Twice the Opportunity: Policy recommendations to support expectant and parenting youth in foster care and their children

Introduction

In 2011 the Center for the Study of Social Policy (CSSP), with funding from the Annie E. Casey Foundation, commenced an effort to draw attention to the urgent and unmet needs of one of the more vulnerable populations in our society: youth in foster care who are expectant or parenting their children. These young families face significant challenges to becoming healthy, stable and successful for both parents and their children. They also present policymakers and child welfare administrators with an opportunity to design a comprehensive set of policies and programs to reduce the poor and costly outcomes that these families too often experience and to instead positively support these two generations to thrive.

As more states extend foster care beyond age 18, child welfare agencies will face an increase in the number of expectant and parenting youth in their system. This guide presents elements of a policy agenda for addressing the health, safety, permanency, educational, housing and financial needs of both the expectant and parenting youth and their children. It is based on CSSP’s experience working for the past two years with four jurisdictions (New York City, Washington DC, Knox County, Tennessee and the State of Washington) to support their efforts to improve outcomes for these young families. The policy recommendations in this guide build on the on-the-ground experiences of the four sites and are also informed by the advice CSSP received from a group of national experts on expectant and parenting youth in foster care. This publication is an update of a set of draft recommendations that CSSP published in 2011.

The Challenge

Youth in foster care, an already vulnerable population, experience the risks of adolescent pregnancy and parenting at a higher rate than their counterparts who are not in care. According to the Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 19, adolescent girls in foster care are two and half times more likely than other girls to be pregnant by age 19 (Courtney et al., 2005). By age 21, more than 80 percent of the study participants had at least one child (Courtney et al., 2007). Additionally, half (50 %) of 21 year old males transitioning out of foster care reported getting a partner pregnant compared to 19 percent of their non-foster care peers (Courtney et al., 2007).

A recent California study, Most Vulnerable Parents: When Maltreated Children Have Children, found that female parenting youth in foster care who had their first child before age 18, had a 39 percent chance of a subsequent birth before age 20 (Putnam-Hornstein, Cederbaum, King & Needell, 2013). The report documents that the rate of childbirth among adolescents in foster care varies by factors of foster care placement including episode length, placement stability and

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placement type. The highest birth rates of 46 percent were observed among youth who had four or more placements (Putnam-Hornsetin et al., 2013). A cross-sectional study of birth rate trends among 15 to 17 year old female youth in foster care between 2006 and 2010 indicates that females who entered care as adolescents and stayed in care for less than one year gave birth at markedly higher rates. This finding aligns with previous research demonstrating that maltreatment occurring during adolescence increases the risk of early pregnancy (Putnam-Hornsetin et al., 2013).

Studies have also documented multiple negative outcomes in education, employment, housing, physical and mental health that youth in foster care experience; these poor outcomes are exacerbated for expectant and parenting youth in care (Culhane et al., 2011). Expectant and parenting youth are less likely to complete high school, and more likely to experience difficulties gaining employment and stable housing upon their exit from foster care. The Midwest Study found that by age 19, about three in 10 youth aging out of the foster care system had children living with them, and by age 21, the need to care for children was cited frequently as a barrier to continuing education and employment (Dworsky & Courtney, 2010).

Further evidence of the multi-generational needs of these young families can be found in research that examines the intergenerational cycle of child welfare involvement. Nearly 20 percent of the young mothers in the California study had been substantiated as victims of maltreatment before pregnancy (Putnam-Hornstein et al., 2013). Children of parenting foster youth also experience a greater risk of being abused or maltreated and are five times more likely to spend time in the foster care system than children of same-aged mothers in the general population (Dworsky & DeCoursey, 2009).

The Opportunity

Notwithstanding the daunting odds confronting these young families, child welfare systems can create a policy agenda and make operational and administrative changes that: expand opportunities for parents and their children; reduce risks to child safety, permanency and well-being; and build the resiliency and protective capacities that exist within these young families. The case for these changes is compelling because they offer twice the opportunity to have a positive impact, benefiting adolescents and their young children.

Through our research, consultation with practice and policy experts, and lessons learned from collaboration with state and local jurisdictions, CSSP has identified key elements that should guide policy development, including:

- **Multi-generationally oriented**: Policies and practices are responsive to three generations including the adolescent parents, their young children and the other adults who care for and support them.

- **Developmentally driven**: Policies and practices are informed by principles of healthy adolescent brain development, and early childhood development.

- **Trauma-informed**: Policies and practices recognize the impact of trauma on development and incorporate strategies for screening and addressing trauma symptoms.

- **Protective and Promotive Factors guided**: Policies and practices create opportunities that support well-being for healthy development and strengthen young families. For more

- **Evidence-informed**: Policies and practices are informed by research, evidence of effectiveness and credible theory.

- **Results-based and learning and accountability driven**: Policies and practices incorporate strategies for data collection, analysis and tracking of results, as well as generating new knowledge for the field.

- **Youth driven**: Policies and practices are informed by youth voice.

The policy recommendations are directed to achieving the following set of desired results:

- Children and youth are healthy
- Children and youth are safe
- Children enter school ready to learn and are prepared to succeed
- Youth succeed in their education
- Youth are prepared to succeed as adults
- Children and youth have healthy and positive social connections
- Youth have steady and gainful employment
- Children and youth have safe, stable and affordable housing

Achieving these results for expectant and parenting youth and their children require that child welfare systems forge new cross-system partnerships to holistically support these young families. Education, early care and education, health, behavioral health, public assistance, workforce development, justice and higher education are components of the policy recommendations. Finally, the recommendations outlined in the guide should be part of a larger jurisdictional effort to prevent adolescent pregnancy and promote healthy sexual and reproductive health.
CHILD WELFARE SYSTEM

There are a number of critical policy and operational changes that child welfare systems can make to have a positive impact on expectant and parenting youth in foster care. In examining policy options, states should be cognizant of the potential impacts on both the young adults and their children. For example, a states’ decision to exercise the federal option to extend foster care to age 21 for youth who do not have permanent families is especially important for both the expectant and parenting youth and their offspring. This recommendation runs counter to the usual child welfare policy goal of getting children out of care quickly and decreasing lengths of stay in the system. However, research indicates that older youth who remain in care have better outcomes than those who transition earlier to independent living (e.g., less likely to be homeless, more likely to attend college and delay parenting). In fact, according to Chapin Hall, researchers estimate that lifetime earnings would increase an average of two dollars for every dollar spent on keeping foster youth in care beyond age 18 (Peters et.al., 2009). Discharge from the child welfare system to independent living or emancipation makes parenting youth and their babies even more vulnerable as they lose access to resources the child welfare system can provide – such as safe housing, medical care and coverage, education opportunities and emotional support.

- Implement state legislation to extend foster care until age 21 and authorize continued foster care reimbursed through federal Title IV-E funding\(^2\) for youth who do not have a permanent family.

- Allow youth who exit foster care prior to age 21 to voluntarily and easily return to care at any time.
  - Have a written state or county policy that welcomes youth to return to care;
  - Establish a simple and straightforward process for youth to re-enter the child welfare system while retaining custody of their children.

To support expectant and parenting youth, child welfare systems need a range of services that are: tailored to this special population; simultaneously responsive to the developmental needs of adolescents and young children; and staffed by individuals who are committed to and capable of working effectively with these young families.

- Develop a continuum of appropriate services and placements for youth and their children that includes:
  - In-home preventive services for youth and their family to avert foster care placement.
  - Services, resources and support for extended family members who are willing and able to care for youth. When appropriate, provide financial subsidies to support relative care by exercising the federal option for kinship guardianship assistance payments\(^3\).

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\(^2\) See the Fostering Connection to Success and Increasing Adoption Act of 2008 (P.L. 110-351).

\(^3\) Ibid.
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  <li><strong>Resource or foster families/parents</strong> who want to work with adolescents and their young children and who have the skills to engage, partner with and mentor young parents.</li>
  <li><strong>Residential treatment programs and therapeutic resource/foster homes</strong> where expectant and parenting youth can be placed with their babies while addressing significant mental health, substance abuse or trauma issues.</li>
  <li><strong>Shared family care</strong> where young families can be placed together in the home of a host family who is trained to mentor and support the parents.</li>
  <li><strong>Voluntary after-care and post-placement services</strong> to support youth and families as they transition out of the system, making sure they have resources to address concrete needs (e.g., housing, income) and longer-term goals (e.g., education, employment) to achieve positive outcomes.</li>
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- Require targeted recruitment, preparation, training and support for resource families, residential staff and coaches/mentors working with parenting youth and their children.
- Use funding strategies that support a continuum of options for expectant and parenting youth, e.g., increase per diem rates for youth and their children, make flexible funds available for special needs, use subsidized guardianship arrangements when appropriate.

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In order for youth to be comfortable disclosing a pregnancy, they need to have a relationship with their child welfare worker that is characterized by honest communication. Early identification of pregnancy and candid discussions about what to do next are more likely to occur within the context of a meaningful, caring relationship.

- Adopt evidence-informed, developmentally appropriate frontline practice strategies that actively engage youth in planning for their own futures and implementing those plans. Quality frontline practice increases opportunities to identify pregnancy early and help youth understand and consider all of their options – including abortion and adoption – and support youth in carrying out the decision that is right for them.

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• Ensure that case plans for parenting youth reflect their change in status from youth to parent. Child welfare workers should work with youth to create case plans that are structured around their new set of responsibilities as parents, and avoid carrying over outdated case plans that do not reflect new responsibilities and opportunities.

• Review and revise existing policies to make sure that they encourage, not discourage, father’s participation, including policies on child support payments and visitation. There are many situations where father can be a positive force in their children’s lives but there are also some circumstances where this recommendation does not apply (e.g., incest, rape, domestic violence) if the father’s involvement would put the mother and child at risk.

• Require that case practice include culturally sensitive assessments and planning that identifies and builds protective and promotive factors in addition to, and going beyond, reducing risks.

• Require that all expectant youth receive counseling on her/his legal rights, responsibilities and options by individuals qualified to provide full disclosure (e.g. attorneys, nurses) and free from potential conflicts of interest.

• Institute policies for assessing when a foster youth’s attorney is unable to represent the interests of the youth as both a dependent child and a parent, including mechanisms for appointing alternative representation.

• Designate specialized staff or units within the child welfare agency to specifically work with youth. Staff should have: expertise in adolescent development, including expectant or parenting youth; the practice skills to engage, assess and implement services for youth and their children; and access to a manager who can make policy decisions when flexibility or exceptions are warranted.

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**Spotlight on Policy**

**Florida** has made it a top priority for all youth and children in foster care to have the most normal childhood/adolescence possible. State statute maximizes the authority of foster parents/caregivers to approve participation in age-appropriate activities and requires a written “teen normalcy plan” be developed in collaboration with youth. Guidance for caregivers, entitled “Don’t Say No Until You Know,” separates myth from facts about decision making with youth in care and addresses such issues as participating in community or school activities and spending time with friends without supervision, when background screenings are not required and use of social media.

**New York City’s** Administration for Children’s Services developed a new, comprehensive, citywide policy to address the sexual and reproductive health care needs of youth in foster care 12 years of age and older. The policy outlines caseworker responsibilities, youth rights to services, and has explicit policies related to young women who are pregnant or parents and also to young males who are fathers or are about to be fathers. The policy requires that services be trauma-informed and developmentally appropriate and that young men and women be encouraged to co-parent their children whenever possible.
Child welfare systems need a reliable count of the number of youth who are expectant and parenting and a data collection approach that this population’s, needs, strengths and progress over time.

- **Collect, analyze and use data on expectant and parenting youth and their children and modify state management information systems** to capture and generate reports on their numbers and characteristics.
  - Include a data point in administrative data systems to identify expectant and parenting youth.
  - Add a trigger entry for the SACWIS data system.
  - Capture data including demographic information, geographic location, number of placements, placement type, length of time in care, incidence of first (and any subsequent) births, service utilization and progress/setbacks toward achieving outcomes over time.

- **Require that case practice build protective and promotive factors and that quality assurance systems assess whether practice is incorporating this work.**
  - **Conduct periodic case record reviews and/or quality service reviews or use childstat** to examine practice for expectant and parenting youth looking particularly for evidence of efforts to build protective and promotive factors for expectant and parenting youth.

- **Conduct annual data matches between child welfare** and other public systems for example with the health department to secure reliable counts of the number of foster youth who give birth and with education to track youths’ educational success and developmental milestones for their children.

- **Partner with state universities** who have the capacity to help jurisdictions with data sharing planning and agreements.

**Spotlight on Policy**

**Washington** has a sophisticated record linkage system allowing for cross-system matches of data and ongoing analysis that informs policy and practice. The Children’s Administration (CA) matched birth records with data from child welfare and various departments, including the Economic Services Administration, Mental and Physical Health, and Criminal Justice. Data include demographics, risk factors and service information on youth in foster care age 21 or younger, who were pregnant, gave birth, or fathered a child during or prior to 2008-2011. Additionally, CA implemented a protocol to routinely collect data on expectant and parenting youth in foster care through its SACWIS system.

**California’s** legislation (Welfare Institutions Code 16004.5) requires all county child welfare agencies to annually collect data on the number of minors in foster care who give birth and the number of minor parents who remain in placement with their children. It also emphasizes the need to recruit, train and retain quality foster care providers for youth in foster care who are parents, and requires the Department of Children and Family Services to develop a more cost-effective infant supplemental payment rate structure that adequately reimburses caregivers for the cost of infant care and teen parent mentoring.
PERMANENT CONNECTIONS
Given the complex demands of transitioning to adulthood while taking care of a child, young parents need the support of a permanent family more than ever. This is a critical time for child welfare systems and their providers to re-double family finding efforts with a renewed sense of urgency and purpose.

- **Establish policy expectations and funding to support accelerated family finding** -- raising it from “diligent” to truly “exhaustive” efforts to find the people who care about this young person.
  - Child welfare agencies can be explicit about the following expectations and support aggressive permanency work, specifically, but not limited to: combing through youth’s written record and history; asking the youth to identify caring adults from their past; contacting relatives on both the maternal and paternal side of the family; and employing investigators to find missing contacts.

- **Pursue adoption using child-specific recruitment strategies for parenting youth**, if reunification or legal guardianship are not viable options.

Unless there is a compelling safety concern, young parents’ new babies should not enter the foster care system just because their mothers or fathers are in care. The Federal Child Welfare Policy Manual, Section 475(4)(B)\(^5\) states that:

“foster care maintenance payments for a minor parent in foster care cover a child of such parent if the child is placed with the minor parent. Neither the statute nor regulations require the State to have placement and care responsibility for the child in order for such costs to be included in the minor parent’s foster care maintenance payment.”

- **Do not “default” to voluntary placement of the youth’s child in foster care.** Use Title IV-E foster care funds to cover the costs of caring for an infant with his/her parent. In most instances, the child should be physically living with and cared for by her/his parent(s) unless there is a compelling reason for them to be apart (e.g., safety concerns, parent’s preference for their child to be with a relative).

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• Help young father’s establish paternity by paying for paternity tests and identifying resources to assist them in completing the necessary legal process and paperwork or to address any legal issues.

• Set policy and practice expectations that service providers reach out to young fathers directly and engage them in safely caring for and nurturing their babies – whether or not the father is in foster care, or is in a continuing relationship with the child’s mother.

SAFETY

Based on national data on reports of child maltreatment, younger children, from birth to age six, are at greater risk of abuse and neglect and are at-risk of suffering serious consequences as a result, which can have negative impacts over a lifetime. Given their own trauma history, it is important to be proactive in providing young parents with information, coaching and support to teach them how to be nurturing parents and prevent any incidents of abuse or neglect.

• Establish a policy that all expectant and parenting youth receive information and support to reduce risks associated with early childhood at developmentally appropriate stages such as:
  o Safe sleeping arrangements, coping with crying, childproofing your home, depression screening, selecting other caregivers.
  o Understanding early brain development, the critical importance of meeting babies’ needs and the impact of adverse versus positive experiences on the developing brain.
  o Importance of father’s being involved in their children’s lives.
  o Importance of talking and reading to young children.

• Use differential response or assessment approach if a youth in foster care is reported to the child welfare system for an allegation of abuse or neglect. Youth in care are at heightened risk for reporting simply because of their pre-existing relationship to the child welfare system. In recognition of this, it is recommended that a specific alternative response or assessment approach be created for these youth that takes into account their history and circumstances; and connects them to appropriate resources to reduce risks and promote positive parenting.

• If the child does need to be placed in foster care, place the infant with their parent as a first priority wherever possible and safe or with a family member or resource family in close proximity to the young parents.
• If infant must be placed somewhere other than with their parent, ensure the most frequent level of visiting feasible to promote bonding between parent and child.

• Identify and disseminate information on community-based resources and specialized services for youth with urgent needs that are beyond the expertise of the child welfare system e.g. intimate partner or family violence, legal representation, couples counseling for co-parents, respite care services.

HEALTH & MENTAL HEALTH CARE
There is a very long list of potential health and mental health care issues that expectant and parenting teens may experience which have long lasting implications for both the youth and their young children. Consequently, there is a compelling need to establish close connections between the child welfare agency, the health care and behavioral health systems and insure that these systems work together to support positive outcomes for these young families.

• Automatically enroll youth in Medicaid to ensure they have continuous insurance coverage for health and mental health care.

• Establish a policy that all expectant and parenting youth in the child welfare system have a medical home. Build partnerships with the local department of health and key health care providers to ensure that expectant and parenting youth have access to and meaningful connections with medical services to address youth’s needs related to:
  o Pregnancy which can include: termination of pregnancy, pre-natal care, smoking cessation, planning for birth, lactation support, nutrition and wellness.
  o Routine medical needs for healthy development which can include: visits for illness, treatment of chronic conditions (e.g., asthma, diabetes), birth control and prevention of sexually transmitted diseases and HIV. (See below for recommendations related to their children’s health).
  o Any mental health concerns that are often initially addressed through a primary care provider and can include: screening and treatment of post-partum depression, management of psychotropic medications, post-traumatic stress disorder, ADHD and other diagnoses.

• Establish policies with supporting language in contracts or regulations that delineate specific expectations for direct service providers (e.g., caseworkers, foster parents, group care staff, youth workers) to have confidential, candid conversations with youth about adolescent development and sexuality.

Spotlight on Policy

Arizona’s policy manual recognizes that meeting the health needs of children is a responsibility shared among parents, CPS specialists, out-of-home care providers and medical providers. Each party is responsible for ensuring that the child receives early and consistent medical care and for communicating with each other about the child’s safety needs, medical and health condition, and prenatal medical, nutritional and emotional needs. Arrangement of transportation to medical and other appointments must also be secured.

In Kentucky, the social service worker must ensure that the pregnant youth receives mental health services. Family team meetings must include a mental health therapist, if applicable.
- Support evidence-informed sex education programming and/or make it a component of existing services for youth in foster care (e.g., independent living programs).

- Collaborate with local health departments and key medical providers to resolve policy or operational issues such as use of:
  - Advanced or open access scheduling options that enable patients to be seen the same day they call for an appointment;
  - Family practices that treat both parents and children;
  - Clinicians trained in trauma informed care.

Babies and children of youth in foster care have health care needs that are typical for any child and also may have additional specialized medical issues. Similar to the recommendations related to adolescent health, the child welfare system needs close partnerships with pediatric and maternal-child health systems and relationships with key practitioners to ensure that these young children are getting consistent, conscientious health care. For this population, it will be particularly beneficial to find pediatric providers for well-baby care who are knowledgeable about and will focus on building protective and promotive factors for young parents.

- Require babies/children have a pediatric medical home that provides: well-baby visits; immunizations and anticipatory guidance for new parents.
- Ensure babies are enrolled in Medicaid and any other health insurance coverage and that benefits are maintained.
- Require foster care providers help young parents record and track their babies’ health history and developmental milestones using a medical passport or other document.
- Establish protocols to link young parents to nurse home visiting or similar programs.
- Ensure that developmental screenings using EPSDT standards and assessments are conducted.

Spotlight on Policy

In 2013, California enacted legislation to prevent teen pregnancy and improve services for foster youth who are parents. The law authorizes county child welfare agencies to provide foster youth age 12 and older with age-appropriate information about reproductive health and encourages them to help expectant youth access health services.
HOUSING
Ideally, with more aggressive family finding and permanency efforts, more youth will be living in a home with a permanent family and fewer will be transitioning out of group care into independent living. Currently, however, expectant and parenting youth are overrepresented in homeless shelters, and there is a need to increase the availability of permanent housing for young families exiting the foster care system. Without a safe and stable place to live, these families are at increased risk of experiencing a second generation of foster care placements – this time for their babies.

- **Advocate to increase affordable housing options for parenting youth by partnering with:**
  - *Supportive housing providers* to secure a percentage or specific number of units designated for parenting youth transitioning out of foster care who would benefit from intensive service engagement and resources that are part of the supportive housing model.
  - *Public housing agencies* to target Section 8 housing vouchers, for example through the federal Family Unification Program, and public housing units for parenting youth exiting foster care.
  - *Community development corporations* to increase access for young families to affordable housing units within rehabilitation or new construction projects.

- **Allow for exceptions to housing rules and requirements when it would be beneficial to young parents and their babies.** For example waiving space requirements on the number or size of bedrooms to allow a young parent and their child to live with a grandparent.

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**EDUCATION**
In order to reduce high dropout and low graduation rates and ensure that expectant and parenting youth remain in school, child welfare agencies need to work in close collaboration with local school systems to make “right and reasonable” accommodations as mandated by Title IX. It is important that both the child welfare and education systems are aware of and jointly develop protocols and strategies that support youth in balancing the stress of parenthood with the imperative of staying in school. Research indicates that a high school diploma is superior to a GED or alternative diploma in terms of future opportunities and better earnings. Thus, it is

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6 Title IX of the Education Amendments of 1972, 20 U.S.C. Sect. 1681 (20 United States Code section 1681) et seq. (Title IX) is a federal statute that was created to prohibit sex discrimination in education programs that receive federal financial assistance. Almost all educational institutions receive federal funds and, therefore are required to comply with Title IX.
important that parenting youth not be quickly consigned to a GED or alternative diploma option if, with proper supports, they are able to graduate from high school.

- Develop protocols with schools to ensure acceptable accommodations that support youth through graduation. The federal Fostering Connections to Success and Increasing Adoptions Act mandates that children and youth continue their education with as little disruption as possible and make sure that they are not required to change schools as a result of foster care placements or pregnancy.

- Work in partnership with schools to make necessary accommodations to policies and procedures such as:
  - **short-term leave** from school and/or easy access to home schooling;
  - **flexible scheduling** to accommodate parenting needs;
  - **transportation** for youth to and from school and for youth and babies to and from child care.

- Assign a point person within the child welfare agency and a liaison within the local public education system whose jobs are to be in close communication with and to jointly advocate for the needs of expectant and parenting youth within the overall education system, as well as to anticipate and resolve issues that arise for individual youth.

- Establish a policy and process for schools to alert the child welfare system to “red flags” for youth (e.g., poor attendance, failing grades, referrals to special education, behavior problems), as well as policy or system problems that need to be addressed together (e.g., insufficient child care slots for infants). Use this same process to alert the child welfare system to youths’ particular strengths or abilities (e.g., academic talents, athletic skills, extracurricular activities, leadership, community service) so that strengths or abilities can be reinforced and promoted by the child welfare staff, case plan and through other activities.

- Make flexible funds available for educational supports such as: tutoring; in-home education; greater use of technology; summer catch-up programs; and enrichment activities.

- Identify schools with a cohort of students who are fathers and develop in-school support groups, counseling and mentoring to support young men in taking on the responsibilities of fatherhood and completing their high school education.

### Spotlight on Policy

The District of Columbia public schools’ New Heights Teen Parent program provides access to services, resources and educational opportunities to both female and male expectant and parenting youth. DC’s Child and Families Service Agency (CFSA) issued administrative policy and guidance for staff to incorporate the New Heights Teen Parent program in their case plans for expectant and parenting youth in foster care. Additionally, CFSA partnered with the Department of Human Services (DHS) to fund a special populations coordinator, located within the local public schools who is responsible for: managing referrals; facilitating communication, mentoring, linking to educational opportunities, and securing school-based and community resources for expectant and parenting youth and their children.
• Collaborate with school-based anti-bullying, conflict resolution and school climate efforts to make sure that expectant and parenting youth are not stigmatized and have family, peer and teacher support for continuing their education.

To increase the percentage of youth who have been in foster care who are able to attend college, child welfare systems can work collaboratively with higher education institutions and create a pathway that supports college attendance and completion.

• Partner with state or public universities and community colleges to develop supportive services for youth who want to continue their post-secondary education and to accommodate the more complicated needs of student who are also parents e.g., access to on-campus childcare, help with transportation, flexibility with scheduling, family housing.

• Provide funds to cover college application fees.

• Designate specific scholarship funds and/or secure financial aid to cover tuition and other costs for youth who have been in foster care.

• Identify on-campus educational (e.g., tutors, coaches, mentors, peers) and personal supports to ensure that youth are able to meet academic expectations and manage parenting responsibilities (e.g., special activities, recreational events that include children or support group for parents).

• Give priority access to high quality early care and education programs for the children of youth in foster care. This is particularly critical as infant and toddler care is often in short supply.
  o Designate child care vouchers for this population.
  o Coordinate enrollment with child care resource and referral agencies and Early Head Start programs including reviewing current eligibility criteria and application process for teen parents.
  o Forge linkages to respite care programs so that providers and parents know how and are able to access short-term care.
  o Develop plans for continuity of early education services when youth graduate from high school and move on to higher education, employment or other options.

**Spotlight on Policy**

Several of Michigan’s state universities have made a commitment to increase the number of youth who have been in foster care that enroll and complete their college. For example, the Center for Fostering Success at Western Michigan University has designated scholarships, coaching support available 24/7, specialized courses, mentors and employment opportunities -- all for youth who had been in foster care. In addition, state foster care workers are located on campus. Michigan State University’s FAME program offers a special summer camp to expose youth to college experiences and provides on-campus coaching, mentoring and leadership opportunities.

Providing quality child care for the young children of expectant and parenting teens not only supports the children’s development but improves the chances of their parents’ continuing and completing their own educational or vocational goals.
• Ensure that quality early child care is available through youth’s graduation and beyond. Partner with the early education system and, depending on the size of the school district and the number/location of parenting youth, provide: child care services within a high school; in partnership with a specific center; or secure placements via child care resources and referral agencies or networks of family day care providers.

• In jurisdictions that do not offer on-site child care within high school, work with executive and legislative leadership and advocates to develop such alternatives. With the arrival of a new baby, young mothers and fathers should have the opportunity to participate in parenting programs and activities that can support them in being nurturing parents excited about their child’s development.

• Establish a policy and protocol to enroll youth in evidence-informed home visiting programs for new parents and/or other programs that promote positive parenting relationships.

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**Spotlight on Policy**

In **Alaska**, child care assistance is made available to teen parents up to age 19 who are in school, working on their high school diploma or GED and maintaining school attendance, and to low income working parents. The assistance is coordinated through the state’s child care assistance programs administered by Division of Public Assistance and Department of Education and Early Development.

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**EMPLOYMENT**

Some expectant or parenting youth will have completed required schooling. For others, school is not the right fit and education is no longer a goal. The child welfare system can play a critical role in helping expectant and parenting youth plan for future employment and acquire jobs skills and experience that lead to economic self-sufficiency. New parents in particular need employment options that will help them meet their financial demands at workplaces that provide reasonable accommodations for employees to meet parenting responsibilities without risk of losing their job.

• Identify and build close collaborations with employment training and youth development organizations so that expectant and parenting youth can participate in a range of choices such as vocational or technical training programs, Job Corps, YouthBuild or City Year programs.

• Expand employment opportunities and options for youth that acknowledge the need to balance work and family life e.g., part-time schedules, sick leave for parents.
  - Partner with business leaders interested in workforce issues, develop a local business roundtable to collaborate on training, internships and entry-level work.
  - Partner with public agencies and nonprofit organizations to implement paid internships, employment supports and placements.
- **Develop summer youth employment opportunities** that can be supported with federal TANF and Workforce Investment Act funds.

- Structure tax incentives for hiring youth who have been in foster care.

**INCOME AND BENEFITS**

While completing education and securing gainful employment are long-term goals for most youth, many youth will need income to cover their immediate expenses and may need to access public benefit programs.

- **Establish expectations that direct service providers help youth navigate and secure applicable benefit programs** for themselves and their children including TANF, WIC, SNAP and Medicaid.

- **Prioritize access for expectant and parenting youth in financial literacy and other education programs** that assist youth in setting up bank accounts, manage their money and avoid predatory lending.

- **Establish Individual Development Accounts (IDAs)** that offer incentives for saving money. It is especially valuable for expectant and parenting youth in foster care to build savings and take advantage of the matching funds to meet their caregiving needs such as food, clothing, child care and transportation costs.

**Spotlight on Policy**

**Georgia's Teen Parent Connection** is a statewide consortium system of care designed to incorporate a broad array of services and supports for adolescent parents age 13 to 19 in foster care. Credentialed staff with specialized training and experience working with teen parents, known as Life Coaches, provide customized services designed to help youth succeed as parents and adults. Services include job skills training, career placement and life skills training (financial literacy, educational support, medical/health support, building healthy relationships, etc.). The initiative is part of MAAC/EmpowerMENT a consortium of nine agencies that serve youth referred by the child welfare or juvenile justice system.
References


Dworsky, A. & DeCoursey, J. (2009). Pregnant and parenting foster youth: Their needs, their experiences. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.


