

SUPPORTING PREGNANT & PARENTING FOSTER YOUTH

The goal of this brief is to provide information to the Senate Committee on Health & Human Services for the 85th interim charge¹ that pertains to the preparation and support for foster youth transitioning out of state care:

“Review services and supports provided to children in Permanent Managing Conservatorship of the state, and the level of preparedness given to youth aging out of state care. Examine the impact of recent legislation related to these populations and make recommendations to ensure youth in care are ready for adulthood and to reduce the likelihood of intergenerational perpetuation of child maltreatment.”²

Becoming a teen parent, in general, could increase psychological distress, subsequent births, premature births and even increased risk for their children e.g. infant mortality (see Figure 1).^{3,4} Foster youth often face a myriad of challenges due to their history of adverse experiences;⁵ many of which can have long-lasting negative effects.⁶ One critical concern impacting foster youth is parenthood. Parenthood is an increasing likelihood for foster youth across our country when compared to their same-age counterparts.⁷ In 2017, there were approximately 8,221 (16%) Texas foster youth who were of child birthing age of 14 to 18. Although teen pregnancy for all youth aged 15-19 has declined across Texas (rate change of -10% from 2015 to 2016), research literature finds that the rate of teen pregnancy tends to be higher for foster youth.⁸

¹ Texas Senate Committee on Health and Human Services. (2018). 85th Texas Senate Legislative Interim Charges Public Announcement and Agenda. Retrieved from: <http://www.senate.state.tx.us/cmte.php?c=610>

² *ibid.*

³ Centers for Disease Control and Prevention. (2015). Teen pregnancy in the United States. Retrieved from: <https://www.cdc.gov/teenpregnancy/about/index.htm>

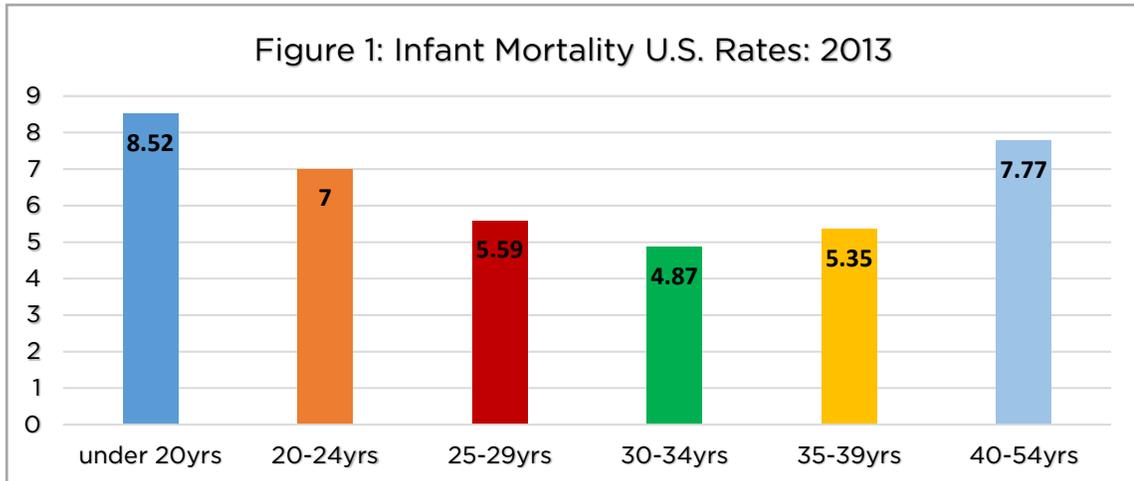
⁴ Hillis, S. D., Anda, R. F., Dube, S. R., Felitti, V. J., Marchbanks, P. A., & Marks, J. S. (2004). The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death. *Pediatrics*, 113(2), 320-327.

⁵ *ibid.*

⁶ Brown, A., Courtney, M. E., & McMillen, J. C. (2015). Behavioral health needs and service use among those who've aged-out of foster care. *Children and Youth Services Review*, 58, 163-169.

⁷ Boonstra, H. D. (2011). Teen pregnancy among women in foster care: a primer. *Guttmacher Policy Review*, 14(2).

⁸ Dworsky, A. (2015). Child welfare services involvement among the children of young parents in foster care. *Child Abuse & Neglect*, 45, 68-79.



Note. Source: Mathews, T. J., MacDorman, M. F., & Thoma, M. E. (2015). Infant mortality statistics from the 2013 period linked birth/infant death data set.

Over the past two legislative regular sessions, many advocates across Texas have called for more attention to identify and support pregnant and parenting foster youth. There have been small but notable legislative successes. However, more is needed to protect this population from intergenerational risk factors that are frequently associated with youth who have adverse experiences.⁹

Background

The birth rate for foster youth girls ages 15 to 19 tends to be twice that for their same-aged counterparts who are non-foster care, (33% compared to 14% respectively).¹⁰ In Texas, the average birth rate of foster youth under age 18 in 2016 and 2017 was 25.9 per 1,000 youth in state care. The most recent national statistics ranks Texas as the fifth highest state for teen birth rate for girls aged 15 to 19 (31.0); this compared to the national teen birth rate of 22.3.^{11,12} Thus, while the average birth rate data available in Texas is informative, this rate does not capture the rate of pregnancy and parenting foster youth who have transitioned out of state care. After leaving state care, risk can significantly increase for this population as foster alumni may not have access to or *knowledge of* the supports and services. Figure 2 provides

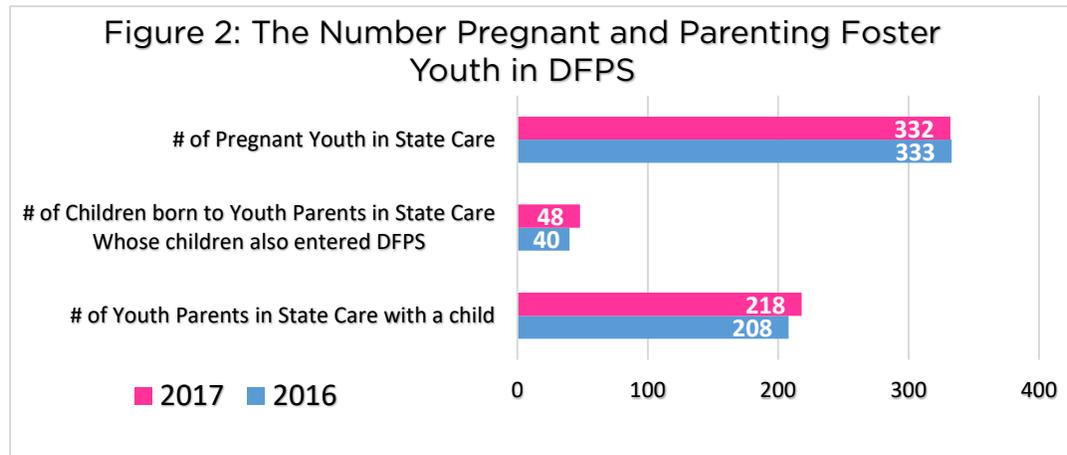
⁹ Hillis, S. D., Anda, R. F., Dube, S. R., Felitti, V. J., Marchbanks, P. A., & Marks, J. S. (2004). The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death. *Pediatrics*, 113(2), 320-327.

¹⁰ Boonstra HD. Teen pregnancy among women in foster care: a primer. *Guttmacher Policy Review*. 2011; 14(2).

¹¹ Centers for Disease Control and Prevention (CDC). (2016). VitalStats [Interactive Data Tables]. Hyattsville, MD: National Center for Health Statistics. Retrieved from: <http://www.cdc.gov/nchs/vitalstats.htm>.

¹² Centers for Disease Control and Prevention (CDC). (2016). Natality Public-Use Data on CDC WONDER Online Database, for years 2007-2014 [Interactive Data Tables]. Retrieved from: <https://wonder.cdc.gov/natality.html>.

the number of pregnant and parenting foster youth in Department of Family and Protective Services (DFPS) conservatorship in 2016 and 2017. There are



increases in each category provided by the state between FY 2016 and 2017.

Note. Data Source: Department of Family and Protective Services. (2016 & 2017). Youth Parents and Pregnant Youth in DFPS Conservatorship.

Table 1 illustrates Texas counties with the highest rates of pregnancy and parenting foster youth ages 14 to 18 years.^{13,14} In 2017, Travis, Montgomery and Hidalgo counties had the highest foster youth pregnancy rate; thus, about 15 percent, 10 percent and 7 percent foster youth experienced pregnancy in these counties, respectively. In this same year, Montgomery, Hidalgo and Tarrant counties had the highest parenting rates within their foster youth respective communities. In Montgomery and Hidalgo counties more than 6 percent and in Tarrant county more than 4 percent of foster youth ages 14 to 18 years were parenting at least one child.

Table 1: Texas Counties with Highest Pregnancy and Parenting Foster Youth Rates (14-18 years)¹⁵

Texas Counties	Youth in DFPS ^a	Pregnancy Rate (per 100)	Parenting Rate (per 100)
Harris	1061	4.43	2.64
Bexar	938	6.29	2.88
Dallas	629	4.45	2.86

Note.
^a = Texas Medicaid STAR Health Clients Who are Female 18 and under

¹³ Texas Department of Family and Protective Services. (2017). Youth parents and pregnant youth in DFPS conservatorship FY 2017 Report. Retrieved from: https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report.pdf

¹⁴ Texas Department of Family Protective Services. (2017). Texas Open Data Portal. Retrieved from: https://data.texas.gov/browse?Dataset-Category_Agency=Texas+Department+of+Family+and+Protective+Services

¹⁵ *ibid.*

Tarrant	459	5.23	4.36
Travis	317	15.46	3.79
Lubbock	223	2.24	3.59
Bell	175	5.71	2.86
Montgomery	148	10.81	6.76
Hidalgo	142	7.04	6.34
McLennan	134	5.97	2.99

Risk Factors and Costs

Early parenthood has been associated with a variety of negative outcomes including financial hardship,¹⁶ low graduation rates,¹⁷ lower higher education incompleteness, higher risk for intergenerational child maltreatment¹⁸ and poor health.¹⁹ First, access to higher education and consistent employment was reported by foster youth alumni to be a challenge to pursue due to limited child care options.²⁰ Additionally, by age 24, 30% of mothers with a prior connection to the child welfare system had a reduced likelihood of being employed even when taking education level into consideration.²¹ Second, roughly 50% of parenting foster youth did not obtain a high school diploma;²² this in comparison to 29% of non-parenting foster youth who did not graduate high school.²³ As victims of child maltreatment, foster youth, while not always the case, do have a higher likelihood for perpetuating abuse and neglect with their own children.²⁴

Identifying appropriate placements for pregnant and parenting foster youth can also lead to challenges. To date, there are less than five housing placements, or *maternity homes*, for foster youth and their children across the

¹⁶ Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press

¹⁷ Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out of home care in the USA. *Child & family social work, 11*(3), 209-219.

¹⁸ Hoffman, S. (2006). *By the numbers: The public costs of teen childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

¹⁹ Penman-Aguilar, A., Carter M., Snead, M. C., & Kourtis A. P. (2013). Socioeconomic disadvantage as a social determinant of teen childbearing in the U.S. *Public Health Rep. 128*, 5-22.

²⁰ Courtney, M. E., Dworsky, A. L., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. E. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21.

²¹ Hook, J. L., & Courtney, M. E. (2010). Employment of former foster youth as young adults: Evidence from the Midwest Study. Chicago: *Chapin Hall at the University of Chicago*.

²² Dworsky, A. L., & DeCoursey, J. (2009). *Pregnant and parenting foster youth: Their needs, their experiences*. Chicago: *Chapin Hall at the University of Chicago*.

²³ Courtney, M. E., Dworsky, A. L., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. E. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21.

²⁴ Prevent Child Abuse New York. (2003). The cost of child abuse and the urgent need for prevention. Retrieved from: <http://www.preventchildabuseny.org/files/6213/0392/2130/cost.pdf>

state. Access to safe, structured placements that offer two-generational support for the parenting foster youth and her child are essential in abating short- and long-term risks. The Wesley Inn Program at Jonathan's Place in Dallas County is one example of a program that provides prevention support to maximize positive foster youth outcomes. This program, while enormously valuable to our youth, has limited capacity. This program can house about 12 teen-led families.²⁵

In addition to the human cost associated with pregnant and parenting foster youth, there are social costs associated with teen pregnancy. In Texas, teen pregnancy costs taxpayers \$1.1 billion dollars annually; costs which are calculated from lost wages and dependency on governmental support.²⁶ This total cost is only exacerbated when taking into consideration the cost associated with maintaining a youth in care (ranges from \$27,572 to \$214,306 each year depending on the level of care).

Federal and State Legislation

Texas is one of a handful of states that tracks the number of pregnant and parenting foster youth. This is due in part to key legislation in 2015 (Senate Bill 206) and 2017 (House Bill 1549) that required DFPS to track pregnant and parenting foster youth and the number of children of foster youth who enter the child welfare system. The data that is available from DFPS is limited and incomplete.²⁷ Little is known about: the percentage of foster youth who are parenting multiple children, the type of services these teen-led families seek out or whether they have other challenges such as mental health or substance abuse. This information would inform policy and service development or restructuring.

Earlier this year, the Family First Prevention Services Act²⁸ was enacted by Congress, giving states the option to use Title IV-E funding for evidence-based prevention services for up to 12 months. These services would include: mental health and substance use prevention and intervention and home-based parental support. Pregnant and parenting foster youth are eligible to receive these services through this federal legislation.

Prevention

²⁵ Jonathan's Place. (n.d.) Wesley Inn program: <https://promisehouse.org/programs/wesley-inn-program/>

²⁶ Silverman, L. (2017). *In Texas, Abstinence-Only Programs May Contribute to Teen Pregnancies*. Morning Edition: National Public Radio. Retrieved from: <https://www.npr.org/sections/health-shots/2017/06/05/530922642/in-texas-abstinence-only-programs-may-contribute-to-teen-pregnancies>

²⁷ Dworsky, A., & Gitlow, E. (2017). Employment outcomes of young parents who age out of foster care. *Children and Youth Services Review*, 72, 133-140.

²⁸ H.R. 253, 115 Congress (2018). Family First Prevention Services Act. (enacted).

The probability of early parenthood for youth in foster care can be reduced through prevention services. There are prevention efforts underway in Texas; however, more services are needed to ensure support and empowerment for parenting foster youth. The Appendix lists prevention support programs currently providing support to pregnant and parenting foster youth in Texas. Home visiting is a voluntary prevention strategy for parents with young children (birth-5 years) which has long-standing evidence in reducing child maltreatment and improving parental knowledge in child development and family functioning.^{29,30} In addition to increasing parenting skills, evidence-based home visiting programs in Texas have notable impacts in maternal and infant health, parental engagement and school readiness. For instance, for every 1,000 families served through Nurse-Family Partnership in Texas, 249 child maltreatment cases, 171 high-risk pregnancies and 64 pre-term births can be averted.³¹

In addition to increasing capacity, parenting foster youth need access to services.³² This can occur through the continued support for programs like Healthy Outcomes through Prevention and Early Supports (HOPES), established in 2013 by the Texas Legislature, and investments in and implementation of new programs such as Family Connects. Family Connects is a new Texas home visiting program that will provide families access to nurses through the St. David's South Austin Medical Center Hospital system. Starting in September 2018, this program, which has shown evidence of reducing child maltreatment and improving parental knowledge and engagement and connections to resources,³³ is expected to reach approximately 2,000 families in Travis and Bastrop counties.

Recommendations/Solutions

Below are recommendations to consider in the interim and in the upcoming

²⁹ Barnet, B., Liu, J., DeVoe, M., Alperovitz-Bichell, K., & Duggan, A. K. (2007). Home visiting for adolescent mothers: Effects on parenting, maternal life course, and primary care linkage. *The Annals of Family Medicine*, 5(3), 224-232.

³⁰ Olds, D. L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., ... & Stevenson, A. J. (2007). Effects of nurse home visiting on maternal and child functioning: Age-9 follow-up of a randomized trial. *Pediatrics*, 120(4), e832-e845.

³¹ Miller, T. R. (2017). Life status and financial outcomes of Nurse-Family Partnership in Texas. Pacific Institute for Research and Evaluation.

³² Patel, D., Rector, H., Powell, K., & McClure, M. (2017). Texas foster care system analysis and recommendations. Retrieved from: <https://www.texprotects.org/media/uploads/fostercarereport1.12.17-final.pdf>

³³ Dodge, K. A., Goodman, W. B., Murphy, R. A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, 104(S1), S136-S143. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011097/pdf/AJPH.2013.301361.pdf>

legislative session DFPS should:

- identify and address challenges facing foster youth who are expectant or parenting.
- implement approaches to support foster youth in successful parenting and strive to keep parents with their children. DFPS should ensure expectant or parenting youth in care receive independent and transition planning services that can support them in raising a child.
- continue to improve data collection practices that will inform policy and resource support to reduce intergenerational child maltreatment.
- report to the Legislature steps taken to address pregnancy and parenthood among foster youth.
- make available to pregnant and parenting foster youth access to evidence-based parent education home visiting (HV) programs and other best practices. HV programs can prepare foster teens for parenthood; provide education, coaching and therapeutic services; and offer skill-building to help youth create safe, healthy and functioning homes for their children while breaking the generational cycle of abuse.

Conclusion

Many foster youth experience adversities in childhood that can be challenging to overcome; and, the increased likelihood of early pregnancy is one preventable risk that can have a lasting impact for both the foster youth and their children. Prevention is a significant and proven strategy that can positively alter the direction of pregnant and parenting foster youth and their children. Increasing service capacity and accessibility in Texas should continue to be the focus if we are to avert intergenerational child maltreatment within this population.

APPENDIX

<i>Helping through Intervention and Prevention (HIP)</i>	Offered through the state’s Prevention and Early Intervention division, this volunteer program a referral system that seeks to provide home visiting services including parent education and other supports to pregnant and parenting foster youth and other parents connected to child welfare. There are approximately 10 HIP contractors that serve clients from across the state. HIP provides services to families from birth until the child’s second birthday.
<i>Preparation for Adult Living program (PAL)</i>	Offered by DFPS, this program provides support and preparation for transitioning out of state care and into adulthood. Foster youth in substitute care can qualify as early as 14 years of age. There are six segments that are available in addition to other life skills education.
<i>Community-based prevention through home visiting</i>	Evidence-based and promising practice, voluntary services offered to at-risk families typically within the home. There are roughly 13 home visiting programs in Texas. Each of the programs provide unique services to vulnerable families. For a complete overview of the services please see TexProtects’ Home Visiting Report.

For More Information

Dana Booker, PhD
Director of Research
dana@texprotects.org
469-399-6900

Pamela McPeters
Vice-President of Public Affairs
pamela@texprotects.org
512-913-4408



1341 W. Mockingbird Ln
Suite 560W
DALLAS, TX 75247

512 E. 11th St
Suite 201
AUSTIN, TX 78701