

# Supporting the Sexual and Reproductive Health of Youth in Out-of-Home Care: A Guide for Caseworkers



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## An Introduction to this Document for Jurisdictions

For the past six years, the Center for the Study of Social Policy (CSSP) has been working to bring attention to the unmet needs of youth in foster care who are expecting a child and/or parenting. In collaboration with jurisdictions across the country we have also put forth a range of [policy and practice recommendations to help child welfare systems better support these young families](#). In 2016 CSSP launched a national network made up of practitioners, researchers, policymakers and advocates committed to pushing reforms on behalf of this population. Out of that network CSSP staffed two workgroups that worked together over the course of the year to develop policy and practice recommendations on topics selected by the network as being of top priority: [young father engagement](#) and sexual and reproductive health policy.

This document is one of three in a compendium of sexual and reproductive health guidance and resources for child welfare jurisdictions. The three interrelated documents and many resources available on the Internet resulted from the research and deliberations of a national work group convened by the CSSP. **The goal of this document is to provide information and resources to workers to help them effectively support youth (ages 10 to 21) on sexual and reproductive health issues.** The other two documents in this series include a policy and practice framework for child welfare leaders and policy makers and practical guidance meant specifically for use by the youth themselves. Both this document and the one designed for youth are aligned with the recommendations on current best practices around sexual and reproductive health policy and practice contained in the policy framework. Individual jurisdictional policy may differ from these recommendations. We hope that these documents provide an opportunity for jurisdictions to review and either update or expand their existing sexual and reproductive health policies.

It is intended that child welfare jurisdictions will adapt and customize this document and it has been intentionally made available as a Microsoft Word document for that purpose. This guidance can be printed. However it is intended to be used electronically. To facilitate searching and linking to resources, it is filled with internal and external hyperlinks to help the reader navigate between sections within the document and to outside resources when they want to further explore an issue. **Jurisdictions should review the entire document for alignment with local policies and procedures and determine what needs to be modified so as to provide caseworkers with the most accurate information.** There are specific areas within the document (generally noted by yellow highlighting) where jurisdictions are prompted to supplement the document with locally specific information, resources or practices.

## An Introduction for Caseworkers Using this Guide

Are you a child welfare caseworker working with youth in out-of-home care aged 10 to the time they exit or age out of care? This document provides information and resources designed to help you effectively support youth around issues of sexual and reproductive health (SRH).

The graphic on page 7, “This Guide at a Glance,” serves as both an overview of the issues covered in this guide and as a quick link to each section if used electronically. Each section describes the caseworker role and provides links to resources including documents you can share with youth on your caseload, practice tools, or places you can go to learn more.

### Notes on Language and Acronyms

The language that we use throughout guide is intentional.

- **“Youth”** refers to both those in foster care and those who may have aged out of care but are still connected to the system through extended foster care. Because we know that youth who have experienced trauma often experience puberty early we have keyed most SRH services to start at puberty, sexual activity or by 10 years of age—whichever comes first. Generally, when we say youth we are referring to a wide age range **from 10 to 21** depending on state and jurisdictional policy.
- This document is inclusive of all gender identities and expressions of youth in care.
  - **“SOGIE”** refers to sexual orientation and gender identity and expression.
    - Sexual orientation—who an individual is emotionally and sexually attracted to.
    - Gender identity—the sense someone has of being male, female, both or neither.
    - Gender expression—how people show others their gender through the way they dress, style their hair, walk, talk etc.
  - **“Expectant”** refers to both males and females who are expecting to parent. We use **“pregnant”** when describing those who are physically carrying a child. We use “expectant” to better call out the unique needs of young males in care who are fathering or expecting to father a child. When referring to expectant and parenting youth we use the acronym **EPY**.
  - **“LGBTQ”** should be interpreted in the broadest possible sense. There are many other acronyms that reflect the diverse range of sexual orientations, gender identities and gender expressions. Language is constantly evolving and so is the acronym used to describe this population. However, we use LGBTQ to remain uniform and concise. We know LGBTQ youth face specific challenges while in care and have highlighted those challenges for jurisdictions to address.
  - **Child welfare partners** refers to the many adults—caseworkers, foster parents, kinship parents, guardians ad litem, judges, group home workers, and Independent Living Program (ILP) providers—who youth may be connected to because of their child welfare involvement.

Acronyms used throughout this document include:

- AFCARS: Adoption and Foster Care Analysis and Reporting System
- CPS Child Protective Services
- EPY: Expectant and Parenting Youth
- HIV/AIDS: Human immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
- HPV: Human Papilloma Virus
- ILP: Independent Living Program
- IUD: Intrauterine Device



- NDM: Non-Dependent Minor
- OB/GYN: a medical doctor specializing in Obstetric and Gynecological care
- STI: Sexually Transmitted Infection

### Before you begin ...

Reflect on how you enter into this work with youth:

- **Reach out & be open.** Talking with youth about SRH is often uncomfortable. But youth in care need and want to talk with adults about these issues. It is important to:
  - Regularly provide opportunities to have these conversations.
  - Use open and welcoming body language and tone of voice.
  - Always apply a trauma-informed lens.
  - Be frank with youth when you don't know the answers to their questions.
  - Keep the conversation going even if it gets uncomfortable.
- **Provide guidance without imposing your values.** One of the challenges of talking with youth about SRH is that you are being asked to provide guidance *without imposing your own values upon youth*. This can be especially difficult if your religious or other values are in conflict with youth decisions and behavior. Your role is to make sure that youth can access the SRH services they need and to which they have a right. If this feels difficult, talk with your supervisor—they can coach you on setting the right boundaries and solving problems if you are unable to give youth the support they need.
- **Get support if you need it.** If youth with whom you are working are struggling with complex SRH issues, reach out to get extra support for them—or for you. You don't need to feel like you are the expert on every issue. You just need to be the listening ear who makes sure youth are heard and can get connected to the right information and supports. In addition, if the youth's SRH issues are triggering emotions in you, make sure you are getting the help you need to deal with your own reactions. Such reactions might cloud your ability to effectively support the youth in care.

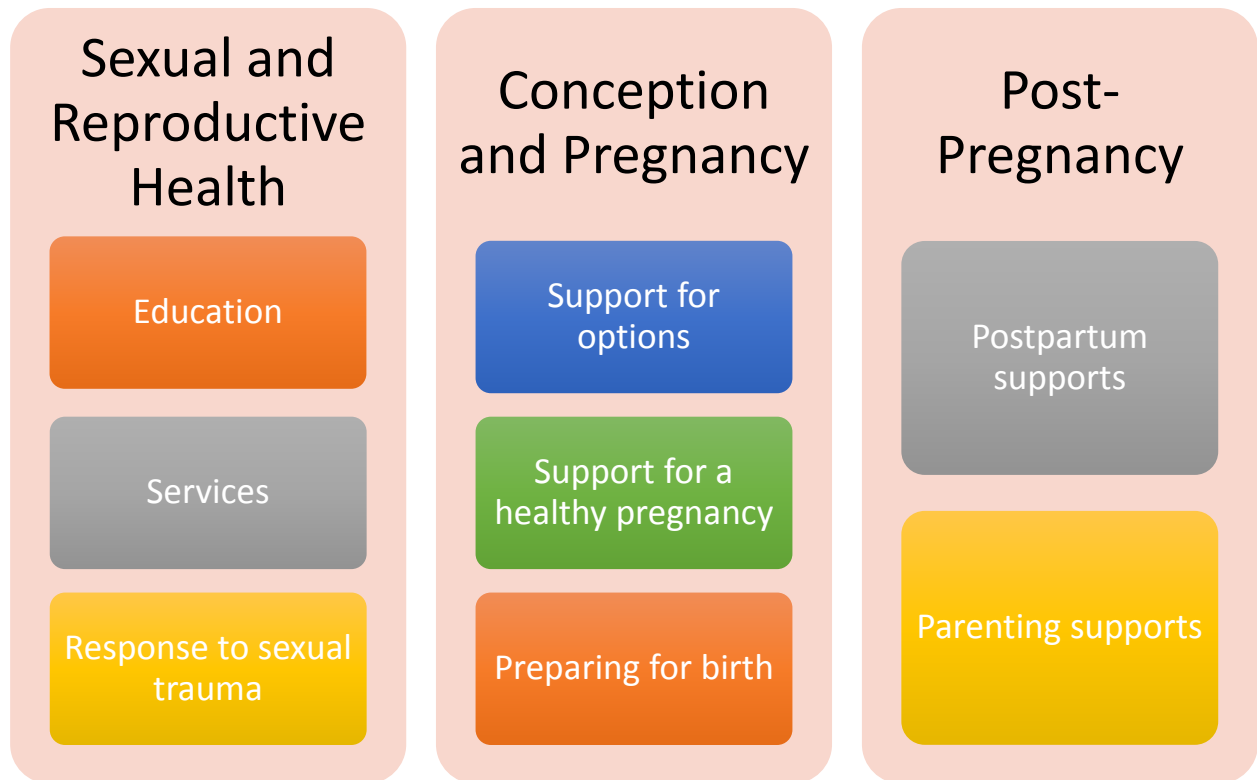
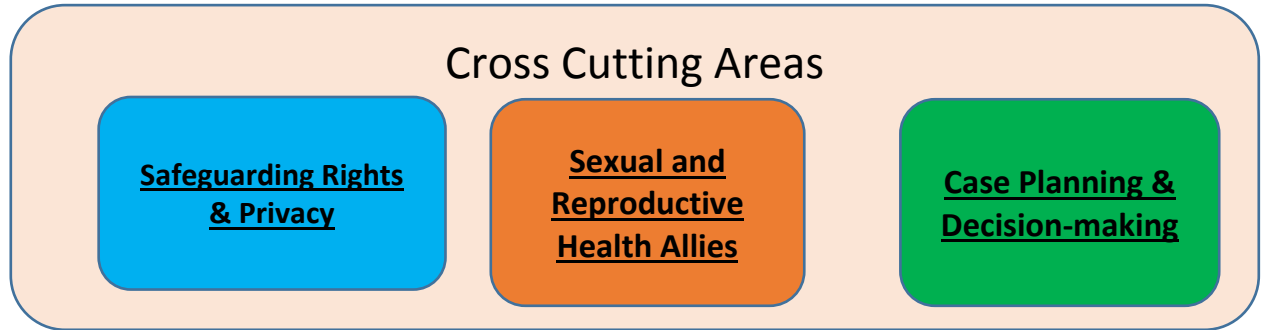
*“Confiding in your caseworker about relationship or sexuality problems can be a double-edged sword. You need to be careful how you describe those issues...your caseworker can help end that [unhealthy relationship]....But when it's time for you to age out, they can also bring that old issue back up to suggest you don't have good judgment or use it to deny you an independent living apartment.” Dominique*

- **Don't make assumptions.** Listen and ask questions about the youth's concerns, experiences and preferences. Adolescence is a time when youth are exploring many aspects of their identity and sexuality. Sometimes we inadvertently make assumptions based on how a youth presents or is dressed, which can shut down important conversations.

#### **Using the "right" pronoun**

Ask youth what pronouns they prefer to use. This prevents you from making assumptions about gender identity and helps create a safer space for everyone. Some examples of gender neutral pronouns include ze/zir and they/them. Additionally, youth may ask that you refer to them using only their names.

# This Guide at a Glance



## Safeguarding Rights and Privacy

### Overview

It is important to maintain youth rights and privacy around SRH issues. SRH issues often cause tension between youth and the adults in their lives. It is important that youth themselves and all the adults in their lives understand clearly the importance of youth decision-making and youth rights to SRH services—even when youth choices conflict with their own beliefs and values.

### Your Role as a Caseworker:

As a caseworker you play an important role in ensuring that youth understand their SRH rights and that these rights are safeguarded. Your responsibilities are to:

- Provide youth with information related to their SRH rights. [Complete with jurisdiction specific information about the SRH rights for youth and in what format this information should be provided to youth, including an indication of how often this information should be shared and the age that this information should begin being shared].
- Answer any questions youth have about their SRH rights—or refer them to their lawyer, ombudsman or other resource.
- Maintain youth confidentiality and privacy. Document only the following in the case record:
  - o [Complete with jurisdiction specific information]
- Meet with birth parents or legal guardians to review consent laws around SRH services and obtain signature for consent for services as needed. [Complete with jurisdiction information regarding relevant consent laws within the state and consent forms to use]
- Document:
  - o Instances when youth’s sexual and reproductive rights are not respected or denied and the reason for denial of their rights. [Complete with jurisdiction specific information and documentation form to be used]
  - o Instances when youth are discriminated against based on ability status, race/ethnicity, sexual orientation, gender identity and/or gender expression. [Complete with jurisdiction specific information and documentation form to be used]
  - o Instances when youth confidentiality on SRH issues is not respected
- In cases where any of the above violations occur please immediately:
  - o Discuss the incident with your supervisor.
  - o Inform the youth’s lawyer
  - o Initiate a case review if needed.

### Resources

- [Sexual Reproductive Health Rights for Youth in Care](#)
- [Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and Expression of Children in Child Welfare Systems](#)





## Sexual and Reproductive Health Allies

### Overview

It is important that youth have support for their SRH —someone they can talk to, who will go with them to appointments and who can be there through challenging issues, like getting treatment for STIs, exploring their SOGIE or getting access to contraception. Sometimes this might be you; in other cases youth might want to have their parents, their partners, other adult mentors or good friends with them.

### Your Role as a Caseworker:

- Talk with youth about from whom they might want support on SRH issues.
- Help engage the allies. This might include arranging for transportation, communication and other supports for the youth's designated support person so s/he can attend meetings and appointments.

### Resources

- [Having “the talk” – Deciding Who to Talk to About Sexual and Reproductive Health](#)
- Appendix A: [Model birth parent letter](#)
- [Being a Sexual and Reproductive Health Ally: A Guide](#)
- [The genderbread person](#) is an info graphic that explains the difference between biological sex, sexual orientation, gender identity, and gender expression
- [Raising Happy and Healthy LGBT and Gender Non-Conforming Children](#)

## Case Planning and Decision-making

### Overview

Case planning and placement decisions should take into account the youth's SOGIE and reproductive health needs. Certain experiences—for example: puberty, coming out, transitioning, pregnancy, abortion, sexual assault or trauma—may change a youth's comfort in a placement setting, the appropriateness of that placement setting for a youth or otherwise impact case planning.

### Your Role as a Caseworker:

- Discuss with youth any SOGIE or reproductive health needs which may impact placement decisions and make sure these are communicated to placement staff.
- Initiate private conversation with youth at critical junctions (e.g. puberty, coming out, pregnancy, or after sexual assault or trauma) to ensure that they feel safe and comfortable within their existing setting. Revisit these conversations periodically.
- Help youth to initiate a case or placement review if for any reason their current placement or case plan doesn't address their SRH needs.
- Raise concerns about placement settings that are not supportive of youth. This may include: punishing, shaming or being non-supportive on issues of SOGIE; being punitive around SRH issues or not respecting youth's sexual, gender identification, reproductive rights or privacy.

## Sexual and Reproductive Health: Education

### Overview

It is important that all youth get access to regular, reliable and developmentally appropriate information about SRH issues. They will likely receive some of this information through school, but it is important to not assume that they have received this information or that it was adequate for their needs. Ideally every youth in care should have multiple opportunities to access SRH information—from trusted adults that they can talk to and ask questions of, from trusted, reliable websites where they can explore privately, and from local resources that provide quality information and resources.

### Your Role as a Caseworker:

- Ask youth about their SRH needs on a periodic basis and offer to answer questions they might have. Be prepared to hear that they are not interested in discussing this information with you. Talking with youth about SRH can feel awkward both for them and for you, but it is still important for them to know that you are available to talk to them about these issues. [Complete with jurisdiction specific guidance on what age to initiate these conversations and how often].
- Provide youth with written, web-based and mobile information that they can explore privately. We recommend the following resources: [Complete with jurisdiction specific list of approved resources]
- Connect youth to community programs that provide SRH information and services. [Complete with jurisdiction specific list of approved resources]

### Resources

- [Talk with your kids](#): Provides tips on how to engage kids from infancy to adolescence in developmentally appropriate conversations about sexuality.
- [Sexual and Reproductive Life Plan](#): Provides information and planning tools for young women to proactively approach SRH decision-making. While Delaware-specific, it contains great tools for conversations with youth.
- [A Parent's Handbook: How to Talk to Youth about Healthy Relationships](#)
- [Self/Peer Exploitation: A Resource Guide for Families](#)—Provides hands-on information about how to deal with sexting.
- [Caseworkers with LGBTQ clients](#) : Provides tips for caseworkers from LAMBDA Legal and the Child Welfare League of America on how to support LGBTQ youth.



## Sexual and Reproductive Health: Services

### Overview

All youth in out-of-home-care should receive regular, reliable and developmentally appropriate SRH care in a timely manner.

### Your Role as a Caseworker:

Provide oversight and support to youth as they access SRH care without infringing on their rights and privacy.

- Check with youth's health care provider to ensure that SRH care will be covered as a part of their regular exams, starting at puberty, onset of sexual activity or no later than 10 years of age
- Offer to go with them into exam rooms, but remember that they have a right to privacy and do not *need* to have you with them in exam rooms if they do not want.
- Check in with youth after their medical appointments to see if there is anything they want to discuss—recognizing, of course, that they do not need to share this information with you.
- Check in with the youth about their comfort with providers. It is important that youth get care from doctors with whom they are comfortable, especially LGBTQ youth and youth of color. If youth are not comfortable with providers help them in finding new providers.
- Help youth make appointments and get transportation to access the following SRH services in a timely manner:
  - Support services in case of rape or other sexual trauma (within 24 hours of disclosure)
  - Appointments needed to support access to contraception (within 1 week) and emergency contraception (within 24 hours)
  - Screenings for and care for STIs (within 48 hours)
  - Medical (including transgender care) and mental health supports for youth struggling with gender identity to explore and evaluate their options
  - Medical and mental health services that will affirmatively support youth struggling with questions around their sexual orientation and/or gender identity and expression.
- Ensure youth have the information they need to make their own health care appointments if they wish. Sometimes, to ensure that their SRH care is confidential, youth will want to make appointments themselves. Make sure they know they can do this and have the information they need including their Medicaid number, health insurance information and list of providers who will take their insurance.
- Document limited details in the case plan; only write that a reproductive health care visit was held, the date of the visit and the medical provider.
- If there is additional confidential information that it is important for future case workers to know, or to be shared with the caregiver to ensure that the youth has follow up support:
  - Place information in the confidential folder within the file.
  - Inform youth that the information is being captured and why and who has access to the information in this file.

We recommend creating an information sheet for youth with this information

## Resources

- [Overview of Sexual and Reproductive Health Services: provides a brief overview for youth of the different services they should be able to access.](#)
- [Getting Sexual and Reproductive Health Care: helps youth to prepare for a sexual and reproductive health visit.](#)

## Sexual and Reproductive Health: Response to Sexual Trauma

### Overview

It is imperative to prevent sexual assault and trauma for youth in care, respond quickly and supportively when sexual assault or trauma does occur and avoid re-traumatizing youth who enter care with a history of sexual assault or trauma.

### Your Role as a Caseworker:

- Talk with youth about the importance of keeping themselves safe and connect them to information and resources to help them do so. The following resources can be useful: [Complete with list of jurisdiction specific approved resources]
- Ensure that all youth know what to do in the case of sexual assault or trauma. In our jurisdiction the protocol is: [Complete with jurisdiction specific protocol]
- Know and inquire about signs of human trafficking and/or survival sex. If you suspect that a youth in your care is being trafficked or trading sex for goods: [Complete with jurisdiction specific protocol].
- If a youth in your care experiences sexual assault or trauma you should:
  - Visit the youth as soon as possible and at least within 24 hours of a report of sexual assault or trauma.
  - Offer to attend medical exams, legal proceedings, or follow-up care with the youth.
  - Take the lead to ensure that a person(s) of the youth's choosing (sexual/reproductive health ally, caseworker, parent, relative, friend, foster parent, kinship care provider, ILP worker or other) is available to support and advocate for the youth as they access medical services, report the sexual assault and participate in any legal proceedings or investigations related to the incident.
    - Contact and update the youth's chosen support people if requested by the youth.
    - Provide transportation or otherwise resolve barriers to the support person's ability to engage with the youth about the incident.
  - Create a service plan to ensure that appropriate referrals have been made. Specific services you should consider and discuss with the youth include: [Complete with jurisdiction specific services and supports for survivors]
  - Ensure that transportation and other barriers to participation in needed services are addressed.

**Sex trafficking:** the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act. Also referred to as severe forms of trafficking in persons when involving a person under the age of 18 or when induced by force, fraud or coercion.

**Survival sex:** individuals who have traded sex acts (including prostitution, stripping, pornography, etc.) to meet the basic needs of survival (i.e., food, shelter, etc.) without the overt force, fraud or coercion of a trafficker, but who felt that their circumstances left little or no other option.

Both practices put youth at risk and need to be addressed without criminalizing the youth. If you suspect a youth in your caseload is being trafficked or engaging in survival sex:

- If you know that a youth is a past victim of sexual assault or trauma, make sure they have opportunities to connect to mental health care, support groups and are treated sensitively in situations where they may be retraumatized. Pay special attention to LGBTQ youth in care. They are three times more likely to report childhood sexual abuse.<sup>1</sup>

#### Resources

- [“Keeping Yourself Safe” Guide](#): This document for youth gives an overview on developing proactive safety strategies and responding to harassment, assault, sexual violence or other issues.
- [Reporting and the criminal justice system](#): This page includes links to a number of resources to support youth in the reporting process, understanding what to expect and explaining aspects of the reporting process.
- [How to Respond to a Survivor](#): This page includes language to use and tips for supporting a survivor of sexual assault or abuse.
- [Circle of 6](#): This free app allows user to discreetly contact six trusted people if they need help. Users can quickly send a text out to their whole circle sharing their location, or asking for help or support. The app comes pre-programmed with national hotline numbers, but other emergency numbers can also be programmed in.
- [Indicator card](#): This card helps identify possible victims of sex trafficking.

*“The agency should be supportive and understanding when speaking to youth about sexual violence, just letting them know there is help or someone to listen without judgment if they need it. Youth may still be hesitant to talk about it but knowing there is someone or some place to go to get help is a positive start.”*  
Sharkkarah

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<sup>1</sup> Mark Friedmand et al (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. American Journal of Public Health.

## Conception and Pregnancy: Support for Options

### Overview

Any youth in care that becomes pregnant should have full support as they evaluate their options—raising the child, abortion, adoption—without bias and pressure regarding their choices. Additionally, youth in care who learn that they are the father to a pregnancy should receive support in understanding what the options are, their implications and how best to support a partner to make choices.

### Your Role as a Caseworker:

- Ensure that all youth on your caseload, starting at puberty, age of sexual activity or at least by 10 years of age, know about their options in the event of pregnancy and the supports that the department provides for youth that are pregnant or are the father to a pregnancy. [Complete with jurisdiction specific documentation]
- If youth disclose to you that they are expecting a child, you should:
  - Discuss options with the youth
  - Refer them to the following resources [Complete with jurisdiction approved resources] where they can discuss their options further. Help youth resolve transportation or other barriers to following up.
  - Offer to accompany youth to medical appointments and other meetings as they evaluate their choices.
  - Ask them who else they want to support them and help the youth resolve transportation or other barriers to involving that person.
- Remember that the goal is to provide support without pressuring the youth about their decisions related to the pregnancy. This can be hard, especially if the youth's choice does not align with your values or what you feel is right for the youth. If you feel your religious beliefs or other values prevent you from supporting youth who choose abortion, for example, you should discuss this with your supervisor and connect the youth with someone who can help them access this service. Your obligation is to ensure that all youth know and have an opportunity to access the choices that are available to them by law. [Complete with jurisdiction specifics on how this should be handled].
- If a youth chooses an abortion you should:
  - Review with them state laws and departmental policies governing pregnancy termination, if applicable.
  - Talk with the youth about how they want to involve their own parent(s). If parental consent is needed in your state, explain this to youth and support them in getting consent. If the youth feels that talking with their parent(s) about this may put them in danger, or their parent(s) will not consent regardless of the best interest of the youth have them talk with their lawyer about obtaining a judicial bypass.
  - Help them to identify a provider and make an appointment. [Complete with list of jurisdiction specific resources]
  - Offer to accompany them to the appointment.
  - Help the youth create a self-care plan for before, during and after the procedure which includes:
    - Getting time off from school or work.
    - Support getting to and from appointments.
    - Emotional supports through support groups, counseling or opportunities to connect with friends or family.



- Check in with the youth weekly for the first month after the procedure.
- If a youth tells you they are planning for the child to be placed for adoption:
  - Immediately begin discussions with the youth about how to prepare for a healthy birth as outlined in the next section.
  - Connect the youth to an adoption specialist who can explain/review adoption options and the youth's rights [Complete with jurisdiction specific contact information]
  - Help the youth play as active a role as possible in selecting the prospective adoptive family and otherwise shaping the adoption process.
  - Connect the youth to emotional supports through support groups, counseling or opportunities to connect with friends or family. [Complete with jurisdiction specific resources]
  - Check in with the youth throughout the process to make sure they are still feeling good about the adoption plan, and support them if they change their mind.
  - Support fathers in being involved in the adoption planning.
  - Help facilitate agreements between the youth and the adoptive family around the nature of their ongoing relationship and the openness of the adoption.
  - Ensure that the youth case plan includes provisions for support during the pregnancy, recovery after pregnancy and opportunities to connect and/or visit with the baby and the adoptive family if an open adoption is chosen.<sup>2</sup>
  - Check in with the youth immediately after the birth and at least weekly thereafter to ensure that they have not changed their minds or perspectives related to the adoption. If they do, connect them with their lawyer to evaluate their options and next steps.

Jurisdiction adapt to conform to local timelines and regulations regarding relinquishment

## Resources

- [Talkline](#): This national hotline offers free peer counseling and support at any point during or after pregnancy, whether callers are looking for options counseling, support before or after an abortion, or a chance to talk about parenting, pregnancy loss, adoption, or infertility.

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<sup>2</sup> While national statistics on openness in private domestic adoptions are difficult to collect, the largest field study to date showed that over two-thirds of families with children adopted through private domestic adoption had an arrangement with some level of openness, and that number is likely growing.

Siegel, D. and Livingston Smith, S. (2012, March). Openness in Adoption: From Secrecy and Stigma to Knowledge and Connections. Evan B. Donaldson Adoption Institute

## Conception and Pregnancy: Support for a Healthy Pregnancy

### Overview

For youth who choose to carry to term, either because they want to parent or because they want to place their child for adoption, supports should be in place to support healthy pregnancies and ensure good birth outcomes.

### Your Role as a Caseworker:

- Visit with the youth at least biweekly -- pregnancy can be an emotionally and physically difficult time for youth during pregnancy and youth should feel consistently supported.
- Document the youth's pregnancy, due date, and prenatal care and any complications or support needs during pregnancy in case file.
- Call a teaming meeting to discuss youth's needs during pregnancy.
- Discuss and encourage the involvement of the other biological parent as early as possible in the pregnancy unless there are significant safety concerns.
- Discuss the following issues with the youth and make sure plans are in place to support their decisions:
  - How they want their birth parent engaged during the pregnancy.
  - If there are others in their life, such as a mentor, a sibling, their current partner or a friend, who they want involved during the pregnancy and birth.
- Check in with youth regularly about prenatal care appointments to:
  - Ensure they are going and problem solve if they are missing appointments.
  - See if they need any support in responding to their doctor's recommendations at appointments.
  - Ensure that records and information on medications and pre-existing conditions are transferred to pre-natal care provider.
- Help youth connect to the following services:
  - Home visiting services (note: a number of home visiting programs—for example the Nurse-Family Partnership—only accept youth who enroll early in a pregnancy. Explore this option with youth early.)
  - The Women Infant and Children (WIC) supplement program.
  - Supports to deal with addictions, behaviors or pre-existing conditions that might compromise their health or their baby's health during pregnancy.
  - Community resources such as doulas, pregnancy support groups, and child birth education to support them during their pregnancy.

*“Having someone you trust is very, very important. You don't want your secrets to get out to everyone in the group home. You don't want your problems to be blown out of proportion, be used to judge you, or brought up later. At the same time, you want the best guidance you can get. You want honest advice from the person you trust or you want them to point you in the right direction if they don't know the answer. For me, it really helped when staff could relate to my situation and were willing to share their own experiences.” Dominique*

- Discuss with youth and current foster parents or placement supervisors whether they can or should stay in their current placement while parenting. If not, initiate a placement change as early in the pregnancy as possible.
- Stay alert to emotional struggles during pregnancy and make sure to connect the youth to support groups or mental health resources as needed.
- Discuss with youth the range of parenting supports available as well as options such as respite care and adoption, if they find parenting overwhelming.

## Resources

- o **Jurisdiction to include local pregnancy resources**
- o [Having a Healthy Pregnancy – A Guide for Youth in Out-of-Home Care](#)
- o [Talking with Moms About Engaging Dads](#)
- o [Expectant and Parenting Youth in Foster Care: Addressing their Developmental Needs to Promote Healthy Parent and Child Outcomes](#)



## Conception and Pregnancy: Preparing for Birth

### Overview

Prenatal care is imperative to prevent pregnancy complications and to help prepare a parent for a healthy birth. Youth in care may lack the support system that many youth outside of public systems may rely on at the time of birth. It may be especially important to help them plan for the birth and support them through the critical period of pregnancy to early infancy.

### Your Role as a Caseworker:

- Help youth in developing a plan that, at minimum, covers the following birth-related issues:
  - Who they want with them during the birth
  - Who will notify school, work or other obligations at time of the birth
  - How they will get to and from the hospital
  - If they have other children, who will care for them during the birth
  - What will happen if complications require the youth to stay longer in the hospital
  - Provide support for youth around these issues if needed
- Visit youth at the hospital.
- For youth whose partners are expecting a child, confirm that they are invited to the birth. Help them to develop a plan that will support their participation.

## Post-Pregnancy: Postpartum Supports

### Overview

The postpartum period can be challenging for any new parent. It is important to stay closely connected to youth at this time, make sure they and their foster parent or ILP worker are alert to signs of postpartum depression and make sure that youth have the support they need to attend to post-partum medical needs for themselves and their children.

### Your Role as a Caseworker:

- Ensure that youth have support to get to any medically-recommended post-partum visits and supports for themselves or for their children.
- Provide information and transportation support to youth's designated allies so they can support youth in the post-partum period.
- Increase casework contact to weekly in the immediate (first 2 months) post-partum, especially when an infant has been born with low birth weight, is otherwise medically fragile or when there are signs of maternal depression.
- Talk with youth about post-partum depression, what to look for and how to respond. <sup>3</sup> [Jurisdiction recommended resource].
- If supporting a youth whose partner has just given birth, ensure they can visit with mother and child regularly in the post-partum period.
- Connect youth to clinics, community programs or other resources to discuss contraception and the prevention of subsequent pregnancies. Do not assume youth are heterosexual when having these conversations.
- Connect youth to supports for common post-partum issues such as breast-feeding, sleep schedules, chronic crying, etc.
- For youth who have chosen to place their baby for adoption, check in immediately after the birth. These youth may need extra mental health supports to address feelings of grief, loss and other emotions related to the adoption. If they are feeling unsure about the adoption, support them in exploring their options and talking with their lawyer. [Completed with jurisdiction specific state laws around reclaiming post-birth].
- For youth who give birth to a premature, substance-exposed or medically fragile infants:
  - Check in with them immediately after the birth about the status of their child, what medical interventions the child may need and how long they may need to stay in the hospital.
  - Help the youth address leave from work or school or other things they may need to deal with during this time.
  - Connect the youth to parenting supports or services that will help them meet the needs of their child.
  - If the infant is born with alcohol, tobacco or other drugs in their system, help connect the youth to treatment programs that allow parents and newborns to stay together.
    - If a CPS investigation is opened on youth, provide support and advocate for them during the investigation process.

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<sup>3</sup> Note, 1 in 10 of all new mothers experience postpartum depression—it is not, in itself, a reason to remove a baby from their parent's care.

- Reassure the youth that many babies that are born with these conditions catch up and are able to thrive.

## Resources

- o Jurisdiction to provide links to local resources on the following issues: breast feeding, post-partum depression, new parent support groups, safe sleep, and chronic early crying.

## Post-pregnancy: Parenting Supports

### Overview

The goal is to support the healthy development of the babies of youth in out-of-home care by:

- Ensuring that babies and their biological parent(s) can stay together whenever possible.
- Providing supports for youth in their parenting roles and making sure the baby has priority access to services to ensure their healthy development.
- Providing supports to youth to better ensure their own healthy development to adulthood.

In addition, it is important to ensure that the young parent continues to thrive as an adolescent/young adult. This means paying special attention to how caseworkers support them in balancing the demands of parenting with their own needs and goals.

### Your Role as a Caseworker:

- Ensure that the baby and their biological parent(s) can stay together, unless there are significant safety concerns
  - Check in with the youth and foster parent regularly to ensure that the placement is working.
  - If tensions arise around parenting responsibilities, try to address the problem early, before small issues escalate and threaten to disrupt the placement. Similarly, concerns about the youth's parenting should be addressed as soon as possible. Solutions might include:
    - Developing/reviewing/adapting a parenting plan that clearly delineates responsibilities related to the child.
    - Connecting the youth to parenting education and other resources (see below).
    - Helping the youth identify how the co-parent or others might support them in their parenting role.
    - Coaching the foster parent on how to support the young parent without taking over the parenting role.
  - If the youth in out-of-home care is not the custodial parent of the child, make sure the case plan and needed supports are in place to ensure appropriate visitation. Visitation should be frequent enough to facilitate the bonding between parent and child (e.g. daily for an infant).
  - If there is an open abuse or neglect investigation against the young parent or a case has been opened on the infant, make sure that you are frequently coordinating with the infant's caseworker.
  - Support youth in developing a support plan focused on their child's development.
  - Support youth in developing a support plan that addresses their own developmental needs.
- Provide support for the youth in their parenting role
  - Connect the youth to certain core parenting resources including:
    - Ensuring that the infant is enrolled in Medicaid and has a medical home
    - Enrolling the youth in WIC
    - Enrolling the infant in Early Head Start (if under 3) and Head Start (3-6) if eligible. You can find the Early Head Start and Head Start programs in your community using this locator: <https://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>
    - Connecting the youth to parenting supports, parenting education (including fatherhood programs if appropriate), parent-child activities and co-parenting programs in your community. [Complete with jurisdiction specific list of programs]
    - Connecting parents to legal advice about child support and advocating for child support flexibility when appropriate

- Ensure that forms and protocol for making referrals are used when making referrals to the following agencies and programs, which have agreed to provide priority access for the infants of our youth in care: **[Complete with jurisdiction specific resource list]** .
- Keep an eye on developmental issues with the infant and make sure to connect mother and baby to developmental services if you have any concerns. This may include:
  - Going over developmental milestones with the youth
  - Helping the youth to fill out Ages and Stages Questionnaires
  - Ensuring that the infant receives EPSDT services
  - Checking in with youth periodically about whether they have any developmental concerns
  - Discussing with youth any things which concern you

#### Resources

- [Jurisdiction specific forms and protocols for making referrals](#)
- [Jurisdiction specific resource list of early childhood and parenting services](#)
- [Visitation with Infants and Toddlers in Foster Care](#)
- [Practice tips for engaging fathers](#)





## APPENDIX A: Model Birth Parent Letter

Dear parent,

It's time to have the conversation about sexual and reproductive health (SRH) with your child(ren)! We believe that ALL parents who have children between the ages of 10 and 18 should be informed and able to have open conversations about sexual health, birth control, pregnancy, health care services, rights and safety with their children. Dealing with these issues is always hard for those caring for children. We want you to know a little bit about how we will address SRH with your child. Your support is needed to help guide your child through this phase of life:

- Every child should have access to information about SRH issues. Starting at age 10 we will share information on these issues with your child and their caseworker will check in with them every six months to see if they have questions, concerns, or want to talk. We know that the earlier we begin have conversations, the more educated children are about healthy SRH.
- We will give you copies of all written and on-line resources we share with your child on these issues. Because we want you to guide the process and share your thoughts with your child about SRH.
- As a parent, you can and should share information about your beliefs related to sex and reproductive issues with your child. Our workers, foster parents and the other caring adults who interact with your child will provide a listening ear to youth around SRH issues—*not to impose their values on youth*. We also respect your child's culture, sexual orientation, identity and beliefs.
- We have attached a chart with all the services available to your child along with information about which services your child needs adult permission to access and which they can access without adult consent.
- Just because your child doesn't need your consent does not mean you can't be involved. It does mean that your child gets to decide who they want to be told or involved. If they want you with them at an appointment, we will help to make sure you can be there.
- The law prevents your child's medical provider from sharing information with us about your child's sexual and reproductive visits or issues. Also, we can't share certain information with you without your child's knowledge or consent. **[Complete with jurisdiction specific policies]** If you have questions we encourage you to ask your child. This is probably easier to do if you make SRH issues part of your regular conversation with them.

Issue	If you are under 12	If you are under 18	If you are over 18
<b>Getting testing or treatment for STIs</b>	[insert state specific]	[insert state specific]	[insert state specific]
<b>Accessing contraception</b>			
<b>Getting an abortion</b>			
<b>Getting prenatal care</b>			
<b>Placing a child for adoption</b>			
<b>Getting tested or treated for HIV</b>			

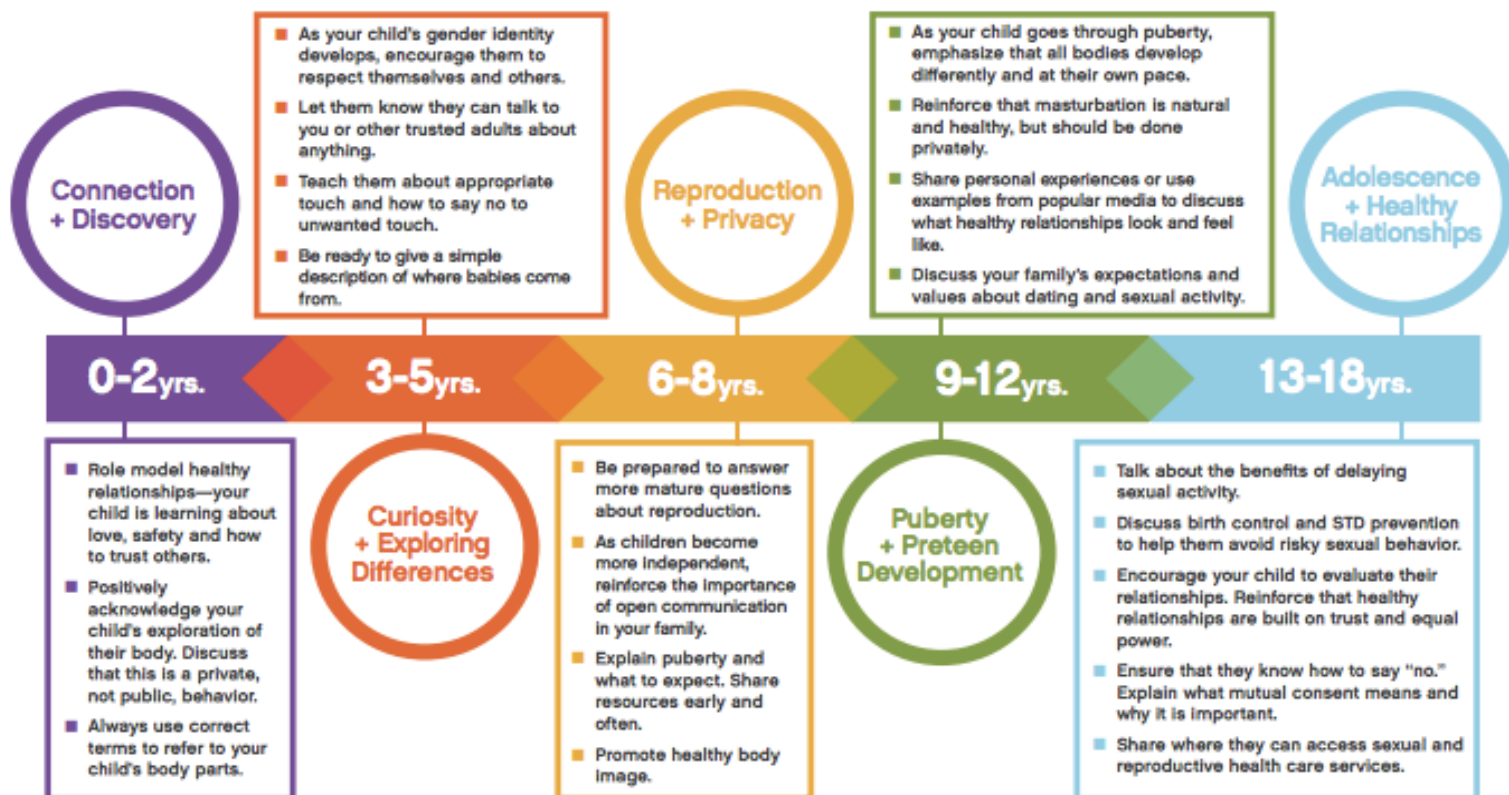
[note: this link provides a helpful summary of state laws-- <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law> ]

We hope as your child gets older that you keep discussing sex and reproduction with them. If you feel that these issues are disrupting the safety and stability of your relationship with your child, please let us know. We may be able to bring resources to help you have the discussion in a more positive way.

# talk with your kids

It's always the right time to communicate openly and honestly with your kids.

The timeline + tips\* below were developed to help you build a foundation of trust + mutual respect with your kids + start an ongoing conversation with them as they develop + grow.



This resource was developed by Essential Access Health + Planned Parenthood of Los Angeles.

\*These tips are based on evidence-informed recommendations from experts in the field.

Learn more @ [talkwithyourkids.org](http://talkwithyourkids.org)

## Appendix B

### Contributors and Reviewers

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**Youth**

Divine, Yahniie, Hectoria, DaVine, Jenny, Liz, Shaquita, Sharkkarah, Dominique, Junely