

Center
for the
Study
of Social
Policy

EXPECTANT & YOUTH PARENTING IN FOSTER CARE



ADDRESSING THEIR
DEVELOPMENTAL NEEDS TO
PROMOTE HEALTHY PARENT
AND CHILD OUTCOMES

CHARLYN HARPER BROWNE, PH.D.

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.