

# Caregivers, Caseworkers, and Biological Parents: Risk Factors for Foster Teen Pregnancy and Ways You Can Make a Difference<sup>1</sup>

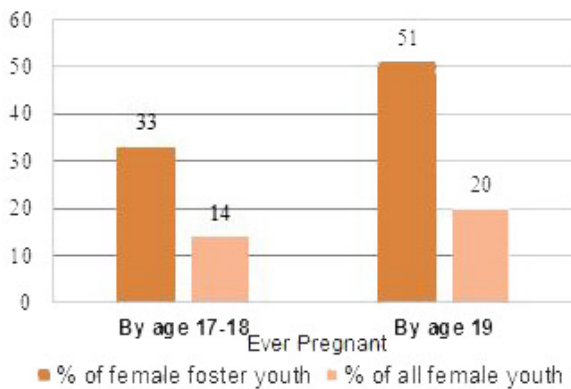
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This resource is designed to provide kin and foster caregivers, caseworkers, and biological parents of children in foster care with information about the physical, emotional, and psychological concerns related to teen reproductive health in the foster care system. It aims to help all involved identify the risk factors associated with foster teen pregnancy and explains their legal rights regarding foster teen health.

Many teens exhibit risk-taking behavior. That said, the past experiences of foster care youth in particular make them likely to engage in activity that could cause teen pregnancy and sexually transmitted infections (previously known as STDs). Teen pregnancy is hard enough even under the best circumstances. Young women in foster care are more than twice as likely to become pregnant by the age of 19 than their peers who are not in foster care are, and they are also more likely to acquire sexually transmitted infections (STIs) and HIV/AIDS (Courtney et al., 2005; Robertson, 2013).

Many of the teens in foster care maintain connections with their biological parents, even if the parents' rights have been terminated (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). With the lack of awareness and information about teen pregnancy in this high-risk population, the foster caregivers, welfare agencies, and biological parents need to work together. The current programs that address the special needs of pregnant or parenting foster youth are beneficial, but they are not achieving success among the foster youth population due to the lack of coordination among the adults who are interested in the teen's well-being. The teen's biological parent, caseworkers, and caregivers should promote and engage in a successful foster relationship together to maintain the health of the foster teen. Staying connected to biological parents (when appropriate) helps

## Foster Youth and Teen Pregnancy



(Dworsky & Courtney, 2010)

Credits: Dworsky and Courtney (2010).

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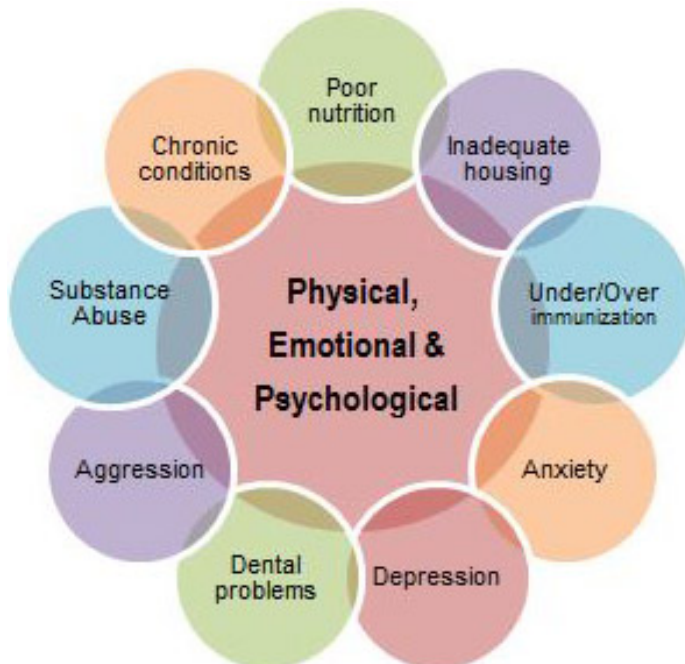
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foster teens maintain a healthy lifestyle. In particular, there have been several studies that demonstrate that youth who have ongoing contact with their birth parents while in foster care have better outcomes than youth who do not maintain these important connections. Biological parents who have a healthy relationship with their child help the caseworkers and caregivers create and maintain a healthy relationship and attachment to the foster teen by acting as a positive influence in the foster teen's life. According to the Foster Youth Transitions to Adulthood Survey (FYTA), 52% of former foster youth who were surveyed reported feeling very close or somewhat close to their biological mothers, while 46% reported that their biological families provided them with emotional support (Mickleburgh, 2015). Thus, continued contact with biological parents may be especially important, when that option is available.

## Health Concerns

There are many physical, emotional, and psychological concerns that are related to the reproductive health of foster care teens (Szilagyi et al., 2015). Teens in foster care generally have more of these health concerns than teens who are not in foster care. Most teens entering foster care have faced particularly difficult circumstances and factors that tend to take a toll on their health. The factors include separation of parents, movement from home to home, and ultimately a lack of stability and guidance. In addition, many enter the system having endured abuse and/or neglect. A lack of past or present healthy relationships in the foster teen's life could increase the teen's number of health problems. Health concerns that may arise are included in the graphic below.



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It is important for everyone to be aware of these health concerns, even if they do not live with the teen anymore. The caseworkers responsible for assessing the foster teen's level of risk as well as the caregivers, and biological parents could help address the health concerns appropriately and improve their foster teen's quality of life. Health concerns that arise from poor reproductive care may either be a cause or result of associated risk factors.

## Risk Factors for Teen Pregnancy

Pregnant and parenting teens face a number of significant challenges as they balance their own development as individuals with their responsibilities as parents. Those involved in the foster care system have especially complex and varied needs. Research has identified risk factors that may give foster teens a higher likelihood of becoming pregnant (Bilchik & Wilson-Simmons, 2010).

- **Higher rates of exposure to negative life experiences and environments:** There is a higher rate of pregnancy among teens who have gone through certain negative experiences, such as maltreatment or abuse, exposure to violence, parental substance abuse and deviance, and parental discord. Children in the foster care system are more likely to have encountered these risk factors (Svoboda, Shaw, Barth, & Bright, 2012). Adolescents are generally more likely to engage in risky behaviors compared to younger children or adults. Foster youth face an additional risk because they are less likely to have experienced the protective factors of parent monitoring and guidance, school engagement, positive peer influences, general stability, and lack of trauma. Developmental stages in adolescence are critical times for adults to provide guidance to the young people in their lives and, in particular, to discuss decision-making and risky behaviors, such as using drugs or having sex. Foster teens face additional challenges in making decisions around sexual behaviors because they are living in temporary settings, frequently without permanent mentors in their lives (Svoboda et al., 2012).
- **Financial barriers:** Teens living in poverty are at greater risk for becoming pregnant. This may be partially explained by limited access to medical care and sound health information (Hudson, 2012; Bilchik & Wilson-Simmons, 2010). The majority of teens in foster care are covered by Medicaid. Nevertheless, many states do not have methods in place to assure continuity and coordination of coverage once the teens are removed from their homes or if the teens enter poverty and cannot maintain coverage (Rubin, 2004; Libby et al., 2006).

- **Parenting factors:** Parents are a powerful influence. The absence of supportive parents who can monitor and start dialogues with their teens puts teens at greater risk for pregnancy. When the biological parents make a habit of engaging in their teens' lives by outlining expectations for behavior and staying aware of the teens' activities, social circles, and whereabouts, they reduce their foster teens' risks for pregnancy and other risky behaviors. Foster youth have a feeling of decreased trust due to emotional vulnerability, loneliness, and rejection from their families of origin, as well as their current caregivers' discomfort associated with the discussion of sexual issues (Selwyn & Quinton, 2004). For example, certain foster teens remain in contact with their biological parents while in foster care, but the biological parent may not be in a position to discuss sexual matters because their rights have been removed. In most cases, foster parents are the likely choices to initiate these conversations. Challenges exist for them as well. Some teens may have experienced many placements and may not have a strong connection to their foster parents, making the "sex talk" uncomfortable (Selwyn & Quinton, 2004). Even if the parents do have the "sex talk," they may not have the proper knowledge or realize that their teens are already sexually active. Parents may need to seek and share practical advice on birth control and self-respect rather than lecturing on abstinence for their teens. Refer to the end of this fact sheet for *Eight Tips for Talking to Your Teen*.
- **Academic instability:** High and consistent educational performance as well as greater educational expectations are associated with delayed sexual experience and reduced risk of teen pregnancy (Thornberry, Smith, & Howard, 1997). Several studies have documented the negative academic outcomes of children in foster care. Specifically, youth in foster care have lower achievement scores, drop out of high school at a higher rate, and are less likely to be on a college preparatory high school track (Libby et al., 2006; Svoboda et al., 2012; Blome, 1997). Lastly, foster teens are more likely to transfer between schools than their non-foster peers. This makes finding a stable peer group, connecting with teachers, and consistently participating in extracurricular activities more difficult (Font & Maguire-Jack, 2013).
- **Lack of relationships:** There is an assumption that all teen pregnancies are unwanted or unplanned. This assumption has recently been challenged (Weed, Nicholson, & Farris, 2014). Many intentional pregnancies may go unreported due to cultural norms and expectations (Dash, 1989). Foster teens may have a higher risk because of their lack of stable and connected family relationships and a desire for a strong family bond. To these teens, becoming

pregnant may present itself as a solution and ultimately appear to be the beginning of a strong family bond.

- **Limited access to sexual health services and information:** There are many barriers to the development and effective implementation of sexual education policy. The lack of agreement over which adult should have the authority to discuss sexual education creates issues for teens in care. In addition, it is not clear whether foster parents or caseworkers receive any training or guidance to help them speak to their foster children about sensitive issues such as sex (Lovitt & Emerson, 2008). A majority of states have no written protocols for caseworkers to follow (Mayden, 1996). Lastly, certain teens in care have no access to condoms. They may also receive inconsistent information on sexual health from educators (Risley-Curtiss & Kronenfeld, 2001).

Acknowledging and addressing the aforementioned risk factors could potentially lower the risk of foster care teen pregnancy. Caseworkers, caregivers, and biological parents can work together to understand and limit exposure to the risk factors.

## What Can You Do?

Not all risk factors can be overcome, but precautions can be taken to reduce the occurrence of teen pregnancy in foster youth. The number of risk factors also does not necessarily result in more negative outcomes, because one risk factor could be detrimental by itself. Recent studies have examined teens' perceptions of their caseworkers. Teens with a more negative perception of caseworkers viewed the legal system in general as less legitimate and exhibited lower overall legal socialization, or the process of developing attitudes and beliefs about the law, legal authorities, and legal institutions. Perceptions of this nature are also related to delinquency (Boonstra, 2011).

What makes certain foster teens more resilient than others? According to these studies, the teens who "beat the odds" acknowledged the presence of various protective factors, such as a sense of competence, future goals, social support, and involvement in community service activities (Havlicek, McMillen, Fedoravicius, McNelly, & Robinson, 2012). How can you help your foster teen beat the odds?

## Be a Good Role Model

Teens may struggle with emotional regulation throughout their development. In addition, many foster teens come from backgrounds where positive and negative emotions were often expressed in extreme, inaccurate, or inappropriate ways. Youth need to know how to successfully and

appropriately express emotions. Someone who can model a respectful, calm, and caring response can contribute to their positive development.

## Engage in Sex Education

Honest and open communication about all topics, especially sex, between parents and teens throughout the pre-teen years, adolescence, and young adulthood can help youth mature into sexually healthy adults. When foster or biological parents engage in proper sex education, they start a necessary dialogue and increase the level of comfort with their teens, making them more likely to ask for help and guidance.

## Connect with the Caregiver

Teenagers may seek out their caregivers when they are feeling distressed or abandoned by their biological parents. Maintaining a close relationship with their caregivers may give them a secure attachment and help them avoid maladaptive behaviors. For example, if the foster teens have a close relationship with caregivers who are also their role models, they may feel more encouraged to complete their everyday activities (Hass & Graydon, 2009). If they believe that their role models might be impressed, then they would only become more motivated.

## Stay Involved with the School

School engagements, support groups, and community in general have been shown to be positively associated with academic success for foster youth (Courtney et al., 2001). Caregivers, caseworkers, and biological parents (if applicable) should be able to access information on ways to motivate and communicate expectations to their teenagers. This can be achieved by attending school engagements, support group meetings, and community activities, all of which can reinforce the developmental goals of adolescence (Moretti & Peled, 2004) and offer support for everyone involved in the teenagers' lives.

## Encourage Them to Do Well in School

Foster teens need an influential person or two (such as a foster parent, a cousin, an aunt or uncle, a grandparent, a supervisor, or a coach) to encourage them to do well in school. This stable, caring, and trusted educational advocacy will make an important contribution to their college success (Schreiber, 2010). For example, teenagers who imagine themselves acquiring a good job and/or going to college are more likely to delay sex (Merding, Hines, Osterling, & Wyatt, 2005). Supportive individuals at

home and school will encourage them to succeed in higher education or pursue careers that interest them.

## Increase Trust by Engaging in Frequent and Consistent Conversations

Caregivers, caseworkers, and biological parents can reduce the amount of indifference and opposition from foster teens by engaging in frequent and consistent conversations in order to promote trust and offer love and acceptance. The caregivers, caseworkers, or biological parents should look for opportunities to talk to the teen without judgment or criticism. Listen closely to the teenager and take action only when asked (D'angelo, Rich, & Kohm, 2012).

## Develop a Partnership Plan

The biological parents, caseworker, and foster parents must work as a team to promote their teen's reproductive health. If a partnership plan has not been developed, contact the teen's welfare agency. A partnership plan specifies the expectations of the entire team supporting the teen in care (including the caregivers, teen welfare staff, and biological parents) and includes ways to achieve normalcy, or a state in which foster teens have the same opportunities as their friends. For example, foster teens should have a chance to pursue their interests and build dreams for their future. The most important point is that the foster teen should have a caring family (Jacobson, 2015).

The birth parents' input should be considered when discussing normalcy. That said, if the team believes their alternative decision is best for the teen and the biological parents disagree, the team will document and determine if court approval is necessary.

## Understanding Your Rights

Questions regarding the legal rights of biological parents can create confusion. Biological parents have the most rights when it comes to helping their teens unless termination of rights has been requested by the court. There are two types of termination: voluntary and involuntary. Involuntary termination is the outcome if the parents have a history of severe or chronic abuse or neglect, abandonment, long-term mental illness, long-term alcohol or drug abuse, failure to maintain contact with the teen, long-term incarceration, or involuntary termination of rights to another child in the household. Voluntary termination occurs if the parents voluntarily give up the rights to their teen. There is an automatic termination of rights when the teen has been in foster care for 15 out of the last 22 months

(Newton, Litrownik, & Landsverk, 2000). There are three exceptions to this rule:

1. When the teen is in a foster home with a biological relative, also known as kinship care.
2. When an agency documents a compelling reason why termination of parental rights is not in the best interest of the teen.
3. When the state fails to provide services necessary for reunification.

Returning the teens to their biological parents is always the number one goal in the foster care system. Unfortunately, the circumstances may not always be conducive to reunification. Reunification is the process of returning children in temporary out-of-home care to their biological families. This is the most common outcome for children in out-of-home care (Children's Bureau, n.d.). Biological parents should aim to improve their own lives in order to guarantee the best quality of life for their foster teen and avoid prolonged periods of separation.

The chart at the end of this fact sheet aims to identify roles and responsibilities associated with a foster teen's care. It may be used as a reference to determine how to effectively influence your foster teen and minimize the risk of teen pregnancy. This information was interpreted by the National Conference of State Legislatures website for Foster Care Bill of Rights as well as the Florida Statute Chapter 39 (O'Donnell, n.d.).

## Additional Resources

### Need help talking to your foster teens?

To access tips and advice for successful discussions with your foster teens about pregnancy, go to: [https://thenationalcampaign.org/sites/default/files/resource-primary-download/Briefly\\_ItsYourResponsibility.pdf](https://thenationalcampaign.org/sites/default/files/resource-primary-download/Briefly_ItsYourResponsibility.pdf)

## Eight Tips for Talking to Your Teen

Adapted from the National Campaign to Prevent Teen and Unplanned Pregnancy (2016)

Teens consistently say that parents—not peers, partners, or popular culture—most influence their decisions about relationships and sex. Believe it or not, your teens want to hear from you. That can be a lot of pressure... but it does not have to be.

The following eight tips are meant to guide you through a thoughtful, rational, and hopefully less awkward conversation with the teens in your life about that most awkward topic: sex.

1. Talk with your children about sex early and often in age-appropriate ways. Be specific about your family's values and expectations about sex and dating.
2. Cultivate a culture of openness in your family—be an “askable” parent and allow your children to discuss their feelings without fear of reprisal or derision.
3. Do not assume that your children's emotions are invalid just because they are young. Young people's emotions are very real. Respect your children if they tell you that they are in love.
4. Listen as much as—or more than—you talk. Your words are important, but so is your children's sense that their voices are being heard and respected.
5. Talk honestly with your teens about sex, love, and relationships. You do not have to be a biology textbook. Just be real.
6. Do not assume that your teens are sexually active or have significant others just because they are asking you about sex, contraception, or dating.
7. Telling your teens not to have sex is not enough. Explain why you believe that delaying sex until they are older is the right choice.
8. Do not give up, even if your teens stonewall you or appear uninterested in (or horrified by) these conversations. It is your job as their parent to keep talking. It makes a difference.



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Table 1.

Duty	Responsible Party	Legally Permitted Actions
<b>Build a positive and supportive relationship with the teen's foster team</b>	Biological parents (if rights have not been terminated), caseworker, and caregiver (kin or foster)	<ul style="list-style-type: none"> <li>• Respect the teen's feelings about the biological family.</li> <li>• Engage the teen's family in a relationship and offer the family support, encouragement, and assistance.</li> <li>• Serve as a teacher and mentor to the teen's family.</li> <li>• Share relevant information about the teen with the biological family.</li> <li>• When possible, include the teen's family in the teen's activities.</li> </ul>
<b>Take daily care of the teen</b>	Caregivers (kin or foster)	<ul style="list-style-type: none"> <li>• Provide food, clothing, shelter, personal care, and tools for hygiene.</li> <li>• Ensure safety and security.</li> <li>• Encourage the teen to participate in recreational and community activities.               <ul style="list-style-type: none"> <li>• Provide transportation to such activities.</li> </ul> </li> <li>• <u>Ensure that the teen attends school.</u></li> </ul>
<b>Follow all DCF guidelines for family foster homes</b>	Biological parents (if rights have not been terminated), caseworker, and caregiver (kin or foster)	<ul style="list-style-type: none"> <li>• Keep accurate records on the teen (medical, dental, mental health, education, monthly progress notes/reports, life book, visitation, and any written material necessary to case planning).</li> <li>• Report any changes to the living arrangements or family circumstances to the agency immediately.</li> <li>• Create and maintain an environment that is safe and sanitary.</li> </ul>
<b>Authorize documentation</b>	<p>Caseworker, biological parents (if rights have not been terminated), and caregiver (kin or foster)</p> <p>*Every case is different. The judge determines the recipient of legal authority for the teen if biological parents are deemed unsafe (minor &lt;18).</p>	<ul style="list-style-type: none"> <li>• When the foster teen turns 12, the caseworker will send a "family planning notice."               <ul style="list-style-type: none"> <li>• The letter states the teen has the right to get information and counseling about sexuality upon request.</li> <li>• Teens have the right to give consent for all reproductive health services. They do not need to ask their parents or caregivers for their consent.</li> </ul> </li> <li>• <u>The caregiver should not sign papers giving permission to treat a child unless otherwise advised by the court.</u> <ul style="list-style-type: none"> <li>• The case manager OR biological parents can sign.</li> </ul> </li> </ul>
<b>Ensure continued growth and development of the teen</b>	Biological parents (if rights have not been terminated), caseworker, and caregiver (kin or foster)	<ul style="list-style-type: none"> <li>• Provide nurturing and appropriate discipline, moral instruction, and tender loving care.</li> <li>• Respect the teen as an individual and consider their race, culture, and religion.</li> <li>• Instruct the teen in good health and hygiene habits.</li> <li>• Investigate and encourage the development of the teen's special talents and skills.</li> <li>• Identify special needs and assist the teen in overcoming them.</li> </ul>



Table 1.

Duty	Responsible Party	Legally Permitted Actions
<p><b>Collaborate with the social worker, other professionals, and the agency</b></p>	<p>Biological parents (if rights have not been terminated), caseworker, and caregiver (kin or foster)</p>	<ul style="list-style-type: none"> <li>• Inform the social worker of the teen’s special needs related to education, mental health treatment, general health, physical issues, etc.</li> <li>• Notify the social worker and obtain permission before taking the foster teen on prolonged and/or long-distance trips.</li> <li>• Maintain a running record of notes and/or questions about important matters to have the most productive discussions with the social worker.</li> <li>• Request regular consultations with the social worker to discuss all issues regarding the teen and the biological family.                             <ul style="list-style-type: none"> <li>• Implement the suggestions from the meeting.</li> </ul> </li> <li>• Attend all official case conferences, administrative case reviews, and court hearings to offer input regarding the teen.</li> <li>• Encourage and support the social worker’s relationship with the teen.</li> <li>• <u>Inform the teen that information shared with you may also need to be shared with the social worker, especially if the information could lead to harm to the teen or others.</u></li> <li>• Respect and support the final decisions made by the agency or court if they can be substantiated as being in <u>the best interests of the teen.</u></li> </ul>