

Fostering Hope

**PREVENTING TEEN PREGNANCY
AMONG YOUTH IN FOSTER CARE**

Lois Thiessen Love, Jennifer McIntosh,
Michael Rosst, Kristen Tertzakian

THE
NATIONAL
CAMPAIGN TO
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Foreword

The National Campaign to Prevent Teen Pregnancy and UCAN (Uhlich Children’s Advantage Network) are pleased to have collaborated on this report—the first step in what we expect to be an ongoing partnership to help reduce teen pregnancy among youth in foster care. This report combines existing research with new qualitative research on foster care youth, foster parents, and child welfare providers as well as advice from child welfare and teen pregnancy prevention professionals in Chicago and the District of Columbia. As such, it provides an unusually complete picture of teen pregnancy in the world of foster care youth.

At first glance, our organizations seem quite different. UCAN has been around since 1869, while the National Campaign just celebrated its 10th anniversary. The National Campaign focuses primarily on developing research, influencing cultural messages, and supporting those in states and communities who are on the front lines. UCAN provides a range of direct services to youth in and outside of the foster care system in the Chicago area including education, counseling, residential services, services to pregnant and parenting teens, foster care, independent

and transitional living, youth leadership, and family strengthening programs.

Yet both organizations are committed to improving the well-being of children. We share a deep concern about high levels of teen pregnancy among youth in foster care, in particular, and we both recognize the importance of listening to and learning from young people. That is why we are especially pleased that this report draws heavily from the experiences of teens themselves and reflects their voices in powerful ways. In addition, the report taps into the valuable insights of foster parents and child welfare providers who work with these teens every day.

Foster care youth are at significant risk for teen pregnancy. For example, one recent study of youth transitioning out of foster care in Illinois, Iowa, and Wisconsin found that nearly half the girls had been pregnant by age 19. Practitioners report that much of the focus in the foster care system to date has been on helping *parenting* teens and their children—an important issue to be sure—with much less effort focused on primary prevention. That is, little has been done with foster youth to help them avoid early pregnancy and parenthood in the first place. UCAN knows this all too well, having responsibility

for overseeing the management of services to nearly 800 teen parents in foster care in the Chicago area.

As part of this partnership, focus groups were conducted with youth in foster care (some who are already teen parents) and with foster parents to learn more about their perspective on teen pregnancy. An online survey of child welfare service providers in Chicago was also conducted. These qualitative research findings were presented at a meeting with participants from child welfare and teen pregnancy prevention organizations in the District of Columbia and in Chicago (See Appendix A). The meetings served as an opportunity to share program information, get reactions to the focus group findings, and offer some preliminary recommendations to reduce pregnancy among youth in foster care. As a result of all these activities, the two organizations developed a deeper understanding of the needs of foster care youth.

The following report provides an overview of this qualitative research, from which several powerful themes emerge. Many of the findings are consistent with what is known about youth generally, while others are unique to those in foster care. Major themes include the following:

- Both boys and girls report a lot of pressure to have sex. Most foster youth in our focus groups believe that others their age are sexually active and that sex is more or less expected of them.
- Many foster youth see great benefits in having a child at an early age. Foster teens told us repeatedly that they wanted someone to love, a family of their own, and someone who would always be with them. For some, having a baby is seen as providing an opportunity to prove they can be better parents than their parents were to them.
- Foster youth make clear that they want close relationships and strong communication with caring adults.
- The close relationships between teens and parents that are so critical in helping young

people avoid teen pregnancy (and other risky behavior) are extraordinarily complicated for foster youth, many of whom have either a poor relationship with their parents or no relationship at all. There are, however, opportunities for close relationships with other caring adults including foster parents, case managers, and others. For their part, many of the adults we spoke with understood the critical role they play in the lives of these young people and wished they were better equipped to meet their needs.

- Teens generally say they have access to information and services that would help them avoid pregnancy. The more challenging issue is whether they are sufficiently motivated to take the steps necessary to do so—that is, to either delay sex or to use contraception carefully and consistently. This question of motivation, while no simple matter for any teen, seems to be especially complex and challenging for teens in foster care.
- It was striking how many of the young people in the focus groups emphasized the importance of hearing directly from teen parents about the consequences of teen pregnancy and childbearing, and how willing teen parents are to share their experience in order to help others avoid the same pattern.
- We were also heartened that so many of the adults interviewed—foster parents and providers alike—understood the need to view teen pregnancy in the broader context of young people’s lives. They underscored the importance of focusing on both health and the importance of successful, non-sexual, respectful relationships. They also emphasized the importance of helping young people set goals and get involved with constructive activities that provide an alternative to early sex, pregnancy, and parenting.

Of course, we still have a lot to learn about the connection between foster youth and teen pregnancy and about effective interventions for this group of young people.

High teen pregnancy and birth rates in this population, combined with the well-documented social, economic, and personal consequences of early childbearing for all teens, are compelling reasons to deepen our knowledge and explore how to improve both primary and secondary prevention among foster care youth. It is our hope that the insights and recommendations in this report offer some food for thought for those in the teen pregnancy prevention and child welfare fields, as well as for policymakers. Both the child welfare and teen pregnancy prevention fields have a perfect opportunity to reach these youth with interventions and programs while they are in the foster care system. We hope both fields will find new ways to work together to make teen pregnancy prevention for youth in foster care a priority which will, in turn, continue the progress the nation has made in reducing high rates of teen pregnancy and better prepare youth to move out of foster care and into successful adulthood.

We are indebted to a number of people in both of our organizations who contributed to this report. At the National Campaign, our team included Kristen Tertzakian, Michael Rosst, Jennifer McIntosh, Jordan Brown, Dorian Lowe, Andrea Kane, and Bill Albert. At UCAN, our team included Lois Thiessen Love, Jodi Doane, Zack Schrantz, and Teresa Thornton. We deeply appreciate the time and contributions of the focus group facilitators and the foster youth, parents, and service providers who shared their views, insights, and experiences. We also would like to thank our congressional funders and the Target Foundation for making this project possible.

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I. WHAT THE RESEARCH SHOWS

Once considered an intractable social problem, teen pregnancy and birth rates in the United States have improved dramatically since the early 1990s. The teen pregnancy rate fell 24 percent between 1992 and 2000 and the teen birth rate has declined by a stunning one-third between 1991 and 2003.

Despite a decade of enormous progress, the United States continues to have the highest teen pregnancy and birth rates in the fully industrialized world. Even with recent advances, one in three girls in the United States becomes pregnant before age 20.¹ While birth rates have plummeted in some states and among some ethnic groups, the progress has been less dramatic in others. For example, three states experienced increases in the teen birth rate between 2002 and 2003.² Additional births to teens who are already parents continue to be a challenge as well. In 2003, there were nearly 85,000 additional births to teen mothers. Twenty percent of teen mothers have a second birth before turning 20.³

Given the still high rates of teen pregnancy and births in this country, the National Campaign has challenged the nation to achieve another one-third decline in teen pregnancy over the next decade.⁴ The “easy

wins” may have already been won, meaning the additional decline will require harder work and a more focused approach.

Youth in the foster care system represent one group where a more targeted approach could make a real difference. There are more than a half million children living in foster care in the United States. These young people are at greater risk of teen pregnancy than other teens and many teens in foster care become parents, either while they are in the foster care system or shortly after transitioning out of the system.

The median age of foster care children is 11 years old and teenagers represent an estimated 30 percent of the foster care population.⁵ Thirty-nine percent of foster care children are White, 35 percent are African-American, and 17 percent are Latino. Foster care children grow up in a variety of living arrangements. About half are placed in a non-relative foster care home and 23 percent are placed in a relative’s home (kinship care). The remainder live in institutions (10 percent) and group homes (nine percent). A very small number (one percent) of foster care children live independently. The average length of stay in foster care is 18 months: 18 percent of children stay in care between

one and five months; 16 percent stay 6–11 months; and 16 percent stay five years or more.⁶ It is important to note that on average, 15–17 year olds currently in the foster care system entered when they were approximately 13 years old.⁷ Most children move from placement to placement, with some living in 7 or more placements before they leave the foster care system.⁸ In 2003, more than half of the foster care children were reunified with their parent or primary caregiver, 18 percent were adopted, 11 percent lived with other relatives, and eight percent simply left, or emancipated, from the foster care system.⁹

Many children enter the foster care system because of abuse and maltreatment. National research shows that 28 percent of foster care children were victims of physical maltreatment, 12 percent were victims of sexual maltreatment, 20 percent were “not provided for,” and 30 percent were not supervised.¹⁰ The National Casey Alumni Study surveyed foster care alumni from 23 communities across the country between 1966 and 1998 and found that 90 percent of the surveyed children experienced some form of maltreatment. Forty-one percent experienced sexual abuse combined with another type of abuse (physical abuse and neglect). Almost 41 percent were victims of both physical abuse and neglect. Young children are at the greatest risk for being abused and neglected. Over one half of such victims are seven years old or younger.¹¹

While the precise rates of teen pregnancy or birth for youth in foster care are not known, a number of studies clearly demonstrate that youth in foster care have higher rates than other teens.¹² For example,

- The National Casey Alumni Study found that the birth rate for girls in foster care (17.2 percent) is more than double the rate of their peers outside of the foster care system (8.2 percent).¹³
- Chapin Hall Center for Children at the University of Chicago’s study of a sample of more than 700 youth transitioning out of foster care in Illinois, Iowa, and Wis-

consin found that one-third of the girls had been pregnant by age 17 and nearly half of the girls had been pregnant by age 19. In addition, these girls and boys were more than twice as likely to have at least one child when compared to 19 years olds from the National Longitudinal Study of Adolescent Health (Add Health). Specifically, almost 32 percent of the girls and nearly 14 percent of the boys reported having at least one child by age 19 (14 percent had at least one child by age 17).¹⁴

Foster youth in the study also reported higher rates of sexual activity than other teens. Ninety percent of 19 years olds in the study reported ever having had sexual intercourse compared to 78 percent of 19 year olds from the Add Health Survey. However, both girls and boys in foster care reported less frequent sex than their counterparts nationally.

- A report from the New York City Public Advocate’s Office found that about one in every six girls in foster care in New York City are either mothers or pregnant. The report noted that this is probably a low estimate given that the survey measured only 40 percent of children in care.¹⁵
- The Utah Department of Human Services studied approximately 800 young people who transitioned from foster care between 1999 and 2004. Researchers found that young women aged 18–24 who had left the foster care system in the five years covered by the study had a birth rate that was nearly three times the rate of the young women aged 18–24 years old in the Utah general population (324 per 1,000 vs. 116 per 1,000). Over 32 percent of the former female foster youth had a child, and nine percent of the males fathered a child.¹⁶
- One study notes that youth in foster care are, on average, 7.2 months younger than their peers when they first have sexual intercourse, while youth in kinship care are a full year younger than their peers when they first have sex. This same study found that foster youth are also much more likely to carry a pregnancy to term and less likely to have had an abortion.¹⁷ However,

another study found that foster youth were more likely to have an abortion.¹⁸

- In addition, there is evidence of high levels of risky sexual activity among youth in foster care. One study of youth entering the child welfare system found that one-third of the sexually active youth reported they were not using contraception, and 15 percent reported a history of sexually transmitted diseases (STDs).¹⁹ This same study

also found serious mental health problems among those youth who reported sexual activity, particularly among those who were not using contraception. Specifically, 70 percent of sexually active youth demonstrated a history of behavior problems and current emotional or behavioral difficulties including drug and alcohol use and ideas about homicide or suicide.



II. FOCUS GROUPS

Overview

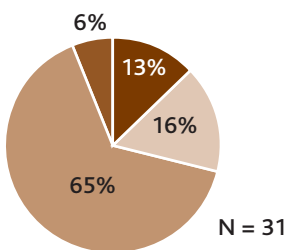
Focus groups—moderated discussions with members of a designated target audience—have long been used by both commercial and non-commercial organizations to gain insight into their respective target audiences. To better understand the connection between foster care and teen pregnancy, UCAN and the National Campaign brought together foster youth and foster parents from the Chicago area in early 2005 to discuss their views about sexual behavior and teen pregnancy.

The focus groups revealed a lot about foster youths' attitudes about sex and teen pregnancy, what motivates their sexual behavior, and the context in which decisions about sex and pregnancy are made. The discussions also shed light on the role of birth parents, foster parents, caseworkers, peers, and other important influences (such as school,

church, the medical field, and the media) in their decisions about sex. Finally, the focus groups provided interesting perspectives on current and potential prevention initiatives.

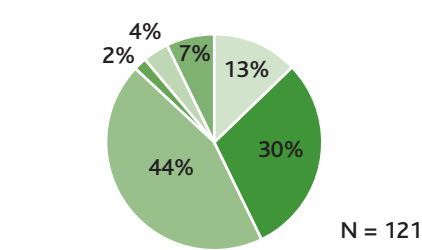
Although the insights from these groups do not allow any nationally-representative claims about foster youth in general, the discussions offer rich qualitative data and help us better understand certain aspects of the foster care system. The insights provided can also help inform future work in this area. Some of the results of the focus groups are consistent with what is known about youth more generally; others seem unique to this population. Some of the findings are surprising; others are not. And much as we looked for differences between young people from different backgrounds, we find that youth from a variety of backgrounds have much in common with each other.

Foster Parent Participants (Gender and Race)



- African American foster father, 16%
- African American foster mother, 65%
- White foster mother, 6%
- Latina foster mother, 13%

Foster Care Youth Participants (Gender and Race)



- African American guy, 30%
- African American girl, 44%
- White guy, 2%
- White girl, 4%
- Latino guy, 7%
- Latino girl, 13%

Seven primary themes emerged from an analysis of the focus group data:

- **THEME #1** Foster youth lack some important relationships
- **THEME #2** In spite of hardships, foster youth see many benefits to having a baby
- **THEME #3** Foster youth face lots of pressure to have sex
- **THEME #4** Foster youth have access to information about sex and pregnancy, but some feel it is offered too little, too late
- **THEME #5** Access to contraception does not always mean teens will use it
- **THEME #6** Foster youth are thinking about future goals, but many are acting on present impulses
- **THEME #7** There is a lack of trust between sexes

One final note: Some of the language in this document is quite rough. In an effort to accurately capture the youth's thoughts, a decision was made to keep the language as is.

Scope and Methodology

Early in 2005, 37 focus groups were held involving approximately 150 individuals, including parenting and non-parenting foster care youth, as well as foster parents with parenting and non-parenting teens. The focus group questions were adapted from focus groups conducted by the National Campaign

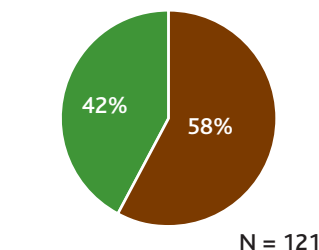
and Teen Research Unlimited with 15–17 year olds in three cities in 2004.²⁰

The pregnant and parenting teens who participated in focus groups all receive services from UCAN's Teen Parenting Service Network (TPSN). These services include counseling, parenting support, family crisis intervention, education/vocational assistance, alcohol and drug abuse counseling, prenatal and postnatal medical care, family planning, and child day care. TPSN seeks to break the cycle of repeat pregnancies and child neglect by providing comprehensive care and services to pregnant or parenting teens in foster care while encouraging them to nurture and care for their children. TPSN works with six agencies to provide these services and operates in Cook, DuPage, Kane, Lake, McHenry, and Will Counties in Illinois. TPSN serves 775 pregnant/parenting foster youth, 88 percent of whom are female. The vast majority of these teens are African-American (88 percent). The remainder are Latino (six percent) and White (4 percent). About 71 percent of the teen parents have one child and 15 percent have two children.

The teens who are not pregnant or parenting—referred to in this paper as “teen girls” or “teen guys”—are served by child welfare agencies primarily in Cook and Lake Counties, Illinois and in Rockford, Illinois and reside in non-relative foster care homes, relative care, group homes, and independent living arrangements. Foster parent participants have teens in their care and are also from Cook and Lake Counties.

Focus groups were organized by a variety of characteristics. All focus groups were separated by gender and race (African-American, Latino, and White) in an effort to discern any cultural or gender differences. Reflecting the population UCAN serves, the majority of participants in the foster youth and foster parent groups were African-American. Separate groups were conducted with those aged 13–16 and those aged 17–19. Foster parent groups were separated by relative/kinship care and traditional care (non-relative foster homes); foster youth were not.

Foster Youth Participants (Parenting vs. Non-Parenting)



- Non-parenting foster youth
- Parenting foster youth



Findings

THEME No. 1

FOSTER YOUTH LACK SOME IMPORTANT RELATIONSHIPS

Research makes clear that strong relationships between parents, other adults, and teens are an important influence on whether teens become pregnant or cause a pregnancy, but many foster youth are not always able to develop these critical relationships. Because of the very nature of foster care, many teens in this system lack some of the most basic relationships available to other people their age. At the same time, these teens are also dealing with another set of influences altogether, including foster parents and caseworkers. All too often, foster youth feel that the adults in their lives are not fully invested in developing a warm, enduring relationship with them.

While some of the foster youth report good relationships with their foster parents, many others report a great deal of disappointment. Many feel that their foster parents are “just in it for the money” or that “they don’t really care.” Some report that they do not feel like they have anyone they can connect with and that their living situation is in a constant state of flux. One teen mom describes her situation this way, “I done been in fourteen foster homes. When you moving from home to home like that,

half the people don’t understand where you are coming from. They still got this wrong picture of you in their head and you not having nobody to talk to. That’s hard!” Additionally, a few of the youth report instances of physical or sexual abuse involving foster parents.

Despite some youths’ difficulty in connecting with their foster parents, all of the foster parents that participated in the focus group discussions **express a deep commitment to caring for their foster children and helping them make positive choices.** “These kids come into your home innocent with a lot of problems,” says one foster father. “You put a lot of time in them. Then you put a lot of emotions in them and there will come a time when you gotta let go and it’s just like your own child. It’s not easy.” Other foster parents talk about the rewards of being a foster parent including the opportunity to educate children and instill them with “self-worth, self-reliance, respect, [and] motivation.”

Foster parents suggest that spending time with kids and engaging in such family activities as going out to dinner or the

“[My foster mother] tells me that she gonna take care of me because I am still a child. All I need to do is go to school and get good grades and focus on what I need to focus on.”

~ African-American girl

“I have been in some bogus foster homes. I was in a home where when they left, they locked me and the other kids in the basement... Unreal!”

~ African-American guy

“So you have a short amount of time to rectify some negative things that have happened for fifteen years and maybe you got two or three years to start... You could be sensitive to the things that happened to them, but you want to give them some skills.”

~ African-American foster father

“I try to do these extra things for her so she doesn’t feel like, ‘Oh, I got to go out and have this baby.’”

~ African-American foster mother

"They could at least put the kids in the car and take them up Lake Shore Drive and show them. As long as they don't see nothing, they ain't going to look for nothing."

~ African-American foster father

"And then physically you have to be there, you know if you have a school basketball game I mean it's very important to you that one of them comes. You're going to be disappointed if they don't come, so you know you have to be there."

~ African-American guy

"My foster parent...she had me in a lot of extra curricular activities. Tap dancing, math classes, all sorts of after school programs. And that was good, it took my mind off, you know, I didn't have so much free time on my hands to actually think about that stuff [sex]."

~ African-American teen mother

"My case worker is cool. The one I have now helps me. My caseworkers tried to help me with everything I needed."

~ Latina teen mother

"They [caseworkers] have a lot of excuses, like, 'Oh I got thirty more cases besides yours' and all of that."

~ Latino guy

"All they [caseworkers] do is sit on their ass and wait for their paycheck every two weeks."

~ African-American teen mother

movies is helpful in preventing pregnancy.

Youth also want to spend time with their foster parents and see it as a quality of a good parent. They want a strong relationship with their foster parents and want them to be involved and interested in their lives.

Both foster teens and foster parents encourage young people to be involved in supervised activities such as sports, after-school activities, and volunteering. They suggest getting teens involved in positive activities helps to "keep their minds off the negative things."

Foster youth express mixed feelings about their caseworkers. Some consider them to be trusted confidants, noting that they are like family or that they are able to talk with them about anything. **Many teens indicate that they are not getting enough personal attention from their case managers.** Overall, foster youth report that lack of consistency is a major issue. Some feel their caseworkers are overburdened by their caseloads; others believe their caseworkers simply do not care. One teen mother expresses her frustration with her caseworker this way: "If I come in and you been my caseworker for two years and you don't know my son's name, you have a problem...My caseworker does not know my child's name."

Similarly, many foster parents suggest that caseworkers are not doing enough. Many foster parents feel that they and their foster children are not receiving enough support and attention from their caseworker. Some foster parents feel that caseworkers only come when there is a problem and that caseworkers need to follow up more often. One foster mother explains, "They got so much going on and so many kids and they are so overloaded that they can't get to my problem and in the meantime there is not enough follow through." It is important to note that many caseworkers do indeed have high caseloads and their agencies experience high rates of staff turnover.

Youth have very mixed views about their birth parents.

A number of foster youth say they are not in contact with their birth parents or feel no positive connection to them. Some of those who are in contact with their birth families have good relationships, but others feel that their birth parents are a negative influence. While some teens feel that their birth parents are positive "role models" with valuable knowledge to share about sex and relationships, many express disappointment. "Sitting around with my dad, he talked about all the broads he was banging when he was young. The thing that peaked my interest was the stories I heard my father telling me when I was little, so of course I wanted to be Mr. Lover-Lover. I wanted to have five whores, two bitches, and a slut [sic]."

"My mama was my role model and she told me a lot of things. She taught me about sex when I was about 11."

~ African-American guy

"I ain't never seen my father. I don't know who my father is, but basically I had role models in the church or in the hood. And my mother, she been away from me for, like, years, since I was a little baby. She stays on the West Side, so I basically have no kinda connection to my family."

~African-American guy

"Well, you know common sense isn't so common nowadays. People do stupid stuff because that's how they were brought up."

~ African-American guy

IN SPITE OF HARDSHIPS, FOSTER YOUTH SEE MANY BENEFITS TO HAVING A BABY

Many young people in foster care are clearly struggling to find meaningful relationships. When these relationships do not exist in their birth or foster families, they take it upon themselves to create them—and having a baby is one of the surest ways to do this. Many teens in the focus groups, especially young women who were already parents, echo the sentiment that a baby is a source of “unconditional love” or “reliable affection.” One girl describes the benefits of having a son this way, “The good thing is he’s always with you...he makes you smile even when you are sad.” For youth looking to fill an emotional void in their lives, having a child is seen by many as a clear way to do this.

For some young people in foster care, having a child is also a way to create family and sustain relationships. In a world of group homes, changing foster parents, and changing caseworkers, having a child provides a sense of stability in these youths’ lives. One teen mother describes a common frustration among foster youth saying, “[Foster families are] not really related to you biologically at all. Or living in groups homes. Like none of them girls in there; you don’t know them. And a baby that’s yours, that’s your family, that’s like something you can relate to.” Another teen mother puts it more simply saying, “You got somebody to group up with.”

In addition to filling emotional needs, both young men and women describe a number of other positive outcomes from having children. **Many of the parents describe how their child motivates them to achieve more in life and become more responsible.** “If I hadn’t had my daughter,” one teen mother states, “who knows if I would be in school?” A few fathers said that kids make you “slow down” on the street and “want to do right by your child.” One teen father explains, “You

don’t want to walk your daughter or someone down the street while looking over your shoulder for somebody y’all done whipped last week.”

Both parenting and non-parenting youth express a need **to be better than their birth parents and to be a better parent to their own child.** They talk about changing the pattern for their family, not wanting to be anything like their own parents, giving their children things that they did not have, and the difficulties of being abandoned by their own parents. “Well, my motivation is my situation of coming up without a father,” says one teen father. “I just don’t want my son to grow up without a father, you know?” One teen mother put it this way, “You’re not going to do the same thing your parent did with you. You will show your baby different.”

However, some youth also note how supportive their families have been, and that **having a child brought them closer to their families.** A number of parenting youth also expressed that having a child brings respect. You are a “grown woman” once you have a child and people “treat you different when you have a baby.”

Although foster youth see many benefits to having a baby, **they are also quick to point out the downside of being a teen parent.** Teen parents frequently mention their inability to socialize with friends, the loss of freedom, or the general demands of raising a child as reasons not to be a teen parent. One teen mother describes her current situation saying, “I used to be a party girl, before I had kids; now I am a party pooper.” Regardless, **it appears that these potential negatives are not strong deterrents, and that the desire to create meaningful, loving relationships is a more powerful force.**

“I think maybe it would feel like it was somebody to love and somebody to love them back.”

~ Latina girl

“As a matter of fact, they want a baby. They have been hurt and they want something to love.”

~ African-American teen mother

“But I wanted a dog to love. That’s all I ever wanted—a dog—because I have been through so many foster homes. So I’m like if I had me a dog, because I have always been a animal lover, I’m like my dog can be with me forever. I was getting ready to have that baby, you know I didn’t want the baby; I love my son but I didn’t want it.”

~ African-American teen mother

“They [foster care youth] have an empty spot inside of them that yearns to be loved...They don’t understand why they feel empty inside. They think that when they turn to sex, that it is going to fill that void and it doesn’t.”

~ White foster mother

“I have been in over 60 foster homes, a group home and I have been in and out of jail because of my behaviors. When I got pregnant--that is when I settled down--finally you know ok, I am pregnant. I am not going to be messing. I am going to get my life together.”

~ White teen mother

"I think it (abstinence) is good because they are choosing a different route for their life."

~ Latina teen mother

"Man, like trying to keep up with the Jones'. Out there trying to do what everybody else is doing. Trying to be cool and fit in with the crowd."

~ African-American teen father

"I'm gonna be the first one to talk about you if you ain't getting no ass."

~ African-American teen father

"One day, the girl came over to my house. My parents weren't home...and she came over to my room and we didn't do nothing and they all go, 'You are a fag, and all that.'"

~ Latino guy

"Sometime it is not really the pressure from friends. Sometimes it is the girl, too."

~ Latino guy

"It could also be your friends telling you, 'I did it and it was cool.' It's like smoking a cigarette. You want to do it because other kids are doing it. They think they're cool."

~ Latina teen mother

"Some girls do it because they have low self esteem. That's the only way they can get the attention from men who are doggin' them."

~ Latina teen mother

Some foster youth respect abstinence as a concept, but many suggest that it is not a realistic option for them. Talk about the subject ranges from, "I just wanna be with her, so it really doesn't matter if she has sex with me or not," to "I had to go like two and a half weeks without sex and it almost killed me." **Many youth said that it is difficult to remain abstinent in the face of other social pressures.** In addition, foster parents express diverse viewpoints on abstinence.

In general, foster youth feel a great deal of pressure to have sex from their peers and other neighborhood influences. **Most of them perceive that others their age are sexually active and that sex is more or less expected of them.**

Many of the guys suggest that sexual activity with girls is often expected by their male peers, either as a status symbol or to prove their masculinity. "That's status in the hood," explains one teen father. "It all depends on who you are f---ing."

Some of the guys also report feeling pressured by girls to have sex. Some note that girls are just as sexually aggressive as guys. "Telling a girl you want to slow down is kind of hard, because she will probably go tell her friends you are a pussy," says one guy.

Similarly, some of the girls report that sexual activity often results from a desire to increase social status and fit in with others.

"And then they say stuff so you will have sex with them and then once you say no, they get all mad and stuff."

~ African-American girl

"Older men take advantage of you because they think you don't know any better. Men will take it as far as you let them."

~ Latina teen mother

"I know when I was 15, I was dating a guy who was a lot older than me. I was always trying to impress him, trying to be as grown as I could be... and it was more of a pressure that way... They've done it and they are expecting you to."

~ Latina teen girl

Many of the girls also feel that guys pressure them to have sex by telling them they love them and "talking them into it." One teen mother explains, "Some guys tell you, 'You know I love you. If you love me, you'll do this for me.'" Another girl says, "A boy can talk a girl into doing anything."

Many girls agree that relationships between older males and younger females are a reason for concern. A substantial portion of girls feel these relationships are more likely to include sex due to pressure from the older male partner. Many of the girls feel that older men take advantage of younger girls. One teen mother describes a friend's situation as follows, "She was sixteen and he was twenty-three. Yep, and she felt real, real, real pressured. She felt like she had to do it."

A number of teen girls suggest "respecting yourself" is the best way to delay sex and prevent teen pregnancy. Their advice to other teen girls is to not let guys take advantage of you and to not feel pressured to have sex. One foster youth said that girls should not feel pressured "because it is not all what it seems to be." Other teen girls and foster mothers stress the importance of having self-respect and most importantly, taking care of yourself. "Think about yourself instead of making someone else happy," says one foster mother. One teen mother advises to "do it when you are ready, when you are comfortable."

"You have to be strong and let that person know that you can't take advantage of me."

~African-American teen girl

FOSTER YOUTH HAVE ACCESS TO INFORMATION ABOUT SEX AND PREGNANCY, BUT SOME FEEL IT IS TOO LITTLE, TOO LATE

Many youth say that they are able to get information about sex and contraception from a variety of sources—the media, schools, religious groups, medical clinics, and social service programs, among others—and indicate that these groups are reliable and credible sources.

However, some foster youth indicate that too little information is being offered or that it is offered too late. For example, some youth mentioned that **they were already sexually active before they received any information about pregnancy prevention.** “Most kids don’t get the sex ed classes until they are in eighth grade; they need to take it in fifth,” suggests one guy. Similarly, another guy notes, “I didn’t get mine until I graduated out of eighth grade. I had already popped twenty or thirty, you know?”

Others say the information they are receiving is not entirely adequate. They feel that more information is necessary and that it would help them make better choices. One guy explains how schools are not doing enough: “They just throw that sex education in one day. You know like today’s topic is sex. You know they ain’t really focusing on it, it is just probably that next chapter in the book you got to read or something like that. They don’t really focus on it like really, really focus on it. So if you want to know, you gonna learn about it by reading your damn self.”

In addition to receiving information from institutional settings, some youth report having conversations about sex with family members such as older siblings and extended family. However, these conversations appear to be few and far between. **It is clear that youth want to have more conversations about sex with their foster parents** and feel they can learn from them. Many of the teens report that they are not currently having these conversations either because they are embarrassed or because their foster parents

never broach the subject. They feel they need to trust their foster parents before they talk to them. Some teens suggest that foster parents should be available for them when they are ready to talk and should listen to their kids. Youth feel it is important to start the conversation early and to be non-judgmental and supportive. One teen mother stresses the importance of open conversations: “Talk to the foster teens—really talk, in conversation. No ‘don’t do this or that.’ ” One guy specifically notes that “it would help if foster parents were trained on how to deal with teenagers and sex.”

Both foster parents and youth stress the importance of overall family involvement, combined with good communication in general. Many foster parents say they talk to their kids about sex, pregnancy prevention, and STDs. They advise other foster parents to have open, ongoing conversations about sex with their foster children, no matter how awkward it is, and stress the importance of starting early. “It can’t be a conversation, like ‘Yeah, I can just check that off the list. I had the sex education conversation.’ ” says one foster father. “It is almost like an ongoing thing... and that ain’t no kidding.” Another foster mother puts it more simply: “Communicate with them. Everyday.”

Foster youth also note that the media is an important source of information. A number of youth—especially guys—specifically mention the **“mixed messages” they get from the media**, mostly through television and popular music. Overall, they acknowledge that the media is a major influence on sexual attitudes, and many of them feel that the media does not do enough to promote responsible prevention messages. This theme is also common among the foster fathers with whom we spoke.

“School is the most helpful because it shows you all the diseases and stuff.” ~ African-American girl

“Local clinics. You can go there and take an AIDS test. Neighborhood medical centers [to get information].” ~ Latina teen mother

“They teach it in school but they don’t get into the deep of it, they tell you little, they don’t tell the deep part of it. They tell you about the babies, about what can happen when you have unprotected sex, but they don’t tell you everything.” ~ African-American teen father

“When we went to school my health class teacher, he skipped over that topic; he didn’t want to talk about it.” ~ African-American guy

“If they show like ten ‘Wrap It Up’ [commercials] and then in the next couple of minutes they are showing somebody with their ass hanging out, you know, and they are telling you to wrap it up and protect yourself but on the other hand, they are telling you, ‘you the man’.” ~ African-American teen father

“Nowadays I believe it is a real challenge because of what they see on TV and the rap songs that are out now. You know it is a lot of negative influence towards sex these days. It is not a big emphasis on responsibility.” ~ African-American foster father

ACCESS TO CONTRACEPTION DOES NOT ALWAYS MEAN TEENS WILL USE IT

"Public aid pretty much takes care of everything... There should be no problem getting everything you need and more. Condoms, birth control, pamphlets, books. If they take a public aid class, they'll know."

~ African-American teen mother

"Sometimes you can't trust condoms because sometime condoms have holes in them. So I say there ain't no positive protection out there."

~ African-American girl

"I don't know what to tell them. You tell them to strap up, but [condoms] break, too. S---, just be careful."

~ African-American teen father

"Guys like to rough ride. They don't put the condom all the way on. They don't want to wear the condom at all."

~ African-American teen mother

"I say most teens don't avoid pregnancy because, mostly, most girls don't like condoms. Most girls say they don't feel right..."

~ African-American teen father

Many foster youth **place a high value on birth control, but often display an incomplete or inaccurate knowledge of how contraception works.** Many, including a number of parenting youth, indicate that they need more information about contraceptive methods.

Overall, youth feel that birth control is readily available from many sources, including parents, clinics, schools, and stores. They are able to discuss many contraceptive methods, including condoms, patches, pills, and injections. Access to birth control is rarely mentioned as a problem, but some report that they feel intimidated or embarrassed asking for birth control (through a clinic, from parents, etc.), and mention this as a barrier to preventing pregnancy. Parental notification for insurance purposes is also cited as a barrier.

Interestingly, many of the youth exhibit a **sense of distrust about the effectiveness of contraceptives.** This is especially evident among parenting youth, many of whom specifically mention that they were using some form of birth control when they became pregnant. "They don't always work," says one teen mother. "I got pregnant on the patch." In many cases, this distrust seems to be based upon an inaccurate knowledge of how contraceptives work or their overall effectiveness. While some mention the patch or the pill, a large number seem especially concerned with the effectiveness of condoms.

"Condom? Oh no, because they just aren't all that helpful sometimes," says one girl.

Despite the availability of birth control methods, many youth still refuse to use them. Some youth simply refuse to use contraception or say that condoms "decrease pleasure." One teen mother says, "My case-worker, she used to bring me condoms in a big old envelope every week. I still got them same condoms. She can't make me use them."

Many teens, including a number of parenting youth, believe adults should provide more information about contraception. A substantial portion of foster youth indicate that they need to learn about contraceptive techniques at an earlier age. One teen mother explains, "Like when I was in high school, they passed out condoms to guys, but they never passed them out to girls or passed out pamphlets saying the different kinds of contraceptives that are out there. Like, I didn't even know half of that stuff until I was pregnant and the doctor told it to me."

Despite inaccurate knowledge or mistrust of contraception, **foster youth still encourage their peers to use contraception carefully and consistently.** Youth in the focus groups talked about protecting yourself, being careful, and using condoms. In their own words, they advise to "strap on," "wrap it up," and "cover up." Foster parents feel advising their children to use protection and to look out for themselves is important.

"I was on the patch when I got pregnant with her... I guess the doctor or the nurses have to explain the right way to use contraceptives because people don't know how to use condoms. Some people that are grown don't know how to use condoms and they have to tell them how to put it on."

~ African-American teen mother

"I mean, you can't really ever say that you know enough [about contraceptives] because there's still stuff out there you don't know. And they still coming up with new stuff... So, I mean, it's fun to learn about it. It's educational or whatever."

~ African-American girl

FOSTER YOUTH ARE THINKING ABOUT FUTURE GOALS BUT MANY ARE ACTING ON PRESENT IMPULSES

Many of the youth in the focus group discussions made clear that they are thinking about their future—a **number have specific goals for their future and say that they do not want a child to get in the way.** One guy explains, “I think it is extremely important for me to wait because I have a lot going for myself and for me to have a child now, I think that would get in the way of a lot of my goals.”

Other youth make clear that they take childbearing very seriously, that raising a child is difficult, and that delaying pregnancy until they have the general capacity to care for a child is important. Many foster youth say that financial stability is a prerequisite for having a child. A number also say that childbearing should only take place within a stable, committed relationship—about half specifically mentioning marriage. Educational attainment is also mentioned as a major reason to delay pregnancy. Many of the youth, including both parenting and non-parenting youth, indicate that a high school or college degree is important. Not surprisingly, many of the foster parents express the same values as the foster children.

Despite these encouraging findings, **many of the youth also talk about how getting “caught up in the moment” influences their decisions.** Many of the teens say they often make impulsive decisions about sex with little regard to the consequences. “You don’t think [about the consequences], when you are with a girl,” says one guy. “When you get to that point... you are thinking about what you want to do. So after you are done, then you start thinking.”

Some foster youth indicate that they feel a sense of invincibility when it comes to the consequences of sex. Like many teens, some foster youth think pregnancy cannot happen to them. Only a few of the youth actually display this “fearlessness” themselves, but many suggest that it is a viewpoint that they

often encounter among their peers. “I felt for a long time that I couldn’t get pregnant,” explains teen mother. “I thought for a long time, ‘Oh I can’t get pregnant’ and I got pregnant.”

Many participants say **hearing from teen parents about the consequences of teen pregnancy** will help influence decisions teens make. They feel that learning from those with direct experience can be a powerful prevention technique. Teens want to hear about the physical, emotional, and financial implications of being a teen parent. “We need more people with experience, that been through it, who could sit there and tell you as they sit there with their child,” said one guy.

For their part, teen parents see the potential power of their story and think it would be useful for their peers to hear directly about their experiences. One teen mother offers her experience: “I would give them an outlook on how being a teen parent wasn’t easy for me...and see that it’s not fun and games...I got this baby that cries for six hours a day and I just came home from work and I gotta take care of this kid now.”

“I love my son to death, but I said it (pregnancy) was an accident...I was fifteen when I got pregnant, I was sixteen when I had my son, I’m like dang. I use to look at Jenny Jones and be like that is not gonna be me, hell no that’s not gonna be me.”

~ African-American teen mother

“I use to say that, too. I ain’t gonna never be like her. She ain’t got no high school diploma, she got six kids, I ain’t gonna never be like her...They out there having sex, you know what I am saying but I fell into a circle because I wasn’t having sex. But once I did, I got popped off [pregnant].”

~ Latina teen mother

“My goal is I want to be a lawyer. Right now, I am too young to have a child.”

~ African-American girl

“I got the goal of becoming a singer. You can’t have no child on the road...”

~ African-American girl

“I would plan for it when I have an education, career, and can support a baby without asking for diapers or anything.”

~ Latina teen mother

“If you still live at home with your mama, you ain’t ready for no kid.”

~ African-American teen father

“I want two parents to raise my child, not just one.”

~ African-American girl

“I say, you know, get your education. Get a trade or a job or something where you can take care of yourself. Then have a child. However long it takes.”

~ African-American foster father

“So to me, it needs to be at an age where they are, like, self-sufficient, where they at least got something behind them. A high school education, some college, or at least a job.”

~ African-American foster father

“There is a lot of information out there, but, you know, you’re not prepared because a lot of people get caught up in the moment of doing things and they really don’t think about what they are doing until after they did it.”

~ African-American teen father

THERE IS A LACK OF TRUST BETWEEN SEXES

"The girl – it's your body and you keep the kids, so you should be the one to make sure to avoid pregnancy"

~ African-American teen mother

It's the girl's job [to avoid pregnancy]. Because they are the ones that have the baby."

~ Latino guy

"I think she set me up. I think she wanted to get pregnant, know what I'm saying and I been with her ever since."

~ African-American teen father

"I know some boys that straight up trap the girl because they were just so obsessed with her. They wanted to always be connected to her."

~ African-American teen mother

Pregnancy prevention is mainly viewed as the girl's responsibility. The majority of girls feel it is their own responsibility. They talk about having to take responsibility for their own actions and bodies, since ultimately they are the ones who become pregnant. Girls also note that it is their choice whether or not to have sex. Many guys also say pregnancy prevention is the girl's responsibility because they are the ones who bear children.

Some youth, both guys and girls, see pregnancy prevention as a responsibility of both partners. Some youth talk about how both partners are involved in creating a baby and both parties should have protection. "It's both individual's [responsibility] as a whole," explains one guy. "You can't put all that responsibility on one person." Several guys said they were primarily responsible for preventing pregnancy—especially for buying and using condoms.

For a substantial minority of foster youth, there seems to be a distrust of the opposite sex. Many youth talk about girls getting pregnant to keep a boyfriend, and boys who "trap" their girlfriends with pregnancy.

Some foster fathers and teen guys do not seem to value women. Some describe women as sexually aggressive and blame them for spreading STDs. Some express a distrust of girls' contraceptive use, suggesting that women lie about being on the pill or accusing them of "poking holes in condoms." Others use derogatory terms to describe sexually active women, such as "whores," "sluts," and "bitches."

"I hate to say it but nine times out of 10, it's the females that doing all the breeding [of STDs]."

~ African-American teen father

"That is why a lot of us get diseases. They (sexually active girls) have been passed around so many times"

~ Latino guy



III. SERVICE PROVIDER SURVEY

Service providers who work day in and day out with foster youth and foster parents have unique insight into foster youths' decisions about sex. In order to capture their insights, UCAN conducted an online survey of service providers in the Chicago area. Providers were asked about challenges to working on teen pregnancy prevention with foster youth, their training needs, and their opinions of the effectiveness of current prevention strategies.

Scope and Methodology

In July 2005, 25 non-profit child welfare agencies were invited to participate in an online survey of child welfare staff including direct service providers, supervisors, and program administrators. Eighteen agencies agreed to participate and 12 distributed the survey to staff. Approximately 1,100 staff received the survey and 371 responded—a response rate of 33 percent. Of the 371 respondents, 311 (83 percent) provided one or more answers to questions about program practice and recommendations. Participants were given both forced choice and open-ended questions.

The respondents were primarily women (83 percent) and six in ten (63 percent) had six or more years experience in child welfare. One-third reported working in a program designed for foster youth who are parents. Of the 371 respondents, 271 reported working with a program that provides services to teens.

Findings

The providers expressed a variety of opinions that cluster in several areas. For example, many child welfare programs lack specific plans to prevent teen pregnancy among foster care youth and staff often feel unprepared to address the issue. The majority of respondents (59 percent) working in programs serving teens in foster care said their program does not have a specific plan for teen pregnancy prevention. This is particularly true for staff in programs for foster youth who are not pregnant or parenting: 72 percent report their program lacks a specific plan to prevent teen pregnancy. However, even a substantial portion (37 percent) of staff in programs designed for pregnant and parenting teens report their program does not have a specific plan to assist teens in avoiding pregnancy.

"...The most effective tool I use with my teens is open communication...to feel comfortable around me to discuss the unknown about sex and relationships." – Child welfare service provider

"...Staff need the core information about pregnancy prevention as well as an ability to dispel the myths youth have about prevention. They need to understand how various pregnancy prevention methods work and they need to be able to talk to teens at a level they will understand."

~ Child welfare service provider

"...If we can show them ways to connect with others without the need to create someone to love them, maybe they will be able to refrain from getting pregnant."

~ Child welfare service provider

"...Adults continue to focus with teens on all the reasons why parenting is negative versus talking with teens on why they want to be parents, what parenting means to them...and then assisting teens to develop alternative ways to find the gratification they feel they will find in parenting now."

~ Child welfare service provider

Given the lack of a specific focus for pregnancy prevention, it is not surprising that training for teen pregnancy prevention is lacking for the majority of respondents working with teens. Fifty-eight percent say they have not received sufficient training to work with teens or caregivers on preventing teen pregnancy, including 43 percent of staff in programs for pregnant and parenting youth.

Despite the lack of a clear program strategy and sufficient training, providers recognize a responsibility to address the risks of early pregnancy among adolescents. Three-fourths of staff working with teens report talking about pregnancy prevention with their clients. Over 80 percent of staff working with pregnant and parenting teens directly address issues of subsequent pregnancy prevention. However, less than half report discussing these issues with a caregiver or foster parent.

Providers say open, honest conversations that are responsive to teens' questions and concerns may be the most successful strategy for preventing teen pregnancy. The format and content of these discussions are flexible, but they must be part of a relationship built on trust, according to providers. Discussions can be one-on-one or in groups; led by adults, adolescent peers, or parenting peers. Discussions might focus on foster youths' future or their ideas about family, sex, contraception, the difference between sex and love, abstinence, or the consequences and costs of pregnancy and parenthood.

Sex education is an important component of prevention. Ensuring adequate knowledge about sex, contraception, and healthy relationships is critical, according to many providers. Foster youth should know about the dangers of unprotected sex and the risks of pregnancy and sexually transmitted diseases, as well as abstinence, contraceptive options, and the consequences and costs of pregnancy and parenting. Others emphasize the importance of educating

foster youth about relationship skills and sexual responsibility.

Youth development activities can create alternatives to parenting. Foster care youth are frequently not very connected to school or community institutions. Service providers believe involving youth in activities that are engaging and that provide successful experiences are an effective way of building young people's confidence and self-esteem. Many providers believe that being involved with groups and activities can help reduce the desirability of having a child at a young age.

Some of the service providers believe the most effective way to prevent too-early pregnancy and parenthood is by communicating a clear message to youth about abstinence, contraception, and future goals. A number of providers emphasize abstinence as the only 100 percent successful method for pregnancy prevention. Others emphasize the importance of sexually active teens using contraception, remaining in school, or staying focused on one's future goals. A few emphasize the importance of both strategies.

Making contraception readily accessible and encouraging sexually active youth to use contraception consistently and carefully, is also emphasized by providers. A few recommend providing financial incentives to foster youth for using contraception and avoiding pregnancy.

Providers believe "one-dimensional" interventions are ineffective. Strategies that are narrowly focused on such issues as sex education, contraception, or abstinence are viewed as ineffective by many providers. As one provider suggests, "Giving a kid sex education alone, or offering them a condom, is unlikely to make any real difference."

Developing the case manager/client relationship to its full potential is extremely important. Case managers believe they can be helpful in preventing teen pregnancy but say they need more training in order to effectively talk with and educate teens. Staff require skills in developing trust, maintaining rapport, listening, and encouraging

youth. Service providers identify many areas of training they believe can help child welfare programs better address teen pregnancy. They are:

- Training specifically on sex and relationships. Providers say they need to be better equipped to handle questions from teens about such issues as sex, teen pregnancy, and contraception, and that they need to be more knowledgeable about the resources that are available for teens on these topics. Providers also want training on how to talk to teens about healthy relationships. As one provider says, “We can’t simply tell them to not have sex and expect that they won’t.”
- Training on a host of general health issues. This includes topics such as “nutrition, information on the basic cost and responsibilities for child rearing, self-esteem, and maturity.”
- Training on how to address the motivation of some foster youth to have a baby. Specifically they want to learn to address their needs to belong to a family and their need for love and affection. This is seen as a major challenge and by some, the most difficult to overcome. Learning to listen to the teens’ perspective is critical.
- Training to identify and secure opportunities that “involve, engage and interest teens.” For example, providers express the need to learn more about educational and vocational options for youth.
- Training in strengthening the way providers and foster parents work together. Some providers suggest creating teams of service providers and foster parents specifically to develop teen pregnancy prevention interventions for youth. One provider puts it this way: “...With each adult checking in with the child...all sharing the same commitment to the child, the child may sense that they are genuinely cared about, which

might ward off the need to bring a baby into the world.”

- Training on impulse control for youth particularly for young men. As noted previously, youth often feel a sense of invincibility when it comes to the consequences of sex. Service providers underscore that teens are more focused on the present and are often unrealistic about the future. Several are pessimistic about the feasibility of trying to get young people to avoid teen pregnancy. “I believe you can’t train anyone on preventing teen pregnancy. Young girls and young men already have their minds made up on what they want to do. Children are going to have babies no matter what anyone says,” says one provider.
- Service providers also suggest specific trainings for teens, foster parents, and birth parents. Some view peer education as an effective way to reach youth and their parents. Others note the importance of “reality-based interventions.” As one provider suggests, “these interventions should be developed to assist wards with fully understanding the consequences of having a child. It would be beneficial to make fathers more responsible for the children they have fathered.” Providers also suggest that foster parents and birth parents need training and resources on how to discuss sex with their teens and on teen pregnancy prevention.

“A program needs to be integrated at all levels of the program with clearly identified, shared responsibility by the foster parents and staff.”

~ Child welfare service provider

“It’s too easy to assume that someone else will be dealing with this issue. Communication needs to be open and clear between all of those involved in our kids’ lives...”

~ Child welfare service provider



IV. KEY QUESTIONS, IMPLICATIONS, AND RECOMMENDATIONS

Our hope is that this paper provides a more complete picture of the connection between foster care youth and teen pregnancy and sheds light on two key questions noted below. We note several important implications and offer several preliminary recommendations for both the teen pregnancy and child welfare fields to consider.

Key Questions

Are foster youth at greater risk for teen pregnancy? The available data—though limited—seem to indicate that foster youth are at higher risk for teen pregnancy and have higher teen birth rates than youth in general. However, the precise way in which teen pregnancy and birth rates among foster youth compare to similar youth not in foster care is unknown. Certainly, the circumstances surrounding the youth coming into foster care, and for many of them, their experiences in the system, appear to put them at risk for early sexual activity and pregnancy. As several experts observed, “Emotional problems, substandard education, and sexual abuse (conditions that generally foreshadow the possibility of teen pregnancy) are often exacerbated in out-of-

home care situations or in the homes from which youths in out-of-home care have been removed.”²¹

Are foster youth significantly different from youth in general? As a general matter, teens in foster care and foster parents believe foster care youth are quite similar to other teens. Indeed, many of the views that emerged from the focus groups with foster youth are quite similar to findings from the National Campaign’s 2004 focus groups of youth not in foster care. In addition, some of the themes are consistent with those from MEE Productions’ focus groups with low-income urban African American teens²² and from Kathryn Edin and Maria’s Kefala’s in depth interviews with low-income single mothers in the Greater-Philadelphia area.²³ Most professionals who participated in our roundtable meetings agree, however, that while the themes may resonate for all young people, they are much more intense for foster youth. Service providers echo this observation as well. In particular, the lack of steady adult relationships and the common desire by many foster youth to have a baby as a teen are themes that reflect some of the unique challenges facing young people

in foster care. Of course, it is important to make clear that foster youth are not simply a bundle of challenges. These teens are often highly resilient and resourceful, they have access to a myriad of social and health services, and to a network of adults, including social service staff and foster parents, that can help respond to their needs.

Implications and Recommendations

1. There is a need for better data about teen pregnancy among teens in foster care and the broader child welfare population.

While the studies in this report shed some light on the extent of teen pregnancy and parenting among foster care youth, there is a lack of consistent, ongoing nationwide data. Such information would help inform policy, practice, and resource allocation at the federal, state and local levels.

2. Those who design intervention programs for young people in foster care should tap the experiences and perspectives of these same teens. Teens give adults a grade of C when it comes to listening and understanding young people, according to UCAN's 5th Annual Report Card, released in June 2005.²⁴ In addition, it is apparent that the youth participating in the focus groups appreciated the opportunity to speak with each other about issues regarding sex and relationships, and to share their thoughts with adults. These two examples suggest that a more concerted effort should be made to include foster care teens when developing programs or policies that affect them. Young people who have left the foster care system can be especially helpful by reflecting on their experiences. One example of a program that involved youth in program development is the *Power Through Choices* curriculum.²⁵ Through extensive pilot testing, the program underwent six revisions based on feedback from foster care teens.

3. Programs and interventions for teens in foster care must address both primary and secondary prevention of teen pregnancy.

Teen parents need special attention to help them be good parents, receive proper healthcare, finish school, and become self sufficient. It is also important to help teen parents avoid rapid repeat pregnancies—hard though that is. However, it is necessary to provide high-quality information and education to all youth in foster care that will help them avoid becoming pregnant or causing a pregnancy in the first place. Both foster parents and foster youth make clear that there needs to be more information from a variety of sources. Education should be developmentally appropriate and should start in the elementary school years. It should cover multiple aspects of sexuality, conception, and contraception, as well as the nature of responsible, respectful sexual relationships. The teen pregnancy prevention and child welfare fields should work together to address these issues.

4. Programs that stress pregnancy prevention should be evaluated specifically for their effectiveness with foster care youth.

Providers of child welfare service are anxious to use proven interventions. A variety of programs have been shown to be effective in reducing teen pregnancy, improving contraceptive use, and delaying early sex. However, very few of these programs, if any, have been evaluated with samples of foster youth. To date, only one curriculum focusing on the sexual behavior of teens (*Power Through Choices*) has been designed specifically for youth in foster care and the program has not yet been rigorously evaluated. Testing the effectiveness of this curriculum and others would contribute in important ways to expanding our knowledge about what works and for whom. At the same time, it is important to note that much is known about the characteristics of effective programs—they tend to be long in duration and provide clear messages about sex and protection against STDs and pregnancy, for example. It is also worth noting that participants in our

focus groups underscored the importance of providing ongoing encouragement for sexually active teens to use contraception carefully and consistently.

5. Peers are powerful and should be engaged to help. Participants in the focus groups placed a high value on learning from their peers and those with direct experience, as well as learning from older youth including family members or peers. Programs should take this into consideration when starting or strengthening interventions. For example, peer education programs could feature teen mothers and fathers who share experiences with foster youth; similarly, mentor programs could be expanded and strengthened to include messages about teen pregnancy prevention.

6. Programs should address what motivates teens to become pregnant and what it will take to motivate them to avoid pregnancy. This is an area where the unique issues facing youth in foster care need to be addressed with particular care. As the focus groups reveal, many youth in foster care see benefits to having children at a young age. For some, this stems from a desire to have their own family; others simply want a chance to be a better parent than they believe their parents were to them. Successful programs will need to address these complex motivations.

7. Don't forget boys and young men. Some foster youth make clear their view that pregnancy is a "girls' problem"—from contraceptive use to raising children. To counteract such views and to be more influential, programs should focus on both guys and girls. Foster youth also point to the need for tailored messages, such as the discussion of "double standards," gender differences in the sources of pressure to have sex, respect for women, violence, the lack of trust between genders, and being clear about exactly what it takes to be a successful parent. It is important to note that the issue of violence in relationships is not unique to foster care

youth. One in five teens aged 12–19 report they have experienced some type of violence in a dating relationship—older teens more than younger teens. Approximately 20 percent of teens have experienced verbal violence and eight percent have experienced physical violence in a dating relationship.²⁶

8. Help foster youth create alternatives to being a young parent through youth development activities and connections to community organizations and education. Many youth and service providers noted that success was often associated only with sexual relationships and spoke of the need to create other opportunities where youth can succeed.

9. Foster parents need more training and support. Public opinion polling from the National Campaign consistently finds that, when it comes to decisions about sex, teens are most influenced by their parents.²⁷ Teens care deeply about what their parents think and say about these issues, even when they don't act like it. Of course, the relationships youth in foster care have with their birth parents, foster parents, and other caregivers may be more complicated, and it is unclear whether the views expressed by teens in general about parental influence are shared by teens in foster care. However, teens in the focus groups made clear that they wanted a caring, close relationship with their foster parents, and they wanted to engage in thoughtful conversations with them about love, sex, and relationships. Teen pregnancy prevention and child welfare professionals can provide support to foster parents by making sure they are equipped with the information and tools the foster parents need to cultivate constructive relationships with their foster children and to initiate conversations about sex, love, and relationships. We applaud those organizations that currently provide training for foster parents on these issues and recognize there is still much more work to do on this front.

IO. Service providers who work directly with foster parents and foster youth also need support and training to address teen sexual behavior.

Caseworkers and other child welfare providers want to do more to counsel and educate youth on preventing teen pregnancy and related issues, but say they need more training. They suggest that such training should cover topics ranging from general adolescent development, to specific information on teen sexual behavior and attitudes, to advice on how to work with youth. Training of this sort provides an opportunity for collaboration between child welfare and public health professionals.

II. Finally, health services for foster care youth, including mental health services, need to improve coordination.

The nature of foster care—with youth often moving homes frequently—can lead to discontinuities in health care and can exacerbate to mental health problems. For example, youth in foster care get health care from an ever-changing array of institutions; one result is that few foster youth have complete medical histories. It is also the case that foster care teens are more likely than teens in general to be hospitalized due to emotional problems. One study found that one-third of young people in foster care suffer from such psychological disorders as depression, post-

traumatic stress disorder, and substance abuse.²⁸ Both health and mental health professionals should be trained to talk to foster youth about sex, to address the particular factors that may lead these teens to engage in risky sexual behavior, and to recognize the motivation of some foster youth to have children at a young age.

We still have a lot to learn. Because most states are not required to track or report teen pregnancy and birth rates among youth in foster care, we do not have a precise picture of how many foster youth get pregnant and have children. Still, the limited research documenting high teen pregnancy and birth rates in this population, combined with the well-documented social, economic, and personal consequences of early childbearing, are compelling reasons to deepen our knowledge in this area and explore how to improve both primary and secondary prevention among foster care youth. Both child welfare and teen pregnancy prevention fields have a perfect opportunity to reach these young people with multi-dimensional and integrated strategies while they are in the foster care system. We hope policymakers, administrators, and practitioners who focus on child welfare and teen pregnancy at the national, state, and local level make teen pregnancy prevention for youth in foster care a priority. Doing so can help continue the progress the nation has made in reducing high rates of teen pregnancy and better prepare teens in foster care for productive adulthood.

Endnotes

1. National Campaign to Prevent Teen Pregnancy. (2005). *The power of prevention: Celebrating a decade of progress*. Washington, DC: Author.
2. Martin J.A., Hamilton B.E, Sutton P.D., Ventura, S.J., Menacker, F., & Munson, M.L. (2005). Births: Final Data for 2003. National Vital Statistics Reports, 54(2), Hyattsville, MD: National Center for Health Statistics.
3. See Martin J.A., et.al. (2005).
4. See the National Campaign to Prevent Teen Pregnancy. (2005).
5. Child Welfare League of America. (1998). *State Agency Survey*. Washington, DC: Author; As cited in Children's Defense Fund. (2005). *Child abuse and neglect fact sheet*. Washington, DC: Author. See <http://www.childrensdefense.org/childwelfare/abuse/factsheet0805.pdf>.
6. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2005). The Adoption and Foster Care Analysis and Reporting System (AFCARS) Report - Preliminary FY 2003 Estimates as of April 2005. Washington, DC: U.S. Government Printing Office. See <http://www.acf.hhs.gov/programs/cb/publications/afcars/report10.htm>.
7. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (In press). The Adoption and Foster Care Analysis and Reporting System (AFCARS) Report.
8. Courtney, M., Dworky, A., Ruth, G., Keller, T., Havlicek, J., Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
9. See U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2005).
10. Wulczyn, F., Barth, R., Yuan, Y., Harden, B.J., Landsverk, J. (2005). *Beyond common sense: Child welfare, child well-being, and the evidence for policy reform*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
11. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2005). *Child maltreatment 2003*. Washington, DC: U.S. Government Printing Office.
12. Please note that many of the studies cited focus on youth who have aged out of the foster care system. These youth are not necessarily representative of all youth who are in foster care at any given time.
13. Pecora, P. J., Williams, J., Kessler, R. J., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study*. Seattle, WA: Casey Family Programs.
14. See Courtney, M., et al. (2005).
15. Gotbaum, B. (2005). *Children raising children: City fails to adequately assist pregnant and parenting youth in foster care*. New York, NY: Public Advocate for the City of New York.
16. Utah Department of Human Services. (2004). *Assessing outcomes of youth transitioning from foster care*. Salt Lake City, UT: Author.
17. Carpenter, C, Clyman, B, Davidson, A, & Steiner, J. (2001). The association of foster care or kinship care with adolescent sexual behavior and first pregnancy. *Pediatrics*, (108). As cited in Children's Defense Fund. (2005). *Child abuse and neglect fact sheet*. Washington, DC: Author. See <http://www.childrensdefense.org/childwelfare/abuse/factsheet0805.pdf>.
18. See Courtney, M, et al. (2005).
19. Risley-Curtiss, C. (1997). Sexual activity and contraceptive use among children entering out-of-home care. *Child Welfare*, 76. Washington, DC. Child Welfare League of America.
20. The National Campaign to Prevent Teen Pregnancy (In press). *Teen focus group summary*. Washington DC: Author.
21. Brindis, C.D. & Jeremy, R.J. (1988) *Adolescent pregnancy and parenting in California: A strategic plan for action*. San Francisco: Center for Population and Reproductive Health Policy, Institute for Health Policy Studies, University of California, San Francisco; As cited in Becker, M., et.al. (2000).
22. Motivational Educational Entertainment and The National Campaign to Prevent Teen Pregnancy. (2004). *This is My Reality: The Price of Sex*. Washington, DC: Authors.
23. Edin, K., & Kefalas, M. (2005). *Promises I can keep: Why poor women put motherhood before marriage*. Berkeley and Los Angeles, CA: University of California Press.
24. UCAN. (2005). *UCAN teen report card*, Chicago: Author.
25. Becker, M. and Barth, R. (2000). Power through choices: The development of a sexuality education curriculum for youths in out-of-home care. *Child Welfare*, 79. Washington, DC. Child Welfare League of America.
26. Albert, B., Lippmann, L., Franzetta, K., Ikramullah, E., Dombrowski, J., Shwalb, R., Ryan, S. & Terry-Humen, E. (2005), *Freeze Frame: A Snapshot of America's Teens*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
27. Albert, B. (2004). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
28. See Courtney, M., et al. (2005).

V. APPENDIX

Chicago, IL Roundtable Participant List September 16, 2005

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<i>April Curtis</i> Coordinator, Young Researchers Program Illinois Department of Child and Family Services	<i>Markeisha Kite</i> Youth Member, Young Researchers Program Illinois Department of Child and Family Services	<i>Marilyn Peebles</i> Southern Region Illinois Department of Child and Family Services	<i>Victor Spencer</i> Youth Leader UCAN
<i>Jodi Doane</i> Director of Governmental Affairs UCAN	<i>Lois Thiessen Love</i> Quality Improvement and Evaluation Manager UCAN	<i>Bernice Paoletti</i> Foster Parent UCAN	<i>Theresa Thornton</i> Coordinator, Quality Improvement and Research UCAN
<i>Florence Yvette Dunbar</i> Child Welfare Worker Volunteers of America	<i>Francisco Monzon</i> Vice-President, Transitional Teen Services UCAN	<i>Anne Rauch</i> Adolescent Parent Coordinator Kaleidoscope	<i>Missy Wilson</i> Adolescent Parent Specialist Kaleidoscope
<i>Natalie Fitzsimmons</i> Youth Member, Young Researchers Program Illinois Department of Child and Family Services			<i>Robert Wilson</i> Youth Member, Young Researchers Program Illinois Department of Child and Family Services

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<i>Latinisha Felli</i> Senior Project Coordinator Association of Public Human Services Association		<i>Janet Quint</i> Senior Research Associate MDRC	<i>Dana Wilson</i> Acting Vice President of Membership Services Child Welfare League of America
		<i>Roberta Rinker</i> Team Leader, Family Intervention Program For Love of Children	<i>Jennifer Wright</i> Deputy Director Foundations for Home and Community

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