Sexual and Reproductive Health of Youth in Out-of-Home Care:

A Policy and Practice Framework for Child Welfare

March 2018

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The Center for the Study of Social Policy (CSSP) works to secure equal opportunities and better futures for all children and families, especially those most often left behind. Underlying all of the work is a vision of a child, family and community well-being and commitment to equity, which serve as a unifying framework for the many policy, systems reform and community change activities in which CSSP engages.

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About this document

For the past several years, the Center for the Study of Social Policy (CSSP) has been working to bring attention to the unmet needs of youth in foster care who are expecting a child and/or parenting. In collaboration with jurisdictions across the country we have also put forth a range of policy and practice recommendations to help child welfare systems better support these young families. In 2016 CSSP launched a virtual national network made up of practitioners, researchers, policymakers and advocates committed to pushing reforms on behalf of this population. Out of that network CSSP staffed two workgroups that worked together over the course of the year to develop policy and practice recommendations on topics selected by the network as being of top priority: young father engagement and sexual and reproductive health policy.

This document is the cornerstone of a three-part compendium of sexual and reproductive health guidance and resources for child welfare jurisdictions. The three interrelated documents and many resources available on the Internet resulted from the research and deliberations of the aforementioned national work group convened by CSSP. All documents reflect current best practices and are guided by current federal legislation. The work group members devoted their time over a 12-month period to contribute their experience and insight to the development of these documents. Group members included researchers, child welfare staff, former foster youth, health practitioners and representatives from national organizations who do work in this area. In addition, CSSP worked with Foster Youth in Action to provide a space for youth who had formerly been in care to inform the work.

This document is intended primarily for child welfare leadership and policy makers. The material presented here briefly explores the urgent need for comprehensive sexual and reproductive health care for youth in out-of-home care and lays down nine fundamental principles for action. It provides extensive guidance for jurisdictions as they consider the policies and practices they should have into place to better serve adolescents in or leaving foster care.

The other two documents in this series are practical tools meant specifically for use by youth and caseworkers, respectively. The goal of the guidance intended for youth is provide jurisdictions with a means of helping youth in understanding their sexual and reproductive health care rights give them practical information that will help them exercise their rights and getting their service needs met. The guidance for caseworkers provides information and resources to workers to help them effectively support the youth on sexual and reproductive health issues. Child welfare jurisdictions are free to adapt the documents to their own rules, state laws and circumstances. Sections that should be adapted to reflect state specific laws, jurisdiction specific policy or local resources are highlighted throughout all three.

Notes on Language and Acronyms

The language that we use throughout the compendium of documents is intentional.

- **Youth** refers to both those in foster care and those who may have aged out of care but are still connected to the system through extended foster care. Because we know that youth who have experienced trauma often experience puberty early, we have geared most sexual and reproductive health (SRH) recommendations to start at puberty, sexual activity or by 10 years of age—whichever comes first. Generally, we are referring to a wide age range **from 10 to 21** depending on state and jurisdictional policy.

- This document is inclusive of all gender identities and expressions of youth in care.
    - **SOGIE** refers to sexual orientation and gender identity and expression.
        - Sexual orientation—who an individual is emotionally and sexually attracted to.
        - Gender identity—the sense someone has of being male, female, both or neither.
        - Gender expression—how people show others their gender through the way they dress, style their hair, walk, talk etc
- **Expectant** refers to both males and females who are expecting to parent. We use **pregnant** when describing those who are physically carrying a child. We use **expectant** to better call out the unique needs of young males in care who are fathering or expecting to father a child. When referring to expectant and parenting youth, we use the acronym **EPY**.
- **LGBTQ** should be interpreted in the broadest possible sense. There are many other acronyms that reflect the diverse range of sexual orientations, gender identities and gender expressions. Language is constantly evolving and so is the acronym used to describe this population. However, we use LGBTQ to remain uniform and concise. We know LGBTQ youth face specific challenges while in care and have highlighted those challenges for jurisdictions to address.
- Child welfare partners refers to the many adults—caseworkers, foster parents, kinship parents, guardians ad litem, judges, group home workers and Independent Living Providers (ILP)— to whom youth may be connected due to their child welfare involvement.

Acronyms used throughout this document and the companion guidance for youth and caseworkers include:

- AFCARS: Adoption and Foster Care Analysis and Reporting System
- CPS: Child Protective Services
- EPY: Expectant and Parenting Youth
- HIV/AIDS: Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
- HPV: Human Papilloma Virus
- ILP: Independent Living Program
- IUD: Intrauterine Device
- NDM: Non-Dependent Minor
- OB/GYN: a medical doctor specializing in Obstetric and Gynecological care
- SRH: sexual and reproductive health
- STI: Sexually Transmitted Infection

Overview

While national teen pregnancy rates are at historic lows, rates for youth in-out-of-home care remain unacceptably high.[1]

Appropriately intervening with youth who are expecting or parenting also provides "twice the opportunity" to launch healthier, stronger young families. It is important to consider that giving birth and/or fathering a child can be a positive experience for youth especially if they receive the nurturance and support they need to continue to develop as individuals and caring parents.

Ensuring that youth in out-of-home care receive the preventative and supportive sexual and reproductive health education, services and supports they need is clearly vital to ensuring their overall well-being and the well-being of the children they choose to nurture. This is complicated, however, by lack of clarity about who is responsible for communicating with and supporting youth about issues related to their sexuality, family planning, service options and rights. Too few jurisdictions have clear policies regarding the sexual and reproductive health of youth in care. When such policies are not clear, youth often do not get the help and support they need.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth, reported that adolescent girls in foster care are 2.5 times more likely to become pregnant by age 19 than her adolescent peers not in foster care. This report also found that 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 2014 National Youth in Transition Data Study reported that six percent of 19 year old males in foster care who completed the first follow-up survey in 2014 reported having fathered a child in the last two years.

Guiding Principles for Providing Sexual and Reproductive Health Services

The policy and practice framework advanced in this document is founded on the following set of principles:

- **Start young.** Often SRH services and exams begin after age 12, when they should start at age 10, puberty, or the age of sexual activity—whichever comes first. Numerous studies have documented that early childhood stress, and the experience of sexual abuse in particular, can cause biological changes that lead to early puberty.[2] In addition, youth in out-of-home care tend to engage in sexual activity at a younger age than their peers.[3]
  - Providers should be prepared to support youth who are less mature in dealing with SRH issues.
  - All adults in the system (caseworkers, resource parents, youth workers, etc.) should receive the training and support to be able to engage with youth as young as nine about SRH issues when asked.

"When I was in foster care, they didn't think they had to teach us about sex because we were too young, so like honestly, they didn't get to me. They were too late. I turned 13 and had a kid." William

- **Be developmentally informed:** Be developmentally informed. Because we want to start early in addressing and talking about SRH with youth, it is especially important that we understand adolescent brain development and that we direct information to where youth are — emotionally and cognitively. It also means recognizing developmental patterns and helping youth prepare for how these play out in the decisions they make related to their SRH. It is important to note that some youth in care

[1] Courtney, M.E., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). Midwest evaluation of the adult functioning of former foster youth in care: Outcomes at age 26. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. Retrieved from https://www.chapinhall.org/sites/default/files/Midwest%20Evaluation_Report_4_10_12.pdf

[2] Mendle, J., Leve, L. D., Van Ryzin, M., Natsuaki, M. N., & Ge, X. (2011). Associations between early life stress, child maltreatment, and pubertal development among girls in foster care. *Journal of Research on Adolescence : The Official Journal of the Society for Research on Adolescence, 21(4)*, 871–880. http://doi.org/10.1111/j.1532-7795.2011.00746.x

[3] James, S., Montgomery, S., Leslie, L., & Zhang, J. (2009). Sexual risk behaviors among youth in the child welfare system. Children and Youth Services Review, 31(9), 990-1000.

have cognitive or developmental delays that can impact their SRH decision-making. Special efforts should be made to explain SRH to these youth in ways that they can understand and to support them in decision-making.

- **Be trauma-informed.** The jurisdictions that participated in preparing this guidance saw high rates of sexual assault and trauma among youth in care, which is confirmed by national and statewide data. Experiences of physical and sexual trauma can impact a youth's comfort and receptiveness to SRH care, as well as their vulnerability to engage in early and risky sexual behaviors. In addition, youth in care may be more vulnerable to sexual assault and sexual exploitation.[4]
  - Train staff on the impact of trauma on development and on how to respond sensitively to youth who have experienced trauma.
  - Identify providers who are experienced in providing care to victims of trauma and sexual violence. Youth with a known history of trauma and/or sexual violence should be referred to these specialized providers.
  - Create explicit prevention strategies, as well as a protocol (well-understood by both youth and caseworkers) on what to do in the case of sexual assault, trafficking or other exploitation.
- **Protect youth confidentiality and privacy.** Staff in child welfare jurisdictions often express concern and differing opinions regarding what information they should track related to a youth's SRH history. Concern over privacy can diminish a youth's willingness to access needed SRH services or even seek out the information they need.
  - Provide safe opportunities for youth to get information or make their own appointments for SRH services.
  - Record only the minimum needed information on youth's SRH history in case files and case records.
  - Ensure youth know what information is recorded about their SRH history.
  - Clearly communicate and enforce the priority of youth privacy to all workers, resource parents and staff that interact with youth.
- **Be inclusive and affirming:** Many studies have demonstrated the over-representation of LGBTQ youth within out-of-home care.
  - Ensure that providers of sexual and reproductive health education and care are sensitive to the needs of and welcoming to LGBTQ youth.
  - Build specific linkages to groups which can provide support to youth that are exploring their sexual orientation and gender identity and expression (SOGIE).
  - Check language and policies for a bias toward heterosexuality and promote changes that are affirming of all youth and recognize the fluidity of SOGIE.

> *"Many teens in care feel judged and shamed about their identity, sexuality everyday, which may not make them feel open to speak to their caseworker about something so personal." Sharkkarah*

- **Prepare for the needs of expectant youth in care:** Given that many states have extended foster care to age 21 and the high rates of early pregnancy of youth in foster care, it is clear that, even with the best prevention strategies, some youth will expect or begin parenting a child while still in care.
  - Ensure that there are placement resources, case planning protocols and supports in place for parenting youth. These are essential both to ensure positive outcomes for youth themselves as well as to minimize the need for the children to enter the child welfare system.
  - Continue to seek permanency for the young parent so that the youth can be better supported in providing permanency for their own child.
  - Ensure that the case planning approach for expectant and parenting youth includes a focus on the intersection of parenting and long-term goal setting particularly around educational goals.

[4]Child Welfare Information Gateway. (2015). Child welfare and human trafficking. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- **Pay attention to young men in care:** Many SRH resources and tools focus exclusively on the needs of young women. There is less information and focus on the SRH needs of young men in care.
  - Ensure the availability of specific resources targeted to young men.
  - Ensure policies, practice and forms have inclusive language and address the needs of young men.
  - Actively engage young men about SRH.
  - Provide resources to support young fathers in care.
  - Ask and promote disclosure when a youth is expecting to become a father.
- **Promote father engagement:** Jurisdictions should consider three distinct and possible populations:
  - Youth in care who are biological fathers to a pregnancy;
  - Biological fathers to the baby of a pregnant youth in care; and
  - Current partners who may not be biological fathers, but who want to play an active parenting role.
- **Focus on youth rights:** There are so many beliefs, opinions, values and perspectives around SRH. It is important to convey to the adults in youth's lives that — whatever their own personal beliefs and values — they have an obligation to uphold the SRH rights of youth. It is also important for youth to know and understand their own rights in this arena. Finally, it is important for systems to build accountability structures and processes to ensure that youth rights are being respected. A fundamental set of youth rights are included here.

Sexual and Reproductive Health Rights for Youth in Care

At the heart of all the guidance in this document and its companion pieces is an approach that puts youth rights at the center of the conversation about sexual and reproductive health (SRH) rights. The key areas of SRH policy and practice described in this document are in support of the rights listed here.

Youth right to sexual and reproductive health care
You have the right to confidential, timely and quality SRH services.

Youth right as a decision-maker
You have the right to make decisions about SRH.

Youth right to information
You have the right to the information needed to make timely SRH decisions.

Youth right to privacy
You have the right to keep information about your SRH experiences and choices confidential, unless you or someone else is at risk of harm.

Youth right to self-expression & supportive settings
You have the right to care that affirms their sexual orientation, gender identity and/or gender expression.

Youth right to support
You have the right to receive timely support for their SRH needs.

Youth right to be safe
You have the right to be safe and protected from sexual, physical and emotional harm.

Youth right to parent
You have a right to parent which includes the opportunity to be with your child and to make fundamental decisions about their upbringing.

Policy and Practice Framework

The remainder of this document establishes a series of goals youth should experience as the result of a comprehensive SRH policy and recommends key elements that should be included in policies and practice to achieve these goals. We have intentionally refrained from providing detailed policy language, recognizing that each jurisdiction has different systems in place.

We have, however, tried to address the topics that should be included within a comprehensive SRH policy framework. We recognize that jurisdictions have their own priorities and that no jurisdiction is likely to implement all that is discussed here.

This guidance can be printed. However, it is intended to be used electronically. To facilitate searching and linking to resources, it is filled with internal and external hyperlinks to help the reader navigate between sections within the document and to outside resources when they want to further explore an issue. The graphic on the following page is a table of contents for this document. In each topic area, we have identified relevant best policies and practices for expectant and parenting youth.

- **Cross-cutting Areas** identifies policies and practices to ensure there is organizational infrastructure to support youth across a range of SRH issues.
- **Sexual and reproductive health** identifies information, services and support that should be available to all youth in care to support their healthy SRH development.
- **Conception and pregnancy** identifies policies and practices needed to support youth that become pregnant or are the biological father in a pregnancy.
- **Post-pregnancy** identifies policies and practices that need to be in place for youth who become a parent while in care to support the development of the infant as well as the youth.

Within each segment, we also identify innovations that jurisdictions could explore and resources that inform policy development and implementation of practice changes.

Sexual and Reproductive Health Policy for Youth in Out-of-Home Care

Cross Cutting Areas

Safeguarding Rights & Privacy	Sexual and Reproductive Health Allies	Case Planning & Decision-making

Sexual and Reproductive Health	Conception and Pregnancy	Post-Pregnancy
Education	Support for options	Postpartum
Services	Support for a healthy pregnancy	Parenting

Safeguarding Rights and Privacy

Goal: Youth sexual and reproductive health rights are safeguarded.

Policies and practices for achieving this goal should include:

- ☐ A process for annually communicating SRH rights clearly to youth. This should include all youth starting at age 10, puberty or age of sexual activity—whichever comes first.
- ☐ A process to ensure youth's SRH rights are clearly communicated to caseworkers, foster parents, kinship parents, group home workers, judges, guardians ad litem, and Independent Living Providers (ILP).
- ☐ Guidance that prohibits child welfare partners from infringing on youth's SRH rights, or punishing or denying youth's privileges based on their use of reproductive health services or their sexual history.
- ☐ A process to ensure youth have access to SRH services regardless of race and ethnicity, sexual orientation, gender identity and expression.
- ☐ Access to a grievance process for youth and the ability to request a placement/worker changes if they are being discriminated against, punished or singled out based on sexual orientation, gender identity and expression, sexual history, ability status or if their SRH rights are not being respected. This grievance process should:
  - be accessible, easy to understand and confidential;
  - include a specific process for resolving issues related to denial of SRH services; and
  - include a specific process for addressing issues related to discrimination based on race and ethnicity, ability status, sexual orientation, gender identity or gender expression.
- ☐ Standards that require information related to private issues such as abortions, STIs, concerns about risky sexual behavior and SOGIE to be maintained in a confidential file accessible only to the case worker. Information in this file should be shared only to support the youth getting needed care.
- ☐ A protocol for informing youth about what information is documented, who has access to documented information and when information will be shared.
- ☐ Safety planning requirements for any inadvertent disclosures of information that suggests a youth is at risk of harm.
- ☐ A process for informing birth parents about the agency's SRH policies. When the youth reaches 10 years of age (or at entry into care when youth enters after age 10) and annually thereafter, birth parents shall be:
  - informed of the state's consent laws related to sexual and reproductive health;
  - informed of jurisdictional policies related to sexual and reproductive health; and
  - encouraged to provide consent for youth to receive sexual and reproductive health services while in care if needed.
- ☐ A process for designating an adult authorized to provide parental consent for SRH services in jurisdictions where such consent is required and parental rights have been terminated. This may be a case worker, guardian ad litem, lawyer, foster parent or someone else clearly designated by the system. The name and contact information for this individual should be available to the youth.

Innovations to consider:

- ☐ Train youth on their rights and how to self-advocate for their SRH needs.
- ☐ Integrate information on youth SRH rights and the role of child welfare partners in supporting those rights into core training for case workers and foster parents.

Resources:

Below are several resources available for jurisdictions to use when developing sexual and reproductive health policy:

- ☐ Overview of state consent laws for sexual and reproductive care for youth: https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law
- ☐ Your Rights Related to Sexual and Reproductive Health: A Guide for Youth in Care
- ☐ Model birth parent letter on sexual and reproductive health issues

Sexual and Reproductive Health Allies

Goal: Youth will have access to a sexual and reproductive health ally[5] for support on all issues related to their sexual and reproductive health needs.

Policies and practices for achieving this goal should include:

- ☐ An annual process that asks youth to confirm who they consider to be a SRH ally (e.g., birth parent, child welfare partner, romantic partner, family member or friend). This should occur prior to health exams for SRH in order for the ally to be included.
- ☐ A process for providing SRH allies information, transportation and logistical support to enhance their ability to support youth on SRH needs.
- ☐ Guidance for talking with youth about how they want their birth parent involved and communicating to birth parents about their role.
- ☐ Access to mediation if there are conflicts related to SRH decision-making.

Innovations to consider:

- ☐ Provide training and support to youth SRH allies that is developmentally and trauma-informed.
- ☐ Training and supporting emancipated youth to serve as SRH allies for youth in care.

Resources:

- ☐ Having "The Talk"—Deciding Who to Talk to About Sexual and Reproductive Health Issues: Guidance for Youth
- ☐ Short guide for Allies
- ☐ Model birth parent letter

[5] Someone youth can talk to about SRH issues, who will go with them to appointments if they want and who can be there with them through the tough issues like getting treatment for STIs, exploring SOGIE or getting access to contraception.

Case Planning and Decision-making

Goal: Case planning and decision-making is structured to be responsive to sexual and reproductive health needs of youth in addition to their race and ethnicity and SOGIE.

Policies and practices for achieving this goal:

- ☐ Teaming approaches (with specific guidelines reflective of the youth's developmental stage) to support youth dealing with pregnancy and/or parenting at key decision points and for all case planning.
- ☐ Transition planning for youth exiting care includes consideration of SRH service continuity and proactive SRH planning.
- ☐ Processes that allow youth experiencing puberty, gender exploration, coming out, expecting a child, transitioning, abortion or sexual assault or trauma to request:
  - case planning or teaming that includes individuals connected to their SRH, such as: their SRH ally; birth parent/caregiver, co-parents for expectant or parenting youth; adoptive parents for expectant youth choosing open adoption; or professionals with expertise or specialization in the specific area; and
  - a review of the appropriateness of their placement.
- ☐ Placement decision making processes that:
  - Consider the youth's SRH history, gender identity and expression. Youth should only be placed with providers and caregivers who are accepting and supportive of youth who identify as LGBTQ in their care, including through the coming out or transitioning process.
  - Prompt review of current placement setting should a youth become pregnant for:
    - appropriateness as a setting once the baby is born;
    - availability of support during the pregnancy; and
    - supports needed to maintain the current placement (training for provider, resolution of licensing issues).
  - Expedite needed changes when a pregnancy occurs.
  - Place youth in the least restrictive setting that will allow their child to be placed with them, unless there are safety concerns for the infant.
  - Consider the well-being of the infant as well as the parenting youth. This includes assessing the adequacy of the setting to the child's developmental needs, educational continuity, maintaining community and family connections, etc.
  - Strive to place all parenting youth, including fathers, but especially those under 18, in a placement setting where they can receive mentoring and support in their parenting roles.
  - Consider the well-being of the infant as well as the parenting youth. This includes assessing the adequacy of the setting to the adolescent's developmental needs, educational continuity, maintaining community and family connections, etc.
- ☐ Processes for ensuring frequent contact and case coordination when safety concerns require an infant be removed. This means:
  - Giving consideration to the ease of visitation of both parents. No placement should interrupt the parenting youths' abilities to regularly visit their child, ideally daily.
  - Coordinating the infant's case and parents' cases in ways that support bonding and attachment between the parents and child.
- ☐ Processes for making available training or support to placement providers or caregivers to help them in responding to youth's needs and maintaining placement stability.
- ☐ Systems for tracking and documenting aggregate information for both females and males in care on:
  - Number and percentage of youth pregnant and expectant (a newly required AFCARS element).
  - Number and percentage of youth parenting (parenting is a required AFCARS element).
  - Number and percentage of parenting youth who have their child(ren) with them (a newly required AFCARS element).
  - Number and percent of youth receiving annual reproductive health exam.
  - Number and percent of requesting youth receiving SRH services.
  - Number and percent of healthy births among youth.

Innovations to consider:

- ☐ Develop specific supports including dedicated staff, counseling, peer support, clinical resources, and community-based programs for youth dealing with the following SRH issues
  - Sexuality;
  - Gender identity questions;
  - Expecting a child or parenting;
  - Youth considering adoption or abortion;
  - Recovering from sexual assault or trauma; and
  - Intimate Partner Violence.

- ☐ Create dedicated placement resources for EPY such as California's Whole Family Foster Home approach.
- ☐ Develop visitation policies and practices that support bonding of youth and their babies.
- ☐ Develop guidelines and train staff on open adoption.
- ☐ Involve EPY in placement decisions affecting their children.

Resources:

- ☐ Guidelines for EPY teaming:
  - Teaming Protocol for Expectant and Parenting Youth, Sacramento County Department of Human Services
  - Getting Down to the Basics: Tools to Support LGBTQI Youth in Care
  - LGBTQI Inclusivity in Social Services
  - Expectant and Parenting Youth in Foster Care: Addressing Their Developmental Needs to Promote Healthy Parent and Child Outcomes
  - Changing Systems and Practices to Improve Outcomes for Young Fathers, Their Children and Their Families

Sexual and Reproductive Health: Education

Goal:All youth receive regular, reliable and developmentally-appropriate information about sexual and reproductive health.

Policies and practices for achieving this goal should include:

- ☐ A protocol for a designated child welfare partner in the youth's life to regularly (at least every six months) engage the youth in discussion about reproduction and contraception, SRH and safety. NOTE: While it is important for every adult to be prepared to support youth as they access SRH services, it is also important that youth not feel intruded upon or pressured by too many adults asking them about personal issues. Youth should help identify with whom they are most comfortable speaking about these issues.
- ☐ A process for providing comprehensive and inclusive sexual education services, at least annually, to youth in out-of-home placements starting at puberty, onset of sexual activity, or at least by 10 years of age.
- ☐ Availability of written and on-line resources to youth to support their ability to independently and confidentially access reliable information on SRH issues.

Innovations to consider:

- ☐ Support youth in developing a SRH life plan. A great example can be found at: http://dhss.delaware.gov/dph/chca/files/adultlifeplan2011.pdf
- ☐ Develop specific outreach tools and approaches for youth who have developmental delays when designing SRH education strategies.
- ☐ Partner with reproductive health service providers to bring inclusive reproductive health education and counseling directly to group homes and independent living programs.
- ☐ Use websites, text messaging, apps, social media and other tools to make reproductive health information easily accessible to youth.
- ☐ Use peer-based models for youth to learn about SRH.
- ☐ Develop special training and resources for birth, foster and adoptive parents on how to talk about SRH.
- ☐ Engage youth consultants to develop and deliver training to adults on talking with youth about SRH issues.

Resources

- ☐ Talk with your kids: This provides a timeline and tips for how to engage kids from infancy to adolescence in developmentally appropriate conversations about sexuality.
- ☐ A Parent's Handbook: How to Talk to Youth about Healthy Relationships
- ☐ Self/Peer Exploitation: A Resource Guide for Families: This provides hands-on information about how to deal with sexting
- ☐ Getting Down to Basics: Tools to Support LGBTQI Youth in Care
- ☐ Families Supporting a LGBTQI Child
- ☐ Caseworkers with LGBTQI clients

Written and online resources for youth

- ☐ Sexual and Reproductive Life Plan: This example from the State of Delaware provides information and planning tools for young women to proactively approach SRH decision-making.
- ☐ Online, youth-friendly, SRH resources.

Tools for designing, selecting or evaluating comprehensive SRH education

- ☐ Guidelines for Comprehensive Sexuality Education
- ☐ Sex Education: What Kids Should Learn and When
- ☐ New York City Department of Health and Mental Hygiene resources for addressing sexual reproductive health issues with adolescents.

Sexual and Reproductive Health: Services

Goal: Youth in care receive regular, reliable and developmentally appropriate sexual and reproductive health care in a timely manner.

Policies and practices for achieving this goal should include:

☐ A process for all youth in out-of-home care to get timely access to the following SRH services:
- Support services in case of rape or other sexual trauma (within 24 hours of the disclosure).
- Appointments needed to support access to contraception (within 1 week) and emergency contraception (within 24 hours).
- Screenings for and care of STIs (within 48 hours).
- Medical (including transgender care services) and other supports for youth who are questioning their gender identity and who identify as transgender or questioning to explore and evaluate their options.

☐ A process for connecting all youth to confidential resources to support safer sex and contraception choices. This process should be inclusive of youth, starting at puberty, onset of sexual activity, or at least by 10 years of age. These include:
- Information about a full range of options and their effectiveness for both contraception and STI prevention.
- Support in accessing and paying for the contraceptive method of their choice.
- Support accessing clinical services, if needed, to address their contraceptive and safer sex choices.

☐ Processes and protocols for:
- working with medical partners who are trained in trauma—doctors providing annual well-child exams, public health nurses, reproductive health clinics—to ensure foster youth have access to and are receiving SRH services.;
- documenting in court reports departmental efforts to support the SRH education and needs of youth, when appropriate; and
- ensuring that all providers serving youth comply with current best practices around supporting LGBTQ youth.

Innovations to consider:

☐ Partner with reproductive health service providers to bring clinical services directly to group homes and independent living programs.

☐ Engage public health nurses in the regular provision of SRH services for youth.

☐ Build relationships with specialized clinics or a cadre of providers who have special skills, experience and training in:
- Teen friendly clinical sexual health services;
- Reproductive health care to individuals with a history of sexual abuse;
- SRH care for LGBTQ youth; and
- Trauma-informed reproductive health care.

☐ Offer training/resources to medical partners on the special needs of youth in care.

Resources

☐ Fact sheet for youth on accessing reproductive health services.

☐ Resources to share with and educate health care providers:
- 10 Things Every Pediatrician Should Know About Children in Foster Care
- Tips for health care providers working with children and teens in foster care

☐ Bedsider: Offers a free, text message based reminder service for birth control and SRH appointments.

Sexual and Reproductive Health: Response to sexual trauma

Goal: Sexual assault and violence prevention services are provided to all youth. Youth who experience sexual assault, violence receive timely, quality, trauma-informed care.

Policies and practices for achieving this goal should consider:

- ☐ A process for providing all youth with information and support on how to guard against becoming victims of sexual assault and violence.
- ☐ A process for making counseling or supplemental supports available to youth engaging in behaviors that put their physical or emotional safety at risk
- ☐ A process for providing youth with information and a protocol for immediate support in the case of sexual assault and trauma including:
  - How to access 24-hour support;
  - How to launch a legal investigation of the incident;
  - Support during any medical exams, legal proceedings, follow-up care or when reporting the incident;
  - Support in reaching and engaging a youth's SRH ally; and
  - Support in accessing the morning after pill and prophylactic care or treatment of STIs.
- ☐ A process for superseding standard health policy that may limit the number of exams a youth may be eligible to receive based on cost reimbursement criteria when the youth is going through forensic exams and the child advocacy center or attending physician recommend additional health exams.
- ☐ A set of protocols when the sexual assault or trauma is associated with a youth's current placement, including:
  - Taking immediate steps to assure the safety of all youth in the placement setting, notifying law enforcement and launching an investigation into the incident, while cooperating with law enforcement and ensuring the youth is not unnecessarily subjected to multiple interviews.
  - Immediately removing the youth from the placement or, if the perpetrator is another youth, removing the perpetrator immediately.
  - Not returning the youth to the placement until a case review has confirmed that changes have been made and the youth feels safe to return.
  - Granting the right to request a placement review and be moved if changes cannot be made to address youth's concerns.
- ☐ Guidance for how services and supports are matched to the needs and preferences of youth who have disclosed being victims of sexual assault or trauma. Services may include counseling by a therapist skilled at dealing with sexual trauma, opportunities to participate in support groups for victims of sexual trauma and/or opportunities to connect with community services.

  In addition, workers responsible for placement decisions should:
  - Assess proposed placements to ensure that known perpetrators have no access to the youth.
  - Assess the placement profile to ensure it does not trigger or re-traumatize the youth.
  - Exercise caution around experiences that involve physical touch. Youth who are sensitive or triggered by physical touch should not be required to engage in activities that involve touch unless the activities are medically or forensically necessary.
- ☐ Guidance for referring known victims of sexual assault or violence for medical care, especially SRH care:
  - Refer them to a medical provider who has experience working with victims of sexual violence;
  - Provide support before and after appointments to help the youth prepare for and process their own emotional reactions; and
  - Encourage youth to discuss their experiences with sexual violence with their health care provider.
- ☐ Staff training to recognize the risk factors and signs that youth are being trafficked or are engaging in survival sex (trading sex for food, rent, money or other goods).
- ☐ A protocol for what to do when workers suspect a youth is being trafficked or engaging in survival sex.

Innovations to consider:

- ☐ Train youth and child welfare partners on sexual exploitation through digital platforms and how to protect oneself in the digital age.
- ☐ Given high rates of victimization for transgender youth, build relationships with community-based agencies and supportive services focused on working with transgender youth to prevent and heal from sexual assault.

Resources:

- ☐ Reporting and the Criminal Justice System: Provides links to a number of resources to support youth in the reporting process, understanding what to expect and explaining aspects of the reporting process.
- ☐ How to Respond to a Survivor: This site includes language to use and tips for supporting a survivor.

  What Can you Say to Support Someone Who Says They Were Abused: This is a simple graphic with great conversation starters.
- ☐ Circle of 6: This free app allows the user to discreetly contact six trusted people if they need help. Users can quickly send a text out to their whole circle sharing their location, or asking for help or support. The app comes pre-programmed with direct access to national hotlines and a specialized hotline of the user's choice, such as LGBTQ, Spanish-language, etc. based on their personal priorities, but other emergency numbers can also be programmed in.
- ☐ Need Help Now: This site provides excellent practical information about what to do about cyber-bullying and how to stop the spread of sexual pictures or videos. Since the site is Canadian the sections on relevant laws do not apply, but the practical information on getting images removed, changing account settings and other strategies is still relevant and usable.
- ☐ Parent Youth Contract for Internet Safety: Provides an overview of a number of resources for setting agreements around internet safety.
- ☐ Safety Planning with Teens: Provides guidance for adults supporting teens experiencing dating violence.

Conception and Pregnancy: Support for Options

Goal: Youth will be supported in exploring all available options in responding to pregnancy without bias and pressure regarding their choices. This support is available both to youth who become pregnant and to youth who are the biological fathers to a pregnancy.

Policies and practices for achieving this goal should include:

- ☐ A process for providing youth with detailed information related to all available options (raising the child, abortion or adoption) in the event of pregnancy, including:
  - their rights during pregnancy;
  - confidentiality provisions regarding their pregnancy;
  - services that will be covered and supports that are available;
  - timeline for choices;
  - jurisdictional policies regarding pregnant minors with non-minor partners; and
  - what to do if they are being coerced regarding what to do about their pregnancy.
- ☐ A process for supporting youth who disclose that they are pregnant or are a biological father to a pregnancy in assessing their options:
  - Refer them to a clinic or medical provider who can provide information and help them assess their choices. This may include a family planning clinic, their existing primary health care provider or a public health nurse.
  - Take care that providers are respectful of youth choices and do not seek to influence youth.
  - Discuss the pregnancy and options with a SRH ally of their choice.
  - Support them in understanding their parenting rights, options and obligations—and exploring their desired role.
- ☐ A process for supporting youth who change their minds about their pregnancy option and providing them with new information to assist them with their new choice about the pregnancy.
- ☐ Prohibiting anyone from entering information on the pregnancy in the case file during the time that youth are evaluating their options.
- ☐ A process for supporting youth with self-advocacy regarding their pregnancy choices.
  - Clearly communicate to child welfare partners that their role is to help youth evaluate their choices without pressuring them based on their own personal beliefs, religious values, or biases.
  - Create a clear grievance process for youth if they feel they are being pressured about their choices by a child welfare partner.
  - Offer counseling and mediation if youth are experiencing pressure from others (such as their partner or birth parent) about their choices.
- ☐ Processes and strategies to address safety questions at the time a youth discloses the pregnancy because such disclosure can exacerbate conflict in a relationship.
  - Ask youth about potential conflict in their relationships.
  - Make available a range of resources from relationship counseling, support if the relationship ends, and supports for dealing with intimate partner violence.
- ☐ A process for assisting youth who indicate that they would like to explore abortion options:
  - Provide counseling on the state laws governing abortion.
  - Support getting parental consent if needed, or enacting judicial bypass if parental consent is not possible.
  - Provide information on fiscal coverage for abortion services.
  - Provide referrals to a family planning clinic or medical provider who can assist the youth.
  - Offer supports during and after termination including:
    - release from school or work requirements;
    - support getting to and from appointments;
    - individualized support from child welfare partners; and
    - creating a self-care plan for before, during and after the procedure.
  - Provide opportunities to participate in support groups, receive counseling or other supports related to abortion if desired.
- ☐ A process for assisting youth who indicate they would like to explore adoption:
  - Connect them to an adoption-competent specialist who can explain/review adoption options and the youth's rights under each option when they first

express an interest in adoption, throughout the pregnancy and again after the birth of their child.
- Provide opportunities to include allies in adoption conversations.
- Provide support in engaging their child's other parent and obtaining their consent to the adoption.
- Provide information on their rights and options in terms of shaping the adoption plan and their continued involvement in the case of an open adoption.
- Provide support in evaluating their family, kinship and friendship networks to see if there is an appropriate adoptive family.
- Provide support in making their wishes regarding their baby's adoptive home known and/or in choosing an adoptive family.
- Help them create a birth plan and give them the opportunity to choose who they would like to support them during the birth.
- Assist them in arranging an open adoption arrangement for their child.

Innovations to consider:

☐ Build a specific relationship with a clinic or provider that can provide unbiased counseling to youth as they explore their options.

☐ Contract with mental health practitioners who are adoption-competent.

☐ Provide special support for youth who choose abortion or adoption or suffer a miscarriage especially for the first year, anniversaries of the event, on baby's birth date or due date or on holidays such as Mother's and Father's Day.

☐ Make specific outreach efforts to encourage young men to disclose when they are expecting a child. This might include having male staff members and/or training female staff members to specifically reach out on this issue. Write resources for young men that outline the benefits of disclosing paternity.

☐ Address structural barriers to abortion such as the lack of availability of abortion services, long waiting periods, transportation support for youth. Consider who will be with the youth during this time when they may need emotional support.

Resources

☐ Talkline: This is a national hotline that offers free peer counseling and support at any point during or after pregnancy, whether callers are looking for options, counseling support before or after abortion, or a chance to talk about parenting, pregnancy loss, adoption, or infertility.

☐ Discussion Questions for Pregnant Youth

☐ Understanding Options Counseling: Experiences During Adoption

Conception and Pregnancy: Support for a Healthy Pregnancy

Goal: Youth who choose to carry to term receive timely and quality services and supports to ensure healthy pregnancies and births.

Policies and practices for achieving this goal should include:

- ☐ A process for quickly connecting youth to a medical provider who will provide prenatal care throughout the pregnancy. If the youth has an active substance abuse issue or is taking psychotropic medications, this prenatal care provider should be particularly knowledgeable and capable of discussing treatment options and evaluating the impact on the pregnancy.
- ☐ A process for providing the youth and their designated support person with transportation and other supports to ensure that they can make their prenatal care appointments.
- ☐ A process for supporting youth in responding to the recommendations of their pre-natal care provider in terms of follow-up care, life style changes, medications, pre-natal vitamins and other healthy pregnancy supports.
- ☐ A process for providing information on how their own health behaviors can impact the health of their babies. (e.g. healthy choices during pregnancy and risks from drinking, smoking or substance abuse).
- ☐ A process for helping youth get timely access to a competent health or mental health professional who can support youth with mental health and chronic conditions in:
  - assessing how the medications for these conditions may intersect with the health of mother or baby; and
  - monitoring the impact of medication changes and responding appropriately if these threaten the youth and/or the baby's well-being.
- ☐ Support and encouragement for youth with pre-conditions that may affect their pregnancy (e.g. asthma, depression, diabetes, eating disorders, active STIs).
  - Encourage them to talk about these conditions with the prenatal care health provider.
  - Provide information on how this may affect pregnancy and delivery.
  - Support them in making life changes or pursuing medical care to control the condition.
- ☐ Support for youth experiencing a miscarriage:
  - Release them from school or work requirements during a recovery period.
  - Help them get to and from follow-up appointments.
  - Ensure child welfare providers offer individualized support.
  - Provide opportunities to meet with their designated support person to discuss and process their experience.
  - Connect them to counseling, support groups or other emotional support services if desired.
- ☐ Support for youth in exploring and/or building a positive co-parenting relationship with the other parent and their family.
- ☐ Support for youth in determining if they or their co-parents are eligible for pregnancy-focused supportive services.

Innovations to consider:

- ☐ Recommend group pre-natal care such as Centering Pregnancy.
- ☐ Collaborate with community-based providers that can provide ancillary support services (pregnancy support groups, birth education classes, doula services, pre-natal massage, pre-natal yoga, exercise classes, etc.)
- ☐ Provide supplemental funds during pregnancy to support the purchase of items like prenatal vitamins, healthy foods, etc.
- ☐ Recommend couples counseling, co-parenting supports and other services that support building healthy relationships during pregnancy.
- ☐ Partner with pre-natal care providers with knowledge and history serving teen parents, individuals with a history of trauma and/or sexual violence, and LGBTQ individuals.

Resources

- ☐ So You Think You Might Be Expecting—A Guide for Youth in Out-of-Home Care
- ☐ Having a Healthy Pregnancy—A Guide for Youth in Out-of-Home Care
- ☐ The Parenting Guide for Youth in Out-of-Home Care

Conception and Pregnancy: Preparing for Birth

Goal: Youth have healthy and supported birthing experiences

Policies and practices for achieving this goal should include:

- ☐ A process for assisting youth in developing a plan designating:
  - Who they should call to take them to the hospital.
  - Who should be notified when they go into labor.
  - How to notify and engage biological fathers.
  - Who they want with them at the hospital.
  - Who will bring them home from the hospital.
  - Other logistics related to birth.
  - Who will care for infants if youth experience complications and cannot provide care.
  - Which institutions (e.g. work, school, etc.) to contact to ensure that youth are released of commitments through birth and postpartum recovery.
- ☐ Information on supports available to help youth address parenting challenges prior to and immediately after birth and reviewing again their options, including adoption.
- ☐ A process for biological fathers who have been invited to participate in the delivery to create their own birth plan to support their participation.
- ☐ Additional support in the form of counseling, extra casework visits and support groups for youth who experience significant anxiety prior to the birth of their child.

Innovations to consider:

- ☐ Partner with doulas to provide birth planning support.
- ☐ Partner with community providers to ensure expectant youth can participate in birthing classes.
- ☐ Organize baby showers for EPY in care.
- ☐ Provide support for designated support person (if needed) so they can get to and participate in the birth.

Postpartum Supports

Goal: Youth and infant are supported during the postpartum period, assessed for signs of postpartum depression and receive timely and quality services accordingly.

Policies and practices for achieving this goal should include:

- ☐ YSupport for youth in accessing any medically recommended postpartum care for themselves or their child including:
  - Transportation to appointments for themselves and their ally, and
  - Transportation or support to purchase doctor-recommended medications or postpartum supports.
- ☐ A process for supplementary support during the postpartum period, including:
  - Information, resources and connection to supports around common postpartum issues such as breast feeding, safe sleep, chronic crying, etc.
  - Frequent caseworker contact (at least weekly) with both parents in the immediate (first 2 months) postpartum, particularly when the infant is born with low birth weight or otherwise medically fragile or when there are signs of maternal depression.
  - Daily support visits from allies, co-parents or birth parents, unless there are safety concerns.
  - Information, resources and connection to programs focused on postpartum contraception and prevention of subsequent pregnancies.
- ☐ Tools for staff to identify and connect youth experiencing postpartum depression, including:
  - Information about how to recognize and access supports for postpartum depression.
  - Postpartum depression screenings for youth at 2 weeks and 6 weeks (generally part of standard postpartum care) and at 6 months.
  - Training to recognize signs of postpartum depression and talk with youth about getting help.
  - Guidance to caregivers and other adults involved with youth to remain alert to signs of depression in the first year of parenting in both mothers and fathers.
- ☐ A process for responding timely when there are concerns about depression and/or a youth positively screens for depression.
  - Arrange a depression screening as soon as possible and no longer than one week from notification of concern.
  - Provide access to counseling or mental health treatment.
  - Connect youth to supportive services and activities (e.g. Yoga, meditation, peer support, etc.).
  - Encourage youth to engage a support circle of allies.
  - If anti-depressants are indicated for a youth who is breast-feeding, ensure a medical professional knowledgeable about psychotropic medicine, and its risks to breast-feeding, counsels the youth. Provide advice for the youth to decide the best course of action for herself and her baby.
- ☐ A process for responding timely to youth who choose to place their babies for adoption.
  - Support them in understanding the process of maintaining parental rights if they choose not to go through with a planned adoption;
  - Help them maintain contact with their child if they choose open adoption;
  - Provide medical support to address pregnancy, postpartum care and unique issues such as lactation cessation; and
  - Create opportunities to participate in support groups, receive counseling or otherwise address the loss and grief associated with adoption.
- ☐ A process for responding timely to youth who deliver infants exposed to substances.
  - Provide them with counseling on the legal implications and their rights.
  - Provide them with counseling and support on caring for an infant who is born drug-exposed.
  - Connect them to drug treatment that allows parents and newborns to stay together.
  - Ensure extra support and contact from their caseworker while the investigation is happening.
- ☐ A process for responding timely to youth who deliver premature, medically fragile or colicky infants.:
  - Provide support in meeting the medical and care needs of their child.
  - Connect them to parenting, medical and other supports appropriate to the infant's needs.
  - Connect them to home visiting, support groups or other parenting supports.
  - Ensure weekly case worker contact until the infant is stabilized.
- ☐ A process for responding timely to youth who appear to be struggling with parenting issues, including providing the range of available parenting supports.

Innovations to consider:

- ☐ Partner with public health professionals to support postpartum depression screenings multiple times in the first year of the infant's life.
- ☐ Support youth in creating a circle of support—individuals they can call if they are struggling with postpartum depression or parenting issues.
- ☐ Use a wraparound model to support youth who are experiencing postpartum depression.
- ☐ Proactively connect youth in care to new parent support groups.
- ☐ Partner with programs that focus on delaying subsequent pregnancy for youth.
- ☐ Provide youth with baby boxes to ensure safe sleeping.

Resources:

- ☐ Postpartum depression guidance for youth

Post-Pregnancy: Parenting Supports

Goal: Youth are supported in both transition into adulthood and in their parenting roles.

Policies and practices for achieving this goal should include:

- ☐ Maintaining infants with their young parents and not opening a child welfare case on the infant unless there are specific safety concerns. If there are safety concerns, try to ensure that infants remain in the custody of one of their parents.
- ☐ Ensuring that youth who do not have custody of their children are able to visit them at least daily during infancy and at minimum every two to three days in toddlerhood.
- ☐ Supporting youth to create a plan to spend parenting time with their child. This may include:
  - waivers from work, school or other requirements during the early maternity or paternity period;
  - signing up for maternity or paternity leave benefits if relevant; and
  - looking for work or school environments supportive to parenting (e.g. with child care, breast feeding supports or flexible schedules).
- ☐ Supporting youth in developing a plan for managing the intersection of parenting and their larger life goals.
  - Identify supports or appropriate educational environments that will allow them to pursue educational goals while parenting.
  - Identify supports for other long-term career or life goals.
- ☐ Supporting youth who have difficulty bonding with the child.
  - Help youth access parenting classes, interaction coaching, parent-child activities, home visiting programs, support groups or other interventions designed to promote healthy attachment and bonding.
  - Engage their partner, sexual or reproductive health ally, or others in their lives to support them.
  - Address depression, mental health issues, substance abuse, unstable housing, intimate partner violence or other issues.
  - Help youth access treatment or intervention resources, with priority given to services that will not disrupt the youth's custody of their child.
  - Develop safety plans with the youth's team focused on ensuring there is a plan of care for the infant if the youth experiences a crisis.
- ☐ Providing access to parenting support services for all youth even if they do not have custody of their child(ren).
- ☐ Assisting youth in signing up their child(ren) (or themselves) for relevant public benefits (e.g. WIC, Medicaid and SNAP)and supportive services.
- ☐ Creating a plan to ensure that the non-resident co-parent of the infant (even if not in the child welfare system) has regular opportunities for parenting time.
- ☐ Identifying specific supports for young fathers on establishing paternity, their legal rights and responsibilities and parenting.
- ☐ Providing transportation and other supports to get infants to services, well-child visits and other developmental supports.
- ☐ Supporting youth who are parenting a child with developmental delays or special needs.

Innovations to consider:

- ☐ Collaborate with community providers to ensure that the children of youth in out-of-home care are given priority access for services such as Head Start, subsidized child care, early intervention services and home visiting programs.
- ☐ Make a set of resources available to newly parenting youth with information on why each resource is important (e.g. a crib with tips on safe sleep; a lactation bra with information on breast feeding; etc.).
- ☐ Partner with local services (home visiting, lactation support, new parent support groups, infant massage classes, etc.) to ensure that newly parenting youth are connected to developmentally-informed and father-friendly services and programs.
- ☐ Connect to educational supports, schools that have on-site child care, on-line learning options, educational contracts and other options for pursuing education and schooling at the same time.
- ☐ Provide financial support for EPY to help them with the additional costs of parenting.
- ☐ Create parenting support plans between EPY and resource parents or mentors.
- ☐ Develop relationships with parenting resources or supports which are affirming to LGBTQ parents.
- ☐ Encourage youth to participate in co-parenting classes or parenting supports that are developmentally and trauma-informed and focused on parent-child bonding with both parents.

- ☐ Create visitation spaces where non-custodial parents can interact with their child.

Resources:

- ☐ Sample parenting support plan
- ☐ List of parenting and child development resources for service planning purposes
- ☐ Changing Systems & Practices to Improve Outcomes for Young Fathers, Their Children & Their Families
- ☐ The Parenting Guide for Youth in Out-of-Home Care
- ☐ New York City's Office of Child Support's Parent Pledge Project: This program facilitates child support agreements between parents outside of court through mediation. Trained mediators work in a community-based setting to assist in child support solutions that work for the children and for both parents.

Considerations:

- ☐ Pay special attention to parenting resources that are affirming of LGBTQ identities.
- ☐ Focus on engaging and supporting young fathers in their roles as parents and supporting both parents in building healthy co-parenting relationships.

Appendix A

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Appendix A

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Appendix B

Being a Sexual and Reproductive Health Ally

You are being asked to be a sexual and reproductive health (SRH) ally for a youth in foster care. What does that mean? It means that the youth trusts you and feels like you are someone they can talk to about SRH issues. This is very important. Many youth in foster care never talk about SRH with an adult or peer who cares about them. They are looking for someone to whom they can ask questions, help them when in need, and turn to when things get scary. It is important for youth in care to have someone they can turn to discuss SRH so they can feel strong in their choices and avoid unwanted pregnancies, STIs and sexual assault/exploitation.

Characteristics of Supportive Allies

Good adult or peer allies have lots of characteristics that make them approachable and trustworthy. Below are a few fundamental characteristics of SRH allies for youth in or transitioning from foster care:

- Respectful and non-judgmental
- Good listener
- Patient
- Non-invasive
- Knows when to ask for help

You can help by being there for the youth. That means, are available to:

- **Talk with youth:** The first and most important thing is to talk with the youth regularly about sex, birth control, sexual orientation, gender identity, and other matters related to their identity and sexual and reproductive choices. It may feel awkward, but it is important for the youth to know that you are there and willing to talk with them. Remember these conversations are ongoing and promoting positive SRH is a process. We've included helpful resources to help you think about what to talk about with youth based on their age or maturity. During these conversations, youth may ask questions you don't have answers to. That's okay. We've included a list of good web resources. It is a great list to share with youth, or for the two of you to explore together. You can also refer youth back to their caseworker or doctor/medical provider about topics you don't know. The important thing is for the youth to have someone to talk to.

- **Be there:** There may be times when a youth wants or needs you by their side. Sometimes youth want someone with them during an appointment for SRH care, or pregnant youth want someone to come to prenatal appointments or be there at birth. Youth may be fearful of "coming out" or experiencing bullying because they are gender-nonconforming. Ask the youth how they would like to be supported. Some young people will want help with every step from self-advocacy, finding services, making and attending appointments, and making decisions, while others will want nothing more than to discuss the options they have already researched. Follow the youth's lead and offer the support that is requested, leaving the door open for additional support if it is desired. Let the youth's caseworker know if you need transportation or other supports that will make it easier to be there for the youth when they need you.

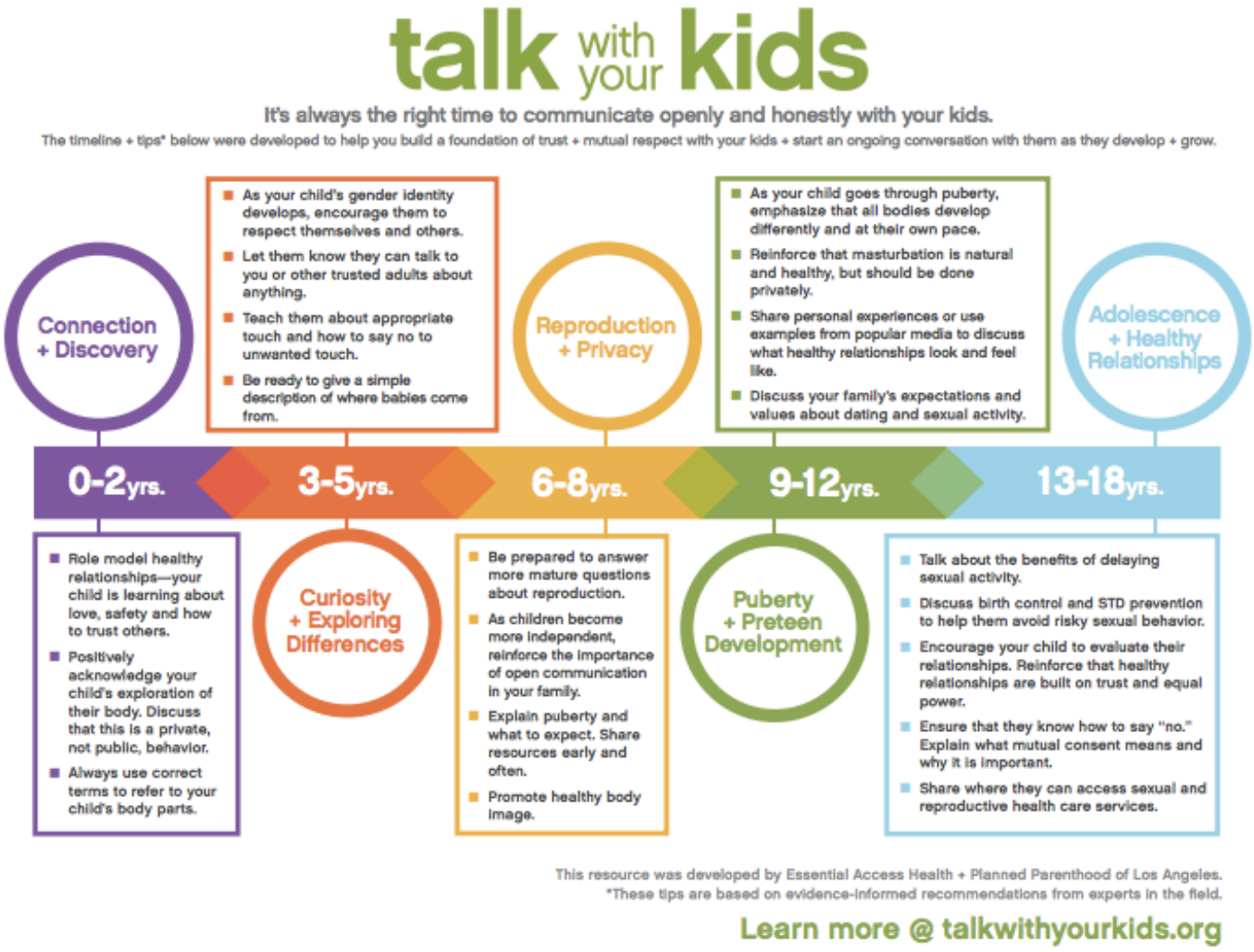
- **Help uphold youth rights:** It is important that youth—and all adults around them—understand youth rights related to SRH care. We've included a list of rights in this document but have also provided a link to a longer document for youth, which explores their rights in more detail. We encourage you to read through it and reflect on the document with the youth. How can these rights be reflected in the relationship between you? How can you support the youth in making sure these rights are a reality for them?

- **Support youth decision-making:** It can be tempting to tell youth what they should do—we ask you instead to support youth while they make their own decisions. Your role is to make sure that youth are aware of their options and have access to the resources they need so that they can make informed decisions for themselves. Focus on their feelings rather than on your own. If a youth makes a decision that you do not agree with, ask yourself why you feel the way you do and then try to shift your attention back to the feelings and the desires of the young person. You may wish the youth would make a different decision, but ultimately, your job is to support their ability to make informed decisions for themselves.

- **Provide emotional support:** There will be times when emotionally difficult or challenging topics may arise. The youth may have found out that they are expecting, or may be questioning their sexual orientation or gender identity, or have experienced a sexual assault. Again, you don't need to have the answers in these situations: what is important is that you are there to listen and be supportive. We have included some information on emotions and decision-making to underline how important emotional support is to help youth make good SRH decisions.

We know this won't be easy, that talking about these issues can be awkward and feel difficult. Thank you for making a difference.

What to Talk About When — A Framework for Discussing Sexual and Reproductive Health Issues



Appendix B

Online and mobile resources on sexual and reproductive health issues

☐ Bedsider: This website has great information on contraceptives to use for safer sex and/or pregnancy prevention. It also has an on-line finder for health centers and sources for emergency contraception nearby. It will even send you reminders so youth don't forget to take birth control.

☐ Talkline: This phone line offers free peer counseling and support at any point during or after pregnancy, including information about counseling, support before or after an abortion, or a chance to talk about parenting, pregnancy loss, adoption, or infertility. Call toll-free at 1-888-493-0092 from anywhere in the United States or Canada.

☐ WebMD: This is a good site for all kinds of health information. It has a good search engine to get access to information that has been reviewed by physicians.

☐ Go Ask Alice: This is another site with a broad range of health information, but designed with young adults in mind.

☐ I wanna know!: This website offers information on sexual health for teens and young adults including facts, support, and resources to answer questions, find referrals, and get access to in-depth information about sexual health, sexually transmitted infections (STIs), healthy relationships, and more.

☐ Sex Etc.: This site, by teens for teens, has some excellent resources including a clinic finder; discussion tools for how to talk with different people in your life about sexual and reproductive health issues; forums; and state-by-state summaries of sexual and reproductive health rights.

☐ Circle of 6: This free app allows the user to discreetly contact six trusted people if they need help. Users can quickly send a text out to their whole circle sharing their location, or asking for help or support. The app comes pre-programmed with direct access to national hotlines and a specialized hotline of the user's choice, such as LGBTQ, Spanish-language, etc. based on their personal priorities, but other emergency numbers can also be programmed in.

☐ Crisis Text Line: This free service offers text-based confidential crisis counseling. Text 741741 to talk to a trained crisis counselor. It also has an extensive list of vetted referrals and resources.

☐ Love Is Respect: This website offers information and services regarding healthy relationships

☐ Raising Happy Healthy LGBTQ and Gender Non-Conforming Kids: This brochure provides tips and strategies for parents raising LGBTQ and non-conforming kids.

Appendix B

Sexual and Reproductive Health Rights for Youth in Care

Youth right to sexual and reproductive health care
You have the right to confidential, timely and quality SRH services.

Youth right as a decision-maker
You have the right to make decisions about SRH.

Youth right to information
You have the right to the information needed to make timely SRH decisions.

Youth right to privacy
You have the right to keep information about your sexual and reproductive health experiences and choices confidential, unless you or someone else is at risk of harm.

Youth right to self-expression & supportive settings
You have the right to care that affirms their sexual orientation, gender identity and/or gender expression.

Youth right to support
You have the right to receive timely support for their SRH needs.

Youth right to be safe
You have the right to be safe and protected from sexual, physical and emotional harm.

Youth right to parent
You have a right to parent which includes the opportunity to be with your child and to make fundamental decisions about their upbringing.

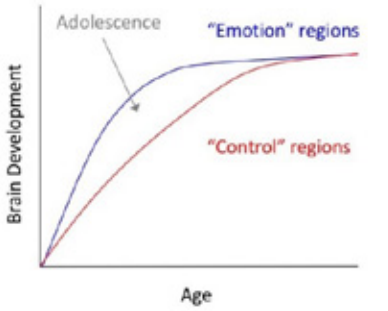
Appendix B

Understanding Adolescent Decision-Making in Emotional Contexts[7]

Understanding typical adolescent development is important when working with youth. Many of the youth's behaviors you may encounter as an adult ally, despite being frustrating, are normal and important developmental processes. Adolescent behavior often is associated with increased risk-taking, impulsivity, and reward-seeking. However, there are also dramatic increases during adolescence related to their ability to:

- problem solve;
- make decisions;
- engage in long-term planning; and
- weigh the pros and cons of risks.

How can these both be true: that youth are better at decision making and planning and still are often impulsive, more likely to engage in risk-taking, and seem more likely to make poor decisions than adults? The figure below helps to explain these contradictions.



(Figure adapted from Casey, Jones, & Hare, 2008)

The blue line is the developmental trajectory of the limbic regions of the brain. In general, these are the regions associated with emotion activation. These regions develop rapidly during adolescence.

The red line is the developmental trajectory of the prefrontal cortex of the brain. In general, this region is associated with cognitive control, decision-making, and the regulation of emotions and behaviors. The prefrontal cortex is slower to reach maturity as it continues to develop into early adulthood, typically the mid-twenties.

The "emotion" regions of the brain develop faster than the "control" regions. This does not mean that youth cannot control how they think, their emotions, or their behaviors nor does it mean that the young person will not be an excellent parent. It does mean, however, that adolescents have a harder time engaging in cognitive control when their emotions are running high. Many of the decisions youth make around sexual and reproductive issues are emotionally-laden and involve potentially difficult conversations about identity and intimacy. Young people may need time and support to deal with emotions prior to making final decisions. Although young people's brains are still developing they can be successful parents and have a right to decide the path that's right for them. The right support and sensitivity to their developmental needs can help to make this happen.

[7] Casey, B. J., Jones, R. M., & Hare, T. A. (2008). The adolescent brain. Annals of the New York Academy of Sciences, 1124, 111-126. doi: 10.1196/annals.1440.010

Appendix B

Dealing with Postpartum Depression

What is postpartum depression?
Postpartum depression is a kind of depression that you can get after having a baby. "Postpartum" is another word for the time shortly after you give birth. Depression can make you feel sad, down, hopeless, or cranky most of the day, almost every day. Another common sign of depression is you no longer enjoy or care about things you used to like to do.

Within 2-3 days after having a baby, many women get a mild type of postpartum depression called postpartum blues. Post-partum blues might make you:

- Feel moody, irritable, or anxious;
- Have trouble concentrating or sleeping; and
- Have crying spells.

Generally, these symptoms are not severe and go away within 2 weeks. With postpartum depression, the symptoms are more severe and last longer. Most often symptoms of postpartum depression start within a month after giving birth, but sometimes can begin much as 12 months after birth.

What are the symptoms of postpartum depression?

Many new parents:

- Sleep too much or too little;
- Feel tired or lack energy; and
- Have changes in their appetite, weight, and desire to have sex.

Asking for help around depression can always feel complicated. As a youth in the child welfare system and a new parent it can feel particularly scary. You may worry that the information can be used against you. Yet, putting off getting help can also make you vulnerable.

- Start by talking about what you're feeling with your doctor. Rules require doctors to keep what you say confidential unless they are concerned about the safety of your child.
- Write down everything you are doing to get help and be a good parent.
- If the depression is getting in the way of your parenting and putting your child at risk make a plan to get help with your parenting responsibilities while you get support in dealing with the depression.
- Ask for help with key parenting tasks—feeding, changing and cleaning your baby so you can make sure they're getting the care they need even.
- Remember, most often postpartum depression goes away. Just because it feels hard right now doesn't mean you're not a good parent.

If you have postpartum depression you might not be able to sleep even if your baby is asleep. You might have so little energy that you feel like you can't get out of bed at all. You might also feel:

- Anxious, irritable, and angry;
- Guilty or overwhelmed;
- Unable to care for your baby; and
- Like a failure as a parent.

Women with a history of depression are more likely to get postpartum depression.

Get help!
It can feel difficult to ask for help especially if you're already feeling
Overwhelmed, but it's important. The sooner you get help the sooner you will start to feel better. Asking for help when you need it is also an important part of being a good parent.

Treatments for depression can also be used to treat postpartum depression. The two main treatments for depression are:

- Taking medicines to relieve depression; and
- Talking with a therapist (such as a psychiatrist, psychologist, nurse, or social worker).

If you are breastfeeding, you might need to avoid certain medicines. When a nursing mother takes medicine, small amounts of the medicine can be found in her breast milk, which might be unhealthy for the baby. Not treating depression can also be harmful both for you and your baby. Your doctor can help you decide if you need medicine and the best ones to take.

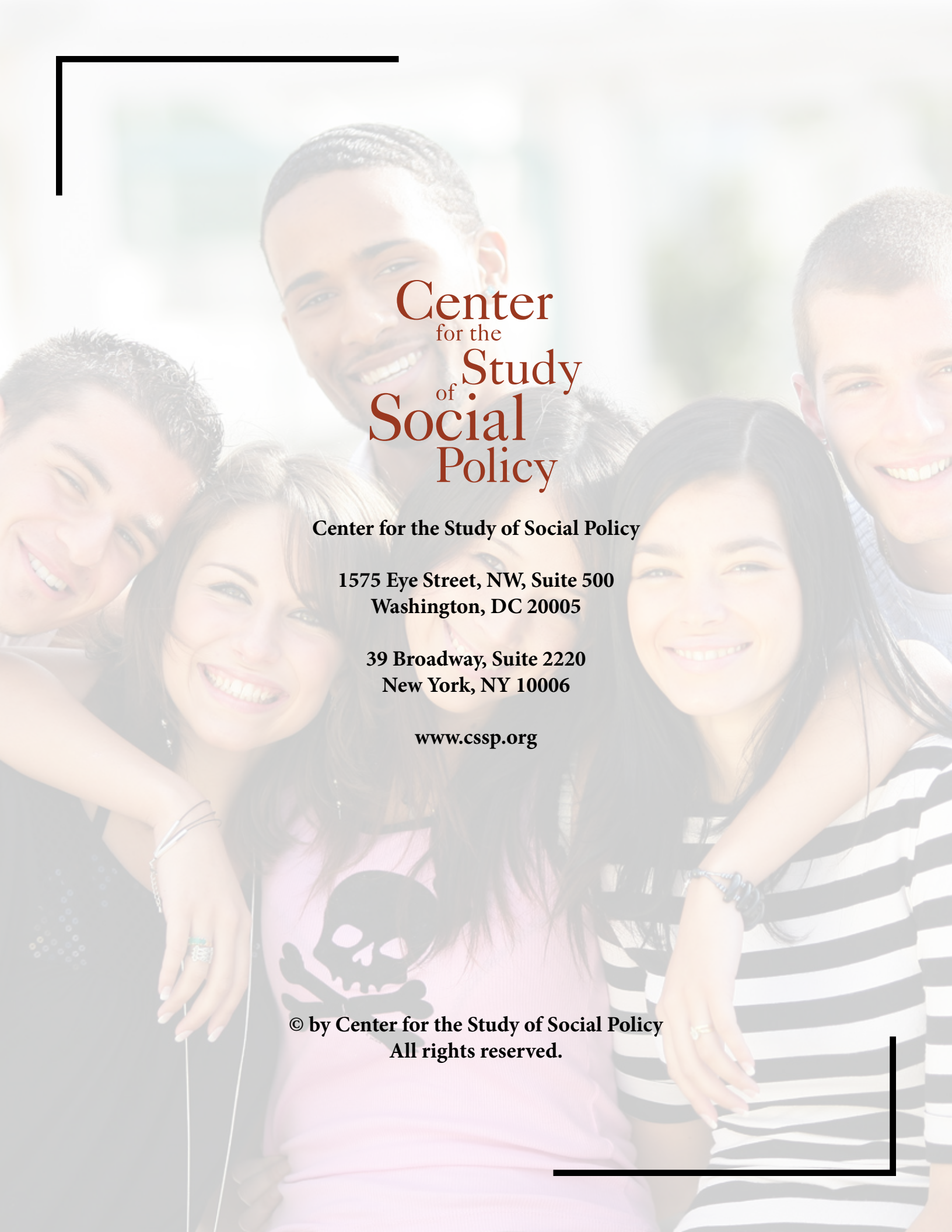
In addition, there are simple things that may help:

- Get sleep—it can be hard with a new baby, but make an effort to do so;
- Stay connected to friends and allies;
- Join a new parent's group; and
- Get exercise every day—even if it's just going for a walk with your baby.

If you want to hurt or kill yourself, see someone right away!

If you ever feel like you might want to hurt yourself or your baby, do one of these things:

- Call your doctor or nurse and tell them it is urgent;
- Call for an ambulance (in the US and Canada, dial 9-1-1);
- Go to the emergency room at your local hospital; and
- Call the National Suicide Prevention Lifeline: 1-800-273- 8255; www.suicidepreventionlifeline.org



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