APHSA
American Public Human Services Association

NAPCWA
National Association of Public
Child Welfare Administrators
an affiliate of the American Public Human Services Association

The National Campaign
to Prevent Teen and Unplanned Pregnancy

Briefly...

Effective Planning for Child Welfare Leaders to Help Prevent Teen Pregnancy: An Agency Assessment

Purpose

This document has been developed for child welfare professionals. It provides guidance to child welfare agency leaders and their teams about making decisions and developing effective programs for youth most likely to get pregnant and have children. Information and guidance is also provided on the consequences associated with early pregnancy and parenthood.

Why It Matters

There are significant costs associated with early child bearing in the United States, including increased expenditures for health care, child welfare, and other public and privately funded services. The children of teen mothers are at increased risk of either being in foster care or being a victim of abuse and neglect when compared to children born to mothers aged 20 or older.   The federal, state, and local costs associated with these child welfare outcomes were $2.3 billion in 2004 alone.   Teens in foster care, many of whom suffer abuse and neglect, are more likely than teens outside the system to get pregnant. In fact, teen girls in foster care are 2.5 times more likely than their peers not in foster care to get pregnant by age 19 and half of 21-year-old men aging out of foster care report they had gotten someone pregnant, compared to 19 percent of their peers who were not in the system.

Beyond this fiscal liability are the human costs both to the parents and children. Early parenting is linked to 1) limited educational attainment that contributes to income disparities and poverty; 2) high levels of individual and family turmoil including relationship disruption, single parenting, child maltreatment, neglect, and out-of-home placements; 3) cyclical patterns of poor physical, mental, and developmental health outcomes; and 4) higher rates of incarceration.

Many agencies already have strategic plans that address vulnerable youth and/or youth transitioning from foster care. Those agencies should ensure that these plans adequately address topics such as health, relationships, sex, and pregnancy prevention among youth. To adequately address these issues, agencies may have a combination of the following: trainings for case managers and other direct service staff, strong links to organizations within the community that provide sexuality education and teen pregnancy prevention programming to youth, and/or a resource library for youth.

Vision, Mission, and Values

Youth will be provided support and opportunities to think and plan for a productive, healthy future. Sufficient information about health, reproductive health, sex, sexually transmitted infections (STIs), making informed decisions, and personal responsibility will be included. Youth will know how and where to reach out for assistance to avoid an early pregnancy and that early pregnancy and parenthood is life-altering and has serious consequences for them and their families

Agency Assessment

The agency assessment is an internal inventory of the agency's ability to address early pregnancy. Often, traditional public agency programming deals with decision-making and services for reproductive health after a pregnancy has occurred. Agencies should have a concrete plan for addressing these issues before a pregnancy occurs. Key questions that should be asked:

- What are the attitudes and perceptions of agency administration and staff about youth, sex education, pregnancy, and early parenting among youth in care?

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- Do these attitudes and perceptions align with each other, with the agency mission, and with evidence-based pregnancy prevention programs?
- How can pregnancy prevention programs for youth be integrated into the existing agency structure and not require new program development? (e.g. for children in out-of-home placement, is this issue included in the case plan review process when independent living/transitional planning is initiated, between 13 and 16, in accordance with most state policies? Is it integrated in caseworker and caregiver training curricula?) Messages regarding general health care, reproductive health care, safe sex, planned pregnancy, and STI prevention could be built into the independent life skills planning for youth that is required by the federal Fostering Connections and Increasing Adoptions Act of 2008. This federal legislation requires transitional planning for children in out-of-home care and is applicable to youth in all living situations.
- What resources does the agency have and what needs to be developed through partnerships and/or new program development? To determine the available resources and need for additional resources, agency administrators should answer the following questions:
    - Does the agency workforce have the knowledge, skills, and abilities needed to engage youth in productive discussions about sex and its consequences—risk of STIs, cost and consequences of pregnancy and parenting, and how it alters life plans? Remember the agency doesn't have to "go it alone," but can partner with other organizations that have expertise.
    - How much training is needed for the workforce, caregivers, and service providers?
    - Does the agency have the materials and expertise to provide the training or does it need to contract or partner with experts?
    - Do service providers, caregivers, and the children, youth, and families served—as well as the agency workforce—know where the resources are in the community?
    - Do caseworkers, caregivers, and the children, youth, and families served work effectively together?
    - Are there partnerships that can be developed with community-based organizations to help bolster the agency's efforts/capacity? Has the agency's leadership met with the judges in their jurisdiction and other potential partners to discuss how to best approach this issue in a coordinated fashion?
    - Does the agency have a youth advisory board that can be engaged in program development and training?

Environmental Scan

In an environmental scan, the agency gathers information on factors and resources external to the agency but within the community in which the agency operates. The scan is designed to better understand what will enhance or impede the agency's ability to develop programs to engage youth effectively, to offer alternative resources, and to prevent unplanned pregnancy. At a minimum, the scan should include:

- Examining federal, state, and local statutes and resulting rules, regulations, and policies that may provide resources and encourage further interventions.
- Identifying potential partners (e.g. courts/judges, health professionals including family planning providers, youth-based training programs and groups, local and statewide pregnancy prevention teams, health screening programs, schools with sex education curricula, school-based health centers, schools of social work that train professional child welfare workers, schools of public health, community centers, faith-based organizations, mentor programs, medical and mental health facilities, and legislative and public policy advocates).
- Analyzing the make-up of the client population (who are the youth at the greatest risk of experiencing an early pregnancy or a subsequent pregnancy?).

Sample Agency Goals and Objectives:

- Fewer youth who get pregnant and/or become parents while in or transitioning from care.
- More youth with adequate knowledge about sex, sexuality, healthy relationships, and how to avoid pregnancy and STIs, and who are able to use this knowledge effectively.

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- More youth with a sense of self-worth and self-respect, able to dream and plan for their futures, and able to recognize and build healthy relationships.
- Direct service providers and caregivers who are able to work individually and together to provide youth with quality sex education.
- Youth who have improved access to health care (medical and mental health), an expanded array of social activities, sustaining peer and adult relationships, and opportunities for educational attainment and employment all of which help provide youth with viable alternatives to early pregnancy.
- Establish best practices by gathering and using data to provide insight into types of programs that should be continued and/or developed to improve the outcomes of the children, youth, and families that are served.

Action Plan Strategies:
- Increase communication with youth using technology that they are comfortable and familiar with such as Facebook, MySpace, and Twitter.
- Provide training to caregivers, caseworkers, and others who work with youth on sex, pregnancy prevention, and reproductive health more generally. Invite a doctor, nurse, or educator from a local health department or family planning clinic to serve as an expert resource.
- Encourage Social Work and Public Health schools to include trainings in talking with youth about sexuality and consequences of sexual activity in their curriculum.
- Distribute detailed information about preventive health services, where youth can obtain reproductive health services, and other supportive services to offer viable opportunities and alternatives to early pregnancy and parenting.
- Use promising and evidence-based teen pregnancy prevention programs.
    - *The Power Through Choices* curriculum is a pregnancy, STI, and HIV prevention program for teens in out-of-home care. The updated version will be available from the National Resource Center for Youth Services (*www.nrcys.ou.edu*).
    - *The Multidimensional Treatment Foster Care Program* (*www.mtfc.com/index.html*), has shown success in decreasing pregnancy among girls in the juvenile justice system that have been mandated to out-of-home care.
    - Although there are not many evidence-based teen pregnancy prevention programs for youth in foster care, think about adapting an existing program. *What Works 2010* (*www.TheNationalCampaign.org/resources/pdf/pubs/WhatWorks.pdf*) contains information about evaluated programs.
- Provide youth with mentors (peers and adults), and ensure that all mentors have accurate information on how to address topics such as sex, love, and relationships.
- Coordinate efforts with the juvenile justice system.
- Heighten public awareness, engage community resources, and build public will to support youth.

Sample Initiatives and Action Steps:
- Develop and provide appropriate pregnancy prevention training for direct services providers and caregivers so they are able to work together and individually with youth. These trainings may include tips on how to speak with youth about sex, where to access contraceptive services, and provide information about reproductive health and contraception. Also consider setting a target for the number of staff to be trained within a specific timeframe.
- Make sex education and pregnancy prevention discussions part of a transition to the independence case-planning process. Many states start independent living planning at age 13 for children in out-of-care placement. Such planning needs to be extended into other public human services, particularly as child welfare agencies focus on maintaining children within their own families whenever this can be done safely.
- Ensure that training and discussions with youth address what motivates them to get pregnant—such as the need for a close, loving, unconditional, meaningful, caring relationship and sense of stability—and create alternatives to pregnancy.
- Create alternatives to early parenthood by offering support and opportunities that give youth hope and allow them to think about their futures.

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- Recruit mentors—both adults and peers—to engage youth and provide individual support and a stable, long-term relationship for youth.
- Create peer education programs and support groups.
- Create a joint strategy with the juvenile justice system in carrying out this work.

Monitor

Develop a performance measurement system that should be analyzed to enable adjustment to programs as needed. Successful programs can be strengthened and those less beneficial discontinued. Credible data can be used to enhance public policy and generate fiscal support.

Helpful Resources

- *Briefly: Opportunities to Help Youth in Foster Care: Addressing Pregnancy Prevention in the Implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008: www.TheNationalCampaign.org/resources/pdf/Briefly_Youth_Foster_Care.pdf*
- *Fast Facts: Reproductive Health Outcomes Among Youth Who Ever Lived in Foster Care: wwwTheNationalCampaign.org/resources/pdf/ FastFacts_FosterCare_Reproductive_Outcomes.pdf*
- *Science Says #27: Foster Care Youth: www.TheNationalCampaign.org/resources/pdf/SS/SS27_FosterCare.pdf*
- *What Works: Curriculum-Based Programs that Prevent Teen Pregnancy: http://www.TheNationalCampaign.org/resources/pdf/pubs/ WhatWorks09.pdf*
- *Why It Matters: Teen Pregnancy and Child Welfare: http://www.TheNationalCampaign.org/why-it-matters/pdf/child_welfare.pdf*
- *By the Numbers: The Public Cost of Teen Child Bearing State-by-State data on costs to child welfare system. (See Table 5C): www.TheNationalCampaign.org/costs/tables.aspx*

For additional resources on teen pregnancy prevention among youth in foster care see *www.TheNationalCampaign.org/fostercare/re-sources.aspx*.

Local Resources Information

Please use this template to develop a list of resources that are available within your community and state.

If you have additional questions about the following topics, these types of local organizations may be available to provide you with resources and services.

- **Birth control, family planning clinics, local health departments:**_____
_____
_____

- **Health care information:**_____
_____
_____

- **Local or state teen pregnancy prevention organizations:**_____
_____
_____

- **Mentoring organizations (someone to connect with):**_____
_____
_____

- **Child welfare services:**_____
_____
_____

- **Someone to talk to:**_____
_____
_____

- **Child care options:**_____
_____
_____

- **Education options:**_____
_____
_____

- **Vocational counseling:**_____
_____
_____

- **Substance abuse issues:**_____
_____
_____

- **Mental health issues (depression, services):**_____
_____
_____

References:

1. *Why it Matters: Teen Pregnancy and Child Welfare*. Washington, DC. The National Campaign to Prevent Teen Pregnancy. Washington, DC. *www.TheNationalCampaign.org/why-it-matters/pdf/child_welfare.pdf*

2. Hoffman, S.D., (2006) *By the Numbers: The Public Costs of Adolescent Childbearing*. The National Campaign to Prevent Teen Pregnancy. Washington, DC. *www.TheNationalCampaign.org/costs/default.aspx*

3. Bilaver, L.A., & Courtney, M.E. (2006). *Foster Care Youth. Science Says #27*. The National Campaign to Prevent Teen Pregnancy. *www.TheNationalCampaign.org/resources/pdf/SS/SS27_FosterCare.pdf*

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