prior, 2010).

## Protective Factors

The experiences associated with better outcomes for expectant and parenting youth and their children are regarded by CSSP as those that build the protective factors delineated in both its Strengthening Families™ and Youth Thrive™ frameworks. In these frameworks, protective factors are defined as attributes or conditions that simultaneously mitigate the effect of exposure to risk factors and stressful life events and actively promote healthy development and well-being (Harper Browne, 2014b). The Strengthening Families framework focuses on families of young children (birth – 8 years old) and the Youth Thrive framework focuses on adolescents and young adults, ages 9 – 26 (see Harper Browne, 2014a; Harper Browne, 2014b). Table 1 provides a list of the protective factors in both frameworks and their respective definitions.

## Expectant and Parenting Youths’ Developmental Needs

Although expectant and parenting youth are in adult roles, they are still faced with the developmental tasks of adolescence and emerging adulthood, such as improving their decision-making, problem-solving, self-regulation and executive functioning skills. Thus, the developmental needs of expectant and parenting youth—both mothers and fathers—fundamentally are the same as those of all adolescents, layered with the additional and unique needs of early parenthood. Expectant and parenting youth face the dual challenge of meeting their own developmental needs and the needs of their infants and children (DeVito, 2010; Kimball, 2004). DeVito (2010) provides an interesting example of this challenge:

*...a young mother in the early stage of adolescence still needs to be ‘mothered’ by her own mother or a person in her life who acts as her mother. . . Adolescent mothers (and fathers), therefore, have specific needs for help to successfully navigate through the combined demands of adolescent development and their role as a new parent. (p. 26)*

CSSP’s delineation of the developmental needs of expectant and parenting youth are conceived as the essential, interrelated experiences, knowledge, skills, attitudes and behaviors that form a foundation for adolescent mothers and fathers to function well as parents and emerging adults. The developmental needs are organized in five domains; specifically:

**Table 1. The Strengthening Families and Youth Thrive Protective Factors**

<h3>Strengthening Families Protective Factors</h3>	<h3>Youth Thrive Protective Factors</h3>
<p><b>Parental Resilience</b> Managing both general life and parenting stress and functioning well when faced with stressors, challenges or adversity; the outcome is positive change and growth.</p>	<p><b>Youth Resilience</b> Managing stress and functioning well when faced with stressors, challenges or adversity; the outcome is personal growth and positive change.</p>
<p><b>Social Connections</b> Having healthy, sustained relationships with people, institutions, the community and a force greater than oneself</p>	<p><b>Social Connections</b> Having healthy, sustained relationships with people, institutions, the community and a force greater than oneself</p>
<p><b>Knowledge of Parenting &amp; Child Development</b> Understanding the unique aspects of child development; implementing developmentally and contextually appropriate best parenting practices</p>	<p><b>Knowledge of Adolescent Development</b> Understanding the unique aspects of adolescent development; implementing developmentally and contextually appropriate best practices</p>
<p><b>Concrete Support in Times of Need</b> Identifying, seeking, accessing, advocating for and receiving needed adult, child, and family services; receiving a quality of service designed to preserve parents' dignity and promote healthy development</p>	<p><b>Concrete Support in Times of Need</b> Asking for help and advocating for oneself; receiving a quality of service designed to preserve youths' dignity, provide opportunities for skill development and promote healthy development</p>
<p><b>Social and Emotional Competence of Children</b> Providing an environment and experiences that enable the child to form close and secure adult and peer relationships and to experience, regulate and express emotions</p>	<p><b>Cognitive and Social-Emotional Competence</b> Acquiring skills and attitudes that are essential for forming an independent identity and having a productive, responsible and satisfying adulthood</p>

- Physical, sexual and reproductive health and development
- Cognitive and emotional development
- Identity development
- Social development
- Preparation for parenthood and self-sufficiency

The domains and respective needs are summarized in Table 2 and are discussed in the remaining sections of this report. Table 3 shows the alignment of CSSP's developmental needs of expectant and parenting youth with the Strengthening Families and Youth Thrive protective factors.

**Table 2. Developmental Needs of Expectant and Parenting Youth**

<h2 style="text-align: center;">Domain</h2>	<h2 style="text-align: center;">Developmental Needs</h2>
<p><b>Physical, Sexual and Reproductive Health and Development</b></p>	<ol style="list-style-type: none"> <li>1. Having an approachable, knowledgeable, non-judgmental adult with whom one can freely discuss physical, sexual, and reproductive health issues</li> <li>2. Having access to and timely receipt of accurate medical, contraceptive, and reproductive health care and information</li> <li>3. Engaging in healthy behaviors, in particular eating nutritious food and avoiding drug use</li> <li>4. Being sexually responsible to delay subsequent pregnancies and prevent sexually transmitted infections</li> </ol>
<p><b>Cognitive and Emotional Development</b></p>	<ol style="list-style-type: none"> <li>1. Having the motivation to seek medical, contraceptive and reproductive health care and information, as well as needed supports and services</li> <li>2. Understanding the impact of general life stressors, parenting stressors and traumatic experiences, and building resilience despite adversity</li> <li>3. Applying one's strengths, learning to use one's voice, and gaining a sense of control over one's life</li> </ol>
<p><b>Identity Development</b></p>	<ol style="list-style-type: none"> <li>1. Forging a satisfying personal and parental identity, and having experiences that enable one to feel like a "normal" adolescent</li> <li>2. Envisioning and exploring a positive future identity and the pathways to achieve it</li> </ol>
<p><b>Social Development</b></p>	<ol style="list-style-type: none"> <li>1. Building and sustaining relationships with trustful and supportive family members, other adults, peers and the co-parent if it is safe and appropriate</li> <li>2. Being meaningfully involved in social institutions and environments that are safe, stable, supportive and equitable</li> <li>3. Having access to and receiving comprehensive supports that focus on the dual needs of young parents and their children, and that are guided by an understanding of adolescent development and a strengths-based, trauma-informed approach to working with youth</li> </ol>
<p><b>Preparation for Parenthood and Self-Sufficiency</b></p>	<ol style="list-style-type: none"> <li>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</li> <li>2. Understanding the importance of and learning how to be a competent and nurturing parent</li> <li>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</li> </ol>

**Table 3. Developmental Needs Aligned with the Strengthening Families and Youth Thrive Protective Factors**

Developmental Needs of Expectant and Parenting Youth	Related Protective Factor(s)
<b>Physical, Sexual, and Reproductive Health and Development</b>	
Having an approachable, knowledgeable, non-judgmental adult with whom one can freely discuss physical, sexual, and reproductive health issues	Social connections Knowledge of adolescent development
Having access to and timely receipt of accurate medical, contraceptive, and reproductive health care and information	Concrete support in times of need
Engaging in healthy behaviors, in particular eating nutritious food and avoiding drug use	Youth resilience Cognitive and social-emotional competence
Being sexually responsible to delay subsequent pregnancies and prevent sexually transmitted infections	Youth resilience Cognitive and social-emotional competence
<b>Cognitive and Emotional Development</b>	
Having the motivation to seek medical, contraceptive, and reproductive health care and information, as well as needed supports and services	Youth resilience Cognitive and social-emotional competence
Understanding the impact of general life stressors, parenting stressors and traumatic experiences, and building resilience despite adversity	Youth resilience Parental resilience Concrete support in times of need
Applying one's strengths, learning to use one's voice and gaining a sense of control over one's life	Youth resilience Cognitive and social-emotional competence
<b>Identity Development</b>	
Forging a satisfying personal and parental identity, and having experiences that enable one to feel like a "normal" adolescent	Youth resilience Parental resilience Cognitive and social-emotional competence
Envisioning and exploring a positive future identity and the pathways to achieve it	Cognitive and social-emotional competence
<b>Social Development</b>	
Building and sustaining relationships with trustful and supportive family members, other adults, peers and the co-parent if it is safe and appropriate	Social connections
Being meaningfully involved in social institutions and environments that are safe, stable, supportive and equitable	Social connections
Having access to and receiving comprehensive supports that focus on the dual needs of young parents and their children, and that are guided by an understanding of adolescent development and a strengths-based, trauma-informed approach to working with youth	Concrete support in times of need Knowledge of adolescent development Knowledge of parenting and child development
<b>Preparation for Parenthood and Self-Sufficiency</b>	
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	Knowledge of adolescent development Concrete support in times of need Parental resilience
Understanding the importance of and learning how to be a competent and nurturing parent	Knowledge of parenting and child development Parental resilience
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	Parental resilience Concrete support in times of need

# DOMAIN I: Physical, Sexual and Reproductive Health and Development



*Developmental Need 1: Having an approachable, knowledgeable, non-judgmental adult with whom one can freely discuss physical, sexual, and reproductive health issues*

Expectant and parenting youth need adults in their lives who are willing and prepared to have open, honest, non-judgmental, two-way discussions with them about issues related to sexual intercourse, sexual decision-making, contraception, protection from STIs, pregnancy, sexual assault and exploitation and any other topics related to physical, sexual and reproductive health (Boonstra, 2011; Harrison, 2015, The National Campaign, n.d.). Expectant and parenting youth also need to be able to talk with a trusting, non-judgmental adult about their feelings regarding being pregnant or becoming a mother or father. Parents, family members in a parental role, foster parents, social workers and others who work with youth can benefit from training about creating a comfortable environment for and regularly engaging both young men and women in these type of discussions. The need for foster parents to be approachable and prepared to discuss sensitive sexual issues with youth in care, was indicated in findings from a 2005 qualitative study conducted by The National Campaign.

*It is clear that youth want to have more conversations about sex with their foster parents and feel they can learn from them. Many of the teens report that they are not currently having these conversations either because they are embarrassed or because their foster parents never broach the subject. They feel they need to trust their foster parents before they talk to them. Some teens suggest that foster parents should be available for them when they are ready to talk and should listen to their kids. Youth feel it is important to start the*

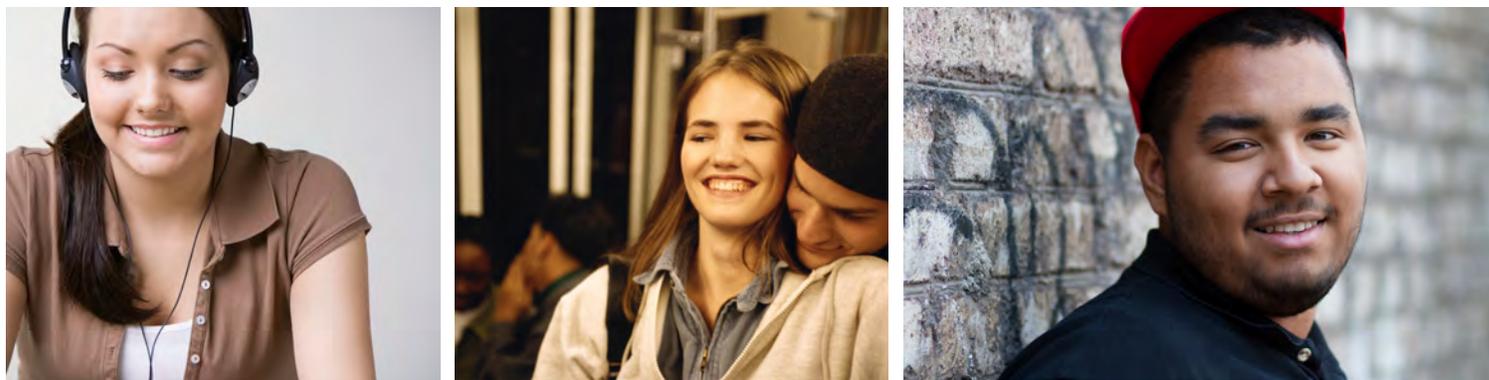
*conversation early and to be non-judgmental and supportive. One teen mother stresses the importance of open conversations: “Talk to the foster teens—really talk, in conversation. No “don’t do this or that.”*

*(Love, et al., 2005, p. 15)*

Circumstances related to youth being in foster care may be a barrier to having discussions about sexual issues with their foster parent(s). For example:

- When youth experience disruptions in placements they are less likely to forge strong relationships with their foster parent(s). “Disruptions also have ripple effects that may subsequently weaken teens’ relationships with other key adult figures in their lives, thereby reducing the likelihood that teens will receive guidance on sexual and reproductive health concerns” (Manlove, et al., 2011, p. 7).
- Youth who have been placed in foster care as a result of being sexually abused, or who may have been sexually abused while in a foster care setting, may find having conversations about sexual issues with a foster parent to be extremely difficult. “For such teens, having conversations about dating and sexual relationships may be best handled under the guidance of professionals, such as counselors or therapists, because having to dwell on these topics may be emotionally charged and delicate” (Manlove, et al., 2011).

Expectant youth need convenient, accessible, timely and accurate information about reproductive and sexual health. This information is available via formal sources, including participation in sex education classes in school, clinics, social service programs and other group



## *Developmental Need 2: Having access to and timely receipt of accurate medical, contraceptive and reproductive health care and information*

settings. Informally, youth may receive information and misinformation from family members, peers, the internet and other media. Although youth in foster care have access to and receive reproductive health care and information from formal sources at higher rates than adolescents not in care (Bilaver & Courtney, 2006), several challenges regarding access to information in these settings still exist (see Boonstra, 2011; Love, et al., 2005; The National Campaign, n.d.). Specifically:

1. Information is offered too late (after they are sexually active).
2. Only selected information is shared (for example, limited information about birth control or pregnancy options), so more information is necessary to help them make better choices.
3. Youth may feel embarrassed or intimidated about asking for contraceptives because they believe they will be judged.
4. Youth may distrust the effectiveness of contraceptives (for example, “I got pregnant even though I was on the pill.”) due to having inaccurate or incomplete information.
5. The manner in which information is presented does not resonate with them. “Similar to youth in general, in order for messages in a sex education class to resonate with them, youth in care want to hear information delivered in a way that will connect with their personal experiences” (The National Campaign, n.d., p. 9).
6. Youth who experience inconsistent school attendance due to disruptions in placement may miss access to quality school-based sex education classes (Boonstra, 2011).

Expectant youth also need convenient, accessible, timely and appropriate prenatal and postnatal health care

services and information that will enable them to progress safely through pregnancy, childbirth and early parenthood. Prenatal care helps to decrease or mitigate risks during pregnancy (for example, pregnancy-induced hypertension) and increase the probability of a safe and healthy delivery for both the mother and child. Through prenatal care, the physician can monitor the growth of the fetus and identify and respond to problems and complications. Postnatal care centers on providing relevant, timely information to new mothers to enable them to promote their own and their infant’s health and well-being, as well as to recognize and respond to the signs and symptoms of problems. It also includes screening for and addressing changes in the new mother’s typical mood, emotional state, behavior and coping strategies (National Institute for Health and Care Excellence, 2014).

Unfortunately, expectant youth are less likely than older expectant women to appreciate the importance of and receive prenatal care during their first trimester. Manlove and colleagues (2011) reported that “although teens in foster care have health coverage through Medicaid, a study of children in foster care in Illinois indicated that one in five teen mothers in foster care either did not receive any prenatal care or did not begin care until the third trimester” (p. 5). As a result, there is an increased likelihood of premature delivery, low birthweight, infant health and developmental problems and infant mortality (Kaye, 2012; National Association of County and City Health Officials, 2009; Schuyler Center for Analysis and Advocacy, 2008; SmithBattle & Leonard, 2012). Adolescent mothers and

fathers also need to receive comprehensive sexual and reproductive health counseling about the importance of delaying subsequent pregnancies and inseminations, contraceptive options, which contraceptive method would be best for them, how to use the chosen method(s) correctly and consistently and preventing sexually transmitted infections (CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 2014b; Healthy Teen Network, n.d.).

An often overlooked counseling topic with expectant and parenting youth is sexual violence. Some early studies on rape-related pregnancy (see Boyer & Fine, 1992; Gershenson, et al., 1989; Holmes, Resnick, Kilpatrick, &

Best, 1996) found that, among documented cases, the majority occurred among adolescents and resulted from a known, often related perpetrator. Manlove and colleagues (2011) reported that “one half (49%) of females who were ever in foster care during their youth experienced forced sex (either before, during, or after their time in foster care), a percentage that is more than four times that for females nationwide (11%)” (p. 4). Thus, counseling with expectant and parenting youth should also include discussions about incest; types of sexual violence, including commercial sexual exploitation<sup>1</sup>; the legal consequences of perpetrating sexual violence; the right to say no; and proactively responding to sexual violence if victimized.

### *Developmental Need 3: Engaging in healthy behaviors, in particular eating nutritious food and avoiding drug use*

Engaging in unhealthy behaviors during pregnancy can cause damage to the developing fetus and result in poor child outcomes such as low birthweight, infant mortality and fetal alcohol spectrum disorders. Thus, expectant youth need to understand that having a healthy pregnancy is one of the best ways to promote the health of their developing child; that what they put in their bodies can directly effect their child’s development. Studies have shown that expectant youth are less likely to eat healthy food, take recommended daily prenatal vitamins and gain adequate weight than older expectant women. Also, they are more likely to smoke cigarettes, drink alcohol or take drugs (Kaye, 2012; National Association of County and City Health Officials, 2009; SmithBattle & Leonard, 2012).

For example, a recent study using a large, nationally representative sample found that nearly twice the number

of pregnant adolescents than non-pregnant adolescents (59 percent and 35 percent respectively) reported use of psychotropic drugs (i.e., drugs that alter perception, mood, thinking or consciousness) in the previous 12 months. The most commonly used psychotropic drugs were alcohol and marijuana and the use of substances decreased as the pregnant youth progressed from first into the second and third trimesters. (Salas-Wright, Vaughn, Ugalde, & Todici, 2015). Furthermore, “while the use of psychotropic medications has increased for the entire population, youth in foster care have demonstrably higher rates of psychotropic medication use than their peers who are not in foster care” (CSSP, 2013b, p. 1). Thus, concerns about the use of psychotropic drugs among pregnant adolescents are exacerbated when they are in foster care.

### *Developmental Need 4: Being sexually responsible to delay subsequent pregnancies and prevent sexually transmitted infections*

An important message that expectant and parenting youth need to internalize is that both males and females need to be sexually responsible to delay subsequent pregnancies and STIs<sup>2</sup>. Adolescent pregnancy data show that almost 20 percent of births to youth ages 15-19 is a “repeat birth”—the second (or greater) pregnancy resulting in a live birth before

age 20—and that 19 percent of second births occur within one year after the first delivery and 38 percent within two years of the first birth (CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 2013a; Pinzon & Jones, 2012). Data from the Midwest Evaluation indicated that the prevalence

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<sup>1</sup> Commercial sexual exploitation “refers to the sexual exploitation of children (e.g., prostitution, sex trafficking, child pornography)... for financial or economic gain and, in every case, involves maximum benefits to the exploiter and an abrogation of the basic rights, dignity, autonomy, and physical and mental well-being of the child involved” (Harper, 2013, p. 1).

<sup>2</sup> Recently, the phrase “sexually transmitted infection” (STI) is used more often than “sexually transmitted disease” (STD) because individuals may be infected but the infection may not show symptoms of or evolve into a disease.

of repeat births increases for young mothers in foster care. "By age 19, 46% of teen girls in foster care who have been pregnant have had a subsequent pregnancy, compared to 29% of their peers outside the system" (Bilaver & Courtney, 2006, p. 1).

Factors associated with increasing the likelihood of repeat pregnancies include not returning to school within six months after first delivery, intimate partner violence, lack or inconsistent use of contraception, having peers who are parents and postpartum depression (Pinzon & Jones, 2012). These factors highlight the need for interventions targeting expectant and parenting youth that focus on postnatal sexual and reproductive health counseling for adolescent mothers and fathers, supporting the return to and completion of school and screening for depressive symptoms.

The Guttmacher Institute (2014) found that youth and young adults ages 15-24 account for nearly half (9.1 million) of the 18.9 million new cases of STIs each year. Manlove and colleagues (2011) reported that, "compared

with girls nationwide, girls in foster care were three times as likely to report having had a sexual partner with an STD. . . . In addition, young adult women who were ever in foster care were more than 50% more likely to test positive for an STD. . . than were young women who were never in foster care" (p. 4). Adolescent pregnancy and STIs are a potentially dangerous combination. Expectant adolescents should make sure they are screened for STIs at the initial prenatal visit and throughout their pregnancy if they remain sexually active.

*The results of an STD can be more serious, even life-threatening, for a woman and her baby if the woman becomes infected while pregnant. It is important that women be aware of the harmful effects of STDs and how to protect themselves and their children against infection. Sexual partners of infected women should also be tested and treated.*

(CDC, Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2014, para. 1).

**ONE-HALF (49%) OF FEMALES WHO WERE EVER IN FOSTER CARE DURING THEIR YOUTH EXPERIENCED FORCED SEX (EITHER BEFORE, DURING, OR AFTER THEIR TIME IN FOSTER CARE), A PERCENTAGE THAT IS MORE THAN FOUR TIMES THAT FOR FEMALES NATIONWIDE (11%)**



# DOMAIN II: Cognitive and Emotional Development



## *Developmental Need 1: Having the motivation to seek medical, contraceptive and reproductive health care and information, as well as needed supports and services*

**A**lthough convenient access to needed supports and opportunities for growth-oriented experiences are essential to improve outcomes for expectant and parenting youth in foster care and their children, access and opportunities alone are not sufficient. “Data indicate that even though foster care youth receive reproductive health services at higher rates than other teens, they are not more likely to use contraception and do not use it any more consistently. In fact, they are more likely to have sex, get pregnant and have a baby than the general adolescent population” (Bilaver & Courtney, 2006, p. 5).

A more challenging issue is whether expectant and parenting youth, especially those in foster care, are sufficiently motivated to seek prenatal and postnatal

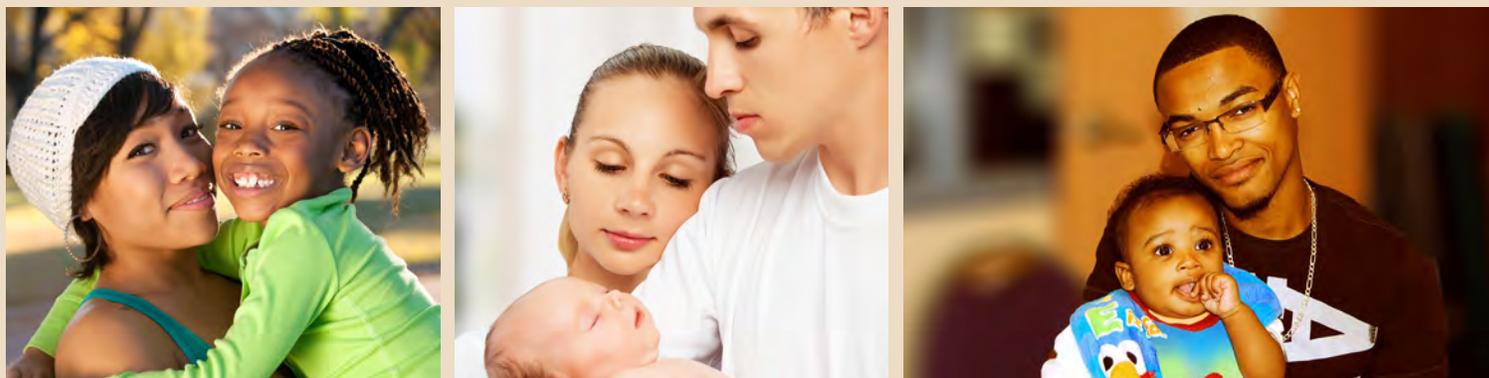
care, use contraceptives consistently to delay subsequent pregnancies, take measures to prevent STIs, seek access to needed supports and services and take advantage of opportunities for their personal growth and development. “This question of motivation, while no simple matter for any teen, seems to be especially complex and challenging for teens in foster care” (Love, et al., 2005, p. 3). Thus, examining and understanding the motivations that influence the sexual, reproductive and behavioral decision-making of expectant and parenting youth, as well as the unique issues facing many youth in foster care (such as their trauma history), are critical for designing programs that are grounded in the reality of their lives, and thereby help to improve the health and life outcomes of these youth and their children.

## *Developmental Need 2: Understanding the impact of general life stressors, parenting stressors and traumatic experiences, and building resilience despite adversity*

Most adolescents in the United States have experiences that may be sources of stress (Suldo, Shaunessy, & Hardesty, 2008), such as concerns about body image, changing relationships with parents, increasing demands of school work, feelings of loneliness or isolation, problems with friends, desire for romantic relationships, concerns about sexual orientation or gender identity and pressure from peers to engage in risky behaviors that could result in negative consequences (Harper Browne, 2014a). Pregnancy and parenting can be sources of stress for any mother. However, these stressors can be even greater for

an adolescent mother because she must navigate the developmental tasks and stressors of adolescence while, at the same time, adjust to the responsibilities and demands of parenting (DeVito, 2010; Hodgkinson et al., 2014; Kimball, 2004).

“Such stressors may contribute to a range of mental health problems that can adversely affect the functioning and parenting behavior of adolescent mothers and increase the risk of behavioral problems in their offspring” (Hodgkinson et al., 2014, p. 2). Findings from several studies (see



Hodgkinson et al., 2010; Reid & Meadows-Oliver, 2007) indicate that adolescent mothers experience significantly higher rates of prenatal and postpartum depression than adult mothers and their non-pregnant peers (CDC, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, 2013b; Hodgkinson et al., 2010).

*PPD (postpartum depression) puts adolescent mothers and their children at risk during an already challenging time in their lives and this hardship may be a major determinant of poor outcomes for these young mothers and their children. Depression in adolescent mothers may influence whether they engage in health-promoting behaviors both for themselves and their infants.*

(Phipps, 2015, para. 1)

Adolescent mothers also are at high risk of developing other mental health problems, such as substance abuse and posttraumatic stress disorder (PTSD). Studies have found that substance use among pregnant adolescents may decline during pregnancy, but it is often resumed after delivery and may continue as a young mother transitions into adulthood (Gillmore, Gilchrist, Lee, & Oxford, 2006; Hodgkinson et al., 2014). A significant factor associated with the development of PTSD is exposure to family, community or intimate partner violence, including sexual assault (Kennedy & Bennett, 2006).

*One study found that on average, teenage mothers had experienced >5 traumatic events, including physical attacks by a partner, neglect, abuse by a parent, incarceration, and traumatic loss. . . . Compared with adult mothers, adolescent mothers are 2 to 3 times*

*more likely to be victimized by their partner, the father of their child, or a family member.*

(Hodgkinson et al., 2014, p. 2)

Pregnancy and parenting stressors may be exacerbated if the mother is in foster care. The Jim Casey Youth Opportunities Initiative (2012) reported, “studies confirm that young people who have been in foster care, by virtue of their pre- and post-foster care experiences, are vulnerable to a range of emotional and behavioral issues, with the most severe being post-traumatic stress disorders” (p. 4). Also, results of a national survey of mental health needs of youth receiving child welfare services showed that nearly half (47.9 percent) of youth in foster care were found to have clinically significant emotional or behavioral problems (Burns et al., 2004). Similarly, a comprehensive literature review of studies focused on the mental health needs of youth in foster care “suggests that between one-half and three-fourths of the children entering foster care exhibit behavior or social competency problems that warrant mental health care” (Landsverk, Burns, Stambaugh, & Rolls Reutz, 2006, p. 1).

*The reasons for these high numbers are understandable. Children in foster care are struggling to cope with the traumatic events that brought them into care. . . . At a time when they desperately need a sense of consistency and stability, they are living in the uncertain world that is foster care: multiple placements, unpredictable contact with family and the inability to control their own lives. These conditions can be a hotbed for serious emotional disturbances.*

(Austin, 2004, p. 6)

Adolescence is the developmental period during which the effects of exposure to earlier traumatic experiences (such as death of a loved one, homelessness, witnessing community violence, experiencing physical or sexual abuse) become most evident (Lupien, McEwen, Gunnar, & Heim, 2009). These experiences can lead to low self-esteem; engaging in risky sexual behavior; and having difficulty regulating emotions, forming healthy relationships, controlling thoughts and actions, managing stressful situations and planning for the future (Basca, 2009; Langford & Badeau, 2013). These effects are intensified when youth have complex trauma histories, meaning when youth have been exposed to multiple traumatic events that can have immediate and long-term effects on their development (Jim Casey Youth Opportunities Initiative, 2011, p. 13). For example, youth in foster care must endure the trauma that led to the removal from their home, the trauma of being separated from their families and the potential trauma of multiple removals and placements (Bruskas, 2008). According to Cook and colleagues (2005), “Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment (e.g., psychiatric and addictive disorders; chronic medical illness; legal, vocational, and family problems)” (p. 390).

Exposure to general life stressors, pregnancy and parenting stressors or traumatic events are all potentially harmful to youth because they can interfere with healthy development and well-being. However, this does not mean negative outcomes are inevitable, even when youth have experienced complex trauma (Cook et al., 2005). Youth are more likely to achieve healthy outcomes and to thrive when they display resilience in various contexts; for example when they learn to function well despite various challenges, stressors, adversity or trauma.

*Many young people in foster care have experienced considerable challenges that place them at risk of negative adult outcomes: poverty, separation, abuse, neglect, loss, and disruption. Yet with the right support systems, they can develop resilience in the face of adversity. When young people develop resilience, they are able to cope with, adapt to, and recover from even*

*the most substantial challenges. Young people who develop resilience are more flexible and able to seek help and solve problems when stressed. They maintain a clearer sense of who they are and who they want to be when they face challenges.*

(Jim Casey Youth Opportunities Initiative, 2012, p. 1)

Numerous sources (see American Psychological Association, 2014; Cook et al., 2005; Jim Casey Youth Opportunities Initiative, 2012) have suggested that young people’s resilience is facilitated by experiences that:

1. Foster a secure attachment to at least one trusting and supportive adult
2. Teach healthy ways to manage stressful events
3. Promote high, achievable expectations, self-improvement
4. Help identity strengths and enhance a youth’s positive self-appraisal and self-worth
5. Encourage optimism and a productive future orientation
6. Provide opportunities for constructive engagement in activities
7. Encourage adolescent voice, choice and personal responsibility
8. Promote the development of self-regulation and good character

Taken together, studies that focus on stress, trauma and resilience among youth, point to the need to:

- Screen for symptoms of depression and other clinically significant emotional or behavioral problems in expectant youth in foster care during prenatal development and in parenting youth during the first postpartum year
- Connect expectant and parenting youth in foster care who display clinical symptoms to appropriate mental health services to help them learn to reduce and manage symptoms, seek peace with their trauma histories and reduce the likelihood of enduring physical, psychological and behavioral symptoms in adulthood
- Facilitate the development of resilience and an understanding that “healing doesn’t mean the damage never existed; it means the damage no longer controls their lives.”<sup>3</sup>

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<sup>3</sup> Attributed to multiple sources.

***Many young people in foster care have experienced considerable challenges that place them at risk of negative adult outcomes: poverty, separation, abuse, neglect, loss, and disruption. Yet with the right support systems, they can develop resilience in the face of adversity. When young people develop resilience, they are able to cope with, adapt to, and recover from even the most substantial challenges.***

JIM CASEY YOUTH OPPORTUNITIES INITIATIVE (2012)



### *Developmental Need 3: Applying one's strengths, learning to use one's voice and gaining a sense of control over one's life*

Expectant and parenting youth in foster care have strengths and vulnerabilities just as do youth not in care. Too often, though, their risks, vulnerabilities and poor outcomes are the exclusive focus in planning for and providing services for this population—so much so that the youth themselves may not recognize their own strengths. CSSP emphasizes the importance of helping expectant and parenting youth in foster care identify and activate their strengths, meaning their “capacities, talents, competencies, possibilities, visions, values, and hopes, however dashed and distorted through circumstance, oppression, and trauma” (Saleebey, 1996, p. 297). Focusing on strengths and reframing weaknesses as opportunities for personal growth helps to promote hope, optimism and a belief that one can succeed.

CSSP also underscores the importance of expectant and parenting youth in foster care having a voice in decision-making about, and advocating for, themselves and their children. The National Resource Center for Foster Care and Permanency Planning (n.d.) listed three key components for integrating youth voice into programs; specifically: encouraging and incorporating the ideas, opinions, experiences, attitudes, knowledge and actions of youth; having meaningful opportunities to participate in planning and decision-making with regard to the development and implementation of programs, as well as the issues that

affect them; and committing to a “nothing about us without us” guiding philosophy.

*Children placed in foster care need a sense of their future and some role in decision-making. Not only would this improve the quality of care youth receive, it would also help empower youth to develop into self-sufficient and confident adults. . . . When given a voice, youth can be very clear about what they want, including to feel cared about; to be part of a family; to be able to count on adults for security, structure, and guidance; to have opportunities to discover and develop their potential.*

(Massinga & Pecora, 2004, p. 160)

When asked about the need for positive changes in foster care systems, youth identified the need for skill-building activities that help them to better articulate their concerns and opinions, advocate for themselves and their children, and create change (Foster Youth in Action, 2014; Harrison, 2015). Similarly, in addressing the importance of having a sense of personal empowerment, one youth stated: “(It) allows us to feel in control and capable of participating in the decision-making process that affects our lives. It allows us to find our purpose and voice. . . . (and) ensures that those of us in foster care have a strong voice within the system that is raising us” (The Community Foundation for Greater Atlanta, Inc., n.d., p. 2-3).

# DOMAIN III: Identity Development



*Developmental Need 1: Forging a satisfying personal and parental identity and having experiences that enable one to feel like a “normal” adolescent*

**A**lthough an individual’s identity evolves over their lifespan, adolescence is typically the developmental period in which a youth’s sense of self transitions from an identity tied to their family, to one that is defined by friends, and finally, to an individualized, personal identity. An individual’s personal identity is his or her core sense of self. Specifically, it is “who I am” and “what defines me.” In efforts to forge their personal identity, adolescents need to have experiences that help them to reflect on and make initial decisions about their racial, ethnic, cultural, religious, sexual orientation and gender identities; discover and explore their strengths, interests, talents and abilities; shape their beliefs, values and character; develop realistic goals; and consider their future.

However, achieving a clear and satisfying sense of “who I am” may be challenging for expectant and parenting youth in foster care. For example, youth in foster care may have the challenge of developing their racial or ethnic identity outside of their biological family or even outside of their racial or ethnic group. “Without these anchors, many youth identify instead with the culture of foster care and feel forced to adapt and change who they are based on their living situation” (Casey Family Programs, 2010, p. 3-4).

In addition, expectant and parenting youth in foster care have the challenge of developing their personal identity in a context of past, and perhaps present, trauma. Thus, the services and supports they receive should help them define themselves beyond their trauma; that is, to understand

and really believe “I am not my trauma.” Expectant and parenting youth in foster care need services that help them to reduce any overwhelming emotions, heal from the trauma that can continue to impact their lives as well as their own parenting, make new meaning of their trauma history and current experiences, increase understanding of themselves and gain a greater sense of control over their lives (Jim Casey Youth Opportunities Initiative, 2012).

It is important for all expectant women to have a positive maternal identity. “Self-perceptions of parenting are important because how mothers perceive themselves and whom they can depend on may influence the type of parent they become” (DeVito, 2007, p. 17). Maternal identity is an ongoing process of becoming a mother in which the mother develops an attachment to the infant, acquires competence and confidence in her caregiving tasks and then comes to feel joy and pleasure in her role. Typically, the parental identity of young parents is perceived by adults as rather limited or negative. Parenting youth are often regarded as uncertain about their roles as parents, frustrated or overwhelmed by the demands of taking care of a child, irresponsible, uncaring or at-risk of making poor decisions that impact their own and their child’s life (Weed & Nicholson, 2015).

The difficulties of teenage parenthood, however, are not the whole story. The challenges of being a young parent are often accompanied by significant personal growth and satisfaction. Many young parents indicate that having a child motivated them to cease risky or antisocial behaviors



and lifestyles, and imbued their lives with a newfound sense of purpose, maturity, and responsibility. (Price-Robertson, 2010, p. 1)

Similarly, several studies that focused on the self-perceptions of adolescent mothers (Lesser, Koniak-Griffin, & Anderson, 1999; SmithBattle, 2000; Spear, 2001) found that some young mothers regarded motherhood in a positive way in that their child was someone to live for and care for. Motherhood provided hope for a better life for the mother and her child, and they looked to the future with optimism about their lives because their child was an incentive to do well. Furthermore, motherhood served as “a catalyst that anchors the self, fosters a sense of purpose and meaning, and provides a new sense of future” (Spear, 2001, p. 35).

Like most adolescents, expectant and parenting youth in foster care want to fit in with and have experiences like their peers. However, they may be faced with a double stigma—being a pregnant or parenting adolescent and being in foster care—that makes it hard for them to be accepted and to feel “normal” (The National Campaign, n.d.). For example, reports indicate many young mothers feel judged or experience hostility in their interactions with adults in educational, social service or healthcare settings (Price-Robertson, 2010). Similarly, Basca (2009) stated, “foster youth feel stigmatized for being part of the child welfare system and desperately seek to avoid being ‘found out’” (p. 13). Regarding the issue of normalcy, one youth in foster care stated:

*We should have the same opportunity to succeed academically as other students and receive the educational services we need. We change schools so many times that we often cannot graduate on time.*

*We rarely can attend football games, school dances or after-school tutoring programs. It is difficult to make friends and keep them because we move around so much.*

(The Community Foundation for Greater Atlanta, n.d., p. 8)

Thus, expectant and parenting youth in foster care need support and opportunities for normal adolescent experiences (The National Campaign, n.d.). New federal legislation, signed into law September 29, 2014, affirms this need for normalcy.

***The Preventing Sex Trafficking and Strengthening Families Act (H.R.4980)***. . . . *requires states to support the healthy development of youth in care through implementing a “reasonable and prudent parent standard”. . . . This standard provides designated decision-makers with the latitude to make parental decisions that support the health, safety, and best interest of the child. These include involvement in extracurricular, cultural, enrichment, and social activities, including opportunities for safe risk-taking, like those typically made by parents of children who are not in foster care. Through this standard, the act intends to promote “normalcy”—the ability to engage in healthy and developmentally appropriate activities that promote well-being—for all youth in care.*

(CSSP, 2014b, p. 1)

## Developmental Need 2: Envisioning and exploring a positive future identity and the pathways to achieve it

One important change that occurs during the period of adolescence is the ability of youth to envision near and future “possible selves,” in addition to their current sense of self (Frazier & Hooker, 2006). “Possible selves represent individuals’ ideas of what they might become, what they would like to become, and what they are afraid of becoming” (Markus & Nurius, 1986, p. 954). Langford and Badeau (2013) stated that an important component of healthy development and well-being for youth in foster care is “feeling a sense of hopefulness, seeing opportunity in the future, and realizing success” (p. 18).

However, studies have found that for both youth in foster care and expectant and parenting youth, having a positive future identity and taking the steps to achieve future goals may be very challenging. For example, Rothenberg and Weissman (2002) found that expectant and parenting youth might experience feelings of hopelessness and helplessness because they cannot envision pursuing higher education or a career as being within their reach. DeVito (2010) concluded that even when adolescent mothers expressed awareness of the benefit of completing school or finding employment, “they did not describe any definite plans for the future. Instead, their focus was on the present, and the future still seemed far away from the demands of the new-parent role they were currently dealing with in their life” (p. 30). Love and colleagues (2005) found that, similar to youth not in foster care, expectant and parenting youth in foster care think about their future goals but they may still act on present impulses, such as having

unprotected sex without regard to the consequences.

Thus, expectant and parenting youth in foster care need opportunities to envision, explore and conscientiously work with purpose and optimism toward positive, attainable and meaningful future possibilities for themselves. Oyserman and Fryberg (2006) recommended two essential experiences to help youth reflect on and realize their future aspirations:

1. **Identifying both positive images of the selves they desire to become and negative images of the selves they wish to avoid becoming.** If the selves that youth want to strive for are not balanced by selves they are afraid of becoming, this “may mean that youth are more likely to act without taking into account possible negative consequences for a possible self. This oversight is likely to result in surprise and bewilderment when attempts to attain a positive possible self results in unforeseen negative consequences for the self” (Oyserman & Fryberg, 2006, p. 4).
2. **Identifying specific action plans to achieve their expected selves and avoid becoming like their feared selves.** This can serve youths’ ability to self-regulate by focusing on goals, linking future aspirations with responsible present behaviors, and lessening the influence of distractions that could prevent reaching one’s goals.



***Parenting youth are often regarded as uncertain about their roles as parents, frustrated or overwhelmed by the demands of taking care of a child, irresponsible, uncaring or at-risk of making poor decisions that impact their own and their child’s life. The difficulties of teenage parenthood, however, are not the whole story.***



Photo by Mahalie Stackpole

# DOMAIN IV: Social Development



*Developmental Need 1: Building and sustaining relationships with trustful and supportive family members, other adults, peers and the co-parent if it is safe and appropriate*

All youth need adults, inside and outside of their family, who are caring, trustful and supportive. All youth need adults “who can be non-judgmental listeners; who they can turn to for well-informed guidance and advice; who they can call on in times of stress and for help in solving problems; who encourage them and promote high expectations; who help them identify and nurture their interests; and who set developmentally appropriate limits, rules, and monitoring” (Harper Browne, 2014a, p. 21).

Many youth in foster care lack these kind of protective relationships (Boonstra, 2011) “due to the instability of multiple, short-term placements; lack of emotional connection with caregivers or staff; and, in some cases, abuse within these places of care” (The National Campaign, n.d., p. 2). Nonetheless, it is extremely important for youth in foster care—including expectant and parenting youth in care—to have opportunities and experiences to develop a sense of connectedness with at least one adult “that results in feelings of trust, belonging, and that one matters” (Harper Browne, 2014, p. 22). However Courtney (2009) pointed out:

*While the interest in creating interventions to foster the development of lasting connections between foster youth and unrelated adults is understandable, it should be done with caution. . . . These young people have generally experienced multiple failed relationships with adults who were supposed to care for them, including their parents and adults in failed foster care placements; the last thing they need is yet another*

*failed relationship with an adult. (p. 15)*

Youth also need positive peer relationships for the development of well-being during adolescence. Batten and Stowell (1996) stressed the importance of adolescent fathers having opportunities for peer support and peer exchange, particularly when they find the role and responsibilities of being a father often require separating themselves from their non-parenting friends. Similarly, expectant and parenting mothers need positive relationships with peers who can identify with their role as a young parent.

*Peer relationships and friendships are very important during adolescence, and being part of a group provides adolescents with a sense of acceptance, socialization, and stability. However, adolescent mothers have difficulty maintaining friendships and social activities with former peers who cannot identify with or understand the demands of the adolescents’ new lifestyle as a parent. . . . Due to adolescents’ heightened need to feel accepted and supported by their peers, adolescent mothers require extra encouragement and opportunities to develop new friendships with other adolescent mothers who share their experience of being a parent and provide an important source of peer support and reassurance.*

(DeVito, 2010, p. 32)

The importance of father-involvement in a child’s life has been well-documented (see, for example, Lamb, 2004). Moreover, “children with involved fathers demonstrate



better school readiness and more positive educational outcomes. In addition, children who have good relationships with their fathers demonstrate an ability to better tolerate stress, have better health and mental health indicators, and fewer behavioral problems” (The National Center on Family Homelessness, 2012, p. 3).

Studies also show that the health of the mother, and subsequently the health of the child, are associated with the quality of the mother-father relationship (Florsheim, et al., 2012; Florsheim, et al., 2003). For example, one study found that intense adult marital conflict led to dysfunctional maternal and paternal parenting, which had a negative impact on the social and emotional development of their children (Kaczynski, Lindahl, Malik, & Laurenceau, 2006). There is also evidence that conflict between adolescent parents predicts harsh parenting and lack of father involvement (Lee & Guterman, 2010; Florsheim, et al., 2012). Due to their age, “adolescent parents often lack the interpersonal skills necessary to manage the relationship challenges involved in parenting, leaving them and their children vulnerable to the health risks associated with relational stress and conflict” (Florsheim, et al., 2012, p. 1886).

Thus, expectant and parenting youth need supports and services that will help them develop and sustain positive and supportive co-parenting relationships. Co-parenting is the relationship between two or more adults that focuses

on taking care of the physical, social and emotional needs of their children to support their health and positive development. It involves the sharing and/or dividing of parental roles and responsibilities (Feinberg, 2003). Studies that examined the importance of expectant and parenting adolescent mothers forging a mutual agreement with the child’s father suggest that a positive mother-father co-parenting relationship is beneficial for their child’s development and well-being (Florsheim, et al., 2012,; Florsheim, et al., 2003), and is associated with higher levels of adolescent father involvement over time (Gee & Rhodes, 2003).

With respect to an adolescent mother and father, the co-parent arrangement not only could be with the child’s father but with the father’s family as well, because the paternal grandparents can be an important source of nurturing, child care and financial support. In regards to an adolescent mother in foster care, regulations regarding the father’s visitation rights or restrictions must be considered in decisions about co-parenting. Moreover, when the young mother’s pregnancy is the result of incest, rape, intimate partner violence or other forms of sexual assault, co-parenting may not be advisable. Thus, it is important for professionals working with expectant and parenting youth in foster care to encourage healthy involvement of the father in his child’s life only if it is safe and appropriate (CSSP, 2011).



All expectant and parenting youth, including those outside of foster care, experience the difficulty of balancing the pursuit of activities and opportunities associated with being an adolescent and those of being a parent.

## *Developmental Need 2: Being meaningfully involved in social institutions and environments that are safe, stable, supportive and equitable*

All youth need to be engaged in social institutions and environments—such as schools, religious institutions, or recreation facilities—that are safe, stable, supportive, and equitable (Harper Browne, 2014a). Meaningful engagement in social institutions and environments helps to define and shape youths' strengths, interests, talents and abilities, as well as their personal values, beliefs, and goals. However, because of their life experiences or child welfare policy regulations and restrictions, expectant and parenting youth in foster care frequently have fewer opportunities for meaningful engagement in various contexts social institutions and environments.

*Expectant and parenting youth in foster care are less likely to engage in social and extracurricular opportunities in the same way as their peers due to lack of child care or restrictions based on their pregnancy—*

*even when the activity does not pose a health risk. Furthermore, expectant or parenting youth in care are often penalized for engaging in activities with friends and participating in an afterschool or weekend activity. All expectant and parenting youth, including those outside of foster care, experience the difficulty of balancing the pursuit of activities and opportunities associated with being an adolescent and those of being a parent. The health and well-being of young parents influences their ability to parent successfully. Consequently, it is particularly important that youth in care be provided opportunities to participate in enriching activities that both support their social development as teenagers and their development as parents.*

(CSSP, 2014b, p. 2)

## *Developmental Need 3: Having access to and receiving comprehensive supports that focus on the dual needs of young parents and their children, and that are guided by an understanding of adolescent development and a strengths-based, trauma-informed approach to working with youth*

Improving outcomes for expectant and parenting youth in foster care requires collaborative partnerships between numerous stakeholders including schools, medical and mental health providers, and child welfare and other social service systems (Batten & Stowell, 1996). Because there is general agreement among many researchers that “parent and child well-being are inextricably linked” (Schmit, Matthews, & Golden, 2014, p. 4), some have recommended that stakeholders employ a two-generation approach to address the needs of vulnerable families (see Chase-Langsdale & Brooks-Gunn, 2014). However, Gruendel (2014) asserted, “in the delivery of human services, most of our focus from a policy, practice, and program perspective has been on either children or the parents” (p. 1). For example, St. Pierre, Layzer, and Barnes (1995) stated:

*Many researchers believe that single-focus approaches have not proved completely successful. . . . Early childhood education may improve children's cognitive development, but perhaps not as much as when parents also strengthen their parenting skills. Parenting programs may improve parenting skills, but children's development often does not improve in a commensurate amount. Neither type of program addresses outcomes such as parental employment, and parent job training programs probably do not lead to*

*large changes in child development or parenting skills. (p. 78)*

Stephens, Wolf, and Batten (2003) pointed out: “Adolescent parents and their children are both at critical points in their lives, when their life courses can be shaped toward healthy development, stability, and productivity, or toward life-long poverty and dependency” (p. 5). Thus, expectant and parenting youth in foster care would benefit from supports and services that are “two-generation” in nature. Two-generation approaches “intentionally serve parents and children individually and together as a family unit. At a minimum, these approaches seek to re-engage young parents in education and/or work; nurture parent-child bonds; improve children's well-being; and connect families with economic, social, and other supports” (National Human Services Assembly, 2013, p. 2).

The manner in which programs are implemented and needed supports and services are provided is a critical factor in influencing whether expectant and parenting youth in foster care will seek help or benefit from help when it is provided. CSSP emphasizes that it is essential that programs, services and supports are strengths-based and trauma-informed, and are provided by individuals who are aware of and sensitive to the developmental changes that take place during adolescence, including adolescent

brain development. Thus, “programs must invest in the development of staff to increase the likelihood that services are teen-normed, relevant to life experiences, age-appropriate and take into consideration the population’s special needs” (Batten & Stowell, 1996, p. 3).

It is very important that parents and adults who work with youth have accurate information about adolescent development—particularly the findings about adolescent brain development—because beliefs about youth influence perceptions and treatment of young people. It also enables adults to interact more effectively with youth and to provide experiences that promote the development of competencies necessary for healthy development and well-being along the pathway to becoming responsible adults (CSSP, 2013c).

Harper Browne (2014a) reported that some of the current research on adolescent brain development (see Jim Casey Youth Opportunities Initiative, 2011) has enabled scientists to conclude that:

1. Brain maturation continues throughout adolescence and into adulthood, in contrast to earlier beliefs that the brain is fixed in childhood.
2. The adolescent’s brain is different in structure and function from both the young child’s brain and the adult’s brain.
3. The rational prefrontal cortex develops later than the emotional limbic system, but this does not mean that adolescents are incapable of making rational decisions, planning, or understanding risky behaviors. Whether reason or emotions rule depends on the context.
4. Engaging in sensation-seeking, risky or reckless behaviors in *emotionally charged situations* (for example, being sexually aroused) is due to the more developed, emotional limbic system taking precedence over the rational prefrontal cortex’s controls.
5. The adolescent brain is adaptable and shaped by experience.
6. When youth have support and guidance from caring, encouraging adults, these experiences can help youth to acquire the competencies needed for a healthy transition to adulthood, regardless of their past trauma.

It is important for youth to know more about their own brain development because that knowledge can motivate them to intentionally engage in activities that build cognitive, social and emotional competence, and it can help them to feel more “normal.” It is interesting

to note “teens who ‘exercise’ their brains by learning to order their thoughts, understand abstract concepts, and control their impulses are laying the neural foundations that will serve them for the rest of their lives” (Giedd, 1999, cited in Act for Youth Upstate Center of Excellence, 2002, p.1). Professionals who work with youth also should be knowledgeable about the impact of trauma on development and the provision of help through a trauma-informed lens. According to the National Center for Trauma-Informed Care (2012), trauma-informed care “is an approach to engaging individuals with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives” (para. 10). Expectant and parenting youth in foster care can certainly benefit from trauma-informed services because of their life experiences.

*Trauma-informed services for young people in foster care can enable young people to move beyond functioning that is largely the result of unconscious processes focused on basic survival. In addition, trauma-informed services free young people to learn, develop, and build relationships with supportive and caring adults. These relationships serve as conduits for healing and growth and build a foundation for young people’s social capital that supports them throughout their adult lives.*

(Jim Casey Youth Opportunities Initiative, 2012, p. 6)

In addition to the need for trauma-informed care, programs, supports and services for expectant and parenting youth in foster care should be guided by the fundamental principles of strengths-based practice with youth (see Grant & Cadell, 2009; Nissen, 2009; Saint-Jacques, Turcotte, & Pouliot, 2009), specifically:

- Youth have unrealized resources and competencies that must be identified, mobilized and appreciated, regardless of the number or level of adverse conditions they are experiencing.
- Youth “are doing their best given the challenges that they confront in the areas of support, stability, knowledge, and/or skills. The trauma-informed child welfare professional strives to understand young people’s individualized strengths and needs, and they build on strengths to address needs” (Jim Casey Youth Opportunities Initiative, 2012, p. 7).
- Youth must be active participants in the change process and not simply passive recipients of information and services. They must be allowed and encouraged to use their voice to advocate for themselves and their children and to make choices to have a sense of control over their life.

# DOMAIN V: Preparation for Parenthood and Self- Sufficiency



*Developmental Need 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*

The federal Chafee Foster Care Independence Act of 1999 provides funds to states and tribes to help prepare current and former foster care youth in their transition to adulthood and assist them with the cost of postsecondary education. States and tribes are required to implement activities and programs to help youth in and transitioning out of foster care achieve self-sufficiency, such as help with education, employment, financial management, housing, emotional support and assured connections to caring adults (Children’s Bureau, 2012). “Although the Chafee foster care independence program provides a range of services that could be expected to adequately prepare youth for the transition to adulthood, data have shown that only about two-fifths of eligible foster youth receive independent living services, with services varying significantly among the states” (Freundlich, 2009, p. 4).

For example, Courtney and et al. (2011) reported, “The outcomes of the Midwest Study participants at age 26 suggest that young people are aging out of foster care without the knowledge and skills they need to make it on their own” (p. 114). Similarly, nearly all of the studies of former foster youth reviewed by Courtney (2009) indicated that they face many challenges in achieving a successful transition to adulthood based on such indicators as education, financial independence, employment, income, and housing stability. Problems in any of these domains can affect success in other domains and overall. . These findings suggest that programs and services for expectant and parenting youth in foster care should address their parallel

roles as adolescents, young parents and youth in foster care as they work to become self-sufficient adults; in particular, providing guidance about:

- Completing school or a high school equivalency program
- Completing college or vocational training
- Securing safe, stable housing
- Finding high quality child care
- Connecting to a network of trusted and caring adults
- Connecting to supportive peers
- Receiving workforce preparation
- Assessing and building on one’s strengths
- Acquiring life skills needed for independent living (e.g., budgeting)
- Pursuing job opportunities and securing employment with a livable wage
- Learning to balance work and parental roles
- Accessing adequate health and mental health care for themselves and their child
- Building knowledge about parenting and child development
- Receiving counseling about legal rights as a youth in foster care who is also a parent
- Healing from emotional trauma that could continue to impact their lives and their parenting

Despite the challenges that youth in foster care may



face, many are able to achieve success (Osgood, Foster, & Courtney, 2010). Several researchers (see Courtney & Heuring, 2005; Hauser, 1999; Osgood et al., 2010) suggest that vulnerable youth who make a healthy transition into adulthood tend to be those who:

- Take an active role in forging their future and their success

- Display resilience despite stress, adversity or trauma
- Are successful in school
- Have support and encouragement from others
- Display positive character traits such as self-confidence and persistence

### *Developmental Need 2: Understanding the importance of and learning how to be a competent and nurturing parent*

What parents do and how they treat their children is often a reflection of the way they were parented. Thus, it is very important for expectant and parenting youth in foster care to reflect on the impact of their experiences on their own development and their beliefs about children and parenting and consider that there may be more effective ways of guiding and responding to their children. Likewise, they should learn about child development and effective, age-appropriate parenting practices. One of the goals of many programs for expectant and parenting youth in foster care is to provide supports and resources aimed at building their parenting capabilities and fostering attachment between the young parent(s) and the child (see CSSP, 2014c). However:

*Many parenting classes are essentially a generic intervention aimed at delivering psychoeducational content to the average parent, and they do not account for the needs, skills, and challenges faced by many of the parents who are involved with the child welfare system. For example, many of these parents experience symptoms of trauma themselves. The extent to which trauma interferes with cognitive processing*

*and interpersonal interactions is well demonstrated, but it has not been considered in the development of parenting class materials.*

(Casey Family Programs, 2012, p. 8)

Thus, professionals who work with expectant and parenting youth in foster care need specialized training in areas such as:

- strategies for presenting information in a manner that it will resonate with these youth
- adolescent development, including adolescent brain development
- child development, including early brain development
- the dual developmental needs of adolescents and young children
- strategies to promote youths' transition to adulthood while parenting
- strategies to facilitate father involvement when it is feasible
- trauma-informed care

Helping youth to gain knowledge about child development and develop positive parenting skills is particularly important given the recent advances in the fields of neuroscience, pediatrics, and developmental psychology. Scientists in these fields (see Center on the Developing Child at Harvard University, 2010; National Scientific Council on the Developing Child, 2010, 2012; Shonkoff, 2009) have provided evidence about the critical importance of parents and other adults understanding early brain development and the impact of trauma on early brain development; engaging in interactive experiences that promote social-emotional development and encourage the acquisition and use of language; and providing nurturing parenting behaviors that promote secure attachments in young children.

According to these scientists, the foundation for intellectual, social, emotional and moral development is determined by the nature of the young child's experiences that shape early brain development. Early experiences shape the processes that determine whether children's brains will have a strong or weak foundation for later learning, memory, logical reasoning, executive functioning, self-regulation, expressing emotions, socialization and behavior control (Center on the Developing Child at Harvard University, 2010; National Scientific Council on the Developing Child, 2004a, 2004b; Shonkoff, 2009). Early experiences prepare the developing brain to function optimally when they include proper nutrition, regularly scheduled periods of sleep, physical activity and consistently promote warm, nurturing and responsive caregiving.

Such experiences promote the development of a secure attachment between the child and the parent; that is, a close, loving and enduring emotional bond between an infant and a parent that is essential for healthy development (Center on the Developing Child at Harvard University, 2010). Young children with a secure attachment develop a sense of trust, feel safe, gain self-confidence and

are able to explore their environments because they learn that they have a person who will help and protect them. "Early, secure attachments contribute to the growth of a broad range of competencies, including a love of learning, a comfortable sense of oneself, positive social skills, multiple successful relationships at later ages, and a sophisticated understanding of emotions, commitment, morality, and other aspects of human relationships" (National Scientific Council on the Developing Child, 2004a, p. 1).

In contrast, early brain development is compromised when there is a lack of adequate nutrition, physical activity, appropriate sensory stimulation, exposure to language and many words, warm and responsive child-adult interactions or social-emotional developmental experiences.

Hawley (2000) reported, "Infants and children who are rarely spoken to, who are exposed to few toys, and who have little opportunity to explore and experiment with their environment may fail to fully develop the neural connections and pathways that facilitate later learning" (p. 3). In addition, parental care that is inconsistent, unresponsive, hostile or rejecting gives rise to an insecure attachment. Young children with an insecure attachment display fear, distrust, anxiety or distress and are at risk for long-term adverse effects on brain development including developmental delays, cognitive impairments, conduct problems, psychopathology; and relationship challenges (Center on the Developing Child at Harvard University, 2006; National Scientific Council on the Developing Child, 2007; Shonkoff, 2009). Understanding the nature and importance of early brain development enables young parents to know what children need most to thrive and succeed in school and in life. These needs are specifically, "nurturing, responsive, reliable, and trusting relationships; regular, predictable, and consistent routines; interactive language experiences; a physically and emotionally safe environment; and opportunities to explore and to learn by doing" (CSSP, 2013d, para. 6).

### *Developmental Need 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*

In addressing the legal status, rights, and responsibilities of adolescents involved in the child welfare system, Katz (2006) stated:

*Teenage parents have most of the same rights and responsibilities as parents of any age. All parents, even when they are under age eighteen, have a constitutional right to the care and custody of their children and the right to make important legal*

*decisions about their children. . . . (But) due to their status as minors, meeting the obligation to provide for and protect their child is sometimes difficult for teenage parents. On the one hand, teen parents' rights are limited in a variety of different ways, simply because of their status as children in the eyes of the law. . . . In other contexts, however, teenagers are treated as fully mature adults, who are competent to make decisions,*

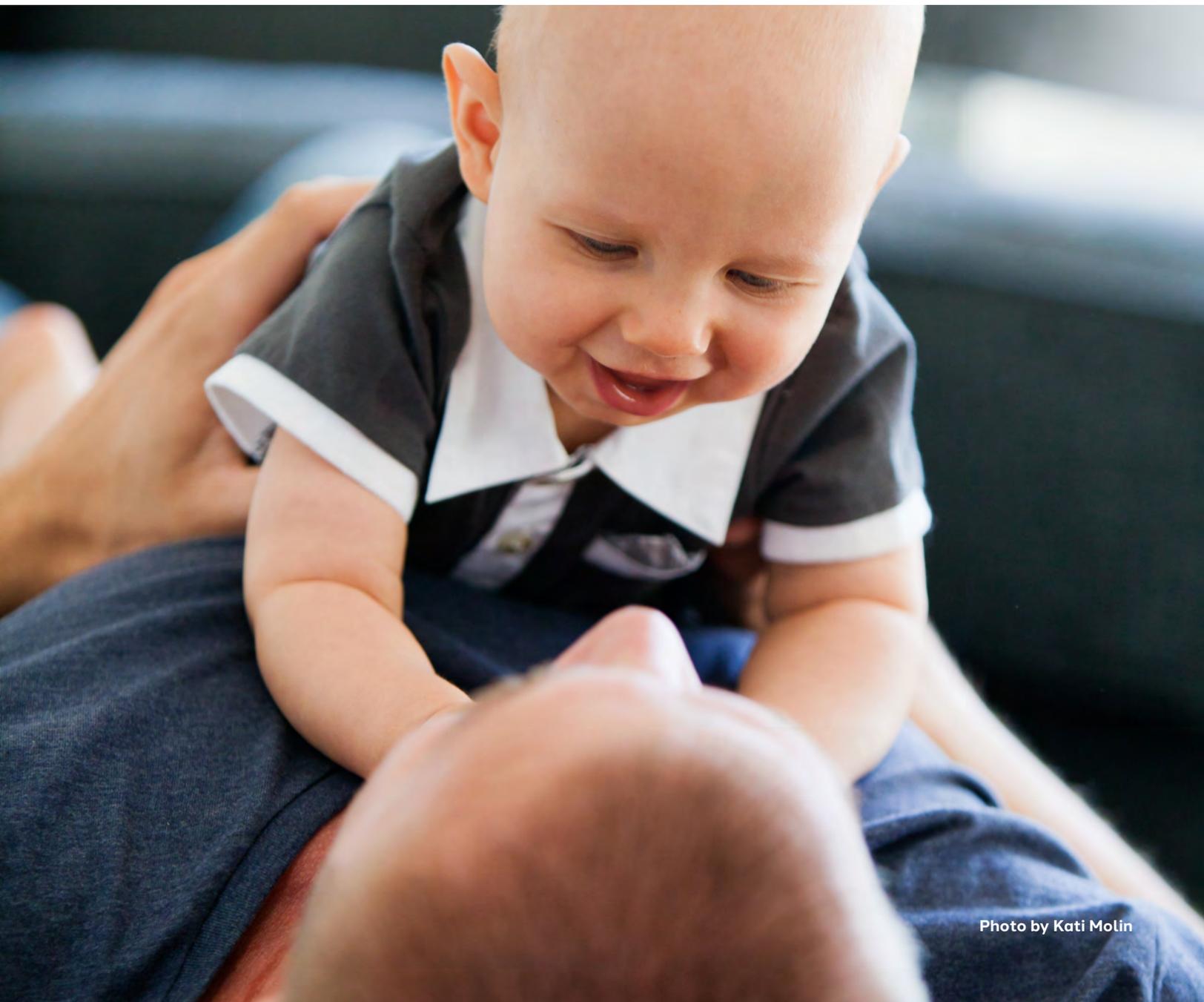
*accountable for their choices and entitled to no special accommodations.* (pp. 537-538)

For expectant and parenting youth in foster care, knowing their legal rights is an important part of gaining a sense of control over their lives, being active participants in the decision-making process that affects their lives and the lives of their children, and using their voice to advocate for themselves and their children (Harrison, 2015). Although specific legislation may vary from state to state (see Benjamin et al., 2006), in general, there are numerous laws, policies and regulations relevant to expectant and parenting youth, regarding such matters as:

- a pregnant student's right to education and required school attendance
- establishing paternity

- eligibility for publically funded child care
- minors' rights to make health care decision about their child
  - custody
  - unmarried parents' rights to visitation
  - eligibility for public assistance.

In addition, there are laws, policies and regulations relevant to expectant and parenting youth in foster care regarding access to health care, confidentiality of care, the right of an adolescent mother in foster care to have a placement with her child and the rights of fathers in foster care (Benjamin et al., 2006).



# Social Determinants of Adolescent Sexuality, Pregnancy and Parenthood

As previously indicated, studies have found numerous adverse outcomes for expectant and parenting youth and their children when compared with their peers who delay parenthood or with older parents. Two conclusions typically emerge from these findings: parental and child outcomes would be improved if pregnancy and parenting were postponed until after adolescence (SmithBattle, 2009; SmithBattle & Leonard, 2012), and adolescent pregnancy and parenting programs should focus on individual factors such as increasing youths' knowledge, attitudes and skills (Bonell, Fletcher, & McCambridge, 2007; Fletcher, Harden, Brunton, Oakley, & Bonell, 2008). Several researchers (see Kaye, 2012; Mollborn & Morningstar, 2009; SmithBattle & Leonard, 2012) have asserted that, although these conclusions are important, these studies fail to consider the complexity of social factors that "precede pregnancy and are associated with poor maternal-child outcomes for young and older mothers. . . . Outcomes. . . are not likely to improve unless and until the childhood disadvantage that predisposes so many teens to become pregnant is adequately addressed" (SmithBattle & Leonard, 2012, p. 410, 421).

An individual's health status, decisions and behavior are not only influenced by individual factors, but social factors as well. "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (HealthyPeople.gov, 2015, para. 6). For example, many youth live in stressful and inequitable environments that include poor housing conditions, high unemployment, community violence, inferior schools, and limited educational opportunities. Therefore, "these social determinants impact how youth perceive their future, or lack thereof, and consequently their sexual decision-making and behavior" (Reproductive Health Equity for Youth, n.d., para. 1-2).

Other social determinants of adolescent sexuality and pregnancy identified in the research literature are:

- social exclusion, in particular an alienating school climate
- poor current and future employment prospects
- limited access to employment
- income inequality
- peer and community norms relating to sexuality
- racial profiling, discrimination and bias
- persistent, concentrated neighborhood poverty

(Bonell, et al., 2007; Center for Applied Research and Technical Assistance, n.d.; Fletcher, et al., 2008; Harden, Brunton, Fletcher, Oakley, Burchett, & Backhans, 2006; Viner, et al., 2012).

Thus, consistent with its theory of change, CSSP affirms the importance of considering adolescent sexuality, pregnancy and parenting as the product of social determinants and not singularly as a product of individual or family factors.

# Conclusion

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Compared with their peers who have never been in care, youth in foster care have higher rates of births while they are in foster care and shortly after transitioning out of the child welfare system because they often face circumstances out of their control that impact their sexual decision-making and behavior. Thus, it is critical to address the developmental needs of this population. These include the experiences, knowledge, skills, attitudes and behaviors that form a foundation for expectant and parenting youth to function well as emerging adults and parents.

The identification and delineation of the developmental needs of expectant and parenting youth in foster care are grounded in an understanding of 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 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.

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